

What if my plan is out-of-network?

You are still covered! It is a common misconception that dental insurance provides “all-or-none” coverage with a provider. While exclusive coverage is the case for a few plans, dental insurance, unlike Medical, usually provides significant out-of-network coverage. In many cases, when a subscriber goes to an in-network dentist, it is the dental insurance company that receives the majority of the discount, not the subscriber.

So, what would the difference be? While our office would need to look at your particular plan for a more accurate estimate, the example, using a major insurance carrier, is listed below to give an idea of the difference in one instance.

Out-of-Pocket estimated expenses for a patient covered by Humana Dental for three services:

	Preventative*	Fillings	Extraction	Crown
Out-of-Network	\$0	\$68-80	\$72	\$450
In-Network	\$0	\$59-75	\$68.20	\$350

*Preventative includes x-rays, exams, and non-periodontal cleanings for a given frequency per year.

A few other points to keep in mind:

- For a visit in which a deductible applies, it will be required whether or not a patient in-network or out-of-network.
- Our office fees are average or below average, reducing patient out-of-pocket fees.
- Patients will always be made aware of their portion before any treatment begins.
- In many cases, a comparison of in-network/out-of-network patient expenses can be made and our office is happy to provide one.
- **Fair insurance reimbursements do not hinder the use of high quality dental materials or the delivery of high quality dental care.**

Considering a small difference in many cases, the important question for patients becomes: **what is it worth for me to see the dentist or dental office that I choose?**