

DENTAL & VISION 101 – UNDERSTANDING THE BASICS

LEARN HOW EMPLOYER BASED DENTAL AND VISION WORKS

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TYPES OF DENTAL PLANS

- **Dental Health Maintenance Organization (DHMO)**
 - Provides in network benefits only
- **Dental Preferred Provider Organization (DPPO)**
 - Provides benefits in and out of network
- **Dental Indemnity Insurance:**
 - There is no network, all dentists are covered equally
- **Discount Dental Plans**
 - This is NOT insurance – Network of dentists that agree to discounted rates

DHMO HIGHLIGHTS

- Members typically required to select a primary dentist within the network
- Benefits are in network only
- Dentists in the network agree to significant discounts
- Dentists are paid monthly based on the number of patients in the HMO.
- 8 percent of today's dental policies are HMOs.



DHMO PRO'S AND CON'S

■ Pro's

- Very Low monthly premiums
- No deductibles
- Set Copayments for all services – The members know exactly what the service is going to cost
- Typically, no annual maximum for covered benefits

■ Cons

- Smaller network size (New Dentists, Long Waits)
- No out-of-network coverage
- Referral required by primary care dentist in order to receive specialist care
- May be restrictions around the number of visits, treatments, or diagnostic tests allowed
- Appointments can be spread out depending on treatment

SAMPLE FEE SCHEDULE – DHMO

Comprehensive oral exam	No charge	Single root canal therapy (anterior)	\$100.00
X-rays, complete series	No charge	Bi-root canal (bicuspid)	\$135.00
Teeth cleaning - adult (1 every 6 months)	No charge		
Teeth cleaning - child (1 every 6 months)	No charge	Crown - porcelain with metal (anterior)	\$120.00
		Crown - porcelain with metal (posterior)	\$225.00
Amalgam Restorations Primary teeth -			
Cavities - 1 surface	\$9.00	Dentures and Partials	
Cavities - 2 surfaces	\$14.00	Complete upper or lower denture	\$120.00
Resin Restorations Permanent teeth -		Immediate upper or lower denture	\$175.00
Composite resin - 1 surface, anterior tooth	\$25.00		
Composite resin - 2 surfaces, anterior tooth	\$35.00	Single tooth	\$10.00
		Surgical removal of erupted tooth	\$25.00
Gingivectomy/gingivoplasty, per quadrant	\$85.00		
Periodontal scaling/root planing - per quadrant	\$26.00		
		full upper and lower banded case	\$1,950.00
		Orthodontics - child (Up to age 19)	

DENTAL PPO HIGHLIGHTS



- Typically, members are free to see any dentist they wish. If they go out of network, they will have higher out of pocket expenses
- Members pay a percentage of the cost for their dental care
- Dentists in the network agree to discounted rates
- 82 percent of today's dental policies are PPOs.

DPPO PRO'S AND CONS

■ Con's

- High premiums
- Typically involves a deductible
- In most cases, PPO dental plans have an annual limit on coverage
- The member's cost share is more than a DHMO plan

■ Pro's

- Large network of dentists from which to choose
- Freedom to choose any dentist you wish
- Referral not required in order to receive treatment from a specialist

SAMPLE PPO PLAN DESIGN

	In Network	Out of Network
Deductible Individual/Family (Waived for Preventative)	\$50/\$150	\$50/\$150
Benefit Maximum	\$1,500	\$1,500
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Endo / Perio	Basic	Basic
Adult & Child Orthodontia	50%	50%
Adult & Child Orthodontia Benefit	\$2,000	\$2,000
OON Reimbursement	90th UCR	

OUT OF NETWORK REIMBURSEMENT USUAL, CUSTOMARY AND REASONABLE (UCR)

- A fee is considered usual, customary and reasonable if:
 1. It is a fee usually charged by a dentist for a service, and
 2. It falls within a price range that other dentists in the area charge, and
 3. It is for a service deemed reasonable under the current conditions.
- UCR fees are calculated based on a geographical area (zip code, city, state, etc....)
 - Not all insurance companies calculate UCR in the same manner
- The UCR schedule calculated by the insurance company is the price they will allow for every dental procedure they cover.



UCR SAMPLE SCENARIOS

Code	Description	50th	60th	70th	80th	90th	Fee Schedule
1110	Prophylaxis (regular cleaning)	\$138	\$140	\$149	\$159	\$174	\$120

- Scenario 1: A member is covered on a Dental PPO plan that pays 100% of preventative charges out of network **based on the 80th UCR**. What happens when the dentist charges \$150 for a regular cleaning?
 - **The insurance company pays \$150 to the dentist**
- Scenario 2: A member is covered on a Dental PPO plan that pays 100% of preventative charges out of network **based on the 50th UCR**. What happens when the dentist charges \$150 for a regular cleaning?
 - **The insurance company pays \$138 to the dentist. The member is responsible for the \$12 difference.**
- Scenario 3: A member is covered on a Dental PPO plan that pays 100% of preventative charges out of network **based on the in-network fee schedule**. What happens when the dentist charges \$150 for a regular cleaning?
 - **The insurance company pays \$120 to the dentist. The member is responsible for the \$30 difference**

THINGS TO LOOK OUT FOR



- Categorizing Procedures
 - Where are Endodontics and Periodontics?
 - Are Implants covered?
- Frequencies
 - How often are Crown replaced? 60, 84, 120 months???
 - 2 cleanings per 12 months or 1 every 6 months?
Additional cleanings?
- Waiting periods – 12 month wait on major services?
- Missing Tooth Exclusion - if a tooth is lost before the contract begins, they don't bear any responsibility to cover replacing the tooth.
- Lifetime Orthodontia maximum

ADDITIONAL FEATURES/ADD-ONS



- Maximum Rollover – The ability to carry over some of your maximum to the next year.
 - Typically given if you use between \$1 and 50% of your annual maximum
- No preventative max – Any payments made by the insurance company do not deduct from your annual maximum
- Additional cleanings
 - 3 or 4 cleanings per year
 - 2 regular and 2 perio
- Incentives for brushing regularly - More coinsurance, lower copays

TYPES OF VISION PLANS

Vision Benefits Plan – Coverage typically differs between in-network and out-of-network vision providers. Members typically share in the cost of the care through coinsurance and copayments.

Vision Discount Plan – Members receive discounted rates from in network providers. The member pays the entire cost for care received.



WHAT DO VISION PLANS COVER?



- Eye Examinations
- Eyeglass Frames
- Eyeglass Lenses
- Contact Lenses

ADDITIONAL FEATURES/OPTIONS

- Laser Vision Correction
- Prescription Protective Eyewear
- Retinal Screening
- Lens Protection, scratch resistant coating
- Discounts on additional Glasses and Sunglasses



SAMPLE VISION PLAN

Benefit	In-Network	Out-Network
Eye Exam	100% after a \$10 copay (Every 12 months)	Reimbursed up to \$60 (Every 12 months)
Lenses (Single Vision)	100% after a \$25 materials copay (Every 12 months)	Reimbursed up to \$43 (Every 12 months)
Lenses (Bifocal)	100% after a \$25 materials copay (Every 12 months)	Reimbursed up to \$60 (Every 12 months)
Frame	Covered up to a \$150 retail allowance after a \$25 materials copay (Every 12 months)	Reimbursed up to \$40 (Every 12 months)
Contact Lenses (Conventional)	In lieu of frames & lenses covered up to a \$150 retail allowance after a \$25 materials copay (Every 12 months)	In lieu of frames & lenses covered up to a \$150 retail allowance after a \$25 materials copay (Every 12 months)
Contact Lenses (Disposable)	In lieu of frames & lenses covered up to a \$150 retail allowance after a \$25 materials copay (Every 12 months)	In lieu of frames & lenses covered up to a \$150 retail allowance after a \$25 materials copay (Every 12 months)

VISION FREQUENCIES - HOW OFTEN CAN I RECEIVE CARE?



- Vision plans limit how frequently you can use a service
- Typically, these limits are once every 6 months, 12 months or 24 months
- E.L.F. – Exams, Lenses and Frames
 - 12/12/12 - 12/12/24 - 12/24/24
- For eye exams, most companies count the time based on your last exam date.
 - I.e. The plan covers an eye exam every 12 months and starts on January 1st 2022. You get your first exam on March 15th 2022. You cannot get another eye exam covered until March 15th of 2023.



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THANK YOU!