

ORTHODONTIC INSURANCE

Orthodontic insurance is most commonly written as a lifetime maximum benefit. That being said, it doesn't matter in which portion of the year, or years you consume it. *Less commonly*, orthodontic insurance is written with an *annual* maximum. Plans that are written that way, typically have a 24 month or 2 year maximum. (Meaning the orthodontic benefit will likely not exceed, for example \$2,000 if the annual maximum is \$1,000.)

There may be age restrictions. Some plans cover the subscriber only, others the subscriber and spouse. Most plans cover the subscriber, spouse and dependents, but again, there may be age limits attached to each grouping. You may also check with your Human Resources representative or your insurance broker.

IN NETWORK AND OUT OF NETWORK PROVIDERS

There is typically no difference between in and out-of-network insurance contributions, however, there are some exceptions. We would be happy to check into your insurance benefits for you. You can also check with your Human Resources representative or your insurance broker.

In network providers agree to fee limitations for specific CDT (Current Dental Terminology) coded services within geographic areas. We suggest you check with your Human Resources provider if you have questions about your plan's fee limitations. **Occasionally, there can be errors in the information that the Customer Service Representatives provide to us over the phone; we strongly suggest you get the information from your HR dept as well, to compare the information.**

PRIMARY AND SECONDARY INSURANCE

When you are covered by two dental plans, this is called "dual coverage". If you are the patient, your insurance is primary and your spouse's is secondary. In the case of dependent children, insurance companies go by the birth date rule, that being, the person whose birth *month* comes first in the calendar year (regardless of birth year) is primary. The other parent is secondary.

There are exceptions, such as in the case of court orders as related to divorced parents, stepparents, and dependent children.

Most important question to ask your HR dept / insurance company is how they pay coordination of benefits. You want "standard" plan. Unfortunately, any "non duplication" plan will not pay on any secondary claims.

DUAL INSURANCE

We would have to look into both plans to find out; there are many variables such as the plan's lifetime maximums, the percentage coverage, the age limits of the plans, and most importantly if there is standard coordination of benefits. Some insurance plans have this non-duplicable clause written into them. What this means is that the secondary plan will not pay any benefits if the primary plan paid the same or more than the secondary plan would have paid if it was a stand-alone plan.

Please note our estimations regarding your insurance are not a guarantee of payment. The insurance company has ultimate control over payments; we are merely the liaison between you and the insurance company.

HMO OR DMO SERVICES

Unfortunately, if you have a HMO or DMO (Dental Management Organization) plan, we cannot collect any insurance benefits for you. A DMO is similar to what Kaiser is to medical; you have to go to their providers for services. If you seek services outside of the network, it will be completely out-of-pocket for you.

NO ORTHODONTIC INSURANCE

We suggest contacting your employer or an insurance broker. However, keep in mind you have to keep insurance plans active for the entire duration of treatment in order to receive the full lifetime maximum. The most common lifetime maximum benefit we see is \$1,500. Figure out if 2 years of an insurance premium cost will be more than you will get back in benefits. If so, it wouldn't be worth getting orthodontic insurance.

INSURANCE DID NOT MAKE A FULL PAYMENT

If you leave your employer before the insurance lifetime maximum is reached, no further collections can be made against this insurance plan, as you would no longer be a member. Unfortunately, we cannot control how the insurance companies pay. Additionally, how you pay your personal portion also has no effect on how the insurance company will pay their portion. Your employer and the insurance company establish the insurance payment schedule, when the plan was established.

INSURANCE COMPANIES TYPICALLY MAKE INSTALLMENT PAYMENTS OVER DURATION OF TREATMENT

Your full lifetime maximum benefit will not be reflected as a credit until close to the end of treatment. Please let us know ASAP if your employer changes insurance carriers. Typically, this has no effect positive or negative to your insurance benefits, however, it can. The new carrier's policy may be written differently, there may be a higher or lower lifetime maximum for orthodontics. There may be an age limit difference. The best thing to do is check with your Human Resources representative as soon as you know the change is going to occur, to familiarize yourself with the benefits changes, if any. Once you are covered by the new plan, call our financial coordinator to update your benefits. She can let you know if there will any changes to your account as a result.

CHANGE IN EMPLOYMENT OR GOT NEW INSURANCE

If you change your employer or got new insurance during treatment, the current insurance will stop making payments once you terminate your employment/benefits. The new carrier, provided there is no waiting period and they have orthodontic benefits available within the age limits (if applicable) will pro-rate benefits and pick up where the previous plan left off. Unless the new orthodontic lifetime maximum is higher than the first, it is unlikely that you will collect any more benefits than originally estimated. **We are happy to help you submit the claim for the new insurance.** With that said, any and all payments will be sent to you directly to you. **We do not do any follow up on these claims.**

GETTING ORTHODONTIC INSURANCE IN THE MIDDLE OF TREATMENT

You may now have to pay less out-of-pocket for orthodontic treatment. Let us know your new benefits information and we will look into your new insurance for you. Unfortunately, we will likely not be able to collect the full lifetime maximum as benefits are typically pro-rated, depending upon how long ago treatment started.

FLEXIBLE SPENDING ACCOUNT (FSA) VS HEALTH SAVINGS ACCOUNT (HSA)

Flexible spending account is a tax advantage account to pay for qualified health-related expenses.

Many employers offer FSA account to employees. It can be used as pre-tax funds that they can set aside to cover expenses that are not covered by their medical or dental insurance.

FSA's are exempt from federal taxes, social security taxes and in most cases income taxes. Health savings account is similar to FSA, offered for high deductible plans.