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Hi my name is Anna M. Napoles. I work as insurance and billing specialist for Focus Dentistry in Agoura Hills, Ca. I've been in the dental field for over 13 years. During this time I've seen many changes in dental insurance, unfortunately it has not been for the best; for both member/patients, and providers.

First of all I'd like to begin by explaining that dental insurance isn't really insurance (a payment to cover the cost of a loss) at all. It is actually a money benefit, typically provided by an employer, to help their employees pay for routine dental treatment. The employer usually buys a plan based on what dental treatment is covered, and how much the premium cost is to the employer per month. Often the employee is responsible for a portion of the premium cost. Most plans are only designed to cover a portion of the total cost of a person's necessary treatment. For example, a dentist may recommend a crown (cap) for a tooth that has extensive decay; however the dental plan may only cover the cost of a filling. This does not mean that the patient does not need a crown, only that the benefit is limited to a filling. Dental insurance plans may help pay for treatment that one may need; however they were never design to pay for everything. Most plans typically pay a minimum, regardless of what you might need as an individual. It is a mistake to let benefits be the sole consideration when you make decisions about your dental health.

I write this letter to inform employers, subscribers, and providers of an insurance that is available that still provides decent benefits without all the unfavorable stipulations most insurance companies provide these days. It is Group Link Insurance. This is an indemnity plan (A non-network dental plan that reimburses the member or dentist at a certain percentage of charges for services rendered, often after a deductible has been satisfied. **Indemnity plans typically place no restrictions on which dentist a member may visit.**) This type of plan is referred to as "fee for service" plan. It also typically pays a dentist at their UCR (usual, customary, and reasonable fee) this is determined by the area the dentist is located. The turn around in claim payment is very rapid. At this time you may be asking yourself what is the difference between an indemnity plan and a P.P.O plan. Preferred Provider Organization (PPO) is a formal agreement between a purchaser of a dental benefit program and a defined group of dentists for the delivery of dental services to a specific patient population, at discounted fees for cost savings. This would be a great plan if your dentist of choice would be an in-network provider; you'd be able to save, but when your dentist of choice is out-of-network the discount would not apply and you therefore pay more out of pocket during your dental visits.

My advice to those who are in search of a good dental plan, consider the following.

- Does you plan pay UCR or FEE Schedule, if they pay fee schedule then make sure your dentist a plan provider, if not then be aware you will be responsible for the difference.
- If you choose a PPO plan make sure to research the doctor on their panel. Sometimes it is worth going to your dentist of choice and pay the difference.

I hope this letter has helped you understand a little bit about insurance, and what you should look out for. Group Link is my choice, hassle free.

Sincerely,
Anna M. Napoles
Insurance and Billing Specialist

Focus Dentistry