



Understanding Your Orthodontic Insurance

1. The total case fee for your orthodontic treatment is submitted to your insurance company when treatment begins. The "banding date" is the date on which treatment officially begins; this is the day bands or brackets are placed on the teeth. Placing separators does not constitute treatment starting.
2. Insurance payments are paid to the orthodontic office either monthly, quarterly, or annually. It is a rare exception that a one-time payment for the entire lifetime maximum is made initially.
3. During orthodontic treatment, if insurance coverage is interrupted for any reason, insurance payments stop. Reasons may include a job change, your employer changing insurance carriers, your coverage is dropped, or treatment ends. If an insurance change occurs during treatment, it is the patient's/parent's responsibility to inform the office so we can file a new claim. A new insurance company will not know you are in orthodontic treatment.
4. When our office confirms orthodontic benefits, **the insurance company is very clear that the benefit information we are given is an estimate and no guarantee of payment.** In our orthodontic financial agreement, the insurance allowance we take assignment for is an "estimate." We never know for sure how long or even if we will be paid until it actually happens. If for any reason the total insurance assignment is not paid as expected, it becomes the responsibility of the patient or responsible party.
5. Our office is happy to file an insurance claim on our patient's behalf. Because it is very time consuming and labor intensive there will be a charge if we need to refile a claim.
6. Some insurance companies place a contingency of medical necessity on orthodontic claim payments. If your insurance company determines that your treatment is not medically necessary, you will be responsible for the estimated insurance portion.
7. Our office may not be aware of your policy's status under the Affordable Care Act. Under these provisions, benefits are only provided for comprehensive orthodontic treatment (braces) for children with serious orthodontic impairment resulting from congenital abnormalities that affect their daily ability to function, like eating and speaking. Your insurance company will review your child's case before approving or denying coverage for the treatment.

FREQUENTLY ASKED QUESTIONS (FAQs)

Regarding Insurance for Orthodontics

Q: I don't have dental insurance. Can I still come in for a consultation and treatment?

A: Absolutely! Our consultations are complimentary. Further, we want to make orthodontic treatment obtainable for all of our patients. You may be surprised how affordable orthodontic treatment can be. Most patients choose to make installment payments over the duration of their treatment at 0% interest. At your consultation, we will discuss your preliminary treatment plan, and, in most cases, provide a quote for treatment. If after that appointment you have financial questions call to speak with our financial coordinator.

Q: You are not a member of my insurance plan. How will this affect my treatment fees and my out-of-pocket expenses?

A: In our experience, for specialty dentistry such as orthodontics, there is typically no difference between in and out-of-network insurance contributions. However, there are exceptions. We would be happy to check into your insurance benefits for you. In network providers agree to fee limitations for specific CDT (Current Dental Terminology) coded services within geographical areas. We suggest you check with your Human Resources provider if you have questions about your plan's fee limitations.

Q: My wife and I both have dental insurance. How is it determined whose insurance is primary and whose is secondary?

A: 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. The general rule is that the plan that covers you as an enrollee is the primary plan and the plan which covers you as a dependent is the secondary plan. In the case of dependent children, insurance companies go by the birth date rule, that being, the person whose birth day and birth month are 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.

Q: My wife and I both have dental insurance. We would like to use both of our insurance plans for our child's orthodontic treatment. Can we get the full life-time maximum for both plans?

A: Possibly. We would have to look into both plans to find out; there are many variables such as the plan's life-time maximums, the percentage of coverage, the age limits of the plans, and MOST importantly if there is STANDARD COORDINATION OF BENEFITS. 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.

Q: When does the secondary insurance pay?

A: Usually, the secondary policy will not accept a claim until after the primary claim is paid, and then the secondary policy will often require a copy of that payment information (referred to as an EOB).

Q: What is a non-duplication of benefits clause?

A: Some insurance plans have this 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.

Q: I don't have dental insurance. Can you suggest a plan I can purchase?

A: We suggest contacting your employer or an insurance broker. However, keep in mind you have to keep insurance plans active for the duration of treatment in order to receive the full life-time maximum. You want to make sure that the benefit you receive is more than the cost of maintaining the policy. You also want to ask about age limitations and waiting periods.

Q: You told me that my life-time maximum for orthodontics is \$1,500 but I believe it to be \$2,000. What should I do?

A: Occasionally, there can be errors in the information that the Customer Service Representatives provide to us over the phone. You can call your insurance carrier to verify your benefits or you can check with your Human Resources representative, at work.

Q: Why does my orthodontic insurance not replenish in January each year, like my dental insurance does?

A: Orthodontic insurance is most commonly written as a life-time 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, but not always, 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.

Q: You told me that I don't have any orthodontic coverage, but I have dental insurance, so why is there no coverage?

A: This is a choice you or your employer has made. Not all dental insurance plans provide orthodontic coverage. Check with your employer or insurance broker to see if you can change to a plan that offers orthodontic coverage.

Q: I have no orthodontic coverage, but when my children had treatment, insurance paid for some of their treatment. Why is that?

A: Insurance plan have age limits. It is likely that you are not covered because you aren't within the age restrictions of your insurance plan. These age restrictions apply to several different categories as well. Some plans cover the subscriber only, others the subscriber and spouse. Most plans cover the subscriber, spouse and dependents, but again, there are age limits attached to each grouping. We will be happy to check your benefit for you. You can also check with your Human Resources representative or your insurance broker.

Q: What happens if I leave my employer before the insurance life-time maximum is reached?

A: If you leave your employer before the insurance life-time maximum is reached, no further collections can be made against this insurance plan as you are no longer a member. Unfortunately, we cannot control (via our billings) 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. The insurance payment schedule is established by your employer and the insurance company when the plan is established.

Q: What happens if my employer changes insurance carriers?

A: 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 life-time maximum for orthodontics. There also 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 insurance coordinator to update your benefits.

Q: My child is in orthodontic treatment. I just changed employers. Will I get to collect the full life-time maximum at my new employer?

A: If you change your employer during treatment, the current insurance will stop making payments once you terminate your employment/benefits. The new carrier, provided there is no waiting period, no age limitation issues, and no work in progress issues will pro-rate benefits and pick up where the previous plan left off. Unless the new orthodontic life-time maximum is higher than the first, it is unlikely that you will collect any more benefits than originally estimated.

Q: I'm leaving my job. Can you expedite the insurance payments to ensure I get as much as possible insurance reimbursement before I leave my job?

A: No, unfortunately the timing of our billing to the insurance company has no effect on their installment payment schedule. Payment schedules are written into the insurance policy at the time the policy is established by the employer or purchased by the individual.

Q: You told me my life-time maximum for orthodontics was \$1,500. The insurance didn't pay the full \$1,500, but now I don't have that insurance any more. What do I do?

A: Unfortunately, there is no way to collect the full life-time maximum for treatment if you are no longer insured by that plan. Payments by insurance companies are based upon time of service vs. time of billing. We can bill for you, after you no longer have coverage, as long as the orthodontic services were provided while the insurance was active.

Q: I forgot to tell you that I got new insurance. What will happen now? Can I still get insurance money from my new carrier?

A: Your "old" insurance carrier will stop making payments because you are no longer insured. Your new carrier, once we bill them, will likely start making pro-rated payments, until the plan's life-time maximum is met. The assumption is that your new plan has orthodontic benefits with a similar or increased life-time maximum, that the patient is covered and within the new plan's age restrictions and that there is NOT a waiting period. The new plan must also allow "work in progress" orthodontic treatment. Further, collecting insurance benefits is based upon when treatment occurred, not the time billing occurred.

Q: My husband just got a new job that has orthodontic coverage. We didn't have this insurance when we started treatment. How will this effect what I owe your office?

A: This is good news! 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 may not be able to collect the full life-time maximum as benefits are typically pro-rated, depending upon how long ago treatment started.