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THE DENTAL INSURANCE MYTH: "WE TAKE YOUR INSURANCE" DOES NOT MEAN "WE'RE IN-NETWORK"

*That routine cleaning you thought was covered at 100%
could still leave you with a bill.*



HEALTH INSURANCE

By Bryan Nester,
President,
Nester Insurance Inc.

"We take your insurance" is not the same as
"We are in-network

with your insurance."

It sounds like a simple question:

"Do you take my dental insurance?"

The dental office responds:

"Yes, we take your insurance."

You schedule your appointment, have your cleaning completed and assume everything is covered. Then, a few weeks later, you receive a bill.

At Nester Insurance, our team fields calls from employees of our employer clients every day. One situation we occasionally encounter is an employee who believed a dentist was in-network because the office said it "takes" or "accepts" their insurance.

Unfortunately, those two statements can mean very different things.

"We Take Your Insurance" vs. "We Are In-Network"

A dental office may be willing to accept and submit your insurance without actually participating in your insurance company's network.

When a dental office says it "takes" your insurance, it may simply mean the office is willing to submit a claim to your insurance company so you can receive whatever out-of-network benefits may be available under your plan.

Being in-network means something different. An in-network dentist has a contractual relationship with a dental carrier or

network. Under a typical dental PPO arrangement, participating dentists agree to provide specified services according to the terms of their contract, including applicable negotiated or maximum allowable fees.[1]

An out-of-network dentist does not have that same contractual relationship. And that distinction can directly affect your wallet.

How a "100% Covered" Cleaning Could Still Cost You Money

Let's use a simplified hypothetical example. Suppose your dental benefits summary says: Preventive Services — 100%. That may include services such as routine exams and cleanings, subject to the specific terms and limitations of your plan.

It's easy to look at "100%" and think: "Great. My cleaning is free." But 100% coverage does not necessarily mean the insurance company will pay 100% of whatever amount any dentist chooses to charge.

Simplified Cleaning Example:

Item	In-Network Dentist	Out-of-Network Dentist
Dentist charge	\$180	\$180
Plan/network recognized amount	\$120	\$120
Plan benefit for eligible preventive care	100% of allowed/network amount	100% of recognized amount
Insurance pays	\$120	\$120
Contractual adjustment / potential remaining balance	\$60 contractual adjustment	\$60 potential balance
Your potential cost	\$0	\$60

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The American Dental Association's guidance illustrates this important distinction. For covered services, the in-network calculation is generally limited by the plan's maximum allowable fee, while an out-of-network calculation can include an additional balance toward the dentist's full fee.[2]

That additional amount can become the patient's responsibility depending on the plan, provider and applicable law. This is commonly referred to as balance billing — when a provider bills a patient for the difference between the provider's charge and the amount recognized or allowed by the plan.[3]

Same insurance plan. Same cleaning. Same "100%" preventive benefit. Potentially two very different outcomes.

The Question You Should Be Asking

Instead of simply asking the dental office: "Do you take my insurance?" ask: "Are you currently an IN-NETWORK participating provider with my specific dental plan and network?"

Those few extra words can make a significant difference. Provider participation can vary by carrier, network and specific plan. Do not rely exclusively on someone at the dental office saying, "Yes, we take that."

Before Your Next Appointment

1. **Check your insurance company's website.** Use the carrier's online provider directory and search using the specific dental network associated with your plan.

2. **Call the insurance carrier.** Use the number on your insurance ID card and ask the carrier to confirm that the dentist is currently participating in your specific network.

3. **Ask the dental office specifically about network participation.** Do not just ask if they "accept" or "take" the insurance. Ask whether the dentist is an in-network participating provider for your exact plan.

4. **Be especially careful before expensive dental work.** For crowns, root canals, oral surgery, bridges, dentures or other significant procedures, consider asking the dental office to submit a pre-treatment estimate to the carrier when available.

5. **If Nester Insurance manages your employer's benefits, call us.** If you are not sure what you are looking at, ask for help before the service is performed.

Why This Matters Even More With Major Dental Work

A surprise \$50 or \$100 bill after a cleaning is frustrating. A misunderstanding involving a \$1,500 or \$3,000 dental procedure can be much more painful.

(Continued on page 24)



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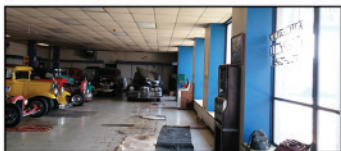
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HEALTH INSURANCE

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For example, suppose an out-of-network dentist charges \$1,500 for a procedure and the dental plan calculates benefits using a lower amount. Your plan may still provide an out-of-network benefit. However, depending on the plan and circumstances, you could potentially be responsible for your normal deductible and coinsurance plus an additional amount associated with the dentist's charge exceeding what the plan recognizes.

This is why knowing whether a dentist is actually in-network matters.

"But I Thought Surprise Billing Was Illegal?"

This is another important misconception. Federal protections under the No Surprises Act protect consumers from certain types of unexpected out-of-network medical bills.

However, the Centers for Medicare & Medicaid Services (CMS) states that these federal balance-billing protections generally do not apply to dental-only insurance plans. They may apply when dental benefits are included as part of a health plan.[5]

That makes understanding your particular dental plan and provider network even more important.

A Call We Would Rather Receive BEFORE the Appointment

Unfortunately, sometimes employees call our office after the dental work has already been completed.

At that point, we can help review the claim, Explanation of Benefits and plan provisions. We can help determine whether something was processed incorrectly and, where appropriate, assist in asking questions or pursuing an appeal.

But there is one thing we cannot do: we cannot go back in time and make an out-of-network dentist an in-network dentist.

The Nester Insurance Takeaway

If you remember only one thing from this article, make it this: "We take your

insurance" does NOT necessarily mean "We are in-network with your insurance."

Before scheduling an appointment or having a significant procedure performed: check the carrier's website, verify the network, ask the right question and, when you are unsure, ask for help.

At Nester Insurance, we believe employee benefits should not end with handing someone an insurance card. Our job is to help employers and their employees understand, navigate and actually use their benefits.

Sometimes a five-minute conversation before an appointment can prevent a much more frustrating conversation after it.

About the Author — Bryan Nester, President, Nester Insurance Inc.: Nester Insurance works with employers and their employees to simplify employee benefits, HR, compliance and related business solutions. Our team provides hands-on support to help employees better understand and navigate their benefits.

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