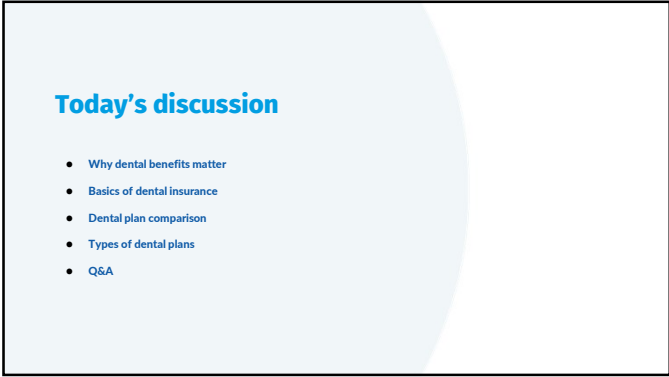


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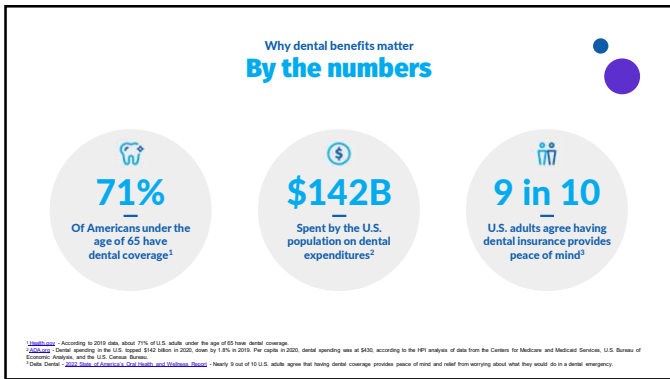
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Why dental benefits matter

Oral care is more than just a healthy smile.

Dental insurance can help **save time, money, and have a positive effect** on an individual and their family's overall health.

Value of dental insurance

- Professional care such as check-ups and cleanings are typically covered at 100%
- Preventive measures can detect problems before they escalate into serious dental issues, avoiding costly and complex procedures⁴
- Good oral health increases the chances of good overall health⁵


National Library of Medicine • Effects of Oral Health on the Community, Overall Well-Being, and the Economy
National Library of Medicine • Effects of Oral Health on the Community, Overall Well-Being, and the Economy

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Why dental benefits matter

How do dental benefits work for an individual and their family?

Dental benefits can help pay for annual cleanings, basic oral health fixes, or major dental procedures, such as crowns and bridges.



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Why dental benefits matter

Service classes

Class	Definition	Typical coverage level	Relevant to
Diagnostic & preventive	Claims often include the most frequently utilized procedures, such as routine exams, cleanings, basic x-rays, and more.	100%	Everyone
Basic procedure	Care that is considered routine, including fillings, root canals, tooth extractions, and emergency dental procedures.	80-90%	Everyone
Major procedure	Care that is more significant than a basic procedure, including dental crowns, dental bridges, and dental implants.	50-60%	Everyone, but primarily older adults

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Why dental benefits matter

Diagnostic & preventive

Diagnostic & preventive (D&P) claims often include the most frequently utilized procedures, such as routine exams, cleanings, basic x-rays, and sometimes sealants and fluoride treatment for children.

Typically, **D&P** are covered at 0% coinsurance and often do not require the deductible to be met.

How it works

- Chris visits an in-network dentist for a routine, preventive cleaning, a service that costs \$100.
- After the cleaning, the dentist files a claim to Chris' benefits company to request payment. Because cleanings are considered **diagnostic & preventive**, this visit is fully covered by Chris' plan.
- Chris pays nothing (\$0) for the cleaning, and the plan pays \$100.

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Why dental benefits matter

What is a basic procedure?

A **basic procedure** is straightforward, non-surgical care.

Common basic procedures

- Fillings (always considered basic)
- Emergency dental treatment
- Root planing, periodontal scaling

The definition of **basic procedure** can vary from plan to plan, so please check your benefit summary for specific guidance.

How it works

- Chris visits the dentist for a root canal. This is considered a **basic procedure**.
- Their plan covers **basic procedures** performed by an in-network provider at 80% coinsurance. It will be Chris' responsibility to pay the remaining 20% along with a deductible.

	Responsibility	Cost
Root canal (in-network)	—	\$1,000
80% Coinsurance coverage	Plan pays	\$800
20% Remaining balance	Chris pays	\$200

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Why dental benefits matter

What is a major procedure?

A **major procedure** is care that is typically more significant than a basic procedure.

- Dental crowns
- Dental bridges
- Dental implants

The definition of **major procedure** can vary from plan to plan, so please check your benefit summary for specific guidance.

How it works

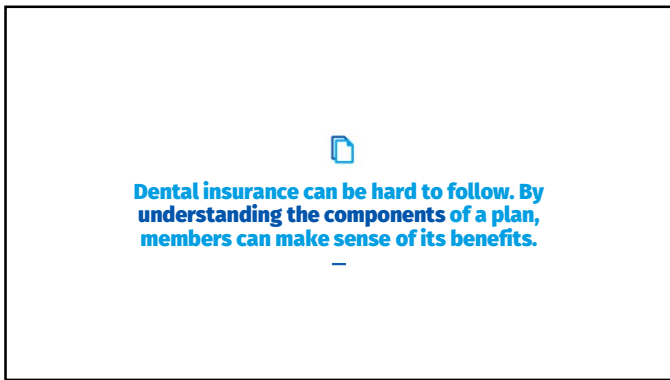
- Chris visits the dentist for a dental crown, a **major procedure** that costs \$800 and is covered by their plan at 50% coinsurance.
- Chris' dentist is in-network, and Chris has met his deductible.
- Chris will pay \$400, and the plan will pay \$400 to cover the dental crown.

	Responsibility	Cost
Dental Crown (in-network)	—	\$800
50% Coinsurance coverage	Plan pays	\$400
50% Remaining balance	Chris pays	\$400

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Basics of dental insurance

Glossary of terms

Annual maximum

Maximum dollar amount a plan will pay toward dental treatments within a benefit period. Once the maximum has been met, member must pay out of pocket.

Orthodontic lifetime maximum (LTM)

Maximum dollar amount a plan will pay toward orthodontic-specific treatments within a members' lifetime. Once the maximum has been met, member must pay out of pocket.

Deductible

Dollar amount a member is required to pay before the insurance maximum can be applied.

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Glossary of terms - Further explanation

Deductible

The **deductible** is the dollar amount paid towards the cost of care before the insurance benefit begins to cover the cost of claims. It is reset at the beginning of each benefit year.

- The **deductible** does not count towards the annual or lifetime maximums.
- Plans may contain both an individual and family **deductible**.
- The **deductible** is commonly waived for preventive services.

How it works

		Responsibility	Cost
Step 1	Chris goes to the dentist for a filling	---	\$150 total
Step 2	Chris hasn't yet met the \$50 annual deductible	Chris pays	\$50 deductible
Step 3	Of the remaining balance, his plan pays 80% coinsurance	Plan pays	\$80
Step 4	Chris pays the remaining 20% balance	Chris pays	\$20
Total	Chris will be responsible for the \$50 deductible first, then 20% of the remaining cost, which is \$20. The total cost will be \$70.		
Next visit	Chris will NOT owe the deductible again during this benefit period.		

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Basics of dental insurance

Glossary of terms

Basic coinsurance

Percentage at which the insurance plan will contribute to the cost of basic services.

Major coinsurance

Percentage at which the insurance plan will contribute to the cost of major services.

Diagnostic & preventive coinsurance

Percentage at which the insurance plan will contribute to the cost of diagnostic and preventive procedures. Deductibles may be waived.

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Basics of dental insurance

Glossary of terms

Maximum allowable charge (MAC) OON reimbursement

Out-of-network costs incurred by a member are then paid at the same fee schedule as would be allowed in-network.

Usual customary reasonable (UCR) reimbursement

Out-of-network costs incurred by a member are paid to a specific percentile of the usual customary and reasonable fee is based on the procedure in the specific area.

Out-of-network (OON) coverage

Measurement used to determine the amount to be reimbursed based on a procedure performed by an out-of-network provider.

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Glossary of terms - Further explanation

Out-of-network

Out-of-network (OON) refers to a claim that is made with a provider that is not contracted with the benefit plan's network.

You can find **in-network** providers through the Beam Find a Dentist Tool.

How it works

Out-of-network (OON) claims are covered, but you may pay more out-of-pocket. These claims are paid out by one of two methods:

- **Maximum Allowable Cost (MAC)**- Claim payments are determined by the in-network (INN) fee schedule.
- **Usual, Customary & Reasonable (UCR)**- Claim payments are based on the average price for a service in a given geographic area.

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Basics of dental insurance

Glossary of terms

Occlusal (night) guard coverage

Removable dental appliance designed to minimize the effects of bruxism (teeth grinding) or other occlusal factors.

Missing tooth clause

Situation in which benefits are not payable to replace a tooth extracted prior to having dental coverage.

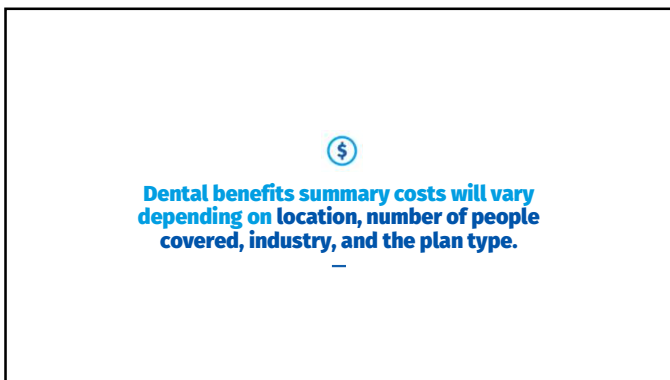
Posterior composites

White "tooth colored" fillings on teeth located in the back portion of the mouth.

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Dental Plan Design Examples

	100/80/50-1000 MAC	100/80/50-1000	100/80/50-1500 MAC	100/80/50-1500
Annual Maximum	\$1000	\$1000	\$1500	\$1500
Lifetime Ortho Max	n/a	n/a	n/a	n/a
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
D&P Coinsurance	100%	100%	100%	100%
Basic Coinsurance	80%	80%	80%	80%
Major Coinsurance	50%	50%	50%	50%
Ortho Coinsurance	n/a	n/a	n/a	n/a
OON Coverage	MAC	UCR	MAC	UCR


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Dental plan comparison

Orthodontics

Orthodontic treatment is one of the easiest ways to improve oral health.

Braces can help correct major oral health issues and avoid dental emergencies in the future.



Adult orthodontia
Procedures and services covered for adults.

Child orthodontia
Children up to 19 years old are covered.

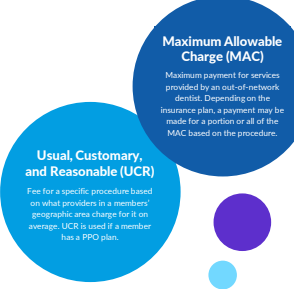
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Dental plan comparison

MAC vs. UCR dental plans: What's the difference?

What happens when an individual finds out their dentist visit was not in-network?

While in-network provides the most savings, a member can still go to an out-of-network provider with costs depending on MAC or UCR fees.



Maximum Allowable Charge (MAC)
Maximum payment for services provided by an out-of-network dentist. Depending on the insurance plan, a payment may be made for a portion or all of the MAC based on the procedure.

Usual, Customary, and Reasonable (UCR)
Fee for a specific procedure based on what providers in a members' geographic area charge for it on average. UCR is used if a member has a PPO plan.

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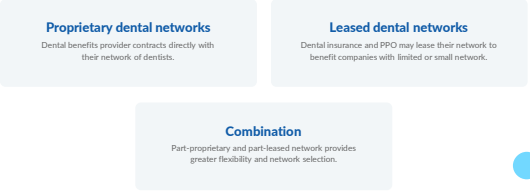
Dental plan comparison

Dental networks


Proprietary dental networks
Dental benefits provider contracts directly with their network of dentists.

Leased dental networks
Dental insurance and PPO may lease their network to benefit companies with limited or small network.

Combination
Part-proprietary and part-leased network provides greater flexibility and network selection.



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Dental plan comparison

What you need to know about contract provisions


Rate guarantees ensure premium rates do not increase.

Exclusions are procedures and services which may not be covered in a dental benefits plan.

Waiting period is a set amount of time before an individual can receive full coverage for a specific dental procedure.


Carryover policy allows members to defer a portion of their annual maximum from one year to the next.

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Types of dental plans

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With so many dental plans available today, understanding the main differences can help you effectively serve your groups.

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Types of dental plans

Preferred Provider Organizations (PPO)
Leverages a network of dentists who have agreed to provide care to plan members at a set rate.

- Greater flexibility to receive care from any provider - in or out of network
- Do not require referrals to see a specialist or having to choose a new dental provider
- Higher out-of-pocket costs including monthly premiums and copays

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Types of dental plans

Dental Health Maintenance Organizations (DHMO)
Network of dentists and specialists who provide care at a fixed cost.

- Focus on preventive care - teeth cleanings, periodic oral evaluations, x-rays, and sealants
- No waiting periods before covered services are available
- Network size is smaller than PPO plan, but typically comes with lower costs and no deductible



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Types of dental plans

Dental Discount or Dental Savings Plans
Group of participating dentists have agreed to discount their dental services to members.

- More access to savings and discount programs on dental care
- No reimbursement paperwork to complete and no coinsurance required
- Members pay annual amount in exchange for discounted fees


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Wrap up

Understanding the basics of dental benefits

- 1 Dental benefits provide real value** in preventive care, lowering costs, and maintaining overall health.
- 2 Plan designs and associated costs vary** based on location, number of people covered, and plan selection.
- 3 Individuals have the ability to choose** a dental plan that best suits their needs and their family.

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Discussion and Q&A

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Thank you!

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