

Choosing the Best Quality Dental Insurance Plan for Individuals and Families

There are several reasons people avoid going to the dentist. One of the biggest reasons is cost. Good dental insurance is a must in order to make going to the dentist less painful to your pocketbook. Choosing the best quality dental insurance is not as difficult or scary as it can seem when you begin to search through the maze of policy types and coverage. You just have to know what to look for. HMO, PPO or POS Do you know the difference between the Big Three? Those terms often confuse insurance shoppers of any type and they apply to choosing dental insurance the same as they do for other insurance types. - HMO: Is an acronym that stands for Health Maintenance Organization. With this type of plan, you are required to choose a dentist from the plan. If the companies you are interested in are HMO plans make sure the dentists you have in your area are available with their plan. - PPO: This acronym stands for Preferred Provider Option. This type of policy offers a combination of traditional insurance provisions and an HMO. Instead of having dentists signed up to their plan they have a list of dentists who have agreed to charge a pre-determined amount usually far less than they normally would for specific services. In choosing a PPO, it is always best to try to use their listed dentists. With a PPO, you may use a dentist outside of the plan and your policy will pay for the procedures up to the limit of their pre-determined amount for that service. In those cases, you will be responsible for the remainder of the dentist's charges. - POS: POS stands for Point of Service. This is the traditional type of insurance that pays a percentage of any covered procedure. With a POS (also commonly known as Indemnity or fee-for-service plans) you can choose any dentist for services and the insurance will pay a specific percentage for any service covered by the plan. Covered Services When choosing the best quality dental insurance to meet your needs it is important to examine what services each plan covers. If you or a youngster in your home will require braces, you need to be sure the plan you choose covers orthodontic work. If you wear dentures, check for prosthetic coverage amounts. For all other standard work, a good plan will allow for up to two cleanings per year, fluoride treatments and no fees for standard office visits twice per year. Quality of Service Some dental plans will demand a provider choose the cheapest option for work that needs to be done. When it comes to your teeth, cheap is not always in your best interest. This is a common failing of most PPOs and something to remember if you are considering that type of plan. Check out the plan's UCR guide. Most PPO and POS dental insurance companies have what is called a UCR (usual, customary, and reasonable). This lays out what they consider the acceptable fee for each service regardless of what your dentist will actually charge. If the UCR fees are considerably lower than what dentists in your area charge for services you could end up spending a lot of money out of pocket for dental work. Talk to Your Dentist Find out if they accept the type of policy you are considering and if you will be able to schedule appointments at your convenience. Some dentists limit certain types of insurance to particular times. Waiting Period It is probably not a good idea to begin shopping for quality dental insurance when you are in desperate need of dental care. Most policies will require a certain amount of time to pass between when you sign up and when you can receive coverage for dental work. This time will vary depending on the procedure and most preventative care will be immediately available, but major work such as crowns, dentures, partials or extractions may take up to twelve months to kick in. Check Policy Limits Unlike other forms of medical insurance dental insurance is usually meant to cover basic care and prevention measures. Check the policy limits, especially if you or covered family members are going to need extensive restorative work. Many policies only cover between \$1,000 and \$1,500 per year on each individual.

About the Author

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