

Dental Benefits: Out-of-Pocket Costs Explained

Source: Delta Dental of Iowa

Dental benefits are designed to save you money. Understanding your benefits can help make sure you are getting the most from your plan.

With dental coverage, you may sometimes pay money *out-of-pocket*. That means when you receive dental care, you will need to contribute a certain amount towards your treatment costs. Below explains when dentist visits may end up costing you money out-of-pocket and how it fits into the cost of dental benefits.

If your dental plan has a deductible. Some dental plans require you to pay a deductible before your plan begins paying for services. The State of Iowa dental plan through Delta Dental of Iowa does not have a deductible that has to be met. This means your Delta Dental plan starts paying for covered services right away.

If your dental plan doesn't cover 100% of the dental work you need. Your dental plan may pay for a percentage of your treatment costs. You, the member, may also be required to pay the remaining balance after your dental plan pays a percentage of the cost. This is known as "coinsurance."

Example) If your dentist sees signs of a cavity during an appointment, fillings and tooth extractions are covered at 80 percent with your dental benefits through the State of Iowa. That means Delta Dental will pay most of the cost, leaving you with 20 percent to pay. The 80/20 split between you and Delta Dental is your "coinsurance."

If your treatment requires a copay. You should note if there are copays required. Copays are fees required after dental services. All copays are a fixed dollar amount that won't change depending on the cost of the dental work you're receiving.

If you hit your annual maximum and still have treatment scheduled in that plan year. Many dental plans have an annual benefit maximum. This is the maximum dollar amount that a dental insurance provider will pay toward treatment during one plan year. Once the plan year resets, your annual maximum does, too. The annual maximum for your State of Iowa dental benefits is \$1,500.

Example) Your plan states that your annual maximum is \$1,500 and, in one plan year, you had three restorative dental procedures that totaled \$1,600. Because you exceeded your annual maximum by \$100, you are responsible for paying the \$100.

Some treatments aren't covered by your plan. Dental coverage depends on your specific plan, not all plans cover all treatments.

Example) If you want to have veneers put on your teeth or a special whitening treatment done, these would most likely be considered cosmetic services.

Cosmetic dental procedures focus on improving the appearance of a person's mouth rather than providing preventive care. Cosmetic services would not be covered by your dental benefits plan, so you pay the total cost.

Ways to save on your dental benefits

Here are some ways you can save on the cost of dental benefits:

1. Visit in-network dentists. With dental benefits through Delta Dental of Iowa, 94% of Iowa dentists are in-network. To find an in-network provider, visit deltadentalia.com.

2. Keep up with your preventive care appointments. Seeing your dentist regularly for preventive care appointments means you are less likely to need restorative dental care procedures later that can be costly.
3. Keep an eye on your annual maximum as the year goes on.

To better understand what's covered by your dental plan, log in to [Delta Dental Member Connection](#).