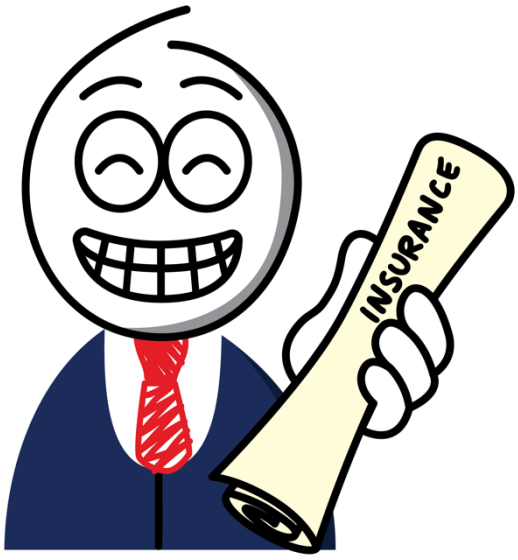
DENTAL

Guidepost **Part 2**

Written for clients that have a Medicare Advantage plan with Dental built in and want to understand how it works



A GUIDEPOST PRODUCED BY AMERICAN RETIREMENT ADVISORS
(A non-government resource)

Foreword

Maintaining dental health is an important component of wellness for many people as they age. Original Medicare doesn't cover dental services. For that reason, many choose Medicare Advantage plans for their all-inclusiveness and convenience. These plans not only cover medical expenses and prescriptions but also offer different levels of coverage for dental, vision, and hearing services.

Dental coverage can vary significantly between plans and even from year to year. So, to get the most out of your *included* dental benefit, it's important to understand how your plan works.

This guidepost is designed to help you understand how your dental benefit functions if you do have a dental benefit built into your Advantage plan.

While every plan is different, there are some commonalities, and if nothing else, this guide will give you the pointers to know where to go and look for more detail.

We will do our best to give you the keywords to search for and the paths to find out how to use the coverage that is built into your plan.

We are going to break down this guide and frame your research into three parts:

1) **What** is covered
2) **How** it is covered
3) **Where** it is covered

BEFORE YOU START:

We recommend having the Summary of Benefits (SOB) for your plan in hand. This is the guide you likely got from your advisor when you enrolled in your plan. If you do not have this document, call your Client Care Team (602-281-3898). They are more than happy to find that document and send it to you via email.

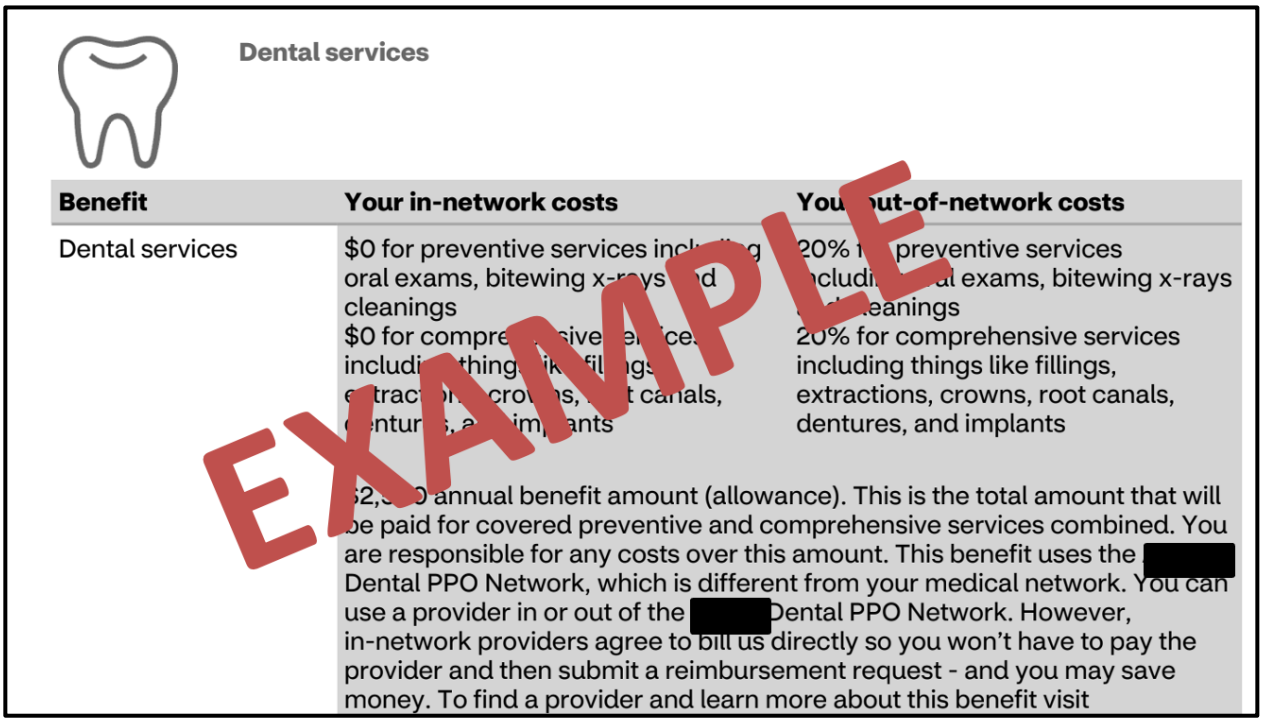
Let's get into it.

What is covered: finding the right page…

Your Summary of Benefits (SOB) is just that… a summary of your plan's benefits and how they work. Do your best to ignore the numbers and interesting tidbits for the moment and flip the pages until you find the details with the words “Dental Services,” “Dental,” or “Dental Coverage.” (Every SOB layout will be slightly different, but you get the idea.)

You can also look for a picture of a tooth located near other “extra benefit” descriptions for hearing and vision services (they are usually in the same spot).

Below is a sample image from an SOB we pulled randomly to give you an idea of what to look for. Once you find this section in your SOB, it's time to determine what type of coverage is included in your plan. We will get into those details next.



Dental services

Benefit	Your in-network costs	Your out-of-network costs
Dental services	$0 for preventive services including oral exams, bitewing x-rays and cleanings $0 for comprehensive services including things like fillings, extractions, crowns, root canals, dentures, and implants	20% for preventive services including oral exams, bitewing x-rays and cleanings 20% for comprehensive services including things like fillings, extractions, crowns, root canals, dentures, and implants

$2,000 annual benefit amount (allowance). This is the total amount that will be paid for covered preventive and comprehensive services combined. You are responsible for any costs over this amount. This benefit uses the [redacted] Dental PPO Network, which is different from your medical network. You can use a provider in or out of the [redacted] Dental PPO Network. However, in-network providers agree to bill us directly so you won't have to pay the provider and then submit a reimbursement request - and you may save money. To find a provider and learn more about this benefit visit

EXAMPLE

What your plan covers: and what it doesn't…

What is covered?

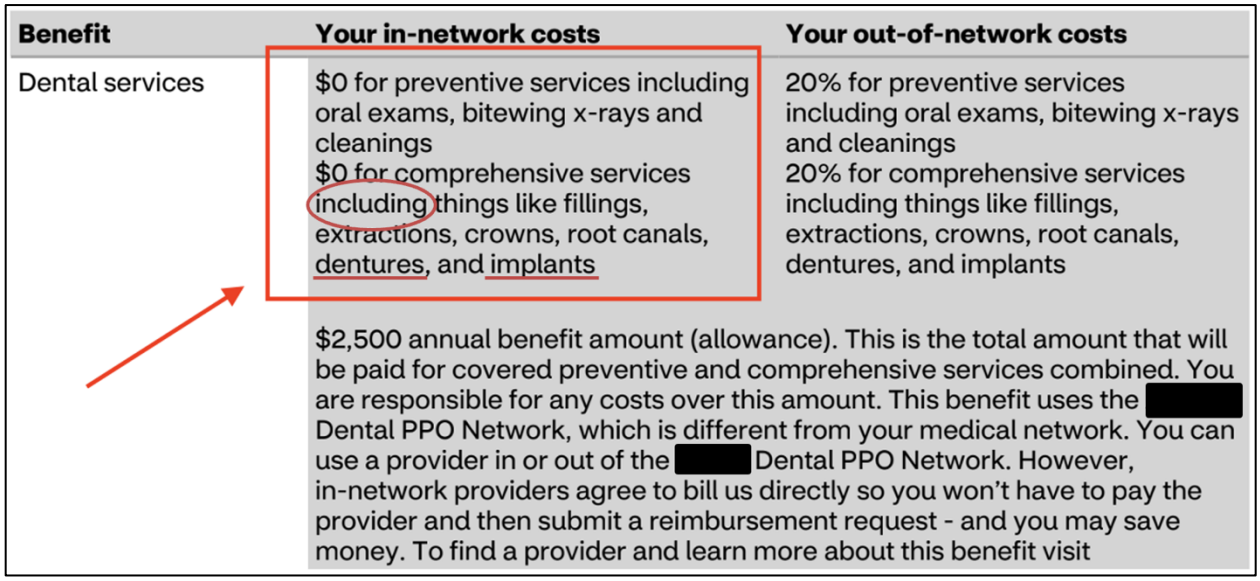
You will want to search for some keywords to determine what is covered. Stopping at "preventative and comprehensive" will not help, as the definitions of these words change from plan to plan.

Here are some words to look for: periodic oral exams, dental cleanings, diagnostic X-rays, fillings, crowns and bridges, root canals, extractions, implants, etc.

Some items commonly excluded are cosmetic and tooth-whitening procedures.

The tricky ones are dentures and implants. If this is important to you, make sure to check how these services are covered on your plan!

Referencing our example:



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This particular example plan does cover dentures and implants!

Your Summary of Benefits will explicitly state what services your plan covers in the "dental" section. If not, you must dig deeper in search of an "Evidence of Coverage" (EOC) guide. The EOC is an expanded version of the Summary of Benefits that goes into much greater detail about each benefit offered. (We can help locate it for you, too.)

How it is covered: sometimes it's a mix…

There are many different types of dental coverage built into these Advantage Plans, so do your due diligence to find out what type yours is. Just because dental is "built-in," it is important to note that the dental portion of these plans are often separate policies and functions under different rules and networks than your main Advantage Plan.

Use the following keywords to identify your coverage type: PPO, HMO, Provider Network, Allowance, Reimbursement, In-network, Out-of-network.

Here are the most common types of plans.

Dental PPO: This type of plan allows you to visit almost any dentist. There are typically still networks with PPO dental plans that have pre-negotiated rates for you to take advantage of and maximize the benefit provided to you. In most cases, in-network providers will be at a lower cost than out-of-network dentists. They will have direct billing with the insurance company, saving you the hassle of reimbursement paperwork that you would be responsible for submitting when using an out-of-network provider.

Dental Allowance: Similar to a PPO plan, allowance plans let you see any dentist who accepts Medicare. However, some may restrict you to a network or require using in-network providers to access the full allowance. Some in-network dentists may also offer services at a contracted rate, allowing you to stretch your dollars further. Think of an allowance as a set amount of money the plan allocates for your dental care. You can use this allowance for covered services until it's depleted.

Dental HMO: This plan requires using a network of dentists. You'll typically have co-pays for services, and there may be limits on the number and type of services covered. For example, a plan might offer cleanings and X-rays without a co-pay but charge a higher co-pay for major procedures like root canals or crowns. Implants are generally not covered, and cosmetic procedures like teeth whitening are always excluded.

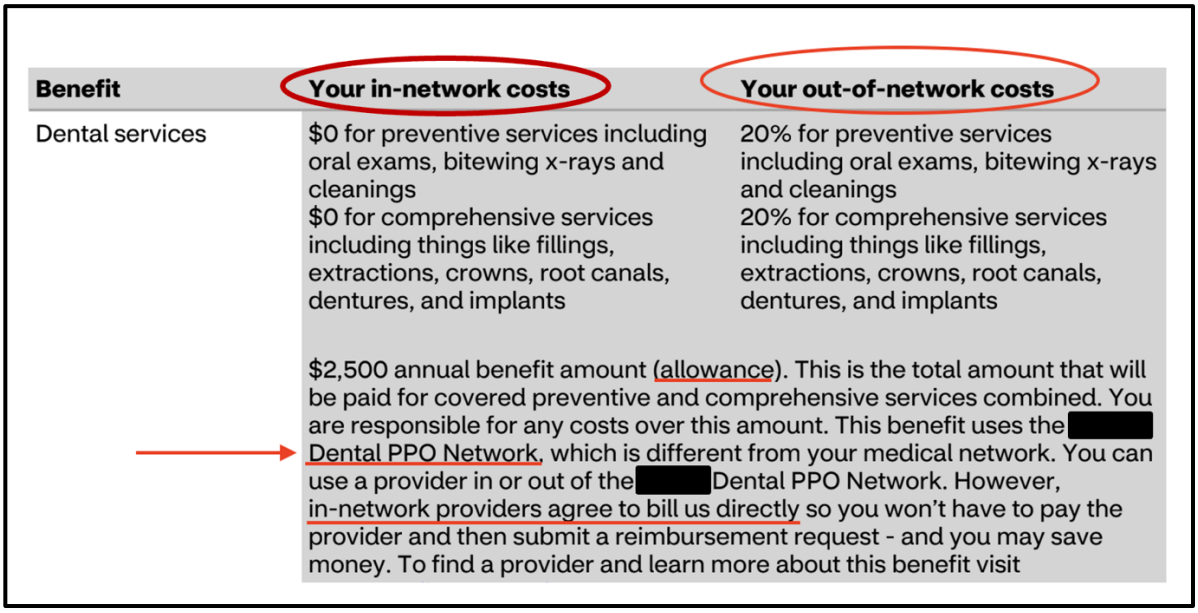
IMPORTANT NOTE: If a dentist has "opted-out" of Medicare entirely, it does not matter what type of plan you have, HMO, PPO, or Allowance. You will not be reimbursed for the services rendered and an "opt-out" facility. To check opt-out dentists you can search here: https://data.cms.gov/tools/provider-opt-out-affidavits-look-up-tool

Cost details should also be reviewed. In general:

- Your dental plan will tell you the **maximum allowance** it will pay for covered dental services in a calendar year.
- **Copays** are the flat fees you will pay for certain services.
- **Coinsurance** is the percentage of the cost share you are responsible for paying for your service.
- **Allowance:** Some plans give you an annual allowance toward your dental services and reimburse you up to the allowance max.

Hint:
Plans generally incentivize you to use an in-network provider by covering more costs

Here is an example of cost comparisons in a plan:



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In this example, the plan has different "in-network" and "out-of-network" costs. If we read further, we see an "allowance" of $2,500 is being given if using a specific "Dental PPO Network." As we keep reading, we see that by using in-network providers, the insurance company is billed directly. If we choose to use an out-of-network provider instead, and we can do so with this plan, based on the "out-of-network" costs printed above, we pay first for care and simply submit a reimbursement request.

Where it is covered: Who can you see for your care…

- **Provider Network**:
    - **HMO** plans will usually require you to use a dentist in their network. Every insurance company manages an online dental provider directory to help you find a dentist in your area.
    - **PPO** plans incentivize you to use a provider in their network, but it's not required.
    - **Reimbursement** plans are like PPO plans only you get a set amount of money to spend annually. You can see any licensed provider who is not precluded or excluded from Medicare. For instance, you likely won't be reimbursed if your dentist doesn't participate (such as a dental school). Reimbursement rates can vary, with some plans covering 100% up to a plan-defined limit, while others may only cover a smaller amount. If a procedure is not covered, those plans will offer no reimbursement.

A note about out-of-network providers: Your plan will tell you if you can use an out-of-network provider. Coverage is never guaranteed, so be sure to see how your plan describes the providers you can use. The costs and billing can be a challenge, too**,** as generally, you will need to submit your own bills for reimbursement.

Remember: Dental coverage is **not part** of your Medicare Advantage Plan's "Medical Services" coverage. While built into your Advantage Plan, dental coverage is a separate policy with its own rules and terms of service. **To find an "in-network dentist,**" the insurance company will provide a website URL to a provider lookup tool via the Summary of Benefits. If you are looking at your SOB and can't find that link, DON'T fret. Just give us a call, and we can help you find it.

Need help understanding your Medicare Advantage Plan dental benefit?

Contact American Retirement Advisors
Direct line: 602-281-3898
judi@AmericanRetire.com

Disclaimer: This guide is an educational resource to assist our clients seeking information about dental coverage options. We do not prefer one option or another regardless of how you interpret the text. Our goal is to give you the facts so you can make your own informed decision, whether that means enrolling in an insurance policy, or finding what you need elsewhere.

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