



Information for plan members in Alberta

UNDERSTANDING YOUR DENTAL BENEFIT

Your dental claims statement contains important information about your benefits plan and how your claim was processed. The following definitions will help you understand your claims statement.

Amount submitted: The amount you were charged for the dental product or service. *For example, your dentist charged \$100 for a dental cleaning.*

Amount eligible: The portion of the amount submitted that is eligible for whole or partial reimbursement based on the terms of your dental benefits plan. *For example, your dentist charges \$100 for a dental cleaning but your dental benefit plan pays a maximum of \$90 for this service.*

Percent paid (coinsurance): The percentage of the amount eligible that your plan covers. *For example, if your plan covers 80 percent of the amount eligible, then you will not be reimbursed for the other 20 percent. In other words, you are out-of-pocket for 20 percent of the total cost.*

HOW YOUR CLAIMS ARE PAID

Rather than simply pay whatever amount the dentist charges, insurance companies use fee guides to determine what is **reasonable** and **customary** for each dental procedure. A fee is considered to be **reasonable** and **customary** if it is within the usual range of charges for the same services performed by other dentists who are practicing in the same geographic area. **Reasonable** means the charges associated with a dental procedure are fair and not excessive. **Customary** means the charges associated with a dental procedure are common or usual for that particular procedure within the geographic region where the service was performed.

DENTAL FEE GUIDES

All provincial dental associations, with the exception of Alberta, publish a dental fee guide each year. The guide is a listing of recommended charges for each dental procedure. It is used by dentists as a guide when determining what price to charge a patient and also by insurance companies when determining how much will be reimbursed.

The Alberta scene: The Alberta Dental Association has not published a fee guide since 1997. As a result, insurance companies must develop their own reimbursement limits or fee guides for Alberta. Manulife examines data from claims submitted in Alberta to determine the reimbursement limits in that province. This information is made available to plan members and employers.

WHY IS 100 PERCENT NOT ALWAYS 100 PERCENT?

Dental claims are paid according to the insurance company's **reasonable** and **customary** fee guide. This means a plan that provides 100% coverage for certain dental procedures actually only pays 100% of the **reasonable** and **customary** fee for each dental procedure. Therefore, if the dentist has charged a price higher than the **reasonable** and **customary** fee, there will be a balance that must be paid to the dentist by the patient.

The Alberta scene: Due to the fact that the Alberta Dental Association does not publish an annual fee guide, there is more of a variation among dentists as to what is charged to patients for each dental procedure. This means plan members have an opportunity to shop around and perhaps even negotiate the fees that their dentist charges, in order to avoid incurring out-of-pocket expenses.

CHECK THE BILL

Many dental offices submit claims to the insurance company electronically on the patient's behalf. This service is convenient and saves time for everyone. Before you leave the dental office you should always be sure to obtain a copy of the claim statement from the dentist and review it to validate the accuracy of the expenses being billed to your group benefits plan.

CONTROLLING EXPENSES

If your family has additional dental coverage through a spouse's benefits plan, you may receive up to 100 percent of your eligible expenses covered by coordinating between the two benefits plans. Through coordination of benefits, you can submit any unpaid part of a claim to the second plan for payment and avoid paying out-of-pocket for eligible expenses.

THINGS PLAN MEMBERS SHOULD DISCUSS WITH DENTISTS

- Ask the dentist to describe what he or she is doing during the examination.
- Have the dentist explain the treatment alternatives and explain which is the best choice.
- Ask the dentist to explain the costs before treatment takes place.
- When the work is estimated to cost more than \$500, instruct the dentist to send a pre-determination of coverage to the insurance provider before treatment takes place.
- Ask what treatment is required immediately. Can any treatments be delayed until later?
- Ask for a copy of the bill to be sent to the insurance company.

As a plan member it's important to familiarize yourself with the details of your dental plan. You should have an understanding of the services the dental plan includes and excludes, how your plan's cost-sharing (if any) works, if there are any dollar or frequency of treatment limits built into the plan, and at what intervals your plan provides coverage for regular check-ups and cleanings. If you don't know these details, speak with your plan administrator or contact Manulife's Customer Service Centre.

WHEN TO SEEK A SECOND OPINION

Sometimes, a dentist might send a patient to another dentist in order to get a second opinion on the specific treatment in question. For instance, children who are likely to need orthodontics at some point in the future might be sent to a specialist for a pre-treatment consultation. This type of second opinion is a normal course of practice and should be expected. At other times, the patient might feel the need to seek the advice of another dentist. For example, if a patient recently changed dentists and the new dental professional is recommending extensive or totally unexpected treatments, a second opinion could be warranted. Or, there might be occasions when a patient feels he or his dependents are being under (or over) treated and that a different approach may be required. A second opinion will help address those concerns, too. Depending on the design of the benefits plan and the nature of the appointment, coverage may or may not be available for second opinion appointments. Plan members must carefully weigh their concerns against any personal costs that might be incurred when deciding to seek a second opinion. At all times, it's important that you feel comfortable and confident asking your dental providers for more information whenever you have questions about the care they are providing.

For information on treatment and prevention, visit the Canadian Dental Association's website at www.cda-adc.ca or the Alberta Dental Association and College at www.abda.ab.ca

