

Dental Benefits Seminar:

What to consider when choosing
your new Fed VIP dental benefits
plan

The logo for Olympia Hills Family Dental features the text "OLYMPIA HILLS" in a blue serif font, with a green swoosh and a yellow sun-like icon above the word "HILLS". To the right, the words "FAMILY DENTAL" are written in a smaller, brown serif font.

OLYMPIA HILLS FAMILY DENTAL

Agenda

- Benefits vs Insurance
- Commonly Used Terms
- Coinsurance
- High vs. Standard
- Exclusions and Limitations
 - Buyer be-Aware!
- Comparison of Plans
- Choosing a Plan
- Q&A

Commonly Used Terms - General

- PPO – Participating or Preferred Provider Organization
- In Network – Agreement with the benefits provider to limit charges for covered services only
- Out of Network – No agreement with benefits providers to limit charges
- Plan Allowance/Maximum Allowable Charge (MAC) – The maximum the benefits provider will allow for covered services
 - The maximum an in-network provider can charge for covered services

Commonly Used Terms – Benefit Plan

- Premium – Payment made to the benefits provider to keep the plan active
- Deductible – Annual amount that you MUST pay towards your care before your benefits can be used
- Max Benefit – The maximum benefits the plan will pay out in a year or lifetime
 - Some benefits are specific to procedures (Orthodontics, Implants, etc.)
- Coinsurance - % of the cost of treatment you share with the benefits provider
 - For example: 80/20, 60/40, 50/50
 - Simply put – the “Estimated Patient Portion”

Coinsurance Tables

Treatment divided into categories of coverage classifications:

- Preventative = FedVIP Class A Basic
- Basic = FedVIP Class B Intermediate
- Major = FedVIP Class C Major
- Orthodontic = FedVIP Class D Orthodontic

****Note - Coverage varies by benefit plan provider and available options within the plan (High vs. Standard)**

Coinsurance

Preventative – Class A Basic

Procedures considered necessary to PREVENT costly dental problems

- Bi-annual hygiene visit, exams, x-rays, fluoride, etc.
- 100% in network
- Between 60-90% out of network
- Costs of preventative procedures is significantly less than the cost of major treatment, thus the benefits plan pays at a higher rate

**Note – These procedures are always subject to age and frequency restrictions

Basic – Class B Intermediate

Procedures considered as simple/basic restorative care

- Fillings, basic perio disease treatment (gum therapy), non-surgical extractions, adjustments and repairs to dentures
- Between 55-80% in network
- Between 40-60% out of network
- This category is still less than major procedures so the benefits payout is still higher

****Note – These procedures are often subject to exclusions and alternate benefits treatments**

Major – Class C Major

Procedures considered as major restorative care

– (more than 50% of the tooth is compromised or the tooth is un-restorable)

- Crowns, full and partial dentures, root canals, oral surgery, implants, bridges
- Between 35-50% in network
- Between 20-40% out of network
- These costs are high and thus the benefits provider paying out less towards the cost of treatment.

****Note – These procedures are frequently subject to exclusions and alternate benefits treatments**

Orthodontic – Class D

Includes both Conventional, Invisalign©, limited ortho, and retainers

- Between 50-70% regardless of network status
 - How the payments are calculated for out of network vary by plan
- Always subject to a lifetime maximum
- Often subject to age restrictions and waiting periods

**Note – If you are currently in Ortho care and you switch to a plan that has a waiting period, you MAY have to satisfy the new plan wait period before any payments are made toward your current Ortho treatment (varies by plan)

Types of Plans High vs. Standard

High vs. Standard

High:

Pros:

- Higher max benefit (annual and lifetime)
- Lower Patient coinsurance %
 - (both in and out of network)
 - You pay less
- Out of pocket is less overall when major treatment is needed
- Better for those who need more than preventative dental care

Cons:

- Monthly premium higher

Standard:

Pros:

- Lower monthly premium
- Better for those who only need preventative dental or basic care

Cons:

- Lower maximum benefit (annual and lifetime)
- Higher Patient coinsurance % (you pay more)
- Out of pocket could be higher overall if major treatment is needed

Need help deciding which option to choose? We have provided a checklist to help you think of your prior dental history, current dental health, and future dental needs. This self assessment should guide you to chose what is best for you

Buyer Be-AWARE

Common Limitations and Exclusions

Buyer Be-Aware

All dental plans will have a statement similar to the this:

“Please remember that all benefits are subject to the definitions, *limitations, and exclusions*...and are payable only when **WE** determine they are necessary for the prevention, diagnosis, care, or treatment of a **covered** condition and meet generally accepted dental protocols”

Common Limitations and Exclusions

Frequencies and Replacement Clauses

- How often payment will be made for a procedure
 - During a certain time period and/or on the same tooth/area
 - Preventative, fillings, crowns, dentures, perio disease treatment

Age Restrictions

- Benefits only paid out if patient is under a certain age
 - Fluoride, sealants, orthodontics

Waiting Period

- Time period where patient must wait to use part of dental benefits
 - Typically applied to major and orthodontic classes

Common Limitations and Exclusions

Lifetime/Procedure Maximums

- Restriction on total benefits paid on certain procedures
 - Either annually OR the life of the participation in the plan
 - These maximums are different from the total annual max benefit of the plan
 - Lifetime maximum - Orthodontics
 - Procedure maximum – applied to some major procedures such as implants

Alternate (Downgrade) Benefit

- Benefits paid *based on the least costly procedure* that “could” accomplish the results and are considered dentally acceptable as determined by the benefits provider
 - Most often applied to the Basic and Major classes
 - The patient is responsible for the difference
 - We try our very best to anticipate downgrades when estimating your portion

Common Limitations and Exclusions

Non-Covered Procedures

- Anything not specifically called out in the benefits document
 - What is covered was determined by your employer
 - The focus is to ensure you have coverage on the most common types of dental treatment

Benefit Providers Determination of “Dentally Necessary”

- The benefits provider must apply their assessment on the necessity of the treatment.
 - Often this determination is made by an “adjustor” or “claims reviewer” (not dentists)
 - Or the claim is sent to a dental advisor (who should be licensed dentists). Most often our office has to request a dental advisor review after a claim has been denied

FedVIP Dual Enrollment

- FedVIP plans do NOT allow for you to be enrolled in 2 FedVIP Dental plans.
- You cannot be both a subscriber and a dependent in a FedVIP Dental plan
- Examples...

Dual Enrollment Examples

1) Both enrolled in their own plan:

- Joe – Subscriber on Joe’s “self” plan
- Jane – Subscriber on Jane’s “self” plan

2) Only one enrolls in plan and adds the other as a dependent due to similar dental needs:

- Joe – Subscriber on Joe’s “self plus one” plan
- Jane – Dependent on Joe’s “self plus one” plan (not electing to enroll in FedVIP plan)

3) Both enrolled in own plan due to family dental needs:

- Joe – Subscriber on Joe’s “self” High plan
- Jane and kids – Subscriber on Jane’s “self and family” Standard plan (Joe is not listed as a dependent)

1) Both enrolled in their own plan and listed as a dependent on their spouse’s plan:

- Joe – Subscriber on Joe’s “self plus one” plan
- Joe - Dependent on Jane’s “self plus one” plan
- Jane – Subscriber on Jane’s “self plus one” plan
- Jane - Dependent on Joe’s “self plus one” plan



PLAN COMPARISONS

In-network plans only

These charts are also available on our website

Plan Comparison - Premiums

Plan Options	GEHA	MetLife	Delta
High - Monthly Premium Self	39.41	38.65	39.78
High - Monthly Premium Self Plus One	78.82	77.33	79.54
High - Monthly Premium Self and Family	118.30	115.98	119.32
Standard			
Standard - Monthly Premium Self	23.27	21.17	20.48
Standard - Monthly Premium Self Plus One	46.52	42.36	40.97
Standard - Monthly Premium Self Plus Family	69.77	63.53	61.43

Source: www.tricare.benefeds.com

Plan Comparison – Deductibles and Annual Maximums

Benefits	GEHA		MetLife		Delta	
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Deductible High	-	-	-	50	-	50
Deductible Standard	-	-	-	100	-	75
Annual Max High	35,000	35,000	Unlimited	Unlimited	30,000	3,000
Annual Max Standard	2,500	2,500	1,500	1,000	1,500	600

Source: www.tricare.benefeds.com

Plan Comparison – Coinsurance

Coinsurance %	GEHA		MetLife		Delta	
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Class A Basic % High	100%	100%	100%	90% after Deductible	100%	90%
Class A Basic % Standard	100%	100%	100%	60% after Deductible	100%	60%
Class B Intermediate % High	80%	80%	70%	60%	70%	60%
Class B Intermediate % Standard	55%	55%	55%	40%	55%	40%
Class B Major % High	50%	50%	50%	40%	50%	40%
Class B Major % Standard	35%	35%	35%	20%	35%	20%

Source: www.tricare.benefeds.com

Plan Comparison – Orthodontia

Ortho Benefits	GEHA		MetLife		Delta	
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Ortho % High	70%	70%	70%	70%	50%	50%
Ortho % Standard	70%	70%	50%	50%	50%	50%
Ortho Lifetime Max High	3,500	3,500	5,000 under 19 3,000 over 19	5,000 under 19 3,000 over 19	3,500 under 19 2,000 over 19	2,000
Ortho Lifetime Max Standard	2,500	2,500	2,000	1,500	2,000	1,000
Ortho Age Restriction High	None	None	None	None	None	None
Ortho Age Restriction Standard	None	None	Children Under 19	Children under 19	Children Under 19	Children Under 19
Wait Period on Ortho	NO	NO	NO	NO	NO (if coming from TRDP)	No (if coming from TRDP)

Source: www.tricare.benefeds.com

Plan Comparison – Exclusions/Limitations

Benefit Exclusions/Limitations	GEHA	MetLife	Delta
Wait Period on Major	NO	NO	NO
Missing Tooth Clause	NO	NO	YES (unless extracted under TRDP)
Crown Downgrades	YES	YES	YES
Filling Downgrades	NO	YES	NO
Implants Covered	YES	YES	YES
Implant Crown/Abutment Covered	YES	YES	YES
Fluoride Age Restriction	Children Under 22	Children Under 22	NO
Dependent Age Cut Off	Under 22	Under 22	Under 22
Student Status Apply	NO	NO	No
Separate Max on Implants	\$2500 Yearly on all implant procedures combined w/Max	NO	NO
Replacement Clause	60 Months	60 Months	60 Month

Source: www.tricare.benefeds.com

OLYMPIA HILLS FAMILY DENTAL



How to Choose the Best Plan for You?

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Choosing the Best Plan for You

- Use the checklist we provided to help you identify your dental needs
- Evaluate whether you need a High or Standard Option
- Look at what the plan exclusions and limitations mean to you:
 - What are your current and future dental needs and how are they impacted by the exclusions and limitations?
- In Network versus Out of Network providers
- Perform some cost/benefit analyses
 - Try to estimate long run costs rather than basing decisions solely on monthly premiums
- Don't be afraid to change from your comfort zone or "what you know"
 - YOU HAVE A CHOICE!!!

Call Us When You Decide

- Please call Martha as soon as you are enrolled in your new plan so we can get your files updated
- (210) 686-0222

Are There Other Options?

Loyalty Plan

- **Monthly premiums:**
 - Child (12 and under) - \$24
 - Adult (13+) - \$28
 - Perio (patients with diagnosed periodontal disease) - \$47
- **Includes:**
 - 2 visits with the Hygienist per year
 - For Perio: 3-4 periodontal maintenance cleanings per year
 - Doctor exams
 - X-rays and fluoride
 - One Emergency exam per year if needed
- **15% off of all treatment**

The total premiums paid annually equate to receiving 50% off your bi-annual hygiene visits

No more:

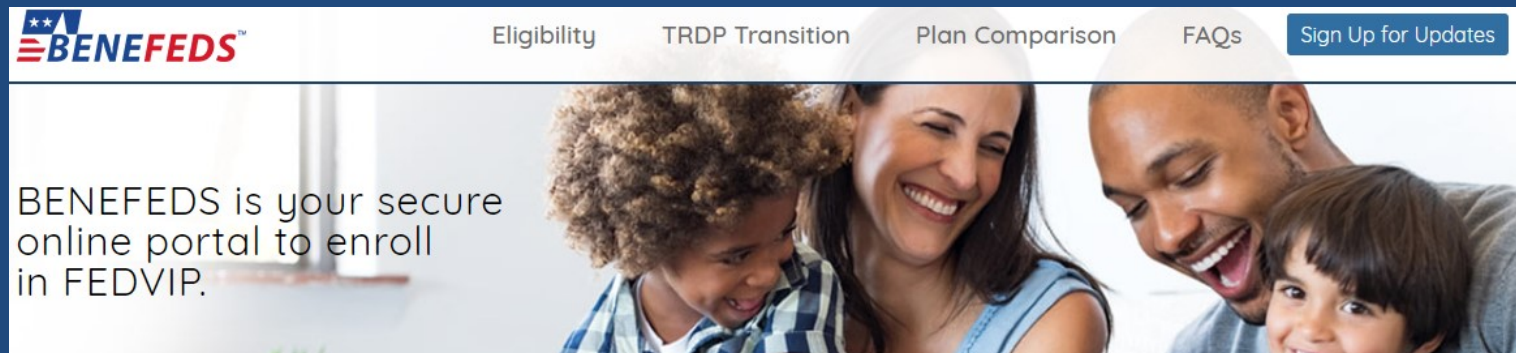
- denied claims
- limits on procedures

Q&A

- For any questions we didn't address here, please feel free to call our office:
 - Ask for Victorria our Benefits and Billing Coordinator

Information on TRDP

- Open enrollment: Nov. 12 – Dec. 10
- Website: www.tricare.benefeds.com



- TRDP is encouraging all to enroll via the website above