



Important Insurance Questions

Insurance policies are a great asset in helping cover the cost of orthodontic treatment, but they can be very misleading or difficult to interpret. Every policy is different, but the staff at Thabet Orthodontics is committed to making insurance as painless as possible. Here are some common questions and answers to help you better understand your benefits.

Who can tell me more about my policy or help with payment issues?

Most insurance policies are through a specific employer and your HR representative is a good place to start when exploring insurance options or information. Other employers utilize a specific insurance broker to negotiate on their employees' behalf with the insurance company. If your policy is private or purchased directly through the insurance company, you can always call the customer support line for help. This being said, customer support representatives often follow a script for explaining benefits and do not utilize layman's terms.

When calling customer support, you can always ask to speak with a supervisor or for the representative to provide further details. After entering your plan information through the automated system, you can usually press #0 to reach a representative directly (not all call systems have this feature). Always be sure to ask for a reference number for your phone call with the insurance company so they can refer to the notes the next time you call (it also provides a documented timeline of you contacting them to resolve an issue). Some insurance companies have great customer service representatives while others are less helpful-just remember that the representatives are people too and you'll get further with kindness than frustration!

If you are looking into federal insurance policies, we have a number of plan breakdowns on file here at Thabet Orthodontics. While our office does have a working list of popular plans in the surrounding area, we will not be able to look up specific benefits without a breakdown provided by your broker if you are not yet enrolled in the plan. Once you do have a plan, all you need to do is call the office to update the information on file and we will look into the policy in a timely manner.

Is orthodontic treatment covered?

Some plans tell you that they cover orthodontics, but they fail to let you know that the orthodontic benefit only covers children when treatment is deemed *medically necessary*. It is important to clarify whether your plan has its own orthodontic benefit or if orthodontics are tied in with a medical policy. When in doubt, double-check!!! It is always better to ask about the specifics of a policy than just settle for, "Yes there is an orthodontic benefit," and find out about all the restrictions after treatment has already started.

Aside from medical necessity, other possible orthodontic coverage restrictions include age limits, waiting periods, and deductibles etc. If you have a policy in question, you can always call the office to have our Insurance Coordinator look into the specifics of the benefit.

What happens if I change insurances mid-treatment or pick up a policy after starting treatment?

If your employer switches insurance providers, make sure to contact your HR representative as soon as possible. If your previous policy paid towards treatment, they will cease all payments as soon as the policy terms even if they have not finished paying towards the claim. You will need to make sure your next

policy either honors the previous benefit by continuing payments or resets the benefit to allow for further funding. Likewise, if you started treatment without an insurance benefit (or a policy that did not pay towards an orthodontic claim) you need to make sure the new benefit will cover *work-in-progress*. Here are the most important questions you need to ask if your insurance situation changes after starting treatment:

Does this policy cover work-in-progress?

Work-in-progress refers to treatment that started before the effective date of your policy. Policies that cover work-in-progress can continue paying on claims started with the previous insurance plan.

What is my plan's effective date? Is there a waiting period for orthodontic work?

A plan's effective date refers to the first date you can access your plan's benefits. If there is a gap between the old plan's termination date and the new plan's effective date, some policies may not honor the previous claim. The majority of policies simply prorate payments from the effective date.

While the effective date of a new policy may be immediate, some policies apply a waiting period to the orthodontic benefit. Waiting periods for orthodontics typically last 12 months and the policy will not pay for any orthodontics before this period is satisfied. If *you choose* to switch policies, the insurance company will not waive this waiting period. If *your employer changes* providers (out of your control), make sure to let your HR representative know that you need the waiting period waived for your specific policy.

Is there an age limit for orthodontia?

It is not uncommon for orthodontic benefits to be subject to an age restriction. If a patient is over the age limit, they will not be able to use their orthodontic benefit even if they have never used it before. Some policies have age limits for dependents, but no age limit for the policyholder. Be sure to double check for age limit restrictions on your policy before committing!

What about medical plans with orthodontic coverage?

Some plans cover orthodontics under the medical policy through a *pediatric dental rider*. A pediatric dental rider covers basic dental work such as cleanings as well as medically necessary orthodontic work for patients under the age of eighteen. Patients must also meet certain requirements to qualify as needing medically necessary treatment and coverage.

Some orthodontic policies only cover non-accidental, medically necessary orthodontics and are very particular about what qualifies a patient's medical necessity. These plans require a great deal of documentation and can still deny coverage despite the treating provider's case approval. Each plan has different qualifications for what they deem medically necessary; for more information on your plan's requirements be sure to contact our office.

Overall, medical plans with orthodontic coverage require more restrictions and documentation before covering a claim. While a doctor may deem a patient's treatment medically necessary, the insurance company can still deny the claim based on their separate evaluation. Another way they get out of covering a patient is by setting up a huge deductible so that even if the patient qualifies for coverage, they will not receive any payment until the deductible is met (this becomes even more complicated if the deductible resets every year).

We hope this helps you along your orthodontic journey to a brighter smile. If you have further questions, please do not hesitate to call or email our office.

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