



Frequently Asked Questions with Regard to Dental Insurance

1) What is my percent coverage on basic and major treatment?

Your insurance benefits booklet provided at your workplace will specify which dental treatments fall under basic or major treatment. Basic or Major treatment is often covered at a certain percentage. The amount not covered is your co-pay (balance due). For example: Fillings normally are classified as basic treatment. If your dental plan specifies that basic treatment is covered at 80%, then your co-pay or balance due at the time of treatment will be the 20%.

2) What is my deductible?

A deductible is an amount that must be paid out of pocket before your insurance company will pay any expense. This amount varies according to the dental plan you have chosen with your employer.

3) What is my yearly maximum on basic treatment? Major treatment?

Your insurance benefits booklet provided at your workplace will specify which dental treatments fall under basic or major treatment. You may have a combined maximum for basic and major treatment (eg \$2000), or you may have separate maximums for each (eg \$1500 for basic, \$1000 for major). We highly recommend that you keep track of your yearly maximums. A print out of your insurance payments to date can always be requested with one of our receptionist.

4) Are my dental benefits operating on a calendar, benefit or rolling calendar year?

The calendar, benefit or rolling calendar year will dictate when your insurance maximums will renew. To maximize your benefits, it is a good idea to know what date your insurance carrier uses as their fiscal year. That way you will be able to coordinate dental visits or potential treatments to maximize the amount your benefits cover and minimize the amount you are responsible for. If you are unclear as when your insurance benefits renew, talk to our receptionist today.

5) My dental benefits plan is operating on a fee guide older than the current year. How will that affect me?

At Soni Dentistry, we adhere to the fees set by the Ontario Dental Association. We always use the fee guide of the current year. However if your benefit plan is operating on a fee structure that is several years old, due to the date they were negotiated between the employer and the benefit company, there will be a slight variation in fees. For example: If the current cost of a filling is \$120 according to the ODA fee guide, but your dental plan uses a fee guide that is 2 years older when the cost of the filling was less – \$113, the difference not covered by your insurance company will be \$7. This will be the amount you will be responsible for.



6) What is assignment of benefits? Does my dental plan allow assignment of benefits? What if my dental plan does not allow assignment of benefits?

Soni Dentistry is one of the few offices in London that allow assignment of benefits.

Assignment of benefits means your dental plan is set up to have your dental insurance benefit cheque sent directly to us. For you, this means that you only pay the dental office the portion of fees not covered by your insurance, at the time of your appointment.

To find out if your dental plan allows assignment, call your insurance company and ask them if your plan allows assignment of benefits.

If your dental plan does not allow assignment of benefits, this means that you will be receiving the dental insurance cheque directly from your insurance company. In this case, full payment is expected at the time of your appointment.

If your dental plan does not allow assignment of benefits, you may wish to speak with your employer/human resources to see if they will set up your dental plan to allow this.