

Common DENTAL TERMS Explained

CLAIM

A claim is created when you get a dental procedure done. It's a document that outlines the procedures that were done at your visit to the dentist.

This document is sent to your insurance provider (Delta Dental) for verification and coverage.

COPAY

A copay is a fixed dollar amount that members pay for certain dental visits. Not all dental plans use copays, while others may use both copays and coinsurance. Consult your specific plan to see if you have a copay and what your copay is. Some services may be covered at no out-of-pocket cost to you.



COINSURANCE

This is the percentage of the total cost you pay for a dental procedure after you've met your annual maximum. For example, if your plan covers 80% of the cost for a procedure, you are responsible for paying the other 20% if you met your annual maximum.



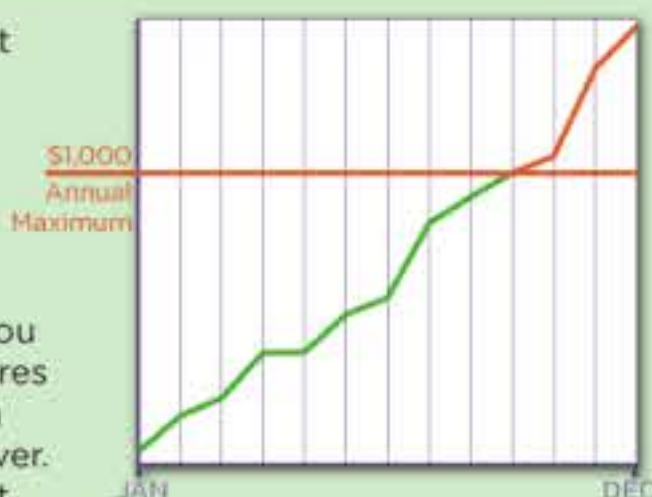
DEDUCTIBLE

The amount of money a member agrees to spend on their dental care before Delta Dental's benefits kick in. This is often referred to as the member's out-of-pocket costs. Not all of our plans have a deductible amount.



ANNUAL MAXIMUM

This refers to the maximum amount of money your plan will pay for dental services in a plan year. If a member's plan is based on the calendar year, then the time frame for their annual maximum is from January to December. If you meet your annual maximum in August, you will have to pay for dental procedures without sharing the cost with Delta Dental until your plan year starts over. Coinsurance kicks in after you meet your annual maximum.



SOURCES:

<https://www.deltadental.com/us/en/protect-my-smile/basics/preparing-for-dentist/glossary-of-dental-terms.html>
<https://www.deltadental.com/us/en/protect-my-smile/dental-benefits/eob.html>