

CHOOSING A DENTIST

IN-NETWORK OR OUT-OF-NETWORK

Your plan from The Dental Care Plus Group (DCPG) allows you to visit either an in-network or out-of-network dentist for services. While the freedom to choose any provider is a nice feature, we strongly encourage you to select an in-network dentist, since you may enjoy lower out-of-pocket costs.

A good way to avoid unexpected costs is to know how your plan works when selecting a dentist. You will want to refer to your benefits summary or contact your benefits administrator for detailed plan information, but in general:

If you see an in-network dentist or specialist

- You will receive the negotiated discount on services.*
- Your dentist will file the claim for you.
- You are only responsible for co-insurance, the deductible and co-payments.*
- You will not be billed for the difference between the dentist's bill and the negotiated discount – known as balance billing.*

* Assuming you have not exceeded your dental plan's annual maximum.

If you see an out-of-network dentist or specialist

- You may be charged full price for services.
- You may have to file a claim for reimbursement.
- You are responsible for paying co-insurance, the deductible and co-payments.
- **And, you may be billed for the difference between the dentist's bill and what your plan allows.**

What is balance billing?

This occurs when a dentist bills a patient for the difference between the amount they charge and the negotiated discount, or allowed amount. For example, if a dentist charges \$100 for a service and the insurance company's allowed amount is \$70, an out-of-network dentist **may bill** the patient for the remaining \$30, along with any other out-of-pocket charges at the provider's discretion. An in-network dentist **cannot bill** the patient for the remaining balance.

Comparison of costs

The costs of seeing an out-of-network dentist can add up – even for routine care. Here's a quick comparison of hypothetical in-network versus out-of-network costs for a dental cleaning*:

You choose an in-network dentist	You choose an out-of-network dentist
Dentist charges \$100.	Dentist charges \$100.
Your plan covers 100% of the allowed amount of \$90.	Your plan covers 100% of the allowed amount of \$90.
Dentist is not allowed to bill you for the difference.	Dentist may bill you for the \$10 difference.
You owe nothing, assuming you have not exceeded your dental plan's annual maximum.	You may owe \$10.

*This is an example used for illustrative purposes only. Actual allowed amounts and out-of-pocket costs will vary by plan. Refer to your plan documents or call the number on your ID card for details about your specific plan.

In most cases, seeing an in-network dentist is ideal because you'll save money. However, in other cases, the additional costs associated with seeing an out-of-network dentist may be worth it to you. You have that flexibility of choice with your plan.

For additional details, please see your benefits summary or contact your benefits administrator. You can also contact DCPG's customer service department at **800-367-9466** or visit us online at **DentalCarePlus.com**.