



## Dental Insurance Plans - Frequently Asked Questions

*This resource is being provided as a reference to assist students in understanding and selecting a dental insurance plan. The college/university does not endorse or recommend any of the products shown.*

**Q. *Why doesn't my college/university student health insurance plan (SHIP) include dental coverage?***

A. Your college/university student health insurance plan is a medical plan and medical plans generally do not include dental care. However, it is important to note that most SHIP policies do include coverage for accidental injuries to sound, natural teeth and expanded pediatric dental benefits as required by the Affordable Care Act for individuals age 18 and under.

**Q. *Why doesn't my college/university offer a dental plan in addition to a medical plan?***

A. If the college/university were to offer a dental plan, all students who enrolled in SHIP would be required to purchase this to lower the cost and maximize the benefits. Adding the additional cost of a dental plan for all SHIP participants would significantly increase the overall premium cost to students. The SHIP decision makers and student insurance advisory boards typically review options for dental plans during the annual SHIP renewal process and have thus far determined that the additional cost associated with including dental benefits is cost prohibitive for the overall population. Additionally, benefit levels for most dental plans are low so the option to include those benefits at such a significant cost is rejected.

**Q. *Are there ways my dental needs can be met?***

A. The CSU Health Network has a robust dental clinic that offers students comprehensive, affordable (sometimes up to 50% lower than providers in the Fort Collins community) and convenient on campus quality care. ***SHIP offers "Flex Dollars", which have been increased beginning with the 2020/21 plan year, to \$250 per academic year and can be used towards your dental visits.*** (Note: The dental clinic within the CSU Health Network does not participate as an in-network provider with any dental insurance plans or discount card options).

Students enrolled in SHIP may qualify for dental care through Larimer County and can find more information about that program here <https://www.healthdistrict.org/services/family-dental-clinic>.

**Q. *If I choose to purchase my own dental plan, what key points should I consider when choosing a plan?***

1. Does the plan include any of the following: deductibles, benefit allocations (limited benefits), waiting periods, plan year maximums, and/or out-of-pocket expenses?
  - a. Dental plans often have 6-12 month waiting periods before benefits for major restorative services (e.g. crowns, oral surgery) become eligible for reimbursement.
  - b. Dental plans often have overall plan year maximums (e.g. \$1,000 or \$1,500) and internal benefit allocations (e.g. 1-full mouth x-ray per 60 months, basic restorative and major restorative benefits paid at a significantly higher cost share percentage).
2. If you know you will need a dental procedure done soon, is the procedure covered by the plan and if so, is there a waiting period before the benefit becomes eligible for reimbursement?
3. Does the plan allow you to use a conveniently located dentist and does the dentist have to be in a specified dental PPO network?



4. Does the plan provide Diagnostic, Routine and Preventive care?
  - a. If orthodontia is important to you, many dental plans exclude orthodontia so be certain to review the schedule of benefits of the plan you are considering.
5. Is the plan a Fee Schedule Plan or a PPO dental plan?
  - a. Sometimes referred to as fee-for-service or scheduled plans, dental fee schedule plans reimburse patients for a prearranged portion or dollar amount of their dental costs based on information in the plan carriers' fee schedule, which lists all covered procedures and the amounts plan subscribers will be reimbursed for each. Any balance due after the scheduled fees have been reimbursed are the patient's responsibility.
  - b. A preferred provider organization (PPO) is a type of dental insurance plan in which individuals select their dentist from a dental provider network (the preferred providers). Because the network members have agreed to provide dental care to individuals at reduced rates, PPO dental plans may be able to help contain patients' costs. However, PPO dental plans also restrict access to some services. The types of dental treatment available to the patient and the amount of time participating dentists are willing to invest in any given procedure are typically subject to limitations.

**Q. *Should I consider a dental discount card?***

- A. With discount cards, members pay an annual fee up front instead of monthly installments or premiums like traditional dental insurance. You are given a dental discount card, which you present at each dentist visit to get the lower prices (up to 15-60% off) on services.

These plans do not reimburse the dentists as regular insurance does. Instead, you pay the dentist directly but at a discounted rate. With discount programs, you must use a dentist in the program's network to get any discounts. Otherwise you will pay full price.

**Q. *What are some voluntary dental plan options I can consider?***

- A. A quick Google search will derive the most results and you will need to take the insight above and select the plan that best suits your needs. Below are a few options that we neither endorse nor promote but may provide a good place to start your search:

*Voluntary Dental Insurance Plans:*

<https://connectforhealthco.com/get-started/explore-plans/dental-vision-insurance/>

<https://www.anthem.com/individual-and-family/dental-insurance/colorado/>

<https://www.humana.com/dental-insurance/plans-in-colorado>

<https://www.deltadentalco.com/ProductsAndServices.aspx>

*Dental Insurance Discount Plans:*

<https://www.vitalsavings.com/>

<https://www.humana.com/dental-insurance/savings-plus-dental-discount-plan>