



Dental insurance deductibles – explained

What is an annual dental insurance deductible?

A dental insurance deductible is the dollar amount you must pay for covered dental services before your dental plan starts to pay.

Your deductible amount resets once every 12 months. Many dental plan providers follow the calendar year (e.g.; January through December). Check with your dental plan provider to confirm the exact dates.

How exactly does an annual dental insurance deductible work?

There are two types of annual dental insurance deductibles:

- At the individual level – an individual annual deductible
- At the family level – a family annual deductible

Individual annual deductible

When your dentist submits a claim for a treatment, your deductible will be applied first, and from there, coinsurance will be determined. For example, you receive a covered dental service that costs \$250. Your plan covers this service at 80%. If you have not yet paid your deductible for the year you will pay the \$50 deductible – which will be applied towards the charges for your dental services – prior to receiving coverage.

Once you have paid the \$50 deductible, a \$200 balance for the service is left. Your remaining balance of \$200 is covered at 80%, so your insurance provider pays \$160 to your dentist. That leaves you with the remaining balance of \$40 to pay for the service received, in addition to the \$50 deductible. As a result, your total out-of-pocket cost for the treatment is \$90. If you receive additional treatment for covered services during that calendar year, then there will be no further individual deductible taken on your personal dental care.

Family annual deductible

Under a family plan, you may have a family deductible and each family member also has an individual deductible that feeds into the family deductible. So, if you have a family deductible of \$200 and you have a family of 5, once four \$50 individual deductibles have been paid, your family deductible will be satisfied.

Final thoughts

Depending on your dental plan, some dental services, such as preventive services, are covered in full and not subject to a deductible. To encourage good oral health, many plans won't have deductibles for preventive services like annual exams, cleanings, or fluoride treatments. This is because these services help prevent and detect diseases early on and keep more serious problems from developing.

Example Deductible Calculation	
Service cost	\$250
Your deductible	\$50
Amount covered by plan - 80% of \$200 (balance after deductible has been met)	\$160
Remaining balance	\$40
Your total out-of-pocket cost (deductible + balance after plan coverage)	\$90



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