



drgrazioso.com • 781.383.0003

223 Chief Justice Cushing Highway
Suite 102, Cohasset, MA 02025

Questions & Answers

1. ***What is changing and what does it mean to our family?***

Over the last few years, insurance companies have been increasingly at odds with dental practices regarding what is in the best interest of our patients. For example, you may have experienced a situation where your plan only covered fluoride once a year, rather than the Standard of Care treatment as defined by the American Academy of Pediatric Dentistry (AAPD) of every six months. Or maybe, insurance has manifested an arbitrary age after which they will no longer cover sealants (such as 14 years old), despite the bounds of academic and practical evidence of the value of this treatment after the appropriate eruption of the child's tooth. There are a myriad of these types of restrictions that have emerged over the last few years – none of which we believe are in the best interest of the patient.

The bedrock principle of our practice has always been to do what is in the best interest of your child(ren)'s health – we treat our patients like they are our own children and have always practiced that way. It became increasingly clear that for us to realize our goal, we would need to change our relationship with various insurance companies.

The good news is that this DOES NOT change our relationship with you! We will continue to offer your children the exceptional care you've come to expect from us, and you will still be able to use your insurance to help offset your dental costs! In short, the only thing that may change is a small increase in treatment costs as we help your family to leverage their Out Of Network (OON) benefits.

2. ***Will my family still have insurance benefits at your practice?***

Yes! The place to start with this answer is to help accurately describe WHAT dental insurance actually is. Unlike medical (or life or home or auto...), dental insurance is truly nothing more than a 'discount plan' to help offset the cost of dental treatment. It essentially has a maximum payment amount (ranging from \$500 - \$2,000 depending on how the plan was set up). As you receive treatment, the insurance company may pay out a portion of the cost to help reduce your responsibility, up to the annual maximum amount. We always encourage families to reflect on whether dental insurance is the best approach for their families' needs – we know there are other options available (e.g., Flex Spending Accounts, Health Savings Accounts, Membership Plans, etc.) and would be happy to discuss those with you.

Generally, dental insurance plans are set up with two categories of benefits: In-Network and Out Of Network (OON). The choice of where to go ALWAYS resides with you, the patient - you ALWAYS have the right to seek treatment wherever you feel best serves your family. We hope that our years of experience have earned that trust with your children.

3. ***Will anything be handled differently?***

For the most part, things will remain business as usual with our practice – same care, same team, and same office! There is, however, one exception. Some insurance carriers will no longer be willing to send the payment of your insurance benefits directly to our office. Rather, they will send the payment of your dental benefits directly to you.

To address this, our office will be working with you as follows – we will submit the claim to your insurance carrier on your behalf. Within 30 days following this, you should receive a check from the insurance company reflecting the payment of benefits on your claim. Our office will be keeping a credit card on file for your family –



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at this 30 day mark, we will then process the payment on your credit card. When you receive the check and your Explanation of Benefits, if you have any concerns, please don't hesitate to call our office! We will be happy to work with you and your insurance company to resolve any questions or issues you may have.

Alternatively, if you do not wish to wait for a charge in 30 days, our office is also happy to collect payment in full from you (either via cash, check, or credit card) on the day of service. Either one of these options will work for us so just let us know your preference!

4. *What about my benefits for 2020?*

The good news is that this is truly business as usual! We will continue to help your family maximize your benefits regardless of our network status. Our change in status will occur on July 1, 2020 – after this day, the only change is that you may receive the payment directly from your insurance company and there may be a small difference in treatment copayments.

As you look to your Open Enrollment Period in late 2020, we encourage your family to explore all of the options that may be available. Many families are unaware that they may have the option to forgo dental insurance entirely and instead leverage a Flex Spending Account or a Health Savings Account. In addition, there are Membership Plans that are available to you (one of which we will be rolling out in our office so stay tuned!). If you wish to discuss what options may make sense for your family, please don't hesitate to contact our office! Know that most dental disease is preventable. If your family follows the principles of disease prevention, your children may not need much more than preventative services (i.e., exams, cleanings, fluoride, xrays, sealants, diagnostics). If your family is able to embrace these prevention principles, it may not make sense to spend the money on dental insurance – we are happy to help explore other options for your family so please give us a call!

5. *Are there any more changes on the horizon we should know about?*

Part of the benefit of moving to an Out Of Network Provider status is that it offers our practice greater flexibility to do the things that truly benefit our patients! Over the course of the next year, we will be examining our fees to look for more opportunities to reduce costs for our families. We will certainly make you aware as these changes occur.

In addition, our practice will be exploring the implementation of our own Discount Membership Plan! We are looking into creating a membership package that will offer you an alternative to dental insurance. Designed to be a lower cost option, our plan is intended to cover preventative care as well as restorative options. Look for more information concerning this option over the coming weeks.

6. *Who do I contact to learn more?*

Should you have any questions or wish to discuss this as it relates to your family, please do not hesitate to contact us! Please feel free to reach out to any of our front desk team members, our Billing Manager (Betsy) or our Practice Administrator (Julie) to learn more. You can reach us at (781) 383 0003, webchat on our website at www.drgrazioso.com, text us at (781) 383 0003, or email us to info@drgrazioso.com.

Furthermore, if you're interested in exploring what other dental benefit options that might be available to you through your employer, we encourage you to contact your HR Department. Your HR Department may be able to offer you some information regarding using your Flex Spending dollars or Health Savings Account dollars for dental care – or identify other dental benefits plans available through your employer.

As always, thank you for the privilege of being part of your child(ren)'s care! We are grateful for families such as yours and value your trust!