

Understanding “Out-of-Network” Dental Coverage

Dental insurance can be confusing, but we want to make it easy to understand what it means when your dentist is **out of network** with your plan—and how this affects your benefits.

What does “out of network” mean?

Every dental insurance company has a list of dentists who have signed a contract with them.

If your dentist has **not** signed that contract, they are considered **out of network**.

Does that mean you can’t use your insurance here?

No!

Most dental PPO plans *still allow you to use your benefits* at out-of-network offices. This means:

- Your insurance may still pay a portion of your treatment.
- You can still submit claims and get reimbursed.
- You can still receive high-quality care from the dentist you trust.

How does out-of-network coverage work?

Even when we’re out of network:

1. **We still file your claims for you** (just like an in-network dentist).
2. **Your insurance pays you or us (depending on your plan)** toward the cost of treatment.
3. **You are responsible for the remaining balance**, based on your plan’s out-of-network rates.

Because there is no contract with the insurance company, they set their *own* allowable amounts, which may be different from our office fees.

Why do some offices choose to be out of network?

Being out of network allows the dentist to:

- Spend more time with each patient
- Use higher-quality materials and labs
- Recommend treatment based on what is healthiest—not what insurance restricts

- Provide more personalized care and flexible treatment options

Will it cost more?

Sometimes—but not always.

Every dental plan is different. Some patients find their out-of-network benefits are very similar to in-network coverage, while others may see a larger difference.

We are always happy to **estimate your benefits before treatment** so there are no surprises.

What should I ask my insurance company?

Here are helpful questions:

- Do I have out-of-network benefits?
- What percentage does my plan pay for cleanings, fillings, crowns, etc., out of network?
- What is my annual maximum?
- Is there a deductible for out-of-network care?
- Will reimbursement be sent to me or the dentist?

Bottom line

You can still use your insurance here—your benefits just work a little differently. Our priority is helping you understand your coverage and making sure you receive high-quality, comprehensive dental care.