

## A

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**Abscess:** Acute or chronic. Localized inflammation. With puss. With tissue damage. Frequent swelling from secondary infection.\*

**Abutments:** A tooth or implant used to support a device or appliance replacing one or more teeth.\*

**Abutment Crown:** *See Crown/Abutment Crown.*

**Accepted Fee:** The fee accepted as full payment under dentists' contract. Payment can be from insurance or you.

**Alternate Benefit:** A dental plan provision basing payment for a particular dental service on the least expensive treatment or supplies that are effective. The provision does not limit treatment options. Sometimes referred to as LEAT or Least Expensive Alternate Treatment.

**Allowable Amount:** Highest amount payable for covered services. It may not be the amount paid to the dentist or you. This may also be called "maximum allowable amount."

**Allowed Charge:** The maximum amount an insurer will pay for a dental service. This includes any amount you will pay. For in-network providers, the allowed charge is based on the provider contract. For out-of-network providers, the allowed charges may be:

- the same as for in-network providers,
- based on a percentage of the amount that Medicare would pay for the same services, or
- Usual, Customary and Reasonable (UCR) charges, i.e. The amount that your dental plan determines is reasonable for that service in your local area.

**Amalgam:** Alloy used in direct dental restorations. \*\*

**Anatomical Crown:** *See Crown/Anatomical Crown.*

**Annual Maximum:** The most a dental plan or dental policy will pay toward the cost of your dental services. After the plan pays this amount, you must pay the total cost of your dental services but at the discounted cost if your dentist is in a network. Only 3% to 5% of people with dental policies reach the **annual maximum each year.**

**Appeal:** A formal request for insurer's review of denied or unpaid claims. Claims can be for services or supplies. You or your dentist can file an appeal. Appeals are an attempt to receive payment from third party (usually an insurance company).

**Assignment of Benefits:** You authorize benefit payments to go directly to the dentist.

**Avulsion:** Separation of the tooth from its socket due to trauma. (See Evulsion) \*

\* American Dental Association Current Dental Terminology 2011-2012, glossary.

\*\*Dental Benefits: A Guide to Dental PPOs, HMOs And Other Managed Plans, Don Mayes, Revised Edition, 2002.

\*\*FDA/ADA radiograph guidelines.

## B

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**Balance Billing:** When providers bill you for the difference between their charge and the allowed amount. This occurs when a provider is not in the insurance company network.

**Basic Services:** A category of dental services. Usually includes fillings, extractions, root canals, and root planning. Also called Class II, Group II or Type B services.

**Beneficiary:** A person covered on your dental benefits contract. Beneficiaries are eligible for benefits.

**Benefit:** The amount your insurer owes on cost of covered services.

**Benefit Highlight:** See *Benefit Summary*.

**Benefit Summary:** An outline of your dental plan. It may include coinsurance percentages, deductibles, maximums and non-covered services. Also referred to as benefit highlights.

**Benefit Year:** The 12-month period used for deductibles, maximums and other plan provisions. Also called a plan year.

**Billed Charge:** The amount billed by your provider for services.

**Bitewings:** Images of upper and lower, front and back teeth. They are used to check for decay, whether the teeth line up, bone loss from gum disease and infection. Bitewings are usually provided in sets of tooth or four x-rays. See *Complete Series*.

**Bruxism:** Clenching or grinding your teeth. Damage can occur to teeth from this abnormal action

## C

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**Calculus:** Hard deposit of mineralized substance. Sticks to crowns and/or roots of teeth or prosthetic devices.

**Caries:** Commonly used term for tooth decay. \*

**CDT or Current Dental Terminology:** CDT codes are numbers with a name and description assigned to dental services. CDT Codes are used for dental records and claims. CDT® is a registered trademark of the American Dental Association ("ADA").

\* American Dental Association *Current Dental Terminology 2011-2012*, glossary.

\*\*Dental Benefits: *A Guide to Dental PPOs, HMOs And Other Managed Plans*, Don Mayes, Revised Edition, 2002.

\*\*FDA/ADA radiograph guidelines.

# Glossary of Dental Insurance and Dental Care Terms



**Ceramic:** Non-metal, non-resin inorganic refractory compounds processed at high temperatures (600 ° C/1112 ° F and above) and pressed, polished or milled - including porcelains, glasses and glass-ceramics. \*

**Claim:** A request for payment under a dental benefit plan. Statement listing services rendered, the dates of services, and itemization of costs. The completed request serves as the basis for payment of benefits.

**Cleft palate:** Congenital deformity. Results in lack of fusion of the soft and/or hard palate. Either partial or complete.

**Clenching:** The clamping and pressing of the jaws and teeth together. May be associated with psychological stress or physical effort.

**Clinical Crown:** *See Crown/ Clinical Crown.*

**Closed Network Plan/Closed Panel Plan:** Plans that require you to use a network dentist to get benefits. A DHMO plan is an example of a closed panel plan.

**Co-insurance:** Your share of the costs of dental services. It is calculated as a percentage of the charged amount. It usually applies after you pay your deductible.

**Complete Denture:** *See Denture/Complete Denture.*

**Complete Series:** An entire set of images. Usually includes 14 to 22 images. Displays the crowns and roots of all teeth. \*\*\* *See Bitewings.*

**Composite:** A tooth-colored material used to fill cavities.

**Co-payment or Co-pay:** A form of dental cost sharing in a dental insurance plan that requires the member to pay a fixed dollar amount for each visit to a dentist or for a specific service. This fee is pre-set; it will be specified in your dental insurance policy. It also may be listed on your dental insurance card.

**Consultation:** When you and your dentist discuss care. Your dentist offers diagnostic services. He proposes treatment. Consultation can be requested by you, another dentist, physician, parent or legal guardian.

**Contracted Rates:** The rates insurance companies pay their network providers for services. These rates are negotiated. They are established in the insurers' contracts with in-network providers.

**Coordination of Benefits:** Matching up payments when you have more than one insurance policy so payments do not exceed allowed charges. For example, if a child is on both parents' dental plans, one plan is considered the primary. The primary insurer pays first. The second plan pays after the first plan pays. The second plan's payment, if any, often covers that balance due for dental services. But, the second plan will never pay more than they would have paid had they been primary.

**Core buildup:** Replacement of a part or all of the crown of a tooth whose purpose is to provide a base for retention of an indirectly fabricated crown. \*

\* *American Dental Association Current Dental Terminology 2011-2012*, glossary.

\*\* *Dental Benefits: A Guide to Dental PPOs, HMOs And Other Managed Plans*, Don Mayes, Revised Edition, 2002.

\*\*FDA/ADA radiograph guidelines.

# Glossary of Dental Insurance and Dental Care Terms



**Cost-sharing:** The portion of the dental costs you pay. This can be a deductible, co-payments, or co-insurance (See separate definitions of these terms).

**Covered Services:** The dental services, procedures, and prescription drugs your plan covers. Not all care is covered. Even if a service is covered, you may still need to pay a deductible, co-payment or co-insurance. Policies often contain a detailed list of what is and is not covered.

**Crown:**

*Abutment crown:* Artificial crown. Used for the retention or support of dental prosthesis.\*

*Anatomical crown:* Part of tooth normally covered by, and including enamel.\*

*Clinical crown:* Part of tooth not covered by tissues.\*

## D

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**Decay:** Hole in tooth. Caused by Caries. *See Caries.*

**Deciduous:** Another name for baby teeth. *See primary dentition.*

**Deductible:** The amount you pay for covered dental care services before your plan begins to pay. In most cases, you must pay the deductible amount each calendar/plan year. A dental plan covering several family members may have both an individual and family deductible. The family deductible is the overall limit on what a family will pay before the dental plan pays.

**Dental Assessment:** A limited clinical exam. Used to find possible signs of oral or other diseases. Also looks for malformation or injury, Also used to refer you to another dentist for diagnosis and treatment.

**Dental Care Professional:** A dentist, dental hygienist, dental assistant, or any other individual who is licensed or certified as required by a state and is performing dental services within the scope of that license or certification.

**Dental Exclusive Provider Organization (DEPO):** A type of dental plan. It is similar to both DHMOs and DPPOs. Like a DHMO, members must use an in-network dentist. Care from out-of-network dentists is not covered except for emergencies. Like a DPPO, members can see a specialist without a referral. These specialist visits are covered as long as the dentists are in the network.

**Dental Health Maintenance Organization (DHMO):** A type of dental plan. DHMOs provide comprehensive dental benefits at fixed dollar co-payments. Enrollees must go to a dentist in the DHMO network for dental services. Dentists in the DHMO network are paid a monthly fee for each person that signs up and selects that dentist. Claims are not filed for each service provided by a DHMO network dentist. Non-emergency services received outside the network without prior plan approval are not covered by a DHMO.

\* American Dental Association Current Dental Terminology 2011-2012, glossary.

\*\*Dental Benefits: A Guide to Dental PPOs, HMOs And Other Managed Plans, Don Mayes, Revised Edition, 2002.

\*\*FDA/ADA radiograph guidelines.

# Glossary of Dental Insurance and Dental Care Terms



**Dental Implant:** A device specially designed to be placed surgically. It goes within or on the mandibular or maxillary bone. A form of dental replacement.

**Dental Indemnity Plan:** A non-network dental plan. It often has a deductible. After the deductible, it pays a certain percentage of charges for services rendered. Payments can go to you or the dentist. Plans typically place no restrictions on which dentist you can visit. Also referred to as **fee-for-service** plans.

**Dental Plan or Dental Insurance Policy:** A contract in which the dental insurer agrees to pay for some or all of your covered dental care costs. You or your employer pay premiums for the plan or policy. You may also have to pay deductibles, co-pays, or co-insurance as part of the contract. Common types of dental plans are DHMOs, DPPOs, DEPOs, and Dental Indemnity Plans.

**Dental Preferred Provider Organization (DPPO):** A type of dental insurance plan. DPPOs contract with dentists for a discount from usual fees. Enrollees usually pay less when dental services are done by a dentist in the DPPO network. Enrollees may go outside the DPPO network but will usually pay more for those services. Dentists are paid on a fee-for-service basis after each dental care service is done. Dentists are paid at the agreed discount if they are in the DPPO network or at a rate set by the plan if they are not in the network. When using a dentist in the network individuals are not billed for the difference between the negotiated or discounted fee and the actual fee that the dentist charges.

**Dental Prepayment:** A method of financing the cost of dental services prior to receiving them.

**Dental Prosthesis:** Any device replacing one or more missing teeth or structures. Includes crowns, inlays/onlays, bridges, dentures, gingival prostheses and implants.

*Fixed Prosthesis:* Non-removable dental prosthesis. It is solidly attached to support teeth, roots or implants.\*

*Fixed-Removable Prosthesis:* Combined prosthesis. One or more parts of which are fixed. The other(s) are attached by devices, which allow their detachment, removal and reinsertion by the dentist only.\*

*Interim Prosthesis:* A provisional prosthesis designed for use over a limited period of time, after which it is to be replaced by a more definitive restoration.\*

*Removable Prosthesis:* Complete or partial prosthesis, which after an initial fitting by a dentist, can be removed and reinserted by you.\*

**Dentin:** Hard tissue that forms the bulk of the tooth between enamel and the pulp cavity.

**Denture:** An artificial substitute for some or all of the natural teeth and adjacent tissues. \*\*

*Complete denture:* A prosthetic for the edentulous upper or lower arch. Replaces all teeth. Usually includes six front teeth and eight back teeth. \*\*

*Fixed Partial Denture:* A prosthetic replacement of one or more missing teeth. Attached to the support teeth or implant replacements. \*

\* American Dental Association Current Dental Terminology 2011-2012, glossary.

\*\*Dental Benefits: A Guide to Dental PPOs, HMOs And Other Managed Plans, Don Mayes, Revised Edition, 2002.

\*\*FDA/ADA radiograph guidelines.

# Glossary of Dental Insurance and Dental Care Terms



*Immediate Denture:* Placement of denture at same time as removal of teeth.\*

*Overdenture:* A removable prosthetic device. It overlies and may be supported by a retained tooth roots or implants. \*

*Partial denture:* Prosthetic device replacing missing teeth. \*

*Removable Partial Denture:* Prosthetic replacement of one or more missing teeth. Can be removed by you.\*

*Temporary Removable Denture:* An interim prosthesis designed for use over limited period of time. F\*

## [NOTE: DENTURE BASE WAS REMOVED]

**Dependents:** Your spouse, children or significant other covered on your policy. Generally defined by terms of the dental benefit contract.

**Diagnostic and Preventive Services:** A category of dental services that are often paid by the dental plan without deductibles or co-payments. Usually includes exams, cleanings, x-rays, fluoride treatment, sealants and space maintainers. Also called Class I, Group I or Type A services

## [DEFINE PULP ONLY & REMOVE DIRECT PULP CAP]

**Direct Reimbursement:** A self-funded program in which the individual is reimbursed based on a percentage of dollars spent for dental care provided, and which allows beneficiaries to seek treatment from the dentist of their choice.

**Discount Dental Plan or Dental Saving Plan:** A type of dental plan that is not insurance. A network of dentists agrees to perform services at specified discounted prices, or discount off their usual charge. No payment is made by the Discount Dental Plan to the dentists. You pay the dentists the full discounted fee for the services you receive.

**Dry Socket:** Inflammation of bone after extraction. Secondary to loss of blood clot. Osteitis.

**Dual Choice Program:** A benefit package. You may choose to enroll in either an alternative dental benefit program or a traditional dental benefit program.

## E

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**Eligibility Date:** The date you and your dependents are eligible for benefits under your plan.. Often referred to as effective date.

**Emergency Services:** Dental services that are unexpected and require treatment right away. Services can be to relieve pain, swelling or bleeding, or to avoid putting your health at risk.

**Enamel:** Hard calcified tissue. It covers dentin of the crown of tooth.

\* American Dental Association Current Dental Terminology 2011-2012, glossary.

\*\*Dental Benefits: A Guide to Dental PPOs, HMOs And Other Managed Plans, Don Mayes, Revised Edition, 2002.

\*\*FDA/ADA radiograph guidelines.

# Glossary of Dental Insurance and Dental Care Terms



**Endodontic:** Branch of dentistry. It involves treatment of the pulp or center of the tooth and the tissues around it.

**Endodontist:** Dental specialist who treats the roots and nerves of teeth.

**Enrollee:** Individual covered by a benefit plan. *See beneficiary.*

**Erosion:** The gradual loss of enamel or the hard surface of the tooth from acid. It can be caused by sodas, fruit juices, diet, genetics, medicines and certain medical conditions.

**Expiration date:** The date your dental plan expires; the date you are no longer eligible for benefits.

**Explanation of Benefits (EOB):** Detailed summary from your dental plan on payments made for your dental services. Your dental plan sends an EOB after a claim is submitted. It also shows how to appeal decisions.

**Extension of Benefits:** Extension of eligibility for benefits for covered services. Designed to ensure completion of treatment begun before expiration date. Duration is generally expressed in terms of days.

**Extraction:** Removal of a tooth.

**Evisulsion:** Separation of the tooth from its socket due to trauma. *See Avulsion.* \*

## F

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**Family Deductible:** A deductible satisfied by combined expenses of all your covered family members. For example, a program with \$25 deductible may limit its application to a maximum of three deductibles, or \$75 for your family, regardless of the number of family members.

**Filling:** Restoring lost tooth structure by using materials such as metal, alloy, plastic or porcelain. \*

**Fixed Partial Denture:** *See Denture/ Fixed Partial Denture.*

**Fixed Prosthesis:** *See Dental Prosthesis/Fixed.*

**Fixed Removable Prosthesis:** *See Dental Prosthesis/Fixed Removable.*

**Flexible Spending Account:** Your employee repayment account. Primarily funded with your designated salary reductions. Funds are payed to you for health care. Funds can be used for you or your dependents dental care or legal expenses. Funds are a considered a nontaxable benefit.

\* American Dental Association Current Dental Terminology 2011-2012, glossary.

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\*\*FDA/ADA radiograph guidelines.

## G

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**General Dentist:** A dentist that provides a full range of dental services. They do not specialize in a one area, such as oral surgery.

**Gingivectomy:** Surgical removal of gum tissue.

**Gingivitis:** Inflammation of gingival tissue without loss of connective tissue. \*

**Gums:** The tissue that surrounds and support your teeth.

## H

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**Health Maintenance Organization (HMO):** See DHMO.

**Health Savings Account (HSA):** A tax-advantaged savings account. Members can open HSAs to pay for qualified medical and other health expenses. Members and employers can put money in HSAs. The money belongs to the member. The member can withdraw funds tax-free if they are used for qualified medical and other health care expenses like dental care. The HSA goes with the members if they change jobs.

[NOTE: HEMISECTION WAS REMOVED]

## I

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**Impacted Tooth:** A tooth that is limited by bone or soft tissue from breaking through your gums.

**Immediate Denture:** *See Denture/ Immediate Denture.*

**Indemnity Dental Plan:** See Dental Indemnity Plans

**Indemnity Plans:** See Dental Indemnity Plans

[REMOVED INDIRECT PULP CAP]

**Indirect Restoration:** A restoration fabricated outside the mouth.

\* American Dental Association Current Dental Terminology 2011-2012, glossary.

\*\*Dental Benefits: A Guide to Dental PPOs, HMOs And Other Managed Plans, Don Mayes, Revised Edition, 2002.

\*\*FDA/ADA radiograph guidelines.

# Glossary of Dental Insurance and Dental Care Terms



**In-Network:** Dentists and other licensed dental care providers that contract to provide dental services on your dental plan. This includes dentists, clinics, health centers, hospitals and medical practices. Usually, you will pay less out of your own pocket when you receive care from in-network providers.

**Inlay:** A filling of metal, porcelain, or another material that is shaped to fit a cavity and cemented into it. Used to restore some of the chewing surface of the tooth.

**Insured:** Person covered by the program (you).

**Insurer:** Usually the insurance company. The party promising to pay a benefit if a specified loss occurs in an insurance contract.

**Interim Prosthesis:** See *Dental Prosthesis/ Interim Prosthesis*.

## L

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**Laminate Veneer:** a thin covering of the facial surface of a tooth. Usually constructed of tooth colored material. Used to restore discolored, damaged, misshapen or misaligned teeth. \*

**Least Expensive Alternate Treatment (LEAT):** See Alternate Benefit.

**Liability:** A duty to pay an amount in money, goods, or services to another party.

**Limitations:** Restrictive conditions stated in a dental benefit contract,. Examples: such age, length of time covered, and waiting periods. These affect your coverage. Your plan may also exclude certain benefits or services. It may limit the extent or conditions under which certain services are provided.

## M

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**Major Services:** A category of dental services. Usually includes crowns, dentures, implants and oral surgery. Co-payments or coinsurance is typically higher for these services. Also called Class III, Group III or Type C service.

**Malocclusion:** Improper alignment of biting or chewing surfaces of upper and lower teeth.

**Managed Care:** A contractual arrangement. Payment or use are controlled by a third party. Refers to a cost containment system that directs the utilization of health benefits.

**Mandible:** The lower jaw. \*

**Mandibular:** Referring to lower jaw.

\* American Dental Association *Current Dental Terminology 2011-2012*, glossary.

\*\*Dental Benefits: *A Guide to Dental PPOs, HMOs And Other Managed Plans*, Don Mayes, Revised Edition, 2002.

\*\*FDA/ADA radiograph guidelines.

# Glossary of Dental Insurance and Dental Care Terms



**Maxilla:** The upper jaw. \*

**Maxillary:** Referring to upper jaw.

**Maximum Allowable Amount:** See Allowable Amount.

**Maximum Plan Benefit:** The reimbursement level for a procedure. Determined by the dental plan administrator. This may vary widely by geographic region or by benefit plans within a region.

**Medically Necessary Care:** The reasonable and appropriate diagnosis, treatment, and follow-up care. Includes supplies, appliances and device. Prescribed by dentist. For treatment of any condition, illness, disease, injury, or birth developmental malformations. Care is medically necessary for the purpose of:

- controlling or eliminating infection,
- pain, and disease;
- restoring facial configuration
- function necessary for speech, swallowing or chewing

**Medicare:** Federal insurance program. For people age 65 and older. Also for people with end-stage renal disease. May cover people with certain disabilities. Medicare **does not cover dental procedures**. Some insurance plans offer dental coverage under Medicare Advantage plans.

**Member:** An individual enrolled in a dental benefit program.

**Metals, Classification of:** (Source: ADA Council on Scientific Affairs) \*

The noble metal classification system has been adopted as a more precise method of reporting various alloys used in dentistry. The alloys are defined on the basis of percentage of metal content listed in order of biocompatibility.

*High Noble Alloys:* Noble Metal Content  $\geq$  (gold + platinum group $\pm$ ) and gold  $\geq$  40% AU)

Titanium and Titanium Alloys: Titanium (Ti)  $\geq$  85%.

Noble Alloys: Noble Metal Content  $\geq$  25% (gold + platinum group $\pm$ )

Predominantly Base Alloys: Noble Metal Content  $\leq$  25% (gold + platinum group $\pm$ )

$\pm$ Metals of the platinum group are platinum, palladium, rhodium, osmium and ruthenium

**Molar:** Teeth behind premolars (bicuspid). Used for grinding. Back teeth upper and lower. Have large crowns and broad chewing surfaces.

\* American Dental Association Current Dental Terminology 2011-2012, glossary.

\*\*Dental Benefits: A Guide to Dental PPOs, HMOs And Other Managed Plans, Don Mayes, Revised Edition, 2002.

\*\*FDA/ADA radiograph guidelines.

# Glossary of Dental Insurance and Dental Care Terms



**Mouthguard:** Individually molded device. Worn to prevent injury to teeth and surrounding tissues. Sometimes called a mouth protector.

## N

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**Non-covered charges:** Costs for dental care your insurer does not cover. In some cases the service is a covered service, but the insurer is not responsible for the entire charge. In these cases, you will be responsible for any charge not covered by your dental plan. You may wish to call your insurer or consult your dental plan or dental policy to determine whether certain services are included in your plan before you receive those services from your dentist.

**Non-Covered Services:** Dental services not listed as a benefit. If you receive non-covered services, your dental plan will not pay for them. Your provider will bill you. You will be responsible for the full cost. Usually payments count toward deductible. Check with your insurer. Make sure you know what services are covered before you see your dentist.

**Nonduplication of Benefits:** Occurs when you have two insurance plans. It's how our second insurance carrier calculates its payment. The secondary carrier calculates what it would have paid if it were your primary plan. Then it subtracts what the other plan paid. Examples: Your primary carrier paid 80 percent. Your secondary carrier normally covers 80 percent. Your secondary carrier would not make any additional payment. If the primary carrier paid 50 percent. The secondary carrier would pay up to 30 percent.

## O

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**Occlusion:** Any contact between biting or chewing surfaces of upper and lower teeth.

**Occlusal Guard:** A removable device worn between the upper and lower teeth to prevent clenching or grinding.

**[NOTE: ODONTOPLASTY WAS REMOVED]**

**Open Enrollment/Open Enrollment Period:** Time of year when an eligible person may add, change or terminate a dental plan or dental policy for the next contract year.

**Open Panel:** Allows you to receive care from any dentist. It allows any dentist to participate. Any dentist may accept or refuse to treat patients enrolled in the plan. Open panel plans often are described as freedom of choice plans.

**Orthodontic Retainer:** Appliance to stabilize teeth following orthodontic treatment.

\* American Dental Association Current Dental Terminology 2011-2012, glossary.

\*\*Dental Benefits: A Guide to Dental PPOs, HMOs And Other Managed Plans, Don Mayes, Revised Edition, 2002.

\*\*FDA/ADA radiograph guidelines.

# Glossary of Dental Insurance and Dental Care Terms



**Orthodontics and dentofacial orthopedics:** Branch of dentistry. Includes the diagnosis, prevention, interception, and correction of malocclusion. Also includes neuromuscular and skeletal abnormalities of the developing or mature orofacial structures.

**Orthodontist:** Specialist who treats malocclusion and other neuromuscular and skeletal abnormalities of the teeth and their surrounding structures.

**Orthotic device:** Dental appliance used to support, align, prevent or correct deformities, or to improve the function of the oral

**Out-of-Network:** Care from providers *not* on your plan. This includes dentists and clinics. Usually, you will pay more out of your own pocket when you receive dental care out-of-network providers.

**Out-of-network benefits:** Coverage for services from providers who are not under a contract with your dental plan.

**Out-of-pocket cost:** The amount plan members must pay for care. Includes the difference between the amount charged by a provider and what a health plan pays for such services.

**Out-of-Pocket Maximum:** The most a dental plan requires a member to pay in a year. Deductibles, co-payments and co-insurance count toward the out-of-pocket maximum. The only dental benefits that have out-of-pocket maximums are child benefits purchased through public exchanges, or purchased as an individual or through a small group. The out-of-pocket maximum for one child is \$350 and for more than one child is \$700 in all states.

*After reaching an out-of-pocket maximum, the plan pays 100% of the cost of pediatric dental services. This only applies to covered services. Members are still responsible for services that are not covered by the plan. Members also continue to pay their monthly premiums.*

**Overbilling:** Stating fees as higher than actual charges. Example: when you are charged one fee and an insurance company is billed a higher fee. This is done to use your co-payment. It also done to increase your fees solely because you are covered under a dental benefits plan.

**Overdenture:** *See Denture/Overdenture.*

## P

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**Palate:** The hard and soft tissues forming the roof of the mouth. It separates the oral and nasal cavities.

**Palliative:** Treatment that relieves pain but may not remove the cause of the pain.

**Partial Denture:** *See Denture/Partial Denture.*

\* American Dental Association Current Dental Terminology 2011-2012, glossary.

\*\*Dental Benefits: A Guide to Dental PPOs, HMOs And Other Managed Plans, Don Mayes, Revised Edition, 2002.

\*\*FDA/ADA radiograph guidelines.

# Glossary of Dental Insurance and Dental Care Terms



**Participating Provider:** Dentists and other licensed dental providers on your plan. They have a contract with your plan. The contract includes set service fees.

**Payer:** Party responsible for paying your claims. It can be a self-insured employer, insurance company or governmental agency.

**Pediatric dentist:** A dental specialist. Treats children from birth through adolescence. Provides primary and comprehensive preventive and therapeutic oral health care. Formerly known as a pedodontist.

**Periodontal:** Branch of dentistry that involves the prevention and treatment of gum disease.

**Periodontal disease:** Inflammation process of gums and/or periodontal membrane of the teeth. Results in an abnormally deep gingival sulcus. Possibly produces periodontal pockets and loss of supporting alveolar bone.

**Periodontist:** A dental specialist. Treats diseases of the supporting and surrounding tissues of the teeth.

**Periodontitis:** Inflammation and loss of the connective tissue of the supporting or surrounding structure of teeth. With loss of attachment.

**[NOTE: PIN REMOVED]**

**Plan Year:** *See Benefit Year.*

**Plaque:** A soft sticky substance. Composed largely of bacteria and bacterial derivatives. It forms on teeth daily.

**Point of Service (POS) Plan:** A dental plan that allows you to choose at the time of dental service whether you will go to a provider within your dental plan's network or get dental care from a provider outside the network.

**[NOTE: PORCELAIN/CERAMIC REMOVED]**

**[NOTE: POST REMOVED]**

**Preauthorization:** A process that your dental plan or insurer uses to make a decision that particular dental services are covered. Your plan may require preauthorization for certain services, such as crowns, before you receive them. Preauthorization requirements are generally waived if you need emergency care. Sometimes called prior authorization.

**[NOTE: PRECERTIFICATION REMOVED]**

**Predetermination:** A process where a dentist submits a treatment plan to the payer before treatment begins. The payer reviews the treatment plan. The payer notifies you and your dentist about one or more of the following: your eligibility, covered services, amounts payable, co-payment and deductibles and plan maximums. See pre-authorization.

\* American Dental Association Current Dental Terminology 2011-2012, glossary.

\*\*Dental Benefits: A Guide to Dental PPOs, HMOs And Other Managed Plans, Don Mayes, Revised Edition, 2002.

\*\*FDA/ADA radiograph guidelines.

# Glossary of Dental Insurance and Dental Care Terms



**Pre-existing condition:** A dental condition that exists for a set time prior to enrollment in a dental plan, regardless of whether the condition has been formally diagnosed. The only pre-existing condition that is common for dental plans or policies is a missing tooth.

[REMOVED PRECIOUS OR HIGH NOBLE METALS – SEE METALS, CLASSIFICATIONS –ACCORDING TO CDT]

**Pretreatment Estimate:** See predetermination. \*\*

**Preferred Provider Organization (PPO):** See DPPO.

**Premedication:** The use of medications prior to dental procedures.

**Prepaid dental plan:** A method of funding dental care costs in advance of services. For a defined population.

**Premium:** The amount you pay to a dental insurance company for dental coverage. The dental insurance company generally recalculates the premium each policy year. This amount is usually paid in monthly installments. When you receive dental insurance through an employer, the employer may pay a portion of the premium and you pay the rest, often through payroll deductions.

**Preventive Services:** See diagnostic and preventive services.

**Primary dentition:** Another name for baby teeth. See deciduous.

**Primary payer:** The third party payer with first responsibility in a benefit determination.

**Prophylaxis:** Scaling and polishing procedure. Performed to remove coronal plaque, calculus and stains. \*\*

**Prosthodontic:** Branch of dentistry that deals with the repair of teeth by crowns, inlays or onlays and/or the replacement of missing teeth and related mouth or jaw structures by bridges, dentures, implants or other artificial devices.

**Prosthodontist:** A dental specialist. Restores natural teeth. Replaces missing teeth with artificial substitutes.

**Provider:** A dentist or other dental care professional, or clinic that is accredited, licensed or certified to provide dental services in their state, and is providing services within the scope of that accreditation, license or certification.

**Provider network:** Dentists and other dental care professionals who agree to provide dental care to members of a dental plan, under the terms of a contract.

- **Qualified Dental Expenses:** Qualified dental expenses are defined under Section 213 of the Internal Revenue Code. (See the Internal Revenue Service's Publication 502 which includes medical and dental expenses.) Qualified dental expenses are permitted to be paid for from health savings accounts (HSAs).

\* American Dental Association Current Dental Terminology 2011-2012, glossary.

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\*\*FDA/ADA radiograph guidelines.

# Glossary of Dental Insurance and Dental Care Terms



*A dental expense is not a qualified expense if it is paid for by your dental plan or policy. If the member's expense is paid for or reimbursed by an HSA account, that expense cannot be included for purposes of determining itemized tax deductions.*

**Pulp:** Connective tissue that contains blood vessels and nerve tissue which occupies the pulp cavity of a tooth. \*

**Purchaser:** Organization or entity. Often employer or union. It contracts with the dental benefit organization to provide dental benefits to an enrolled population.

## Q

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**Quadrant:** One of the four equal sections of dental arches. Begins at the midline of the arch. Extends distally to the last tooth.

## R

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**Rebase/Reline:** Process of refitting a denture by replacing base material. \*

**Reimbursement:** The amount your DPPO or Dental Indemnity Plan pays for a specific dental service. For instance, your DPPO's reimbursement rate for a dentist visit may be up to \$80. If your provider charges \$100, you would be responsible for the remaining \$20 if your plan covers that service at 100% of their maximum reimbursement rate.

**Removable Partial Denture:** *See Denture/ Removable Partial Denture.*

**Removable prosthesis:** *See Dental Prosthesis/Removable Prosthesis.*

**Resin, acrylic:** Resinous material of the various esters of acrylic acid. Used as a denture base material. Used for trays or other restorations. \*

**Retainer:\***

*Orthodontic retainer:* Appliance to stabilize teeth following orthodontic treatment. \*

*Prosthodontic retainer:* A part of a fixed partial denture. Attaches an artificial tooth to the abutment tooth, implant abutment or implant. \*

**Retrograde filling:** Sealing the root canal by preparing and filling it from the root apex. \*

**Root canal therapy:** The treatment of disease and injuries of the pulp. Associated with periradicular conditions.\*

\* American Dental Association Current Dental Terminology 2011-2012, glossary.

\*\*Dental Benefits: A Guide to Dental PPOs, HMOs And Other Managed Plans, Don Mayes, Revised Edition, 2002.

\*\*FDA/ADA radiograph guidelines.

# Glossary of Dental Insurance and Dental Care Terms



**Root canal:** The portion of the pulp cavity inside the root of a tooth. Chamber within the root of the tooth. Contains the pulp. \*

**Root planing:** Procedure to remove rough cementum and/or dentin. May be permeated by calculus. May be contaminated with toxins or microorganisms. \*

**Root:** The anatomic portion of the tooth. Covered by cementum. Located in the socket. Attached by the periodontal apparatus. Radicular portion of tooth. \*

[NOTE: REMOVED RUBBER DAM]

## S

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**Salivary gland:** Glands in mouth producing saliva. Includes major and minor glands.

**Schedule of benefits:** A list of dental services and the maximum benefit amounts an insurer will pay for each. Specificity will vary by benefit plan.

**Sedative filling:** A temporary restoration intended to relieve pain.

**Self-funded plan:** A benefit plan. Plan sponsor bears the entire risk of utilization. Plan sponsors are usually employers or unions. Some plans may be partially self-funded. The partially self-funded plan sponsor may use stop-loss insurance to protect against the risk of unanticipated higher utilization. Third party administrators may process claims and provide other administrative services. They do not bear any of the risk of utilization of the plan.

**Self-Insured:** If you work for a large employer or group of employers, your plan may be self-insured. Self-insured means that your employer pays dental claims from their bank account and establishes the plan design. The benefits may be administered from a third-party administrator ("TPA") or a Dental Plan. Self-insured plans are not subject to state insurance regulation.

[NOTE: STRESS BREAKER REMOVED]

**Sealant:** A thin, plastic material placed on the biting surface of a tooth, usually for a child, to help prevent tooth decay.

[NOTE: SEMI-PRECIOUS OR NOBLE METALS REMOVED – SEE METALS, CLASSIFICATION OF]

## T

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**Temporary Removable Denture:** *See Denture/Temporary Removable Denture.*

\* American Dental Association Current Dental Terminology 2011-2012, glossary.

\*\*Dental Benefits: A Guide to Dental PPOs, HMOs And Other Managed Plans, Don Mayes, Revised Edition, 2002.

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## U

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**Unerrupted:** Tooth/teeth not penetrated into the oral cavity.

**Usual, Customary and Reasonable (UCR):** A term for the average cost that insurers use to calculate reimbursement for a particular dental service. In network dentists may be paid a fee up to 80% of UCR. This rate of reimbursement may also be used for the fees paid to out-of-network dentists. However when you get dental services from an out of network dentist, you will be responsible for the difference between 80% and 100% of the dentists fee as well as your coinsurance.

**Usual and Customary:** The base amount that is treated as the standard or most common charge for a particular dental service.

## V

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**Veneers:** See Laminate Veneers.

\* *American Dental Association Current Dental Terminology 2011-2012*, glossary.

\*\* *Dental Benefits: A Guide to Dental PPOs, HMOs And Other Managed Plans*, Don Mayes, Revised Edition, 2002.

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