Frequently Asked Questions

Do I need to have a health insurance plan in order to get a dental plan?

No. Our Personal Dental Plans are standalone, meaning you can enroll whether or not you have a health insurance plan.

Is there a waiting period before I can receive any dental services?

Once your coverage is effective, there is no waiting period for preventive or diagnostic services. If you are enrolled in the Personal Dental Plan Basic there is a 6-month waiting period from your plan's effective date before benefits start for basic restorative services, and a 18-month waiting period from your plan's effective date before benefits start for major restorative services under the Personal Dental Plan Plus.

Is there any cost for dental exams and cleanings?

No. Preventive services, such as a checkup every six months, are covered completely, as are cleanings, polishings, fluoride treatments for children, and annual X-rays.

What is a deductible and do these plans have them?

A set amount of money that an insured person must pay before his or her plan starts paying benefits. There are no deductibles for the Personal Dental Preventative Plan. The Basic plan has a $50 deductible per member with a maximum of $150 per family and the Plus plan has a $100 deductible per member with a maximum of $300 per family. Deductibles never apply toward any preventative treatment.

Do I get to pick my own dentist? What if I want to change dentists?

Yes, you may choose from DentaQuest's extensive Personal Dental Plan network of qualified dentists and dental clinics. You are free to change your dentist at any time.

Can I go to a dentist who is not in the DentaQuest network?

If you are in AZ, GA, IL, MO, OH, TX you can use an out of network dentist, however you will not receive network discounts on services you receive, so your out-of-pocket costs may be higher, depending on the dentist's fees and policies.

If you are in FL, PA, TN or VA you will need to use DentaQuest's personal dental plan network to receive services.

You should check with your dentist before beginning care.

How can I tell if a dentist is in the DentaQuest network?

You can find a DentaQuest Personal Dental Plan network dentist, or check if your current dentist is in the network, by using our [Find a Dentist tool](#), or calling the customer service number listed for your state.

What if my dentist finds a cavity or other problem during an exam? Am I covered?

Depending on your DentaQuest plan, you may receive benefits to help with such problems. With our Personal Dental Plan Basic and Personal Dental Plan Plus, you will receive benefits for fillings, crowns and other services.

Is orthodontia covered under these plans?

At this time there is no orthodontia covered under the Personal Dental Plan suite

Should I get an individual plan or a family plan?

That depends on your needs. If more than one member of your family is NOT on a Medicaid or CHIP plan, a family plan might be the best choice. In a one-parent family with a child on a Medicaid or CHIP plan, an individual plan is probably the most cost-effective option.

Do these dental plans have an annual benefit maximum?

"Annual benefit maximum" means the maximum amount of money a plan will pay in benefits in a given plan year. For the Personal Dental Plan Preventative, there is no annual benefit maximum on preventive and diagnostic care. There is a $1,000 annual benefit maximum for fillings, crowns and other restorative services for the Personal Dental Plan Basic. The Personal Dental Plan Plus offers our most comprehensive coverage and a higher annual maximum of $1,250.

Definitions

Deductible

A set amount of money that an insured person must pay before his or her plan starts paying benefits. The deductible amount is defined by the plan.

Coinsurance

Coinsurance is when a portion of your medical or dental bill is paid by the insurance plan, and a portion of the bill is paid by the insured person. DentaQuest Personal Dental Plans benefit summaries show the percentage of the bill that will be paid by the plan. For example, for a Type II service such as a filling, the Personal Dental Plan Plus will pay 40% of the cost (up to your annual benefit limit). Coinsurance percentages vary, and are defined by the plan.

Copay

A fixed amount of money that an insured person must pay at the time of receiving a medical or dental service, or filling a prescription. Copays are defined by the plan. DentaQuest Personal Dental Plans do not have copays, although it is possible you may have to pay a copay from your medical insurance if you fill a prescription related to dental care you may receive.

Annual benefit limit (or Annual Maximum)

The maximum amount of money an insurance plan will pay out over the course of the one-year benefit period.

Explanation of Benefits

A document an insured person receives from the insurance company after a dentist's visit, detailing which services were performed, the expected cost of those services, how much of those costs your plan will cover, and how much you may have to pay (such as deductible, coinsurance, services not covered by your plan, etc.).