



Membership Plan and Out-of-Network Transition FAQs

1. Why is the practice transitioning to out-of-network with PPO insurances?

Our decision to go out-of-network was not made lightly. Insurance companies answer to their stockholders and typically act in accordance with their best financial interest. Since COVID, **insurers have decreased reimbursements** in many instances. To remain a vibrant and diligent practice with the current reimbursement rates, there's increasing pressure to see more patients in less time. This is unacceptable for us and does not align with our mission of being patient-centered and team-oriented. Therefore, we've decided to maintain the quality of care and our products and will transition to an out-of-network practice where we can provide unrushed treatment without the financial implications and pressures from insurers.

2. Can I still use my current insurance at the office?

Yes! Although we are transitioning out-of-network with most PPO insurances, **out-of-network benefits can still be utilized**. We will continue providing you with your out-of-network coverage details prior to any dental work. Our staff will gladly answer any questions you may have and will assist you with reimbursement submissions.

3. This seems like a way for the office to make more money. Please clarify how this actually benefits me, when I'm paying more?

Our decision to transition out-of-network with most PPO insurances is driven by our commitment to providing the highest quality dental care. Without the constraints and limitations often associated with insurance networks, we can provide higher quality treatments and more detailed attention that you've come to expect from our staff.

For the sake of transparency, I'll share an example: in both of our offices, we lose money with each cleaning. Oftentimes, the reimbursement amount for a cleaning is less than the hourly wage of a Dental Hygienist. No gimmicky wording or sales tactics here - yes, we actually lose money with each cleaning.

We believe that medical and dental practitioners should be rewarded on a preventative model. In medicine, there's an emergence of value-based care which rewards providers / practices on **patient outcomes**, not simply the services they provide. We share a similar philosophy. Hence, our core values of education, prevention, innovation, artisanship, and humanity. This new model allows us to focus on prevention while being able to recruit/retain the best talent and continue providing the service and quality you are accustomed to.

4. How is team dental addressing the shortage of staff, including hygienists?

My stomach is in a knot when we have to cancel or postpone appointments. Staffing has been a challenge across healthcare. We are incredibly selective in our hiring process to ensure our standard of care is continually elevated. Additionally, we are excited about the launch of the Team Dental Membership Plan as it will surely attract clinical staff who share the same philosophy in being patient-centered and striving for quality treatment over quantity.

5. How does this affect my existing appointments?

Your ongoing treatments and scheduled appointments will continue as planned, however there may be some change to your financial coverage. To ensure transparency and avoid any surprises, when confirming your appointment, our staff will review your coverage and your out-of-pocket estimation. Please reach out to our office staff for any questions.

6. Will the cost of treatments change?

Yes, In most instances, you will pay slightly more for an out-of-network office compared to in-network pricing. We understand the implications and are willing to work with all of our patients to make this transition easier.

7. Can I get reimbursed from my Insurance carrier? How does that work?

Yes, most PPO insurance plans have "out-of-network" coverage options. There are 2 main ways to utilize out-of-network benefits:

- In some cases, our staff will help you fill out and submit paperwork
- In other cases, our staff will submit the paperwork directly on your behalf

This means that you can still stay with the office you love while utilizing insurance benefits. Please contact our office for more specific information.

8. Can I still use my current insurance and join the membership plan too?

Yes! Our membership plan is NOT an insurance plan and should not conflict with your current insurance plan. **In parallel to medicine, consider it a supplementary health insurance.**

9. Can I use my HSA/FSA?

Yes! And we encourage it! HSA/FSA benefits can always be used to pay for any dental treatment, products, or services. Our staff can help you navigate any necessary documentation as well!

10. What are the new membership tiers and what do they include?

We are excited to introduce **three new membership tiers**, designed to meet the unique needs of each patient. The tiers include preventive, basic, and comprehensive care packages, each with a specific set of benefits and services. **Detailed information on the membership tiers can be found in the office and on www.teamdental.com.**

11. How do I sign up for a membership tier, and when will it become effective?

Signing up for a membership plan is simple and can be completed in the office or online in **3 easy steps!** Your membership will become effective immediately upon enrollment without any waiting periods.

12. I am already enrolled in the Team Dental Membership Plan. How do the new tiers affect me?

You're an early adopter 😊 There is **NO change to your existing plan**. You can continue utilizing your current benefits and discounts!

13. How do I choose the right membership tier for myself or my family?

Depending on the individual / family needs, our team will assist you in selecting the best membership tier. Factors we take into consideration include, but not limited to your dental history, current dental needs, future dental needs, and budget to help you make the best decision.

14. Are there any other discounts when signing up for a membership plan?

Yes! We offer a **10% discount to any additional family member, any patient 65+, and for active military and veterans!** (Military - we have a special gift for you. Please ask any of our staff when you come in!)

15. What happens if I need a treatment that is not included in my selected membership tier?

No problem, you can **upgrade and downgrade your membership tier at any time**. You are able to upgrade your membership to utilize benefits needed from a different tier. If needed, you are able to downgrade the following year once you've utilized benefits for treatment. Our goal is to ensure that you receive the best possible care, regardless of your membership level.

16. Can I change or cancel my membership tier?

Yes! We offer flexibility in adjusting your membership as dental needs may change. Each plan has a 1-year commitment. Specific details on changes and cancellations provided in the membership agreement.

17. I have more questions about the new membership tiers. Who can I contact?

We'd love to hear from you! We encourage you to visit teamdental.com or contact our office 855-995-TEAM.

Our team is committed to making this transition as smooth as possible!