



What Is a Dental Deductible?

If you have dental insurance, you may hear the term **deductible**. Understanding what a deductible is can help you estimate your dental costs and avoid unexpected bills.

A deductible is one of the most common features of dental insurance plans, but many people are unsure how it works.

What Is a Deductible?

A **deductible** is the amount you pay for covered dental services before your insurance begins paying its share.

For example, if your dental plan has a **\$50 annual deductible**, you generally pay the first \$50 of covered services yourself. After that, your insurance begins contributing according to your plan's benefits.

Not all services are subject to the deductible.

Does Preventive Care Count Toward the Deductible?

Many dental insurance plans cover preventive services without requiring you to meet the deductible first.

These services may include:

- Routine dental exams
- Professional cleanings
- Bitewing X-rays
- Preventive screenings

Coverage varies by plan, so always review your specific benefits.

Which Services Usually Require the Deductible?

The deductible often applies to services such as:

- Tooth-colored fillings
- Simple extractions
- Periodontal treatment
- Crowns
- Root canal treatment
- Dentures

Your insurance plan will explain which procedures are subject to the deductible.

Is the Deductible Paid Every Visit?

No.

Most dental insurance plans have an **annual deductible**, meaning you pay it only once during each benefit year.

After you have met your deductible, you usually pay only your share of covered services (such as coinsurance or copayments) until your plan renews.

Individual vs. Family Deductibles

Some insurance plans have:

- An individual deductible for each family member.
- A family deductible that applies to everyone covered under the plan.

Once the family deductible has been met, additional covered family members may not need to meet another deductible during that benefit year.

Deductible vs. Copayment

These terms are different.

Deductible

- Paid before insurance begins sharing certain costs.
- Usually paid once each benefit year.

Copayment (Copay)

- A fixed amount you pay for certain dental services.
- May apply each time you receive a covered service.

Some plans use deductibles, some use copayments, and others use both.

Deductible vs. Coinsurance

These terms are also different.

Deductible

The amount you pay first.

Coinsurance

The percentage of the remaining cost that you pay after meeting your deductible.

For example:

- Procedure cost: **\$200**
 - Deductible remaining: **\$50**
 - After meeting the deductible, your insurance pays according to your plan, and you may still be responsible for a percentage of the remaining cost.
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How Can You Find Your Deductible?

You can learn about your deductible by:

- Reviewing your dental insurance benefit booklet.
 - Logging into your insurance company's member portal.
 - Calling your insurance company's customer service number.
 - Asking your dental office to help estimate your benefits before treatment.
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Why Understanding Your Deductible Matters

Knowing your deductible helps you:

- Estimate treatment costs.
- Plan for future dental expenses.

- Avoid unexpected bills.
 - Make informed financial decisions about your oral health.
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Key Takeaways

- A deductible is the amount you pay before your insurance begins paying for certain covered services.
 - Many preventive services are covered without requiring you to meet the deductible.
 - Most deductibles reset every benefit year.
 - Deductibles are different from copayments and coinsurance.
 - Understanding your deductible can help you better plan for dental care costs.
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References

- American Dental Association (ADA)
- Centers for Medicare & Medicaid Services (CMS)
- National Institute of Dental and Craniofacial Research (NIDCR)
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