



PPO vs. HMO Dental Plans: What's the Difference?

Choosing a dental insurance plan can feel overwhelming, especially if you are unfamiliar with insurance terms. Two of the most common types of dental insurance are **PPO (Preferred Provider Organization)** and **DHMO (Dental Health Maintenance Organization)** plans.

Understanding how these plans work can help you choose coverage that fits your needs and budget.

What Is a PPO Dental Plan?

A PPO dental plan allows you to visit a large network of participating dentists.

In many cases, you can also visit dentists outside the network, but you will usually pay more out of pocket.

PPO plans generally offer greater flexibility in choosing your dentist.

Advantages of PPO Plans

A PPO plan may offer:

- A larger network of dentists.
- The ability to see out-of-network providers.
- Greater flexibility when choosing specialists.
- No requirement to select a primary dentist.

Many people choose PPO plans because they have more options for receiving care.

Things to Consider

PPO plans often have:

- Higher monthly premiums.
- Annual deductibles.
- Annual maximum benefit limits.

- Coinsurance for many procedures.

Although monthly costs may be higher, patients often have greater freedom when selecting providers.

What Is a DHMO Dental Plan?

A DHMO plan usually requires you to choose a **primary care dentist** from the plan's network.

This dentist coordinates your dental care and refers you to specialists when necessary.

You generally must receive care from participating providers for services to be covered.

Advantages of DHMO Plans

DHMO plans often offer:

- Lower monthly premiums.
- No annual deductible in many plans.
- Lower out-of-pocket costs for covered services.
- Predictable copayments.

These plans may be a good option for individuals looking for lower monthly costs.

Things to Consider

DHMO plans may have:

- Smaller provider networks.
- Less flexibility when choosing dentists.
- Referral requirements for specialists.
- Limited coverage outside the network except in certain emergency situations.

Before enrolling, make sure there are participating dentists near your home or workplace.

Which Plan May Be Better for You?

The answer depends on your personal needs.

A PPO plan may be a good choice if you:

- Want more flexibility.
- Already have a dentist you would like to keep.
- May need specialized dental care.

A DHMO plan may be a good option if you:

- Want lower monthly costs.
- Do not mind choosing a dentist within the network.
- Prefer predictable copayments.

There is no single plan that is best for everyone.

Questions to Ask Before Choosing a Plan

Before enrolling, consider asking:

- Which dentists participate in the network?
- Are my current dentist and specialists included?
- What preventive services are covered?
- What is the annual maximum benefit?
- Is there a waiting period for major services?
- How much will I pay for fillings, crowns, or root canals?
- Do I need referrals for specialists?

Understanding these details can help you avoid unexpected expenses.

Review the Plan Carefully

Before making a decision, review the plan documents carefully.

Pay attention to:

- Monthly premium.
- Deductible.
- Copayments.
- Coinsurance.
- Annual maximum.

- Waiting periods.
- Covered services.
- Provider network.

Taking time to compare plans can help you select coverage that best meets your needs.

Key Takeaways

- PPO and DHMO plans work differently.
 - PPO plans generally provide greater flexibility but may have higher costs.
 - DHMO plans often have lower premiums but require using network dentists.
 - Review provider networks and covered services before enrolling.
 - Understanding your plan can help you make informed decisions and reduce unexpected dental expenses.
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References

- American Dental Association (ADA)
- Centers for Medicare & Medicaid Services (CMS)
- National Institute of Dental and Craniofacial Research (NIDCR)
- U.S. Department of Health and Human Services (HHS)