

Why get a pre-treatment estimate?

Don't be surprised by the cost of your next dental bill – get a pre-treatment estimate first. For many dental treatments, a dentist can request a cost estimate from Delta Dental, called a “pre-treatment estimate,” “pre-determination” or “pre-authorization.”



When would I request an estimate?

Pre-treatment estimates are typically the most helpful when it comes to budgeting for expensive procedures, such as crowns, wisdom tooth removal, dentures or periodontal surgery.

How does it work?

After you tell your dental office that you'd like an estimate, your dentist sends Delta Dental the proposed treatment plan, along with any relevant supporting documents, such as X-rays, that are necessary to make a benefit determination.

Delta Dental reviews all of the information provided and sends you and your dentist an estimate of how much your plan will cover for the specific treatment, and how much you will be responsible for paying out-of-pocket. Your estimate may take into account your eligibility, deductible, plan maximums, coinsurance and other plan-specific information. When you receive your estimate, make sure to examine it carefully so you know what has been included.



How long does it take?

Estimates are usually returned quickly, but in more complex cases, the analysis can take a few weeks to complete.

How precise is the estimate?

Pre-treatment estimates are not a guarantee of coverage, but are meant to provide a general idea of how much the treatment may cost.

Why would I get a pre-treatment estimate?

Knowing the cost associated with the specific dental treatment you need can help you prepare financially, especially if the treatment is extensive or complex. And knowing the cost can also help you make decisions about the type of treatment you receive – for example, choosing between a crown that’s porcelain, ceramic or alloy. A pre-treatment estimate can also help with complicated situations when you and your dental office are unsure if a specific procedure is covered.

Dental benefits terms

Annual maximum: The most money your dental plan will pay in a specific period, often a calendar year.

Coinsurance: The fixed percentages that outline how you and your plan share the cost of dental care.

For example, your plan may pay for 80 percent of a given service, while you are responsible for 20 percent. Coinsurance kicks in after you meet any required deductible.

Deductible: A fixed dollar amount that you pay out-of-pocket before your plan’s benefits take effect.

Lifetime maximum: The most money a plan will pay over the course of a lifetime. A lifetime maximum may apply to an individual or a family and usually applies to specific treatments such as orthodontics.