

Insurance Facts: What Your Insurance Company Won't Tell You

Our Commitment is to Your Health—Not a Corporate Spreadsheet

The relationship between you and your periodontist should be built on one thing: **what is genuinely best for your long-term health.** Increasingly, insurance companies have found ways to influence that relationship—not to improve your care, but to steer it toward whatever costs them the least.

As a specialized, independent practice, Dr. Lorenzana chooses to remain out-of-network. This allows us to use the highest-quality materials, advanced surgical technology, and the necessary time to save your teeth and restore your periodontal health, without a network contract dictating what that care should look like. While we did not choose your plan or its limitations, as a courtesy, our practice handles the paperwork, files your claims, and accepts assignment of benefits to help you maximize every dollar you are owed.

The Truth Behind the System

- **The "Usual and Customary" Myth:** When an insurer tells you a fee is "above usual and customary," they are not commenting on our honesty or skill. They are referencing an internal, arbitrary benchmark calculated from regional surveys that include discount clinics. It is a mathematical tactic designed to frame a low benefit as someone else's fault.
- **A Maximum Frozen in Time:** Most dental plans cap annual benefits between \$1,000 and \$1,500—a cap that has remained completely unchanged since the 1970s. Over the same period, the cost of running a dental practice has climbed right alongside everything else: materials, technology, staff wages, equipment, facility costs, etc. have all risen substantially, while the benefit meant to help patients afford care has not moved. Even the American Dental Association explicitly states it no longer supports these outdated annual maximums.
- **Coverage by Design:** Dental insurance was never built to fund comprehensive or specialized care. It emerged decades ago as a modest supplement for routine, lower-cost cleanings. When you require advanced periodontal treatment, modern tissue grafts, or implants, the system is designed to leave you exposed.
- **The "Least Expensive" Trap (LEAT Clause):** Insurers routinely use a rule called "Least Expensive Alternative Treatment." If you need a dental implant to permanently replace a missing tooth, your insurance may down-code the claim and only pay out the cost of a removable plastic partial denture.

By the Numbers: A System in Reverse

The Metric	The 1970s Reality	The Modern Reality	The Structural Impact
Typical Annual Cap	\$1,000 – \$1,500	\$1,000 – \$1,500	Frozen for 50 years. Adjusted for inflation, your maximum should be \$9,000 to \$10,800 today.
National Dental Spending	Baseline	Grown 12x	U.S. dental care spending has skyrocketed while your benefit stood completely still.
Practice Overhead Costs	45% of collections	75% of collections	The cost of technology, safety standards, and staff wages has risen with the times.
Insurance Corporate Profits	Moderate	\$146.1 Million	This was the combined 2024 compensation for just seven health insurance CEOs. A frozen maximum is a corporate choice.

Sources: American Dental Association, National Association of Dental Plans, Dental Economics, Modern Healthcare, company SEC filings.

Where We Stand: We are Your Advocates

We are a small, independent, specialized practice—not a national corporate chain—and we believe that matters. We are not against insurance; we will aggressively help you use every dollar your plan provides, file your claims, and accept assignment of benefits.

However, the standard of care Dr. Lorenzana recommends will never be dictated by a decades-old corporate benefit maximum or a claims adjuster with no clinical training. We refuse to compromise your health by cutting corners to fit inside an inadequate insurance box. If you have questions about your coverage, our team is always here to advocate for you—just ask.