



Insurance vs. Membership: What Your Patients Need to Know

INSURANCE

How it works: Traditional insurance requires a monthly premium, often with a deductible, including strict rules, coverage limitations, and waiting periods before benefits kick in.

Cost: Average dental insurance premiums range from \$300–\$600 per year BEFORE deductibles, annual maximums, and out-of-pocket costs for services not fully covered.

Quality of care: Many patients face denials for necessary treatments or downgrade care to a less effective alternative because of insurance – not due to clinical need.

Preferred dentist: Many plans restrict you to a network. If your preferred dentist isn't in-network, you will face higher costs or lose coverage entirely.

Coverage: Benefits are often capped at what the insurance company will pay per year. Many procedures – especially cosmetic or restorative – may not be covered at all.

MEMBERSHIP

How it works: Straightforward, affordable plans without the red tape. Pay a flat fee and receive access to preventive care and discounts on additional services.

Cost: A predictable monthly payment – no deductibles, no annual maximums, no surprise bills. Easy to budget for and simple to explain to patients.

Quality of care: No denials. No downgrades. You and your dentist decide the best course of treatment based on your needs – not what an insurance company will approve.

Preferred dentist: You're not restricted by networks. Receive consistent care from your trusted dentist without worrying about whether they're in-network.

Coverage: Membership clubs offer meaningful discounts on a wide range of services. Get the care you need, when you need it – without wondering if it's "covered."