

Dental Insurance. Is It Really Worth it?

No Bull, No Bias Approach to Dental Insurance.

Dear Northwest Indiana Resident,

Every day, untold numbers of dental patients are upset because their dental insurance plan did not pay a greater portion of their dental bill. More often than not, when told their insurance will pay 80 percent, it ends up paying less than 40 percent. Subscribers are persuaded into believing this is because their dentist charged too much. In other words, the dentist gets the blame.

To quote a past dental director for the Delta Dental Plan of Minnesota, Dr. Bruce Keyworth, "There ain't no such thing as dental insurance!" We all understand that insurance is purchased to protect us from unpredictable financial loss. If an individual demonstrates evidence of a pre-existing condition, for example, they immediately become uninsurable or the policy is rated. On the other hand, a dentist can tell you what is wrong with your teeth, what needs to be done to fix them, what it will cost, and pretty much how long the work will last if you take care of it. In other words, something as "predictable" as dental care is not really insurable.

While traditional dental plans vary benefits, they all say the reason they do not pay more is because the dentist charged more than the "normal fee." According to the Dental Association, this is untrue. When 20 major dental insurance underwriters were asked to define "normal fee," no two of their explanations were the same. When these same underwriters were asked to calculate specific treatment payments within a geographical area, their payments differed by as much as 135 percent.

Few realize that employers, and not the insurance companies, determine what is paid for. Most will provide dental benefits to their employees, but only at a minimum cost. With overhead costs skyrocketing, dental plans have become "tailor-made" to deliver increasingly limited benefits to employees. The best example of this is the benefit amount an insurer pays toward eligible charges during a 12-month period. This is called the "yearly benefit."

THE TRUTH ABOUT DENTAL INSURANCE

When dental insurance began over 40 years ago, yearly benefits averaged **\$1,000**. Keep in mind this was also at the time when yearly premiums were 10 times lower than today. Twenty years ago, a gold crown ("cap") cost about \$120. Today it costs 10 times that amount. Dental insurance should be paying **\$9,000-\$10,000 per year** just to have kept pace with inflation. In today's cost-competitive environment, when insurance becomes inadequate, patients stop having preventive care done and their dental costs will rise.

Another way dental insurance companies profit at the expense of patients is by floating the claims submitted by dental offices. "Floating" is accomplished by unnecessarily delaying claim payment by requiring needless written narratives and x-rays from the dental office. What most patients don't understand is that dental insurance companies will Deny, Downgrade, Destroy, and Delay payment for the claims that should have been paid for the services rendered. Few realize that the longer an insurance company can "hold" your claim money, the longer they can keep it invested and make money with your money. Ironically, it takes less than two weeks for an insurance company to "deny" a claim, but often several months to pay one. Every year they make a chunk of that **\$60 BILLION DOLLARS A YEAR** by denying claims even when they know claims are legitimate. And that's the plain and simple truth. But when they sell a product that has very little value, why do consumers allow them to keep ripping them off? If you keep reading and you still want to keep your Dental Insurance, we'll be shocked! Let us give it to you straight. Dental insurance is not worth it.

Dental insurance has reached a point where its real value is questionable. Premiums have increased faster and more than benefits. According to the Minnesota Dental Association, just to handle the paper work costs dentists more than 30 cents on the dollar. Dental insurance hybrids, or modified plans, have become so prevalent that they have created enormous amounts of confusion for both dentist and patient. This raises the cost of dental service tremendously to the consumer.

Underwriters have created so many exclusions and conditions that traditional dental insurance plans have become basically "unhealthy." We know, for example, that as a person ages, their overall health is directly related to their nutrition. We know that nutrition is enhanced by the ability to chew food properly, and for that you need teeth. What people do not realize, however, is that competition between dental insurance companies today has created dental plans that interfere with a dentist's ability to provide thorough and consistent prevention-oriented care.

HOW DENTAL HMOs COMPARE

What about dental HMOs? Dental HMOs, or "DMOs" not only do not promote dental care, their operation these past years has severely tarnished a respected profession. HMO's early claim to fame was centered around their effort to reduce hospital stays. Since so little dentistry is performed in hospitals, HMOs have had no impact there. HMOs have reportedly reduced dental costs by avoiding many different forms of treatment, but this "deception" may well come back to haunt them. The U.S. "Doctrine of Informed Consent" legally governs health-care professionals when they discuss care with patients. Dentists that do work for HMOs and who have failed to provide all viable treatment options to their patients, may be held accountable. A bigger question is whether or not the HMO itself will share in this accountability?

A recent article in Forbes, November 16, 2009, described the difference between dental insurance and dental discount plans. It made some great points that I would like to mention here. According to this article, "The average individual dental insurance plan costs \$654 – and that's for a limited network of providers ..." Even using one of these plan's chosen (i.e., cheapie) dentists, you'll have a 20% co-pay for routine fillings and a 50% co-pay for crowns and bridges." Your benefit is two free cleanings per year

and an exam. Reading the fine print you will quickly realize that the yearly treatment cap ranges between \$1,000 and \$1,200, and implants usually are not covered. The waiting periods are usually long, some as long as 18 months, prior to getting basic coverage for exams, x-rays, and extractions, and they have missing tooth clauses.

We are solely responsible for our body's health. With a few exceptions, such as genetic disorders, most health issues are preventable! The same goes for the mouth. I explain this to my patients as the DENTAL CYCLE. For some odd reason it was accepted that you get decay, you will need lots of fillings, then crowns, root canals, extractions, and eventually dentures. It was the natural progression of a mouth. Well, it is not.

DENTAL INSURANCE FALLS SHORT

Dental Insurance has mostly focused on the resulting mess neglect has caused, including fillings to remove cavities, crowns to fix broken teeth, and extractions for gum disease. These are but a few examples. Why did you need that filling in the first place? Why do you have gum disease? Your insurance will only pay for two cleanings a year but your dentist and hygienist say you really need three to four, so who do most patients listen to? Yes, you guessed it, the insurance company. So, don't be surprised if in a few years of "supervised neglect" by your dentist you now have active gum disease, bone loss, and now you need "deep cleanings." Teeth get looser, root surfaces get exposed and become sensitive, tissue recedes and reveals "longer teeth" with black spaces between them. Now you wonder how you got there? All along you had the "cavities" fixed, right?! Wrong. It is not about fixing the resulting issues but fixing the reason behind the issues. And that happened years ago now when your dentist said you needed to be seen three to four times a year but your insurance only paid for two. Sound familiar?

For this reason we do not allow insurance companies to run our practice or tell us what to do. We work for our patients, nobody else. Our sole goal as clinicians is to inform you about your personal oral health, why you are where you are, and how you can improve your situation and hopefully keep your teeth and gums healthy for the rest of your life. The type of care you need and receive from our office is based upon the professional judgment of the doctors and the clinical team (doctors and hygienists) and not the coverage you receive from a dental benefit plan. We do not believe it is in your best interest to compromise any recommended care in order to accommodate an insurance program. We do believe it is appropriate to discuss your care plan's advantage and disadvantages with you the patient, NOT your insurance company, since you are the one responsible for your oral health. Today's dental plans are designed only to assist with the costs of dental care. It is very important to understand that dental plans are not in business to make sure you receive the care you need—their only responsibility is the pay for the services your employer has purchased.

WHY CHOOSE DYER FAMILY DENTISTRY

At Dyer Family Dentistry we feel that there is no care that our patients can't afford. With our stimulus savings and other payment options, especially interest-free financing, we can make any care affordable to our patients. Patients can save more money on their dental care than their allotted amount a year given by their insurance. We are a highly successful practice with a great pool of patients that is growing daily. As a courtesy to you, our team members will do a complimentary benefit check to assess your benefits under your plan as well as complete the dental portion of your claim form and submit it on your behalf to ALL dental insurances.

So, now to answer the question that started this letter, Is Dental Insurance Worth The Premium? Not in our opinion, especially if you are young and have taken good care of your teeth. All you really should need on a yearly basis is two to four cleanings and an exam with x-rays. That alone is significantly less than most premiums pay, even at the best dental practice. So what if you have an accident and break your four front teeth? Won't insurance pay for that? Nope. They protect themselves from paying by having a ridiculously low yearly max towards treatment. You would still end up paying most of it out of pocket. For years you paid into this insurance, padded their pockets, and then when you need them most, they say sorry. What if you had seen a dentist that helped you avoid gum disease, cavities, and tooth wear and instead put all of the money that you would have given to insurance companies into a savings account? Yes, you would have plenty saved up for emergencies as well as maybe a nice vacation. Furthermore, you would have healthy teeth and a resulting healthier body since you learned how important it is to avoid gum disease and decay in the first place. You would probably have many less fillings and saved many hours in dental office visits.

What this country needs is a class on prevention of disease, bad habits, and quick fixes. We at Dyer Family Dentistry for one have chosen a different approach to dentistry that we feel has benefited our patients significantly.

If you want to come out of the dental cycle, feel free to contact us with questions or just call us today at **219-227-4509** to make an appointment with our wonderful **\$19 New patient exam and X-rays** and come experience the difference yourself. Also, check out our Dental Stimulus offers in the newspaper on the next page to see that this stimulus will save you and your family more money on dental care than what dental insurance allows annually. Also check us out at **www.DyerFamilyDentistry.com** and see what others are saying about us! You will be pleased. We are open over 70 hours a week for your convenience!

To your health,

Dr. Irfan (Iran) Atcha