



It's Important to Put Your Money Where Your Mouth Is

When most people think about health insurance, they think first about covering costs of treatment for serious medical conditions or accidents. That is a natural thing to do. There is another type of health coverage you may want to consider, one that is equally important to your well-being, a dental benefit plan. Because dental disease is so common, having dental coverage and using it wisely are essential safeguards for you and your family.

There is a World of Difference Between Medical and Dental Disease...

Unlike medical disease, which can be both unpredictable and catastrophic, most dental ailments are preventable. Preventive care, including regular checkups and cleanings, is key to maintaining your oral health as well as your overall health. With regular visits to the dentist, problems can be diagnosed early and treated without extensive testing or elaborate and expensive procedures. That keeps the costs of dental care much lower than those of medical care.

...And Between Medical and Dental Benefits

Medical insurance is designed primarily to cover the costs of diagnosing, treating and curing serious illnesses. This process may involve a primary care physician, multiple specialists, a variety of tests, multiple procedures and medications. Depending on the health, age and attitudes of people in the medical coverage group, costs can fluctuate widely.

Dental benefits work differently. Most dental coverage is designed to ensure that the patient receives regular preventive care. High quality dental care rarely requires the complex, multiple resources often required by medical care. By and large, dental care is provided by a general dentist, although some cases may require the services of a dental specialist. Because most dental disease is preventable, dental benefits plans are structured to encourage patients to obtain regular, routine care that is so vital to preventing and diagnosing the onset of serious disease.

Dental Benefits Keep America Healthy

The availability of dental coverage is the single greatest factor in helping you get the dental care you need. More than 65 percent of all Americans are covered by a dental plan, whether that is provided as a benefit by their employer, through a government-sponsored program such as Medicaid or purchasing coverage on an individual basis. As a result of increased access to regular care and the widespread use of preventive measures, the incidence of dental decay has dropped sharply. Half of today's school-aged children have never had a cavity.

Dental Plans do Have Their Limitations

Today's dental coverage is designed to help you get the care you need at a reasonable cost. Because each person's oral health is different, out-of-pocket costs can vary widely. To control dental treatment costs, most plans will limit the amount of care you may receive in a given year. This is done by placing a dollar "cap" or limit on the amount of benefits you can receive, or by restricting the number or type of services that are covered. Some plans may exclude certain services or treatment to lower costs. It is vital to know specifically what services your plan covers and excludes.

There are, however, certain limitations and exclusions in most dental benefits plans that are designed to keep dental costs from going up without penalizing the patient. Sometimes dental coverage and health insurance may overlap. Read and understand the conditions of your medical and dental coverage in order to maximize your benefits.

Getting the Best and Most from Your Plan

To take full advantage of your dental benefits, visit the dentist regularly and get the preventive care that will keep your mouth healthy. Follow the treatment plan you and your dentist created. Do your dental homework by brushing and flossing regularly and maintain a regular schedule of oral examinations and teeth cleanings.

Should you need treatment for particular conditions, find out what your dental plan will cover. Feel free to discuss a payment plan with your dentist for your portion of the treatment costs.

Making an Informed Choice

The law mandates that consumers with dental coverage receive an Explanation of Coverage (EOC) that clearly outlines coverage, limitations and exclusions. Prior to selecting a dental plan, review the EOC to determine which plan best suits your needs.

Ask if you have questions about coverage, exclusions, calculation of benefits or payment of benefits, before making your plan selection. Reaching out to your current dentist to learn which plans he/she participates with may also be helpful in determining which plan to select.

Selecting a dental benefit plan is not simple. Having the facts to make an informed decision can make a difference in maintaining your relationship with your dentist while maximizing your dental benefit. Read the fine print and ask questions. The more you understand about dental benefits, the better equipped you will be to select the best coverage for your dental health.

Considerations When Choosing Your Dental Plan

What looks like a bargain today may not be a good buy in the long run. While your out-of-pocket costs are, of course, an important part of your decision-making process when choosing a dental plan, they are not the only criteria to use when evaluating your options. Consider the following:

Does the plan give you the freedom to choose your own dentist or are you restricted to a panel of dentists selected by the dental plan?

If you have a family dentist with whom you are satisfied, consider the effect changing dentists will have on the quality or quantity of care you receive. Because regular visits to the dentist reduce the likelihood of developing serious dental disease, it is best to have and maintain an established relationship with a dentist you trust.

Can you see the dentist when you need to, and schedule appointment times convenient for you?

Have a clear understanding of your dentist's office hours and payment policies. It is one way to ensure your access to care is not restricted and minimizes unwelcome surprises for treatment your plan does not cover.

Does the plan cover diagnostic, preventive and emergency services? If so, to what extent?

Most dental plans provide coverage for selected diagnostic services (exams & x-rays), preventive care (cleanings, sealants, fluoride application) and emergency treatment that are basic for maintaining good oral health. However, the extent or frequency of the services covered by some plans may be limited. Depending upon your individual oral health needs, you may be required to pay the dentist directly for a portion of this care.

Every dental benefit plan is different. As the plan enrollee and patient, it is your responsibility to be informed about what your specific plan will cover. Preventive services, such as those listed below, may be covered in full, with little to no deductible or patient co-payment:

- Examinations
- X-rays
- Teeth cleaning (prophylaxis)
- Topical Fluoride treatment
- Sealants (ages 0–18)

What additional dental treatment is covered by the dental plan? What will be your share of cost or out-of-pocket expense?

While preventive care lessens the risk of serious dental disease, additional treatment may be required to ensure optimal health. Most plans cover a percentage of such treatment, while patients are responsible for the remaining costs.

Examples of other common dental procedures include:

- Restorative care – fillings and crowns
- Endodontics – root canals
- Oral Surgery – tooth removal and tissue biopsy
- Orthodontics–treatment including retainers, braces and/or diagnostic materials.
- Periodontics – scaling, root planing and management of acute infections or lesions
- Prosthodontics–repair and/or relining or reseating of existing dentures and bridges.

Will the plan allow referrals to specialists?

Will my dentist and I be able to choose the specialist? Some plans limit referrals to specialists or offer a limited selection of specialists who have contracted with the plan. Authorization may be required before being referred to a specialist. If you choose a plan with these limitations, make sure qualified specialists are available in your area. Look for a plan with a broad selection of different types of specialists. If you have children, you may prefer a plan that allows a pediatric dentist to be your child's primary care dentist.

Will the plan provide benefits to patients who may also be covered by another dental plan?

In analyzing your options, make sure to look for a plan that allows coordination of benefits between your plan as well as that of your spouse's employer (as applicable).

The California Dental Association (CDA) presents this information in the public interest. The information provided should not be construed as either an endorsement or recommendation by CDA. Consult your dental plan, insurance broker or company benefits coordinator for complete information. Additionally, the Department of Managed Care offers consumer information for plan selection via their website.