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Dentally Speaking

DENTAL INSURANCE (PART I)

This is the first of a two part series on dental insurance. I will answer the most commonly asked questions I hear in my own practice.

Dental insurance in general is poor at best. When dental insurance was first introduced in the 1950's, the average dental plan gave benefits to individuals of about \$1000 per year. The dental plans I see today range from \$750 -2000 per year per individual, the average being \$1000. So, despite time, inflation, cost of living, cost of services and increased premiums, the average remains the same. If dental insurance companies had kept up with inflation, that same \$1000 then would be at least \$5500 in benefits per year today.

The fact of the matter is, dental insurance is meant to be supplemental and help with the cost of maintenance procedures and basic restorative care. There is no dental insurance available for people who require advanced treatment. This is a sad fact

especially when you consider some of the facts from my previous columns that showed increasing evidence of dental problems and their relationship to systemic health. This brings us to the first of the questions that most people ask about dental insurance:

1. My dentist recommends treatment that my plan will not pay for. Does this mean the treatment really isn't necessary? Absolutely not. Who do you think has your best interest in mind, the dental insurance company or your dentist? Although it is up to the dental insurance company to determine what it covers, it is the responsibility of the patient to make an informed decision on what is best for them. As in many cases regarding dental insurance, patient should base treatment decisions based on their dental needs, not their dental benefits plan.

2. My dentist does not use amalgam. When I have fillings done he/she uses tooth colored composite. Why does my insurance company only pay at the amalgam benefit level? Some plans will only provide the level of benefit allowed for the least expensive way to treat a dental need. Patients are encouraged to complain to their dental insurance carriers who have failed to keep up with the times.

3. Will my plan cover the care my family will need? This should be a prime consideration and a major motivation in choosing one plan over another. If your employer offers more than one plan, look at the exclusions and limitations of the coverage, as well as the general categories of benefits. You should

discuss your family's current and future dental needs with your family dentist before making a final decision on your dental plan. To be continued.....

If there are certain topics you would like to see written about or questions you have please email them to me at jpstclair@dentalhealthforlife.com.

