

DENTAL INSURANCE JOKE

Dear Dr. McCrummen: I have dental insurance and it seems more like a bad joke. Can you explain why it pays so poorly? I pay good money for it, they take my premiums, but they do not help me very much. I think I pay more for the insurance than if I paid out-of-pocket for my dental work. Would you please write about this topic? I think many would be interested. R.M.

Dental insurance is not really *insurance* at all. It is a payment assistance program. The carriers are in business to make money and design their plans to pay out the least to profit as much as possible. It is important to realize that they do not care what your health care needs are. Their statisticians know that many people do not maximize their benefits and will often avoid treatment because they do not pay well. They actually hope you do not use your benefit at all. Surprise them!

An employer will provide dental insurance as a benefit, but they must also contain their costs which often means you get a "bare-bones" policy. If it is free be thankful as it can help. A policy holder is sometimes restricted to seeing a "preferred provider", which is a dentist that signed up with the insurance company. They are often not allowed to provide the high level of dentistry that they can offer to their regular patients. If your dentist is not on the list it does not mean there is something wrong with their office. It means that your dentist will not compromise on the quality of care that you receive by having an insurance company dictate your treatment. The insurance company often restricts what the doctor can do, providing you with only the most basic care. A better policy allows you to see the dentist of your choice, and the option to receive the best dentistry has to offer.

If you have a low-budget policy the insurance company sets their allowable fees to a low fee schedule. When a policy states they will pay 100% of a procedure it means 100% of their allowable fee. If your dentist charges \$89 for your initial comprehensive examination, your company may only allow \$60 as the 100% payment, leaving you with \$29 to pay. The dentists' responsibility is to do what is best for you, to be thorough and take the time needed, using high tech diagnostics, and to provide an understandable presentation of the problems and treatment options. The insurance company's responsibility is to control its payments.

Benefit plans are often hard to figure out. If you have questions ask your plan coordinator. Each plan is so different that dental office personnel should not be expected to know what they pay for and won't. The policy is a contract between the patient and the carrier, not the carrier and the dentist. Dental health care providers want to provide you with the best treatment possible. The insurance clerks only read the codes for what was done and pay what the policy covers, regardless of your needs.

Many carriers refer to their payments as UCR (usual, customary and reasonable). "Above UCR" does not mean that your dentists' fees are too high. It means that the fees allowed are their usual, customary and reasonable fees based on your policy and premiums. UCR should really be called, "negotiated payment schedule", as that is the fee schedule your employer has chosen as your benefit. There is no relationship of their fee schedule with what dentists actually charge in your city, state, or region, as they would like you to believe. The ADA has taken dental insurance companies to court for this misrepresentation.

The typical annual maximum benefit has not changed in over 40 years, despite raising premiums, costs of living, and improved technology. Most policies only pay for the least expensive treatment. This means they will pay towards a silver filling, but not a modern tooth-colored bonded filling, or towards a silver colored nickel crown, but not a hypo-allergenic porcelain crown. If your carrier will not pay for certain services remember that the policy is between you and the carrier. The dentist does not have the power to make them pay. Sometimes you have to submit your own claim, speak to them directly, or to your benefits coordinator. You can also lodge a complaint with the State Insurance Commission.

Your dentist may need to do certain procedures for you that the carrier will not pay for. This does not mean you did not need it. It means your carrier will not pay for it. For example, procedures done to help reduce the risk of needing a root canal, building-up your tooth with micro-screws and fillings to help support a crown, cosmetic

procedures, or implants. It is a mistake to let an insurance business determine your treatment. They may only pay for a short-term solution. Your dentist will likely want to do something that could last many years.

The better way usually does cost more. Consider how much you enjoy seeing your dentist for treatment, look forward to the injections, can relax in the comfortable chairs for a couple of hours, and how often you would like to have things redone when you consider letting your insurance company decide what is truly best for them, and not you.