

# Teeth Wisdom: Correcting Ten Misconceptions of Dental Coverage

Despite the detail of the Patient Protection and Affordable Care Act, policymakers in Washington, D.C., and across the country still face many decisions regarding implementation. Making the right decisions is critical for the health of those who have insurance coverage today and those who will in the future.

While medical coverage will be the primary focus of these deliberations, implications for dental coverage and oral health should not be overlooked. Yet, misconceptions about dental coverage persist today when, in fact, the dental benefits system works well – and much differently from medical coverage.

## Misconception #1: It's just dental.

There's no denying that medical coverage is extremely important for good health and financial security. **But dental coverage is also important for oral health and overall health.**

Dental care and good oral health mean much more than healthy teeth and a nice smile. They are essential to overall health and well-being. Poor oral health, a lack of dental care and untreated oral diseases can adversely affect an individual's ability to speak, smile, kiss, chew, maintain proper nutrition, attend school or go to work. Statistics show that dental-related absences total 51 million hours for students across the country and more than 164 million work hours for adults each year.<sup>1</sup>

Furthermore, the link between oral health and overall health is the fundamental message of the U.S. Surgeon General's Report on Oral Health in America. The mouth is a key part of the body, and dental benefits promote not just dental health but systemic health as well. More than 90 percent of all systemic diseases, including diabetes, leukemia, cancer, heart disease and kidney disease, have oral characteristics that can be detected during an oral

exam.<sup>2</sup> A dentist may be the first to spot warning signs of potential systemic disease during a regular checkup.

In addition, emerging science points to important associations between periodontal (gum) disease and several debilitating and expensive-to-treat medical conditions such as diabetes, cardiovascular disease, osteoporosis, HIV and the risk of premature birth.<sup>3</sup>

Dental health is very important, but the simple fact is that people, particularly children, with dental coverage are more likely to receive care. In fact, 81 percent of individuals with dental benefits reported seeing a dentist twice a year or more, while only 34 percent of uninsured individuals reported the same frequency of seeking preventive care.<sup>4</sup>

## Misconception #2: Care equals treatment.

One of the key shifts in health care is an evolving focus from treatment to prevention and wellness programs. **Dental coverage has long been at the forefront of prevention-focused care.**

In some regards, dental care is more straightforward, dealing with two primary and nearly 100 percent preventable diseases: cavities and periodontal (gum) disease. The greater simplicity doesn't diminish its importance but it does highlight a difference with medical and the need for different coverage to support it.

With dental coverage, regular check-ups are almost always 100 percent covered – there's almost never a co-pay that could discourage a dental visit. And, compared to primary care physicians, dental offices do a better job encouraging prevention-based care. In fact, it's tough to leave a dental office without having your next regular check-up scheduled.

### Misconception #3: Building one provider network is the same as building another.

Dentists are doctors, of course. But building a network of dentists can be very different from building a network of primary care physicians. **Stand-alone dental carriers specialize in this area, and this focus allows them to build extraordinarily strong networks of dentists** who have agreed to discount their regular fees. For example, Delta Dental has negotiated discounts with more than 80 percent of dentists nationally.

And while building a dental network is a critical priority for stand-alone dental carriers, it sometimes becomes an afterthought for medical insurers who decide to offer a dental coverage product. In some cases, these medical insurers “rent” a dental network, creating an intermediary that adds administrative cost and often complexity for consumers when trying to get questions answered about coverage.

### Misconception #4: Building one provider network is the same as building another (part II).

Dentistry isn't typically delivered in a hospital environment. In fact, relatively few dentists work in group practices. So while medical networks are customarily built on a group level, dental care networks are chiefly built and managed one dentist at a time – a labor-intensive activity requiring expertise in how to recruit and maintain dentist participation.

A stand-alone dental carrier's experience with – and commitment to – this kind of one-to-one engagement **forges strong relationships, fosters loyalty and encourages compliance** among its network providers.

### Misconception #5: One insurance claim is the same as another.

With medical coverage, claims are often lower frequency but higher cost; in dental, it's just the opposite. The prevention-based model encourages frequent care and lower claims costs to avoid more costly treatment.

**Dental benefits specialists can optimize staffing to handle high-frequency, low-cost claims – and employ a dental director with expertise in understanding the nuances of dental claims.** While medical carriers would certainly employ medical directors for similar reasons, they may or may not have specialized expertise on the dental side.

### Misconception #6: So-called “market reforms” make sense for all types of coverage.

**Medical and dental coverage are very different – so different that Congress has formally designated dental as an “excepted benefit.”** Excepted benefits are products that are not designed to provide comprehensive medical coverage, but rather to supplement that coverage. They include limited-scope dental or vision coverage, long-term care and other miscellaneous benefits. This “excepted” designation is specifically intended to help keep these kinds of benefits affordable.

As health care reform is implemented, the “excepted benefit” designation remains vital. While market reforms such as prohibiting insurers from establishing annual/lifetime payment caps or dropping coverage may make sense on the medical side, they threaten the affordable preventive-care model already established on the dental side. The rarity of catastrophic dental claims is further evidence of the need to treat medical and dental coverage differently.

### Misconception #7: Dental coverage costs are out of control.

While dental premiums have increased 4–8 percent annually over the past decade, double-digit medical premium increases have been common.<sup>5</sup> In total, medical premiums have risen over 114 percent in the past decade.<sup>6</sup> In addition, **dental is different in that its costs are generally lower and more predictable.** Technological advances on the dental side have proven to lower costs; that's not always the case with medical. Finally, the composition of the dental industry (about 80 percent generalists and 20 percent specialists) is diametrically opposite of the medical industry. Medical specialization increases costs while dental generalists keep costs in check.

### Misconception #8: You might as well get dental with your medical.

In fact, nearly all dental coverage – 97 percent – is written separately from medical. Even if a medical carrier also provides dental, the coverage is almost always written separately. Why? **Today's dental consumers overwhelmingly find value in having dental offered and priced separately.** They like to know what they are getting for their dental dollar. Separate offering and pricing should be maintained as health care reform is implemented because it ensures transparency and competition.

### Misconception #9: You might as well get dental with your medical (part II).

**You can visit a buffet when you're hungry, but you don't expect to get the best of anything there.** It's the same with medical and dental coverage. Stand-alone dental specialists focus their efforts to offer the best in the category. That's why today's dental consumers stay with specialists like Delta Dental year after year. In fact, each year, Delta Dental companies typically retain more than 97 percent of their customers.<sup>7</sup>

### Misconception #10: All insurance companies are the same.

Eliminating medical insurance company profits won't solve the health care crisis. **But it's still important to note that profit doesn't drive some benefits companies.** For example, most companies in the Delta Dental System are organized as not-for-profits with a mission to improve the oral health of the communities they serve. By providing cost-effective dental coverage to more than 54 million Americans and by helping to provide education about and access to oral health care among underserved populations, Delta Dental is making a real difference. In fact, Delta Dental member companies have provided grants and donations over the past five years totaling \$250 million. Ensuring companies like Delta Dental can continue to compete with for-profit insurance companies increases competition overall and improves the oral health of this nation.

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- 1 U.S. Department of Health and Human Services, National Call to Action to Promote Oral Health, NIH Publication No. 03-5303, Spring 2003.
  - 2 Academy of General Dentistry's Know Your Teeth, October 2008.
  - 3 University of Maryland Medical Center, Periodontal disease - Risk Factors, January 2008.
  - 4 The Long Group Retail Dental Insurance Consumer Acceptance Survey, June 2009. (Findings are based on a sampling of consumers ages 25-65 within the top 25 dental markets.)
  - 5 Aon Spring Trend Survey, 2009.
  - 6 Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2000-2010.
  - 7 Delta Dental Data, 2009.