If you are like most consumers, you consider dental coverage a "very important" part of your overall health care plan. Medical insurance typically takes top billing, but dental coverage is usually next up on your need-to-have list.

But if you are in a situation that requires you to select dental coverage for you and your family, where do you start?

First: Understand Your Needs

Different age groups face different oral health challenges. Your age and the make-up of your family may affect the type of dental care you'll need, so consider these factors:

Ages 20 – 39
People in this age group generally face fewer oral health challenges. They benefit most from prevention and find value in a plan that covers basic cleanings and checkups.

If you fall within this age group, you are more likely to have a family or to consider starting one soon. If you have young children, you will appreciate tools that encourage kids to learn and practice good oral health habits. Orthodontic coverage for your children may also be a consideration. And since recent clinical studies suggest that pregnant women may benefit from additional dental cleanings, you may be in the market for a plan that offers enhanced benefits that include such care.

According to the American Academy of Pediatric Dentistry, a child should visit the dentist within six months of getting the first tooth – and no later than the first birthday.¹

Ages 40 – 59
At this stage in life you are more likely to require restorative procedures, such as replacement fillings, root canals and crowns. Consider a plan that will help you manage your health and wellness by providing access to expert resources and offering choices to help confront oral health challenges. Also, think about choosing a plan that offers lower deductibles and higher annual maximums in order to receive the best possible care.

Ages 60 +
As you near retirement you are more likely to face chronic conditions. So, look closely at a plan that helps manage the expenses associated with more complicated conditions, such as gum disease. You may also be susceptible to dry mouth associated with medications or chronic diseases.
Today, fewer than 26 percent of adults age 65 and older have lost all their teeth – 20 years ago that figure was 46 percent. To keep teeth as long as possible, it’s important to continue visiting the dentist on a regular basis for professional cleanings and preventative care.

While one in seven 35-to-44-year-olds has gum disease, the occurrence rate increases to one in four among those over 65.6

Evaluating a Plan Effectively

By understanding how oral health needs and coverage expectations vary by age, you can make better decisions about dental benefits for your family. You should also consider the following points when looking at potential dental plans.

Network. Dentists who participate in networks often agree to accept fees substantially lower than retail. Also, the larger the network, the more likely your dentist participates. Delta Dental, with more than 138,000 dentists in its combined PPO and Premier networks, is the nation’s largest.

Cost Management. Premiums are only one measure of a dental plan’s cost. A strong plan will also help customers manage their oral health by encouraging preventive care. This reduces long-term dental costs and could also have a significant long-term impact on overall health and health care costs. A strong network also helps manage costs since network dentists agree not to “balance bill” consumers more than the negotiated fees.

Service. Customers must have confidence that they’ll be taken care of after signing on with a certain plan. Look for service statistics, such as how quickly phones are answered, claims are paid, and any problems are resolved, to give you confidence that you will receive the service you expect.

Enhanced Benefits. The U.S. Surgeon General’s office has noted connections between periodontal disease and health care costs for certain medical conditions, and studies examining the effects of oral health on systemic medical conditions continue to point out even more potential links.

For little or no increase in premium, many carriers can add enhanced benefits for individuals with medical conditions that may benefit from additional oral health care. This could include pregnant women and/or people with diabetes, cardiac conditions, suppressed immune systems, risk of oral cancer and other systemic diseases.

Dental Expertise. Medical and dental coverage operate under very different models. While medical coverage focuses more on treatment, dental coverage concentrates primarily on prevention. Furthermore, building and maintaining an effective dentist network is much different than building a network of medical care providers.

Look for coverage from a dental expert – one with a commitment to your oral health.

Since 1954, the Delta Dental System has worked to improve oral health in the United States by emphasizing preventive care and making dental care affordable for more people. The Delta Dental System is the largest provider of dental benefits in the country, covering more than 60 million people, in more than 97,000 businesses. Founded by dentists, we create dental coverage plans based on current research and designed to keep people their healthiest and most productive.

Protecting Your Family’s Oral Health

Regardless of the dental plan you choose, making the decision to secure dental coverage for your family is the right choice. People with dental coverage exhibit healthier behaviors and better oral health habits – including brushing with fluoride toothpaste twice a day, flossing daily and visiting the dentist regularly.5

To find the local Delta Dental member company serving your area, and for more information about oral health care and dental coverage, visit our website at www.deltadentalnj.com.


Delta Dental member companies are licensees of the Delta Dental Plans Association. Therefore, we refer to them as the “Delta Dental System.”