

# Is Your Dental Plan Stuck in 1985?

By Jim Edholm

In 1985 dental plans typically paid 100 percent of “preventive” procedures, 80 percent of “basic” procedures and 50 percent of “major” procedures. The plan’s deductible, then usually \$25, was waived for preventive (cleanings, x-rays, etc.) but it applied to basic (fillings, non-surgical extractions, etc.) and major (crowns, bridges and dentures) procedures. The maximum annual benefit was \$1000 per person, and the plan was described as “100/80/50 to \$1,000 with a \$25 deductible.”

Twenty years — and plenty of inflation — later, the typical plan is “100/80/50 to \$1,000 with a \$50 deductible.”

Do you really believe that dentistry has changed as little as the typical dental plan has in the last two decades?

Probably not.

There have been some internal plan changes: Oral surgery, Endodontic (root canals) and Periodontic procedures (gum surgery) for example are now often covered at 50 percent instead of the earlier 80 percent, so plans have been cheapened to help keep costs under control and maintain the “feel” of the earlier plans.

But there are other changes too — changes often ignored by brokers and unknown to HR managers — that could let the plan profit from today’s technology.

- **Periodontal disease:** Americans today face an epidemic of periodontal disease, now believed transmissible. In 2004 the American Dental Hygienists Association estimated that 75 percent of adult Americans had periodontal disease, perhaps 80 – 100 million American adults.

And oral health and physical health have demonstrated connections. A woman

with periodontal disease is seven times more likely to give birth to a low-birth-weight baby — \$73,000 more expensive than a normal-weight baby — than is a disease-free woman.

Growing evidence also suggests a link between gum disease and coronary heart disease and strokes. An adult male with gum disease is twice as likely to have a coronary than would a disease-free adult male.

People with gingivitis (gum disease) should have dental cleanings done four times a year, but alas, most plans only cover two cleanings. As a result, many people go without, worsening their condition and ultimately saddling them with expensive gum surgery.

If your plan allowed appropriate quarterly cleanings with diagnosed periodontal disease, your employees could avoid serious dental surgery and might even have lower health claims.

- **TMJ:** Few dental plans cover non-surgical treatment of temporomandibular joint problems (TMJ). Yet 15 percent of Americans have a problem that can be helped by such treatment.
- **White fillings for posterior teeth:** 80 percent of dentists use only white fillings, even in posterior teeth, but most plans only pay the cost of amalgam (silver) fillings. This typically results in dissatisfied employees.
- **Oral cancer:** This now represents three percent of cancer deaths in the US as its prevalence exceeds both melanoma and cervical cancer. It can be detected in its earliest stages by a procedure called a brush biopsy. But few plans cover this simple procedure.



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- **Crown and Bridge Replacement:** Although statistics show that 53 percent of bridges are still in service after 30 years and 78 percent of crowns after 10 years, most plans are priced to replace crowns and bridges every five years.

Most plans cover things that aren’t needed and don’t cover things that are. If your plan sounds like that, insist that your broker or consultant give you a complete dental plan design analysis. If you get a blank stare, find another broker! It’s too important to ignore.