DENTAL BENEFITS ISSUES
Dental Benefits Plans

- Promote access to regular preventative care
- Should not influence your treatment planning and delivery of care
Dental Benefits Plans

Put patients in your chair!
Dental Benefits Plans

• Alter public perception of the profession
• Create stress and increase office workload
• Affect your income
Dental Benefits Plans

Can create an entitlement mentality!
CDA Guiding Principles

Dental Plans exist solely to help patients pay the cost of dental care and maintain their oral health through regular preventative dental care.
CDA Guiding Principles

- Freedom of choice
- Treatment plan based on oral health needs rather than the level of coverage
- Maintain public perception of primacy in diagnosis, treatment planning and treatment
CDA Public Education Messaging

Only your dentist has the training, skill and expertise to provide a comprehensive diagnosis about your oral health condition and to advise you on appropriate treatment and care.
Your dentist understands your oral health needs and can help you make informed decisions about your dental care. Be a partner in your oral health. Remember, a healthy smile starts with a healthy dialogue.
CDA Guiding Principles

Managed care plans are unacceptable because:

• they restrict the patient’s freedom of choice
• cost control is achieved by treatment control
• interferes with dentist-patient relationship
CDA Guiding Principles

Cost containment in a dental plan that is universally accessible and based on a fee for service is an attainable goal.
Types of Dental Plans

• Indemnity
• Administrative Services Only - ASO
• Direct Reimbursement
• Flex
• Managed Care
Indemnity Plans

**Good**
- freedom of choice
- acceptable cost containment
- carrier assumes all risks
- allow non-assignment

**Bad**
- only 75% of premiums go towards care
- premiums higher than other plans
ASO/Cost Plus Plans

**Good**
- freedom of choice
- acceptable cost
- containment
- 95% of premiums go towards care
- allow non-assignment

**Bad**
- employer assumes all risk but risks may be well defined by maximums
Direct Reimbursement Plans

**Good**
- freedom of choice
- acceptable cost containment
- 97% of premiums go towards care
- promote non-assignment

**Bad**
- employer must train staff to administer
- usually no system to track utilization
Flex Plans

**Good**
- freedom of choice
- acceptable cost containment
- allow non-assignment

**Bad**
- employees must predict future dental care needs
- unmotivated employees will not choose dental plan
Flex Plans

- basic dental coverage should be part of each flex package
- high risk patients tend to select a dental plan
- tends to force up cost of dental component
- increased cost of dental plan encourages low risk patients to drop dental component
Managed Care Plans

**Good**
- employer
- premiums are reduced short term

**Bad**
- no freedom of choice
- encourages assignment
- only 65% of premiums go to care
- frequency and treatment limitations
- risk assessment
Operation of Dental Benefit Plans

**Fee Guides**

- Set your fees by consulting provincial suggested fee guides/surveys to reflect your overhead and a reasonable income.
- Plan administrators develop benefit schedules not fee guides.
Co-payments

It is unethical to forgive a co-payment. Co-payments are important cost control features of many dental plans and require the plan to cover only a percentage of the total fee.
Co-Payments

- Forgiving co-payments is considered fraud
- Encourage patient participation in treatment plan development
Co-Payments

- Co-payments highlight for patient the true cost of their dental treatment
- Co-payments encourage patient commitment to at-home dental care regimes
Assignment

Accepting assignment of dental benefit payments interferes with the dentist-patient relationship and promotes an entitlement or insurance mentality towards dental care.
Predeterminations

Helping the patient to submit a predetermination for benefits encourages dialogue concerning treatment planning. It is not used to “shop the plan”.
Dual Coverage

When both parents have dental plans, the children are covered by the parent whose birthday is earliest in the year. Many government plans are payers of last resort.
Alternative Benefits Clause

A provision in a dental plan that allows the third party to base the benefit paid on the fee for an alternate procedure which is less expensive than the one recommended by the dentist.
Dealing with Dental Benefits Issues

• Assist patients to receive benefits they are eligible for

• Do not allow benefits plans to interfere with:
  – treatment recommendations
  – dentist/patient relationship
CDA resources

- Guidelines on Prepaid Dental Plans
- USC & LS
- Direct Reimbursement manual

- CDA Guideline on Recall
- DBI fact sheets
- CDA web site