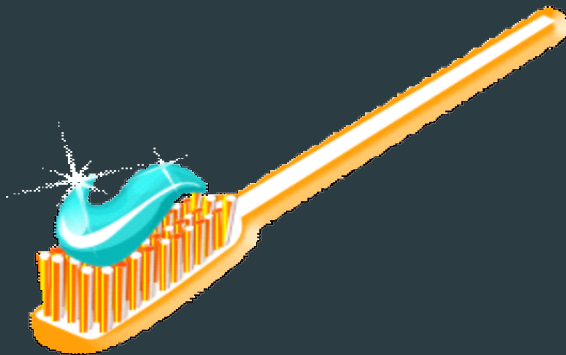


# Dental:

Don't Get Caught with your Toothbrush Down



Oklahoma CE Provider Number - #####

Oklahoma Course Number - #####

# Overview

- ✓ Why Dental
- ✓ Statistics
- ✓ Picking a Plan
- ✓ Covered Procedures
- ✓ Dental Terms
- ✓ New Options
- ✓ Texas Dental Stats

# Why Dental Insurance

- ▶ People who purchase dental insurance enjoy immediate benefits, and when taking advantage of regular check-ups, this helps lead to good oral health.
- ▶ Percent of Americans without dental insurance - 50%
- ▶ Percent of people without dental insurance that delay dental care - 77%
- ▶ Percent of people without dental insurance that see a dentist only when they have a perceived problem - 74%
- ▶ Average time in between dental appointment for people without dental insurance - 3 years
- ▶ Dental Check-ups can help with early detection of some illness

Source - Focused Care Dental

# Insurance Cost & Numbers

- ▶ 108 million children and adults lack dental insurance, which is more than 2.5 times the number who lack medical insurance
- ▶ 2012 American families spent an average of \$9,000 on out-of-pocket medical costs like co-pays and deductibles
- ▶ According to SHRM, dental insurance tops the list of benefits employers are looking to pare back
- ▶ More than 50% of uninsured and 30% of insured Americans skipped necessary dental care visits last year

Source - [Dentalplans.com](http://Dentalplans.com)

# Detection of Dental Disease



# Detection of Dental Disease

- ▶ Dentist recommend a dental check up and cleaning every 6 months

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- ▶ During your check up with your dentist they will have screenings, X-rays and examination performed for EARLY DETECTION AND DIAGNOSIS FOR:
  - ▶ TOOTH DECAY
  - ▶ GUM DISEASE
  - ▶ ORAL CANCER
  - ▶ INFECTIONS

# Detection of Dental Disease

- ▶ TOOTH DECAY - Often occurs from lack of good dental hygiene or from plaque buildup
- ▶ PERIODONTAL DISEASE (Gum Disease) - Gum disease is one of the leading cause of tooth loss and studies have linked gum disease to larger health problems such as heart disease or stroke
- ▶ ORAL CANCER - is almost impossible to detect without special equipment but it manifest itself as a small red or white spot in the mouth.

# Oral Cancer

The background of the slide is a dark blue-grey color. On the right side, there are several overlapping, semi-transparent geometric shapes in various shades of green, ranging from a light lime green to a darker forest green. These shapes create a modern, abstract design.

# Oral Cancer

Each year ORAL CANCER kills more people in the US than does

- ▶ Cervical Cancer
- ▶ Malignant Melanoma
- ▶ Hodgkin's Disease

Oral cancers usually involve the tongue, lips, floor of the mouth, soft palate, tonsils, salivary glands or back of the throat

# According to the Oral Cancer Foundation

In the US, more than 90% of oral cancers occur in individuals over the age of 45; males are more likely than females to develop them

Each year more than 35,000 new cases of oral cancer are diagnosed - and an estimated 7,600 people annually will die from the disease so reports the National Cancer Institute

Risk Factors:

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Each year more than 35,000 new cases of oral cancer are diagnosed - and an estimated 7,600 people annually will die from the disease so reports the National Cancer Institute

## Risk Factors:

- Tobacco

- Alcohol

- Exposure to the Sun (Lip Cancer)

# According to the Oral Cancer Foundation

Oral cancer has one of the lowest 5-year survival rates of all major cancers, because most lesions are not diagnosed until they are advanced

When detected early, the probability of surviving from oral cancer is remarkable better than for most cancers

Just under 100 people on average are newly diagnosed with oral cancer in the US each day

\*National Cancer Institute

\*\*National Institute of Dental and Craniofacial Research

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Just under 100 people on average are newly diagnosed with oral cancer in the US each day

When detected early oral cancer has an 82.7% five-year survival rate\*

However, this survival rate drops to 28% once the disease has spread to others parts of the body\*\*

\*National Cancer Institute

\*\*National Institute of Dental and Craniofacial Research

# According to the Oral Cancer Foundation

Lower Income Groups, Hispanic and African Americans are at the highest risk for oral cancers and are even less likely to visit a dentist

Detection of oral cancer is then left up to primary care providers who may not perform oral cancer examinations on a routine basis

It is important, members of the public need to know that an examination for oral cancer is available and that they can request one routinely.

Diabetes - Heart Disease -  
Osteoporosis - Your dentist may  
know before you do

Diabetes - Heart Disease -  
Osteoporosis - Your dentist may  
know before you do

How is that possible?

# Diabetes - Heart Disease - Osteoporosis - Your dentist may know before you do

The Oral Cancer Foundation states that persistent bad breath and bleeding gums could be an early indicator of diabetes

Research shows that more than 90% of all systemic diseases have oral manifestations, including swollen gums, mouth ulcers, dry mouth and excessive gum problems

Some of these disease include:



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Pancreatic Cancer - Heart Disease - Kidney Disease

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Some of these disease include:

Diabetes

Leukemia - Oral Cancer - Thrush

Pancreatic Cancer - Heart Disease - Kidney Disease

Baby boomers are especially vulnerable to developing diabetes, osteoporosis and heart disease.

# Diabetes - Heart Disease - Osteoporosis - Your dentist may know before you do

Researchers believe that symptoms of these conditions can manifest in the mouth making dentist key in diagnosing the diseases. For example:

- Bad breath and bleeding gums - diabetes
- Dental x-rays can show the first stage of bone loss
- A sore and painful jaw could foreshadow an oncoming heart attack

What can you do? Get a dental check up and PLEASE provide a complete medical history and inform your dentist of any recent health developments.

# The Heart and Mouth Connection

The background features a dark blue-grey field on the left and a series of overlapping, semi-transparent green and yellow-green geometric shapes on the right, creating a modern, abstract design.

# The Heart and Mouth Connection

## HEART DISEASE AND ORAL HEALTH ARE LINKED

Studies by the Oral Cancer Foundation have shown that people with moderate or advanced gum disease are more likely to have heart disease than those with healthy gums.

Oral health holds the clues to overall health. Oral health can provide warning signs for other disease or conditions, including heart disease.

# Are you at RISK?

The ACADEMY OF GENERAL DENTISTRY (AGD) finds:

- ▶ Gum disease (called gingivitis in the early stages)
- ▶ Periodontal disease (in the late stage)

Is caused by plaque buildup along and below the gum line which may contribute to heart disease. Bacteria from infected gums can dislodge, enter the bloodstream, attach to blood vessels and increase clot formation.

Clots decrease blood flow causing elevation in blood pressure and increasing the risk of a heart attack.

# Are you at RISK?

According to the AGD, proper diagnosis and treatment of tooth and gum infections in some of these patients have led to a decrease in blood pressure medication and improved overall health.

# Are you at RISK?

Gum disease affects 80% of American Adults and often the condition goes undiagnosed



# Acid Reflux

The background features a dark blue-grey field on the left and a series of overlapping, semi-transparent green and yellow-green geometric shapes on the right, creating a modern, abstract design.

# Acid Reflux

## HEARTBURN

Persistent symptoms, more than twice weekly, may be a sign of - Gastroesophageal Reflux Disease or GERD

Not everyone with GERD has the symptoms of heartburn. In fact, you may have GERD and not even know it.

# Acid Reflux

## HEARTBURN

Persistent symptoms, more than twice weekly, may be a sign of - Gastroesophageal Reflux Disease or GERD

Not everyone with GERD has the symptoms of heartburn. In fact, you may have GERD and not even know it.

Stomach acid can eat away at the enamel on your teeth and your dentist may be the first to notice symptoms of the disease when they detect enamel loss

Loss of enamel is permanent

Untreated, Acid Reflux can do long-term damage to your body, such as irritation and inflammation of your esophagus, which may even lead to esophageal cancer

90% of systemic diseases have oral manifestations that can be detected during an oral exam.

# Osteoporosis

What is the dental connection?

# Osteoporosis

If you're a woman, particularly age 50 or above, your dentist may be the first health professional to suspect you have osteoporosis - and refer you to a physician before the disease advances

Osteoporosis weakens bones by reducing their density

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Osteoporosis weakens bones by reducing their density

Although the disease may strike any gender at any age, the vast majority of sufferers are women over age 50

Osteoporosis is difficult to detect, and most patients are not diagnosed until their bone density has decreased to the point that a fracture occurs

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Osteoporosis is difficult to detect, and most patients are not diagnosed until their bone density has decreased to the point that a fracture occurs

Symptoms of tooth loss or gum (periodontal) disease could indicate early states of osteoporosis

Your dentist may detect the onset of this disease based on oral symptoms or an x-ray.

Source: Oral Cancer Foundation

# Osteoporosis

Signs of osteoporosis:

- Bone Loss in the jaw
- Tooth Loss
- Ill-fitting dentures in post-menopausal women

You can help prevent osteoporosis by getting enough calcium each day through diet and supplements

- Men -800mg - Women - 1200 mg - Anyone over age 65 - 1,500 mg
- Adding vitamin D to your diet
- Exercising
- Quitting smoking
- Decrease caffeine and alcohol intake

Source: Oral Cancer Foundation

# Dental Insurance Is It Worth the Cost?

# Dental Insurance Is It Worth the Cost?

## Start saving money in a minute

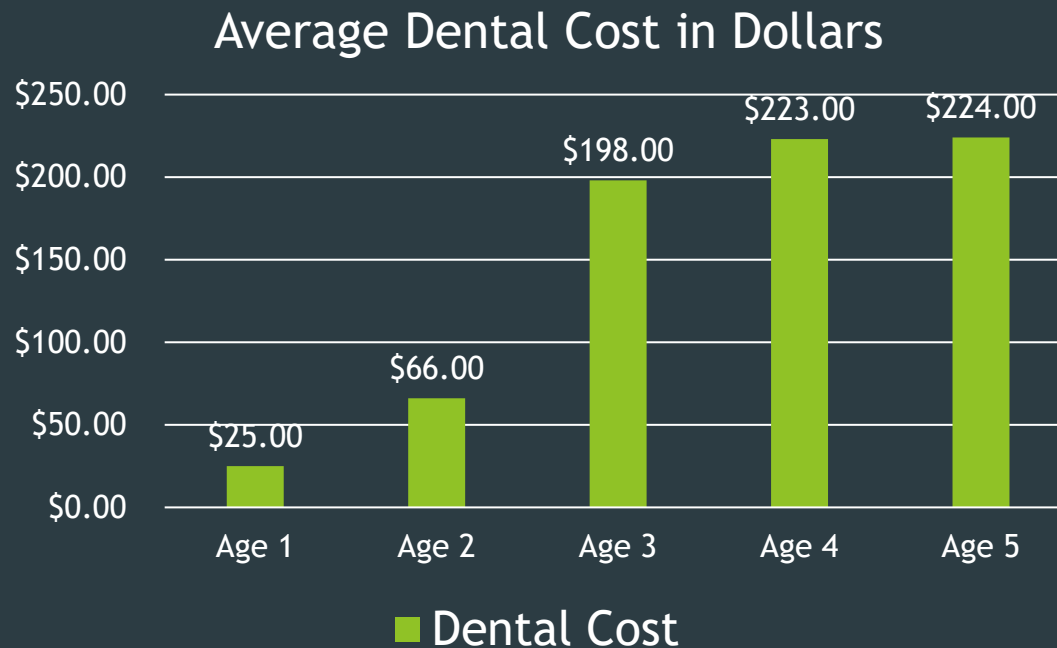
A trip to the dentist often can be expensive and take a bite out of your checkbook. Those with young children that are without dental insurance often rely on emergency room visits when their child has oral pain. This often drives up their medical cost.

So the question is often asked, is dental insurance worth the cost? No one really thinks they need dental insurance, until there is a problem.

According to the Health Resource and Services Administration, \$64 billion is spent annually on oral care.

# Rationale - Cost-Effectiveness

The most commonly reported reason for children not receiving needed dental care were financial: the child had no insurance to cover the services

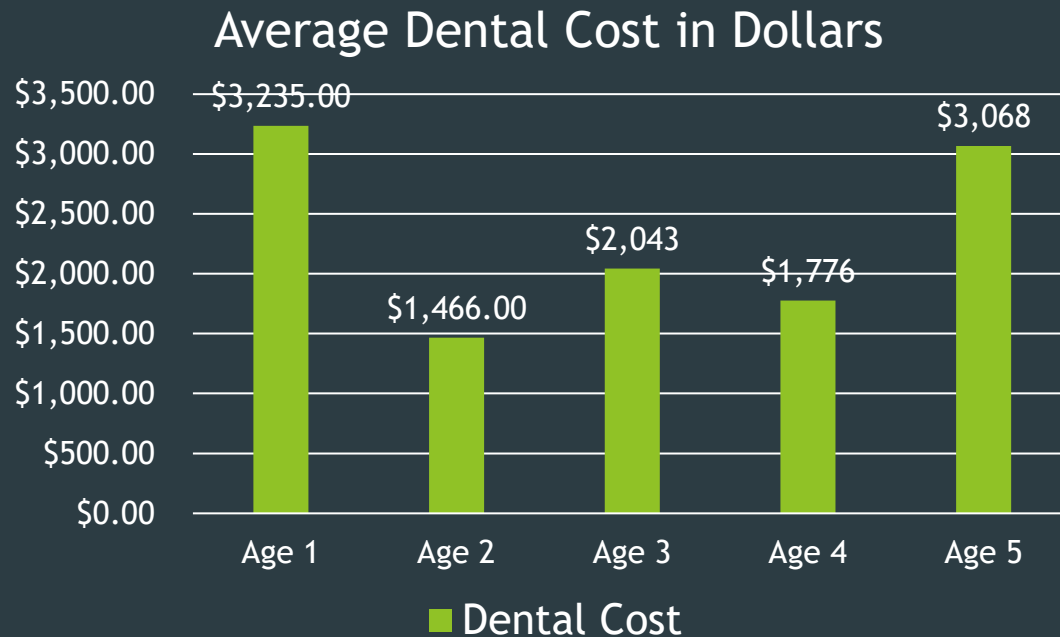


# Rationale - Cost-Effectiveness

Average related cost for dental treatment in the hospital/operating room

# Rationale - Cost-Effectiveness

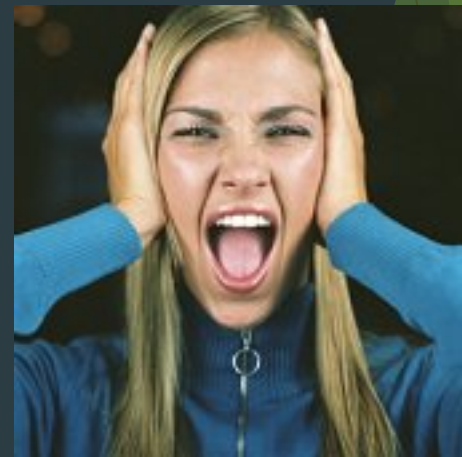
Average related cost for dental treatment in the hospital/operating room



American Academy of Pediatric Dentistry - 2017

# Dental Insurance, which plan should I offer?

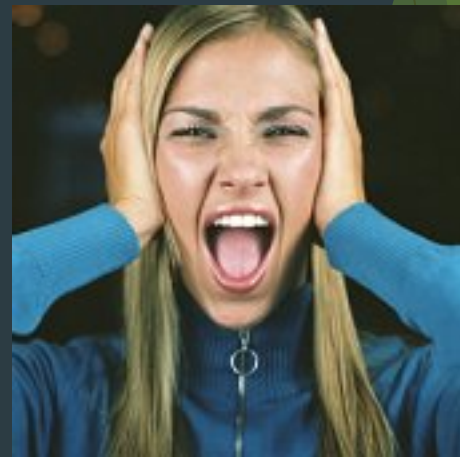
There are five basic plans available today.



# Dental Insurance, which plan should I offer?

There are five basic plans available today.

- Dental Health Maintenance Organizations - DHMO
- Dental Preferred Provider Organizations - PPO
- Dental Indemnity Plans
- Direct Reimbursement Dental Plans
- Discount or Referral Dental Plans - DDP



# DHMO Dental Plans

A dental health maintenance organization (DHMO) is a network made up of highly qualified dentists who provide comprehensive and affordable dental care.

Covered members choose a dentist from within a network and according to the American Dental Association this model is the most prevalent among low-income populations.

Generally there won't be a co-payment for preventive services after paying a small monthly fee. Consumers will receive benefit at no cost or a reduced price when enrolled on this plan as participating dentists receive fixed or monthly fees for service.

# PPO Dental Plans

PPO dental plans are one of the most popular plans on the market. Here consumers will select a dentist from a list of network providers who participate in the PPO. These providers agree to charge reduced rates for dental services.

PPO dentist have agreed to pre-negotiated fees and most likely the consumer won't be balanced billed.

PPO plans also allow consumers to visit dentist who are out-of-network.

# Indemnity Plans

Indemnity Plans offers the largest pool of dentist as consumers are free to choose any dentist for services.

Indemnity Plans typically cover a major part of the patient's bill and often a pre-claim is needed on large expected dental procedures.

You will want to review benefits, copay requirements, waiting periods, annual maximums benefits limitations and UCR's before selecting a plan.

# Direct Reimbursement Plan

Offered direct by some employers, employees can visit any dentist, pay the bill, and submit a receipt for reimbursement for a percentage of the cost, up to a preset cap.



# Discount Dental Plans

Discount dental plans generally are for those who don't have dental insurance coverage.

This is a cost-effective alternate plan that can save up to 50% on dental procedures and often called a, discount card plan.

The downside to this plan is you might have difficulties in finding a dentist who participates with the plan.

These plans also may include extra waiting periods that are not typically found in employer sponsored plans.

# Covered Procedures

## Group Dental



# Covered Procedures

## Group Dental

There are 4 Types of Service:

Each type of Dental Service has its own level of payment

- Preventive
- Basic
- Major
- Orthodontia

Plans may vary per carrier

# Covered Procedures

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- Preventive - 100% or 80%
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# Covered Procedures

## Group Dental

There are 4 Types of Service:

Each type of Dental Service has its own level of payment

- Preventive - 100% or 80%
- Basic - 90%, 80% or 70%
- Major
- Orthodontia

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# Covered Procedures Group Dental

There are 4 Types of Service:

Each type of Dental Service has its own level of payment

- Preventive - 100% or 80%
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- Major - 50%, 40% or 0%
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# Covered Procedures

## Group Dental

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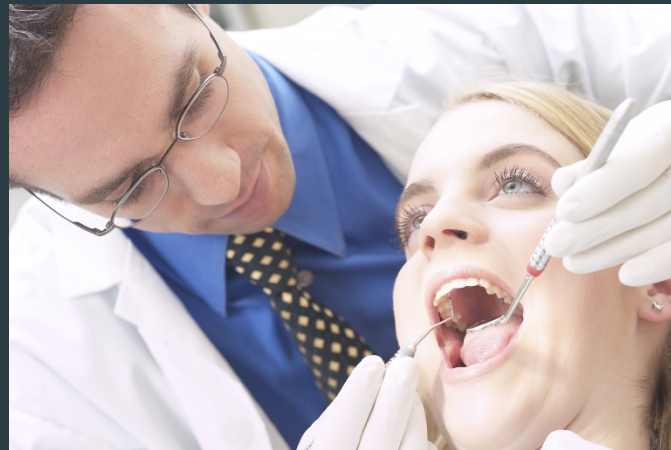
- Preventive - 100% or 80%
- Basic - 90%, 80% or 70%
- Major -50%, 40% or 0%
- Orthodontia - 50%

Plans may vary per carrier

# Covered Procedures Group Dental

## Class I Procedures - Preventive

- *Oral Exams and Cleanings (prophylaxis)*
- *Fluoride Treatments - Children under 19*



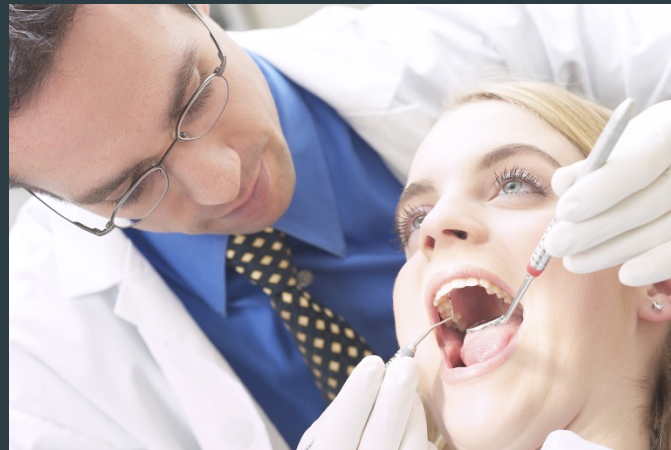
# Covered Procedures Group Dental

## Class I Procedures - Preventive

- *Oral Exams and Cleanings (prophylaxis)*
- *Fluoride Treatments - Children under 19*

## Class II Procedures - Basic

- Basic Restorations (fillings)
- Endo / Perio
- Denture Repairs
- Oral Surgery
- Anesthesia
- Treatment of Pain



# Covered Procedures

## Group Dental

### Class III Procedures - Major

- *Inlays & Onlays*
- *Crowns*
- *Endo / Perio - Root Canal or Gum Surgery*
- *Removable Prosthodontics - Partial and Complete Dentures*
- *Fixed Prosthodontics - Bridges or Retainers*

# Covered Procedures

## Group Dental

### Class III Procedures - Major

- *Inlays & Onlays*
- *Crowns*
- *Endo / Perio - Root Canal or Gum Surgery*
- *Removable Prosthodontics - Partial and Complete Dentures*
- *Fixed Prosthodontics - Bridges or Retainers*

### Class IV Procedures - Orthodontics (typically 19 and under)

- Pre-orthodontic visit
- Placement of Device
- Monthly Adjustments
- Period Orthodontic treatment

# Covered Procedures

## Group Dental

All Dental plans typically include:

1. A Lifetime, calendar or contract year deductible
2. A calendar year or contract year benefit maximum
3. Waiting period for certain services
4. Lifetime maximum benefit for Orthodontia

*Orthodontia may require a separate deductible*

# Dental Terms

Being prepared when  
an employer ask,  
what is...

Here's how to answer  
those questions.

# Calendar Year vs Contract Year



# Calendar Year vs Contract Year

Make sure you know what your carriers plan design

Calendar Year - Employee benefit maximums runs from Jan 1 - Dec 31 and then are reset to their allowable annual Maximum.

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**Rollovers / Carryovers?**

# Endodontist / Periodontitis

## Where do the fall?



# Endodontist / Periodontist

## Where do they fall?

Most often when a group is considering dental coverage, the question is often asked, “Where do Endo/Perio fall in the covered procedures, basic or major?”

These vary by carrier and their plan design.

**Endodontist** - deals with disease of the dental pulp and supporting structures, better known as - Root Canal.

# Endodontist / Periodontist

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**Endodontist** - deals with disease of the dental pulp and supporting structures, better known as - Root Canal.

**Periodontist** - better known as gum disease caused by the build up of plaque. If not treated, teeth can fall out over time.

# Amalgam vs Composite



# Amalgam vs Composite

Amalgam - The most common material used for fillings, also called silver fillings.

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Amalgam - The most common material used for fillings, also called silver fillings.

Composite - Common bonding mix of plastic and glass/ceramic particles - the white filling.

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Amalgam - The most common material used for fillings, also called silver fillings.

Composite - Common bonding mix of plastic and glass/ceramic particles - the white filling.

Most dental plans will cover composite fillings on the visual front teeth and amalgam fillings in the back teeth. Check the plan details.

Amalgams are less expensive the Composite.

# Anesthesia - Local vs General



# Anesthesia - Local vs General

Local Anesthesia - a-controlled state of unconscious. The ability to respond to commands.

General Anesthesia - the patient is unconscious

Check with your carriers plan coverage as most carriers prefer Local Anesthesia over General.

# Veneers vs Bonding



# Veneers vs Bonding

Veneers - Plastic or porcelain facing bonded directly to a tooth to improve its appearance.

# Veneers vs Bonding

**Veneers** - Plastic or porcelain facing bonded directly to a tooth to improve its appearance.

**Bonding** - Applying a tooth-colored resin to repair and/or change the color or shape of a tooth, most often a front tooth.

Check with the carriers plan design as many prefer bonding over veneers.

# Missing Tooth Clause



# Missing Tooth Clause

Most carriers have a missing tooth clause in their contracts. This clause will state that if a tooth was lost prior to their current insurance contract, the insurance company deems no responsibility to replace this tooth.

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Some carriers will waive the missing tooth clause if the group has had extended prior coverage or added a rider to the group policy.

What is UCR?



# What is UCR?

"Usual, Customary and Reasonable." Insurance companies use "UCR fee schedules" as a way of controlling their expenses.

The wording found in most policies is one where the insurer will pay a set percentage of the cost of a procedure (like 80% of the cost of a filling) based on the dentist's actual charges or the insurance company's UCR fee for that procedure, **whichever is less.**

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Insurance companies create a UCR fee for each dental procedure by way of tallying up all of the claims that have been submitted for that specific service within a particular geographic area (like by city, zip code, or grouping of zip codes).

After collecting this information, the UCR value is then set at a level where a certain percentage (often 80 or 90%) of all of the fees that have been tabulated.

# What is UCR?

It's important to understand that if your dentist's fee is more than your insurance company allows it doesn't necessarily mean that they're charging too much. That's because you don't know how the insurance company's UCR fee was calculated.

Some carriers arrive at their data from internal claims data and others use outside providers. It also can vary depending on how often the data is collected.

Ask questions with your carrier to see how they determine their UCR tables.

# Pool / Modified Pool



# Modified Pool

Most dental carriers will determine future renewal rates based upon trend, IBNR and loss Ratios based upon pools of groups and their SIC codes.

If you have a large enough block of business with a certain carrier, you can check to see if the carrier will take your block of business and run a “modified pool”.

This way, future renewals on all of your block of business will be lumped together and rates will be determined on, trend, IBNR and your combined groups loss ratio.

# 60 Day Blackhole



# 60-Day Blackhole

Often most dental carriers will/must send out a group's renewal letter 60-days (a few at 90-days) before the groups 12-month renewal date. Renewal rates are often determined on trend, IBNR and loss ratios over the past year.

When a 60-day renewal letter notice is received, renewal rates were determined on loss ratios over the last 10-months and not 12.

Some carriers will allow you to “update” loss ratios in the 11-month (some up to the 12<sup>th</sup> month) to see if this will reduce the renewal rate if loss ratios improved. If loss ratios grew worse, this won't effect the renewal rate that was sent out by renewal letter.

# 2019 Dental Facts

Source - NADP

# 2019 Oklahoma Dental Facts

## Plan Type - Participants

66% of Oklahoma population have dental insurance or 2,596,021 compared to 80% of the US population

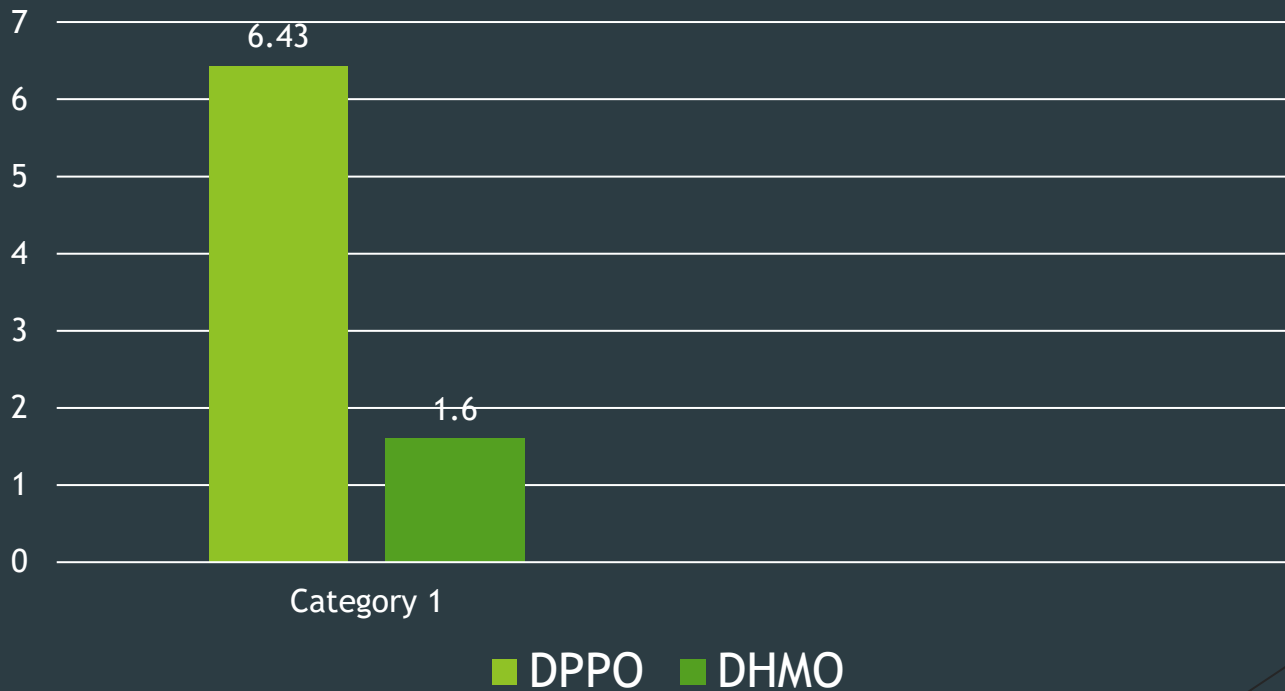
▶ DHMO -	33,029
▶ DEPO -	16,319
▶ DPPO -	1,580,380
▶ Indemnity -	21,307
▶ Other Private -	98,223
▶ Medicaid/Chip -	774,952
▶ Exchange SADPs* -	28,819
▶ Medicare Advantage -	71,811

▶ *\*enrollment in Exchanges may also be counted in the commercial enrollment numbers*

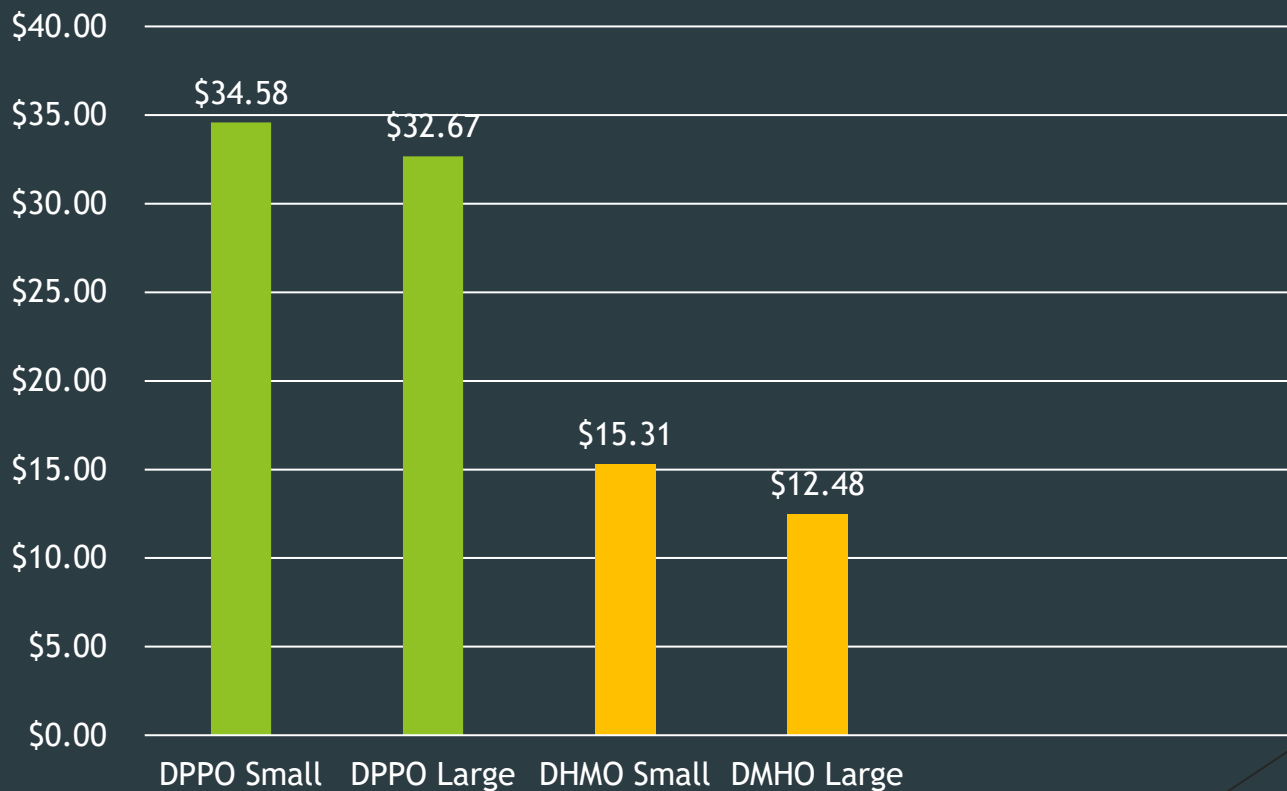
# Oklahoma Dental Facts

## Source - NADP

Participation dentist per 10,000 population

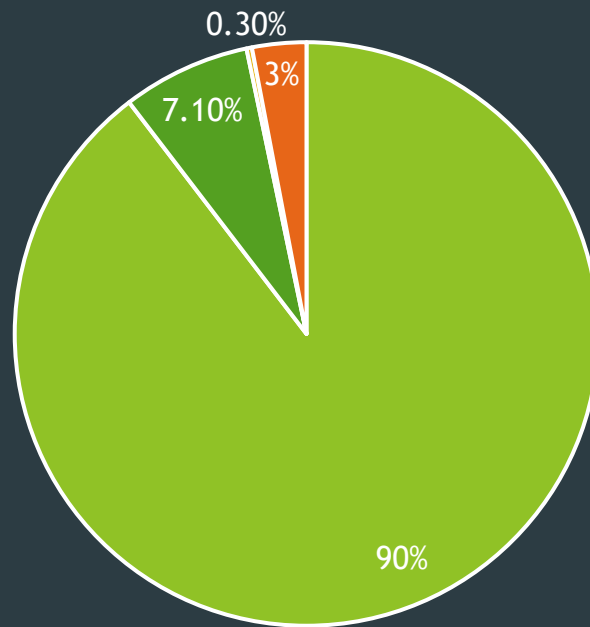


# Oklahoma 2019 In-Force Monthly Premium



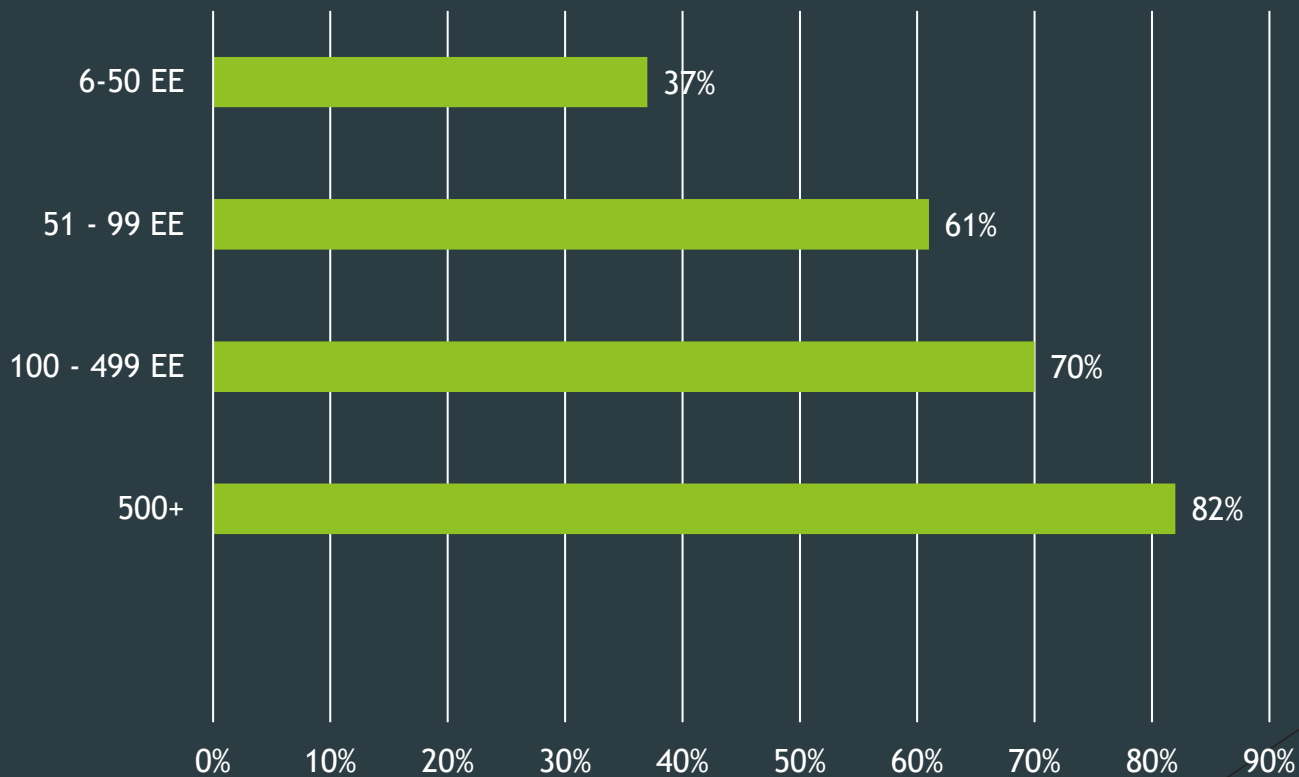
National Association of Dental Plans 2019

# National Sources of Private Dental Coverage 2019



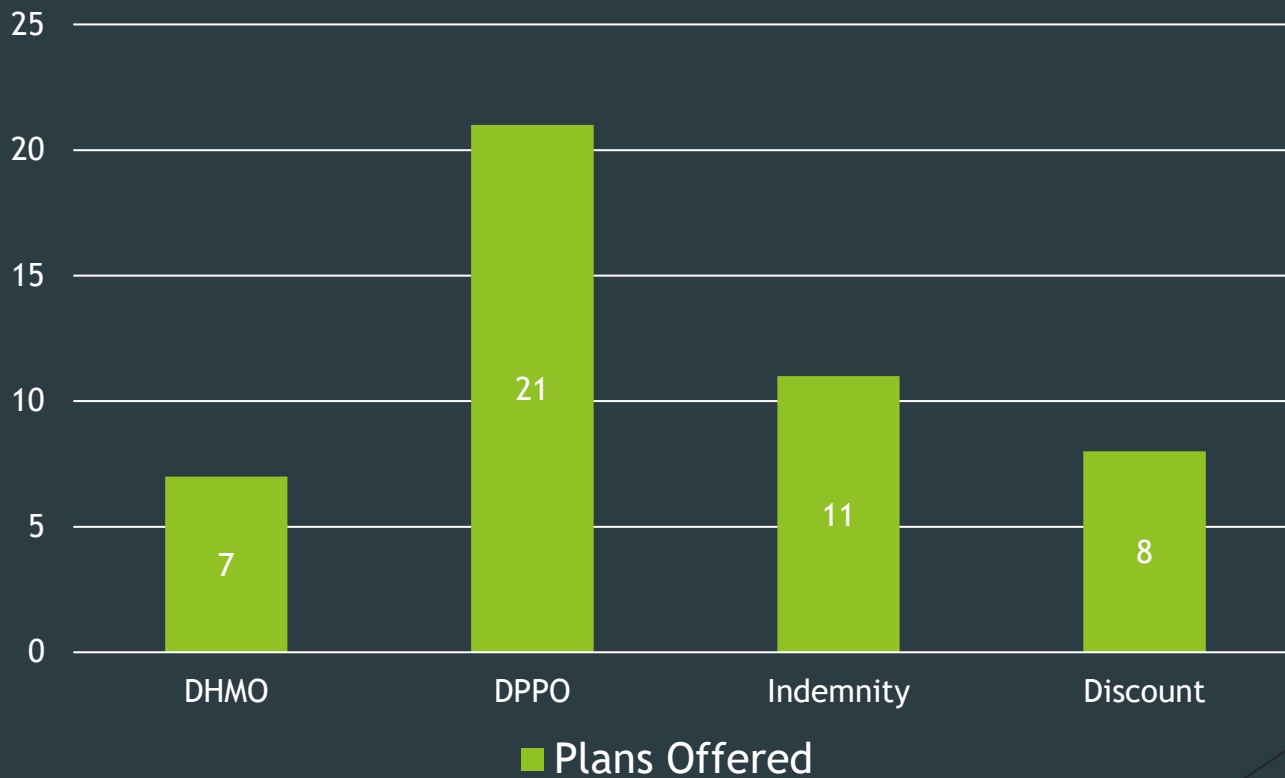
■ Group ■ Individual ■ Integrated w/Medical ■ Small Group

# Oklahoma Employers Offering Dental Benefits



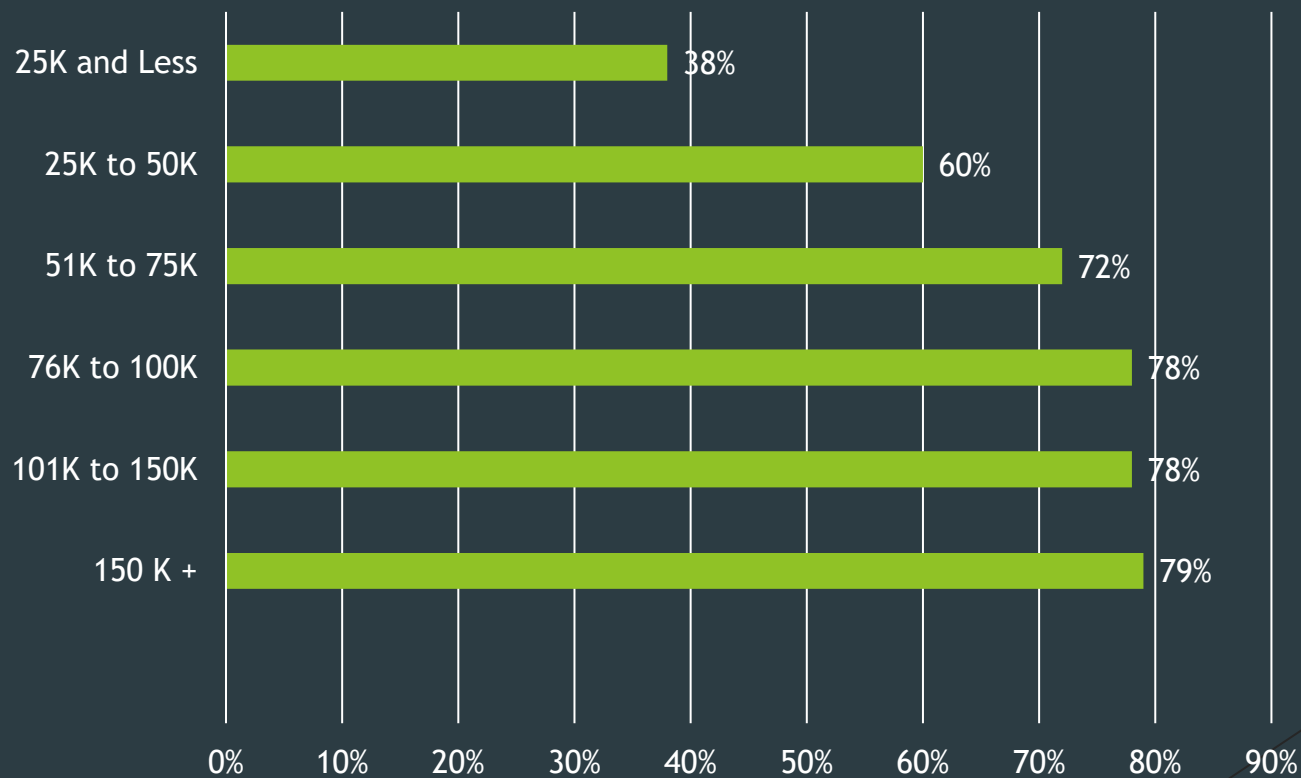
National Association of Dental Plans 2019

# Types of Dental Plans Offered in Oklahoma



National Association of Dental Plans 2019

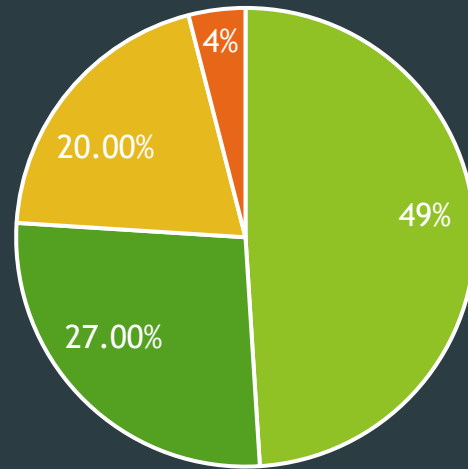
# Consumers with Dental by Household Income



National Association of Dental Plans 2019

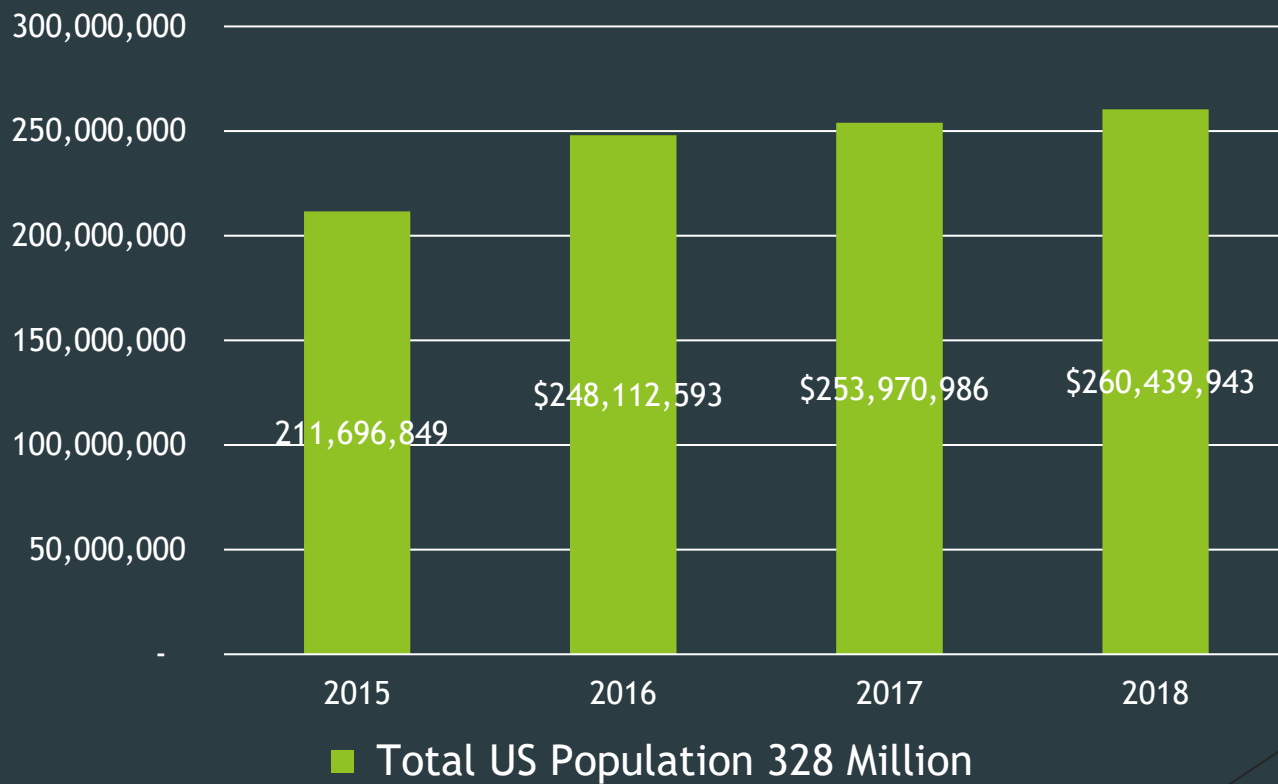
# National Dental Coverage

## Enrollment



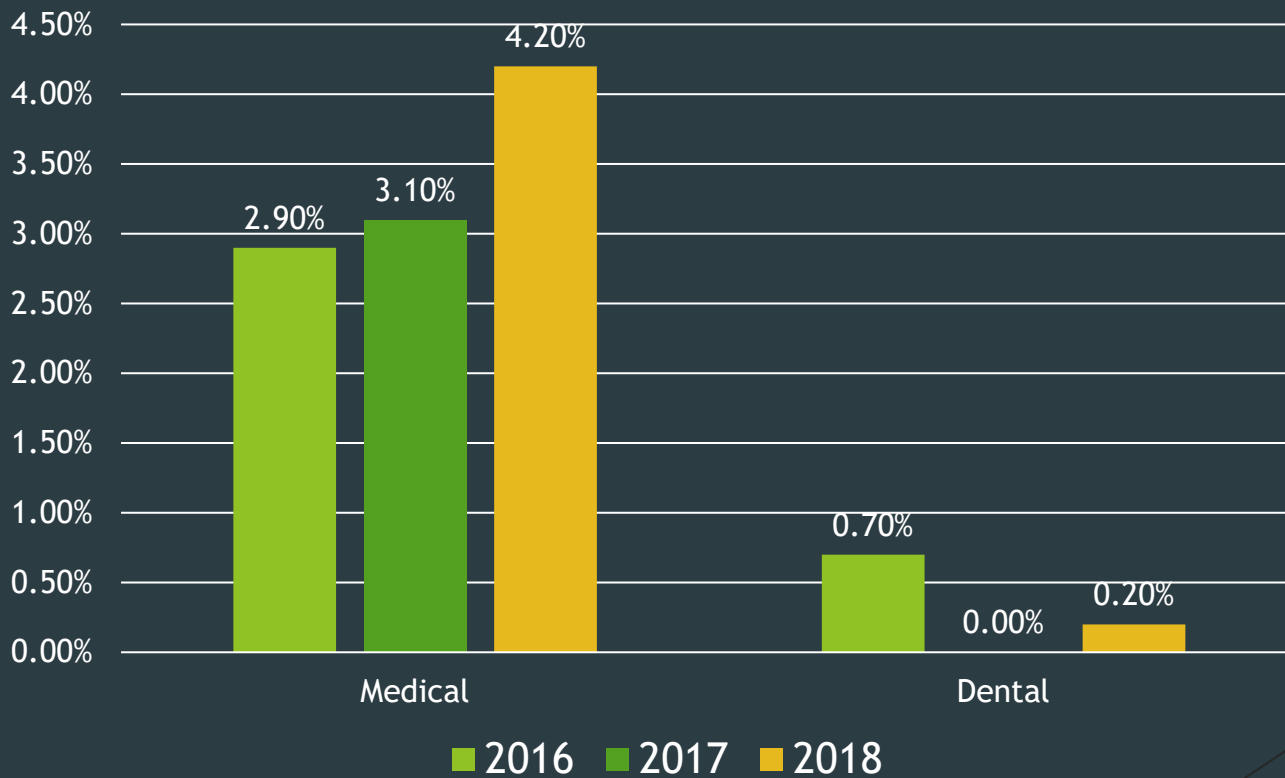
- Employer - Sponsored
- Public Benefits
- No Coverage
- Individual

# US Population with Dental



National Association of Dental Plans 2019

# National Change in Premiums: Medical vs Dental



National Association of Dental Plans 2019 - (2017 -0.1%)

# Review

- ▶ Know your Plan
- ▶ Ask questions with your carrier
- ▶ Look for ways to help with renewals - Passive Network
- ▶ Use dental as a door opener for other products
- ▶ Questions?