

Is Dental Insurance Worth it? 5 Questions Independent Dentists Say to Ask



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Association of Independent Doctors →

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WINTER PARK, Fla., Sept. 12, 2018 /PRNewswire/ -- Does your family need dental insurance? As open enrollment season approaches now is a good time to re-evaluate what health benefits you really need, and which you may not. According to many dental and financial experts, eliminating dental insurance could be financially smart.

When you consider that the typical American family of four will spend an average of \$28,166 on health care in 2018 *not counting dental insurance*, looking for ways to lower costs while retaining value is a critical budget decision.

"Though the cost of dental insurance is low compared to the cost of medical insurance, many money advisors recommend skipping it," says Dr. Kristine Grazioso, a Boston-area dentist, and part of a growing group of dentists who have joined the Association of Independent Doctors, a national trade association working to lower consumers health-care costs, and return the practice of medicine to a relationship between the doctor and the patient.

"Dental plans don't provide much value for the premiums they charge," said certified public accountant and AID co-founder Tom Thomas. "In many cases, patients would be better paying dentists directly." Because it provides such a poor return, dental insurance tops the list of benefits

employers are looking to pare back.

Before signing up for dental insurance during open enrollment this fall, financial experts and dentists advise patients to consider the following:

1. **The math.** Though prices vary nationwide, average annual premiums for dental coverage is \$360. Two cleanings and one round of x-rays will cost around \$284. That \$76 difference could cover a filling.
2. **The limits.** Unlike medical coverage, which after you meet your deductible, usually covers 80 percent up to a point after which it pays 100 percent, so provides catastrophic coverage, dental coverage caps out. After you reach your deductible, dental insurance usually covers 50 to 80 percent depending on the procedure, then after the \$1,000 limit, the patient pays all.
3. **Your habits.** Although 77 percent of Americans have dental coverage, according to the National Association of Dental Plans, more than a third of those who do don't use it. They could put that money to better use, like into a health savings account or flexible spending account, which lets you put away pretax dollars for health expenses, including dental care.
4. **Your choices.** The cheaper your plan, the fewer providers you can see. If you want to see your dentist of choice, and not be forced to see one in the network, no plan might be your best bet. Some of the best dentists don't accept insurance because of the paperwork involved, and because insurance companies keep too much of the premium for themselves and pay doctors too little. Plus, when patients pay a dentist directly, they can negotiate a cash price.
5. **Omit the middleman.** Paying your dentist directly could help lower costs for everyone. Dental plans today are pocketing more premium dollars for themselves, and paying dentists and hygienists less. Meanwhile their executives make million-dollar salaries for doing nothing more than collecting premiums.

Open enrollment, the window during which you can sign up for next year's health plans, varies among employers, but generally begins in the fall.

Founded in 2013, the Association of Independent Doctors is a national nonprofit dedicated to reducing health-care costs by helping consumers, businesses and lawmakers understand the value of keeping America's doctors independent. A fast-growing trade association with 1,000 members in more than 30 states, AID is a 501(c)(6) based in Winter Park, Fla. www.aid-us.org.

SOURCE Association of Independent Doctors

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