

WHAT YOUR DENTAL INSURANCE COMPANY DOESN'T TELL YOU

EXPOSING THE MYTHS OF DENTAL INSURANCE

Will my insurance pay all my dental bills?

Not always. In fact, for most patients it won't.

Why not? Isn't that what insurance is for?

No. The fact is that most insurance - life, fire, theft, liability- merely *helps* the purchaser meet the expense of some misfortune. Life insurance won't support the surviving beneficiary for the rest of his or her life. Fire insurance on your home won't pay for replacing everything that is destroyed. It's the same with dental insurance, which is designed to *help* you meet dental bills - not pay 100 percent of them.

Why don't insurers tell you you're not fully covered?

Nobody sells insurance by calling attention to what it doesn't do. The insurers - commercial companies, Blue Cross, and Blue / Shield, and even government agencies - see no reason to remind the purchaser of what their policies do not cover.

Why do insurers say doctors are overcharging?

Because they don't want to admit that they are *underpaying*. Their accusation of overcharging is often made when a policy promises reimbursement for bills based on the doctors "usual, customary, and reasonable" charges. Originally, the term used was "usual and customary", and it meant the customary charge a dentist made to a patient receiving a particularly treatment.

Over the years, the insurers gradually changed the meaning of the term. First they ruled that "usual and customary" didn't mean what it said, but meant the *average* of all the fees charged for a particular treatment by *all* dentists in a particular region. They said they would not pay even this averaged amount, but just a percentage of it.

Stop and think about this: It means the insurers, on their own; decided they would pay only part of your dentist's bill. It does not mean, as they often say, that your dentist *has overcharged you*; it means that the insurers are *underpaying* you, assuming that you won't realize it, and that you can't do anything about it.

Also, some insurers lag as much as 18 months behind in calculating the averaged fees. This causes you a further loss, because your insurance reimbursement is now a percentage of average fees a year and a half old - which may not reflect your dentist's present charges.

The insurers also changed their policies to say "usual, customary, and reasonable" charges. A dentist's fee can be "usual and customary", but the insurers call it unreasonable and refuse to pay it. Since nobody can guess what the insurers will decide is unreasonable, a policyholder often doesn't learn until a notice arrives claiming falsely that the dentists' bill is an overcharge.

All insurance companies are not the same. Some companies do not cover or pay for some procedures that are routinely covered by others. This can directly interfere with the doctor patient relationship, for example if a procedure is necessary, but excluded from coverage then the patient is required to pay for the procedure or the doctor is placed on the medical legal line by not performing a needed treatment just because the insurance company says it is not necessary or is not a covered expense.

The insurance company has not seen the patient or looked in their mouth, yet they are trying to define benefits that may not be in the best interest of the patient in order to maximize their own profits by paying fewer claims.

It is not the policy of this dental office to have patient treatment dictated by third party payers who have not seen the patient, and when in fact are not the least bit interested in the care or well being of the patient. The patient is only a name and an ID number in the computer nothing more. Remember the insurance company is not in the healthcare business, they are in business to make money for the shareholders that invest in their company, and they are able to do that by denying patients benefits, it is as simple as that.

As your dental office we have a relationship and an obligation to you, the patient, to diagnose and provide healthcare. We do not have a relationship with your insurance carrier.

Why do insurance companies exist? To make money. Period.

Are they good at it? Yes, extremely good.

How do they make profits?

By reducing benefits (expenses) and collecting premiums (income).

Who are the insurance companies really responsible to? To **Wallstreet** and their shareholders who have made an investment in their company.

Are the insurance companies interested in the patient? **NO!**

Do they care that Mrs. Jones really does need a crown on that tooth? Of course not! Tell them how much she needs it and see if it makes a difference in the contract that was purchased, if it's not a covered benefit.

Remember insurance companies exist to make money. Period. They are not in the business of fixing teeth. They do billions of dollars of business each year with some of the larger companies handling almost a billion dollars each week. You could spend a million dollars a day for almost three years before you would have spent a billion dollars!

The insurance company wants to reduce its claims payments, theoretically to zero, in order to increase its profit margin. According to Del Webb, D.D.S. one of the most foremost dental insurance lecturers the three major vehicles for payment reduction are:

- 1). Do not insure (cover) high price treatment modalities (i.e. Implants). The insurance contract simply states that excluding these items minimizes the premium charge. They also do not pay to restore pre-existing conditions.
- 2). Do not pay more in claims than has been collected in premiums. Each employer or purchaser has both a waiting period before large dollar items are covered and an annual maximum amount. This protects the company from having someone purchase a policy, receive \$1,000 in benefits for treatments and then cancel the policy. The insurance company obviously loses money that way.
- 3.) Establish arbitrarily a fee that the insurance company can afford to pay for a specific procedure while maintaining a programmed profit margin. The actuary (computer) determines what can be paid for a procedure while maintaining the company's profit. The charges submitted by the dentists in the area are included in the calculation, but are subservient to the insurance companies profit calculations.

They exist to make money - and they are good at it!