

Dental Insurance: Is It Worth the Cost?

A trip to the dentist can take a big bite out of your wallet, which is why it's important for some people to purchase dental insurance. But what if you're a single person without a need for major dental work? Or you rarely use the coverage to do more than an occasional teeth cleaning? Is dental insurance worth the cost? After all, nobody thinks they need dental insurance — until there's a problem.

About \$64 billion is spent annually on oral health care, according to the [Health Resources and Services Administration](#). Yet 108 million Americans have no dental insurance, the HRSA says. Choosing whether you should bite on dental insurance is a personal decision that only you'll be able to answer — taking into consideration factors like costs, coverage, and choice. To help you determine whether dental insurance is worth the cost, keep these points in mind:

Know your plans

Dental coverage is offered in a variety of plans:

- **Dental health maintenance organization (HMO)** — Coverage is provided by dentists who are in-network with your plan. Generally, there won't be a co-payment for preventive care services (there might be for other coverage). Unlike indemnity plans, there's typically no waiting period or annual maximum benefit limitations. Various procedures might have limitations though.
- **Dental preferred provider organization (PPO)** — Coverage is provided with in- or out-of-network dentists who will deliver specific fees at a discounted rate. Typically, you'll pay less if you use an in-network dentist. You'll be responsible for paying the difference if you go out of network unless your dental policy states otherwise.
- **Dental indemnity plan** — Coverage is provided for any dentist of your choosing with no cost difference; a percentage of the costs will be picked up by the plan. You might consider this option if you want the freedom to choose any dentist. You'll want to review co-pay requirements, waiting periods, annual maximum benefit limitations, etc.

- **Dental reimbursement plan** — Offered by some employers, with this plan you visit the dentist, pay the bill, turn in proof of payment to your workplace and get reimbursed for a percentage of the cost of care, up to a preset cap.
- **Discount or referral dental plan** — Generally, these plans are used by people who have no dental coverage. You pay for your dental work at a discounted rate agreed upon before care. The downside with this plan is that you might have difficulty finding a dentist who participates.

Know what a plan will cost

Your dental insurance isn't likely to cover all of a treatment or procedure, but it will cover a fraction of the cost. And that's money you won't have to spend out of pocket. A lot of procedures — like getting a root canal or an oral surgical procedure — might be partly covered by your insurance, but you will also have to pay out of pocket.

Plans will cover different procedures at different rates. Some standard dental plans might have 80/20 coverage, which means the plan covers 80 percent of the bill and you cover the rest. For major procedures, like getting crowns or bridges, you might have 50/50 coverage. Other plans might be described as having 100/80/50 coverage, which means the plan covers 100 percent of preventive care like checkups, 80 percent for basic procedures like fillings, and 50 percent for major procedures.

If your employer offers dental coverage, understand what you will be paying for if you opt in and how much it will cost. The amount of coverage you receive will be based on how much your employer pays into the plan.

The annual premium that you'll have to pay if you choose to get dental insurance through your employer might vary — expect to pay anywhere between \$200-\$400. Keep in mind that dental work that involves more than a routine cleaning will be capped at a certain amount. Generally, if you pay a higher premium, you'll have a higher annual maximum benefit limit. But unless you are getting serious dental work done, you likely won't even reach that limit.

If you have to purchase individual coverage, expect to pay anywhere from \$12-50 a month. With some plans, you pay a yearly fee. It will be more expensive than paying monthly, but you might be able to get care at specified dentists at a discounted rate. Whatever you decide, definitely shop around to get the best prices.

Know what procedures your plan will cover

Dental policies vary in the types of coverage provided, so be sure to read the fine print and review the limitations and exclusions of each plan. If you know that you will need certain work done, you'll want to make sure that procedure is covered by the plan you're considering. If not, compare what it would cost to get the work done out of pocket versus what it might cost to get a plan that does cover the treatment. You should consider your dental history when making a decision, but understand that there's really no foolproof way to know what type of dental care you might need in the future. Also, keep in mind that as you age, your teeth will likely require more dental work.

Know the drawbacks of a plan

Drawbacks of a plan might include a narrow selection of dentists you can use and limitations on the maximum amount of coverage offered. Some dental plans might limit the amount of dollars it will pay out for services you receive. This might involve an annual maximum for some services or a lifetime maximum on specific procedures, like getting braces.

Another drawback might be the waiting period to receive certain treatment. So if you're thinking about buying insurance because you need to get a procedure done — hold your horses. Many individual plans might not offer the full benefits of coverage until a few months down the line. If that's the case, you'll have to ask yourself whether you can wait to receive the treatment.

What are the alternatives?

A discount dental plan will allow you to receive certain dental care services at an agreed-upon discounted rate. The services offered will vary from plan to plan and there are limitations on your choice of dentist. Consider other alternative

forms of payment, like setting up a payment plan or health savings account. Also, don't be afraid to negotiate your bill or ask for a discount, especially if you've been seeing the same dentist for years.

If you can't justify spending hundreds or thousands of dollars on dental insurance when you don't use it very much, you might even consider putting the money away yourself should an emergency arise. After all, you have been saving money in your emergency fund, right?

Use this checklist

[Delta Dental](#), America's largest dental benefits carrier, says you should answer these nine questions to choose the best plan for you:

1. What is the monthly premium?
2. Which dentists participate in the plan's network in my area?
3. Is my dentist in the network?
4. How much will I have to pay if I see a dentist outside the network?
5. Is there a deductible and how does it work?
6. Is there a maximum amount of coverage allowed each year?
7. What is the level of coverage?
8. Are there waiting periods for certain procedures?
9. Which procedures are covered?