



Editorial

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Embedded Insurance: Combined Medical and Dental Insurance with Denial of Benefits Till Annual Medical Deductibles are met

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Editorial

In an age where economic times are challenged, innovative measures are often sought in an effort to maintain and enhance corporate profits. This is becoming no different in the health care industry, particularly the insurance side of things. Over the span of six months one subtle yet noticeable phenomenon that has invaded the realm of dental insurance benefits and claims has become the concept of “embedded health care.” Regrettably this has progressed from conceptual to harsh reality. Both major carriers and others are falling in line to seek strategies to improve their bottom lines and avoid paying claims which until now have been taken for granted by most everyone with conventional forms of dental insurance.

For patrons of the same medical insurance company as their dental coverage, the bulk of carriers are beginning to consolidate medical with dental benefits into what is termed “Embedded Health Care.”

It is unclear if either employers or employees have been accurately informed in timely fashion of this change in their health care programs. The end result if not well known or understood can be expected to infuriate huge numbers of families when they learn through explanation of benefits that usual and customary charges and services for common dental procedures, i.e. examinations, radiographs, cleanings, restorative, and surgical care, will be overlooked and denied until the family’s medical deductible for the year is met.

In today’s healthcare marketplace, it is not uncommon that young families, (and older ones) with favorable health care histories, no known or impending medical problems, in an effort to reduce premium costs will opt for high deductible medical healthcare policies. This editorial has the intent to bring to light the impact of Medical insurance programs that embed medical with dental coverages for families who unknowingly will be denied coverage until deductibles have been met. For

example, a family of four may knowingly choose a medical plan with a \$5,000 or greater annual medical deductible. They may rarely be sick or encounter acute or chronic medical visits and prefer to pay lower premium costs and pay for out of pocket expenses till meeting this deductible. Participating in embedded programs, dental costs for even preventive dental visits, once covered at 80-100%, might now endure full out-of-pocket cost at the time these services are rendered. The insurance company which presented its options as comprehensive and all-inclusive now is able to improve its bottom line by in reality not providing basic dental health care coverage. A tactic now playing out with embedded insurance carriers is only paying for fluoride applications (\$38.00) yet defraying coverage for all other basics (examinations, cleanings, X-rays, etc.) till medical deductibles have been met.

What are the alternatives for the consumer? Purchase more comprehensive medical policies at higher premiums with lower deductibles, or simply pay as their dental health care needs dictate. The illusion or masquerade of having comprehensive or higher-end dental coverage no longer appears to exist for embedded health care policy holders.

The realization of the medical insurance carriers is that opportunity to avoid dental claims closes the gap

between more comprehensive and costly claims and fulfilling earlier medical deductibles for low-users of health care. In either case, no consequences befall the insurance carriers, and the public is provided fewer benefits than previously promised.

What can be done to address this dilemma? As Hillary Clinton, first lady during Bill Clinton’s first term, assigned the immense task to propose health care reforms learned, the problem is very complex and solutions were scarce if not impossible to implement. Sixteen-plus years later, favor and disfavor of

existing health care remains a major issue of contention from the perspective of both sides of the aisle. In this person's opinion, no imminent solutions are likely to emerge on the horizon until scrutiny of insurance companies and the pharmaceutical industry is undertaken. Lobbyists and politicians influenced by political contributions to maintain the status quo remain a major obstacle to lowering the cost of health care while expanding its availability to those who can least afford care. An initial solution might be a demand to un-embed medical and dental benefits under one extended deductible. A return to previous policies may conceivably result if sufficient voices are raised in opposition.

The insurance companies as yet do not seem concerned from such an occurrence.

A less than stealthy question of health care benefits provided to congressional members would be what might be their motivation to explore legislative avenues for change if they were forced to accept the same health care afforded the public?

While cynical in nature, if not purely unrealistic, from the perspective of this private practitioner, it is my firm belief that public anger levels for these insurance policy alterations are only going to exacerbate.

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