**Healthy Mouth, Healthy Life: Dental “Insurance”?**

Dental insurance began in the 1940s. The idea of having two “cleanings” a year had nothing to do with science or periodontal disease. It was one of the first benefits offered by the insurance companies to entice dentists to participate by offering a way to bring in patients. As over 80% of people covered never utilize their insurance to its fullest, it would seem the insurance companies had found a good business mode.

Dental insurance was never intended to pay for everything after years of neglect, or to cover the optimal treatments. It is intended to assist with costs of preventative and emergency care. So while the cost of everything else goes up every year, the average annual dental benefit of approximately $1000 has not changed in over 40 years! And even that amount only then covers a percentage of any given procedure fee. (The best percentage coverage? To remove a tooth!)

Insurance companies are certainly justified to make a profit, offering legitimate services for their fee. My intention here is to clarify the frequent patient confusion. So then, as has been said before, more frequent care does result in less serious and less costly treatment. But if it has been a while, or you do have “bad luck”, find a trusted dentist who will honestly assess your needs, discussing priorities and various financial options. It is common to sometimes even spread treatment over several years. The good news is that in the end, you can return to less costly routine care and better overall health… and start smiling again!