**PRE-PAID PLAN: DENTAL INSURANCE FOR PENURY**  ****

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**INTRODUCTION**:

Health is the one of the most valuable things in life. Maintaining it is not a one day event but a continuous process carried out throughout our lives. Achieving good health isn’t easy for all strata of the society. Some of the economically weaker sections still struggle to get a proper meal everyday which leads to deterioration of their health. General health insurance isn’t available for everyone in the country. Moreover, dental insurance is hardly enjoyed by the poor and needy. An effective and affordable dental insurance plan is the call of the hour to prevent any oral diseases especially for penury.

**HISTORY:**

In first part 20th century, there was no concept such as insurance in dental treatment. Different types of medical insurance was prevalent since 1850, but they never covered financing dental treatment. But, their significant growth has helped to change the general attitude towards dentistry. It has changed the perception of the common man towards dental treatment. Dental anxiety has lessened over the years. It has become a, vital part of health care and well utilized by the rich and the middle class people of the society. Nowadays, it has become absolutely trivial for the maintenance of overall quality of life. With the onset of the 21st century and changes in the Indian economy, the dental insurance schemes are still unexplored.

**1950:** The first ever dental plans emerged

**1954:** Dental benefits was offered to the International Longshoremen’s and Warehousemen’s Union and the Pacific Maritime Association (ILWU-PMA). These groups, presented the idea of dental coverage for all the worker’s children, along with an investment of $750,000 to the dental associations in Oregon, Washington, California,

Soon after that, the first three dental benefits organizations were formed.

a) The Washington Dental Service (1954)

b) Oregon Dental Service (1955)

c) California Dental Association Service (1955).

**1957:** Approximately, 2,100 children were covered by California Dental Association Service, which later developed as ‘*The Delta Dental of California’.*

**2017:** Enrolment statistical Analysis: About 3/4th population of Americans have dental insurance supported by the National Association of Dental Plans. It included nearly 89% of children. Due to their Insurance benefits preventive treatment could be delivered at a very low price. It can be interpreted that there is a lot of scope for preventive treatment and meagre chance to suffer from teeth and gums related problems.

**2019:** Delta Dental companies is covered more Americans than any other dental carrier. Over 77 million people are covered by Delta Dental plans across all states including Puerto Rico and the U.S. Virgin Islands.

**OVERVIEW: DENTAL INSURANCE**

In our country there is a huge surge in population over the past years. Due to this Private Insurance network seeks foreign investors to cover all areas of insurance. A Bill was raised in the parliament which stressed on increasing the Foreign Direct Investment share from 26% to 50% approximately (2008). It will eventually cover all aspects of insurance in India. In India if dental insurance is made available for all masses, then everyone would be more than ready for seeking preventive and prophylactic dental care. It will reduce the burden of dental diseases and avoid the expenses of future dental treatment. India is a country with a very price conscious market. So being insured would be gift for one and all. The Government of India and its policies are to be cornered for this sector to be left out.

This provokes to do an update of many dental insurance options available in India. The four arms of dental insurance are the patient, the group or program sponsor, the dental benefits carrier and the dentist.

1. **Patient:** Previously, most people sought dental treatment only when they were in pain or for emergencies. Nowadays, people who were not even bothered to seek treatment are going to the dentist because they have dental perks. They hold on to treatment once they understand how vital regular dental care is to maintaining good overall health.

2. **Group or Program sponsor (e.g.: employer, union or business association):** These members are generally represented by a benefits manager, who is responsible for purchasing the ideal benefits plan at the lowest price.

3. **Dental Benefits Carrier:** This could be an insurer, a third party administrator (TPA), or a dental service corporate sector. The group selects the benefits, levels of coverage, payment model and the carrier administers of the program.

4. **Dentist:** A lot of clinics/Hospitals have a close contact with their carriers to help the patient use their services to the maximum limit offered by Insurance companies.. The dentist’s primary focus is to provide exceptional treatment and improve patient’s dental health. Apart from this the quality of the treatment should prevail in the professional community.

This can be promoted if a system of communication and information sharing connects all four different parties. The Dental sector administrative assistant is an important partner in this process. The administrative subordinate communicates with the dentist regarding services. Moreover, codes are formed to verify fees of treatment and carrier information benefits. This work requires organization, perseverance and strict focus to detail.

**DENTAL HEALTH INSURANCE IN INDIA:**

Currently, insurance companies offer limited coverage for a few dental procedures under general health insurance plans. Most insurance covers are only for dental treatment involving 24 hour hospitalization or life threatening situations. There is no comprehensive stand alone for dental treatment. There are many insurance policies available in India. Though the policies and features differ from one company to another, there are some common and generalized features of dental insurance in India.

VARIOUS PLANS AVAILABLE IN INDIA

Fee for service: dental insurance plan

Dental insurance in collaboration with General Health Insurance

Stand alone

**Stand alone:** It caters to all the expenses such as periodontal inflammation and extraction of permanent teeth due to caries etc. In this scheme, the amount to be spent, reimbursement and the period is fixed. The idea is generally provided by the prominent dental care companies in tie-up with one of the insurance companies across country.

**Dental insurance tied up General health insurance:** This is offered by the companies which operate General health Insurance schemes.

*Ex:* Health advantage policy or student medical policy. Through this programme one can claim their dental expenses along with other kinds of reimbursements like hospitalization charges and expenses for drugs. Apart from this Income tax benefits can also be reaped.

**Fee for Service Dental Insurance Plan:** This accounts for certain percentage of savings on the charges claimed for dental treatment procedures. The person covered under the dental insurance policy can visit the dentist concerned and pay a discounted service and consultancy charge. There is a freedom to change the dentist licensed by the insurance company according to his/her preferences and conveniences without even notifying the insurance company.

**Dental Insurance Schemes in India:**

* *Hindustan Lever (HLL):* On 9th October 2002 it had announced the launch of what is considered the first of its kind Dental Insurance Scheme.
* *Pepsodent Dental Insurance partnership with New India Assurance:* In this scheme for every purchase of Pepsodent toothpaste it enabled the customers to get Rs.1,000 worth of free dental insurance. Under this initiative, Pepsodent offered consumers insurance cover against expenses for the extraction of a permanent teeth due to severe caries and periodontitis, including cost of medication. However, the policy did not compensate claims for cosmetic dentistry or loss of tooth due to accidents. Besides, the age limit of the consumer had to be up to 50 years. This scheme has been discontinued as of today.
* *ICICI Lombard Dental Insurance*: This plan included the health advantage plus policy of general health insurance by ICICI Lombard. In this health insurance plan it reimburses dental consultation and treatment charges. Out-patient and treatment charges can be claimed only once during the period of insurance. The age of entry for the policy is up to 65 years and renewable up to the age 70 years. The reimbursement under OPD cover can be a maximum of up to Rs.9,500 subject to age. All dental treatment are covered on OPD basis except, cosmetic treatment, braces in teeth, teeth fixation and teeth whitening.
* *Apollo DKV Health Insurance:* Easy Health Premium plan covers dental treatment on outpatient basis up to maximum of Rs.5,000. But, waiting period is of 3 years.

**Insurance Fraud:**

It is illegal to misrepresent treatment or to inaccurately report fees and dates of service to benefit carriers. The following actions, whether deliberate or unintentional, constitute fraud:

* Billing the benefits carrier for higher fees than the patient is charged.
* Billing before completion of service.
* Predating or Post-dating services on claim forms (patient’s insurance has expired and dentist alters the date on the claim form so that the patient enables to get benefits).
* Improperly reporting treatment (e.g.: listing a bony extraction instead of a simple extraction).
* Billing for services not rendered.
* When a patient’s dental fees is covered by two insurance carriers requiring the co-ordination of benefits. At the end of the treatment dentist gets the reimbursement from both the insurance company and he doesn’t return the overpayment.

Accuracy and honesty are crucial. Administrative assistants who help defraud benefits carriers may be liable to legal prosecution.

**Futuristic Trends:**

Based on the current Statistics of Census in India there is a possibility of population explosion and it might reach upto 200 crore individuals in the upcoming years. This will lead to lesser per capita income and a burden on each individual to spend for their oral health. In such events individuals would seek help either from the Government or any private sources which can sponsor their oral health expenses. The middle-class and rich will have their assets or corpus funds to combat these issues without the help of any third party. Only the penury will look into the sky helplessly. Post-Paid plan may not work in their favour due to uncertainty in regular income. In such situations if the Government or any private sector companies adopt these poor and needy accepting their limitations then it will set the trend for full-fledged dental treatment for Penury. The proposed model is:

**Pre-Paid Plan:**

This Pre-paid plan is exclusively for the poor and needy who cannot afford the dental treatment. Only a very minimal amount shall be taken from the socially weaker sections with flexible payment options prior to start of prospective dental treatment .Only 20 % of the actual treatment charges will be collected by the patient and the rest will be funded Government/ Private Insurance company. Moreover, emergency dental treatment and any procedure to save the teeth will be given prime importance. There is no direct fund transfer to the hospital or clinic through the patient.

Private insurance company

Finance

Finance

Government

Dental clinic/

Hospital

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Pre-paid plan

Pre-paid plan

penury

**CONCLUSION:**

India is a very large democracy and one of the most densely populated country in the world .More than half of Indians live in remote in villages. Only if the large chunk of the population is addressed for oral health then the prevalence and incidence of oral diseases will decrease .It is a hard-hitting truth that dental insurance is neglected in India compared to other developed companies. Moreover the Primary Preventive Health care approach is under-utilized .First, we have to raise awareness about oral disease spread. Next, the Patient, dentist, Insurance companies and Government should work in unison to combat this issue. Some of the organisations like ‘Indian Dental Association’ (IDA) should be encouraged to bring about comprehensive dental health care insurance scheme. The availability of Dental Insurance schemes should be promoted in health care delivery system to cover the growing population of India. As for the people of lower class the scheme should not have any burden on monthly financial expenses of the family. Only then the subsequent Preventive treatment plan in insurance will be appreciated. As the awareness and affordability of the treatment options increases the Pre-Paid Plan in dental insurance will gain momentum in the near future. If ,effectively implemented then Pre-Paid dental insurance plan will be trend-setting and revolutionize the Dental insurance Plan for Penury in India.

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