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Dental Plans Offer Rollovers

Trend Lets Patients Build Allowances With Regular Care

By M.P. McQUEEN

A growing number of group dental plans are letting patients roll over their unused maximum treatment limits to following years, similar to unused cell-phone minutes. But often members must visit the dentist annually or more often for preventive care to get the extra allowance.

The trend started recently with **Ameritas Life Insurance Corp.** and **Guardian Life Insurance Co. of America**, companies that primarily serve small and medium-size employers in group dental plans. Large-group employers **Cigna Corp.** and **UnitedHealth Group Inc.** started offering the feature earlier this year. **Principal Financial Group** will implement its rollover plan effective Oct. 1 for plans sold after July 1, **Star-mountain Life Insurance Co.**, a large provider of worker-paid dental plans, also started offering maximum-limit rollovers in the past year.

Insurers say the new plan designs are meant to encourage participants to visit their dentists regularly for examinations and cleanings to prevent tooth decay and gum disease, which medical studies increasingly link to such serious and costly systemic ailments as diabetes, heart disease and premature birth. Reducing complications from oral disease is expected to reduce overall medical costs for employers and patients. As part of the trend, a growing number of insurers also are covering new oral-cancer screening tests and dental implants, which members can use the higher maximums to help cover.

The higher maximum limits for members who see their dentist regularly reward those who normally generate small bills by allowing them to accumulate higher allowances toward unexpected expenses, such as tooth replacement after an accident. Studies show that at most 6% of plan participants ever hit their maximum limit, which ranges from \$500-\$2,000 in most plans for all services except orthodontia, which usually has a separate lifetime limit under most employer plans, if it is cov-

ered at all.

"It's a way to encourage prudent dental care and reward people who do preventive care on a regular basis," said James Fuhrman, executive vice president for **UnitedHealthcare Dental**. About 70% to 78% of insured patients visit their dentist annually, he said.

Under most of the new plan designs, members must visit the dentist at least once a year in order to get the rollover benefit. Under **Cigna Preferred Provider Organization** and indemnity plans, members must specifically receive preventive care in order to qualify.

Typically the plans work by allowing someone with, say, a \$1,000 maximum who uses less than \$500 of that allowance for semiannual cleanings to roll over a portion of the unused balance to the following year, that portion determined by the insurer. Some plans cap the number of years that balances can be rolled over to three or four, or the maximum dollar amount that can be rolled over.

At **UnitedHealth**, for example, which introduced its **Consumer MaxMultiplier** on Jan. 1, the maximum dollar limit that could be accumulated under its most generous plan is \$3,200, or \$1,200 in addition to the basic annual maximum limit of \$2,000.

Insurers say the feature makes dental plans more attractive to employers and consumers at a time when they're under pressure from rising medical costs. Even though dental premiums rose just 2.7% last year, compared with 7.7% for medical plans, according to the **National Association of Dental Plans**, many employers have been in-

creasing worker contributions. More employers also are offering so-called voluntary dental plans, under which employees must pay the premiums themselves.

The rollover feature also helps employers and insurers by encouraging low-risk patients not to drop their dental coverage, which would leave behind only members in poor oral health, driving up costs for everyone in the plan. Insurers say employers don't pay much more for the feature under most plans, an estimated 0% to 5% additional, depending on the insurer.

More insurers also are covering new procedures and screening tests that members can use their higher limits to help cover. At **Guardian**, for example, members can use their rolled-over allowances to help pay for dental implants, which the company has covered since 2005 and which cost about \$3,000 each. **United Health care** says it also will begin covering dental implants under some plans either later this year or early next.

In March, **Guardian** began covering **ViziLite**, an oral-cancer screening test that uses a chemical-based light to detect precancerous lesions in the mouth and throat. **Cigna** also has covered the procedure since last year, as well as **Oral-CDx**, a brush-biopsy used in the dentist's office to check suspicious lesions for cancer. Oral cancer kills about 8,000 victims annually. Several other insurers also are covering one or both tests. Preventive and diagnostic screenings are often covered at 100% under many dental plans; bridges, implants and other restorative work are usually covered at 50%.