Letters to the Editor

Ask yourself: What does dental policy cover?

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It is true that pediatric dental coverage under health care reform is not simple ("Obamacare's dental-plan loophole may sting" Feb. 6). I don't think anyone will argue that point. It is also true that families could pay more for their child's dental care. This point is alarming. Arming consumers with comprehensive information to make their dental-care decisions is critical.

Many of the larger health-insurance carriers are offering pediatric dental as a part of a medical plan (also known as embedding). When this is the case, I'd like to encourage individuals to ask themselves these three questions:

- What are you really getting, in terms of dental coverage?
- Are you paying for what you and your family need?
- Are you interested in the "minimum essential" coverage or are you interested in more complete dental coverage?

If you feel less than thrilled with any of your answers to the questions above, a stand-alone dental plan may be the solution you are looking for. With this type of plan, out-of-pocket costs will likely be reduced. There will be less of a chance for "sticker shock" when visiting the dentist and learning that you are now responsible for the cost of basic services, like cleanings. Coverage for adults in many family dental options may be provided. Limits on orthodontia could be less severe.

We don't know exactly what the future of health care reform holds, but we are confident we've got a good handle on responding, no matter what comes our way. We continue to be committed to the dental health of our community.

Anthony A. Cook, *president & CEO, The Dental Care Plus Group*

Posted in: Greater Cincinnati, health, healthcare, lifestyle, National, Northern Kentucky, Ohio

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