Building dental research into benefit plans

At MetLife, we believe employers should take a closer look at their dental benefit plans. In general, plan designs have been slow to evolve and may have gone unchanged for years, which means they may not reflect current dental research.

Through our thoughtful, practical, consultative approach to plan design, we can help employers increase the value of their dental benefit plans in ways that meet their goals.

It’s an approach that helps employers address employee satisfaction, control dental plan costs and add value to their plans. We accomplish this by integrating current dental research and providing coverage for services that encourage appropriate treatment and/or follow-up care. Consider these examples:

**X-rays**

Current plans may contain the following limits:

- Full Mouth X-rays: Type A – 1 per 36 months
- Periapical X-rays and Other X-rays: Type A
- Bitewing X-rays: Type A – 1 set per year for adults, 1 set per 6 months for children

However, American Dental Association (ADA) guidelines recommend that dentists limit radiographs to areas required for adequate diagnosis and treatment, and not prescribe routine dental radiographs at preset intervals for all patients.\(^1\)

The basis for taking routine X-rays should be a patient complaint or a dentist’s concern about a suspicious area. While the ADA guidelines are subject to a dentist’s clinical judgment, the patient’s risk and disease state and other factors, they should help dictate when X-rays are needed.

That’s why we may recommend:

- Full Mouth X-rays: Type B – 1 per 60 months
- Bitewing X-rays: Type A – 1 set per year for adults and children
- Periapical X-rays & Other X-rays: Type B

**Replacements**

Most dental plans institute a 5-year replacement limitation for crowns, inlays, onlays, bridges, dentures and implant prosthetics.

However, current published dental literature suggests the majority of these types of restorations experience survival rates of up to 10 years or more when properly diagnosed, prepared, placed and maintained.\(^2\)

That’s why we may recommend:

- Prosthetic & Cast Restoration Services: Type C – 1 in 84 months or 1 in 10 years for all cast restorations, bridges & partials, and prosthetic appliances

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Periodontal surgery
Typically, in dental plans, all periodontal surgery services are benefited as Type B Services.

However, soft/connective tissue grafts, unlike services that treat active, bacterial periodontal disease, are considered periodontal plastic surgery typically used to treat gum recession.

That’s why we may recommend:
- Soft & Connective Tissue Grafts: Type C

Oral surgery
All oral surgery services, including the removal of wisdom teeth, are typically benefited as Type B.

Historically dentists have removed asymptomatic 3rd Molars (wisdom teeth currently not causing a dental problem) because it was generally believed that these teeth could cause orthodontic problems. However, recent research has challenged this idea indicating that the routine removal of 3rd molars is not appropriate and wisdom teeth should only be removed if the tooth is causing a problem or has pathology around it. Overall, clinical research is mixed in its review of whether removal of these asymptomatic teeth is always necessary to prevent future dental problems.

That’s why we may recommend:
- Removal of 3rd Molars (Wisdom Teeth) Impactions: Type C

The importance of education
Education—like appropriate plan design—is an integral piece of dental benefit plans. In fact, it takes on more significance as employers make plan design changes, and place greater responsibility and ownership on employees for their health.

At MetLife, we offer an educational platform that provides tools and resources designed to help employees make—and dentists promote—better choices about their dental benefits and oral health. Through this platform, we can help educate your employees about plan design changes (e.g., why it makes sense based on dental treatment protocols or trends) so they become more comfortable taking on the additional choices and control they desire.

With insights from MetLife’s Dental Advisory Council, we have continually enhanced our standard dental benefit plans. Some examples of national standards we’ve introduced over the years include:
- **Dental Implants**: Implants are no longer experimental and, in many cases, offer the patient the only accepted treatment choice. MetLife has recommended coverage for dental implants since 2001, and now includes it as a standard benefit on all new plans.
- **Brush Biopsies**: We’ve covered brush biopsies for oral cancer screenings in our standard dental benefit offerings since the service was approved by organized dentistry, including the ADA, industry groups and research leaders, more than 8 years ago.
- **Periodontal Cleanings (Prophylaxes)**: The MetLife standard of benefiting up to 4 periodontal cleanings per year following completion of active treatment has matched the American Academy of Periodontology guidelines for standard of dental care since the 1990s.
- **Sealants**: We’ve offered age limitation flexibility for dental sealants. Our current recommended standard for covering dental sealants is to age 19 because they’ve been recognized as a cost-effective method for preventing dental decay. This increased age limit helps protect patients into ages in which tooth decay is more prevalent.

For more information, contact your insurance broker, benefits consultant or MetLife representative.

Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.