**Dental Insurance and its feasibility in India**

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**Introduction**

Health care services traditionally have been provided on a fee-for-service basis whereby the patient receives specific services and pays the provider for them directly. As the costs of healthcare continue to rise, the majority of the people cannot afford the dental treatment, especially when it is being provided on a fee-for-service. India, with a vast population of around 138 crores, inequitable distribution of resources is very common and meeting the needs of dental health is still a challenge for the Government.

With this as reality, Dental Insurance seems to be a logical bailout from the situation. Insurance, the word as it says “Insure” (i.e protected) and also assurance. It is a method of taking care of individuals or populations. Due to lack of proper dental health education and motivation, Insurance in Dentistry seems still to be a very fresh idea to implement.

**Why Insurance?**

For a risk to be insured, the following criteria must be met:

1. Be precisely definable
2. Be of sufficient magnitude, if occurs, should cause a major loss.
3. Be infrequent
4. Be of unwanted nature
5. Beyond the control of individual
6. Not constitute a moral hazard

As we can see from the above requirements, many criteria cannot be met in the field of dentistry hence it is difficult to find any companies coming to the forefront for the same.

**Present scenario in India**

In India, the different forms of payment for dental health services are still the old school book type and incorporates:

1. Fee-for-service
2. Fee or discounted rates.

The present situation is witness to the fact that the dental insurance is a facility which only a few effluent people are entitled to! Multi National Companies and few big corporate sectors provide Dental insurance to their employees and in most cases, the cost is also restricted for given treatment. Majority of the population is still devoid of any such facility and it is this population on which our focus should be. The dictum of public health is “Equitable distribution”, i.e., the last person in the queue should also get all the health facilities.

**Future perspective**

The stakeholders and public health professionals should join hands a frame a full proof policy to implement a method of providing Dental insurance to the population. Also, the dental institutions across the country should adopt villages in rural areas and in urban areas can introduce a “social security card system”.

In this, a family (wife, husband and two children) will be registered and dental treatment be provided at a controlled cost. Also, if the parents or any other dependants also live along with the registered family, they can also utilize the facility. In initial stages, providing dental treatment at a controlled cost should be focused and once this system gains momentum, the funds collected from this programme can act as a corpus for magnifying it to cover all the dental treatment costs. Also, like the Blue Cross and Blue Shield programme of the United Kingdom and United States of America, this programme can also invite dentists to register under this scheme and serve the population. India, being a rapidly developing nation, really needs a major overhaul of health infrastructure.

**Conclusion**

Methods have to be sought to ease costs either by legislation or by the development of a variety of funding approaches. The financing of dental care is well developed and well-practiced in developed countries like the United States.

A vast and diverse country like India, needs a very thoughtful, well planned and aggressive approach to implement Dental Insurance in entirety. Very often we experience that one step at a time helps us to overcome the obstructions in our life. History is witness to the fact, that to bring a revolution, one doesn’t have to do many things, they just have to think differently. The present generation is often seen to have been thinking “out of the box”. One revolutionary step towards this aspect can surely bring a marked change in the social strata of health infrastructure.

“Believe you can and you’re halfway there.”

* Theodore Roosevelt

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