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## CROWNS VENEERS INLAYS & ONLAYS

WHY CAN'T I JUST  
HAVE A FILLING?

Your dentist has models and pictures he/she can show you of *crowns, veneers, inlays and onlays*. This brochure is to help you understand what they are, why you need them, and how insurance may pay.

### What is a crown?

A crown is also sometimes referred to as a *cap*. It is an artificial replacement for that part of the tooth that is above the gum line. A crown typically covers the entire tooth, replacing most of the enamel. Crowns can be made from metal, gold alloys, metal and porcelain fused together, or entirely from porcelain. Crowns may be made in a laboratory or on a CEREC machine.

### Why do I need a crown?

Teeth that have cracked enamel, extensive decay, or defective fillings often must be crowned. Here's why: Cracked enamel can allow mouth fluids and bacteria into a tooth. Left alone it can result in a contaminated nerve. Broken cusps (the *pointy* parts of a tooth) or other broken sections can continue to fracture, causing pain and possible nerve damage. Extensive decay usually means that a large part of the tooth structure is damaged. A defective filling is one that has breaks, little fracture lines, or cracks in it, or one that has sections that have shrunk or expanded away from the rest of the tooth. Left alone, defective fillings can result in a nerve exposure.

A crown replaces damaged parts of a tooth and adds to its life span. Crowns can also be used to make cosmetic improvements in the appearance of teeth.

### Why can't I just have a filling?

*Fillings* can be made from various materials and are good for fixing decayed sections of a tooth where "cavities" have occurred. They are not good for repairing cracks, broken cusps, extensive decay, or severely damaged old fillings. There has to be enough of the natural tooth left to support a filling. If not, a crown is typically the only answer.

***I have been told that I have a defective filling and need to have a crown. My tooth doesn't hurt. Why should I have a crown done now?***

It is tempting to *leave well enough alone* when you are told that you have a condition that needs attention, and you feel just fine. It can be a mistake when you are talking about your health and your teeth. Here's why: A tooth that has a defective filling is a tooth that has bacteria and fluids seeping into it. Acids from the bacteria can eat away at the natural tooth that surrounds the filling. It can also eat away at what is left of the tooth under the filling; eventually reaching the nerve and blood supply. Once bacteria has contaminated the nerve and blood supply, the nerve will begin to fester, drain toxins out the end of the root, and eventually produce an abscess. Often this is painful. Once an abscess has formed, an endodontic procedure, or root-canal, must be done to remove the bacteria. The abscess is drained, and the nerve and blood supply inside the tooth are eliminated. A tooth that has had a root canal is brittle and requires a crown. So... when a crown is recommended it is a good idea to have it done before a root canal is needed too. It can save you time, pain and money in the long run.

***I had a friend who had a crown made for a back tooth. Later that tooth had to have a root canal. Will I be facing a root canal in the future?***

Once your dentist has removed your broken cusps, defective fillings and any decay, he/she will be able to assess the condition of the nerve and root. Just because a tooth needs a crown does not mean that a root canal must be done. However, it is possible for bacteria to contaminate a tooth nerve without any signs or symptoms for a patient or indications for the dentist. If it turns out that the nerve has been microscopically contaminated, a root canal may have to be performed in the future. Sometimes this may be done through the top of the existing crown, without the crown requiring replacement. If that is not possible the crown may need to be replaced. Even though this might happen, it is not reasonable or recommended to perform root canal treatment on all teeth requiring crowns.



## Will my insurance pay for my crowns?

Your plan may help, but usually will not cover all the costs of crowns. Most insurance plans have a *maximum limit* as to the amount of money they will pay for any treatment during a year's time. They also usually have a list of services that are covered or not covered. Your dental insurance plan is not like your medical insurance. It is really a *money benefit* usually supplied by an employer to help employees pay for routine dental treatment rather than true *insurance* to cover a medical catastrophe. The employer usually buys a plan based on the amount of the benefit and how much the premium costs each month. Most benefit plans are only designed to cover a portion of the total cost of dental care for any patient.

Your insurance may pay part of the cost of your crowns, but typically there is always an amount left for you to pay. Insurance may also only cover an *alternate benefit* such as a filling, even though your dentist is recommending a crown. Many contracts are designed to pay a minimum amount regardless of what service you actually need. Remember that your dentist's responsibility is to prescribe what is best for you. The insurance carrier's responsibility is to control payments.

Despite this, any amount covered reduces what you have to pay out of your pocket. It helps!

***I received an Explanation of Benefits from my insurance carrier that says my dental bill exceeded the "usual and customary." Does this mean that my dentist is charging more than he/she should?***

Keep in mind that what insurance carriers call *usual and customary* is really just what your employer and the insurance company have negotiated as the amount that will be paid toward your treatment. It is usually less and frequently much less than what any dentist in your area might actually charge for a dental procedure. It does not mean that your dentist is charging too much.

## Why is there an annual maximum on my benefits?

Maximums limit what a carrier has to cover each year. Amazingly, despite the fact that costs have steadily increased, annual maximum levels for dental care have not changed since the 1960s.

## What is a veneer?

A veneer is a thin, tooth-colored shell that can be placed over the fronts and/or sides of teeth to correct discoloration, chips, decay and sometimes crowding. Veneers are not the same as crowns, which usually cover the entire tooth above the gum line. One way to describe them is that they are similar to *fake fingernails*, with the exception that they are made to last much, much longer. On *make-over* shows they are frequently used to make a person's smile more attractive. Sometimes a small portion of tooth enamel must be removed to make space for the veneer. Sometimes that is not necessary. Whether or not enamel has been removed, patients should consider that once a veneer has been attached, it will need periodic replacement during a person's lifetime. Typically a veneer cannot be removed and the natural tooth used *alone* again. As with all dental replacements, careful home maintenance is important for a long lasting veneer.

## Will my insurance pay for my veneers?

Some plans will pay a portion for veneers when decay is present in teeth. There is almost always an amount left for you to pay. Many plans will not pay for any treatment that is for *looks* only. (Remember, it is not legal for either patients or dentists to send in a claim for decayed teeth when cosmetic treatment is what is actually needed.)

## What is an inlay?

An inlay is a restoration that fits within the cusps of a tooth. It is made outside of the mouth as opposed to a filling which is made inside the mouth. It may be made of metal or porcelain; in a lab or on a CEREC machine. It is usually cemented or bonded into the tooth. An inlay restores portions of a tooth that might also be fixed with amalgam (silver) or tooth-colored filling material.

## What is bonding?

Bonding is accomplished by placing a special material which acts as an adhesive or glue between the tooth and the restoration. It is hardened by using a high intensity light or chemical agent. Bonding materials can also sometimes be used as tooth-colored fillings.

## What is an onlay?

An onlay is a restoration made outside the mouth that replaces a cusp or cusps of a tooth. It is cemented or bonded into place. An onlay restores portions of a tooth that might also be fixed with amalgam (*silver*) or tooth-colored material, **plus** a partial crown covering the cusps. It is a more conservative or *tooth structure saving* restoration than a full crown. It may be made of metal or porcelain; in a lab or on a CEREC machine.

## Will my insurance pay for an inlay or onlay?

Some plans will pay what they provide for a silver filling. They call this an *alternate benefit*. This does not mean that you do not need or should not have an inlay or onlay, just that your benefit contract doesn't pay for them. It is a mistake to let benefits be your sole consideration when you determine what you want to do about any dental condition.

## A word about bridges

If you have a missing tooth, it may be replaced using a *bridge* or *fixed partial denture*. The teeth on either side of the missing tooth are crowned, with a *fake* tooth (or teeth) *glued* in between. The bridge stays in place. It does not come in and out like a *removable partial denture*. Sometimes an inlay or onlay may be used instead of a full crown as supports to hold the *fake* tooth. Implants may also be used to replace a missing tooth. You may ask your dentist to tell you about how they are made.

## Why do crowns, veneers, inlays and onlays cost so much more than fillings?

All dental treatment is expensive because it is performed by hand, by extensively trained and educated dentists, hygienists and staff, on a service by service basis. Unlike items such as rugs, shoes, and shirts that can be mass produced for retail sales; dental treatment and restorations are unique and individual. Each restoration is made just for you. Dental treatment and restorations can affect a person's general health, feelings of well-being, and appearance. Crowns, veneers, inlays and onlays are usually more expensive than fillings because of the laboratory costs or machining expenses they require.

## If my insurance will not pay for my crowns, veneers, inlays, and onlays, why should I have them done?

Your insurance plan can help you pay for treatment that you need, however it was never designed to pay for everything. Most plans typically pay a minimum regardless of what you might require as an individual. Benefits should not be your only consideration when you are making decisions about your teeth. You owe it to yourself to carefully consider the advice your dentist is giving you. People who have lost their teeth often say that they would pay any amount of money to get them back. Your smile, attractiveness, ability to chew and enjoy food, and general sense of well being are dependent on your dental health. Many people would say that it is worth the expense to keep your teeth for a lifetime.

## How long do crowns, veneers, inlays and onlays last?

With regular dental check-ups and good home maintenance, they can last indefinitely. In some cases, they may even add to the longevity of a tooth. Even so, it is reasonable to assume that replacements might be needed some time during a person's life.

