

Choosing the Right Dental Plan

When the benefits discussion begins, medical insurance typically takes top billing. However, employers must also give due consideration to dental benefits, given how important this coverage is to employees.

A majority of consumers consider dental benefits to be a “very important” part of the essential benefits package, along with medical coverage, retirement benefits and prescription drug coverage.¹

As you evaluate your dental benefits, you should consider the needs of those using the benefits and how they define high-quality coverage. This ensures that your company and its employees get the most value out of their dental benefits dollars.

When selecting a dental benefits plan, 90 percent of benefits decision-makers rely on a broker or consultant.²

Knowing Employees’ Needs First

Understanding your organization’s oral health needs is the first step in evaluating your dental benefits. Some employers have a homogenous employee population well-served by a “one size fits all” plan, while others may require flexible plan options to serve diverse employee needs.

Different demographics face different oral health challenges. Generational attitudes and family status can also affect the type of dental care employees seek. Consider these factors:

- **Ages 20-39** This generation generally faces fewer oral health challenges. They benefit most from prevention and find value in a plan that covers basic cleanings and checkups. Easy online access to benefits information is expected.

Members of this age group are more likely to be starting families. Recent clinical studies suggest that pregnant

women may benefit from additional dental cleanings, and some plans offer enhanced benefits that include such care. Employees with young children appreciate tools that encourage kids to learn and practice good oral health habits.

According to the American Academy of Pediatric Dentistry, a child should visit the dentist within six months of the first tooth erupting or no later than age one.³

- **Ages 40-59** Members of this group often require restorative procedures. As their oral health needs change with age, they tend to seek ways to manage their health and wellness. They value a benefits carrier that provides access to expert resources and offers them choices to help confront oral health challenges.

As established members of the workforce, they are often willing to “buy up” to lower deductibles and higher annual maximums in order to receive the best possible care.

- **Ages 60+** Employees nearing retirement are more likely to face chronic conditions. They value a plan that helps them manage the expenses associated with more complicated procedures.

Fewer than 26 percent of adults age 65 and older have lost all their teeth – compared with 46 percent 20 years ago.^{4,5} Even though members of this group are keeping their teeth longer, they may discount the importance of ongoing regular examinations. This employee population benefits from educational materials on the continued relevance of preventive care.

While one in seven 35-to-44-year-olds has gum disease, the occurrence rate increases to one in four among those over 65.⁶

Evaluating a Plan Effectively

By understanding how oral health needs and coverage expectations vary by age, you can make better decisions about dental benefits for your organization.

You should also examine the following criteria when evaluating your group's current or potential dental plan.

Network

Employees are likely to be more satisfied with their dental plan when they can answer "yes" to this question: "Is my dentist in the network?" Having more in-network dentists to choose from improves network utilization rates simply because more employees are visiting an in-network dentist. This means more enrollees are enjoying protection from balance billing and saving the group money on claims – a satisfying result for the employer and employees.

In most dental plans, claims costs account for the majority of the employer's expense. Network utilization is the primary means of controlling claims costs.

Most major carriers' PPO-network utilization rates are between 30 and 40 percent. Delta Dental's PPO network in combination with our Delta Dental Premier network – the nation's largest, with 139,000 individual dentists – delivers a nationwide network utilization rate averaging 95 percent.

Cost Management

Premiums are only one measure of a dental plan's cost. A real cost-value measurement incorporates the carrier's cost-containment strategies, cost-management history, fee arrangements with dentists and effective discounts delivered – a measure of true savings representative of discounts enjoyed by all enrollees as compared to common benchmarks.

A strong benefit carrier will also help the group's employees manage their oral health by encouraging preventive care. This reduces long-term costs on the dental side, and could also have a significant long-term impact on overall health and health care costs.

A recent national dental carrier study conducted independently by Ruark Consulting revealed that Delta Dental PPO **leads the industry nationally in effective discounts** – meaning we save our clients more across all claims, in-network and out.

Technology

Progressive dental carriers' online capabilities enhance customer service, provide flexibility and transparency and improve operating efficiency, from billing and paying claims to enrollment and enrollee communication.

Service

An employer and its employees must have confidence that they'll be taken care of after signing on with a carrier. Some carriers even include guarantees with financial penalties should they fail to meet agreed-upon service standards.

Price Transparency

With bundled medical-dental coverage, the true cost of the dental benefit can be buried in a single premium. A standalone dental carrier can provide price transparency and vital supporting data on actual costs and benefits.

Enhanced Benefits

The U.S. Surgeon General's office has noted correlations between periodontal disease and health care costs for certain medical conditions, and studies examining the effects of oral health on systemic medical conditions continue to point out even more potential connections.

For little or no increase in premium, many carriers can add enhanced benefits for individuals with medical conditions that may benefit from additional oral health care. This could include pregnant women and/or persons with diabetes, cardiac conditions, suppressed immune systems, risk of oral cancer and other systemic diseases.

Evidence-Based Dentistry

Evidence-based plans use scientific research and patient treatment data from dental claims databases to create flexible plan designs that address each individual's specific oral health needs.

Delta Dental defines evidence-based dentistry as a set of principles and methods intended to ensure that to the greatest extent possible, clinical decisions, guidelines, and other types of policies are based on and consistent with good evidence of effectiveness and benefit.

Dental Benefits Expertise

Medical and dental benefits operate under very different models. While the former focuses more on treatment, the latter concentrates primarily on prevention. Furthermore, building and maintaining an effective dentist network is much different than building a network of medical care providers.

All things equal, an employer should choose a dental carrier that's an expert at providing and delivering effective, high-quality dental benefits. A carrier committed to providing such dental benefits will be intimately familiar with the latest dental research, will have aggregated data on dental utilization and dentist reimbursements, and will be able to use that data to create better products and control costs.

Since 1954, Delta Dental has worked to improve oral health in the United States by emphasizing preventive care and making dental care more affordable for more people. Founded by dentists, we create dental benefit plans based on the most current research and designed to keep enrollees at their healthiest and most productive.

Making the Choice to Protect Employees' Oral Health

Regardless of the dental benefits carrier they choose, employers should be commended for the decision to provide dental benefits to their employees. People with dental benefits exhibit more healthy behaviors and better oral health habits – including brushing, flossing and visiting the dentist more regularly – and are less likely to smoke.⁷

Those covered by some form of sponsored dental insurance are 21 percent more likely to understand the importance of good oral health.⁸

As always, Delta Dental recommends that you consult with your broker or consultant when evaluating their dental benefits plan. For more information on dental insurance, please visit with your benefits consultant or talk to your local Delta Dental representative. Visit www.deltadental.com to find the local Delta Dental member company serving your area.

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- 1 The Long Group Health Care Reform Study, April 2008.
 - 2 The Long Group Brand Selection Study, August 2009.
 - 3 "Pediatric Oral Health Information for Parents: Frequently Asked Questions." American Academy of Pediatric Dentistry. <http://www.aapd.org/pediatricinformation/faq.asp> Accessed 2012
 - 4 CDC Health Data Interactive. <http://www.cdc.gov/nchs/hdi.htm>
 - 5 Oral Health in America: A Report of the Surgeon General, 2000.
 - 6 National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers: At a Glance 2011. Atlanta, GA: 2011. Available from <http://www.cdc.gov/chronicdisease/resources/publications/aag/doh.htm>
 - 7 NADP Report: The Haves and the Have-Not: Consumers With and Without Dental Benefits, February 2009.
 - 8 The Long Group Consumer Survey, April 2008.