Determining the Value of Dental Benefits Networks: The Balancing Act

When it comes to selecting the best dental benefits plan for your employees, there are several factors to consider. At first glance, some might find that comparing ASO fees is the best way to determine cost savings. Others might prefer to compare network discounts. Still others might be inclined to focus on network size. In reality, none of these factors alone are enough to give you a real picture of the true cost of a dental benefits plan.

Instead, benefit decision makers must perform the careful balancing act between examining all three of these factors. Only then can you determine your true cost savings from one plan to the next.

Comparing discount levels can certainly seem like a good place to start. By determining what sort of contract reimbursements a carrier offers, you can get an idea of what claims costs you will incur. However, looking at discounts alone can often be misleading. Take, for example, a dental plan that offers very large discounts, but has a small network of dentists. Because enrollees have fewer participating network dentists to choose from, the chances are higher that they will visit an out-of-network dentist, which makes the discounts a less important factor.

To really determine how much money network discounts can save you in the long run, consider them along with a dental plan’s network size. The larger a dental network is, the higher the network utilization will be for your group. While one carrier may not always boast the deepest discounts, the fact that your enrollees will most likely have access to a lot of in-network dentists means that they will get a discount, rather than visiting a non-network dentist where there are no discounts or protections in place.

Delta Dental’s no balance billing policy means that our network dentists have agreed to pre-determined fees for dental services, and are prohibited from charging a patient the difference between their usual fees and the amount that they have agreed upon with Delta Dental.

ASO fees, or administrative service only fees, are the cost per enrollee for the administration of a dental plan. While ASO fees from one carrier to the next may vary by a dollar or more, there are different services that go into the ASO cost. When you look at an ASO fee, don’t simply take it at face value. Dig deeper and find out what services are included. For example, many Delta Dental companies offer overall wellness programs, specialized reporting, online capabilities, etc. which are available for no extra charge. They are simply built
into the ASO fee. While you should pay attention to ASO fees, you should also bear in mind that the majority of the cost of a dental plan comes from the claims costs, which can be controlled with deep discount levels and a high network utilization.

The solution

When it comes time to choose a dental plan, be sure to weigh all of these important factors carefully. The best dental plan solution for your group is one that delivers access to quality oral care while saving you money. Determining the most cost-effective dental plan for you is a matter of finding one that offers quality discounts alongside a large network.

**Delta Dental Premier** is the country’s largest dental network. Four out of five dentists in the country participate in the Delta Dental Premier network, which means that you can expect high network utilization with Delta Dental. The Delta Dental Premier network, offered alongside the Delta Dental PPO network, gives enrollees access to eighty percent of the nation’s dentists, all of whom have agreed not to balance bill enrollees or their employers beyond their contracted amount for each dental procedure.

Last year, 84 percent of claims submitted to Delta Dental were for procedures with participating Delta Dental network dentists. That high network utilization, coupled with our other unique cost control measures, saved groups more than $7.6 billion in 2009.