

Dental Insurance Options

<p>This table will help you understand the major differences between the 4 most popular dental benefit financing mechanisms.</p>	<p style="text-align: center;"><u>Direct Reimbursement Dental (DR)</u></p> <p>DR is a self-funded plan that gives Plan Sponsors the flexibility to establish a dental plan design that best fits participant needs and budget. This emerging concept does not involve an insurance company. It is the empowered consumer model.</p>	<p style="text-align: center;">Traditional Indemnity Dental Insurance</p> <p>These plans were the original dental benefit plans that have provided core dental coverage for employer sponsored plans. Premium rate trends have been rising in recent years.</p>	<p style="text-align: center;">Dental Preferred Provider Organization (DPPO)</p> <p>These organizations provide dentistry through contracted dentists who agree to accept lower fees.</p>	<p style="text-align: center;">Dental Health Maintenance Organization (DHMO)</p> <p>Minimum dentistry is provided through contracted dentists who agree to small monthly capitation payments for each employee/patient regardless of whether services are performed or not.</p>
<p>Patient's Freedom of Choice</p>	<p>Patients seek dental care from the dentist of their choice. Full Freedom of Choice is a core concept.</p>	<p>Patients choose their own dentist but fee payments are often based on contract provisions with insurance company.</p>	<p>Patients have more freedom of choice than with an DHMO, but pay more for care from a non-preferred provider.</p>	<p>Patients are restricted to a list of designated network providers.</p>
<p>Benefits</p>	<p>Benefits are stated in easy to understand \$\$\$ terms. There are no deductibles, no complicated schedules, and no pretreatment authorizations. Care decisions made by dentist and patient.</p>	<p>The levels and coverage are defined by a contract. Service frequency, deductibles and restrictions vary by contract.</p>	<p>Enrolled members receive services at a reduced cost when delivered by a network provider.</p>	<p>Restrictive. Enrolled members receive services when care is provided by a plan provider only.</p>
<p>Utilization</p>	<p>Self-funded by Plan Sponsor. No insurance company involved. Consumer controls use of benefits.</p>	<p>Controlled by the insurance company.</p>	<p>Controlled by the insurance company.</p>	<p>Providers receive a financial incentive to control utilization. The limited number of dentists may result in appointment delays.</p>
<p>Payment to the Providing Dentist</p>	<p>Dentists are paid by the patient for services rendered. The patient is then reimbursed quickly by the Plan Sponsor for the expenses incurred in accordance with plan's design.</p>	<p>Dentists are paid (indemnified) for services by the insurance company with balances paid by the patients.</p>	<p>Dentists are paid on the basis of a discounted fee schedule. Patients pay the balance when using non-network dentists.</p>	<p>Dentists are paid a small dollar amount per member per month regardless of services rendered.</p>
<p>Cost</p>	<p>Cost predicated on plan usage. Lowest overhead expenses. No premium payments.</p>	<p>Most expensive overall. Monthly premium payments regardless of usage.</p>	<p>Less expensive than an Indemnity Plan. Monthly premium payments.</p>	<p>Least expensive overall but highest admin. costs. Monthly premium payments.</p>