CareFirst
Family of health care plans

Choosing the Best Dental Insurance

Employees look for, and value, dental insurance as part of a competitive benefits package. And smart employers know that good oral health leads to better overall health, reduced absenteeism and lower health care costs.[1]

If you are not well versed in dental benefits, the terms and different types of plans can be confusing. We've created this guide to give you an easy explanation of some of the factors to consider in order to make the best decision about this valuable coverage.

Network size—the bigger the network, the more choices for employees

It makes sense—the more providers in a network, the more choices. But as you look at a network's numbers, make sure you know the difference between unique providers and access points.

- Unique providers reflects the number of actual dental providers in the network.
- Access points are calculated by multiplying the number of unique dentists by the number of locations where they practice. One dentist with two offices would equal two access points.

Dentists retire, move or switch networks frequently, so ask how often provider listings are updated so you have the most accurate information. Network size is important, but don't stop your comparison there.

Network discounts—how payments are determined

CareFirst BlueChoice, Inc. and The Dental Network offer Dental HMO (DHMO) plans that use set member copay schedules. With CareFirst BlueCross BlueShield (CareFirst) Traditional and Preferred PPO dental plans, CareFirst negotiates reimbursements/payments for dental procedures to determine "discounts off billed charges." Since your employees will pay a set percentage of these charges, having deeper discounts can help save them money.

> The quality of the dental plan you offer speaks volumes about your company to new and prospective employees.

Network access—which employees can see which dentists

Even the largest national networks can't guarantee that an employee's current provider will be part of that network. The best way to ensure that most of your employees' dentists are in a proposed plan's network is to ask for a "disruption analysis." If the analysis shows a good match for most of your employees' preferred dentists, the buy-in for dental coverage will be greater.

Preferred Provider Organization (PPO) networks—balance discounts with network size

Insurance companies negotiate discounts with a PPO network's participating dentists. But, the deeper the discount an insurance company wants, the fewer dentists want to be in that network. So consider both broad and narrower networks to find the best balance between the discount and the number of providers.

Out-of-network charges—paying more to see out-of-network providers

Employees who want to see an "out-of-network" provider will often be charged directly for services not covered by their plan. Others will pay higher premiums for plans that cover a higher portion of out-of-network charges.

[1] National Institute of Dental and Craniofacial Research, "Oral Health in America: A Report of the Surgeon General." Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

Pricing your dental coverage—it's about more than just the monthly premium

Monthly premiums are just part of the overall cost of dental coverage. As you compare plans, consider the annual maximums, deductibles, coinsurance levels and provider reimbursements that make up your employees' true out-of-pocket expenses.

Funding your dental coverage—know your options

A self-insured plan may offer you more flexibility and control. A fully-insured plan gives the insurance company most of the responsibility for plan design and risk. But that's just the beginning. You can also pay a portion of your employees' premium or decide to offer a voluntary plan, which can be 100 percent employee paid.

Your broker or CareFirst sales representative can help you understand the tradeoffs while considering all of the costs involved.

- **Fees**—Will fees vary based on plan offerings, billing or reporting requirements?
- **Additional charges**—Are there charges for open enrollment assistance, ID cards or communication/educational materials?

Understanding your benefits—ask questions until you're sure

Just like medical coverage, employee dental plans can be HMO (DHMO) plans and/or Indemnity (DPPO) plans. Premiums and out-of-pocket costs vary according to the plan type, level of benefits and provider networks included in each plan, so make sure you ask about:

- **In-network providers**—Finding out your employees' in-network provider utilization for each plan can help you decide if lower premiums should be swapped for richer out-of-network benefits.
- **Quality of care requirements**—After initial contracting, are providers credentialed, periodically re-credentialed and held to strict quality of care requirements?
- **Orthodontic services**—Are they included? If so, what is the maximum amount the plan will pay?
- **In-progress services**—How does the plan handle "in-progress" orthodontic and/or restorative services?
- **Pre-existing conditions**—Are there exclusions or limitations for a pre-existing condition, such as missing teeth? Is there a waiting period?
- **Routine procedures**—Are employees limited to a certain number of yearly routine procedures like check-ups, X-rays, cleanings, fluoride treatments or fillings? These can vary significantly by insurance company, so find out before you decide.
- **Customer service**—Is there a dedicated account manager for enrollment and billing questions? Does the carrier have a dedicated claims and service unit for dental customers? What online or mobile tools are available for employees?

> It's important to know what to look for and what to ask, when choosing a plan. If you have any questions, contact your broker or a CareFirst sales representative today.

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