

2024

# Ameritas Dental Insurance Market Report

*Empowering consultants to create more  
valuable dental plans for clients*



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## Executive Summary

As healthcare costs rise and employee expectations evolve, many dental plans fall short. Simply raising annual maximums or focusing solely on preventive designs often fails to address the workforce's diverse needs, leading to gaps in coverage, missed opportunities to improve health outcomes, and increased costs for employers. Dental benefits that enhance both oral and overall health are no longer just an option but a necessity for businesses aiming to attract and retain top talent. The problem is clear: traditional approaches to dental plans are not enough.

We address these challenges with meaningful data, industry trends, and innovative plan designs that impact member health. This guide explores critical factors shaping the dental market and emphasizes that a plan's true value lies in both its design and execution. By turning insights into practical strategies, consultants can develop comprehensive, value-driven dental plans that support employee well-being and employer financial efficiency.

Dental plans must effectively address rising costs and coverage gaps, as increased premiums strain employer budgets and lead to deferred care, exacerbating chronic conditions and increasing long-term costs. Understanding the relationship between oral health and overall well-being allows consultants to create plans that promote preventive care, reduce healthcare expenses, and meet current and future demands. Partnering with Ameritas ensures these insights are transformed into customized dental plans that deliver real results, driving better health outcomes and cost savings for all stakeholders.

## Introduction: The Need for a Better Dental Plan

The link between oral health and overall well-being is well-established and continues to grow stronger. As more evidence emerges, we are beginning to understand better the full magnitude of how preventive oral care improves individual health and can lead to significant cost and time savings for employees and employers.

Despite the increasing body of research, many dental plans today have:

- **Inadequate coverage:** Even those with prevention-focused designs and high maximums fail to meet the diverse needs of the entire workforce.
- **Limited reach:** Plans that serve a small segment of employees effectively, leaving significant gaps in coverage.
- **Missed opportunities:** Employers lose crucial chances to positively influence broader health outcomes, weakening the overall value of their entire benefits package.
- **Increased risks:** Poorly designed plans can lead to adverse health outcomes and higher long-term costs for employers.

At Ameritas, we pride ourselves on being the expert partner that clients can trust to navigate the complexities of dental plan design. Our deep industry knowledge and specialized tools empower consultants to develop dental plans that not only meet today's needs but anticipate tomorrow's challenges, supporting better health outcomes and cost savings for all stakeholders.

Carriers that have a medical plan alongside a dental plan rely on their own bundled data to support analysis. Through our partnership with multiple population health companies, our specialized focus on dental health provides an agnostic and more objective approach toward overall health regardless of the health plan. Our data-driven approach, utilizing extensive medical insights, ensures that the plans we design address the interconnectedness of dental and overall health, driving better health outcomes and cost savings. Our commitment to service excellence means that our plans are not just theoretical constructs but practical solutions that work for clients and their employees in the real world.

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### Tailored support leads to optimized performance

*While the design is crucial, execution matters*

- Use of effective communication
  - Experienced regulatory compliance
  - Seamless Implementation
  - Issue resolution frameworks
-

# The Data Behind the Dental Insurance Market

## What consultants should know

Delivering actual value in dental plans requires more than just cost savings, simply matching prior design, or superficial design features. It's essential to understand the distinct needs of both clients and their employees to make a significant impact. In today's rapidly evolving landscape, driven by technological advances and increasing commercial pressures, even the most innovative plan designs can quickly become outdated.

Our approach focuses on:

- **Leading in thoughtful plan design:** Prioritizing employee health over competitive posturing.
- **Staying ahead of industry advancements:** Leveraging unique insights to craft plans that address current needs and prepare for future costly trends.
- **Offering resilient solutions:** Ensuring our plans are effective, forward-thinking, and centered on the well-being of employees.

## Rising prices for oral care and market impacts

Employers are caught between dueling priorities: trying to keep overhead down while offering benefit packages to attract and retain a strong employee pool. The financial pressures are intensifying, notably as dental care costs have surged by 30% per person over the past two decades. The dental Consumer Price Index (CPI) has reached its highest levels in a decade, often surpassing the rate of medical CPI growth, reflecting a troubling trend that cannot be ignored.<sup>1</sup>

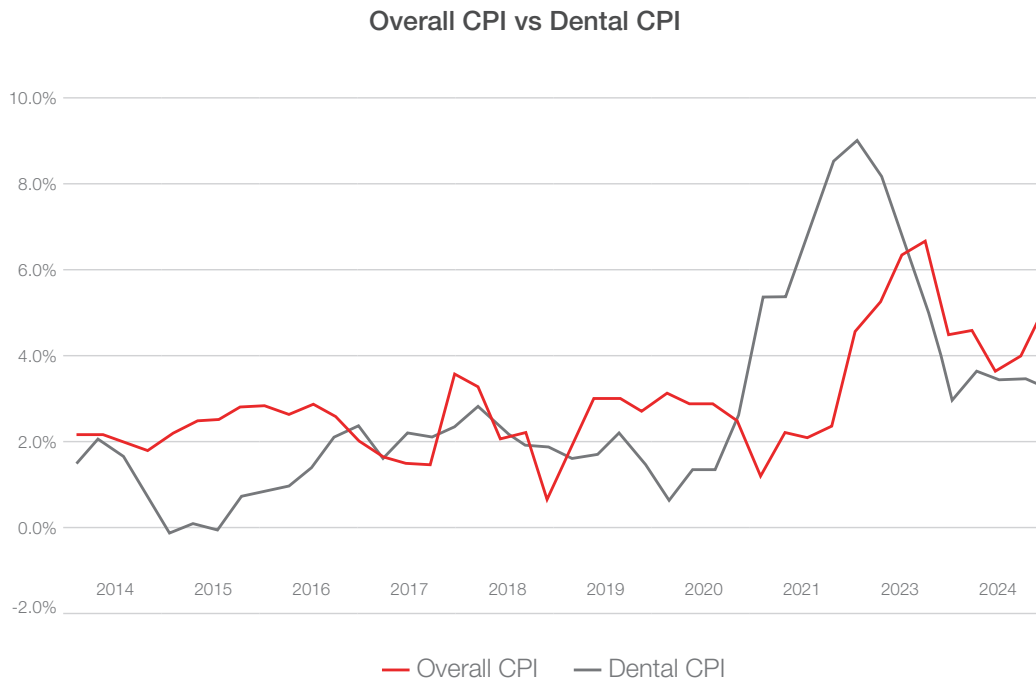


Figure 1. Trends: Dental CPI vs Overall CPI over last 10 years.

Several critical factors are driving these escalating costs, including the rising demand for cosmetic procedures, rapid advancements in dental technology, and increasing prices for essential materials and labor. Compounding these issues is the growing incidence of chronic conditions linked to oral health, such as diabetes and cardiovascular disease, which are fueling the need for more comprehensive and frequent dental care services.

The Bureau of Labor Statistics provides free monthly data that offers critical insights into cost trends, potential savings opportunities, and challenges employers and employees might face. While this data doesn't account for the specific impacts of insurance and network discounts on claim costs, it highlights the broader economic pressures that directly and indirectly affect paid claim costs. This expectation is driven by several key factors (Figure 2):<sup>2</sup>

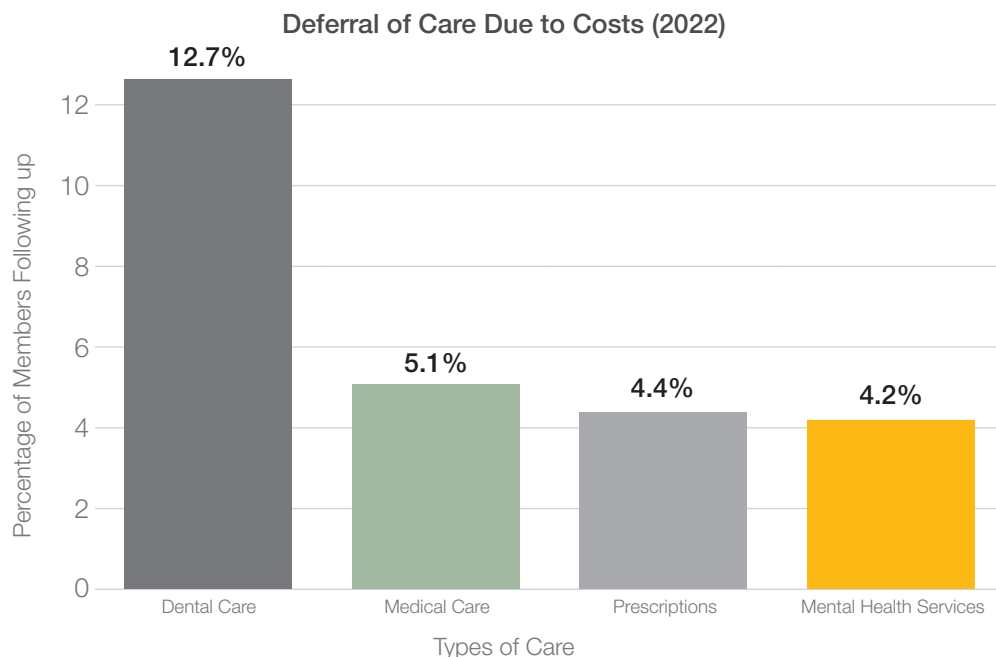


Figure 2. Dental CPI and impact on claim costs

In response, many insurers have raised their annual maximum benefits. Over the past decade, the average annual maximum benefit for group products has shown a marked increase, particularly for Dental Preferred Provider Organizations (DPPOs) plans. According to data from the National Association of Dental Plans (NADP), by 2021, nearly 50% of DPPO annual group maximums ranged between \$1,500 and \$2,500, with a growing percentage of plans offering higher amounts.<sup>3</sup> This knee-jerk reaction reflects the industry's attempt to provide more robust coverage in response to escalating dental costs and consumer demand for more extensive benefits.

## Dental benefit utilization

Although the percentage of employers offering dental insurance has increased, with 90% of small firms and 94% of large firms who offered health benefits also offering dental insurance to their employees in 2023, the rising premium costs continue to strain budgets.<sup>4</sup> This financial burden forces many to defer or forgo essential dental care, a situation which reflected in alarming statistics. In 2022, the American Dental Association reported that 12.7% of Americans did not receive necessary dental care due to costs—a figure that significantly outpaces the deferral rates for medical care (5.1%), prescriptions (4.4%), and mental health services (4.2%), as shown in Figure 3.<sup>5,6</sup>



*Figure 3. Illustrates the deferral of care due to costs in 2022, highlighting a higher percentage of individuals delaying dental care compared to other health services.*

Underutilization creates challenges for consultants, as employers may question the value of dental plans if they don't see a clear return on their investment. Understanding what is causing the industry to react is vital. Without strategic adjustments from a dental plan expert, companies risk offering uncompetitive benefits, leading to talent loss and worsening employee health, which drives up long-term costs.

**Consultants are best equipped to provide solutions and value when data is paired with perspective.**

### **Impact of dental care on medical costs**

One of the most critical points to emphasize is that people with dental insurance are more likely to receive the oral care they need to prevent chronic diseases.<sup>10</sup> This proactive approach safeguards their well-being and results in significant financial savings. For instance, individuals at risk of chronic conditions can see medical cost reductions of 15% to 25% by visiting a dentist at least twice yearly.<sup>7</sup> Thus, dental insurance should be viewed as a fundamental component of overall well-being rather than just a benefit for oral health. By integrating dental care into the broader scope of health management, employers can help mitigate medical expenses by promoting good oral hygiene practices.

This perspective is supported by research highlighting the interconnectedness of dental and overall health, reinforcing the importance of comprehensive dental coverage.<sup>11</sup> Research by [Artemis Health](#) further emphasizes this connection, proving just how much participants stand to save. Medical spending data analyzed across 18 employers comprising approximately 2 million members concluded that:

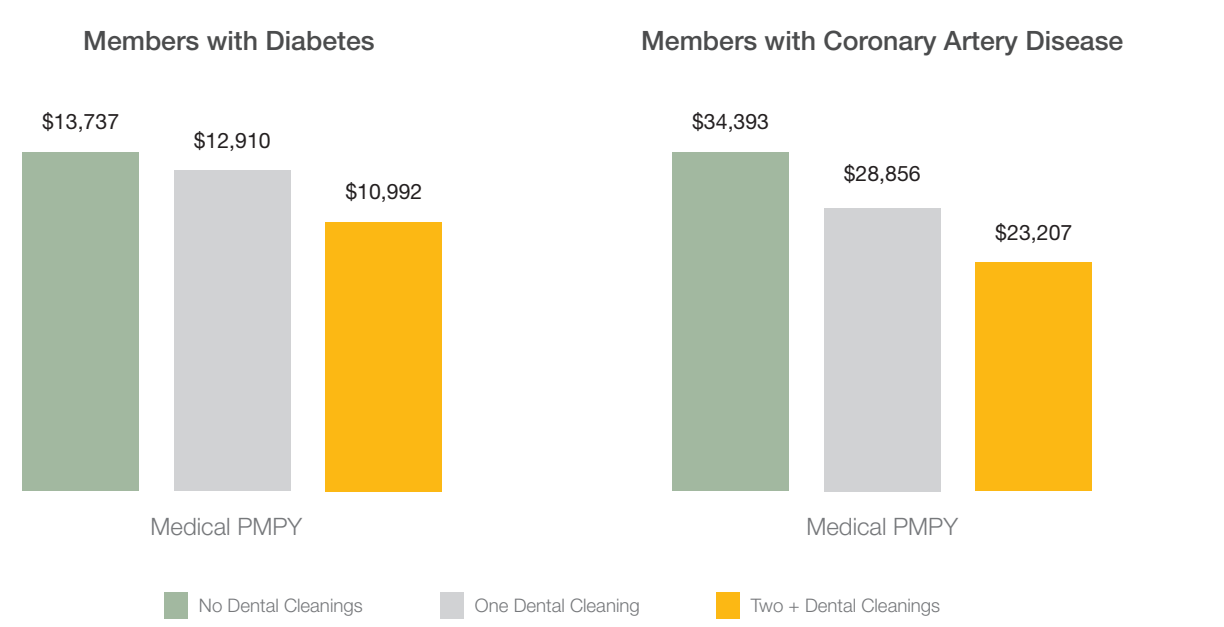


Figure 4. Medical spending data analyzed across 1.9 million total members (2022).

- Total medical spending in 2022 for members who have diabetes and also have dental insurance was up to \$2,745 less for those who obtained at least one dental cleaning that year.
- For members with coronary artery disease and also have dental insurance, medical spending was up to \$11,186 less for those who obtained at least one dental cleaning in 2022.

The impact of dental care on reducing overall medical costs is undeniable. When employers prioritize comprehensive dental coverage as a core component of their health plans, they are enhancing oral health and contributing to the broader objective of reducing medical expenses. This dual benefit highlights the importance of choosing the right dental plans that align with both health and financial goals. By doing so, consultants working with Ameritas can play a pivotal role in reducing medical costs and improving employee health outcomes.

## Established oral and overall health connection<sup>7,8</sup>



Periodontal disease is linked to chronic health conditions like diabetes and coronary artery disease.<sup>7</sup>



Expectant mothers with untreated periodontal disease are up to 10 times more likely to have premature or low-birth-weight babies.



Periodontal issues can contribute to age-related conditions, including neurodegenerative diseases.

**Despite this, many adults still neglect dental visits and coverage.**

## Shaping the employer and employee experience

While the oral and overall health connection is significant, there's an equally influential relationship between employees redefining their expectations and employers changing their habits to keep up. When 2,000 participants were surveyed, 88% of workers said they would give “some consideration” (34%) or “heavy consideration” (54%) to health, dental, and vision insurance when choosing between jobs with different pay.<sup>9</sup> We know these benefits are desirable to individuals, and this makes offering a well-designed, competitive benefits package critically important in the battle for talent.

Employers are increasingly enhancing dental plans to attract and retain employees, while carriers expand their offerings to meet this demand. However, these changes often prioritize customer preferences over long-term health needs. At Ameritas, we take a different approach—focusing on genuinely understanding and meeting these needs. Consultants should aim to align dental plans with client goals, moving beyond surface-level requests. We provide brokers with the insights, reports, and training they need to guide clients confidently toward the best solutions, enhancing their credibility as trusted experts.

88% of workers would give

34%

some consideration

54%

heavy consideration

Effective strategy and communication start with a carrier-to-consultant-to-client approach. Utilizing population health data provides a unique opportunity to engage members on their journey from oral to overall health. This holistic perspective includes examining members' interactions with all aspects of their employee benefits, such as medical, dental, vision, prescription medications, biometric screenings, telehealth, and disease management. By offering this complete view, consultants can more effectively demonstrate the value of dental plans and encourage better utilization of preventive services.

# Driving Member Value: Plan Design Matters

## Key Strategies to Consider

The focus of a dental plan should be on implementing innovative strategies that enhance member value and stabilize premium costs, which, in turn, will boost plan participation and member satisfaction. The link between well-crafted program design and superior plan performance is clear and significant.

While broad market data and simple analysis can inform overall strategy, there is a critical need to go further by tailoring dental plans to the specific needs of the population they serve. The most effective approach is to utilize detailed plan usage metrics and population health data to create customized plans. This will help reduce premium costs, promote better employee overall health, and increase employer cost savings. As experts in the field, Ameritas is uniquely positioned to guide the development of customized solutions, leveraging our expertise and specialized data analytics to ensure the highest value from dental coverage.

## 1. Census demographic analysis

Understanding the demographic composition of a group is crucial for designing dental plans that meet the specific needs of its members. Tailoring an approach based on the unique characteristics of the population ensures that the benefits provided are relevant, accessible, and valuable to all members (also refer to Appendix A: Demographic Factors).<sup>2</sup>

- **Average employee age:** For a workforce with many employees over 60, include coverage for age-related dental issues like restorative care and offer flexible options for retirees transitioning out of the workforce.
- **Gender prevalence:** In groups with a higher female population, consider benefits like additional cleanings or teeth whitening while focusing on periodontal care, implants, and cancer screenings for groups with a higher male population.
- **Family planning considerations:** Offer maternity dental benefits to support women during pregnancy, linking dental health to overall well-being.
- **Income variability:** Implement tiered plan options to accommodate different income levels, making dental care affordable and accessible with options ranging from low-cost to comprehensive coverage.

## 2. Annual maximum

When considering the appropriate annual maximum for dental plans, it's important not to default to either extreme—whether the highest or lowest premium the clients can afford. Setting the maximum too high can lead to over-insuring, which may result in increased service utilization, or increased premiums, that do not necessarily correlate with greater health outcomes. On the other hand, setting the maximum too low can lead to under-insuring, discouraging members from seeking necessary care and potentially leading to higher out-of-pocket costs and an increased risk of health issues. The growing concern over these extremes is highlighted by the significant shift in dental plan maximums since 2012, as shown in Figure 5.

### Trend Shift in Dental Plan Maximums (2012-2021)

	2012	2021
plans with \$1,000 to \$1,499 maximums	49.0%	32.8%
plans with \$1,500 to \$2,499 maximums	43.5%	48.2%

Figure 5. **Trend Shift:** From 2012 to 2021, the percentage of plans with \$1,000 to \$1,499 maximums decreased from 49.0% to 32.8%, while those with \$1,500 to \$2,499 maximums increased from 43.5% to 48.2%.<sup>2</sup>

Consider these strategies:

- **Needs-based maximums:** Align annual maximums with group needs—teens (14-18) may require higher maximums for procedures like extractions, whereas older adults (45+) may need more coverage for implants, dentures, and crowns.
- **Scenario-specific planning:** Use common scenarios, such as multiple extractions in teenagers or extensive restorative work in older adults, to guide the selection of maximums, ensuring adequate coverage without over-insuring.

The goal is to base the clients' annual maximums on their group's needs, which means understanding who's being covered, what oral care they're likely to require and how this impacts plan design.

### 3. Procedure placement

To effectively design the dental plan, explore these two data points separately for adults and children:

- **Relative frequency of procedures:** Understanding how often specific procedures are performed can help tailor plan benefits to the actual needs of members.
- **Relative percentage of paid claims:** Analyzing which procedures contribute most to claim costs helps in adjusting coverage levels to manage premiums and out-of-pocket expenses effectively.

With these insights, consultants can strategically place procedures in the plan to balance health benefits and cost management. Consider dual-choice plans that cater to different age groups—such as offering extensive coverage for fillings for younger members and crowns for older adults.

Here are examples of strategic procedure level adjustments to impact both health and expenses along with other considerations:

- **Endodontic and periodontic treatments:** These treatments are relatively infrequent for members under 25 but become more consistent in older adults.<sup>2</sup> Moving this coverage to Major services can reduce premiums significantly while having a minimal impact on members overall.

- **Periodontal treatment:** This treatment is about five times more common than endodontic treatment for all ages over 25.<sup>2</sup> It has a significant impact on per-member, per-month costs. Long-term cost reductions can be achieved through member education and promoting awareness around preventive care.
- **Plan vs. member costs:** The design decisions consultants make will impact plan costs differently than they will members' out-of-pocket expenses. For instance, while crowns represent 24.7% of members' out-of-pocket costs in-network, cleanings make up the largest portion of plan costs, as shown in Figure 6 (18.3% in-network).<sup>2</sup>
- **Age-specific coverage:** Crowns become more important as members age, while fillings are more crucial for younger members.<sup>2</sup> Tailoring benefits to these needs through dual-choice plans can help balance the cost and coverage requirements of different age groups.

In-network costs			Out-of-network costs		
Premium	Procedure category	Member Out-of-Pocket Cost	Premium	Procedure category	Member Out-of-Pocket Cost
15.7%	Crowns	24.7%	12.6%	Crowns	28.3%
11.9%	Other	19.5%	9.3%	Other	16.7%
13.5%	Filling	11.0%	13.4%	Filling	14.0%
7.1%	Implant surgery, abutment, or prosthetic	10.9%	3.0%	Implant surgery, abutment, or prosthetic	8.1%
5.5%	Endo	9.1%	6.3%	Endo	7.9%
5.6%	Extraction	7.6%	4.4%	Extraction	6.4%
4.4%	Perio	7.4%	6.1%	Perio	7.5%
1.4%	Films: Periapical	3.2%	5.8%	Films: Periapical	2.1%
18.3%	Cleaning	2.6%	19.5%	Cleaning	3.2%
11.5%	Exam	2.5%	13.4%	Exam	4.0%
5.2%	Films: bitewings	1.6%	6.2%	Films: bitewings	1.8%

Figure 6. Percentages of total premium cost and member out-of-pocket by procedure category for in and out of network.

## Plan cost vs. member out of pocket costs

The best approach is to modernize plan designs by considering demographic analysis and at-risk populations. This involves understanding the specific needs based on age, procedure frequency, and cost impact, ensuring that dental plans not only promote cost savings but also enhance preventive care.

## 4. Network analysis

Providing your clients access to the best [dental network](#) specific to their needs is difficult but vital in ensuring members receive the most savings. Here, we define a few concepts and share best practices for evaluating a network. This will ensure the client receives the most from their current or prospective carrier.

The methodology is built around a simple equation:

$$\text{Effective discount} = \text{discount} \times \text{utilization}$$

*Note: Transparency around this is key. Observing just a utilization % or discount % can tell a misleading story and does not always equate to the greatest network savings for your client.*

Defined:

- **Effective discount** = Total claims savings impact of a carrier's network
- **Discount** = Average discount a member receives when using the carrier's network
- **Utilization** = Percentage of total claims that went to a network provider

### Data requests: Navigating network discounts

- **Request data that outlines the network fee** and submitted charge. Comparing network fees to average charges (50th U&C, 90th U&C, etc.) does not reveal the true discount associated with these claims as represented in Figure 7.
- **Determine if the carrier provides discounts** associated with each network or an average of all networks when offering multiple networks. Transparency here allows you to see the full picture.
- **Ensure the time period is consistent**, whether it is the previous year, current (YTD) period, or a future projection. Consistency removes further variables in the analysis.
- **Clarify data** inclusion, such as all claims, only covered procedures, only paid claims, or ortho included. Consistency ensures accurate analysis.
- **Verify whether discounts or cost reductions are inclusive** of anything other than network fees. Savings due to claims processing and system efficiency are not representative of a network's value.

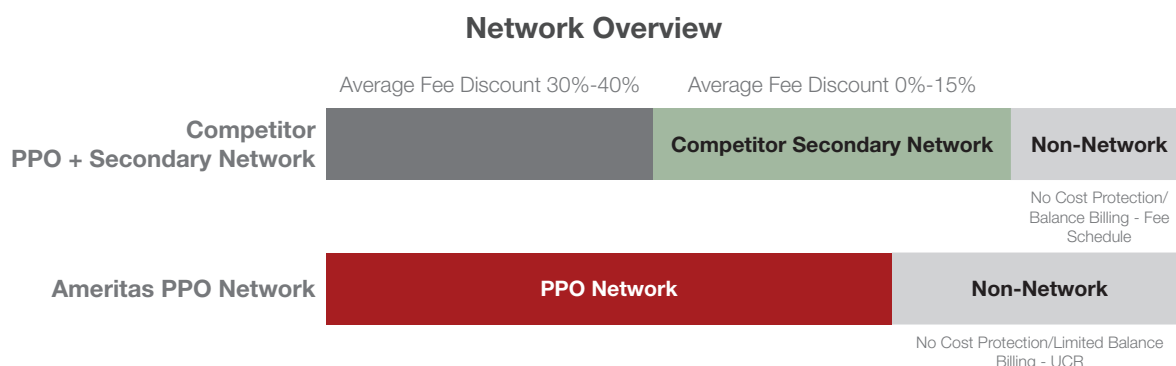


Figure 7. Comparing the network fee discounts across competitor PPO and Secondary networks versus Ameritas' PPO network, highlighting significant differences in average fee discounts.

## Network utilization education

Maximizing the value of a dental network relies on encouraging members to visit in-network dentists, which is achieved through effective employee education. Educating employees on the benefits of choosing in-network providers helps save both employers and employees money while enhancing the benefits plan's overall value. Consultants should guide employers in deciding whether to implement a plan that incentivizes visits to network dentists or to offer multiple plans with comparable benefits, regardless of the dentist chosen, but with in-network discounts applied. Ameritas provides robust educational resources to support employers in encouraging their employees to utilize network dentists, including cost comparisons as shown in Figure 8.

Comparing out-of-pocket costs on a crown			
Network dentist		Out-of-network dentist	
Fee based on provider agreement	\$840	Normal fee	\$1,370
50% coinsurance	$\frac{\$840}{x \ 0.50}$ \$420	50% coinsurance	$\frac{\$1,370}{x \ 0.50}$ \$685
Coverage pays	\$420	Coverage pays	\$685
<b>Employee pays</b>	<b>\$420</b>	<b>Employee pays</b>	<b>\$685</b>

Comparing impact on maximum benefit			
Network dentist		Out-of-network dentist	
Benefit maximum	\$1,500	Benefit maximum	\$1,500
Coverage pays	- \$420	Coverage pays	- \$685
Remaining maximum	\$1,080	Remaining maximum	\$815

Figure 8. Out-of-pocket costs and the impact of maximum benefit comparison.



## 5. The importance of the right funding mechanism: ASO vs. fully insured

Network savings and determining the right client funding mechanism go hand in hand. With the prevalence of ASO in the market now over 30% of all groups over 500 lives, it's vital to consider alternative approaches to the proper funding of dental plans. Financial stability, risk tolerance, and customization are all essential to consider, and knowing employer goals is the common equalizer.

The pros of self-funding are cost containment, cash flow control, and an additional layer of plan flexibility. In contrast, fully insured plans allow for more predictable costs, risk reduction, and simplicity.

Typical decision factors are as follows:

- **Size of the employee base:** Larger organizations are better suited for self-funding due to the law of large numbers, which helps predict claims more accurately.
- **Risk tolerance:** Organizations with a higher tolerance for risk might prefer self-funding, while risk-averse organizations may opt for fully insured plans.
- **Cash flow considerations:** If maintaining steady cash flow is crucial, a fully insured plan might be more appropriate.
- **Administrative resources:** Self-funding requires more administrative resources and expertise, so organizations without these capabilities may prefer a fully insured option.

ASO/self-funded dental plans are the gateway to the oral and overall health journey. This additional layer of transparency allows for the identification of health patterns and the early detection of systemic health issues. The key being, that the carrier must be equipped with the partnerships in place (from medical carriers to population health to electronic health records) to not just report but take action on the dental plan to impact results.

## Ameritas' Response to Market Impacts

For over two decades, Ameritas has been at the forefront of educating audiences on the vital link between oral and overall health. We understand that providing the right benefits is key to enhancing lives, which is why our plan designs are crafted to minimize overall premiums and out-of-pocket expenses while delivering comprehensive coverage.

One of our standout offerings is our **Dental Rewards Program**, which incentivizes members to maintain their dental health by offering rewards for regular dentist visits and keeping claims under a specified threshold. These [rewards](#) can be applied across various Ameritas coverage lines, including dental, orthodontia, vision, and more.

Before its implementation, 83% of members in a particular employer group who received periodontal treatment did not follow up with necessary care. Post-implementation, there was a remarkable 40% increase in follow-up visits, reducing health risks, supporting overall well-being, and impacting lower healthcare costs as shown in Figure 9. This demonstrates that incentivizing dental care utilization is crucial—not just an added benefit.

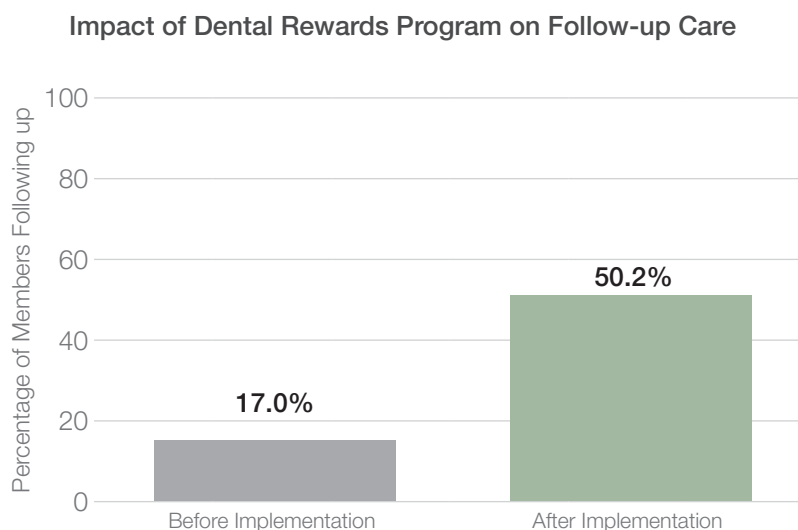


Figure 8. Before implementation, only 17% of members followed up, while after implementation, an increase to 50.2%.

Other plan designs that increase value include:

- **Dental plans that include vision benefits:** Members can use a portion of the dental maximum to help pay for vision expenses.
- **Incentive plans:** These plans offer increasing coinsurance levels for Type 1 and 2 procedures, rewarding members who consistently stay with the plan each year.
- **Lifetime deductible:** This feature allows members to pay a one-time, per-person deductible without any additional costs. Once paid, the deductible applies for the duration of the plan, with no family maximum, offering significant long-term savings.

## Design Today's Plans for Tomorrow's Needs

As the dental landscape evolves, we remain committed to staying ahead of the curve, ensuring that the plans we design today are equipped to meet the challenges of tomorrow. Ameritas is at the forefront of dental plan design, excelling in network, implementation, service, and detailed reporting. Our approach is grounded in the real needs of employers and employees, as identified through rigorous analysis of actual customer usage data. We are the dental experts, and it's not only our goal but our purpose to ensure that every plan design is 100% optimized for the specific population it serves. This means providing tailored education that enhances dental health and contributes to overall well-being.

By managing the complexities of plan design, [Ameritas](#) provides actionable insights and solutions essential for driving success in today's challenging market environment. Our deep understanding of the intricate nuances and evolving dynamics of dental benefit plans allows us to help consultants become the experts, delivering strategies that create real value for employers and their employees. This offering represents only the beginning. For further engagement, [resources](#), and detailed information, visit our [rep landing page](#).



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## Appendix A

### Demographic Factors

*Understanding the demographic composition of a group is crucial for designing dental plans that meet the specific needs of its members. Tailoring an approach based on the unique characteristics of the population ensures that the benefits provided are relevant, accessible, and valuable to all members.*



#### **Average Employee Age:**

The age distribution of the workforce significantly impacts dental care needs. For example, if a large portion of the workforce is over the age of 60, it may be beneficial to consider strategies that support both individual and group retiree needs. Plans could include coverage for common age-related dental issues such as restorative care, periodontal treatments, and prosthodontics. Additionally, providing flexible options for retirees can help address the evolving dental needs as employees transition out of the workforce.



#### **Gender Prevalence:**

The gender composition of the group plays a significant role in determining which dental benefits will be most utilized. For groups with a high female population, offering additional cleanings or teeth whitening may be advantageous, as hormonal changes throughout life stages like puberty, menstruation, and pregnancy can increase the risk of dental issues. Conversely, for groups with a higher male population, focusing on periodontal visits, implants, and oral cancer screenings is essential, as men are statistically more prone to gum disease and oral cancer.



#### **Family Planning Considerations:**

In groups with a substantial number of females aged 20-35, incorporating maternity dental benefits could be a valuable addition. This ensures that the dental plan supports women during pregnancy, a time when dental health is closely linked to overall well-being.



#### **Income Variability:**

Even within dental plans, income disparities can impact how benefits are utilized. Offering tiered plan options—such as a high/low plan structure—can cater to different income levels, making dental care more affordable and accessible to all employees. For instance, voluntary and minimal employer contribution settings can offer a low-cost plan for those who need it most, while a more comprehensive plan could be available for those who can afford higher premiums.



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