



## Criteria for Dental Plan Membership

Dental Plan Members are companies providing or administering dental benefits on a **fully insured or self insured** basis through one or more of the following products.

### Definitions of Dental Products

**Dental HMO** products provide comprehensive dental benefits to a defined population of enrollees and pay for general dentistry services from a contracted network of dentists primarily under capitation agreements. This term includes point-of-service dental HMOs that provide an enrollee the opportunity to opt-out of the HMO provider network at the point-of-service and obtain dental services on a fee-for-service basis.

**Dental PPO** products have two key characteristics. First, dental plans enter into contracts with providers for the expressed purpose of obtaining a discount from overall fees. Discounts may be negotiated on a provider practice basis or through use of a schedule of fees. Second, enrollees receive value from these discounts when using contracted providers. Dental PPO products do not include participating provider agreements based on a fee-for-service where the provider and plan do not intend to reduce fees.

**Discount Dental (Referral) Plans** are products in which a panel of dentists agrees to perform services for enrollees at a specified discounted price, or discount their usual charge. No payment is made under the discount plan to the dentists; dentists are paid the negotiated fee directly by the enrollee. This product provides access but the organization providing access to the dental plan does not assume underwriting risk.

**Dental Indemnity** products are dental benefit plans where providers are reimbursed on a fee-for-service basis and there are no discounted provider contract arrangements whereby the provider agrees to accept a fee below his or her customary one.

### Membership Dues Calculations

For 2011 annual membership dues range from a Base of \$3,080 to a Mega Cap of \$41,025. Membership runs from January - December and dues are prorated according to the month joined.

Dues are based on *weighted enrollment* (employee + dependents) for the following products:

Indemnity

DPPO,

DHMO

ASO (Administrative Services Only for DPPO & Indemnity)

Discount

Medicaid/Medicare products.

For dues calculations, NADP weights the above products as follows:

Indemnity and DPPO- 1

DHMO - .7

Discount, ASO, Medicaid/Medicare - .3

### Health Care Reform (HCR) Contributions

At their meeting in May, the Board of Directors discussed the on-going need for Congressional and regulatory efforts the federal level. Therefore the Board decided on an HCR contribution rate for all members in 2011:

#### **Additional HCR Contribution Rates**

Base Members: \$800

Mid-Range: 26% of dues calculated not to exceed \$7,000

CAP & MEGA CAP: \$7,000

**Questions: [rchapin@nadp.org](mailto:rchapin@nadp.org)**

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