



Criteria for Dental Plan Membership—2015

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 (Savings) 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

Membership runs from January - December and dues are prorated according to the month joined.

Dues are based on Dec. 31 *itemized, weighted enrollment* (employee + dependents) for the following products:

- Fully Insured Dental Indemnity & DPPO (including EPO) = 1.0
- DHMO (Both Fully Insured and Self-Funded) = 0.7
- ASO (DPPO, Indemnity & other non DHMO dental benefit arrangements) = 0.3
- Discount Dental Plans (sometimes called "Savings" plans) = 0.3
- Dental Medicaid & Medicare = 0.3

Dues Categories

There are four categories of membership dues for dental plan members. The 2015 dues and estimated weighted enrollment ranges for these categories are:

BASE: \$4,250, under 95k weighted members

MIDLEVEL: \$0.045 per enrollee up to 1.156M weighted enrollees or regular cap of \$52,000

CAP: \$52,000 from 1.156M weighted enrollees to 5.778M weighted enrollees

MEGACAP: \$65,000 from 5.778M weighted enrollees, .009 per weighted enrollee until MegaCap of \$65,000 (over 6.5M weighted enrollees)

Request an estimate from Director of Membership Rene Chapin, rchapin@nadp.org, 972-458-6998 x110