

From: [REDACTED]
To: Tom.Kasmussen@etf.wio.gov
Cc: [ETF SMB Board Feedback](#)
Subject: State Uniform Dental Benefits - lack of out-of-network benefits
Date: Monday, April 7, 2025 4:03:05 PM
Attachments: [REDACTED]

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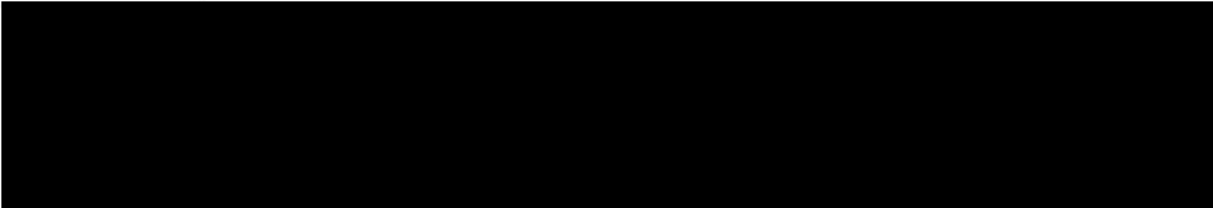


7 April 2025

Tom,

I have reviewed your response (enclosed) to one of our patient's concerns regarding the lack of out-of-network benefits in the State Uniform Dental Benefits (UDB). Thank you for clarifying the Department of Employee Trust Fund (ETF) reasons for their current plan design.

Please consider my perspective as a dentist who has practiced as a Delta Dental network dentist for 18 years until the end of 2024.

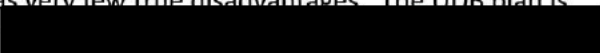



Because of our geographic location, over 30% of our patients rely upon the UDB to pay for their dental care. Until the end of the year, our practice provided care to over 700 of your members.

Our decision to leave the Delta Dental's network was difficult but was based on our commitment to fairness and quality. We have made a promise to our patients that we will commit the time required to provide excellent dental care at a fair fee.

Delta Dental has increased reimbursement rates for our practice only 3% over the past ten years. This has led to increasing contract discounts that have become the single greatest challenge to keeping our patient care promises. Maintaining our network status would have required a gradual transition toward a volume-based model that would diminish our patients' experience. Additionally, these discounts create a fee disparity between patients with Delta Dental and those without and cause cost sharing that increases costs for uninsured patients.

Since our transition to an out-of-network provider, many of your members have expressed their preference to remain patients in our practice and are frustrated that they can no longer use their benefits in our office. The lack of out-of-network benefits complicates their choice.

Respecting patient choice in their dental care has very few true disadvantages. The UDB plan is unique among major employers in Dane county  etc.) in that it does not include an out of network benefit. Since most other employers have already found this advantageous, please consider including out-of-network benefits in the UDB so that your member can exercise a similar choice of provider when seeking their dental care.



I would like to respond to your described “advantages” of excluding out-of-network benefits from a dental practice owner’s perspective.

Cost Control and Predictability

Delta Dental of Wisconsin reimburses less rather than more to out-of-network providers for your members when patients choose a non-contracted practice. Therefore, I do not understand how paying out-of-network benefits would increase costs for the ETF.

Simplified Administration

Since the passing of the “Assignment of Benefits” legislation (2023 Assembly Bill 62), Delta Dental of Wisconsin is required to handle claims with out-of-network providers directly and assign payment to the providers if it is the patient’s preference. Both the administrative experience of our practice and our patients have not changed substantially since our transition to an out-of-network provider.

Lower Out-of-Pocket Costs for Members

It is true that the out-of-pocket costs for members visiting a Delta Dental network dentist are lower on account of contractual discounts. If out-of-network benefits were available, this option remains available to any patient who chooses a network dentist. Members would only have higher out-of-pocket costs if they elected to see an out-of-network dentist.

Predictable Coverage

Delta Dental of Wisconsin has a very predictable out-of-network fee schedule. Our practice has provided reliable co-pay information to patients so that they can anticipate out-of-pocket costs at each visit.

Quality Control of Providers

Delta Dental has made the case that when your members see a network dentist, they can count on higher quality. While Delta Dental monitors key utilization metrics for its network providers, it has a limited ability to ensure quality within a contracted group of practitioners. In my opinion, the primary thing that all Delta Dental network dentists have in common is that they provide care at a discount. I would suggest to you that the assessment of quality is up to the patient, and the current structure of the plan with no out of network benefit impedes a patient’s ability to choose the quality of care the patient prefers.

Please allow me to close with one final consideration:

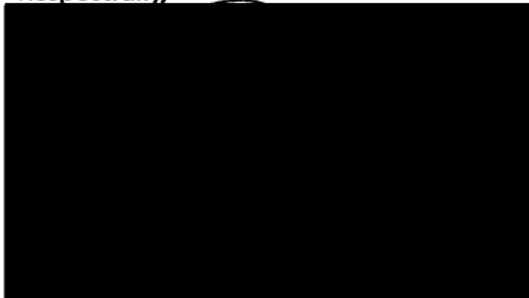
In contracting with Delta Dental, you are working with the largest dental benefits administrator in Wisconsin. The ETF's 962,000 members only have access to a single plan with Delta Dental. This partnership's broad impact on the dental marketplace comes with significant responsibility.

The relationship between Delta Dental and its provider network is poor and getting worse with each passing year. Dental practices with high exposure to the UDB plan are reluctant to make a contract change because Delta Dental has tried to scare them with the number of patients that they will lose. By maintaining a plan that excludes out-of-network benefits, you are affording Delta Dental outsized influence with which they "bully" the marketplace. They are relying upon the large number of your members with restricted benefits to leverage provider participation in their network.

Offering out-of-network benefits would level the playing field. If a patient chose a network provider, they could keep their co-pays low and if they chose an out-of-network provider could accept a more limited benefit and pay the balance. This is best for your members and allows healthier competition within the dental marketplace.

Thank you for your consideration.

Respectfully,





STATE OF WISCONSIN
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January 22, 2025

David and Danielle Devereaux- Weber
[REDACTED]

Dear David and Danielle Devereaux-Weber,

Thank you for your email dated January 8, 2025, to the Department of Employee Trust Funds (ETF) and the Group Insurance Board (Board) expressing your desire to have a dental plan that has an out-of-network benefit option. An out-of-network benefit option allows the vendor to pay the maximum cost for treatment, while allowing the member to pay the difference when seeking care from an out-of-network provider.

The Board has the responsibility to its members to provide quality benefits while ensuring that costs remain affordable. Before 2015, when the current Uniform Dental Benefit (UDB) was first established, multiple health insurers provided dental benefits to ETF members. To simplify administration and reduce the complexities associated with multiple vendors offering various plans, the Board decided to consolidate dental benefits under the UDB and have the benefit managed by a single vendor. The original UDB contract with Delta Dental of Wisconsin (Delta) began on January 1, 2016, and following a Request for Proposals (RFP) process, Delta has continued as the vendor for this program.

During the RFP process, the plan design is carefully considered, and vendors are welcome to propose alternative plans. The decision to limit benefits to in-network providers offers several significant advantages including lower-cost premiums while maintaining comprehensive coverage. Below are some of those advantages:

Cost Control and Predictability

The pricing agreements with in-network providers include discounted service fees, leading to more predictable claims and costs. Out-of-network care lacks these price controls, resulting in potential unexpected or inflated costs that could be passed on to members through premium increases or fewer benefits.

Simplified Administration

In-network providers handle the claims directly with Delta, reducing administrative responsibilities to employers and members and ensuring a timely and accurate claims payment outcome.

Lower Out-Of-Pocket Costs for Members

Members will not experience unexpected costs due to dentists charging the difference between what Delta pays and what the provider charges, also known as balance billing. If out-of-network benefits were provided there would be no limit to what a provider would be able to charge for a service.

Predictable Coverage

Members appreciate the predictability and ease of knowing their insurance plan works with a set network of trusted providers. The predictability reduces confusion and improves the overall experience with dental coverage.

Quality Control of Providers

Limiting benefits to in-network providers allows Delta to collaborate with trusted, accredited providers, ensuring members receive high-quality care.

You can see a copy of the most current RFP that was published for vendors to administer the UDB at <https://etf.wi.gov/node/15886>. The last link on the page is the most current UDB contract with Delta.

By limiting coverage to in-network providers, the Board ensures that members receive high quality dental services at an affordable cost, with predictable pricing, and simplified administration. The Board will continue to evaluate options to balance both the needs of our members and the goal of maintaining affordable and accessible benefits.

ETF values members' concerns and strives to provide the best possible benefits. We hope the information in this letter helps clarify the Board's position. If you have any further questions or concerns, please feel free to reach out using the contact information below.

Sincerely,

Tom Rasmussen, Life and Dental Insurance Program Manager
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