



Savvy shoppers know one of the best ways to help them compare different brands of the same type of food product – to help them better understand what’s inside each package – is to **check the label.**

<b>Nutrition Facts</b>	
Serving Size 1 ounce	Servings in bag 4
<b>Amount Per Serving</b>	
<b>Calories</b> 150	Calories from Fat 25
<b>% Daily Value*</b>	
<b>Total Fat</b> 11g	<b>4%</b>
Saturated Fat 3g	<b>0%</b>
Trans Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 0mg	<b>0%</b>
<b>Total Carbohydrate</b> 27g	<b>9%</b>
Dietary Fiber 4g	<b>16%</b>
Sugars <1g	
<b>Protein</b> 6g	
Vitamin A 0%	• Vitamin C 0%
Calcium 2%	• Iron 8%

\* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.



**MetLife**



**Be a smart shopper and check the label.**

Look inside to learn how to compare dental benefit networks and find the one that's right for your company.





Just like different brands of cereal, breads, soft drinks and desserts, not all dental networks are created equal. While carriers advertise big networks, deep discounts and other programs or features that add value, some networks may not have the right “% daily value” or lack other “nutritional” value to meet the needs of *your plan* and *your employees*.

You need to look closer to understand which carrier’s network delivers the greatest value by:

- > Lowering benefit plan costs and participant out-of-pocket expenses;
- > Improving participant satisfaction, and
- > Promoting healthier, safer environments for patient care.

Today, many carriers tout having “one of the largest networks” and report high percentages for negotiated fees. So, who delivers the best value? With simple ways you can **check the label** on dental networks, this guide will help you evaluate networks easily and appropriately.





...even with similar benefits, larger networks do not always produce greater network use. It is clear that there are other points to consider beyond just contracting with as many dentists as possible...

— Ruark Consulting  
Dental PPO Network Study, 2009 Edition.



### Check the Label: Network Size and Access

Despite the explosive growth of many carriers' dental networks and the matured understanding of how dentists practice, some employers and brokers still judge networks by their size and access first and foremost. But, is size/access alone the best way to evaluate a network's value for your company and employees?

While it's important to understand the size of a network and the access it provides to your employees, you should look beyond these numbers alone when evaluating a carrier's network or comparing the networks of multiple carriers. Even when a network appears to be much larger or smaller than others, or when several networks appear to be similar, there may be important differences between the networks — differences that could affect plan and employee savings and satisfaction.

Here are ways you can **check the label** to uncover differences and understand potential "noise" in the numbers.

## Dental Networks "Nutritional" Facts - Network Size and Access

Network Elements	Examples	Impact on Network / What to Look For
<b>Size / Access</b>		
<b>Number of Access Points / Dentists</b>	145,000 Access Points 70,000 Locations 60,000 Unique Dentists	Unfortunately there's no industry standard for counting network dentists, so it's important for you to understand what the numbers represent. For example: Counting <u>access points</u> helps quantify distribution (number of dentists practicing at each location) and ability of patients to schedule appointments. Counting <u>unique dentists</u> reduces variation caused by counting differences. Neither of which consider if a dentist has significant patient volume or capacity for growth.
Counting Methodology	Practice names (e.g., XYZ Dental) are counted as dentists and/or locations Dentists in groups may be counted at every location, even if they don't practice there	Differences in how carriers count dentists and maintain their files can overstate network size. It's important to ask questions about how each carrier counts dentists and keeps its provider files updated.
File Maintenance	Deceased, retired and terminated (from large group practices) dentists may not be removed from the network promptly Practices and/or names are replicated to support claims processing	
<b>Disruption</b>	40% (60% Match) 8 of the 10 most utilized dentists	While disruption has played a role in decisions to switch carriers (with the thought that low levels minimize noise and increase savings), results should be evaluated carefully because disruption reports have limitations (strength of match, data integrity) and low disruption alone may not yield greater savings.
Data Integrity	Data pulled from consistent or different time periods Complete or incomplete contact information Single or multiple match criteria used (name only vs. name, address and ZIP code)	To ensure the best "apples to apples" comparisons, insist the carriers pull data from the same time periods and use each dentist's complete contact information. And use multiple match criteria when conducting the analysis.
In-Network Utilization (Volume)	Each dentist's in-network claim volume may or may not be included in the data you receive from carriers	Ask the carrier to include the claims volume (in- and out-of-network indicator) for all utilized dentists. Weigh dentists with high claims volume and utilization more than those with lower volume and utilization.



### Check the Label: Network Discounts

Carriers talk about their in-network reduced/negotiated fees (discounts) all the time, but to what extent do they lead to plan savings for the employers and lower participant out-of-pocket expenses? With varying ways to quantify savings (e.g. “save from 10% - 50%”, “save an average of 25%”, etc.), it’s critical that benefits managers look beyond the basic negotiated fees to understand if and how they drive the dental plan’s value and savings.

Just like network access and size, there are ways you can **check the label** to uncover differences and understand potential “noise” in the numbers.

### Check the Label: Effective Discounts

Recent independent research of dental carriers revealed that while many networks continue to grow, that growth may not produce greater in-network utilization or savings.<sup>1</sup> This suggests that the historical ways of evaluating networks need to evolve. In addition to understanding carriers’ claims about network size and their negotiated fees; it’s critical to investigate how they actually produce plan savings for your company and lower participant out-of-pocket expenses.

### Evolving network analysis beyond size and discounts

You can take your network analysis to the next level by looking at *effective discounts*, which illustrate a network’s level of discounts (negotiated fees) and how often they’re used (in-network utilization). By looking at both together, effective discounts can define what size and negotiated fees mean to your plan and employees — ensuring a carrier has the “right” dentists (dentists employees want to see, with competitive negotiated fees) for the dental needs of your employees.

*For example, a carrier with 95% of dentists in its network may produce a lower effective discount than smaller networks. Why? The larger network may have high in-network utilization, but lower negotiated fees. Or, the dentists in the larger network may have little or no impact on in-network utilization, so the dentists just contribute to the perception of strong access and low disruption.*

Today, it’s important for benefits managers to take their network analyses a step further to understand how carriers balance network size, negotiated fees and utilization – to **check the label** for effective discounts.

## Dental Networks “Nutritional” Facts - Network Discounts

Network Elements	Examples	Impact on Network / What to Look For
<b>Discounts</b>		
<b>Aggregate Fee Schedule Discount</b>	25% 10-50% 20-35%	What are the reduced fees based on? Carriers may use varying percentiles or their own proprietary data to calculate discounts. When comparing the reduced fees of multiple carriers, it’s important to use the same denominator (ideally, the actual average eligible area charges) across all carriers.
<b>Carrier Fee Schedules</b>	Top 60 procedures	The top 60 procedure codes represent a significant number of all services rendered and can be used as a statistically relevant sample of services for evaluating fee schedule discounts. Not all dentists within a particular network and area may be held to the same maximum allowable charges. In addition, some carriers may not have a general contracting approach that applies the same fee schedule for generalists and specialists or handle fee schedule customization appropriately. To conduct a stronger analysis, check for the average allowable charges in-network and weigh discounts by procedure volume to see how they vary and affect overall savings.

## Choosing the Right Network for Your Employees and Company

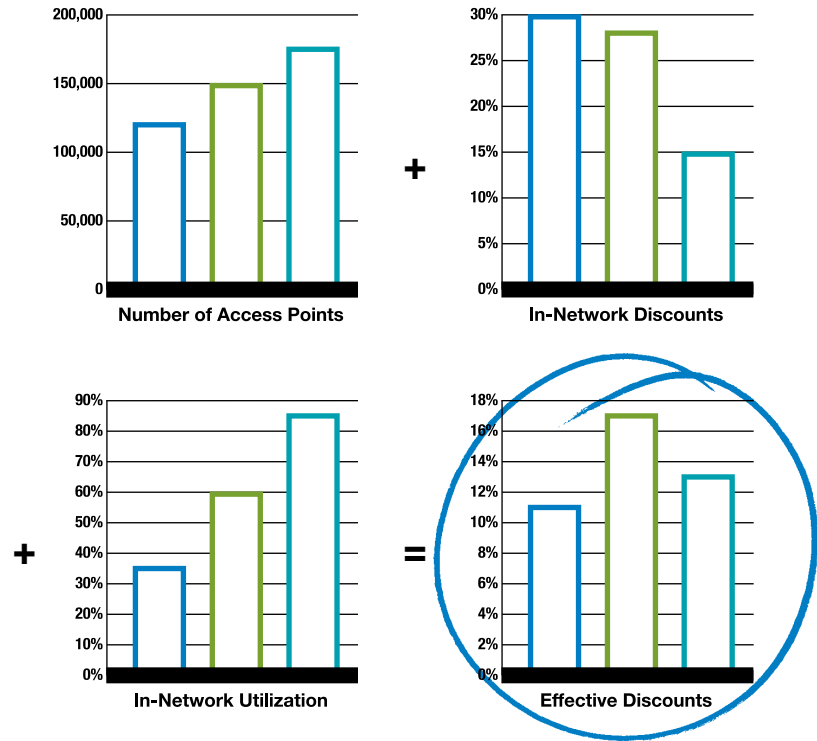
Employers should take a closer look at the dental networks being presented to them. By reaching beyond size alone when comparing dental networks, an employer may find opportunities to add value by choosing a carrier with a dental network that:

- > Offers strong enough access and disruption;
- > Recruits and keeps the right network dentists;
- > Provides real savings and lower costs for both employers and employees; and
- > Has well-defined quality programs to reinforce network value and help employees make better decisions about their oral health and dental benefits.

Effective Discounts may help you identify the carrier that delivers the best value for your company and employees.



## Combining Size, Discounts and Utilization to Reach Effective Discounts<sup>2</sup>



## Dental Networks “Nutritional” Facts - Effective Discounts

Network Elements	Examples	Impact on Network / What to Look For
Effective Discount	<b>9%</b> (90% utilization x 10% discount) <b>18%</b> (60% utilization x 30% discount)	Understand what’s driving Effective Discounts. Is utilization high, but at lower negotiated fees? Does the network provide good access and strong negotiated fees, but utilization is weak because of other factors (e.g., plan design)? Would growing the network in certain areas increase or decrease effective discounts?

# Search. Compare. Choose.

<sup>2</sup> For illustrative purposes only. Carrier A has 120,000 access points, 30% in-network discounts, 35% in-network utilization and a 10.5% effective discount. Carrier B has 150,000 access points, 28% in-network discounts, 60% in-network utilization and a 16.8% effective discount. Carrier C has 175,000 access points, 15% in-network discounts, 85% in-network utilization and a 12.8% effective discount. Effective discount = in-network discount X in-network utilization.

**Learn more about comparing dental networks.  
Contact your representative for more information.**



Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Please contact MetLife for complete details.

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