Smile by Subscription

An Evaluation of Dental Membership Plans in the United States of America

harmony health™

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Introduction

The healthcare industry is witnessing a notable shift in dental care delivery models, with in-house dental membership plans emerging as both an alternative to traditional dental insurance and an accessible structure for those without insurance. According to a 2021 survey conducted by the American Dental Association Health Policy Institute, approximately 25% of dentists across the country are providing membership options.

This publication by Harmony Health explores the concept, operation, and implications of these membership plans, which are designed to provide patients with discounted dental care services for a fixed annual or monthly fee. These plans can simplify access to dental care by eliminating the complexities of claims and deductibles, thereby offering a transparent and direct relationship between patients and dental practices.

A dental membership plan, also referred to as a Direct Primary Care Agreement, is a subscription-based model offered directly by dental practices to their patients, allowing for access to discounted dental services for a set annual or monthly fee. Unlike traditional dental insurance, there are no third-party intermediaries, claim submissions, or deductibles involved. Patients who enroll in these plans typically receive preventive services such as cleanings, exams, and x-rays at no additional cost, along with discounts on other procedures like fillings, crowns, and orthodontics. This model aims to simplify the financial aspect of dental care for patients while also encouraging regular visits to the dentist. For dental practices, membership plans foster patient loyalty, streamline revenue, and reduce reliance on the fluctuating policies and reimbursements of insurance companies.

The methodology behind this analysis involved a comprehensive review of 1,003 dental membership plans in all 50 U.S. states and Washington D.C., utilizing search engines to identify and evaluate the membership plans offered. The focus was on collecting data from a wide range of sources to understand the diversity and scope of these plans. Practices lacking clear information on their membership plans were contacted directly to gather detailed insights into the services offered and the pricing structures.

One significant aspect of in-house dental membership plans is their potential impact on oral health equity. By providing an affordable and accessible alternative to traditional dental insurance, these plans can play a crucial role in bridging the gap in oral health care access among underserved populations. The ability to offer discounted care directly to patients without insurance can enhance the uptake of preventive and routine dental services, which are essential for maintaining oral health. This approach not only has the potential to improve individual health outcomes but also to address broader disparities in oral health care access and affordability.

As the health care landscape continues to evolve, in-house dental membership plans represent a notable shift towards a more patient-centered model of dental care delivery. This research report aims to provide a factual and neutral overview of these plans, their benefits, challenges, and their implications for patients, dental practices, and the wider health care system.

Methodology

Overview

This analysis sought to evaluate in-house dental membership or subscription plans across dental offices or care delivery businesses in the United States, including all fifty states and Washington D.C. At the conclusion of data collection, 1,003 membership plans were evaluated and included within the data analysis and findings evaluation. The primary objective was to gather comprehensive data on the variety and nature of dental plans offered, focusing on key variables such as plan types, discounts, exclusion text, explanation of membership plan text, and geographic distribution.

Data Collection

To compile the dataset, three common search engines—Google, Yahoo, and Bing—were used to search for dental office websites offering membership or subscription plans. The searches aimed to capture a wide array of plans by using specific queries tailored to each state, such as "in-house dental membership plan in (state)," "dental subscription membership plan at dental office in (state)," and "membership plan for in-house dental services in (state)." To ensure a broad representation of available information, the first four pages or sections of each search engine's results were evaluated. For the search engine evaluation, 651 dental office or business websites were evaluated with Google (64.9%), followed by Yahoo (186; 18.5%) and Bing (166; 16.6%).

The information gathered from each dental site's membership plan was entered into an Excel spreadsheet for further evaluation. This process involved noting details about the types of plans offered, such as adult, pediatric, family, senior, periodontal, and alternative plans, along with associated discounts and services included in each plan. Alternative plans were labeled when the membership plan type did not include age-related, family, or periodontal designation or were not typical of the majority of findings of plan types.

Business websites that did not provide clear information on the services involved in a membership plan were excluded from the dataset. In cases where a site detailed the services included in a plan but did not list prices, a phone call was placed to the business to gather the missing information. A total of 104 (10.36%) sites were contacted by phone call to obtain additional information to complete data collection.

The type of dental business was recorded as either "private practice" or "corporate practice." Corporate dental businesses were categorized as such if they were identified as being owned and operated by a corporation or dental service organization (DSO) that manages multiple dental offices or characterized by universal branding and business names across multiple locations. Any dental business or office that did not meet the criteria of this definition was classified as "private practice." Our analysis includes 658 (65.6%) private practices, 326 (32.5%) corporate, and 19 (1.9%) unidentified business types that were evaluated

In our data collection process for evaluating dental membership plans, each dental office or care delivery business was classified according to its location as either rural or non-rural. This designation was crucial for understanding the accessibility and distribution of dental services across different

demographics. To ensure accuracy and consistency in our classification, we relied on the definitions and designations provided by the United States Department of Agriculture (USDA) Economic Research Service. The USDA's criteria for identifying rural areas are widely accepted and offer a clear framework for distinguishing between rural and non-rural settings, allowing us to analyze the availability and characteristics of dental membership plans within varied geographic contexts. Our analysis skewed towards non-rural sites, primarily due to our reliance on internet search engines for data collection, which inherently favors urban or non-rural locations where non-rural businesses are traditionally more likely to invest in search engine optimization (SEO) strategies. Consequently, this emphasis on SEO by non-rural dental practices led to a dataset comprising 774 plans identified as non-rural (77.20%) and 223 as rural (22.20%), with a small fraction of sites (0.50%) remaining ambiguous in their classification, reflecting the disparity in online visibility between non-rural and rural dental services.

Data Analysis

The analysis of the collected data was primarily quantitative, focusing on summarizing variables and calculating valid percentages to understand the distribution and characteristics of dental membership plans across different states and plan types. Statistical methods were employed to evaluate the average offerings, identify the most common plan types, and analyze the discounts associated with each plan. Further, the dataset allowed for a comparison between rural and non-rural dental sites to ascertain any significant differences in plan offerings based on geographic location.

Special attention was given to the usage of valid percentages to accurately represent the proportion of each plan type and discount within the dataset. This approach facilitated a clear understanding of the landscape of dental membership plans in the U.S., highlighting prevalent trends and notable disparities. Additionally, the methodology included an assessment of the frequency and percentages of search engines used to identify relevant dental sites, reflecting the online visibility and accessibility of such membership plans.

In addition to our primary data analysis, we conducted further in-depth statistical evaluation to uncover deeper insights into the dental membership plan landscape, as detailed under the "Additional Statistical Analysis" section on pages 27 and 28. This comprehensive phase of our study utilized advanced statistical techniques to examine the relationships and potential correlations between various factors associated with dental membership plans. We employed t-tests to compare plan costs between corporate and private dental practices, assessing significant differences in their pricing strategies. Linear regression models were utilized to explore the impact of geographic factors on the pricing of membership plans, allowing us to identify any statistical significance in cost variations across different regions. Additionally, chi-square tests were applied to investigate the association between plan types and the inclusion of high-value services, such as orthodontic and cosmetic procedures, to determine if certain plan features were more prevalent in specific types of practices.

Ethical Considerations

The study ensured that all data collection and analysis were conducted ethically, with respect for privacy and without any attempt to access protected or personal information from the websites examined. The research focused solely on publicly available information regarding dental membership plans and associated services.

Limitations

While our analysis provides valuable insights into the landscape of dental membership plans across the United States, several limitations must be acknowledged to contextualize our findings accurately. Firstly, our methodology's reliance on search engine results inherently favors dental practices with strong search engine optimization (SEO) strategies, potentially skewing our sample towards more visible, non-rural practices and may not fully represent the diversity of dental membership plans, especially those in rural areas or those not actively investing in online visibility. This approach may inadvertently overlook dental offices that offer membership plans but do not list them online or have less online presence. Furthermore, despite our efforts to contact dental offices directly for additional information, the potential for incomplete or outdated data on their websites remains a challenge, highlighting the dynamic nature of dental membership offerings and their representation on the internet. Additionally, our classification of dental practices into "private practice" and "corporate practice" was based on specific criteria; however, this binary classification may not capture the nuanced operational models of some dental offices, particularly those that do not neatly fit into these categories. Lastly, it is important to note that our findings represent a snapshot in time, subject to the temporal limitations of when the data was collected. As dental membership plans evolve, so too may their features and availability, underscoring the importance of continual evaluation to keep abreast of this rapidly changing landscape.

Analyzing Dental Membership Plan Descriptions

To understand the strategies of dental businesses use to promote their membership plans, we conducted an analysis of introductory statements from various dental websites. By collecting the first three paragraphs or introductory statements from each site's description of their membership plans into an Excel spreadsheet, we aimed to identify key themes and language patterns. This data collection facilitated a structured review to pinpoint effective communication tactics within the industry. Utilizing artificial intelligence language software, we then generated three website postings that incorporate the common language and concepts found in these descriptions. This approach allowed us to derive insights into how dental membership plans are presented to consumers, focusing on clarity, accessibility, and the appeal of such plans.

Post 1: No Insurance? No Worries!

Are you avoiding dental care because you do not have insurance? No worries! We are in your corner with our in-house dental membership plans designed to provide you with the care you need without breaking the bank. Our plans cover preventative care with low fixed monthly payments, making dental health accessible and affordable. Do not let the absence of insurance stand between you and a healthy, bright smile. Discover our hassle-free, no insurance required dental membership plans today!

Post 2: Making Dental Care Decisions Easy and Affordable

We understand that making dental care decisions can be overwhelming, especially when considering the costs without insurance. That is why we offer our dental membership plans, ensuring that you have access to top-tier preventative care without financial stress. With low fixed monthly payments and no deductibles or maximums, our plans are tailored to fit your needs and budget, ensuring that decisions about your oral health are easy and affordable. Join our membership program and say goodbye to the uncertainty of dental care costs!

Post 3: Personalized Dental Membership Plans for Every Smile

At our practice, we believe in personalized care because we know that dental needs vary from person to person. That is why we have introduced our in-house dental membership plans. NO INSURANCE? NO PROBLEM! Our plans are designed to provide you with the care you need, tailored to your unique smile, all with the convenience of low fixed annual payment. Love your smile without the worry of insurance constraints like yearly maximums and deductible payments. Explore our membership options today and find the perfect fit for your dental health journey!

Understanding Direct Primary Care Agreement Law

Dental membership plans, sometimes referred to as dental savings plans or direct primary care agreements, have emerged as an innovative approach for dental practices to enhance patient engagement and retention while improving access to care. These plans operate on a subscription basis, where patients pay a fixed monthly or annual fee directly to the dental office in exchange for certain preventive services at no additional cost and other treatments at discounted rates. This model bypasses traditional dental insurance mechanisms, aiming to simplify the process for both patients and providers. However, the implementation and administration of these plans must adhere to specific rules and regulations, which can vary significantly by state.

The American Dental Association (ADA) has recognized the growing interest in and potential benefits of in-office dental plans. To assist dental practices in navigating the complexities of establishing such programs, the ADA Council on Dental Benefit Programs has developed a comprehensive toolkit. This resource is designed to guide practitioners through the evaluation process of whether an in-office dental plan is a suitable addition to their practice. It includes a detailed document outlining common legal considerations, implementation steps, and checklists. Additionally, the toolkit provides a state-by-state listing of regulations, offering tailored guidance based on the operating location of the practice. A sample letter for introducing the program to patients and an Excel-based calculator to estimate the financial impact of adopting an in-office plan are also part of the toolkit, making it an invaluable resource for any dental practice considering this route.

The legal landscape for dental membership plans is complex, with varying requirements across different states. For instance, some states have enacted Direct Primary Care Agreement (DPCA) laws, which offer guidance on contract requirements, restrictions on billing or filing claims with insurance carriers, exemptions from state insurance authority regulation or oversight, and specific patient notification mandates. Notably, twenty states include dental services within the scope of healthcare providers authorized to engage in DPCA, with two states providing dental-specific statutes. These regulations aim to ensure that dental membership plans are transparent, equitable, and operate within the bounds of consumer protection laws.

Dental practices must be mindful of the need to consult with health insurers, as certain aspects of the membership plan, such as services covered or the periodic fee structure, may intersect with existing insurance benefits. It is crucial for practices to clarify that membership fees do not count towards insurance deductibles or out-of-pocket maximums, avoiding potential confusion for patients. Moreover, practices are encouraged to establish clear contract provisions detailing the scope of services, periodic fee arrangements, and terms for termination, among other critical elements, to maintain compliance and uphold the integrity of the patient-provider relationship. In administering these plans, dental offices must also consider the impact on patient access and oral health equity. By offering an alternative to traditional insurance, dental membership plans can significantly lower barriers to care, especially for uninsured or underinsured populations. This approach aligns with broader health policy goals of improving oral health outcomes and reducing disparities in access to dental services.

In our comprehensive evaluation of dental membership plans, a critical component of our analysis focused on identifying the exclusions and limitations inherent within these programs. To achieve a

detailed and accurate assessment, we leveraged an artificial language software application to analyze the text extracted from a variety of dental business websites. AI technology enabled us to parse through extensive amounts of data and isolate the most used phrases and terminologies related to exclusions and limitations found within dental membership plans. The findings from this analysis are summarized in the following list, providing valuable insights into the typical constraints and conditions that patients might encounter when subscribing to these dental care services.

1) The plan is not considered dental insurance and is only offered to patients without dental insurance. Patients cannot have dental insurance and our membership plan at the same time. The plan is only for services provided at our office and does not apply to any referrals to specialists. The plan is annually renewable. Fees are non-refundable and non-transferrable. No substitutions are allowed. All benefits must be used within a 12-month period.
2) Children must be dependents of immediate family members and reside in the same home. To receive this discount, all balances must be paid in full when services are rendered. Payment can be made by cash or credit card. Care Credit does not apply. If a patient cancels within two business days of an appointment, they will be placed on a 24-hour cancellation restriction. If there is a second cancellation within 24 hours of an appointment, the plan will be nullified, and all fees are forfeited. A discount does not apply if treatment is due to injury with litigation, disability, or workers compensation.
3) Payments are due on the date of service to receive the savings. This excludes financing options such as CareCredit. No other reduction of fees can be combined with membership. It is the sole responsibility of the members to maximize their benefits by arranging all appropriate appointments within the 12-month period. If the appointments are not used, the member will not be entitled to a refund. Plans will not be carried over to the new year. The program is non-transferrable.
4) Valid with health savings accounts, flex spending accounts, & health reimbursement accounts.
5) The Membership can be canceled at any time, but a refund will only be issued if canceled in the first 90 days. If services are rendered in the first 90 days and the Membership is canceled, you agree to pay in full for any services at our current usual, customary, and reasonable (UCR) fees.
6) You must be current on all Membership fees to receive any services included in the plan or discounts on additional treatment. The credit card on file will be automatically charged monthly or annually, depending on the Membership selected, until canceled.
7) Payments for additional dental services are the member's responsibility. Payment is due on the date of service to qualify for the discounts detailed in the plan. Payments for additional dental services are the member's responsibility.
8) The Membership is non-transferable, and no refunds will be issued if the participant decides not to or is unable to utilize the Membership, or for any reason.
9) The Membership is only valid for services rendered at our affiliated locations and cannot be used anywhere else.
10) It is your responsibility to provide accurate and up to date payment methods and information. If you do not provide a valid payment method, or if your payment method becomes inactive for any reason, we may immediately discontinue your enrollment in the Dental Membership Plan.
11) We reserve the right to change the fees associated with the Membership plan should increase in product or labor rise due to circumstances beyond our control. We will notify you at least 30 days prior to any such change or increase.

12) Should default occur and a member's account is assigned to collections, the member agrees to pay all fees including collection agency and other attorney fees (not to exceed 25%), court costs, and any other fees advanced by this office to collect on any default.
13) Necessary x-rays are determined by the licensed dentist at the time-of-service. Diagnosis and indication for Prophylaxis / Scaling and Root Planing / Periodontal Maintenance type of dental cleaning is determined by dentist at the time of patient exam This plan is only honored at our office. It cannot be used at any other dental office.

In addition, we specifically requested the artificial intelligence language software to identify the three primary concerns individuals should consider before subscribing to a membership plan, based on the analysis of exclusion and limitation language commonly found in these programs. This request aimed to distill critical insights into succinct advice, helping potential subscribers make informed decisions. The AI software program's analysis, rooted in its extensive review of textual data from dental plans, has highlighted areas of caution and consideration that are vital for individuals to understand fully the scope, benefits, and potential drawbacks of dental membership plans before committing to them.

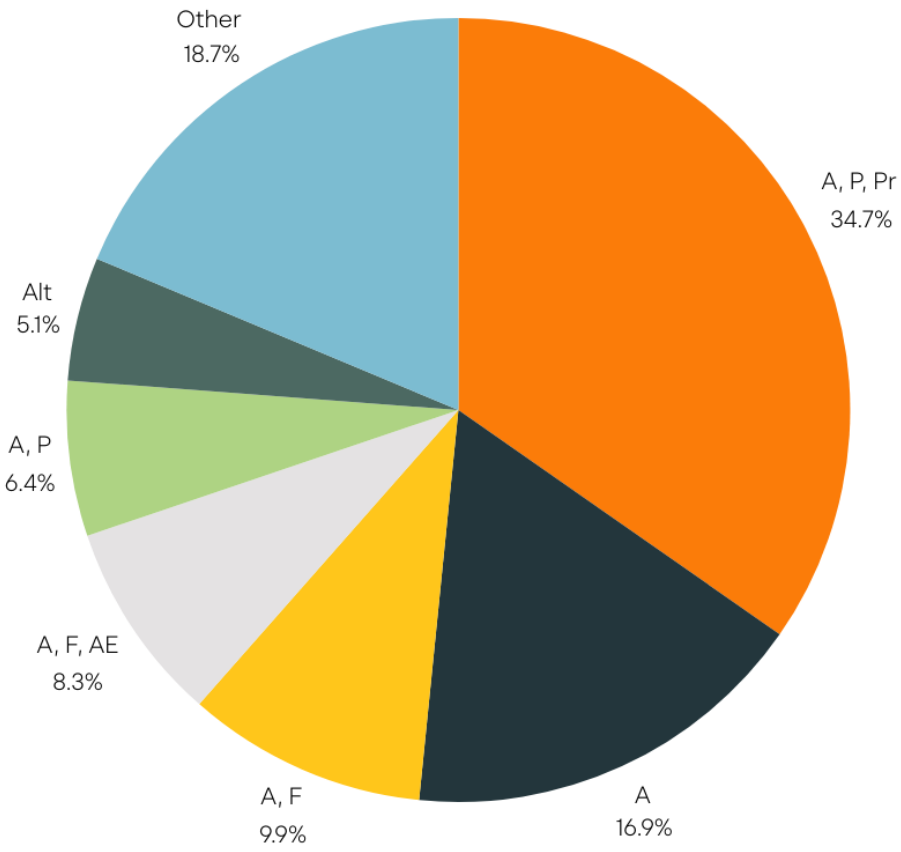
1) *Limitation on Specialist Services:* Procedures completed by specialists outside of the membership plan's specified dental practice are not covered under the membership plan. This limitation may be concerning if the individual requires specialized dental care that cannot be provided by the primary dental office.
2) *Non-Refundable Fees:* Refunds will not be provided for dues paid under any circumstances, including failure to schedule and maintain appointments. This means that once the membership fee is paid, regardless of whether the individual uses the benefits or not, they will not be eligible for a refund.
3) *Automatic Renewal:* Membership fees are subject to automatic renewal, with charges occurring monthly or annually until canceled by the member. Automatic renewal could potentially lead to continued charges even if the individual no longer wishes to maintain the membership.

These statements highlight potential financial commitments, ongoing charges, and limitations in accessing specialized dental services, which could significantly impact the value and utility of the dental membership plan for the individual.

Membership Plan Categorization

A wide range of membership plan offerings across dental businesses was observed during our analysis, featuring thirty-four unique combinations of plans including Adult (A), Additional Adult (AE), Pediatric or Child (P), Family (F), Periodontal (Pr), Alternative (Alt), and Senior (S) (Figure 1 and *Appendix A*). Dental businesses typically provide a selection of membership plans for patients to choose from. The most common combination found was Adult, Pediatric, and Periodontal Plans, present at 348 sites, followed by a single Adult Plan Membership at 170 sites, Adult and Family Plans at 100 sites, Adult, Family, and Additional Adult Plans at 83 sites, Adult and Pediatric Plans at 64 sites, Alternative Plans at 51 sites, and Adult, Pediatric, and Family Plans at 27 sites. The average age for pediatric or child plan cut offs is 14.72 ±0.11, with a range for the pediatric designation cut-off of 11-26 years of age. For the pediatric or child plans, often dental practices or businesses require that the child be either living at home or actively enrolled in college or post-secondary education. A complete breakdown of each plan type observed in our analysis is available in *Appendix A*.

Figure 1: Evaluation of the type of plans offered in our evaluation



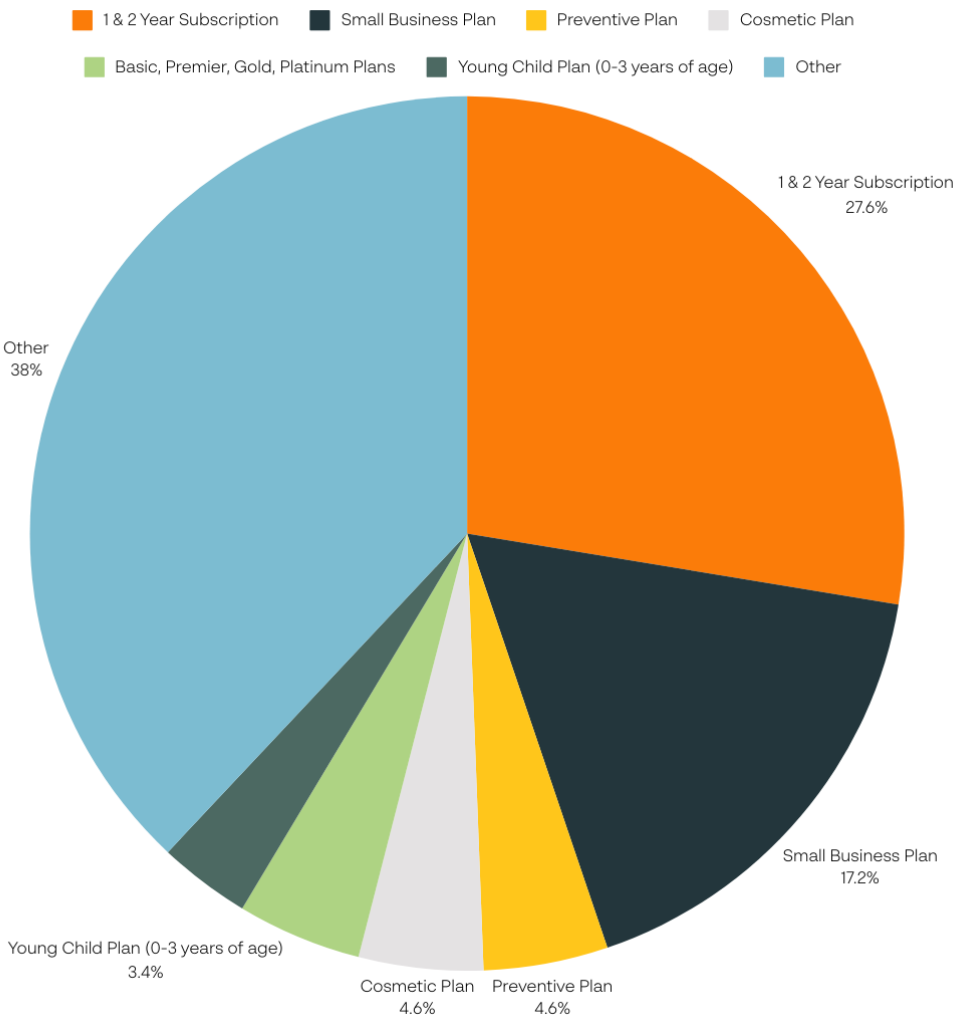
Additional Adult (AE), Pediatric or Child (P), Family (F), Periodontal (Pr), Alternative (Alt), and Senior (S)

Alternative Membership Plan Types

Exploring the landscape of dental care alternatives reveals a diverse array of options designed to cater to various needs. Table 2 presents findings from an analysis of 1,003 dental businesses, showcasing 32 distinct categories of alternative plans (Alt).

These alternative membership plans extend beyond conventional structures, offering flexibility in visit frequency and coverage. Most of the alternative plans provide individuals or families with more options on frequency of visits with higher monthly or yearly costs for visits. While the baseline subscription may cover essential services, individuals have the option to enhance their plans, typically by adding more frequent cleanings or cosmetic visits for an additional fee. This demonstrates a consumer-driven approach where individuals can tailor their plans to meet their specific oral health needs and desires, with the understanding that greater flexibility in visit frequency may come at an increased cost.

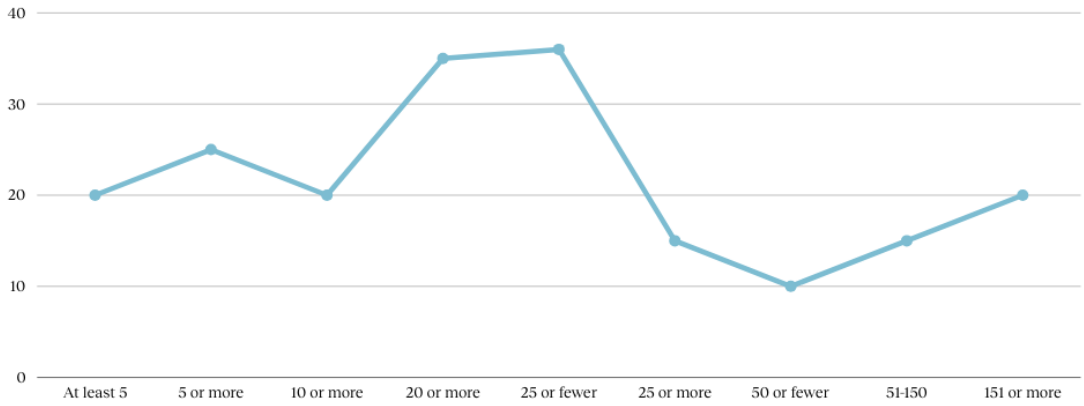
Figure 2: Evaluation of the type of alternative plans offered in our evaluation



Notably, twenty-four sites provide options for 1-year and 2-year subscription plans, indicating a preference for longer-term commitments among consumers. There were also three sites that provided special plans for young children (ages 0-3) at lower costs. Moreover, cosmetic plans emerge as another distinct category, offering discounted packages for whitening, Botox, dermal fillers, and laser treatments. Typically priced at $650 per year, these plans provide quarterly skin resurfacing sessions, free post-procedure kits, cosmetic smile consultations, and discounts on various procedures.

Additionally, some dental businesses offer membership plans for small businesses, with 15 membership plans offering discounts through a group purchase for the business's employees. The discounts vary, with some based on the number of employees and others providing fixed percentages of memberships (Table 1). It is evident that there is a significant emphasis on providing tailored discounts and pricing structures for businesses of varying sizes.

Table 1: Evaluation of the small business membership plans by number of employees, discounts, and pricing structures



Number of Employees	Price per Month (Individual Membership)	Price per Month (Family Membership)
25 or fewer	$30	N/A
26 or more	$25	N/A
No stated minimum	$7.95	$11.95

Innovative services are also evident within these alternative plans. For instance, two businesses extend home visitation plans to seniors aged sixty-five and older, delivering preventive and basic dental services in the comfort of their homes. These plans, priced at $30 per month and $550 per year, respectively, include services such as exams, cleanings, mobile x-rays, and discounted extractions.

Discount-Only Membership Plans

Based on the analysis, we identified a total of 26 "Discount Only" membership plans. These plans are distinct in that they do not include the various services typically offered as fully covered by other membership plans, such as preventive and diagnostic procedures. Instead, they provide a discount on dental services. Among these discount-only plans, 80.81% are offered in non-rural areas, while 19.24% are available in rural locations, indicating a greater availability in more populated, non-rural areas. Additionally, the distribution between business types shows that sixteen of these plans are offered by private practices, whereas ten are provided by corporate entities, highlighting a balanced presence across different business models but with a slight preference towards private practice offerings.

After evaluating the discount only membership plans, we have calculated the average monthly cost for adults as approximately $23.49 ±$3.87. This indicates a variability in the pricing of these plans across different providers. The analysis also revealed a wide range of discounts and services offered under these plans, including:

- Discounts on preventive and diagnostic treatments, with percentages ranging from 10% to 60% off.
    - Discounts for services such as exams and emergency visits are higher than other membership plan discounts, with ranges from 30% to 60%.
- Percentage discounts on various dental procedures, including restorative, cosmetic, implants, and orthodontic treatments demonstrated a wide range from 10% to 45%.
- Discount plans were less likely than the other membership plans to offer discounts on orthodontic, cosmetic, or specialty services.

Membership Plan Costs and Payment Periods

Table 2 demonstrates the range of cost for membership plans and the number of plans offered by dental businesses. Our analysis also revealed that many sites (1000, 99.70%) require an annual membership term with only three sites (0.30%) offering a bi-annual renewal period of every 6 months. The majority of sites have monthly payment planning with 566 (56.43%) sites. This was followed by yearly payments (432, 43.07%), quarterly payments (3, 0.30%), bi-annual payments (2, 0.20%).

Table 2: Membership plan by type and average costs

Membership Plan Type	Total Number of Plans Evaluated	Average Monthly Cost	Range of Monthly Costs	Average Yearly Cost
Adult	940	$32.17 ±0.01	$6.58 - $79.00	$386.04
Pediatric	519	$26.01 ±0.01	$4.92 - $69.00	$312.12
Dual / Family of 2	248	$49.15 ±0.08	$10.75 - $158.00	$589.80
Family of 3	104	$70.09 ±0.14	$13.34 - $237.00	$841.08
Family of 4	265	$80.84 ±0.16	$8.25 - $316.00	$970.08
Additional Family Members	206	$27.94 ±0.16	$1.67 - $250	$335.28
Additional Adult Members	143	$24.68 ±0.09	$1.67 - $79.00	$296.16
Periodontal	424	$57.58 ±0.03	$25.00 - $110.00	$690.96
Senior Members	18	$21.92 ±0.63	$7.42 - $35.00	$263.04

Enrollment Requirements

The enrollment requirements for membership plans highlight a mix of payment structures and additional fees. Notably, there are recurring themes of full upfront payments and automatic monthly withdrawals, suggesting that plan providers value both lump-sum payments and recurring billing. Among seventy-one plans reviewed, there is a frequent mention of a $50.00 fee, which appears in various forms—either as an activation fee or an enrollment fee—indicating it's a standard charge in the industry. The range of enrollment or activation fees was $20.00 - $149.00 with the average fee $70.56 ±0.41. A few plans introduce incentives, like discounts for full-year payments or penalties such as surcharges for opting into monthly payments, indicating flexibility in payment structuring to accommodate different customer preferences. The presence of credit checks and requirements for mandatory check-ups and cleanings suggests a vetting process for financial reliability and commitment to oral hygiene, which might be indicative of the level of service and care the plan intends to provide. Overall, the range of fees and payment options reflect a market that tailors to varied financial situations, prioritizing both accessibility and long-term customer engagement.

Membership Services and Discounts

Full Coverage Services

This analysis reveals a pattern of consistency in the inclusion of certain dental services within membership plans, especially for routine exams, x-rays, cleanings, and to a lesser extent, fluoride treatments. There is more variability in the provision of emergency exams and oral cancer screenings. These findings indicate that while most plans aim to cover essential preventive care services consistently, there is a range in how comprehensively they cover services that may be considered less routine. This variability might reflect differences in plan pricing, target demographics, or assumptions about member needs.

Our analysis on the various services included at 100% coverage in dental membership plans revealed a high level of consistency for traditional diagnostic and preventive procedures. These services are categorized as follows:

- Comprehensive and/or routine exams included per year
- Emergency exams per year
- Cleaning included per year
- X-rays per year
- Oral cancer screenings per year
- Fluoride treatments per year

The analysis of the services included at 100% coverage in dental membership plans yields the following insights:

- *Comprehensive and/or routine exams*: On average, plans include approximately 1.95 exams per year, with a standard error of 0.008. This indicates a high level of consistency across plans in offering nearly 2 routine exams per year.
- *Emergency exams:* These are included at an average rate of about 1.08 exams per year with a standard error of 0.016. There is some variability among plans, but most include at least one emergency exam per year.
- *Cleaning:* On average, plans include exactly two cleanings per year, with a very low standard error (0.003), highlighting a strong consensus among the plans regarding this service.
- *Oral cancer screenings:* These are included at an average rate of about 1.39 screenings per year, with a standard error of 0.03. This suggests some variability in how often plans offer oral cancer screenings. It should be noted that the majority of these services were communicated with the use of cancer detecting devices such as scopes and fluorescence.
- *Fluoride treatments:* The average inclusion rate is about 1.59 treatments per year, with a standard error of 0.019. This shows a moderate level of consistency in offering fluoride treatments, with most plans offering one or two treatments per year.

The "X-rays per year" category showcases a diverse range of descriptions for x-ray coverage within dental membership plans. The data indicate a split between generalized coverage (e.g., "Routine x-rays") and more specific, condition- or time-based criteria (e.g., "Needed x-rays" or specific schedules like "4 BWs and 1 pan every 3-5 years"). This variability reflects the complexity and customization of dental plans in addressing the needs and preferences of their members. The high percentage of plans that

offer "Routine x-rays" suggests an emphasis on preventive care, while the presence of various other descriptions highlights flexibility and adaptability in plan offerings. The analysis of the qualitative information regarding "X-rays per year" from the dataset reveals a variety of descriptions for the coverage provided by dental membership plans. Here are some key insights based on the frequency of each phrase, represented as percentages of the total response:

- Routine x-rays: This description is the most common, appearing in about 24.95% of the response. It suggests a general coverage for x-rays considered part of standard dental care.
- Needed x-rays: Found in approximately 10.66% of the responses, indicating coverage is based on the dentist's assessment of necessity.
- Necessary x-rays: Similar to "Needed x-rays," this phrase appears in about 8.18% of the response, further emphasizing coverage for x-rays deemed necessary by dental professionals.
- Annual x-rays: Mentioned in about 6% of the response, indicating a plan coverage for x-rays on a yearly basis.
- Specific coverage plans: For example, "4 BWs and 1 pan every 3-5 years" is specified in 5.69% of the response, illustrating a more detailed and scheduled approach to x-ray coverage.

Periodontal Membership Plans

The evaluation for periodontal membership plans focuses on the plan extras per year, which provides insights into the additional or unique offerings available within periodontal membership plans compared to standard adult plans.

A significant observation is the presence of entries indicating specific extras for periodontal care, such as "4 periodontal maintenance visits", as well as notes about how plans manage periodontal disease in the absence of a dedicated periodontal plan (e.g., "No periodontal plan but adults with periodontal disease get 2 free periodontal maintenance visits a year").

The dataset primarily contains qualitative descriptions, with 523 entries of the 1003 total plans evaluated and 171 unique descriptions. The most common offering is "3 periodontal maintenance visits," mentioned 119 times. It is important to note that there is a frequently observed policy across the membership plans that require individuals diagnosed with periodontal disease to enroll in a specific periodontal plan, if available, rather than an adult or other general dental plan. This approach ensures that members receive care that is specifically designed to manage and treat periodontal conditions effectively. In addition, a trend towards providing multiple periodontal maintenance visits as a key feature of periodontal plans was observed.

Find bulleted below some of the most frequently mentioned "Periodontal plan extras per year" in the dataset, showcasing the variety of offerings:

- Three periodontal maintenance visits: The most common offering, present in 22.75% of the dataset. This highlights a focus on regular maintenance visits as a cornerstone of periodontal care.
- Three periodontal maintenance visits and 20% off SCRP: Found in 9.56% of responses, indicating a combination of maintenance visits and discounts on specific periodontal treatments. It should be noted that most periodontal plans include SCRP as a fully covered service.
- Four periodontal maintenance visits: Mentioned in 6.12% of the entries, suggesting a higher frequency of care for certain plans.

- 3-4 periodontal maintenance visits: This flexible offering appears in 4.40% of the dataset, allowing for tailored care based on individual needs.
- Two periodontal maintenance visits: A minimal level of periodontal care, noted in 1.91% of the plans.
- In the dataset regarding periodontal membership plan offerings, phrases related to "non-surgical periodontal treatment" occur in approximately 15.95% of the entries. This indicates a significant focus within some plans to offer specific treatments that are non-invasive and aimed at managing periodontal disease without surgery.

The dataset analysis reveals a diverse array of periodontal membership plan extras, with a notable portion of plans (15.95%) focusing on non-surgical periodontal treatments. This emphasis underscores the importance of providing accessible, less invasive treatment options for managing periodontal disease reflecting a broader trend towards preventive and maintenance-oriented care.

Discounted Services

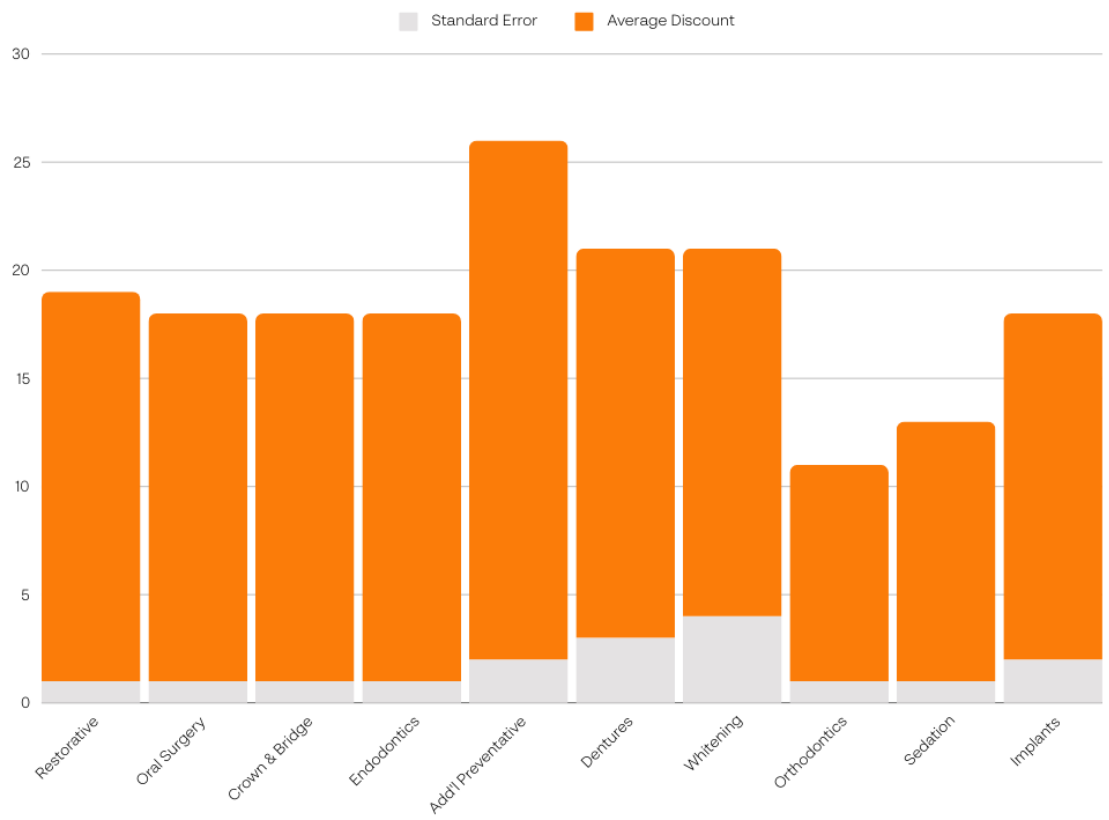
Discounts on various dental services play a crucial role in differentiating membership offerings and enhancing patient satisfaction and retention. Our comprehensive analysis of 1,003 dental membership plans has revealed that discounts on restorative work, oral surgery, crown and bridge work, and endodontics are among the most cited benefits. These categories stand at the forefront of the value proposition for membership plans, reflecting their critical importance in both routine and specialized dental care. By offering these discounts, dental practices not only address the immediate and complex dental needs of their patients but also align their business models with the goals of affordability and accessibility. This review examines the nuances of how discounts are structured across various service categories, examining the prevalence, average discount rates, and the strategic implications of these discounts within the dental care industry.

Analysis of the Most Common Services Discounts

Beginning with a systematic quantitative assessment, we examine the prevalent discounts offered for essential dental services, including restorative work, oral surgery, crown and bridge procedures, and endodontics. This analysis aims to establish a foundational understanding of the financial incentives typically associated with dental membership plans (Figure 3).

- *Restorative Procedure Discounts:* Offered by approximately 89.53% of plans, with an average discount of 18.31%, a standard deviation of 7.78%, and a standard error of 0.26%. This high offering rate suggests restorative work discounts are a common feature of dental membership plans, reflecting the frequent need for such services.
- *Oral Surgery Discounts:* These discounts are provided by about 65.40% of plans, showcasing an average discount of 17.45%, a standard deviation of 7.31%, and a standard error of 0.29%. The relatively lower offering rate compared to restorative work indicates oral surgery discounts might be selectively offered based on the dental practice's services and patient base.
- *Crown and Bridge Procedure Discounts:* Offered by 78.86% of plans, with an average discount of 17.74%, a standard deviation of 6.51%, and a standard error of 0.23%. The widespread availability of these discounts highlights the commonality and financial importance of crown and bridge work in dental care.
- *Endodontics Discounts:* These are provided by about 53.74% of plans, with an average discount of 17.75%, a standard deviation of 5.89%, and a standard error of 0.25%. The offering rate being the lowest among the primary discount categories suggests endodontic services might be less universally required, may relate to this service being referred to a specialist for care, or more selectively discounted among different practices.

Figure 3: Comparative Analysis of Average Discounts Across Dental Services Offered in Membership Plans



Additional or Other Services Discounts

Dental membership plans tend to offer comparable discounts across various service categories, with averages ranging from 17.45% to 18.31%. The close range of these averages and their standard deviations reflect a degree of consistency in the discount levels offered, though there is still a noticeable variability that could be influenced by factors such as the dental office's location, market competition, or the cost structure of providing these services. The analysis of additional discounts offered by dental membership plans, categorized by service type, yields the following insights: A large majority (86.55%) of the additional discounts fall into a broad "Other" category, which encompasses a variety of dental services outside of the specifically mentioned categories below. This category includes discounts on preventive care, dentures, implants, sealants, and other common dental procedures not explicitly categorized elsewhere.

- *Additional Preventive Care:* An average discount of approximately 24.47% is offered, suggesting a strong emphasis on encouraging routine dental care through membership plans.
- *Dentures:* The average discount for dentures is about 18.55%, indicating a significant consideration for patients requiring these prosthetic devices.
- *Implants:* Discounts on dental implants average around 16.69%, reflecting the high value and cost associated with this advanced dental treatment.

- *Whitening:* Whitening services see an average discount of 16.62% as well as often offered for a standard $99.99 for members, showcasing the popularity and demand for cosmetic dental treatments.
- *Sealants:* The highest average discount is observed for sealants, at about 27.06%, emphasizing preventive measures against tooth decay.
- *Orthodontic Discounts:* Approximately 6.32% of the additional discounts are related to orthodontic services, indicating that a subset of dental plans includes discounts on braces, aligners, or other orthodontic treatments. Considered as part of orthodontic discounts but evaluated separately, the appearance of "Invisalign" was also evaluated. Invisalign treatment was observed with 114 (11.36%) instances. There were two types of discounts offered through membership plans: a percentage discount with an average of 10.10% ±0.05 or a monetary value discount with an average of $691.67 ±$10.90. The appearance of orthodontic related treatment within the explanation of membership plans 17.7% of the time suggests that some dental practices may see value in offering discounts on orthodontic services to attract or retain membership plan members, due to the high demand and profitability of orthodontic treatments.
- *Cosmetic Discounts:* About 25.49% of the "additional" or "other" discounts are for bundled or grouped cosmetic procedures, which might include whitening, veneers, and other aesthetic treatments. The inclusion of cosmetic procedure discounts reflects a business model that aims to cater to patient desires for aesthetic improvements, driving higher patient satisfaction and retention.
- *Sedation/Nitrous Oxide:* Only 0.99% of the additional discounts category specifically mention sedation or nitrous oxide, highlighting that such discounts are relatively rare within dental membership plans. This could be due to the specific regulatory requirements, additional costs, or limited demand for sedation services in routine dental care.
- *Botox/Dermal Fillers:* The least common discounts, at 0.70%, are for Botox or dermal fillers. The inclusion of these discounts, albeit rare, suggests that some dental practices are expanding their service offerings beyond traditional dentistry to include aesthetic treatments that may appeal to a specific patient demographic, potentially increasing profitability through higher-margin services.

Specialty and Referral Discounts

The inclusion of discounts on specialty services or referrals within dental membership plans is a critical aspect that addresses a primary concern for members seeking comprehensive dental care. Unlike traditional dental insurance, which often boasts access to a larger provider network, dental membership plans can enhance their appeal by offering discounts on specialized treatments not commonly covered or requiring significant co-pays and deductibles. This access to specialty services at discounted rates represents a significant differentiator in the membership plan marketplace, underscoring a plan's value in providing a broader spectrum of care options. As consumers become more discerning about their dental care choices, the ability of a membership plan to offer such unique benefits becomes increasingly pivotal. Our analysis highlights the prevalence and magnitude of these specialty service discounts, revealing an average discount of approximately 8.91% for specialty services or referrals, based on the data extracted from 23 (2.29%) plans, with a standard error of 1.13%. This indicates a strategic emphasis on enhancing member benefits by facilitating more affordable access to specialized dental care, distinguishing these plans in a competitive landscape.

Holistic Treatments and Product Discounts

Within the context of dental membership plans, the integration of product discounts and holistic treatments represents an emerging trend aimed at enhancing patient care and differentiating providers in the competitive landscape. Our analysis delves into these offerings, exploring their significance in shaping the trajectory of dental health services.

- *In-Office Products:* Discounts on in-office products were mentioned in ten plans, offering an average discount of approximately 14.50% with a standard error of 2.63%. This indicates a moderate level of variability in the discounts offered for these products, reflecting their specialized nature and potential value added for patients within the dental practice setting.
- *Arrestin:* Arrestin, a locally applied antibiotic (Minocycline HCL) for periodontal disease is included in the discounts for nine plans, with a notably high average discount of 26.67% and a substantial standard error of 5.89%. The high variability suggested by the standard error indicates that the discount levels for Arrestin can vary significantly from plan to plan, potentially based on the treatment's perceived value or the cost structure of providing it.
- *Oral Hygiene Consultation:* Oral hygiene instruction, described as a comprehensive education and provision of materials that connect oral health to overall health, is explicitly mentioned in four dental membership plans within the dataset. This inclusion underscores some plans' dedication to offering more than just dental care; they aim to provide a whole-body health consultation. By emphasizing oral hygiene instruction, these plans highlight the importance of understanding the integral link between maintaining good oral health practices and supporting overall wellness. This approach reflects a holistic view of health care, recognizing that patient education in oral hygiene can contribute significantly to long-term health outcomes.
- *Salivary Wellness Testing:* Salivary testing, a tool used to assess the health of the oral microbiome and identify specific bacteria and biomarkers linked to oral diseases, is featured in three dental membership plans. Among these, one plan provides salivary testing as a complimentary service, while the other two offer it at a 30% discount. This type of testing plays a crucial role in personalized dental care, allowing for targeted treatment strategies by identifying pathogens that may not be detected through standard examinations. The plans that include salivary testing also extend benefits such as product discounts and oral hygiene instruction or consultations, indicating a holistic approach to dental wellness.
- *Remineralization:* We found that remineralization, a process for restoring minerals to tooth enamel and preventing decay, is explicitly mentioned in five plans, albeit without extensive details on the service's integration. Despite this, an average discount of 27.0% is offered for remineralization services, highlighting their valued role in oral health maintenance. Remineralization agents, such as fluoride, calcium, and phosphate as well as silver diamine fluoride or iodine, are pivotal in strengthening tooth enamel and defending against acid erosion. This inclusion reflects a comprehensive care approach, underscoring the significance of proactive oral health practices within these plans.
- *Artificial Intelligence:* Four plans incorporate complimentary treatment and hygiene planning with the aid of artificial intelligence (AI), although the specifics of AI application are not detailed. The integration of AI into these plans reflects an increasing trend within the dental industry to utilize advanced technology for enhancing patient care. AI is often used to provide a comprehensive explanation of treatment plans, enabling a detailed evaluation of dental diseases or conditions, and facilitating the monitoring of patient progress over time. This adoption of AI technology signifies a move towards a more personalized, data-driven approach

to dental health, offering both patients and providers a powerful tool to assess and improve oral health outcomes.

- *Sleep Apnea Evaluation and Treatment:* There were six unique instances of sleep apnea evaluations and/or treatment offered through membership plans. The most common benefits were $200.00 off sleep apnea devices (3) and 10% off sleep apnea evaluation and devices (3). One plan offered "1 free home sleep screening (2 nights) for sleep apnea evaluations and device design." These findings indicate some dental businesses see financial and patient-facing differentiators in offering these extended services.
- *Dietary Counseling:* Five membership plans offered free dietary counseling as part of their services, recognizing the integral connection between the body, nutrition, and oral health. By incorporating dietary counseling, these plans go beyond traditional dental care, addressing the root causes of dental issues such as cavities and gum disease, which are often linked to poor dietary habits. This holistic approach not only enhances patient health outcomes but also adds value to the membership, attracting individuals who are looking for comprehensive health solutions within their dental care package.

Discounts Based on Type of Payment

Thirteen (1.30%) of the reviewed membership plans for dental care incorporate discounts based on the type of payment for services rendered at the time of treatment. This strategy is most likely employed by businesses to incentivize patients to opt for payment methods that are more beneficial for the practice's financial operations. Offering higher discounts for cash or check payments, typically ranging from 15% to 25%, encourages immediate and direct revenue without the hassle of processing fees associated with credit card transactions. Credit card payments, though still discounted, usually range from 10% to 20%, acknowledging the convenience they offer while balancing the practice's financial considerations. Additionally, the utilization of third-party financing options like CareCredit at a 10% discount facilitates accessibility to dental services for patients who may require flexible payment plans, thus expanding the customer base for the dental practice. By tailoring discounts based on payment types, dental businesses not only encourage prompt payment but also enhance patient satisfaction and loyalty by providing flexible and affordable options for accessing quality dental care.

Rural and Non-Rural Membership Plans

The analysis of dental membership plans across rural and non-rural settings reveals a nuanced landscape of service offerings and pricing structures, shedding light on the accessibility and affordability of dental care. With 774 plans identified as non-rural (77.20%) and 223 as rural (22.20%), with a small fraction of sites (0.50%) remaining ambiguous in their classification. The distribution underscores a significant skew towards non-rural centers most likely due to search engine algorithms and that non-rural practices are more likely to invest in search engine optimization.

Rural areas predominantly feature Adult (A), Pediatric (P), and Periodontal (Pr) plans, with notable mentions of Family plans. Non-rural counterparts echo this trend but with a higher frequency of each plan type, indicative of a richer variety of options possibly driven by denser competition and demand. When it comes to pricing and discounts, rural providers surprisingly show a higher frequency of detailed pricing or discount information, potentially as a strategy to attract or retain patients in less competitive landscapes. Conversely, non-rural areas, despite offering slightly higher average prices and percentage discounts, exhibit a more standardized approach to pricing.

The exploration of type of plan offerings between rural and non-rural areas unveils distinct patterns and disparities, revealing how geographical location influences the diversity and structure of dental plan options available to consumers.

Rural Areas:

- The most common plan type is Adult (A), Pediatric (P), and Periodontal (Pr) with ninety mentions.
- Pure Adult (A) plans come second with thirty mentions.
- Family plans (A, F) are also notable with twenty-six mentions.

Non-Rural Areas:

- Similarly, the most common plan type is Adult (A), Pediatric (P), and Periodontal (Pr) but with a higher frequency of 255 mentions.
- Pure Adult (A) plans are more common in non-rural areas with 137 mentions.
- Family plans (A, F, AE) are significantly represented with sixty-seven mentions.

As seen in Table 3, further analysis compared pricing, offerings, and discounts between dental service providers in rural and non-rural areas. It reveals notable differences in the frequency of pricing information, minor variations in service offerings, and differences in discount structures between the two settings. The analysis of pricing and discount structures for rural vs. non-rural providers reveals:

Table 3: Analysis of Pricing, Offerings, and Discounts in Rural vs. Non-Rural Dental Service Providers

Discount Description	Rural Sites	Non-Rural Sites
Comprehensive &/or Routine Exams (Per Year)	Mean = 1.92 ±0.018	Mean = 1.96 ±0.009
Emergency Exams (Per Year)	Mean = 1.09 ±0.019	Mean = 1.07 ±0.013
Cleaning (Per Year)	Mean = 2.00 ±0.005	Mean = 2.00 ±0.004
Oral Cancer Screenings (Per Year)	Mean = 1.34 ±0.032	Mean = 1.42 ±0.018
Percentage Discounts on Restorative	Mean = 17.41% ±0.43	Mean = 18.62% ±0.29
Percentage Discount on Oral Surgery	Mean = 16.73% ±0.45	Mean = 17.73% ±0.27
Discounts on Crown and Bridge	Mean = 16.47% ±0.39	Mean = 18.19% ±0.24
Discounts on Endodontics	Mean = 16.71% ±0.33	Mean = 18.15% ±0.22
Entries related to pricing/discounts per provider	6.27	5.42

In examining the landscape of dental plan pricing across rural and non-rural settings, notable differences emerge in the cost structures and variability of plans offered (Table 4). This section delves into a comparative analysis of these pricing strategies, highlighting key trends and distinctions between rural and non-rural dental service providers. On average, non-rural sites offer plans at a higher cost across all categories compared to rural sites. This trend is consistent for adult, pediatric, family, and periodontal plans. The standard errors indicate the precision of the standard error estimates, with non-rural sites generally showing less variability in pricing compared to rural sites, especially noticeable in the family plans for 3 and 4 members and the periodontal plans. The findings suggest that dental services in non-rural areas tend to be priced higher than in rural areas, which could reflect factors such as higher operational costs, greater demand, or a different competitive landscape. The lower variability in non-rural pricing might also indicate more standardized pricing strategies in the areas.

Table 4: Monthly Costs (Means) for Dental Services in Rural and Non-Rural Sites

Metric	Rural Sites	Non-Rural Sites
Adult Cost per Month	$29.23 ±$0.64	$33.04 ±$0.38
Pediatric Cost per Month	$23.74 ±$0.48	$26.88 ±$0.28
Family Cost per Month (2 members)	$44.38 ±$1.48	$50.63 ±$0.72
Family Cost per Month (3 members)	$61.67 ±$2.26	$72.83 ±$1.05
Family Cost per Month (4 members)	$77.10 ±$2.95	$81.77 ±$1.56
Adult - Then Each Additional Member	$20.94 ±$0.82	$25.64 ±$0.47
Periodontal Cost per Month	$51.70 ±$0.81	$59.56 ±$0.48

Comparing Corporate and Private Practice Membership Plans

Our detailed statistical analysis explores the intricacies of dental membership plans offered by Corporate and Private Practice entities, focusing on the average costs, percentage discounts, and other notable distinctions between these business types. There were 658 (65.6%) private practices, 326 (32.5%) corporate, and 19 (1.9%) unidentified business types that were evaluated.

Average Costs of Membership Plans

The average monthly costs for membership plans reveal distinct patterns between Corporate and Private Practice business models. For Private Practices, the costs tend to be higher across various plan types compared to their corporate counterparts. Specifically, the average monthly cost for an adult plan in a Private Practice is approximately $33.12, in contrast to $29.82 in corporate settings. This trend persists across plans for Pediatric care, Family plans, and Periodontal plans, indicating a general propensity for higher charges in Private Practices. However, it is worth noting the close competition in cost, suggesting a nuanced balance between service personalization and corporate efficiency.

Inclusive Services and Percentage Discounts Offered

When examining the average percentage discounts offered, corporate plans provide an average discount of approximately 22.18%, whereas Private Practices offer a slightly lower average discount of about 17.16%. This difference highlights the competitive edge corporate plans might employ through more significant discounts to attract a broader base of customers seeking value in their dental care expenses.

Addition insights were found in comparing corporate and private practice membership plans that include:

- Corporate and Private Practice Plans: Show a significant inclusion and 100% coverage of two fluoride treatments and at least one emergency exam within their offerings.
- Cosmetic Procedures: More commonly mentioned in Private Practices compared to corporate practices, suggesting a higher emphasis on aesthetic services in the former.
- Botox: Mentioned in both, with a similar occurrence in corporate practices (4 instances) and Private Practices (3 instances).
- Sedation and Nitrous Oxide: Both types show some focus on patient comfort, with mentions of sedation and nitrous oxide mentioned rarely and equally.

Standard Errors and Variability

The standard errors associated with the average costs and discounts underscore the variability within each business type. This variability is slightly higher in corporate settings for cost metrics, indicating a wider range of pricing strategies or plan options. Conversely, the variability in discount percentages is higher in private practices, reflecting diverse approaches to offering value to patients through discounts.

Third Party Administrators and Dental Membership Plans

The involvement of third-party administrators can play a significant role in facilitating the smooth operation and management of these programs. Many dental practices opt to enlist the services of third-party administrators to manage various aspects of their membership plans, aiming to optimize efficiency and enhance the overall effectiveness of their offerings.

These third-party administrators offer a comprehensive suite of services tailored to the specific needs of dental practices. Their expertise spans across the design, promotion, and growth of in-house dental membership programs, with a focus on boosting production and streamlining administrative tasks. By collaborating with third-party administrators, dental practices can tap into a wealth of industry knowledge and resources, enabling them to navigate the complexities of membership program management with ease.

One of the key offers provided by third-party administrators is the implementation of specialized software solutions. These software platforms are purpose-built to cater to the unique requirements of dental practices, offering a wide range of features designed to streamline operations and enhance efficiency. From enrollment management to payment processing, these software tools empower dental practices to effectively track membership plan business and utilization, providing valuable insights into program performance and member engagement.

The utilization of third-party administrators introduces an additional layer of support and expertise to dental practices, enabling them to focus on delivering high-quality patient care while leaving the intricacies of membership program management in capable hands. Moreover, the involvement of third-party administrators can enhance the credibility and professionalism of dental membership plans, instilling confidence in both patients and practitioners alike.

Overall, the partnership between dental practices and third-party administrators represents a collaborative effort aimed at optimizing the functionality and success of membership programs. While the decision to enlist the services of third-party administrators may vary depending on individual practice needs and preferences, their involvement undoubtedly contributes to the overall efficiency and effectiveness of dental membership plans.

Advertised Value and Savings

The examination of how dental businesses advertise the value or savings of their membership plans revealed a significant emphasis on the cost-saving benefits, with "save" being the most frequently mentioned term. The data indicates that businesses often frame these benefits in terms of annual savings, with terms like "annually" and "annual savings" prominently featured, suggesting a focus on the long-term advantages for potential members. In addition, the use of "average" in some advertisements points to an effort to set realistic expectations about the savings. Notably, a few businesses highlight the benefits for families specifically, indicating a targeted appeal to households seeking dental care solutions. On average, the advertised savings or value extracted from numerical data amounts to approximately $730.40 annually, underscoring the substantial financial benefits that dental membership plans claim to offer.

Analysis of Annual Maximums in Membership Plans

Membership plans traditionally emphasize the elimination of deductibles and the absence of annual maximums as key benefits, offering an ostensibly unlimited scope of discounts and services throughout the membership period. This characteristic has been central to the marketing and perceived value of such plans, distinguishing them from traditional insurance products. However, our analysis reveals a noteworthy deviation from this trend, with some plans implementing annual maximums either on the total amount of discounts or through categorical caps on discounts for specific types of procedures.

Analysis of Maximum Amounts:

A total of 56 (5.6%) membership plans evaluated employed annual maximums. Our analysis distinguished between plans imposing annual maximums per procedure or category (i.e. restorative, oral surgery, crown & bridge, etc.) and those setting total annual maximums for discount spend. On average, plans with per-procedure or per-category maximums set a limit of $531.91, with a standard error of $31.91. In contrast, plans featuring a total annual maximum for discount spend established a limit of $2500.20 on average, with a standard error of $632.37. This discrepancy underscores the variability in how annual maximums are structured and the extent to which they may restrict the benefits accrued under different plans.

Business Type and Geographic Distribution:

The imposition of annual maximums is predominantly associated with corporate businesses, which accounted for 42 instances of per-procedure/category maximums, compared to 5 instances in private practices. Total annual maximums for discount spend were distributed between corporate entities (2 instances) and private practices (7 instances), suggesting a nuanced approach to structuring membership plans based on the business model.

Geographically, plans with annual maximums were more prevalent in non-rural areas, with 49 instances of per-procedure/category maximums and 7 instances of total annual maximums for discount spend being recorded in rural areas. This distribution may reflect the market dynamics and consumer expectations in different settings, with non-rural areas more likely to have corporate dental businesses operating.

Comparative Analysis of Dental Membership Plans Across States

Our investigation into the landscape of dental membership plans across the United States reveals a notable diversity in pricing structures. This variance underscores the influence of regional economic factors, cost of living, and perhaps the competitive landscape of dental services in determining plan costs. State-by-state comparisons can be found in *Appendix B.*

Key Findings:

- The most affordable average monthly costs for adult dental membership plans were observed in Utah ($25.39), followed closely by states such as Maryland, Montana, and Oklahoma, all averaging below $30.
- On the higher end of the spectrum, New Hampshire presented the highest average cost for adult membership plan types at $46.18 per month, indicating a premium pricing strategy or potentially higher service inclusion within the plans.
- Utah emerges as the state with the most affordable average monthly cost for pediatric dental plans as well at $20.63, suggesting a potentially higher accessibility level for dental care services for children.
- Conversely, New Hampshire stands out with the highest average cost for pediatric plan types at $37.77 per month, which could indicate more comprehensive plan inclusions or higher regional costs of dental services.
- States like Alaska and Washington also exhibit higher-than-average costs for pediatric plans, highlighting regional differences that may impact the affordability of pediatric dental care.
- Montana offers the most affordable average monthly cost for family dental plans at $30.11, suggesting a high level of accessibility for family dental care services within the state.
- In contrast, West Virginia shows a higher-than-average cost at $107.19 per month, across all plan types. However, West Virginia sites offer more family plan choices than other states which elevates their average cost per month. After removing the "Family cost per month (3)" and "Family cost per month (4)" for West Virginia, the recalculated average cost per month comes down to approximately $36.38, with a standard error of about $5.48. This adjustment significantly reduces the average cost, indicating that the higher costs associated with these family plans were contributing to the notably higher average previously observed for West Virginia.
- New Mexico stands out for offering the most affordable average monthly cost for periodontal plans at $41.58, indicating potential for greater access to periodontal care within the state.
- At the other end of the spectrum, Georgia exhibits the highest average cost at $72.55 per month for periodontal plans, potentially reflecting a higher standard of care, comprehensive service inclusions, or the regional cost structure of providing specialized dental services.

Diverse State Approaches to Preventive and Diagnostic Dental Services

An in-depth analysis of dental membership plans across the United States reveals a significant emphasis on preventive and diagnostic services, underscoring the dental care industry's commitment to maintaining oral health and preventing disease. While most states demonstrate a robust inclusion of

comprehensive and routine exams, cleanings, and emergency exams, notable variations emerge in the offerings of oral cancer screenings and fluoride treatments, highlighting different strategic focuses or regional healthcare priorities.

Preventive and Diagnostic Services: A Universal Focus

The majority of sites regardless of geographic location include comprehensive exams, routine cleanings, and emergency exam services within their dental membership plans, reflecting a widespread recognition of the importance of these preventive measures.

Oral Cancer Screenings: Varied Inclusions

The inclusion of oral cancer screenings in dental membership plans varies significantly across states. While states such as New York and Illinois offer these screenings in a majority of their plans, other states show less emphasis on this service. This variation may reflect differences in perceived risk, population demographics, or healthcare policy priorities across regions.

Fluoride Treatments: Emphasis on Pediatric and Adult Care

Fluoride treatments, essential for preventing tooth decay and strengthening enamel, are widely included in plans across most states, with a particular focus on pediatric care. However, the degree to which these treatments are offered to adults varies, with states like Colorado and Vermont highlighting their inclusion for all age groups, suggesting a more aggressive stance on cavity prevention.

States Offering the Most vs. the Least

Among the states offering the broadest range of preventive and diagnostic services, California, New York, and Illinois emerge as leaders, likely due to a combination of healthcare infrastructure and policy support for comprehensive dental care. Conversely, states offering fewer of these services in their dental membership plans might not necessarily indicate a lack of focus on preventive care but could reflect different healthcare delivery models or plan structures designed to meet specific local needs or preferences.

Insights Into Dental Membership Plan Variations

We completed an analysis of researcher notes regarding dental membership plans has revealed significant insights into how these plans are structured and advertised. The analysis focused on identifying common themes within the notes, leading to the discovery of three primary areas of emphasis: exclusions, offers, and limitations.

- *Exclusions:* Approximately 31.71% of the notes mentioned exclusions within the dental plans, with a standard error of 2.10%. These exclusions frequently related to orthodontic and cosmetic procedures, highlighting areas not covered by many of the membership plans. While these exclusions are notable, there exists an observable dichotomy among dental practices regarding the inclusion of orthodontic and cosmetic procedures in their membership plans. Some practices leverage these services as key selling points, likely because these high-value, often cash-based services contribute significantly to the practice's financial viability and sustainability. On the other hand, practices that exclude these services from their plans may do so because their current financial model relies heavily on the premium payments associated with these procedures, or they might aim to keep membership plan costs more affordable and straightforward for a broader base of patients.
- *Offers:* The most prevalent theme, observed in 60.57% of the notes, pertains to various offers associated with the membership plans, including free consultations, rewards programs, and discounts. The standard error for this category is 2.21%, indicating a strong emphasis on promotional offers as a key feature of these plans.
- *Limitations:* Finally, about 19.51% of the notes addressed specific limitations or conditions attached to the membership plans, such as service limits, eligibility criteria, and additional fees. The standard error here is 1.79%, underscoring the importance of understanding the fine print and restrictions that may apply. Laboratory surcharge or additional laboratory fees were observed in eighteen entries and the average cost is approximately $150.00.

These findings illustrate the nuanced landscape of dental membership plans, with a significant focus on promotional offers alongside notable exclusions and limitations. Potential members and dental practices alike should be aware of these details when considering or designing a dental membership plan, ensuring clarity and alignment with patient needs and expectations.

Additional Statistical Analysis

Additional analyses employed robust statistical methods tailored to the nature of each inquiry. The t-test, applied to compare plan costs between corporate and private practices, is ideal for evaluating differences in means between two independent groups. Linear regression allowed us to model and quantify the relationship between plan costs and geographic factors, offering insights into how location influences pricing. The chi-square test, used to explore the relationship between plan types and service inclusions, is well-suited for categorical data, providing a measure of association between variables. Through the application of t-tests, linear regression, and chi-square tests, we have derived critical findings that can guide dental practices in the structuring and marketing of their membership plans.

Comparison of Membership Plan Costs Between Corporate and Private Practice

Utilizing a t-test, we compared the average costs of membership plans offered by corporate dental practices against those offered by private practices. The analysis revealed a significant difference in pricing strategies between these two entities. The t-statistic stood at approximately 5.95, with a p-value of around 1.19×10^{-8}, indicating a statistically significant difference in the average costs of plans. This difference underscores the variance in service offerings, operational costs, and perhaps market positioning between corporate entities and private dental practices.

Relationship Between Plan Cost and Geographic Location

Through linear regression analysis, we explored how geographic factors, specifically rural versus non-rural locations, influence the cost of membership plans. The regression model, with a coefficient of approximately 52.79 for the geographic factor, suggested that plans in non-rural areas are, on average, more expensive than their rural counterparts. The model's mean squared error was calculated to be approximately 2727.23, which reflects the prediction error and the variance in plan costs attributed to factors beyond geography. This analysis points to the significant role of geographic location in determining plan pricing, likely due to differences in operational costs, client demographics, and competitive landscapes.

Impact of Plan Type on the Inclusion of High-Value Services

Finally, a chi-square test was conducted to assess whether there is an association between the type of membership plan and the inclusion of high-value services, such as orthodontic or cosmetic procedures. The chi-square statistic was roughly 0.114, with a p-value of about 0.736. The absence of a statistically significant association suggests that the decision to include such services in a plan does not necessarily depend on the plan type being marketed as a particular plan type. This finding implies a more nuanced decision-making process behind service inclusion, possibly influenced by factors such as market demand, competitive advantages, and the financial implications of offering high-value services.

Stratifying Dental Membership Plans

Based on our comprehensive analysis, we propose a tiered system to evaluate the value and quality of dental membership plans that categorizes these offerings into distinct levels based on the range of services covered and the extent of discounts provided. This tiered system reflects varying degrees of comprehensiveness and value, accommodating diverse patient needs and preferences. We also propose for the range of costs associated with each tier of membership plan previously outlined. These recommendations consider the average costs for adult, pediatric, dual/family, and periodontal plans, along with adjustments for geographic and practice-type variations observed in the findings. Here is a structured approach to categorizing the 1003 dental membership plans evaluated into five tiers, from basic to most comprehensive:

Tier 1: Basic Preventive Care Plan

- *Services Included:* This tier focuses on essential preventive services, including routine exams, cleanings (twice a year), and basic x-rays.
- *Discounts Offered:* Minimal discounts on additional services, primarily limited to basic restorative work such as fillings.
- *Characteristics:* Aimed at individuals seeking to maintain their oral health through regular check-ups and cleanings. Ideal for those without minimal dental issues or low risk disease status who prioritize preventive care.
- Monthly Cost Range: $20.00 - $30.00
- *Annual Cost Range:* $240.00 - $360.00

Tier 2: Enhanced Preventive and Diagnostic Plan

- *Services Included:* Adds to Tier 1 by including emergency exams, oral cancer screenings, and fluoride treatments.
- *Discounts Offered:* Moderate discounts on advanced diagnostic services, such as panoramic x-rays, and minor restorative work.
- *Characteristics:* Suitable for patients with occasional dental issues and low to moderate disease status who value comprehensive preventive care and wish to include more diagnostic services to catch potential issues early.
- Monthly Cost Range: $30.00 - $40.00
- *Annual Cost Range:* $360.00 - $480.00

Tier 3: Comprehensive Care Plan

- *Services Included:* Builds on Tier 2 by incorporating one or two periodontal maintenance visits (for patients with a history of periodontal issues) and sealants for pediatric patients.
- *Discounts Offered:* Greater discounts on a broader range of restorative procedures, including crowns, bridges, and root canals, but excludes most cosmetic and specialty services.
- *Characteristics:* Designed for individuals or families with more complex dental needs and moderate to high-risk disease status, focusing on maintaining oral health and addressing common dental issues.

- Monthly Cost Range: $40 - $50
- Annual Cost Range: $480 - $600

Tier 4: Advanced Dental Care Plan

- *Services Included:* Extends Tier 3 services to include more complex procedures like extractions and basic orthodontic assessments.
- *Discounts Offered:* Includes notable discounts on orthodontic care, such as braces or aligners, and advanced periodontal treatments. Offers modest discounts on select cosmetic procedures.
- *Characteristics:* Ideal for patients needing comprehensive dental interventions, including families with children potentially requiring orthodontic care, and those managing periodontal disease.
- Monthly Cost Range: $50.00 - $60.00
- *Annual Cost Range:* $600.00 - $720.00

Tier 5: Premier Comprehensive and Cosmetic Plan

- *Services Included:* All services in Tier 4 with the addition of specific cosmetic and specialized procedures, including teeth whitening, veneers, and dental implants. In addition, this tier features discounts applied to specialist referral services ensuring a broader base of coverage and a higher level of concierge care delivery.
- *Discounts Offered:* Highest level of discounts across the board, including specialty referral services, sedation, nitrous oxide, cosmetic procedures, and implants. Exclusive offers for "smile makeover" packages and advanced cosmetic consultations.
- *Characteristics:* The most comprehensive plan, targeting individuals seeking extensive dental care that covers both health and aesthetic concerns, including access to specialty services and high-end cosmetic procedures.
- Monthly Cost Range: $60.00 - $70.00
- *Annual Cost Range:* $720.00 - $840.00

This tiered structure allows dental practices to cater to a wide spectrum of patient needs, from basic preventive care to comprehensive and cosmetic services. Practices can tailor their membership plans within this framework to align with their service offerings and patient demographics, ensuring that patients can easily identify the plan that best suits their dental care goals and budget considerations.

Value and Cost Comparisons

Individuals are often presented with a multitude of options when evaluating dental insurance offerings, each with its own set of costs and benefits. Among these options are dental membership plans, dental insurance, and Medicare Advantage plans. Understanding the nuances and comparative value of each is crucial for individuals seeking affordable and comprehensive dental care. In this section, we will delve into a comparative analysis of the costs and values associated with dental membership plans in contrast to traditional dental insurance, and Medicare Advantage plans.

Estimating Monthly Premiums and Employer Contributions

There is a great deal of variation in the cost of private insurance plans, and we created an average cost based on publicly available information discovered through common internet search engines. The average monthly cost of dental insurance plans for an individual through their employer can vary widely depending on several factors, including the specific plan, the geographic location, the individual's age, and any additional coverage options. The average monthly premium[1] observed for an individual PPO dental insurance plan[2] was approximately $35.00, ranging from $20.00 to $55.00 per month. The average monthly premium for a family PPO plan (family of four) is approximately $65.00 with ranges from $50.00 to $100.00. In addition, the average monthly cost for a premiere or Cadillac dental plan[3] for an individual through their employer was approximately $60.00 with ranges from $40.00 to $95.00 per month. A premium dental insurance plan for a family of four averages approximately $80.00 with ranges from $50.00 to $150.00. As for the employer's contribution, it also varies significantly depending on the company's policies and the benefits package they offer. Some employers may cover the full cost of dental insurance for their employees, while others may require employees to contribute a portion of the premium. On average, employers may contribute approximately 60%, with ranges from 50% to 100% of the premium cost for dental insurance.

Estimating Private Insurance Deductibles and Annual Maximums
Dental insurance deductibles represent the initial out-of-pocket expenses an individual must cover for dental services before the insurance company starts contributing. Deductible amounts vary across plans; some may have no deductible for in-network care, with examples ranging from $0 to $500.00 for in-network services and $50.00 to $200.00 for out-of-network services. Additionally, some plans feature lifetime deductibles. On the other hand, dental insurance annual maximums denote the highest amount the insurance company will pay for dental procedures within a specified period, typically a year or a lifetime. These maximums range from $750.00 to $2,000.00 annually, with examples including $750.00 to $2,000.00 for yearly maximums and $1,000.00 to $2,500.00 for lifetime

[1] The premium cost for a dental insurance plan refers to the amount paid by an individual or their employer on a regular basis, typically monthly, in exchange for coverage under the insurance plan.
[2] Preferred Provider Organization (PPO): A type of health plan where you pay less if you use providers in the plan's network. You can use doctors, hospitals, and providers outside of the network without a referral for an additional cost.
[3] This term is derived from the concept of "Cadillac" health insurance plans, which typically provide the highest level of coverage available, often with premium benefits and few restrictions.

maximums, showcasing the diversity in coverage options. It should be noted that some premium plans offer annual maximums as high as $5,000.00; however, these plans are rare in occurrence.

Estimating Costs Associated with Medicare Dental Insurance Plans

Medicare Advantage dental plans vary widely in terms of costs, deductibles, and annual maximums, making it challenging to provide a precise average cost. However, based on available data and industry trends, the average monthly premium for standalone dental coverage within a Medicare Advantage plan typically ranges from $20.00 to $50.00 per month with an approximate average of $35.00. Deductibles for dental services within these plans typically range from $0 to $100.00 in average out-of-pocket cost per service visit, with some plans offering lifetime deductibles instead. Annual maximums for dental services under Medicare Advantage plans generally range from $1,000.00 to $2,000.00 per year, though some plans may offer higher or lower maximums depending on the specific coverage provided.

Estimating Fees and Reimbursement

In our evaluation, we analyzed the usual, customary, and reasonable fees (UCR) commonly charged by dentists alongside reimbursement rates, drawing from publicly available fee schedules detailing reimbursements from dental insurance plans for providers. Additionally, we utilized data from the American Dental Association survey of dentist fees to discern the charges typically imposed by dentists for various dental procedures. By comparing these fees with reimbursement rates, we aimed to elucidate the discrepancy between the expenses individuals might expect to incur and the reimbursements owed. This approach enabled us to calculate out-of-pocket costs.

Comparing Costs and Savings

When comparing the cost and value of dental membership plans to traditional dental insurance and government programs like Medicare, it's imperative to consider the range of services covered and the extent of discounts provided. The previously discussed categorization of membership plan tiers will be utilized in this value comparison of individual adult plans to accommodate diverse patient needs and preferences (Table 6). While we specifically evaluate Tier 1, 3, and 5 plans, each tier represents varying degrees of comprehensiveness and value, tailored to address specific dental care requirements. We evaluate how these services are covered under traditional dental insurance plans, as well as their availability and reimbursement rates under Medicare programs.

- For *Tier 1 Scenario,* Basic Preventive Care Plan, we will be comparing the costs and coverage for essential preventive services. This includes a new patient appointment with an exam, x-rays, cleaning, fluoride treatment, and oral cancer screening. Additionally, a second periodic appointment at a six-month recall will be included in the annual cost and value comparison.
- For *Tier 3 Scenario*, Comprehensive Care Plan, the comparison will extend to include more advanced procedures beyond basic preventive care. In addition to the services offered in Tier 1, Tier 3 includes two two-surface fillings, full mouth scaling and root planning, and two periodontal maintenance visits.
- For *Tier 5 Scenario,* Premier Comprehensive and Cosmetic Plan, we will focus on comparing the coverage and costs of comprehensive and cosmetic procedures. In addition to all the

services in Tier 1, Tier 5 includes cosmetic procedures such as whitening and veneers, as well as advanced procedures like one extraction with implant placement and implant restoration.

Table 6: Out of pocket cost comparisons between private insurance, Medicare, and membership plans for an individual adult.

Tier Scenario	Annual UCR for Related Codes	Type of Plan	Average Monthly Cost or Premium	Average Deductible & Co-pay at Service	**Total Annual Cost**
Tier 1	$536.85	Dental PPO*	$35.00	$50.00	**$473.69**
		Premium / Cadillac*	$60.00	$20.00	**$720.00**
		Medicare	$35.00	$45.00	**$473.69**
		Membership Plan	$32.00	-	**$384.00**
Tier 3	$2,416.03	Dental PPO*	$35.00	$50.00	**$1,280.39**
		Premium / Cadillac*	$60.00	$20.00	**$1,418.46**
		Medicare	$35.00	$45.00	**$1,381.61**
		Membership Plan	$32.00	-	**$1,517.70***
Tier 5	$5,450.37	Dental PPO*	$35.00	$50.00	**$4,001.04**
		Premium / Cadillac*	$60.00	$20.00	**$3,571.27**
		Medicare	$35.00	$45.00	**$4,989.44**
		Membership Plan	$32.00	-	**$3,787.30**
	(w/ Six Veneers $11,760.74)	Dental PPO*	$35.00	$50.00	**$15,761.78**
		Premium / Cadillac*	$60.00	$20.00	**$15,332.01**
		Medicare	$35.00	$45.00	**$16,750.18**
		Membership Plan	$32.00	-	**$13,548.30**

** Assumes employer contribution at 60% and the utilization of an in-network provider*
** Individuals enrolled in a periodontal membership plan would have an annual cost of **$1,357.46***

As observed in Table 7, in utilizing scenarios based on Tier 1, 3, and 5 plan categories, we can similarly evaluate costs for a family of four (2 adults and 2 children).

- For *Tier 1 Scenario,* Basic Preventive Care Plan, we will be comparing the costs and coverage for essential preventive services. This includes a new patient appointment with an exam, x-rays, cleaning, fluoride treatment, and oral cancer screening. Additionally, a second periodic appointment at a six-month recall will be included in the annual cost and value comparison.
- For *Tier 3 Scenario,* Comprehensive Care Plan, the comparison will extend to include more advanced procedures beyond basic preventive care. In addition to the services offered in Tier 1, Tier 3 includes 4 two-surface fillings (two for one adult and one each for an adult and child), two quadrants of scaling and root planning, two periodontal maintenance visits, one stainless steel crown, and two applications of silver diamine fluoride.
- For *Tier 5 Scenario,* Premiere Comprehensive and Cosmetic Plan, we will focus on comparing the coverage and costs of comprehensive and cosmetic procedures. In addition to all the services in Tier 1, Tier 5 includes cosmetic procedures such as whitening for both adults, as well as one extraction and one implant placement with final restoration, one-night guard/bite guard, and orthodontic treatment for one child.

Table 7: Out of pocket cost comparisons between private insurance, Medicare, and membership plans for a family of four.

Tier Scenario	Estimated Annual UCR for Related Codes	Type of Plan	Average Monthly Cost or Premium	Average Deductible & Co-pay at Service	**Total Annual Cost**
Tier 1	$2,033.40	Dental PPO*	$65.00	$50.00	**$823.30**
		Premium / Cadillac*	$80.00	$20.00	**$960.00**
		Membership Plan	$80.00	-	**$960.00**
Tier 3	$4,191.76	Dental PPO*	$65.00	$50.00	**$1,865.00**
		Premium / Cadillac*	$80.00	$20.00	**$1,664.74**
		Membership Plan	$80.00	-	**$1,923.56**
Tier 5	$12,924.68	Dental PPO*	$35.00	$50.00	**$11,914.58**
		Premium / Cadillac*	$60.00	$20.00	**$11,884.68**
		Membership Plan	$32.00	-	**$9,291.34**

* Assumes employer contribution at 60% and the utilization of an in-network provider

The analysis conducted provides insightful comparisons between dental membership plans and traditional dental insurance, including Medicare Advantage plans, across a variety of treatment scenarios. It becomes evident from the tables that the more extensive and cosmetic the treatment required, the greater the annual savings realized with membership plans in comparison to dental insurance or Medicare. This is particularly notable in Tier 5, comprehensive care and cosmetic procedures, where membership plans consistently offer lower out-of-pocket costs for individuals and families. The main limiting factor in the savings offered by dental insurance appears to be the annual maximums, which cap the amount the insurance will pay within a given year. Furthermore, the additional expenses associated with deductibles and co-pays significantly contribute to the overall cost of dental care for individuals using traditional dental insurance, making membership plans an attractive alternative for those seeking more extensive or cosmetic dental treatments. Additionally, it appears that membership plans share some alignment with premiere dental insurance plans in cost and savings yielded.

This analysis is subject to several limitations that warrant consideration. Notably, the large range of standard error observed in fees, deductibles, and co-pays—from 1.5 to as high as 21.3—highlights the substantial variation in costs across different plans and fees charged by providers. This variability underscores the need for individuals to carefully evaluate and customize their dental care plans based on their specific needs and financial circumstances. Additionally, while the analysis employs average discount values for membership plans, it is important to acknowledge that some plans may offer higher discounts for orthodontic, implant, and cosmetic procedures, potentially increasing the overall savings for certain individuals. Another limitation is the reliance on average costs and publicly available data, which may not capture the full spectrum of options and nuances in dental care financing. For instance, the analysis does not fully explore the potential benefits of Medicaid in certain states, where coverage for dental services might significantly differ from the general trends outlined. Furthermore, the analysis does not account for the potential impact of network restrictions or the availability of dental care providers, which can vary significantly between insurance and membership plans. This factor could influence both the cost and quality of care received by patients. Lastly, while the analysis highlights the cost-saving potential of dental membership plans for extensive treatments, it does not delve into the quality of care or patient satisfaction associated with these plans versus traditional insurance. The decision between different types of dental care financing should consider not only cost but also the quality and accessibility of care.

Discussion

Dental membership plans in the United States are redefining access to dental care, bridging the gap for the uninsured or underinsured, and presenting a viable alternative to traditional dental insurance. This discussion synthesizes extensive findings from our review, contrasts these plans with standard insurance, and outlines future directions for research, regulation, and innovation.

Enhanced Patient Access and Practice Sustainability

Our review of dental membership plans across 50 states highlights their role in enhancing patient access to dental care, particularly in rural vs. non-rural areas and within corporate vs. private practice models. These plans are designed to offer a simplified and transparent approach to dental care, providing patients with a set of predefined services for an annual or monthly fee.

Geographic Disparities

The analysis underscored disparities in the accessibility and offerings of dental membership plans between rural and non-rural settings. Non-rural practices typically offer a broader array of plans, likely due to higher operational costs and competitive dynamics, whereas rural practices, though fewer, emphasize transparent pricing to attract patients in areas with limited access to care.

Business Model Variations

The distinction between corporate and private practices in their approach to membership plans was notable. Corporate entities often offer these plans at a more affordable rate, leveraging economies of scale, whereas private practices tend to provide higher variation and scope of discounts, aiming to foster loyalty and personal connection with patients.

Strategic Implications for Dental Care

Dental membership plans not only offer an alternative financial model for dental practices but also emphasize preventive care, potentially leading to improved oral health outcomes and reduced long-term treatment costs. The direct relationship fostered between patients and practices through these plans can enhance care continuity and patient satisfaction.

Comparison with Traditional Insurance

Membership plans diverge from traditional dental insurance by offering predictability and simplicity, removing deductibles, co-pays, and annual maximums. However, they may lack the broad coverage insurance provides, particularly for specialist care. Specialty services represent a unique aspect of dental care, one that dental membership plans address with varying degrees of success. Unlike standard dental insurance, which typically boasts broader provider networks including a range of specialists, membership plans often limit coverage to services provided directly by the issuing practice. This limitation can pose challenges for patients requiring specialized treatments not offered in-house, necessitating out-of-pocket expenses or separate insurance coverage for access to endodontists, oral surgeons, or orthodontists. However, it's noteworthy that an increasing number of specialists are opting out of insurance networks, citing dissatisfaction with reimbursement rates and administrative burdens.

This trend potentially narrows the gap between the comprehensiveness of care accessed through insurance and that available through membership plans. As specialists seek more direct relationships with patients, akin to the membership model's ethos, there's an opportunity for dental practices to forge collaborations with these specialists, extending the value and appeal of membership plans. Furthermore, some practices address this gap by offering higher-tier plans that include discounts on specialty services, albeit still limited to referrals within their network. This approach, while not fully replicating the broad access provided by insurance networks, signals a shift towards more integrated care models within the membership framework, enhancing the value proposition for patients seeking comprehensive dental care solutions. The membership plan model's success lies in its ability to balance the financial sustainability for practices with accessible, quality care for patients.

This analysis also provides a comparative evaluation of dental membership plans versus traditional dental insurance and Medicare Advantage plans, revealing that membership plans can offer significant annual savings, especially for extensive and cosmetic dental procedures. The findings underscore the limitations of dental insurance, including annual maximums and additional costs from deductibles and co-pays. However, variability in plan costs and benefits, alongside other limitations like the range of standard error in fees and the generalization of discount values, suggests individuals should thoroughly assess their options to determine the most cost-effective and suitable dental care solution.

Future Directions for Dental Membership Plans

Research and Development:

Future studies should explore the impact of dental membership plans on oral health outcomes and their economic viability for practices. Investigating patient satisfaction and health outcomes between plan subscribers and those with traditional insurance will provide deeper insights into the effectiveness of this care model. It would also beneficial to understand patient enrollment and retention numbers to more accurately evaluate the variation in membership plan offering and perceived benefits and outcomes.

Regulatory Frameworks:

As the popularity of dental membership plans grows, so does the need for standardized regulations to ensure consumer protection and transparency. Developing guidelines and oversight mechanisms at both state and national levels will be crucial in maintaining the integrity and value of these plans.

Innovative Care Models:

The dental care industry must continue to innovate, potentially exploring hybrid models that combine the predictability of membership plans with the comprehensive coverage of insurance. Adapting to the evolving healthcare landscape and patient needs will be key to the continued success and expansion of dental membership plans.

Conclusion

Dental membership plans represent a significant shift towards a more accessible, patient-centered model of dental care. They offer a promising alternative to traditional insurance, with the potential to improve oral healthcare access, enhance patient-provider relationships, and provide a stable revenue model for dental practices. Navigating the challenges ahead, including balancing economic sustainability with quality care and ensuring adequate regulation and oversight, will be essential for these innovative models to fulfill their potential in transforming dental care in the United States.

In conducting this study, we systematically evaluated 1,003 dental membership plans across the United States, focusing on the variety and characteristics of these plans. The research delineated significant variations in plan types, costs, services offered, and geographic distribution, emphasizing the diverse nature of dental care models in the current healthcare landscape. Notably, the study uncovered a wide array of plan types including adult, pediatric, family, senior, and periodontal plans, which reflect a concerted effort by dental care providers to cater to the varied needs of different demographics across all fifty states and Washington D.C. The analysis further revealed that geographic distribution plays a crucial role in the accessibility and specifics of these plans, with notable differences in plan availability, cost, and service offerings between rural and non-rural areas. This suggests a complex interplay between location, dental care needs, and the economic factors influencing the provision of dental services. Additionally, the study highlighted the strategic use of search engines and direct contact methods in data collection, underscoring the importance of digital presence for dental offices in today's market. Through a detailed evaluation of the collected data, the research provides valuable insights into the landscape of dental membership plans in the United States, contributing to a better understanding of how these plans serve as an alternative to traditional dental insurance and their potential impact on improving access to dental care.

APPENDIX A: Detailed Analysis of Types of Membership Plans

Evaluation of the type of plans offered in our evaluation

Row Labels*	Count of Types of Plans	Percentage
A, P, Pr	348	34.7%
A	170	16.9%
A, F	100	9.9%
A, F, AE	83	8.3%
A, P	64	6.4%
Alt	51	5.1%
A, P, F	27	2.7%
A, Pr	25	2.5%
A, AE	23	2.3%
A, P, F, AE	19	1.9%
A, P, Pr, Alt	14	1.4%
A, P, AE	11	1.1%
A, P, F, Pr	7	0.7%
A, P, S	6	0.6%
A, P, Alt	6	0.6%
A, Pr, F	6	0.6%
A, F, AE, Alt	5	0.5%
A, P, Pr, S	5	0.5%
Pr, Alt	4	0.4%
A, Pr, AE	3	0.3%
A, S, F	3	0.3%
A, F, Alt	3	0.3%
P	3	0.3%
A, P, Pr, F, AE, Alt	2	0.2%
A, F, Pr, AE	2	0.2%
A, P, Pr, S, F	2	0.2%
A, P, S, Pr, F	2	0.2%
S	2	0.2%
A, P, F, AE, Alt	1	0.1%
A, P, F, S	1	0.1%
A, AE, Alt	1	0.1%
A, Alt	1	0.1%
P, Alt	1	0.1%
Pr	1	0.1%
GRAND TOTAL	***1003***	

`*Adult (A), Additional Adult (AE), Pediatric or Child (P), Family (F), Periodontal (Pr), Alternative (Alt), and Senior (S)

Evaluation of the type of alternative plans offered in our evaluation

Alternative Plan Types	Count of Alternative Plan Types
1-year subscription, 2-year subscription	24
Small Business Plan	10
Business Membership Plans	5
Preventive Plan	4
Cosmetic Plan	4
Basic, Premier, Gold, Platinum Plans	4
Young Child Plan (0-3 years of age)	3
Whitening for Life Add on Plan	3
Silver and Gold Plan	3
Silver, Gold, Platinum Plans	3
Cosmetic Plan Add on	2
Alternative Plan with Various Visiting Frequencies, Optional Add-on services	2
Bronze, Silver, and Gold	2
Essential; Premium; Premium Dental Plan w/ Dental Plus; Small Business Plan	2
DH Plan, DH Pro Plan	1
Basic, Essential, Premier, & Periodontal Plans	1
Whitening for Life Membership Program	1

Adults, Preventive, Integrative	1
Adult Basic and Periodontal Basic	1
Routine Plan, Proactive Plan, Periodontal Plan	1
Union Partnership Plan	1
Urgent Care Plan, Silver, Gold, Platinum	1
Gold Plan	1
High Frequency Periodontal Plan	1
Student Plan and Denture Plan	1
A, P, S, Pr, F	2
Home Visit Plan for Seniors	2
Total Wellness; Basic Wellness	1
Home Visitation Plan Add On	1
Urgent Care, Preventive, Comprehensive	1
Frequency Option 1 or 2	1
Frequency Option 1, 2, and 3	1
Premium and Essential (Frequency Plans)	1
GRAND TOTAL	***87***

APPENDIX B: State Comparisons of Membership Plans

This table provides a detailed view of the cost landscape for dental plans across the United States, with West Virginia showing notably higher average costs due to increased offerings of family plan types. Therefore West Virginia data is provided with and without family plans included in the average cost. The variability in costs across states is also captured by the standard error, and the number of entries provides context for the breadth of data analyzed for each state.

N	State	Average Cost per Month [All Plan Types Combined] ($)	Standard Error
21	Alabama	49.96	3.85
11	Alaska	40.02	4.62
24	Arizona	37.99	7.90
22	Arkansas	43.32	3.78
37	California	46.19	4.73
25	Colorado	26.56	4.49
14	Connecticut	55.46	2.64
16	Delaware	47.15	5.66
43	Florida	39.07	5.76
21	Georgia	56.07	11.34
17	Hawaii	42.53	5.17
14	Idaho	53.36	4.66
28	Illinois	48.06	3.90
19	Indiana	54.01	4.32
20	Iowa	49.38	2.56
21	Kansas	33.86	7.75
18	Kentucky	38.88	3.50
16	Louisiana	48.20	10.24
9	Maine	37.26	3.07

16	Maryland	28.04	5.87
20	Massachusetts	52.31	8.68
24	Michigan	51.19	4.22
20	Minnesota	38.27	3.77
13	Mississippi	39.05	7.47
20	Missouri	46.67	6.48
11	Montana	26.70	2.79
19	Nebraska	52.24	5.31
23	Nevada	28.83	7.53
10	New Hampshire	65.23	7.14
24	New Jersey	50.69	7.00
14	New Mexico	59.70	8.40
35	New York	48.39	2.80
23	North Carolina	48.85	4.14
8	North Dakota	54.48	2.13
28	Ohio	38.37	9.25
25	Oklahoma	39.19	4.60
21	Oregon	56.30	3.53
22	Pennsylvania	44.19	3.97
13	Rhode Island	31.29	1.97
13	South Carolina	41.74	10.10

10	South Dakota	49.77	3.36
21	Tennessee	48.61	3.87
32	Texas	42.11	4.56
18	Utah	33.71	5.48
16	Vermont	49.16	2.66
28	Virginia	49.72	2.79
21	Washington	64.93	8.40
17	Washington DC	38.30	8.94
15	West Virginia	36.38 [107.19 w/ family plans included]	5.48 [6.59]
18	Wisconsin	45.54	3.47
11	Wyoming	39.63	3.27

This table provides a comprehensive overview of the average discounts across the United States, including Washington DC, highlighting both the magnitude of discounts and the consistency (or variability) of these discounts as indicated by the standard error, alongside the number of entries (N) analyzed for each state.

N	State	Average of All Discounts (%)	Standard Error
21	Alabama	16.00	0.69
11	Alaska	20.90	1.36
24	Arizona	19.89	0.83
22	Arkansas	18.95	0.62
37	California	20.11	0.64
25	Colorado	20.25	0.53
14	Connecticut	17.09	0.31
16	Delaware	13.91	0.66
43	Florida	19.54	0.56
21	Georgia	19.65	0.82
17	Hawaii	15.95	0.79
14	Idaho	19.23	0.72
28	Illinois	15.69	0.71
19	Indiana	17.01	0.71
20	Iowa	17.24	0.93
21	Kansas	16.42	0.72
18	Kentucky	19.86	1.35
16	Louisiana	16.67	1.16
9	Maine	14.64	0.66

16	Maryland	20.00	1.29
20	Massachusetts	19.72	1.24
24	Michigan	16.68	0.80
20	Minnesota	16.44	0.74
13	Mississippi	17.31	0.77
20	Missouri	14.45	0.62
11	Montana	14.36	0.71
19	Nebraska	24.57	1.08
23	Nevada	22.13	1.20
10	New Hampshire	16.51	1.20
24	New Jersey	16.49	0.88
14	New Mexico	18.43	0.97
35	New York	15.77	0.80
23	North Carolina	19.53	0.89
8	North Dakota	16.12	0.81
28	Ohio	16.99	0.80
25	Oklahoma	17.46	0.75
21	Oregon	17.34	0.45
22	Pennsylvania	18.71	0.85
13	Rhode Island	16.76	0.88
13	South Carolina	20.63	1.28

10	South Dakota	14.73	0.76
21	Tennessee	16.44	0.77
32	Texas	16.48	0.59
18	Utah	22.29	0.63
16	Vermont	15.83	0.94
28	Virginia	20.85	1.13
21	Washington	15.36	0.67
17	Washington DC	16.11	0.86
15	West Virginia	14.56	0.98
18	Wisconsin	17.39	1.24
11	Wyoming	19.14	1.11

This table offers a comprehensive overview of the primary dental service inclusions in membership plans across the United States, providing insights into the standard level of care provided through these plans.

N	State	Routine Exams	Emergency Exams	Cleanings	Oral Cancer Screenings	Fluoride Treatments
21	Alabama	2.00	1.00	2.00	0.00	1.00
11	Alaska	2.00	1.50	2.00	0.00	1.00
24	Arizona	1.83	0.91	1.91	0.09	1.18
22	Arkansas	2.00	1.09	2.00	0.18	1.18
37	California	2.00	1.03	2.00	0.19	1.38
25	Colorado	1.86	1.00	1.93	0.07	0.89
14	Connecticut	2.00	1.25	2.00	0.38	1.50
16	Delaware	2.00	1.50	2.00	0.00	1.33
43	Florida	2.00	1.17	2.00	0.21	1.33
21	Georgia	2.10	1.15	2.05	0.10	1.45
17	Hawaii	1.86	1.00	1.86	0.14	1.14
14	Idaho	2.07	1.29	2.00	0.14	1.29
28	Illinois	1.92	1.08	1.92	0.17	1.25
19	Indiana	1.95	1.06	2.00	0.11	1.53
20	Iowa	2.00	1.10	2.00	0.20	1.70
21	Kansas	1.90	1.00	1.95	0.15	1.60
18	Kentucky	1.94	1.11	1.94	0.06	1.61
16	Louisiana	1.93	1.07	1.93	0.07	1.53
9	Maine	2.00	1.00	2.00	0.00	1.25

16	Maryland	2.00	1.25	2.00	0.25	1.44
20	Massachusetts	2.00	1.42	2.05	0.21	1.63
24	Michigan	2.04	1.13	2.04	0.13	1.39
20	Minnesota	1.94	1.06	2.00	0.17	1.33
13	Mississippi	2.00	1.00	2.00	0.00	1.75
20	Missouri	1.90	1.05	1.90	0.10	1.50
11	Montana	1.82	1.18	2.00	0.18	1.45
19	Nebraska	2.06	1.31	2.06	0.19	1.69
23	Nevada	1.83	1.09	1.91	0.13	1.45
10	New Hampshire	2.00	1.00	2.00	0.00	1.80
24	New Jersey	2.00	1.17	2.00	0.21	1.33
14	New Mexico	1.83	1.17	2.00	0.08	1.58
35	New York	2.00	1.06	2.00	0.11	1.47
23	North Carolina	1.91	1.09	2.00	0.18	1.36
8	North Dakota	1.86	1.00	2.00	0.00	1.57
28	Ohio	1.93	1.07	1.93	0.13	1.60
25	Oklahoma	1.91	1.00	1.95	0.14	1.48
21	Oregon	1.95	1.10	2.00	0.24	1.81
22	Pennsylvania	2.00	1.18	2.00	0.27	1.64
13	Rhode Island	1.77	1.15	2.00	0.23	1.38
13	South Carolina	1.83	1.00	2.00	0.17	1.58

21	Tennessee	1.90	1.14	1.95	0.05	1.55
32	Texas	1.94	1.12	1.97	0.12	1.59
18	Utah	1.76	1.06	1.88	0.12	1.59
16	Vermont	1.81	1.25	2.00	0.00	1.56
28	Virginia	2.00	1.21	2.00	0.29	1.57
21	Washington	1.95	1.00	2.00	0.05	1.76
17	Washington DC	2.00	1.29	2.00	0.29	1.71
15	West Virginia	2.00	1.00	2.00	0.00	2.00
18	Wisconsin	1.88	1.06	2.00	0.22	1.56
11	Wyoming	2.00	1.00	2.00	0.00	1.67

This summary assumes generalized plan types and focuses based on the common types of dental plans outlined as well as similar characteristics of the offerings observed within the structure of plans, aiming to decipher the diverse range of offerings across the United States.

N	State	Common Plan Types	Description of Commonalities and Occurrences
21	Alabama	A, P, Pr	Diverse offerings, with a focus on essential care. Plans are more likely to have annual maximum value placed on discounts per category at $500.00. Plans also more likely to mention a laboratory surcharge.
11	Alaska	A, F, AE	Family and adult plans are prevalent, emergency care is often noted. Highlights include an alternative to a specific treatment and mention of an annual maximum discount amount.
24	Arizona	A, P	Emphasis on pediatric and adult care. Corporate dental business types were more likely than private practice to apply a $100.00 - $150.00 laboratory surcharge for procedures requiring laboratory services. Approximately one quarter of corporate business types applied for a $2000.00 annual maximum on discount services. Arizona membership plans were more likely than other states to offer small business or local business membership plans. Plans are more likely to feature rewards programs to incentive loyalty and additional benefits.
22	Arkansas	A, P, F	Mixed focus, including family-oriented plans. Similar to Alabama, with surcharges for lab services and maximum discounts mentioned.
37	California	A, P, Pr	Comprehensive care options, with preventative focus. Cosmetic procedures including Botox and dermal fillers are observed more often. The ability to add additional services for an increased monthly fee are observed that include "Whitening for Life" and increased frequency of visits for additional cleaning appointment. California membership plans were more likely than other states to offer small business or local business membership plans. Plans demonstrate a strong emphasis on a wide-array of service discounts.
25	Colorado	A, P, F, Pr	Broad coverage, including preventative and periodontal care. Plans are more likely to include holistic care and oral-systemic connections within phrasing. Plans are also more likely to use the term "mineral treatment" instead of fluoride treatment or application, which correlates with the state having the lowest number of included fluoride treatments in membership plans.
14	Connecticut	A, P	Focus on adult and pediatric dental services. The summary does not indicate the presence of the specified terms, suggesting a different focus or the usage of alternative phrasing.
16	Delaware	A, F	Emphasis on adult and family plans. The state analysis suggests that while Delaware's plans may offer certain benefits or discounts, they might also come with specific conditions or additional costs that members need to be aware of. Notably, plans were more likely than other states to mention rewards programs that apply credit for services for a certain amount spent beyond the monthly or yearly membership fees.
43	Florida	A, P, Pr	Preventative care highlighted, with pediatric options. Cosmetic procedures including Botox and dermal fillers are observed more often. Dentures and implants are more likely to be included with membership.

21	Georgia	A, F, AE	Wide range of plans, including adult extension options. The mention of teeth whitening and CareCredit could signify an attempt to offer value-added services or payment flexibility within the membership plans. Notably, plans were more likely than other states to mention rewards programs that apply credit for services for a certain amount spent beyond the monthly or yearly membership fees.
17	Hawaii	A, P, Pr	Pediatric and preventative care are common. Plans in Hawaii were more likely than other states to exclude veneers, whitening, Invisalign, GLO whitening, and oral health products sold at specific dental groups. Services performed by outside specialists are also excluded and including in phrases at a higher incidence than other states.
14	Idaho	A, P	Focus on basic adult and pediatric services. Multiple plans emphasize a referral incentive where both the referring member and the friend receive $25 towards their account, encouraging member referrals and growth of the plan base. Discounts are more often than not excluded for cosmetic or orthodontic treatments, setting clear boundaries on the applicability of plan benefits.
28	Illinois	A, Pr	Notable for periodontal care alongside adult plans. Plans in Illinois were more likely than other states to offer free cosmetic and Invisalign consultations and provide discounts on specialty referrals. Features of Illinois plans include a rewards program offering $25 towards care or in-office products per visit, excluding orthodontics or cosmetic procedures.
19	Indiana	A, P, F	Family plans alongside adult and pediatric care. More likely to state limits of treatment to procedures within the scope of specific dental staff, emphasizing a tailored approach to care based on provider capabilities. Indiana plans more commonly include discounts on implants, dentures, and endodontics/root canals within plan explanations, than other states.
20	Iowa	A, P, Pr	General and preventative care options. Corporate dental business types were much more likely than private practices to apply $500.00 annual maximums on discounts for services per category. With a strong presence of rural areas, Iowa's membership plans tend to focus on accessibility and affordability, with emphasis on essential services.
21	Kansas	A, P, F, Pr	Comprehensive options, including family and periodontal plans. More instances of a $150 surcharge is applied for lab services, with a $500 maximum on discounts per procedure. Notably, fluoride application is limited to one per year for individuals up to age 18, and one-fifth of plans applying members with a $30 office visit fee. Plans in Kansas were more likely than other states to mention a third-party plan administrator, signifying that many sites utilizing organizations to manage their membership plans. Kansas plans were more likely to include and provide a higher discount or value for orthodontic or clear aligner treatment.
18	Kentucky	A, P	Predominantly adult and pediatric plans. Similar to other states, it features a rewards program offering $25 towards care or in-office products per visit, excluding orthodontic or cosmetic procedures. Plans more likely to include implants and denture discounts within phrasing.
16	Louisiana	A, F	Focus on adult and family dental services. Several plans note a reduction in discount from 15% to 5% when using third-party financing, with a 10% discount applicable on average when CareCredit is used while other payment results in an approximate 15% to 20% discount. Three instances of 20%-60% savings on Mouth-Body Connection or Oral Systemic Health procedures, including oral cancer screenings, holistic care, advanced consultation and/or periodontal treatment with Arrestin, highlighting a focus on comprehensive health.

9	Maine	A, P, F	Mixed offerings with emphasis on family plans. Members are more likely than other states to see phrasing that no refunds are given after 30 days, indicating a commitment period for members.
16	Maryland	A, P, Pr	General dental care with a preventative focus. Features both maximums and surcharges, with a singular focus on offering a broader around of coverage discounts.
20	Massachusetts	A, P	Emphasis on adult and pediatric care plans. A laboratory surcharge observed in approximately half the plans for procedures requiring laboratory use. Along with New York, plans are more likely to mention multi-year plans, suggesting
24	Michigan	A, F, AE	Diverse plans, with adult and family coverage. More than other states, plans offer a two-year plan option with specific monthly rates for adults and families, catering to those seeking longer-term dental care commitments. More likely than other states, plans provide phrasing that a laboratory surcharge of approximately $150.00 will be applied to services involving laboratory fees. More likely than other states to offer additional discounts for family members.
20	Minnesota	A, P, Pr	Preventative and pediatric care emphasized. A quarter of the plans have a maximum annual total discount for services with an average annual maximum of $1,875.00, ranging from $500.00 to $2,500.00. Along with South Carolina, specifically note exclusions (e.g., ortho and clear aligners and cosmetic procedures), highlighting the limitations within their discount offerings.
13	Mississippi	A, P, F	Focus on family-oriented plans. Many plans specifically mention that orthodontics and clear aligners are not included in the discount, further emphasizing the plan's limitations regarding orthodontic treatments. Plans are more likely than other states to include dentures, implants, and oral surgery within plan explanations. Mississippi plans' mention of yearly caps specific to services indicates an attempt to manage the utilization and costs associated with their plan
20	Missouri	A, Pr	Adult plans with a notable periodontal care focus. Multiple instances of phrasing that membership discounts do not apply to in-office products.
11	Montana	A, P, Pr	Mix of adult, pediatric, and preventative services. More offers of a $500 to $1000 discount on the total cost of orthodontic treatment (braces), with an affordable payment plan of $99/month and no down payments. This emphasizes a focus on making orthodontic care more accessible.
19	Nebraska	A, F	Emphasis on adult and family plans. Many plans require participants to remain plan participants for the entire duration of orthodontic treatment, indicating a commitment to long-term plan membership. Offers discounted rates for patients with periodontal disease, including scaling and root planing and additional maintenance cleanings, at specified fees. Plans more likely to mention the exclusion of products sold in office, Botox and fillers, ortho services, sleep appliances, and IV sedation from the plan benefits.
23	Nevada	A, P, Pr	Pediatric and preventative care are common. More likely than other states to find offers for specialized plans for infants and toddlers.
10	New Hampshire	A, P, F, Pr	Comprehensive care including family and periodontal. Discounts more often do not apply to orthodontic or cosmetic procedures, emphasizing a focus on essential dental care over aesthetic treatments.

24	New Jersey	A, P	Focus on adult and pediatric dental services. Corporate dental business types were more likely than private practices to impose an annual maximum on discount services ranging from $500.00 - $5,000.00. Home visitation alternative membership plans were observed.
14	New Mexico	A, F	Emphasis on adult and family plans. More likely than other states to include orthodontic and Invisalign treatment along with cosmetic procedures like veneers and whitening in membership plan offerings. More likely to exclude payment through CareCredit within membership plan limitations.
35	New York	A, P, Pr	Focus on general and preventative care options. Corporate plans in the state are more likely to have maximum annual limits of $500.00 per service category. Along with Massachusetts, plans are more likely to mention multi-year plans, suggesting an emphasis on longer-term membership commitments.
23	North Carolina	A, P, F	Mixed focus, including family-oriented plans. More likely than other states to observe straight discount membership plans without standard preventive and diagnostic services included with membership.
8	North Dakota	A, P	Basic adult and pediatric services emphasized. Caps the allowed discount for any single procedure at $500, establishing a limit on the maximum discount available for a single treatment are observed. Many plans Plan discounts do not apply to cosmetic treatments such as teeth bleaching, orthodontic retainers, and over-the-counter products like toothpaste and mouth rinse, focusing on essential dental care.
28	Ohio	A, Pr	Adult plans with a focus on periodontal care. A few plans offer a percentage, with 10% back most often, in restorative cash, providing a direct incentive for members to invest in restorative treatments. More likely than other states to include a laboratory surcharge between $100 and $200 for laboratory services. More likely than other states to include sleep apnea treatment and devices within membership plans.
25	Oklahoma	A, F, AE	Family and adult extension plans are prevalent. More likely than plans in other states to offer free whitening or free custom whitening trays as part of membership plans.
21	Oregon	A, P, Pr	Preventative and pediatric care are common. Multiple plans offer a free wellness lap exam for dependent children ages 1 & 2, highlighting a focus on early childhood dental care. Instance of a 6-month plan option for recall patients after their first year, offering flexibility for ongoing care. Multiple sites require a $25 fee for any missed or no-show appointments encourages commitment to scheduled visits.
22	Pennsylvania	A, F	Focus on adult and family dental services. Features a rewards program that provides $25 towards care or in-office products per visit, incentivizing regular use of services. Pennsylvania plans were more likely to offer senior membership plans for those 65 years of age or older, compared to other states. Explanation of plans more likely to include dentures, implants and sleep apnea treatment within discount offerings.
13	Rhode Island	A, P, F	Family plans alongside adult and pediatric care. More likely than other states to include a $150 laboratory surcharge for procedures requiring laboratory services or acquiring laboratory fees. Plans more often exclude orthodontics and implants from the discount plan, focusing the plan's benefits on other types of dental care.
13	South Carolina	A, P, Pr	General and preventative care options. Along with Minnesota, specifically note exclusions (e.g., ortho and clear aligners and cosmetic procedures), highlighting the limitations within their discount offerings.

10	South Dakota	A, F	Emphasis on adult and family plans. Multiple plans specifically exclude orthodontic and cosmetic procedures from the discount plan, indicating a focus on essential dental care over aesthetic treatments. More likely than other states to offer discounts on in- office products and toothbrush devices.
21	Tennessee	A, P, F, Pr	Comprehensive care including family and periodontal. Notably has a higher mention of maximums, indicating various caps within their plans.
32	Texas	A, P	Predominantly adult and pediatric plans. Similar to Massachusetts and New York, indicates an option for a two-year plan, highlighting an option for extended membership terms.
18	Utah	A, F, AE	Diverse plans, with adult and family coverage. Utah membership plans were more likely than other states to offer small business or local business membership plans.
16	Vermont	A, P, Pr	Pediatric and preventative care emphasized. Corporate plans in the state were more likely than private practice to apply a laboratory surcharge of $150.00 for procedures involving laboratory utilization.
28	Virginia	A, F	Focus on adult and family dental services.
21	Washington	A, P, F, Pr	Comprehensive options, including family and periodontal. Approximately half of the corporate dental businesses apply a $500.00 annual maximum on discounts for services provided per category.
17	Washington DC	A, P	Focus on adult and pediatric dental services. Many plans incorporate a $150 surcharge for any necessary lab services, alongside a $500 maximum on discounts per procedure. This financial structure aims to manage the costs associated with providing discounted dental services while setting a cap on the maximum discount available to members.
15	West Virginia	A, F, AE	Family and adult extension plans for seniors are prevalent. Commonalities between the plans include additional discounts for family members. Dentures and denture repair discounts were observed across all plans with more frequency compared to other states.
18	Wisconsin	A, P, Pr	General and preventative care options. Rural plans offered lower monthly costs than non-rural areas. More likely than other states to offer discounts on in-office products and non-rural sites offer more discounts on nitrous oxide and/or IV sedation. More likely to exclude orthodontic treatment from membership plans.
11	Wyoming	A, P, F	Mixed offerings with emphasis on family plans. Many plans specify a comprehensive list of conditions under which the membership cannot be used, including with another dental plan, for specialist referrals, hospital charges, automobile medical claims, workers' compensation, and treatments outside the dentist's capability. Orthodontic treatments are often not included in the discount plan, and there's a $100 surcharge for any needed laboratory fees, slightly lower than the surcharge mentioned for other states.