

Industry Outlook: Trends and Innovations in Employer-Based Healthcare Benefits

Dental and Vision Commercial Products




May 18, 2026



Agenda

1. Distinctions by Employer Size
2. Client Decision Process
3. Data Trends
4. Market Trends and Innovations

Distinctions by Employer Size

	 Small Group (2-250 Eligible Lives)	 Middle Market (251-3000 Eligible Lives)	 National Accounts (3000+ Eligible Lives)
Complexity	Enrollment simplicity and ease is key.	Vendor consolidation driven by limited internal HR resources.	Bids may start more than a year before the effective date.
Pricing	Less likely to have premiums subsidized by employers and policies are often bid annually.	Frequent last-minute carrier changes to reduce costs.	Bid timelines are often fluid rather than fixed despite multi-year rate guarantees.
Customization	Plan designs are largely standardized, with pricing driven by carrier-developed data	Hybrid-funded dental plans are available but vary by carrier and region.	Customized plans with network, service, and discount guarantees

The Value of Product Integration

Medical and dental/vision integration in employee benefits aims to improve overall health outcomes, reduce healthcare costs, and enhance employee engagement by treating oral health as a vital component of systemic health.



Strategic Benefits for Employers

- Lower healthcare costs via preventive care steerage
- Higher employee satisfaction due to easier-to-use benefits
- Simplified administration and streamlined claims

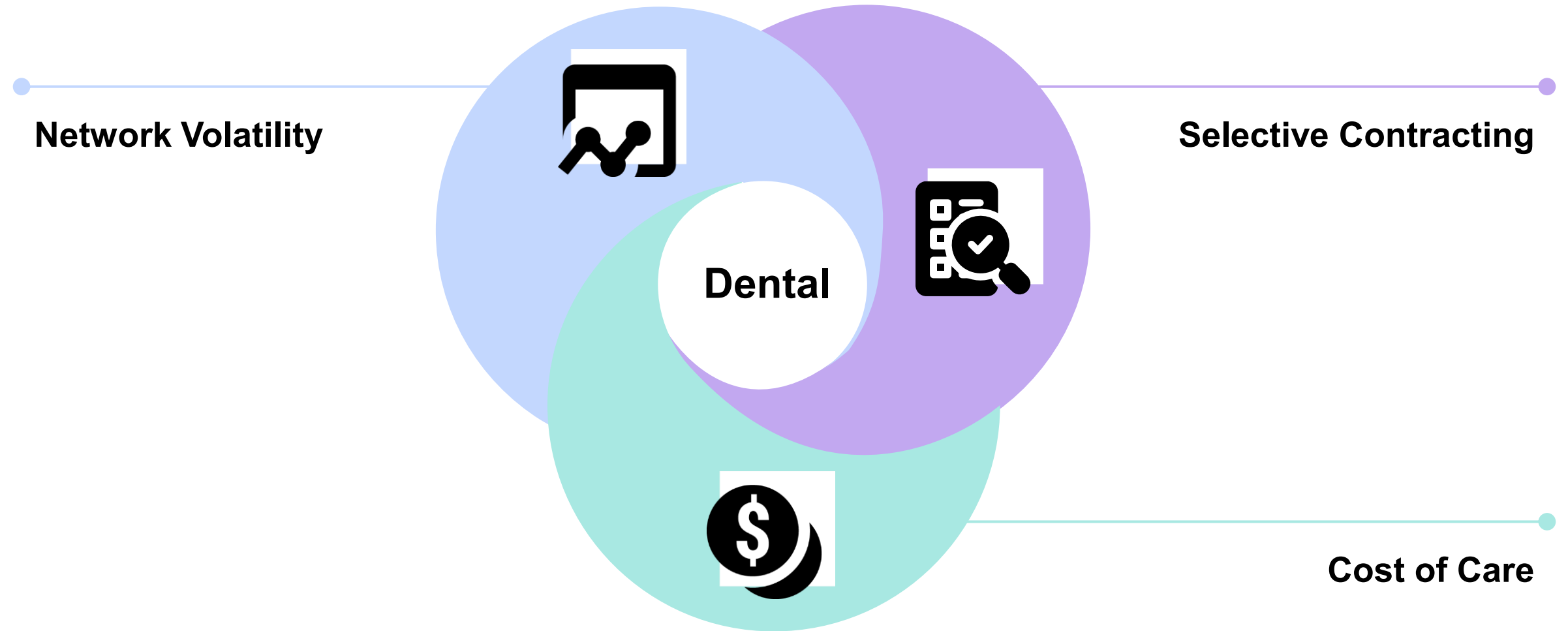


How Integration Works

- Shared health records
- Targeted outreach and education
- Analytics to improve population health

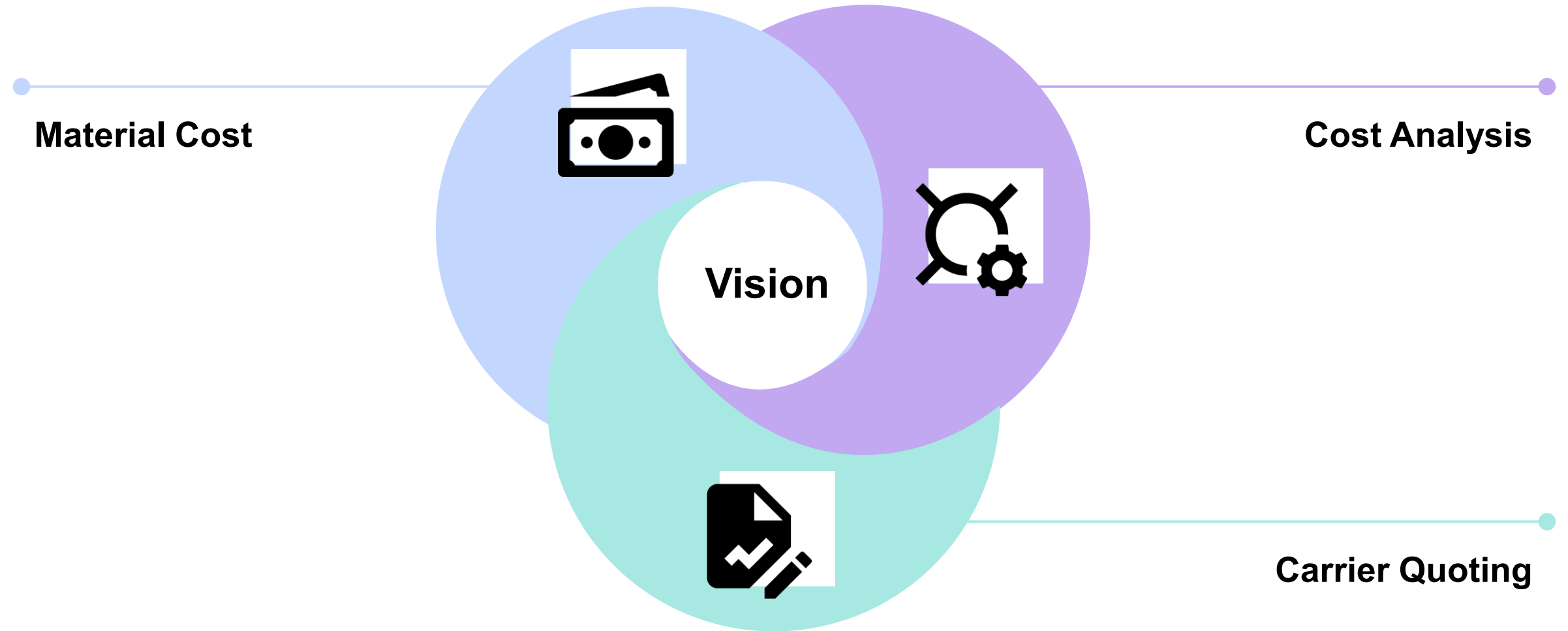
Client Decision Process

The Market Forces Behind the Financials



Client Decision Process (Continued)

The Market Forces Behind the Financials

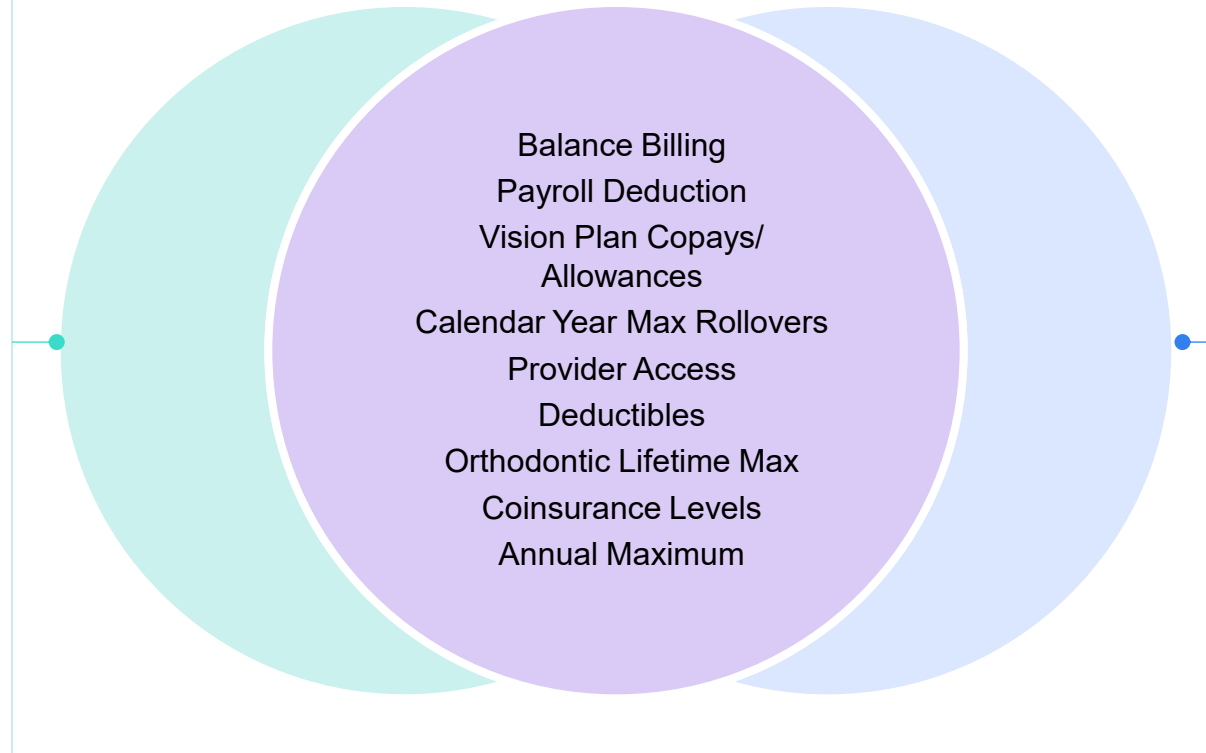


Dental and Vision Cost Considerations and Cost Drivers

Data Employers Use to Select Carrier Partnerships and Benefit Strategies

Client/Plan Cost Considerations



- Administrative Fee (Self Funded)
- Shared Savings (Self Funded)
- Implementation/Audit Funds
- Network Discounts
- Out of Network Reimbursement Level
- Contribution Strategy
- Primary vs. Secondary Provider utilization mix
- Incentivized vs Passive Plan Design
- Preventive Care Steerage
- Employee Opt-Out Rate
- Population Demographic Profile
- Procedure Utilization
- Wholesale Prices
- Alternate Benefit Provisions



Member Cost Drivers

- Plan Selection
- Out of Network Provider Selection
- Policy Riders
- Partnership Discounts
- Oral Health Status
- Cost Transparency Tool Utilization

Client Reporting Data Trends

	Network	Plan Designs	Member Experience	Average Plan Cost Trend
 <p>Dental</p>	<ul style="list-style-type: none"> • Network volatility drives varied out-of-network reimbursement levels by geography. 	<ul style="list-style-type: none"> • Plan Administration Reviews assess clinical alignment and overutilization risk. • Surgical implant coverage increasing, excluding congenital cases • Cone Beam CT coverage expanding with clinical adoption. 	<ul style="list-style-type: none"> • Cost tools show provider-level pricing via web and mobile. • Tele-dentistry is standard, but underutilized. 	<ul style="list-style-type: none"> • 5%
 <p>Vision</p>	<ul style="list-style-type: none"> • Carrier partnerships enable dual-network plans for one population 	<ul style="list-style-type: none"> • Demand for smart-glasses benefits driving “sight and sound” riders. • High in-network frame allowance (\$200 vs. \$130 low-end). 	<ul style="list-style-type: none"> • Retail markups cause confusion; transparency tools improve decisions and visibility. 	<ul style="list-style-type: none"> • 3%

Market Trends and Innovations

Specialized Plan Designs

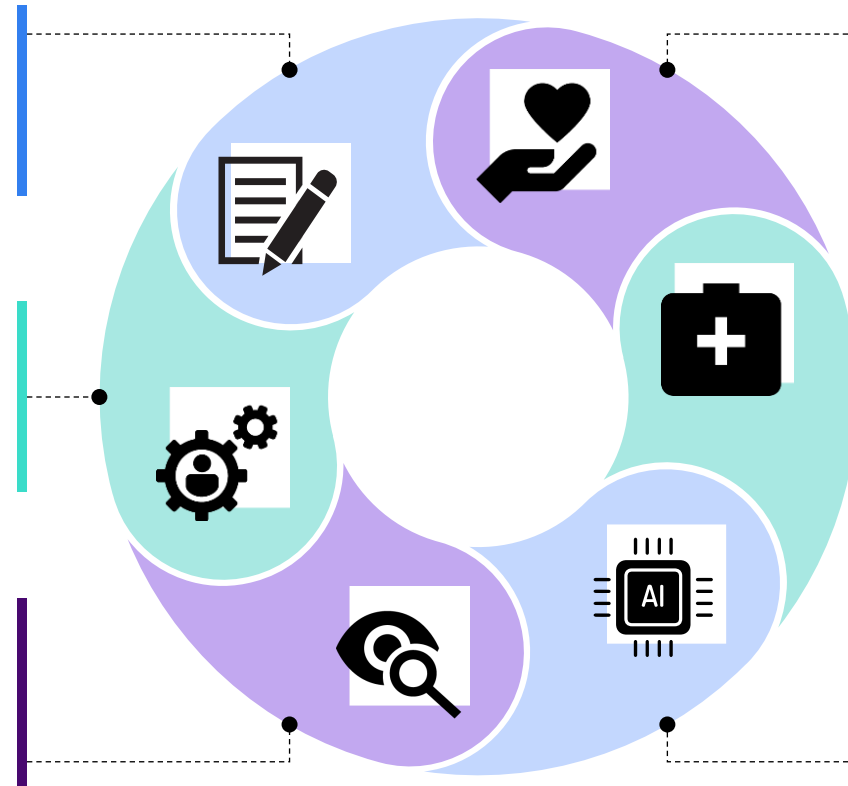
Startups and established carriers are using tailored plans, stipends, and direct financing to differentiate member experience

Provider Designation Programs

Employers seek enhanced directories to identify higher-“quality” dentists by care, cost, technology, and availability.

Digital Online Only Vision Carriers

After the Federal Eye Rule, digital-only vision carriers emerged, offering 30–40% lower premiums and broad inventory as an alternative or complement.



Value Based Care

Market focus is shifting to value-based care to improve quality, lower costs, and reduce unnecessary use.

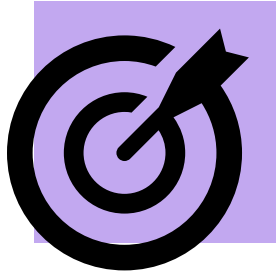
Mobile Onsite Vendors

Expands access in low-provider areas but requires transport, minimum participation, and ongoing routes; onsite dental can engage ~30% non-users; mobile vision is limited by state rules.

Artificial Intelligence

AI is integrating across providers, improving experience and driving innovation; clients are adopting it for claims, clinical review, service, and digital tools.

Member Consumerism Trends



The Power of Social Media

Social media is a hub for providers, consumers, and suppliers to market, compare costs, share experiences, and promote technology.



Different Demographics & Different Needs

Dental use shifts with age and prevention; as Gen Z grows and older members exit, vendors test features like whitening, implants, and tech tools to boost engagement.



The Rise of Cosmetic Dentistry

Rising focus on oral health, orthodontics, and mental well-being is boosting cosmetic demand, with the market projected to reach ~\$115B by 2032 (~13%+ CAGR, SNS Insider).

Key Takeaways



Pricing, complexity, and customization increase with employer size, while network volatility, legislation, and cost pressures affect all groups equally.



Employers seek detailed reporting, comprehensive plan reviews, and communications tailored to generational needs to effectively manage dental and vision plans.



Rising dental and vision care costs, combined with staffing shortages, provider consolidation, and changing reimbursement models, are driving greater demand for cost transparency, utilization tracking, and mobile onsite care solutions.



Smart glasses in vision plans, value-based dental reimbursement models, and member perspectives on AI are rapidly emerging as key focus areas.



Q & A



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