

Dental Insurance

Individual health insurance plans often do not provide dental coverage, which makes offering dental insurance coverage a highly attractive employee benefit. The 4 main types of dental insurance coverage are:

- **Dental Health Maintenance Organizations (DHMOs):** Like a health maintenance organization, a DHMO often requires the use of a primary care dentist. Patients must generally see dentists within the DHMO network to receive coverage.
- **Preferred Provider Organizations (PPOs) or Participating Dental Network (PDNs):** Dental patients in a PPO or PDN may generally see any licensed dentist. However, patients pay lower costs for choosing a dentist within the PPO or PDN network.
- **Dental Point of Service (POS) Plans:** Patients in a dental POS plan have the choice of seeing an in-network or out-of-network dentist. However, out-of-pocket costs are usually greater for out-of-network treatment.
- **Dental Indemnity Plans:** Dental indemnity plans permit patients to see any licensed dentist. Patients pay a deductible and sometimes copayments or coinsurance for this coverage.

Notably, employers subject to federal [Consolidated Omnibus Budget Reconciliation Act](#) (COBRA) generally must allow covered employees to continue group health benefits—including dental coverage—for a limited time when coverage would otherwise end. COBRA generally applies to employers with **20 or more employees**.

Finally, dental insurance coverage is often offered to employees as part of a [cafeteria plan](#).