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Ameritas Dental Insurance Market Report

Empowering consultants to create more valuable dental plans for clients

2025

GR 8194 11-25

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Foreword from Drew Fleming

Senior Vice President, Ameritas Group Sales & Distribution

The dental benefits industry continues to evolve, faster and more unpredictably than ever. Inflation, shifting utilization, rising costs, and heightened expectations are challenging traditional approaches to plan design and pricing.

This report isn't intended for the average consultant. It's for those who want to dig deeper. Who want to deliver more than a commodity dental plan. Who understand that smart design is what separates an ordinary benefit from a powerful health and financial tool.

You'll see that this year's data points to a maturing market — one that rewards stability, data-driven decision-making, and member-centric strategies. From tracking cost trends to analyzing procedure placement and total program cost, we've designed this report to help you answer the big questions:

- How do I build a plan that actually matches my client's needs?
- How can I control costs *without* sacrificing member satisfaction?
- Where are the hidden trade-offs and how do I manage them intentionally?

I hope this report gives you new ways to think, to design, and to lead. Because the consultants who are willing to move beyond the surface are the ones who will shape the future of dental benefits.

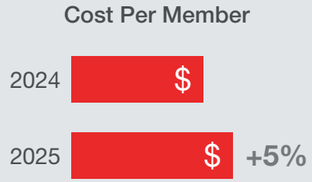
Drew Fleming
Senior Vice President
Ameritas Group Sales & Distribution

Data Behind The Dental Insurance Market

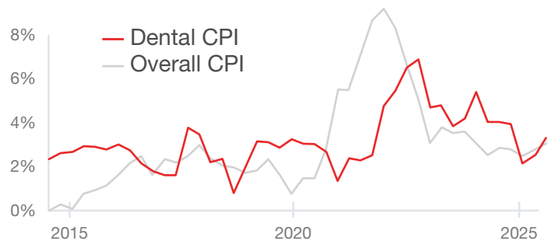
Rising dental costs are pressuring plan strategy and pricing decisions.

Dental costs continue climbing

Dental coverage costs rose 5% in Q1 2025 while average group size remained flat, signaling real pricing pressure across the industry. This increase reflects higher costs per member, not expanded enrollment.[1]



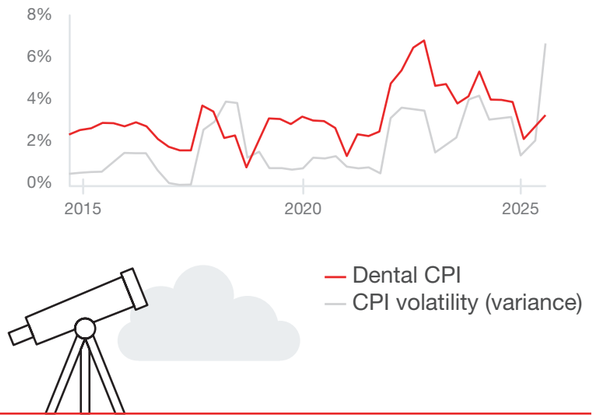
Dental consumer price index stabilizing, but premiums still playing catch-up



While overall inflation surged and then retreated, the dental Consumer Price Index (CPI) continues to trend above pre-pandemic baselines.[2] Yet premiums are still catching up to prior claims volatility and shifts in utilization—reflecting persistent pressure on dental spend and slower cost normalization. This suggests that dental costs may remain structurally elevated through 2026.

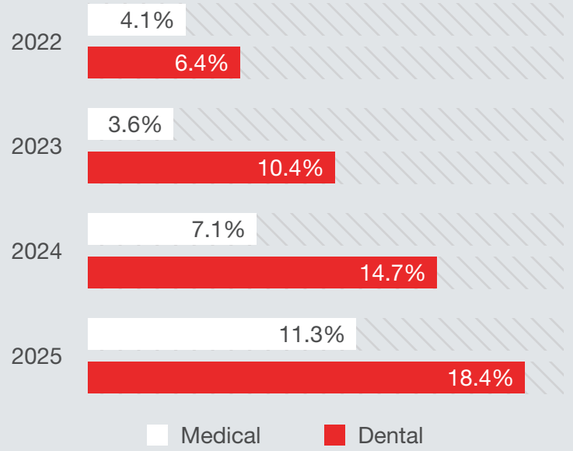
Volatility is still clouding the forecast

Consumer Price Index volatility started returning to historical norms, but the 2026 outlook suggests slightly elevated levels may persist due to post-pandemic adjustment lags.[3] Trends reveal inconsistent pricing behavior across procedures, providers, and time, making traditional inflation modeling less predictive. This ongoing inconsistency can create downstream challenges in pricing, forecasting, and plan negotiations.



Dental inflation outpaces medical

Cumulative CPI changes for medical vs. dental from 2022 to 2025

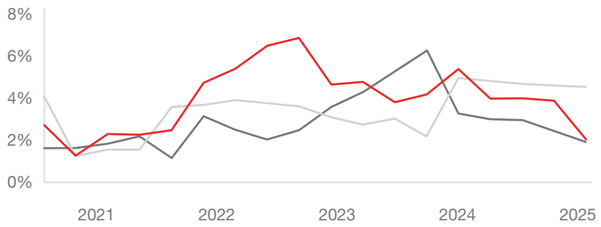


Dental inflation has outpaced medical inflation cumulatively. Prior to 2022, trends for medical and dental were similar. However, from January 2022 to September 2025:

- Dental CPI cumulative change: +18.4%
- Medical CPI cumulative change: +11.3%

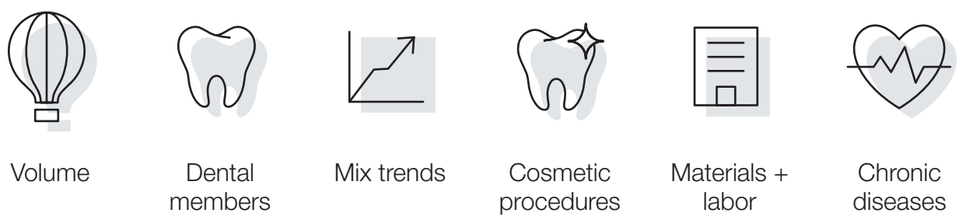
That's a **7.1 percentage point gap**, showing that **dental care costs are rising faster over time**, even though **medical inflation tends to receive more attention.**

Dental provider costs spiking ahead of claims



As dental office and equipment expenses surge, CPI trends remain uncertain but reactive. This pattern suggests that provider cost increases may lead to sustained claims pressure in the months that follow. While the CPI trend was beginning to cool, the downstream impact of Producer Price Index (PPI) peaks could keep plan costs elevated through 2026.[3]

Multiple forces behind rising dental claims



Claims are rising due to an increase in procedures per member, even as fewer employees are enrolling in dental coverage. The average mix of services is shifting toward higher-cost and cosmetic treatments, while provider labor and material costs remain elevated. Additionally, the broader burden of chronic disease is driving more complex care. Modest increases in broker compensation are also contributing to total plan costs.

Takeaway: The long-term cost strategy should be focused on stability

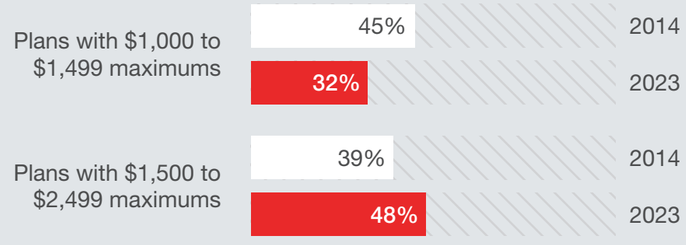
Carriers are moving toward justified, stable renewals. Slight premium increases reflect efforts to control volatility and preserve plan performance over time. These aren't one-off adjustments; they reflect a deliberate move toward stable, predictable renewal cycles.

> This industry-wide shift reflects a maturing view of plan management and an opportunity to reward stability, not spikes. At Ameritas, we remain committed to providing justified renewals and sustainable plan design for long-term results.
>
> *– Drew Fleming*

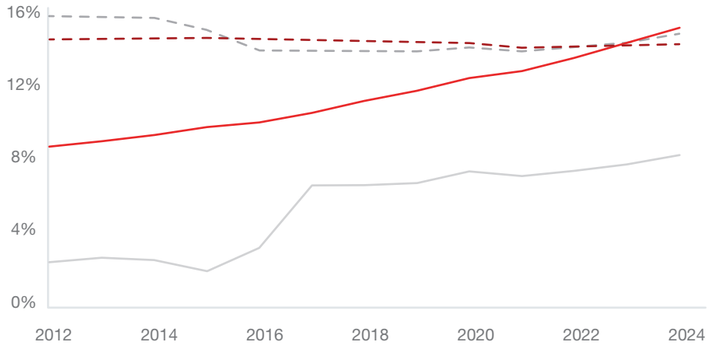
Annual maximums trending higher

Annual maximums have increased over time, creating more room for service utilization and the potential for over-insuring.[4] However, setting maximums too low can discourage members from seeking necessary care; the goal should be to base maximums on group needs.

Trend Shift in Dental Plan Maximums



Coverage design influences use



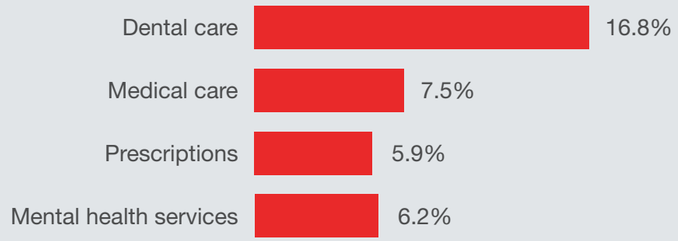
Periapical X-ray use increased significantly under employer plans where coverage is provided, while individual plans (without the same benefit) show much lower, flatter trends.[3] This is a clear example of induced utilization shaped by plan design.

> There is an alarming trend of periapical X-rays nearly doubling over a 10-year period across the industry. It is clear from the data that benefit design can sway provider behavior.
>
> *– Dr. Victoria Yu*

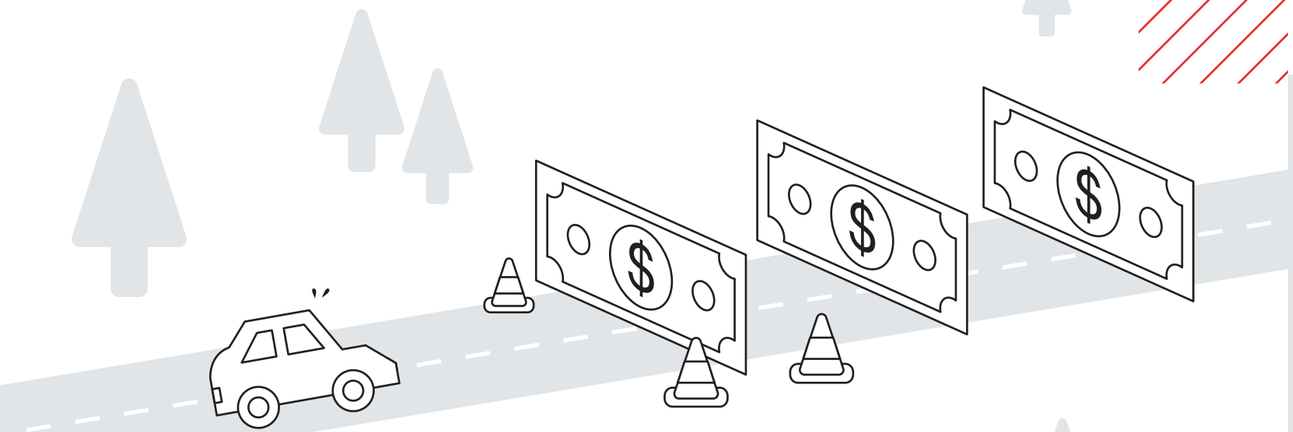
Cost is still a barrier for many

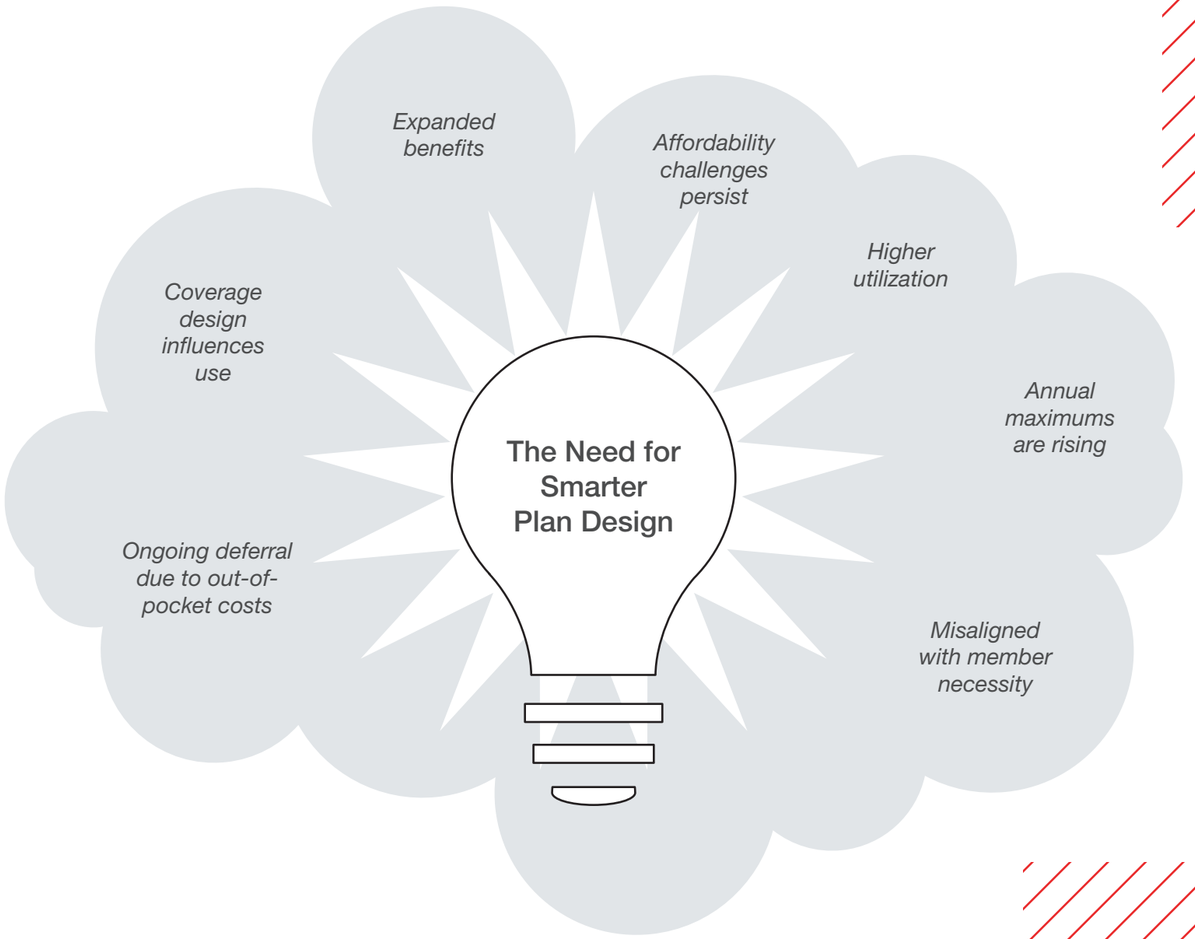
Even with broader access to dental benefits, affordability challenges persist. Out-of-pocket costs continue to prevent many from getting timely care, making deferral a key equity concern.[5]

Deferral of Care Due to Costs (2022)



Compared to other types of health care services, cost barriers are most severe for dental care services.





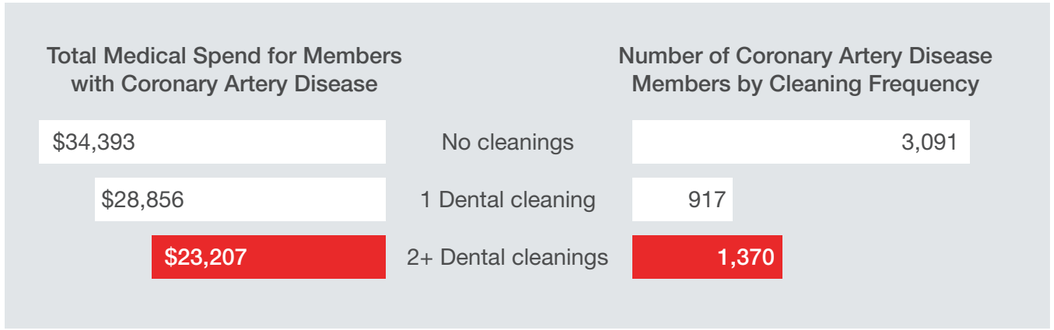
Takeaway: While more employers are offering dental benefits and utilization rates are rising, for many, delaying needed dental care is still a necessity.

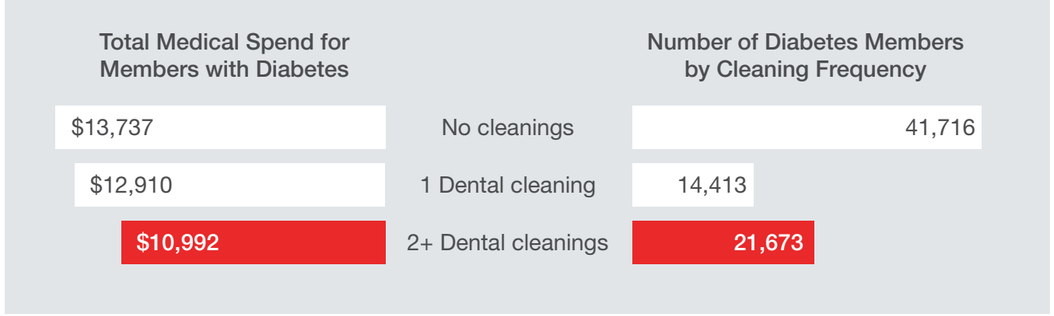
Dental benefits are expanding, with higher annual maximums and broader coverage driving increased utilization, sometimes influenced more by plan design than member necessity. Yet, cost-related deferral of care remains a persistent barrier, highlighting the need to design better dental plans for members' needs.

Dental conditions influence medical costs

Data from Artemis Health shows clear cost differences in medical spend among those with untreated dental issues.[6]

Individuals with one or two dental cleanings per year had significantly lower medical spend for chronic conditions compared to those with none. And, most members with chronic conditions are missing preventive dental care visits. This signals a critical gap in care for the populations who would benefit most.

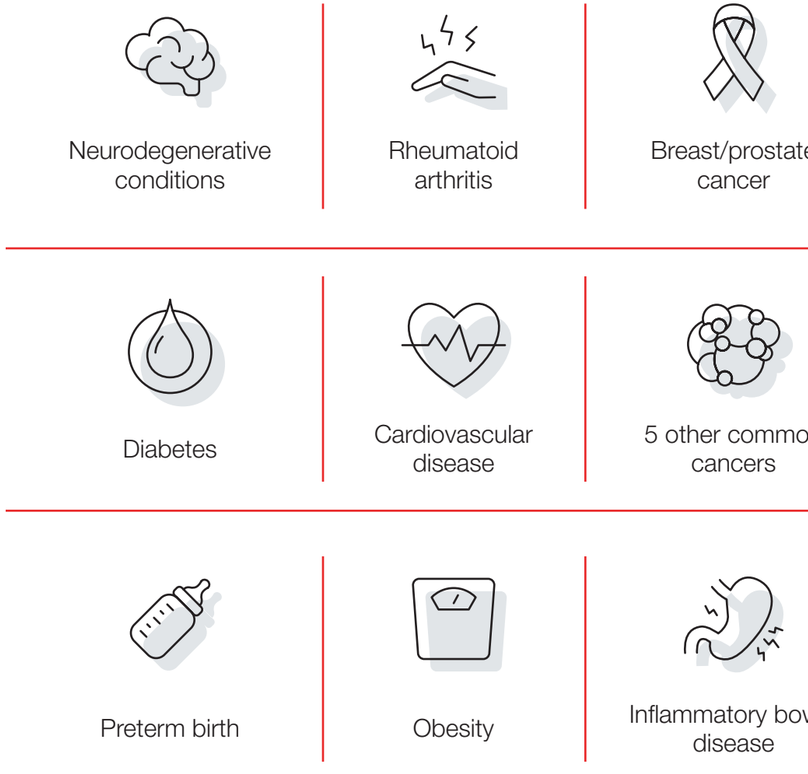




Note: These findings were drawn from a population of 2 million individuals. Among them, 93,870 had diabetes and 8,054 had coronary artery disease (CAD). Of those, 77,802 with diabetes and 5,378 with CAD had dental benefits, forming the basis for the cleaning-level comparison.

Oral health is whole-body health

Harmful oral bacteria, their secretions, and inflammatory signals may also be transported via the blood to other parts of the body. Numerous studies have proven strong correlation between dental issues (i.e. gum disease) and other health problems including:[7]

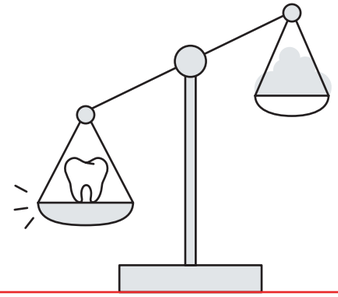


> There is a definite bidirectional link between oral health and whole-body health. Oral health is an indicator of systemic diseases and could adversely affect common diseases plaguing our society.
>
> *– Dr. Victoria Yu*

Takeaway: Better dental care can improve medical outcomes and lower healthcare spend.

Data supports that individuals who receive regular dental cleanings have significantly lower medical spend, particularly for chronic conditions like diabetes and coronary artery disease. The connection between oral and systemic health is clear: investing in preventive dental care can help reduce broader healthcare costs.

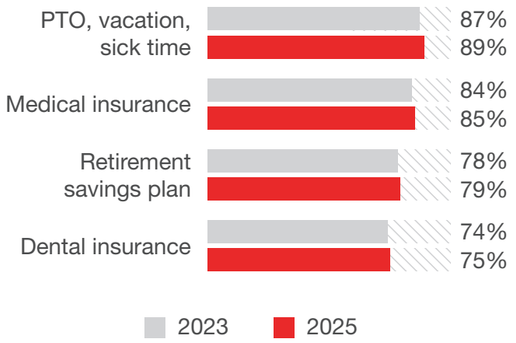
Dental coverage: valued more than ever



Importance of benefits over time

Employees increasingly rank dental as a top benefit, with importance rising from 2023 to 2025.[1]

Benefits rated very or extremely important (4 or 5 on a 5-point scale). Employees rated the importance of having each benefit available, regardless of whether it is currently offered to them.



Takeaway: Rising costs and ongoing volatility demand more strategic plan design.

> Member expectations aren't slowing down. The opportunity now is to design smarter plans that balance cost pressures with long-term value.
>
> *– Drew Fleming*

Driving Value: Plan Design Matters

A well-designed dental plan should prioritize innovative strategies that enhance member value and stabilize premiums, ultimately driving higher participation and satisfaction – here's where to start.

1. Design benefits around who you're covering

Broad trends can guide strategy, but effective dental plans are built on understanding the specific population they serve. Analyzing demographic factors helps ensure benefits are relevant, accessible, and truly meet member needs.

Age impacts

Older populations may need more restorative care, periodontal treatments, and prosthodontics. Consider flexible retiree coverage and transition support.

Gender prevalence

Women may benefit from extra cleanings or whitening during hormonal life stages. Men may need more support for periodontal care, implants, and oral cancer screenings.

Family planning

For groups with many women aged 20–35, consider maternity dental benefits to support well-being during pregnancy.

Income variability

High/low plans improve affordability across income levels. Low-cost voluntary options support budget-sensitive employees, while richer plans remain available.

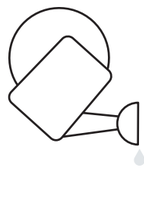
2. Set smarter annual maximums

Choosing annual maximums based solely on cost, whether high or low, can lead to over- or under-insuring. The most effective plans align coverage levels with the real needs of the population. The right balance promotes health outcomes, smarter spend, and an improved member experience.

Over-insuring

Too high of a maximum

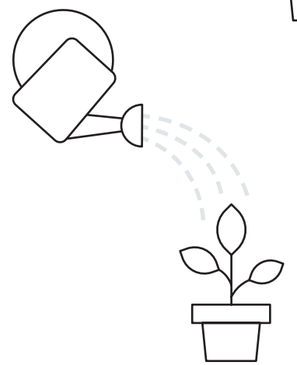
- Can inflate premiums
- May increase unnecessary utilization
- Does not guarantee better health outcomes



Under-insuring

Too low of a maximum

- May cause members to delay or skip care
- Increases out-of-pocket burden
- Can lead to worse health over time



Set needs-based maximums

Match coverage to real group needs

- Teens (14–18): Greater need for extractions and orthodontia
- Older Adults (45+): Coverage for crowns, implants, dentures
- Use common scenarios to plan max levels accordingly

3. Place procedures intentionally to balance cost and care

The next step is optimizing how procedures are placed within the dental plan. Strategic procedure placement allows consultants to influence both plan costs and member affordability without sacrificing care quality.

Key metrics to guide procedure placement

Use both of these metrics together to identify high-impact adjustments in plan design. Consultants should examine how often a procedure is used and how much it drives total plan cost to optimize coverage and manage spend.

Relative frequency of procedures

How often is a specific procedure performed?

Helps tailor benefits to the actual needs of the population.

Relative percentage of paid claims

How much does each procedure contribute to total claim costs?

Informs plan coverage decisions to manage both premium and member out-of-pocket exposure.

Strategic procedure level adjustment examples

Small changes at the procedure level can have a big impact. These adjustments show how to fine-tune benefits based on actual member needs.

Shift endo to Major (where appropriate)

Endodontic treatments (e.g., root canals) are typically acute and infrequent, especially among members under 25. Shifting endodontics to Major may reduce premiums with limited impact on overall member experience.

Keep perio in Basic when possible

Periodontal (e.g., gum disease) treatment is approximately five times more common than endodontics among adults 25+. It's a chronic, recurring need that impacts more members over time. Keeping periodontics in basic helps ensure consistent access and long-term cost control through prevention.

Balance crowns vs. cleanings

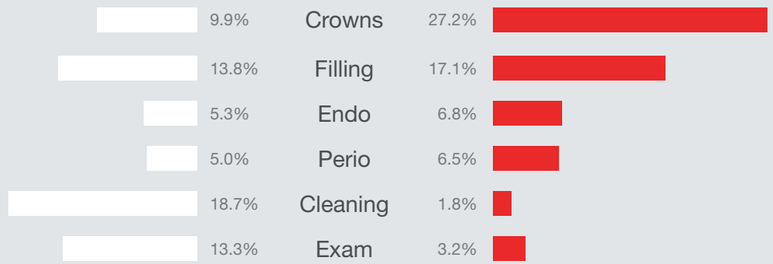
Crowns make up nearly a quarter of what members pay out-of-pocket in-network (27.2%), while cleanings account for the largest driver of plan paid costs (18.7%). This mismatch shows the importance of balancing frequency, financial burden, and procedure placement.

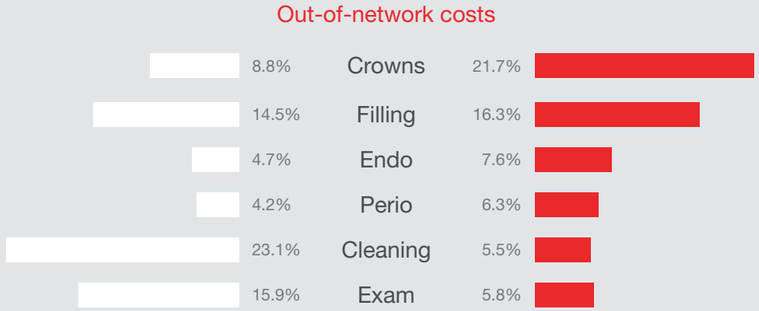
Consider dual-choice plans

Fillings are more common for younger members; crowns are more frequent in older adults. Dual-choice plans can tailor benefits without over-insuring either group.

Plan cost versus member out-of-pocket cost

Plan design decisions often affect members and the plan differently. For example, a change aimed at lowering plan costs may unintentionally increase members' out-of-pocket expenses.





These charts demonstrate the percentage of total premium and member out-of-pocket costs attributed to each procedure category, both in- and out-of-network.

- Crowns are the largest driver of member costs, accounting for 27.2% of out-of-pocket costs in-network and 21.7% out-of-network.
- Cleanings represent the highest share of plan costs: 18.7% in-network and 23.1% out-of-network.
- Routine care (including exams, cleanings, bitewings, and periapical films) accounts for 45% of in-network premium costs and 52% out-of-network.

4. How to analyze network impact

Giving clients access to the right dental network is essential to maximizing member savings, but selecting the best fit isn't always straightforward. Here are the core concepts and best practices for evaluating true network performance.

Understand the Effective Discount Formula

Effective Discount = Discount × Utilization

- **Effective Discount**: Total claims savings impact of a carrier's network
- **Discount**: Average discount a member receives when using the carrier's network
- **Utilization**: Percentage of total claims that went to a network provider

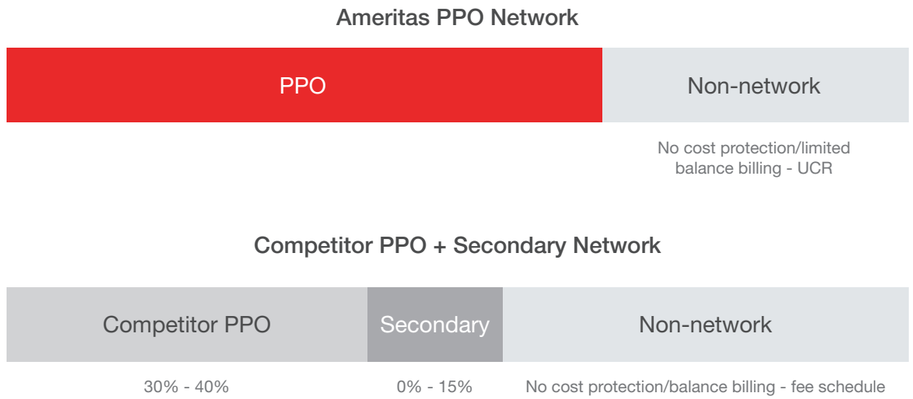
True network savings means looking at the full picture. A deep discount is not as meaningful if members aren't using the network. High utilization alone will not create substantial savings if discounts are shallow.

Obtaining the Right Data

Request both:	Network fee & submitted charge » *Comparing network fees to U&C data (e.g., 50th or 90th percentile) doesn't show the real discount on actual claims.*
Ask how discounts are reported:	Are discounts shown per network or averaged across all networks? » *Helps assess specific network value when multiple are offered.*
Ensure a consistent time frame:	Is the data based on prior year, YTD, or a future projection? » *Inconsistent time frames make comparisons unreliable.*
Clarify data inclusions:	Are all claims included? Just covered or paid claims? » *Is ortho included or excluded?* » *Consistent definitions ensure apples-to-apples comparison.*
Check what's included in "discounts":	Are reductions due to network fees only, or do they also include processing efficiencies or system factors? » *Only fee-based savings reflect true network value.*

Not all networks deliver equal savings

Networks may appear broad on paper but often include lower-discount secondary providers that dilute overall savings. Ameritas' PPO network provides stronger, more consistent discounts than competitor models that mix primary PPO and secondary networks.



5. Network utilization education

Maximizing dental plan value starts with helping employees choose network providers. Educating members on the cost advantages of staying in-network can lower expenses for both employers and employees.

Consultants can help employers decide whether to steer members toward network dentists through plan design or offer multiple plan options with built-in network savings. Ameritas supports these efforts with educational tools, including clear cost comparisons.

Comparing Out-of-Pocket Costs On a Crown

	In-network dentist	Out-of-network dentist
Crown cost	$840	$1,370
50% Plan payment	$420	$685
Employee pays	**$420**	**$685**
$1,500 Maximum benefit remaining	**$1,080**	**$815**

Comparing Out-of-Pocket Costs On a Crown

In the **third row**, you'll see how the out-of-pocket cost for the employee increases when using an out-of-network provider, even with the same coinsurance rate.

Comparing the Impact on Maximum Benefits

In the **bottom row**, the example shows how using an out-of-network provider also reduces the remaining annual benefit, meaning less coverage is available for future dental needs.

Data shows that members are more likely to stay in-network when treatment needs increase: approximately 64% of preventive services performed in-network, compared to about 67% for basic and major services. As procedures become more costly, network savings become more meaningful, reinforcing the importance of member education.

Active employee education is essential

Going beyond enrollment examples, proactive education can reduce both employee and plan costs. The top row in this example reflects a passive strategy with no additional education provided, resulting in lower in-network utilization and higher out-of-network costs.

The bottom row demonstrates the outcome of a basic education initiative encouraging employees to choose in-network care, leading to higher utilization and increased total plan savings. Without changing the plan design, the increase in in-network utilization resulted in a 1.2% boost in effective plan savings.

Impact of Active Employee Education

Plan scenario	In-network utilization	Out-of-network utilization	Effective discount	Total plan cost reduction
Passive plan (no education)	62%	38%	26.7%	27.8%
Active education (mild steerage)	65%	35%	28.0%	29.0%
Change	**+3%**	**-3%**	**+1.3%**	**+1.2%**

Examples of impactful education:

- Ongoing, direct communication, not just during enrollment.
- Personalized insights based on actual plan usage (e.g., “Last year, employees who went out-of-network for crowns paid an average of $___ more than those who stayed in-network”).
- Clear guidance on provider access and how to use the directory.
- Improve the employee experience through fewer surprise out-of-pocket costs.

6. Consider the “total program cost” strategy

While premium rates are often the first thing considered when comparing dental plans, they do not tell the whole story. Evaluating the total program cost means looking beyond the monthly premium to consider what members actually pay — especially when out-of-network charges and U&C levels come into play.

Many carriers offer lower premiums by applying a lower out-of-network allowance. While this can reduce employer costs up front, it often shifts a greater financial burden to members in the form of balance billing and higher out-of-pocket costs. These hidden costs can quietly erode member satisfaction, plan performance, and perceived value.

By contrast, a higher U&C percentile, like 90th U&C based on recent submitted charges, may carry a higher premium, but can result in lower member out-of-pocket exposure, better predictability, and stronger overall value.

Total Program Cost Impact by Submitted U&C Percentile (Compared to 90th)

Scenario:	80th	75th	50th
Annual premium	–3.1%	–4.3%	–6.0%
2 Exams + 1 bitewing	+1.0%	+1.7%	+6.9%
+ 1 Filling	+4.4%	+6.8%	+16.3%
+ 1 Crown	+5.7%	+8.6%	+18.2%
1 Crown only	+3.6%	+5.5%	+11.7%

This is a typical care scenario where an individual receives exams, fillings and a crown

Example data shows that reducing the U&C from the 90th to the 80th, 75th and 50th, results in an increase in balance billing for members. While lower U&C levels may slightly reduce premium costs, they shift more financial burden to members.

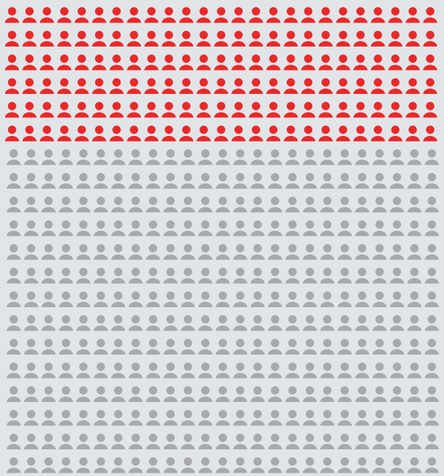
Ultimately, a shift in U&C level can result in disproportionately higher out-of-pocket costs. This reinforces the value of evaluating total program cost, not just monthly premiums when selecting U&C levels that balance affordability, protection, and member satisfaction.

A lower U&C doesn't always equal better value.

7. Align funding strategy with employer goals

A well-matched funding model is the foundation for network savings. As more large employers shift toward self-funded dental plans, it's important to evaluate whether self-funded or fully-insured is the right fit. Each model has distinct trade-offs in cost control, risk, and flexibility. By aligning funding strategy with employer size, financial goals, and administrative capacity, consultants can help clients optimize value and unlock deeper network-driven savings.

Self-funded dental now accounts for over **30%** of groups with **500+ lives**[8]



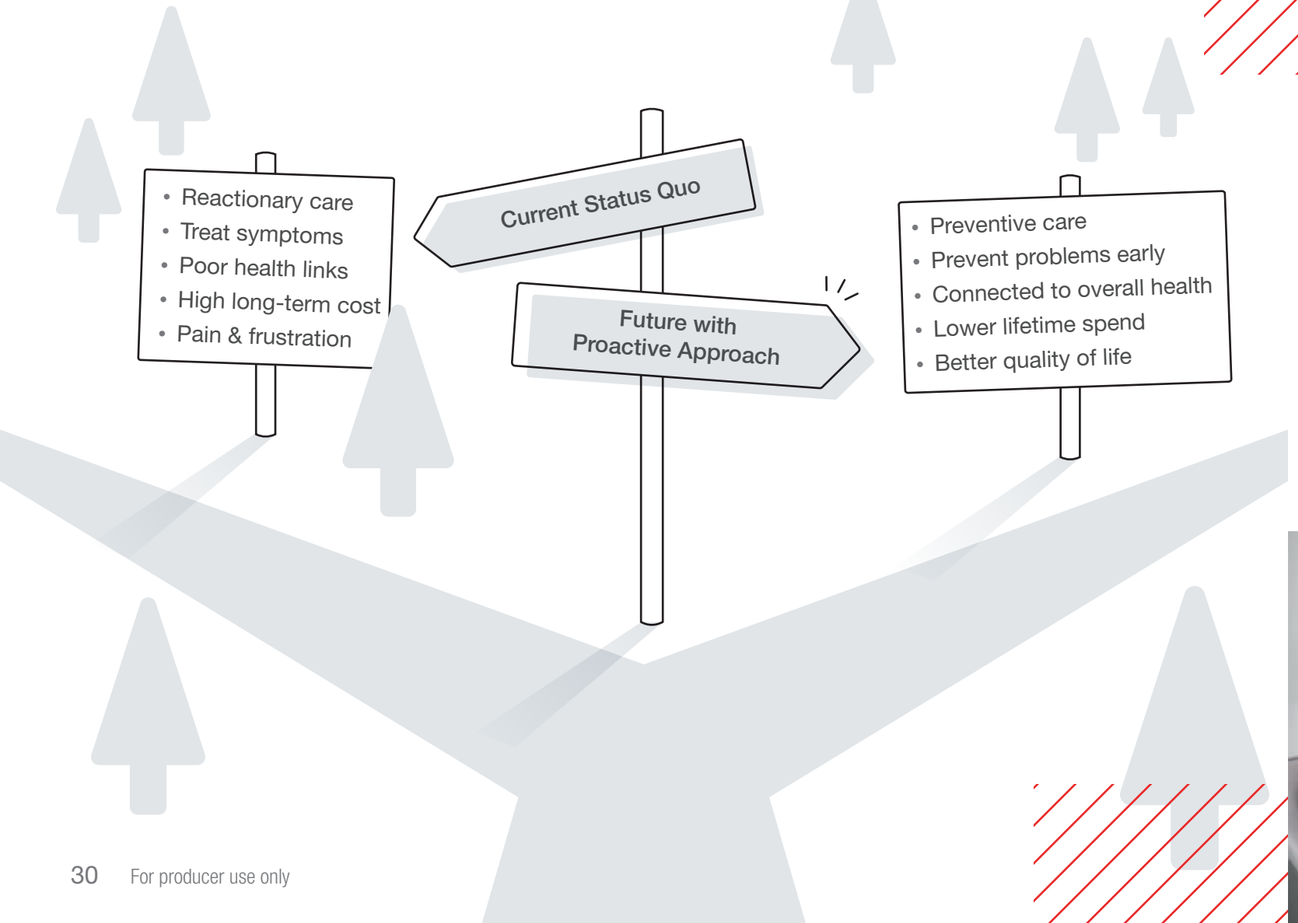
Funding Model Comparison		
Self-funded	**vs.**	**Fully-insured**
Employer pays claims as they occur	**Cost**	Employer has fixed monthly premium
Employer predicts and manages claim over/under budgeting	**Risk**	Carrier predicts and manages claim over/under budgeting
Variable: can improve cash flow	**Cash flow**	Predictable but may include carrier margin
More: customize plan features and reporting	**Flexibility**	Less: carrier designs and manages plan
Greater transparency into claims and patterns	**Data access**	Limited: depends on carrier
Requires internal resources or third party administrator support	**Administration**	Carrier handles various admin functions
Larger, internally resource-rich employers who can better manage claims risk	**Consider if**	Smaller, risk-averse employers who prefer to outsource plan administration needs

Self-funded dental plans can provide transparency that helps identify health patterns and detect systemic issues early. But impact depends on whether the carrier has implemented wellness programs and has the right partnerships (like medical carriers, population health vendors, or electronic health records) to move from reporting insights to taking action.

Our Response to Market Impacts

Rethink the dental model: from reactive to proactive

Today's dental landscape is at a crossroads. Most care still operates within a reactive system — treating problems only once they cause pain. But at Ameritas, we're focused on shifting this model forward. We believe dental plans can do more than just cover procedures. We believe that they can drive better outcomes, reduce costs over time, and improve quality of life. That shift starts with prevention.



Amid inflation and rising care costs, a proactive dental plan provides long-term financial value. With Ameritas, employer groups benefit from **stable contracts** and **justified renewals**, not reactive price spikes. We protect your income block, avoid unnecessary plan changes, and support healthier member outcomes over time.

Ameritas = Stable Contracts + Justified Renewals

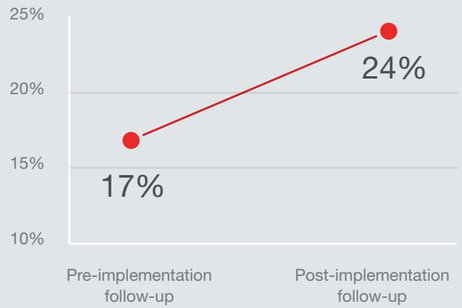
A proactive approach isn't just vital in dentistry; it is the cornerstone of an effective, patient-centered, overall health-focused care model that's necessary in today's world. This model emphasizes prevention, early detection, and minimally invasive interventions that promote oral and overall health. A reactive model is always more costly and offers more complexity in the long run with fewer health benefits for the patients' overall well-being.

– Dr. Victoria Yu

Incentivize with a dental rewards program to shift member behavior

For over 20 years, Ameritas has led efforts to highlight the critical link between oral and overall health. Our Dental Rewards® program encourages preventive care by rewarding members for regular dental visits and lower annual claims. These rewards apply across multiple coverage lines (including dental, orthodontia and vision), helping reduce costs while promoting long-term health.

When put into practice, the impact of Dental Rewards® on follow-up care is measurable



Before implementation, only 17% of members followed up with necessary care. With Dental Rewards®, follow-up rates improved by 40%. This simple behavior shift supports earlier intervention, lower systemic health risks, and reduced downstream costs.

> Often, diseases of the mouth and teeth — cavities and gum disease — are entirely preventable. A small cavity that could be treated with a simple filling with minimal cost output, when left untreated, progresses to requiring major surgery through root canal, crown or extraction and implant or bridge which costs 5-10 times more.
>
> *– Dr. Victoria Yu*

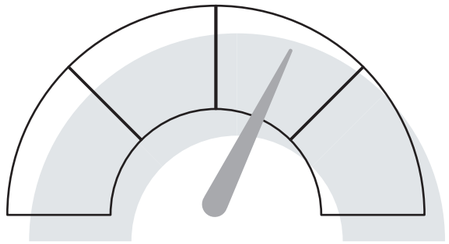
Support vision health with our integrated rewards

Vision health affects well-being at every age, from academic success in children to independence in older adults. With millions affected by preventable vision issues, early detection and regular exams are critical. Ameritas supports this by offering vision reimbursement benefits and giving options for members to apply Dental Rewards® across other coverage lines.

By incentivizing care across dental and vision, it can help mitigate costly conditions, promote overall health, and deliver greater value through an integrated benefits experience.

Empower members with our dental health report card

The Ameritas dental health report card gives members a snapshot of their oral health based on submitted claims and completed procedures. It encourages self-awareness by scoring dental health across preventive care, restorative treatments, diagnostics, and other key indicators. By helping members visualize where they stand and what to improve, the report card promotes more consistent engagement in dental care and opens the door for stronger collaboration between patients and providers.



> The report card can help patients better understand which aspects of dental health to focus on, and how it directly affects overall health of their body and mind. With a simple visualization, this powerful tool could work on transforming the patient-dentist relationship from a passive, knowledge controlled one-way information exchange to an active collaborative partnership with patients, encouraging proactive health-promoting behaviors.
>
> *– Dr. Victoria Yu*

Make smarter decisions with our GHE reporting

Ameritas' Group Health Expertise (GHE) dashboard gives our consultants real-time visibility into how dental plans are performing and where to optimize. Powered by Microsoft Power BI, the dashboard provides access to key metrics like claims utilization, procedure trends, group demographics, and plan comparisons across markets. With flexible filtering, drill-down visuals, benchmarking capabilities, and export options, it's more than a report; it's a strategic planning tool.

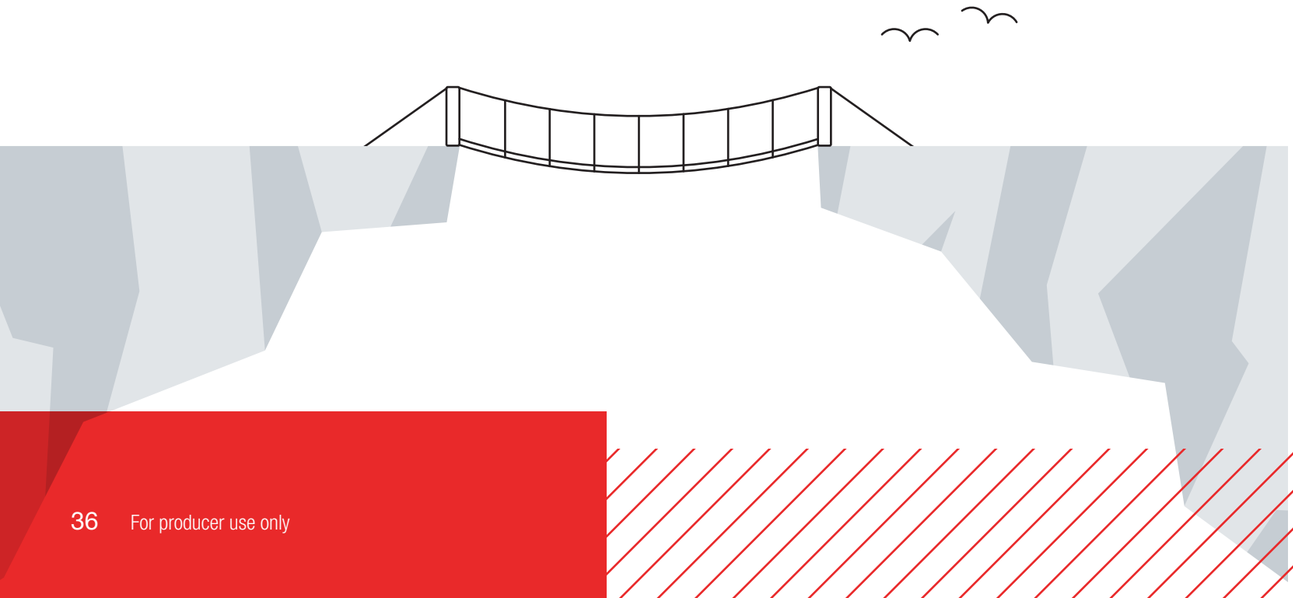
By turning raw data into meaningful insights, the GHE dashboard equips our Ameritas reps to help consultants demonstrate value, identify gaps, and guide clients toward smarter plan designs. Whether assessing network usage, benefit utilization, or cost patterns, this tool ensures our teams have the information needed to support renewals, justify plan design decisions, and protect income blocks.

Empowered with population health insights integration

Ameritas collaborates with multiple population health companies to help bridge the gap between oral and overall health. By integrating medical and dental data across carriers, our solutions provide an agnostic, objective perspective on member well-being. By integrating **medical, pharmacy, biometric,** and **dental data**, we help consultants tell a more complete story—illustrating how oral health connects to systemic conditions and costs. This will help reduce premium costs, promote better overall employee health, and increase employer cost savings.

These partnerships allow us to:

- Identify hidden risks using biometric, prescription, and claims data.
- Design smarter dental plans tailored to each group's unique population needs.
- Engage members proactively with targeted strategies to prevent progression of disease.
- Support consultants with powerful insights that justify plan design decisions and demonstrate value.



Through this holistic lens, we assess how members interact with all aspects of their benefits — medical, dental, vision, prescriptions, telehealth, screenings, and more. This leads to strategic benefit coordination, better outcomes, and lower overall cost for clients. Ameritas isn't just responding to trends; we're shaping the future of integrated benefit design with data, collaboration, and a commitment to real-world impact.

> In this market, the real value lies in strategy, not shortcuts. At Ameritas, we're committed to helping consultants design dental plans that don't just react to cost pressures — but proactively deliver long-term value, stability, and healthier outcomes for the people they serve.
>
> *– Drew Fleming*

Designing for Tomorrow’s Needs

The dental market continues to evolve, but in the face of volatility, one thing remains clear: smarter plan design is essential. The most effective dental strategies are those grounded in real data, aligned with member needs, and structured for long-term value. From evaluating total program cost to leveraging integrated rewards and population health insights, consultants have more tools than ever to build plans that protect employer spend and improve member outcomes.

At Ameritas, we’re not just watching the market; we’re shaping its future. We believe in supporting our partners with actionable insights, transparent data, and customizable tools that make a meaningful difference. Whether you're rethinking procedure placement, analyzing network impact, or selecting a funding strategy, our team is here to help you make informed, strategic choices that serve your clients well. For further engagement, resources, and detailed information, visit our rep landing page.

Dr. Victoria Yu, DDS

Chief Executive Officer & Chief Dental Officer, Elite Dental Partners

Dr. Victoria Yu is an accomplished leader and innovator in the dental industry, currently serving as Chief Executive Officer and Chief Dental Officer at Elite Dental Partners. She is the first woman to hold the CEO role at the organization, bringing deep clinical expertise and a proven record of driving strategic growth.

Prior to joining Elite, Dr. Yu served as Chief Dental Officer at Walmart Health from October 2022 to August 2025, where she led transformative initiatives to improve patient experience and grow dental revenue across Walmart’s care delivery footprint. She previously held the role of Chief Clinical Officer at Mid-Atlantic Dental Partners, where she successfully led the clinical integration of three major DSOs, overseeing support for more than 240 locations across 18 states.

Dr. Yu also served as President of Strong Smiles Dental Care, where she championed operational excellence and quality care delivery. She earned her DDS from the University of Maryland, Baltimore, and completed specialized training at the Johns Hopkins University. Recognized as one of the top 10 most influential people in dentistry by Incisal Edge magazine (#8), Dr. Yu is widely respected for her leadership, vision, and advocacy for patient-centered, technology-enabled care.

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