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To:	OCI Company Licensing
Subject:	Proposed Acquisition of Control of Delta Dental of Wisconsin, Inc. and Wyssta Insurance Company, Inc.
Date:	Thursday, October 2, 2025 9:15:59 PM

As a practicing dentist outside of Wisconsin, I feel compelled to speak up about Delta Dental's new corporate structure that merges insurer and provider interests under the same holding company. While this change is happening in Wisconsin, its ripple effects could very well reach other states, including mine. And that deeply concerns me—for my patients, for my colleagues, and for the future of dentistry as a profession.

Let's be clear: this isn't just an administrative shuffle or a clever business maneuver. This is a structural shift that ties dental practices directly to a dental insurer with overlapping leadership and financial incentives. That blurring of lines might look tidy on paper, but in the operatory it creates a minefield of conflicts. Patients deserve a dentist whose clinical decisions are based solely on their needs—not on what makes the insurance company's balance sheet look good.

I've watched what vertical integration has done in medicine and pharmaceuticals—cost-cutting disguised as "care management," steering of patients into corporate-owned channels, and erosion of provider autonomy. It's naïve to think dentistry will somehow be spared from those same harmful effects.

The specific risks are clear:

Conflicts of interest – When insurers and providers share the same corporate parent, business goals creep into treatment decisions. That's not just bad optics—it's a direct threat to patient trust.Reduced patient choice – Insurers will always be tempted to design plans that funnel patients into affiliated practices. What starts as a "recommendation" can quickly become a restriction, shrinking patient options and squeezing out independent practices.Corporate influence over care – Dentistry has always prided itself on the sanctity of the patient-dentist relationship. But if insurers get to dictate care through financial leverage, that relationship erodes into something transactional and shallow.While Wisconsin may be the testing ground, this model could easily spread if it isn't checked. That's why strong oversight matters—not just for Wisconsin, but for every state watching what happens next. Regulators must look beyond flow charts and promises of firewalls and instead ask: How does this work in real life? Who truly benefits—patients, or the corporation?

As a dentist, my bottom line is this: I want a health care system where patients are at the center of every decision—not as pawns in a corporate strategy, but as people deserving of honest, independent, patient-first care. If insurers are allowed to blur those lines unchecked, we all stand to lose: patients, providers, and the integrity of our profession.