

From: [Neela Lalani](#)
To: [OCI Company Licensing](#)
Subject: Proposed Acquisition of Control of Delta Dental of Wisconsin, Inc. and Wyssta Insurance Company, Inc.
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To whom this may concern:

As a general dentist practicing in Wisconsin, I recognize and value OCI's role in safeguarding consumers and ensuring fairness in Wisconsin's insurance market. I also recognize that Delta Dental has poured significant time, money, and legal gymnastics into dressing up this new corporate structure with firewalls and promises to make it palatable. But let's be honest: this is not a minor tweak. For the first time in Wisconsin, dental practices and a dental insurer will live under the same holding company roof, sharing leadership and financial incentives. That's not just new territory—it's dangerous territory.

Why? Because the risks aren't theoretical. We've seen the playbook before in medicine and pharmaceuticals, and it hasn't ended well for patients. When insurers and providers are financially entangled, patients lose. Period. The arrangement threatens the independence of providers, compromises the integrity of oral health care, and puts patient trust on the chopping block.

Let's break it down:

1. **Conflicts of interest** – When the insurer and the dentist's paycheck come from the same parent company, who really calls the shots? There's a real danger that business priorities—not patient needs—will drive clinical decisions. Patients deserve care dictated by evidence and professional judgment, not a corporate profit-and-loss statement.
2. **Reduced patient choice** – Through restrictive networks, benefit design, or cost-sharing incentives, patients can be nudged—or shoved—toward “in-house” practices. That's not free choice. That's manufactured steering, and it erodes healthy competition and limits patient freedom to choose their dental home.
3. **Insurers playing doctor** – When insurers control both the money and the chair, cost-cutting often masquerades as care management. This is a slippery slope where treatment plans become dictated by spreadsheets rather than patient health needs. It's the opposite of what dentistry should stand for.

For these reasons, I urge OCI to do more than simply review org charts and check boxes. Oversight must go deeper—examining how this arrangement works in day-to-day operations, ensuring patients know exactly who owns their dental practice, and protecting the market from unfair favoritism toward affiliated practices. Transparency isn't optional when patient trust is on the line.

At the end of the day, this is about protecting Wisconsin patients from a slow erosion of

choice, trust, and quality of care. I believe in a health care system where patients come first—not as profit centers, but as people who deserve the very best decisions made in their interest. I call on OCI to stand firm in making sure this new structure doesn't tip the balance in favor of corporate gain at the expense of patient well-being.

Thank you for your consideration,
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