DENTAL FEE BENCHMARKING ADVISORY COMMITTEE REPORT

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PREFACE

Letter from Co-Chairs, Dental Fee Benchmarking Advisory Committee, to Minister for Health

27 August 2025

Dear Minister,

We are pleased to submit the report of the Dental Fee Benchmarking Advisory Committee.

Our Committee was appointed in October 2023 to develop fee benchmarks for dental procedures. Fee benchmarks aim to provide a common reference for patients and providers, to enable better informed decisions and promote transparency in dental fees.

As a start, our Committee has focused on dental services subsidised under the Community Health Assist Scheme (CHAS), given their impact on a significant portion of Singaporeans seeking primary dental care. For each procedure, we examined actual transacted data, reviewed fee distributions and their spread, and considered factors which may have influenced charging practices and underlying drivers for variations and growth in fees. We recognise certain procedures have inherently larger fee variations due to clinical factors.

The effectiveness of the benchmarks will depend on their acceptance by stakeholders and the public. We are encouraged by our engagements with professional associations and CHAS clinics, where the dental community showed understanding of our efforts to enhance price transparency and affordability in dental care.

This report lays out our recommendations. The benchmarks are designed to cover routine and typical cases performed in private dental clinics in the primary care setting. We have also provided recommendations for different stakeholders on how these benchmarks should be interpreted and appropriately used to promote price transparency and informed decision-making.

While our immediate focus was on procedures that are subsidised under CHAS, we have outlined plans for future coverage of procedures beyond these. This expansion will include procedures across different dental specialties and the use of different materials and technologies. We recommend periodic reviews to ensure the benchmarks remain relevant and effective.

Our Committee would like to thank staff of the Ministry of Health for their support throughout this process. We are also grateful to all stakeholders who contributed their valuable insights and feedback. We trust these benchmarks will help improve transparency in dental fees and support the broader goal of keeping dental care affordable and accessible for Singaporeans.

Yours sincerely,

A/Prof Patrick Tseng
Chair

Dr Chan Siew Luen
Co-Chair

On behalf of the Dental Fee Benchmarking Advisory Committee.

Response from the Minister for Health to Co-Chairs, Dental Fee Benchmarking Advisory Committee

01 September 2025

Dear A/Prof Patrick Tseng and Dr Chan Siew Luen,

I would like to thank you and the members of the Dental Fee Benchmarking Advisory Committee for your work in developing fee benchmarks for dental procedures, starting with those under the Community Health Assist Scheme (CHAS).

As the first set of fee benchmarks for dental procedures in Singapore, this is a significant step forward in promoting price transparency in the dental sector. I appreciate how the Committee balanced different stakeholder perspectives through its consultations with the dental community. It is through such a judicious approach that we can deliver quality and affordable primary dental care to Singaporeans.

The Ministry accepts the Committee's report and agrees with its recommendations. I thank your Committee's dedication to this significant initiative and look forward to your future work in reviewing other dental procedures.

Yours sincerely,

Ong Ye Kung
Minister for Health

EXECUTIVE SUMMARY

1 This report lays out the Dental Fee Benchmarking Advisory Committee's recommendations on reasonable fee benchmarks for common dental procedures in the private primary care setting.

Dental Fee Benchmarks as a Common Reference

2 The Dental Fee Benchmarking Advisory Committee, co-chaired by A/Prof Patrick Tseng and Dr Chan Siew Luen, was appointed in October 2023 to develop fee benchmarks for dental procedures. The Terms of Reference of the Committee were as follows:

a. Recommend reasonable fee benchmarks for common non-surgical and surgical procedures performed by dental practitioners.

b. Develop and endorse the general methodology for deriving the reasonable fee benchmarks of dental procedures.

c. Assess fee benchmarks for dental procedures where the general methodology is not appropriate, such as procedures requiring additional or specialist training.

d. Review the recommended fee benchmarks periodically to ensure they remain relevant and up to date.

3 In March 2025, the Ministry of Health announced the enhancement of dental subsidies under the Community Health Assist Scheme (CHAS) and the intention to introduce fee benchmarks for common dental procedures. This will help promote fee transparency and ensure that enhanced subsidies translate to lower out-of-pocket costs for patients.

Principles and Approach for Determining the Dental Fee Benchmarks

4 The dental fee benchmarks serve as a reference rather than a strict cap for compliance. The fee benchmarks cover the 18 dental procedures subsidised under CHAS. The benchmarks were developed with the following as guiding principles:

a. Be within a reasonably narrow range to be meaningful to patients.

b. Take into account the complexity associated with the procedure.

c. Allow for some moderated increase in fees over the years, while ensuring CHAS dental services remain affordable for Singaporeans.

d. Reflect the majority of current charging practices for typical cases.

5 The Committee also took into account the following factors when determining what would constitute reasonable fee ranges:

a. Actual 2024 CHAS claims data covering approximately 1.9 million procedure claims across approximately 900 CHAS dental clinics.
    i. Fee distribution per procedure and clustering patterns.

b. Published prices of large clinic chains, which often serve as pricing references.

c. Relative complexity or effort across procedures within the same family to ensure appropriate fee progression.

d. Clinical factors that might justify charges above the fee benchmarks for typical cases.

Stakeholder Engagement

6 The Committee consulted the dental community on the principles and approach for developing the dental fee benchmarks. The feedback received was reviewed and incorporated where appropriate.

Key Recommendations

7 The Committee's recommended set of fee benchmarks for the 18 CHAS dental procedures (excluding Goods and Services Tax) are in Annex C. They serve as a reference for routine and typical cases performed in private dental clinics in the primary care setting.

8 Patients should use the benchmarks for informed discussions with their dentists, to better understand their condition, available treatment options and associated costs.

9 Dentists should use them to determine fair and appropriate fees. If their fees deviate from the benchmarks, dentists should document and explain the reasons to their patients.

10 The Government should encourage adoption of the benchmarks by dental clinics, and ensure that the benchmarks are accessible and easily understood by patients.

Conclusion

11 With private dental clinics providing about 80% of dental care, the Committee hopes that these fee benchmarks will help improve price transparency, enable patients to make better informed decisions about their dental care, and complement CHAS in making dental care more affordable and accessible to Singaporeans.

MAIN REPORT

1 This report lays out the Dental Fee Benchmarking Advisory Committee's recommended fee benchmarks for common dental procedures in the private primary care setting.

Current Landscape and Challenges

2 Oral health is an integral part of overall health and well-being. However, only 56% of people aged 55 and above in Singapore have 20 or more natural teeth, highlighting the importance of regular dental care and timely treatment.

3 Primary dental care is largely provided in the private sector. In the private dental sector, fees are primarily determined by individual clinic operators and influenced by market forces. This results in wide variations in fees for similar procedures across different providers, creating uncertainty for patients about potential costs, which may deter some from seeking timely dental care.

4 While the Ministry of Health (MOH) publishes average fees for selected dental procedures in public healthcare institutions, this covers only a limited range of procedures. It does not extend to other procedures including those on the Community Health Assist Scheme (CHAS) and Table of Surgical Procedures (TOSP).

Objectives of Dental Fee Benchmarks

5 There is therefore a need for standardised fee benchmarks in the dental sector to help patients better understand typical fee ranges and make more informed choices on their dental health. While dental healthcare costs naturally vary due to factors such as manpower, rental costs, and technological investments, establishing clear benchmarks can guide appropriate charging practices. This encourages the sector to deliver greater value for patients.

6 In March 2025, MOH announced significant enhancements to dental subsidies under CHAS[1]. Fee benchmarks for common dental procedures complement the upcoming subsidy enhancements, by ensuring that the enhanced subsidies translate into lower out-of-pocket costs for patients.

Dental Fee Benchmarking Advisory Committee

7 In October 2023, MOH appointed an independent committee to develop fee benchmarks for dental procedures. The Terms of Reference of the Committee were to:

a. Recommend reasonable fee benchmarks for common non-surgical and surgical procedures performed by dental practitioners.

[1] From October 2025, CHAS subsidies will be extended for ten basic and preventive procedures to CHAS Orange cardholders. CHAS limits will also be raised for seven restorative procedures for Pioneer Generation, Merdeka Generation and CHAS Blue/Orange cardholders. From mid-2026, Flexi-MediSave use will be extended for root canal treatments and permanent crowns at CHAS clinics and public healthcare institutions.

b. Develop and endorse the general methodology for deriving the reasonable fee benchmarks of dental procedures.

c. Assess fee benchmarks for dental procedures where the general methodology is not appropriate, such as procedures requiring additional or specialist training.

d. Review the recommended fee benchmarks periodically to ensure they remain relevant and up to date.

8 The Committee comprises dental and non-dental members to ensure balanced representation. The dental members comprise practitioners from public healthcare institutions and established private sector dental groups, while non-dental members comprise representatives from academia, healthcare financing, healthcare industry and consumer protection (see Annex A).

Introduction of Dental Fee Benchmarks

9 The Committee established criteria for selecting procedures in the dental fee benchmarking exercise, considering factors such as frequency and commonality of procedures, coverage across dental specialties, variations in materials and technologies, and case complexity. Given the variety of dental procedures and associated fees, the Committee will carry out its work in phases.

Current Scope

10 As a start, the Committee focused on developing fee benchmarks for CHAS dental procedures, given that these are commonly performed procedures that impact a significant portion of Singaporeans seeking dental care in primary care settings (polyclinics and private dental clinics).

11 The Committee will periodically review and may moderate these fee benchmarks in the future to account for fee growth rates.

Future Scope

12 In its next phase, the Committee will develop fee benchmarks for MediSave-claimable surgical dental procedures. It will also consider expanding its scope to include procedures such as indirect restorations and orthodontic treatments, where significant fee variations currently exist in private practice.

Principles for the Development of Dental Fee Benchmarks

Key Parameters

13 The Committee adopted three key parameters when developing the dental fee benchmarks. The benchmarks should:

a. Serve as a common reference rather than a strict cap for dentists and patients.

b. Cover routine and typical cases in primary dental care, rather than outliers

or cases of higher complexity.

c. Provide a range of fees rather than a single figure, to account for variations in case complexity within each dental procedure.

Guiding Principles

14 The fee benchmarks serve various stakeholders with different interests – influencing how dentists charge, while affecting how patients pay and make dental care decisions. The Committee balanced these perspectives through four key guiding principles to ensure fair and appropriate fee benchmarks:

a. Be within a reasonably narrow range to be meaningful to patients.

b. Take into account the complexity associated with the procedure.

c. Allow for some moderated increases in fees over the years, while ensuring CHAS dental services remain affordable for Singaporeans.

d. Reflect the majority of current charging practices for typical cases.

Approach for the Development of Dental Fee Benchmarks

15 To gather initial market information, MOH invited private clinics and public healthcare institutions to submit actualised fee data for dental procedures performed between October and December 2024. However, given that 2024 CHAS claims data covers approximately 1.9 million claims across approximately 900 dental clinics and was more comprehensive than the fee returns obtained from private clinics, the Committee decided to primarily utilise this data source for developing the first tranche of fee benchmarks. The approach in developing the fee benchmarks is outlined below:

a. Actual 2024 data. 2024 CHAS claims data for 18 dental procedures were used as the base.

b. Fee distribution. The Committee reviewed the spread of fees, focusing on the 25th and 75th percentiles as reference points for the upper and lower bounds. It also reviewed fee clustering patterns, to identify any concentration of fees just below the 25th and 75th percentiles.

c. Published prices of larger clinic chains. The Committee referenced published prices of large clinic chains, which often serve as a pricing reference for smaller clinics.

d. Procedural complexity. The relative complexity of procedures within the same family was considered to ensure appropriate fee progression. For example, fees for complex procedures should appropriately reflect their greater complexity compared to simpler procedures in the same category.

e. Clinical justifications. The Committee also considered possible clinical justifications for charging above the fee benchmarks, to ensure that the benchmarks would cover fees for typical cases.

16 The Committee determined the reasonable fee benchmark range for each dental procedure, keeping in mind that the resulting fee benchmark range would be meaningfully tight to inform patient expectations. The lower and upper bounds of the fee benchmarks were generally set at around 25th and 75th percentiles of pre-subsidy

charges from the 2024 CHAS claims data, with some procedures further moderated based on the factors above.

See Annex B for an illustrative example.

Limitations

17 In determining the fee benchmarks, the Committee had to work within certain limitations:

a. Data comprehensiveness and coverage. The dataset used to develop the benchmarks does not capture cases outside of CHAS, including those paid entirely out-of-pocket. However, given that CHAS covers common procedures across approximately 900 participating clinics serving both CHAS and non-CHAS patients, the data provides a representative picture of typical primary care dental charges.

b. Data granularity. The CHAS Dental Schedule does not differentiate between various materials and techniques, resulting in limited data granularity for some procedures. For example, in the case of X-rays, separate benchmarks were developed for intra- and extra-oral radiographs to reflect their distinct nature and cost.

Stakeholder Engagement

18 As part of the development process, various stakeholders were engaged to seek insights on the principles and general methodology for developing the dental fee benchmarks. These engagements helped ensure the benchmarks would be practical and meaningful for the dental community.

Who Was Engaged

19 Key dental stakeholders were engaged through two main platforms:

a. Professional associations. MOH hosted an in-person engagement session with Council members and representatives from the College of Dental Surgeons Singapore, College of General Dental Practitioners, and Singapore Dental Association.

b. Primary care providers. MOH and the Agency for Integrated Care (AIC) co-hosted a webinar to engage CHAS dental clinics.

What Was Heard

20 The dental community generally understood the initiative's intent to enhance transparency and affordability in dental care. While supportive of these goals, they raised considerations about the implementation and potential impact on dental practices. The key points, along with the Committee’s response to their feedback, are summarised below.

a. Data quality and methodology. The data used to develop the current fee benchmarks came from CHAS-participating clinics, which might not be a complete picture of dental fees across Singapore. The Committee

explained that CHAS claims data from approximately 900 participating clinics was used due to its larger sample size and noted that discrepancies should not be statistically significant. The Committee will monitor trends and clinic behaviour over time, with regular reviews to ensure the benchmarks remain relevant.

b. Clinical practice. Pricing could be impacted by diverse clinical scenarios, such as case complexity, material costs, and specialist expertise. Concerns about specialist clinics providing CHAS services and complex cases requiring advanced treatment approaches were also raised. The Committee clarified that while fees above benchmarks would require justification, this must be based on clinical factors, as CHAS was intended to cover basic and primary care.

c. Financial and operational impact. While some stakeholders advocated for higher benchmarks citing rising business costs (rental, materials, manpower), others expressed concerns that benchmarks might lead to fee inflation if clinics adjust charges upward to match upper ranges. The Committee explained that the methodology had included moderation to prevent upward pressure on fees, particularly where there is clustering at lower price points. The Committee noted that business costs alone should not justify higher fees above the benchmarks.

d. Patient communication and expectations. Stakeholders stressed the importance of clear communication about the use of the fee benchmarks to patients, such that patients do not have unrealistic expectations that fees cannot exceed benchmarks under any circumstances. MOH and the Committee acknowledged these concerns and assured that clear public communications would be developed to help patients understand the purpose and appropriate use of fee benchmarks, drawing from experience in the medical sector, where benchmarks have become well-understood over time.

Key Recommendations

Recommendation on the Dental Fee Benchmarks

21 Based on the parameters, principles, approach, and stakeholder feedback, the Committee recommends fee benchmarks for the 18 CHAS dental procedures (see Annex C).

22 The recommended dental fee benchmarks serve as a reference for determining fair and appropriate fees for routine and typical cases performed in private dental clinics in the primary care setting. The benchmarks should be read with the following considerations:

a. Reference. The benchmarks serve as a reference point rather than strict caps. While charges outside the benchmarks may be reasonable, dentists should document and explain such variations to patients to ensure transparency in their charging practices.

b. Type of cases. The benchmarks are designed to cover routine and typical cases, with fee ranges that accommodate variations in patient condition and

complexity. This flexibility ensures the benchmarks remain useful as a reference tool.

c. Emergency and after-office hours services. While the benchmarks were developed considering all cases, outlier charges were generally excluded. Additional charges should be explained to patients. These charges should be documented, charged separately from the standard procedure fee, and remain reasonable in relation to the additional resources required. This approach ensures transparency while acknowledging the extra costs associated with such services.

d. Goods and Services Tax (GST). The benchmarks exclude GST.

Recommendations on the Application of Dental Fee Benchmarks

23 For patients, the benchmarks should serve as a starting point for meaningful discussions with their dentists, to better understand dental fees. They are encouraged to ask questions about treatment options and associated costs, and seek clarification when fees differ significantly from the benchmarks.

24 Dentists and dental clinics should make these benchmarks easily accessible to the public, and use these benchmarks as a key reference point when setting their fees. They should maintain detailed documentation and provide clear explanations to patients if their fees deviate from the benchmarks.

25 The Government should encourage the adoption of the benchmarks, ensuring that they are accessible and easily understood by patients. While these benchmarks are meant to serve as a reference and not hard caps, the Government could consider ways to encourage CHAS dental clinics to adopt fee benchmarks in fee-setting, so that the benchmarks may achieve their intended purpose.

Annex A

Dental Fee Benchmarks Advisory Committee Composition

Chair	Associate Professor Patrick Tseng Senior Consultant National University Centre for Oral Health Singapore
Co-Chair	Dr Chan Siew Luen Oral and Maxillofacial Surgeon Aesthetic Reconstructive Jaw Surgery
Members	Clinical Associate Professor Teoh Khim Hean Senior Consultant National Dental Centre Singapore
	Dr Sylvia Tay Head, Dental Surgery Department Khoo Teck Puat Hospital
	Dr Raymond Ang Chief Operating Officer Q & M Dental Surgery
	Dr Daniel Goh Dental Director Tooth Stories
	Dr Matthew Sng Co-Founder Advanced Dental
	Dr Yeo Kok Beng Chief Executive Officer Royce Dental Group
	Professor Teo Yik-Ying Dean, Saw Swee Hock School of Public Health National University of Singapore
	Mr Vincent Wu Deputy Secretary (Policy) Ministry of Health
	Ms Lydia Loh Group Director (Healthcare Finance Group) Ministry of Health
	Dr Roland Xu Head of Clinical Strategy and Partnerships Fullerton Healthcare Group
	Mr Wilfred Ang Acting Assistant Director, Consumer Relations, Joint Ops Division Consumers Association of Singapore

Annex B

Illustrative Example on the Approach for Determining Dental Fee Benchmarks

In determining the benchmarks for each CHAS dental procedure, the Dental Fee Benchmarking Advisory Committee considered a range of factors that could affect what would constitute a reasonable fee range. The considerations are illustrated using anterior root canal treatment as an example.

Example: Root Canal Treatment (Anterior)

i. The Committee examined the 2024 CHAS claims data for anterior root canal treatments and considered the spread of fees across cases, using the 25th to 75th percentiles as a starting basis.

ii. While there was a clustering of fees below the lower bound, these represented outlier fees from the 2nd to 11th percentile. To prevent fees from creeping up, the Committee slightly moderated the lower bound to the 23rd percentile while maintaining the upper bound at the 75th percentile.

iii. The resulting fee benchmark range was deemed acceptable with the upper bound at 1.93 times the lower bound.

iv. As a sense check, the fee benchmark range is lower than that of pre-molar and molar root canal treatments, reflecting the simpler nature of anterior root canal treatments, which are typically the least complex of root canal procedures.

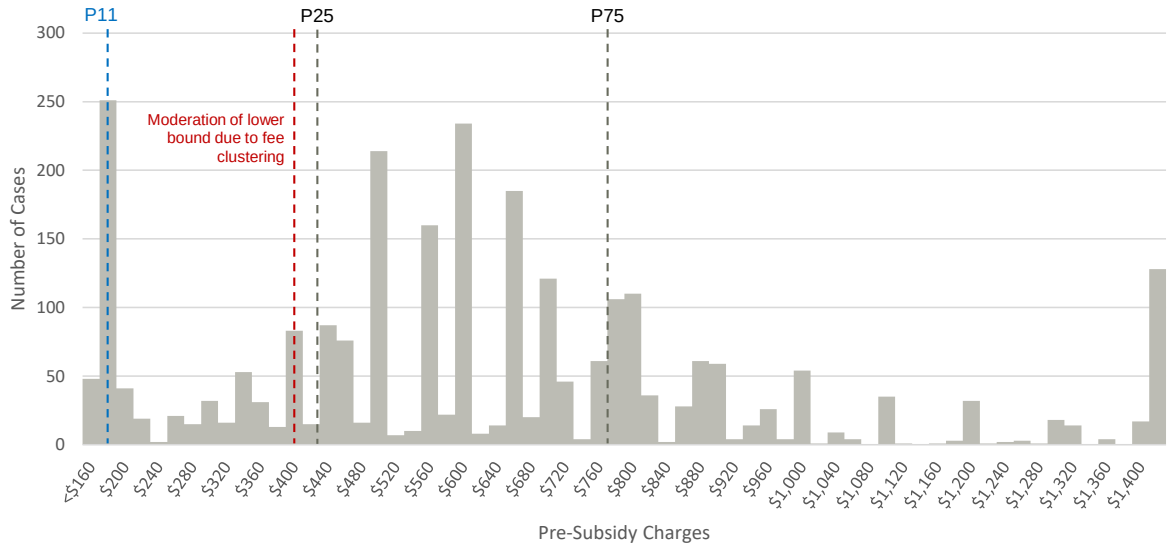

Figure 1. Fee distribution for cases involving anterior root canal treatments

Annex C

Fee Benchmarks for CHAS Dental Procedures

Procedure	Fee Benchmarks	
	Lower Bound ($)	Upper Bound ($)
Consultation	21	31
Extraction, Anterior	70	120
Extraction, Posterior	93	164
Filling, Simple	65	160
Filling, Complex	80	180
Removable Denture, Complete (Upper or Lower)	500	818
Removable Denture, Partial, Simple (Upper or Lower)	320	603
Removable Denture, Partial, Complex (Upper or Lower)	450	750
Denture Reline/Repair (Upper or Lower)	80	150
Permanent Crown	750	1,400
Re-Cementation	70	131
Root Canal Treatment (Anterior)	400	775
Root Canal Treatment (Pre-molar)	500	900
Root Canal Treatment (Molar)	872	1,400
Polishing	26	38
Scaling	35	60
Topical Fluoride	21	31
X-Ray (Periapical, Bitewing, Occlusal)	16	33
X-Ray (Orthopantomogram)	65	104