

Stand-alone Dental Plans

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Introduction

In the Health Insurance Marketplace®, consumers can get dental coverage as part of a qualified health plan (QHP) or by itself through a separate stand-alone dental plan (SADP). Consumers can't buy a dental plan on a Marketplace using the federal eligibility and enrollment platform unless they're buying a health plan at the same time. If a health plan includes dental coverage, the premium covers both health and dental coverage. If consumers choose a separate dental plan, they'll pay a separate, additional premium. For more information, assisters may visit [Dental Coverage in the Marketplace](#) (also available in [Spanish](#)) and refer to the [SADP assister webinar](#).

SADP Fast Facts

- Dental coverage for children is an essential health benefit (EHB). Non-grandfathered health insurance coverage in the individual and small group markets must include dental coverage for children until the individual turns 19. However, QHPs may exclude coverage of pediatric (child) dental EHB in a Marketplace in which a certified SADP is also offered. Dental coverage must be available for the child either as part of a health plan or as an SADP but consumers don't have to buy it.
- Dental coverage for adults isn't an EHB. Issuers don't have to offer it.
- When consumers compare dental plans in the Marketplace, they'll find details about each plan's costs, copayments, deductibles, and services covered.
- The maximum out-of-pocket cost for Marketplace-certified SADPs is \$350 for one child and \$700 for two or more children. Once any enrolled child reaches \$350 in out-of-pocket spending, the plan may not charge additional out-of-pocket costs for EHB for that child,

regardless of whether the plan has one (1) or more enrolled children. A family may not be charged additional out-of-pocket costs for EHB once all enrolled children collectively have reached \$700 in out-of-pocket costs. This only applies to the pediatric dental EHB portion. Consumers enrolled in SADPs are not eligible for cost-sharing reductions. However, consumers who have leftover advance payments of the premium tax credit (APTC) from purchasing a medical QHP can apply the remaining APTC to the portion of the SADP premium that pays for pediatric dental EHB.

- Consumers may terminate their coverage under an SADP and keep their Marketplace health plan. They may terminate their plan and choose a same-day or prospective coverage termination dates based on the date of their request.
- If consumers voluntarily end SADP coverage or have their coverage terminated for not making premium payments, they may not be eligible to enroll in SADP coverage until the next Open Enrollment Period (OEP). Consumers can terminate SADP coverage at any time during the year by contacting their SADP issuer or the Marketplace Call Center. They may end SADP coverage for everyone on the plan or, may be able to end coverage for just some individuals on the plan. [Learn how to cancel a stand-alone dental plan while keeping your health plan](#) (also available in [Spanish](#)).
- If consumers are enrolled in a health plan with dental benefits, they can change health plans during a plan year only if they have a life event or other circumstance that qualifies them for a Special Enrollment Period (SEP). If the consumer qualifies for an SEP, they can choose a new health plan with or without dental coverage, but, as during an open enrollment period they can't enroll in an SADP without also enrolling in a QHP. [Learn more about SEPs](#) (also available in [Spanish](#)).

