



Dental Coverage in the Marketplace

Stand-alone Dental Plans

January, 2017



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Overview



Overview

- SADPs are treated uniquely in the Affordable Care Act.
 - SADPs are considered “excepted benefits,” and various statutory and regulatory standards apply differently to them than they do to medical qualified health plans (QHPs).
 - SADPs are excepted from the insurance market reform provisions of the Public Health Service Act, including the amendments made by the Affordable Care Act.
 - Exemptions from the Affordable Care Act’s market reform provisions for SADPs include, but are not limited to: medical loss ratio standards; rating standards related to age, family size, rating area, and tobacco; and guaranteed availability and guaranteed renewability standards.

Overview (Continued)

- All SADPs certified by a Marketplace must cover pediatric dental essential health benefits (EHB). Depending upon the state's benchmark plan, these could include:
 - Dental Check-up
 - Basic Dental – Child
 - Major Dental – Child
 - Medically-necessary Orthodontia – Child
- Medical QHPs must offer all categories of EHB, but can “carve-out” the pediatric dental EHB in a Marketplace in which a certified SADP is offered.

Overview (Continued)

- Each year, CMS releases guidance to advise Marketplace issuers whether or not their medical QHPs need to include the pediatric dental EHB.
 - This guidance is published on the CCIIO website, by state and Market type. This guidance is based on whether SADP issuers tell the Marketplace that they plan to offer SADPs in a particular market.
- Outside of the Marketplaces, CMS would not find issuers of medical plans subject to the EHB requirements non-compliant with the EHB requirement if they exclude pediatric dental coverage as an EHB only if:
 - The issuer is “reasonably assured” that the individual already has coverage under a Marketplace-certified SADP.

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*Consumer
Information*

Consumer Information

- The maximum out-of-pocket (MOOP) for Marketplace-certified SADPs for plan years beginning in 2017 is \$350 for one child and \$700 for two or more children.
 - This MOOP only applies to the pediatric dental EHB portion and can be confusing for consumers who purchase family plans.
- Levels of coverage for dental care are:
 - High: Actuarial Value of 85% +/-2%
 - Low: Actuarial Value of 70% +/-2%
- SADPs are not eligible for cost-sharing reductions (CSR).

Consumer Information (Continued)

- Dental benefits can be provided within a medical QHP or through a separate SADP.
- Display of Child and Adult Dental Benefits Icon:
 - CMS' 2016 Plan Preview User Guide and 2017 Letter to Issuers indicates that for the “Dental: Child & Adult” icon to display on an issuer’s website, the issuer’s SADPs must cover three categories of pediatric benefits (Dental Check-up, Basic, and Major), as well as all three (3) categories of adult benefits (Routine, Basic, and Major)
 - If the plan only offers Child Dental, the display reads “Dental: Child.”
 - If the plan offers both, the display reads “Dental: Child & Adult.”

Consumer Information (Continued)

- SADPs cannot be purchased separately from a medical QHP on the Marketplace. Consumers must first select a QHP, then they are able to select an SADP.
- If a consumer has leftover advance payments of premium tax credits (APTC) from purchasing a medical QHP, the remaining APTC can be applied to the premium of the SADP. However, the APTC would only be applicable to the pediatric dental EHB portion of the premium.
- SADPs are not required to develop or display a Summary of Benefits and Coverage, but can include a link to the plan brochure.
- Rates display as either “Guaranteed premium” or “Estimated premium,” along with the premium amount.
 - A “Guaranteed premium” is when an issuer is committed to charging that rate versus an “Estimated premium,” where an issuer retains flexibility to change the rate.
 - To get the actual rate for “Estimated premium,” the consumer has to contact the issuer.