

Dental Services and Products under the ACA  
Questions for Stakeholders

Insurance Reform Work Group  
Open Stakeholder Meeting 5/25

**Topic: Stand-Alone Dental**

**The Exchange final rule codifies and clarifies the requirement that stand-alone dental plans be offered through the Exchange (§ 155.1065).** Stand-alone dental plans may be offered separately or as subcontractors to QHPs, provided that the dental plans offer at least the pediatric essential dental benefit. Stand-alone dental plans offered through the Exchange must comply with QHP certification standards, except for those standards that cannot be met because the plan covers only pediatric dental benefits. Stand-alone dental plans must have the collective capacity (in terms of solvency and provider network) to provide child-only coverage to all potential children enrolling in coverage through the Exchange. The Exchange may establish additional certification standards that are specific to the unique nature of stand-alone dental plans.

In the final rule, HHS clarified that the same cost-sharing limits and restrictions on annual and lifetime limits apply to pediatric essential dental benefits offered by stand-alone dental plans as would apply to those benefits if offered as part of a QHP. Any carrier covering pediatric dental services as part of the EHBs must do so without annual or lifetime limits.

Questions for Stakeholders:

1. What QHP certification requirements cannot/should not be applied to stand-alone dental plans?
2. What additional certification criteria should the Connector consider in order to certify stand-alone dental plans?
3. What types of stand-alone dental products should the Connector offer?
4. How should coverage and pricing information for dental benefits be presented (both for stand-alone dental products but also for plans that subcontract dental)?
5. What other comments or concerns would stakeholders like the Connector to consider?

## **Topic: EHBs and Pediatric Dental**

**ACA allows for QHPs to be certified and sold without having to offer the essential pediatric dental benefit, as long as a stand-alone dental benefit offering pediatric benefits is sold separately on Exchange shelf.** Section 1302(b)(4)(F) provide that if a plan described in section 1311(b)(2)(B)(ii) (relating to stand-alone dental benefits plans) is offered through an Exchange, another health plan offered through such Exchange shall not fail to be treated as a qualified health plan solely because the plan does not offer coverage of benefits offered through the stand-alone plan that are otherwise required under paragraph (1)(J).

### **Questions for Stakeholders:**

1. What are the pros and cons of the Connector allowing QHPs to not include pediatric dental benefits but instead allow for stand-alone dental plans that include pediatric benefits to be sold?
2. Do adults purchasing for themselves or only for a family with adults (i.e. no children) need to have pediatric dental benefits included in their plan's EHBs?
3. How much lead time would carriers who do not currently include pediatric dental need to know whether or not the Connector will include stand-alone pediatric dental products?
4. Should the Connector authorize dental carriers to offer additional wrap around benefits for whole families or adults?
5. Do stand-alone pediatric dental plans currently exist in MA?