



# COMMONWEALTH OF MASSACHUSETTS

## Office of Consumer Affairs and Business Regulation

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## HEALTH COVERAGE Filing Guidance Notice 2016-C

**TO:** Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations

**FROM:** Kevin Patrick Beagan, Deputy Commissioner of the Health Care Access Bureau

**DATE:** June 9, 2016

**RE:** Pediatric Vision and Dental Benefits for Merged Market Plans

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This Filing Guidance Notice is issued to provide guidance for commercial health insurers, Blue Cross and Blue Shield of Massachusetts, Inc. (“BCBSMA”) and health maintenance organizations (“HMOs”) (collectively “Carriers”) in filing merged market plans that include pediatric vision and dental benefits as Essential Health Benefits (“EHBs”) for coverage becoming effective on and after January 1, 2017. This guidance is about filing new materials and does not affect the process described in Bulletin 2013-07.

Carriers that offer products in the Massachusetts merged market (including non-group and small group plans) according to M.G.L. c. 176J and 211 CMR 66.00 are required to include all EHBs as defined under the Patient Protection and Affordable Care Act (“ACA”). This includes pediatric vision and dental services. For plans to be offered in 2017, the benchmark plans selected to define the EHBs include a FEDVIP (Federal Employees Dental and Vision Insurance Program) plan for pediatric vision services and the Massachusetts CHIP (MassHealth’s Children’s Health Insurance Program) plan for pediatric dental services. All benchmark plans are available on the Division of Insurance (“Division”) website [[www.mass.gov/ocabr/insurance/providers-and-producers/doi-regulatory-info/essential-health-benefit-benchmark-plan-2017.html](http://www.mass.gov/ocabr/insurance/providers-and-producers/doi-regulatory-info/essential-health-benefit-benchmark-plan-2017.html)].

Carriers are reminded that benefits for vision and dental services must satisfy ACA requirements for EHBs. Insured, non-grandfathered, merged market plans:

- Are to include all pediatric vision and dental services (e.g., eye exam, single vision lenses) in a manner that is substantially equivalent to the benchmark plans.
- Are to include any limitations on duration and scope (e.g., “one pair covered in full every calendar year”) as described within the benchmark plans for pediatric vision and dental services.
- Are to provide coverage for pediatric dental and vision services during the term of the policy.

- Are not to apply annual or lifetime dollar limits to any pediatric vision or dental services. However, annual or lifetime limits may be converted to actuarially equivalent treatment or service limitations.
- May apply cost-sharing to pediatric vision and dental services according to the terms of the policy. The Division will consider cost-sharing for stand-alone dental services that is greater than that accepted for medical benefits, so long as such cost-sharing is reasonable in relation to the service covered.
- Do **not** need to include discounts that may be offered in the benchmark plans, as these are not considered EHBs. Such discounts or savings may or may not be included at the Carrier's discretion.
- Per instructions from the Massachusetts Health Connector, products offered on the Connector may accumulate pediatric dental services to an out-of-pocket limit that is separate from the medical, as long as the total combined maximum out-of-pocket limit does not exceed the ACA defined limits.
- May apply reasonable medical managed techniques, as appropriate to the services.
- May, at the Carrier's discretion, include adult vision and dental services, but such services are not considered to be EHBs and are subject to Division review according to applicable state laws.

Benefits for pediatric vision services must be embedded in the medical plan, either within the evidence of coverage or via rider/amendment. If a rider/amendment is used, the Carrier must include a certification that the rider/amendment will always be included with the medical plan for insured, non-grandfathered, merged market plans.

Benefits for pediatric dental services may be offered as a stand-alone, qualified dental plan that is bundled with a medical plan or may be embedded within the evidence of coverage (including via a rider/amendment). Stand-alone dental plans must be offered in accordance with Massachusetts Health Connector requirements [refer to Bulletin 2013-07]. In the event that pediatric dental services are offered as a separate plan, bundled with a medical plan, the pediatric dental plan will follow all the guidances for a stand-alone dental plan separate from the medical plan and rates will be submitted separately for the medical and dental plans.

When benefits for pediatric vision services or pediatric dental services are embedded in the medical plan, the embedded benefits will follow all of the cost-sharing provisions of the medical plan, and submitted rates will reflect the embedded benefits.

Please see Filing Guidance Notice 2016-A for further information on filing insured, non-grandfathered, merged market plans for 2017 via SERFF.

If you have any questions regarding this Filing Guidance Notice, please contact Kevin Beagan, Deputy Commissioner of the Health Care Access Bureau, at (617) 521-7323.