Pediatric Dental Coverage in State and Federally Facilitated Marketplaces: Connecticut's Perspective

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BENEFIT DESIGN: EMBEDDED VS. STAND-ALONE DENTAL
Stand-Alone Dental (SADP) vs. Embedded: 2014

- **Connecticut Insurance Department limitations**
  - Required embedded dental
    - would not certify plan designs otherwise
  - Concerned about oversight and monitoring

- **AHCT concerns underlying decision**
  - No verification required according to CMS but Exchange must ensure adequate access to dental
  - Comparative shopping concerns (limit the number of variables for consumers)
  - Subpart K certification (45 C.F.R. § 155.1000(c)) – “best interests” test
    - How do you ensure people enroll?
    - How do you ensure children stay enrolled?
    - How do you coordinate APTCs correctly?

- **AHCT Platform Limitations**
  - Stand-Alone Dental Plans are offered
  - links are widely accessible and prominently displayed, but limited “shopping” experience
Stand-Alone Dental (SADP) vs. Embedded: 2015

- **Continuing Conn. Ins. Dept. Concerns**
  - Verbal comments to AHCT and CMS of an intent to require carriers outside AHCT to embed
  - Concerned about assurances that children have such coverage and retain it

- **Cost concerns**
  - Actuary pricing estimates embedded dental at 1-2% of premium
    - $6 pmpm on a $300 pmpm policy vs. $30 for low option or $38 for high option
    - Benefit of prices spread across all beneficiaries
  - Coordination with Adv. Premium Tax Credits

- **Regulatory Constraints**
  - 45 C.F.R. § 155.1065 vs. 45 C.F.R. § 155.1000(c) - (Subpart K concerns remain)
  - Rating factors (embedded vs. SADP)(excepted benefits)
  - AHCT Board approved embed in standard plans but allow carrier choice for the up to 3 non-standard plan options with or without the pediatric dental embedded

- **Creation of a more robust stand-alone dental shopping experience**
  - Will allow AHCT to track SADP uptake and better represent the benefits of a SADP (where applicable) for children and “families”
  - Working with vendor to build out a shopping experience that stands side-by-side and mirrors the medical QHP coverage enrollment
AFFORDABILITY CONCERNS
Affordability and Cost Sharing Implications

- **Premium Cost concerns**
  - Actuary pricing estimates embedded dental at 1-2% of premium
    - $6 pmpm on a $300 pmpm policy vs. $30 for low option or $38 for high option
    - Benefit of prices spread across all beneficiaries

- **Coordination with Adv. Premium Tax Credits**
  - Difficult or impossible (unless purchase is mandatory) to offer APTC for pediatric dental purchase
  - Very difficult for APTC to apply to pediatric dental only policy
    - Age and cost and coordination (spec. hard when augments existing coverage)
  - Major underlying reason for the connected portal build-out

- **OOP max and Deductibles**
  - High utilizers would benefit from also buying a stand-alone policy (OOP Max)
  - Diagnostic and preventative are always free (use restrictions) and exempt from deductibles
  - All pediatric dental on tiers Silver and higher are exempt from the plan deductible
PRESENTATION OF INFORMATION: WEB PORTAL & SHOPPING
An Improved Dental Shopping Experience

• **What will be changing?**
  – Allow for SADP shopping just like for medical QHPs
  – Will allow comparison of embedded pediatric benefits vs. SADPs and across SADPs to allow parents/caregivers to make informed choices
  – Will allow AHCT to track dental enrollment and demographics
  – Working on coordination of SADP shopping platform with medical QHP platform for premium assistance programs

• **Standard Plan Offerings**
  – Standard High Option + up to 3 non-standard offerings
  – Up to 3 non-standard Low Option offerings
Compare and Select a Plan

Disclaimer: Before choosing a Plan, please check the Provider Directory of the Plan you are selecting to assure you know which physicians and hospitals are in-network. Some Plans may have limited provider networks. You may also wish to contact your physician to assure he or she is in your Plan's network. Your out-of-pocket costs will be lower when you use in-network Providers.

- Please be aware that this screen shows the estimated maximum monthly premium assuming that all the eligible household members have active coverage on the Qualified Health Plan (QHP). However, your monthly premium may vary as members begin or end their coverage. Premiums are determined by the number of household members on the QHP each month. The displayed estimated maximum monthly premiums represent the maximum amount you will pay considering all eligible members of the household are included in the QHP. The maximum amount of the tax credit you may apply towards the QHP premium will not exceed the monthly premium. Any tax credit amount that is not applied towards your QHP premium will be applied to your income tax return when you file your federal tax return.

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<th>Plan Overview</th>
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<td>+ Physician Services: Member Pays</td>
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<td>+ Prescription Drugs - 1 Month Supply from a Participating Retail Pharmacy: Member Pays</td>
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<td>+ Pediatric Dental Care: Member Pays</td>
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Back to Plan Results
Shopping Screen: Initial Plan Selection

1. Plan Selection

Select who to cover with this plan

- Jane Sample (Employee)
- Joe Sample (Spouse)

2. View plan details

- Carrier Plan Name: Carrier Name
- Co-insurance: 20%

3. The Basic Dental plan is our most popular plan with access to our broad network of dentists.

4. Pick this Plan

- $56.88 per month

5. View plan details

- Carrier Plan Name: Carrier Name
- Co-insurance: 5%

- $147.00 per month

- Family Unit
- Carrier LOGO

1) The consumer can elect to cover him/herself and dependents.
2) The consumer can drill down into plan design details.
3) Plan highlights can be incorporated to market plans.
4) The consumer can compare plans side by side.
Shopping Screen: Comparison

<table>
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- **Plan Highlights**: The Basic Dental plan is our most popular plan with access to our broad network of dentists. The Standard Dental Plan delivers savings, convenience, and service.

- **Plan Links**: Find a Dentist | Find a Dentist

- **Plan Documents**: Summary of Benefits | Summary of Benefits

- **Coverage Level**

- **Please Note**: Coverage begins day one | Only regular cleanings covered during first year enrolled in plan.

- **Plan Information**

- **Customer Service Hours of Operation**: 9:00 am - 5:00 PM ET M-F | 8:00 am - 6:00 pm ET M-F

- **Preventive Care**

- **Coverage**: Adults - 1 annual cleaning, Children - 2 annual cleanings | 2 annual cleanings

- **Minor Restorative**

- **Coverage**: Fittings covered at 90% | Fittings covered at 80%

- **Orthodontic**

- **Coverage**: No Orthodontia coverage | Orthodontia covered at 50% for dependents under 18, not covered for adults

- **Co-Insurance**

- **Preventive**: Covered at 100% after $50 annual deductible is met | Covered 100%

- **Basic**: Covered at 90% after $50 annual deductible is met | Covered 90%

- **Major**: Covered at 70% after $50 annual deductible is met | Covered 80%

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*access health CT*
ADULT DENTAL
Adult Dental on Exchange

• Single adult can enroll in Stand-Alone plan on Exchange
  – No OOP max limits
  – No APTCs
  – Treated like “family” policy - still must include pediatric coverage
  – Other than for pediatric, stand-alone plans are excepted benefits
    • Limited/no control over networking, underwriting factors, other participation requirements, lifetime/annual limits, etc.

• Limited options for exchanges for ancillary services
  – Exchange can use exchange framework to inform and link individuals to ancillary products.
    • Can offer as long as legally distinct from exchange and do not use exchange establishment or assessment/user fee monies to operate