



Stand-alone Dental Plans

March 2018



Agenda

- Overview of Stand-alone Dental Plans (SADPs)
- Of Interest to Consumers
- Plan Certification
- Application Modules and Templates

Overview of SADPs

- SADPs are treated uniquely in the Patient Protection and Affordable Care Act (PPACA) and the Public Health Service Act (PHSA).
 - Dental benefits offered in a separate plan are considered “excepted benefits.”
 - Various statutory and regulatory standards apply differently to SADPs than to other Qualified Health Plans (QHPs).
 - SADPs are excepted from the insurance market reform provisions of the PHSA, including the amendments made by PPACA.
 - Including but 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 of SADPs (cont.)

- All SADPs certified by an Exchange must cover pediatric dental Essential Health Benefits (EHBs). Depending upon the State's EHB benchmark plan, these could include:
 - Dental Check-up
 - Basic Dental - Child
 - Major Dental - Child
 - Medically-necessary Orthodontia - Child
- QHPs that are not SADPs may exclude coverage of the pediatric dental EHB in an Exchange in which a certified SADP is offered.
- Each year, CMS releases guidance to advise issuers in the Federally-facilitated Exchanges (FFE) whether or not their non-SADP QHPs need to include the pediatric dental essential health benefit (published on the CCIIO website, by State and Market type). This guidance is based on whether SADP issuers tell the FFE that they plan to offer SADPs in a particular Exchange.
- Outside of the Exchange, CMS would not find issuers of 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 its enrollees already have coverage under an Exchange-certified SADP.

Of Interest to Consumers

- The maximum out of pocket for Exchange-certified SADPs has not changed since last year, it is \$350 for one child and \$700 for two or more children. This only applies to the pediatric dental essential health benefit portion.
- Levels of Coverage for dental
 - Starting for Plan Year 2019, SADP issuers may offer the pediatric dental EHB at any level of coverage.
- SADPs are not eligible for cost-sharing reductions.

Of Interest to Consumers (cont.)

- Display of Child and Adult Dental Benefits Icon:
 - CMS's Plan Preview User Guide indicates that in order for the "Dental: Child & Adult" icon to display, SADPs must cover three categories of pediatric benefits (i.e., Dental Check-up, Basic, and Major) as well as all three (3) categories of adult benefits (i.e., Routine, Basic, and Major)
 - If the plan only offers Child Dental, display reads "Dental: Child"
 - If the plan offers both, display reads "Dental: Child & Adult."

Of Interest to Consumers (cont.)

- SADPs cannot be purchased separately from a medical QHP on an FFE – consumers must first select a QHP, then select an SADP.
- 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.
 - “Guaranteed premium” – issuer is committed to charging that rate vs. “Estimated premium”- issuer retains flexibility to change the rate.
 - Note: to get the actual rate for “Estimated premium” the consumer has to contact the issuer.

Of Interest to Consumers (cont.)

- Starting for Plan Year 2019, the overall size of a consumer's APTC may include the cost of the pediatric dental EHB portion of a SADP premium.
 - When a silver plan in a service area lacks coverage of pediatric dental benefits, the benchmark plan for APTC purposes for child consumers will be determined only after adding the pediatric dental EHB portion of a SADP premium to the premium of silver plans that lack pediatric dental benefits.
 - This may increase the size of APTC for child consumers relative to past years.
- As in prior years, if a consumer has leftover APTC from purchasing a medical QHP, the remaining APTC can be applied to the premium of the SADP. However, it would only be applicable to the pediatric dental EHB portion of the SADP premium.

QHP Certification Requirements for Stand-alone Dental Plans

Standard or Tool Applies (* denotes modified standard)	
Essential Health Benefits*	Actuarial Value*
Annual Limits on Cost Sharing*	Transparency in Coverage Reporting
Network Adequacy*	Inclusion of ECPs
Rates Submission*	Service Area
Non-discrimination	Data Integrity Tool
Acceptance of Third Party Premium and Cost-sharing Payments	Machine Readable* (SADPs must comply with provider directory standards but not drug formulary standards)

QHP Certification Not Applicable Requirements for Stand-alone Dental Plans

Standard or Tool Does Not Apply	
Accreditation	Patient Safety
Quality Reporting and Quality Improvement Strategy	Prescription Drugs
Cost-sharing Reductions	Out-of-Pocket Cost Comparison Tool

Plan Certification

- SADP issuers seeking certification will submit QHP Application data for plans that they want certified.
- Plan information is entered into the Plans and Benefits Template.
- SADPs are reviewed to ensure they meet certification standards and provide the pediatric dental EHB.

Application Modules and Templates

- Issuer Module
 - Program Attestations
 - Licensure and Good Standing
 - ECP/Network Adequacy
 - Accreditation – N/A for SADPs
- Benefit and Service Area Module
 - Service Area
 - Plans & Benefits (unique to SADPs)
 - Network ID
 - Prescription Drug – N/A for SADPs
- Rating Module
 - Rates template
 - Rating business rules
- Rate Review Module
 - Unified Rate Review – N/A for SADPs
 - EHB Apportionment will be collected as part of the Plans & Benefits template for SADPs