

Pediatric Dental “Knowns” – July 17, 2013

		Issue	Citation
Essential Health Benefits			
1	Federal	Pediatric dental is one element of ten essential health benefits (EHBs). Pediatric dental is often referred to as a “.5” benefit, where all other benefits are collectively “9.5”, and in sum represent the ten EHBs.	42 U.S.C. § 18022(b)(1)(5); 45 C.F.R. § 156.110(a)(10)
2	State	Non-grandfathered health plans sold to individuals and small employers are required to include coverage for all ten EHBs, including pediatric dental coverage.	CA Health and Safety Code (HSC) §1367.005 and CA Insurance Code (CIC) §10112.27 (AB 1453, Chapter 854, Statutes of 2012 and SB 951, Chapter 866, Statutes of 2012 respectively.)
Stand-alone Issues			
3	Federal	The Exchange must allow the offering of limited scope dental plans.	45 C.F.R. § 155.1065 (a)
4	Federal	The ACA allows an issuer of stand-alone dental to offer the plan through the Exchange, either separately or in conjunction with a qualified health plan (QHP), if the dental plan provides pediatric dental benefits that comply with the pediatric EHB dental requirement and the dental plan: <ul style="list-style-type: none"> • Includes and imposes no annual or lifetime limits on pediatric EHB dental; • Meets the Exchange certification standards except for those QHP standards that cannot be met by dental plans; and • Otherwise complies with applicable federal laws relating to excepted dental benefits. 	42 U.S.C. § 300gg-11; 45 C.F.R. § 155.1065(a)
5	Federal	Exchanges must consider the collective capacity of stand-alone dental plans to ensure sufficient access to pediatric EHB dental coverage.	45 C.F.R. § 155.1065(c)
6	Federal	If a stand-alone dental plan (a .5 plan) is offered in an Exchange, QHPs without pediatric dental coverage (9.5 plans) will still be allowed.	45 C.F.R. § 155.1065(d)
Purchase Requirements			
7	Federal	Pediatric dental purchase is not mandatory within the Exchange.	45 C.F.R. § 155.150; 77 Fed. Reg. 12853 (Feb. 25, 2013)
8	State	State law does not mandate pediatric dental purchase within the Exchange.	Ins. Code § 10112.27(j), (k); Health & Safety Code § 1367.005(j), (k); 10 Cal. Code Regs. § 2594.3(a)(1)
9	Covered CA	The Covered CA Board has the authority to mandate pediatric dental purchase.	Gov. Code § 100503(a), (s)
Outside of the Exchange			
10	State	California law requires all health coverage outside of the Exchange to include all ten EHBs.	Ins. Code § 10112.27 Health & Safety Code § 1367.005
Advanced Premium Tax Credit			
11	Federal	Tax Credit Calculation: The benchmark premium for determining the premium tax credit is equal to the second-lowest-cost silver plan premium, whether or not the plan includes pediatric dental.	26 C.F.R. § 1.36B-3(d), (f), (k)
12	State	Tax Credit Allocation: Tax credits for individuals and families must first apply to QHP premiums. Remaining tax credits, if any, may be applied to stand-alone dental coverage.	26 C.F.R. § 1.36B-3(k); 45 C.F.R. § 155.340(e)

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Out-of-Pocket Maximum and Cost Sharing			
13	Federal	In a QHP with an embedded pediatric dental EHB, annual share of costs is limited to (copayments, deductibles and coinsurance, etc.) to the federal out-of-pocket limit for Health Savings Accounts, adjusted annually for inflation and set at \$6,350/individual and \$12,700/family for 2014.	45 C.F.R. § 156.130; 26 U.S.C. § 223(c)(2)(A)(ii)
14	Federal	For a stand-alone dental plan covering the pediatric EHB dental, federal rules allow the Exchange to determine a separate “reasonable” annual limit on cost sharing applicable to in-network dental services.	45 C.F.R. § 156.150 (a)
Metal Tiers			
15	Federal	Stand-alone dental plans must offer coverage for pediatric dental EHB at 70% or 85% actuarial value (i.e. do not mirror “metal tiers”).	45 C.F.R. § 156.150(b)
Pricing			
16	Federal	If an Exchange determines that it is in the interest of consumers, Exchanges can require QHPs to offer and price the pediatric EHB dental separately.	45 C.F.R. §§ 155.1000(c), 155.1065; 77 Fed. Reg. 18411 (Mar. 27, 2012)