

## Memo

To: Covered California QHP Contractors

From: Leesa Tori, Covered California

Date: July 17, 2013

Re: Informal request for information.

Covered California is seeking your input on the next steps in creating dental coverage options in the Exchange. We are in receipt of the CAHP letter to our board on this matter dated July 16, 2013. This letter poses a set of questions about future embedded dental options that we would appreciate your answering by close of business on Friday, July 26, 2013. Please consider this an informal request for information and input. It is one aspect of our current gathering of stakeholder opinion as the Exchange considers the future possibilities for dental coverage.

Your answers are not required, but would be helpful to us in our considerations. We are aware it is a quick turnaround and will appreciate even a short response. Please reply via email to Casey Morrigan, [casey.morrigan@covered.ca.gov](mailto:casey.morrigan@covered.ca.gov), with a copy to [QHP@Covered.CA.gov](mailto:QHP@Covered.CA.gov) sending your responses as either an attachment to an email, or in the body of the email.

1. Are you interested in offering an “embedded” pediatric dental plan on the exchange at some time in the future?
2. What is the earliest your organization would be able to bid on and/or implement an “embedded” pediatric dental plan for the Exchange? What information would you need from Covered California to be able to bid and/or implement?
  - a. Should the dental coverage out of pocket maximum (OOPM) be calculated separately from the health coverage OOPM? Should a family be responsible for the dental OOPM (\$1000 annually) plus the health OOPM (\$6370 annually)?
  - b. Is your organization able to coordinate additional dental OOPM with health OOPM tracking?
3. The Exchange Board will consider a number of dental plan policy issues at its August 8 meeting. Some of those issues are below. Please outline your thoughts on these, focusing on what information you would need from Covered California in a potential future solicitation or plan design, should there be such a process:
  - a. Should dental coverage be mandatory? For whom (adults pay premium even with no children in family; adults only with children in family pay premium?)
  - b. If a member does not pay for their pediatric dental premium should the exchange terminate their medical coverage?
4. Are there other key bidding or design issues that arise in consideration of emerging Federal guidelines and rules regarding dental coverage? What information would you need from Covered California to address these issues?

Thank you in advance for your responses.

Sincerely,

Leesa Tori