Stand-alone Dental Plans

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Agenda

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- Overview of Stand-alone Dental Plans

- Of Interest to Consumers

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- Plan Certification

- Application Modules and Templates

Overview of SADPs

- SADPs are treated uniquely in the Affordable Care Act
  - Various statutory and regulatory standards apply differently to SADPs than to other Qualified Health Plans (QHPs) as they are considered "excepted benefits"
    - SADPs are excepted from the insurance market reform provisions of the Public Health Service Act, including the amendments made by the Affordable Care Act.
    - 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

- All SADPs certified by a Marketplace must cover pediatric dental Essential Health Benefits (EHBs). Depending upon the State's benchmark plan, these could include:
  - Dental Check-up
  - Basic Dental - Child
  - Major Dental - Child
  - Medically-necessary Orthodontia - Child
- Medical QHPs must offer all categories of EHBs but can "carve-out" the pediatric dental EHB in a Marketplace in which a certified SADP is offered. Each year, CMS releases guidance to advise FFM issuers whether or not their medical 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 FFM that they plan to offer SADPs in a particular market.
- Outside of the Marketplaces, CMS would not find issuers of medical 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 the individual already has coverage under a Marketplace-certified SADP.

Of Interest to Consumers

- The maximum out of pocket for Marketplace-certified SADPs for plan years beginning in 2017 is $350 for one child and $700 for two or more. This only applies to the pediatric dental essential health benefit portion. This can be confusing for consumers who purchase family plans.

- Levels of Coverage for dental are:
  - High: Actuarial Value of 85% +/- 2%
  - Low: Actuarial Value of 70% +/- 2%

- SADPs are not eligible for cost-sharing reductions.

Of Interest to Consumers

- Dental benefits can be provided within the medical QHP or through a separate SADP

- Display of Child and Adult Dental Benefits Icon:
  - CMS's 2016 Plan Preview User Guide and 2017 Letter to Issuers 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

- SADPs cannot be purchased separately from a medical QHP on an FFM – but consumers must first select a QHP, then select an SADP.

- 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 premium.

- SADPs are not required to develop or display an SBC, 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.

QHP Certification Requirements for Sand-alone Dental Plans

Standard or Tool Applies (* denotes modified standard)

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

Standard or Tool Does Not Apply

- Accreditation
- Quality Reporting and Quality Improvement Strategy
- Prescription Drugs
- Cost-sharing Reductions
- Patient Safety
- Meaningful Difference
- Standardized Options
- 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 Plan and Benefits Template.

- SADPs are reviewed to ensure they meet certification standards and provide the pediatric dental EHB.

Application Modules and Templates

- Issuer Module
  - Administrative
  - Program Attestations
  - Licensure and Good Standing
  - Network Adequacy
  - ECP
  - Accreditation – N/A for SADPs
- Benefit and Service Area Module
  - Service Area
  - Plan & 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 Plan & Benefits template for SADPs