

Buying Children's Dental Coverage through Connect for Health Colorado



All children, ages 0 to 18 years, must have dental coverage through purchasing a "pediatric dental benefit" or enrolling in Child Health Plan Plus (CHP+) or Medicaid



Everyone must purchase pediatric dental coverage, even adults without children. However, \$0 or low-cost stand alone plans are available to meet this requirement. Adults are not required to have adult dental coverage, but some carriers will offer dental products for adults.

The Connect for Health Colorado marketplace offers children's dental benefits in two ways:

- 1 Through a "stand-alone" dental plan that is separate from your medical coverage
- 2 Through a dental plan that is "embedded" in your medical coverage



What are the differences between the two plans?



Stand Alone Plan

- Purchase separate dental plan and medical plan (you will be billed separately for each plan)
- Dental plan has separate, and generally lower, deductible and out-of-pocket max than the medical deductible
- Not included in the calculation of Advanced Premium Tax Credits (APTC)
- Cost-sharing reductions do not apply
- Dental policy not subject to the Affordable Care Act (ACA) requirements, so you may be denied based on a pre-existing condition



Embedded Plan

- Purchase one plan that includes both medical and dental coverage (you will receive one bill)
- Shared deductible and out-of-pocket max for both medical and dental services (usually higher than stand alone plan)
- Included in the calculation of Advanced Premium Tax Credits (APTC)
- Cost-sharing reductions are available
- Both medical and dental policy are subject to the Affordable Care Act (ACA) requirements

What to consider when choosing the right dental plan:

Think about whether you need to use children's dental coverage

Do you have children?

- A. Yes
- B. No

Everyone must have pediatric dental coverage. However, if you do not have children, \$0 or low-cost stand alone plans are available to meet this requirement.

Think about how much dental care your family might need compared to medical care

What type of dental care do your children need?

- A. Preventative: exams, cleanings, x-rays
- B. Minor Restorative: fillings, root canals
- C. Major Restorative: crowns, bridges, dentures
- D. Orthodontics, such as braces

If your children need expensive dental care (options C or D) but are otherwise healthy (option E), you might want to buy a **stand alone dental plan**.

That way, your children will have access to their dental benefits sooner because of a lower deductible.

Families who choose an embedded plan might need to pay a significant amount of out-of-pocket costs before their insurance would begin to cover dental costs.

How does your family plan to use your medical care?

- E. I need insurance to protect us from unexpected health problems and to cover basic care (like annual check-ups).
- F. I need insurance to cover a chronic condition and other major health needs (like expensive prescription drugs and hospitalizations).

If your family needs major medical care (option F), you may want to buy an **embedded plan** so that all of your spending counts toward the plan's shared deductible and out-of-pocket maximum. That way, your insurance will start paying the full cost of both medical and dental care sooner.

Think about whether you can receive financial assistance to lower your out-of-pocket costs

Do you qualify for cost-sharing reductions?
(under 250% Federal Poverty Guideline)

- A. Family of 1: Monthly income below \$2,431
- B. Family of 2: Monthly income below \$3,277
- C. Family of 3: Monthly income below \$4,122
- D. Family of 4: Monthly income below \$4,968



If you qualify for cost-sharing reductions, you may want to buy an **embedded plan**. That way, you can get financial assistance on your deductible, copays and coinsurance.

Cost-sharing reductions are not applicable in stand alone plans.



For more information contact:
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1-855-PLANS-4-YOU
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www.connectforhealthcolorado.com/help-center/