



COLORADO
**HEALTH
BENEFIT**
EXCHANGE

Dental Overview

February 11th, 2013



ACA Provision § 155.1065 Stand-alone Dental

- Exchanges must allow stand-alone dental plans
- Stand-alone dental plans must offer at least the pediatric essential dental benefit
- Exchanges must consider collective capacity (provider network) of stand-alone dental plans to ensure access
- Exchanges may certify a QHP that does not offer pediatric essential dental benefits, provided that a stand-alone dental plan is also offered in the Exchange (§ 155.1065)
- Stand-alone dental plans must comply with QHP certification standards (except those standards not applicable to dental)



Dental Background Information

- COHBE strongly prefers to have at least one standalone dental product that includes the pediatric EHB available on the Exchange
- Offering at least one standalone dental product will allow major medical carriers to offer Qualified Health Plans (QHPs) that include only 9 (excluding the pediatric dental benefit) of the 10 Essential Health Benefits



Pediatric Dental on the Exchange

- **Embedded within the QHP** - There is a single premium and the consumer must purchase all of the benefits together. May include the pediatric dental only or pediatric and adult dental
- **Dental Rider** – An optional “add-on” for specific QHPs that increase total premium. May include the pediatric dental only or may include adult dental. Must be purchased with a specific QHP.
- **Standalone Dental Plan** – A separate plan for purchase that only covers dental. Dental Carriers must offer at least a pediatric only plan.

COHBE's goal is to maintain parity with the outside market by enabling dental product structures that are consistent with the existing market

