

## HEALTH CARE REFORM SERIES

# Pediatric Dental

## What is it?

Pediatric dental is one of the 10 Essential Health Benefits (EHBs) the Affordable Care Act (ACA) requires all individual and small employer medical plans to cover. Services within the pediatric dental EHB for children under age 19 include:

- Preventive services, like oral exams, cleaning and sealants
- Minor and major restorative services, like fillings and crowns
- Medically necessary orthodontia for children who have a severe handicapping malformation related to specific medical conditions requiring reconstructive surgical corrections in addition to orthodontic services

The rules for pediatric dental purchases on versus off the exchange are different. For medical plans purchased on the exchange, stand-alone pediatric dental coverage is optional and the pediatric dental EHB is waived. Employers and employees who purchase medical coverage on an exchange but have an existing HealthPartners dental plan can continue that same coverage.

Off the exchange, the pediatric dental EHB is required for everyone purchasing medical coverage. To sell medical-only plans, carriers must be “reasonably assured” that all members have purchased pediatric dental

coverage. If an enrollee doesn’t have separate pediatric dental coverage, a carrier will either embed or bundle the pediatric dental benefits with the medical plan.

- **Bundling:** Pairs a medical plan with a separate dental plan that meets health care reform requirements for Actuarial Value (AV) and out-of-pocket maximums.
- **Embedding:** Creates a single health plan with shared meters to the medical plan. The separate \$350 and \$700 dental out-of-pocket maximum does not apply.

## What does it mean for you?

Rules for pediatric dental only apply to small employers. Today, a small employer is an employer with 50 or fewer employees. HealthPartners embeds pediatric dental into all small employer medical plans. If you’re a small employer client with HealthPartners medical, you do not need to purchase a stand-alone pediatric dental plan.

Large group clients are not required to cover pediatric dental. If they do choose to cover pediatric dental benefits, there can’t be lifetime or annual maximums on the services.

## Q&As

### **Are individuals and/or families who don't have children under age 19 required to have dental coverage, whether embedded within their medical plan or through a stand-alone policy?**

It depends on where coverage is being purchased. Pediatric dental is optional when purchasing medical coverage on the exchange, but required off the exchange, regardless of age.

### **If pediatric dental is an EHB, how's it possible that small employers can opt-out of buying it on the exchange?**

Under the law, the rules are different for on versus off exchange purchases. A pediatric dental plan must be offered, but doesn't have to be purchased on the exchange. For plans offered and purchased off the exchange, pediatric dental must be provided through a stand-alone dental plan or embedded in the medical plan.

### **Why would an adult need pediatric dental?**

There are a number of EHBs that any given person may never need, like maternity care for a man or a prostate screening for a woman. Under the ACA, EHBs can't be carved out of off-exchange individual and small employer plans for a lower premium. HealthPartners medical plans comply with ACA requirements, so there's no need for adults to purchase a separate pediatric dental plan.

### **Do all of HealthPartners small employer dental plans meet ACA requirements for pediatric dental?**

Because HealthPartners small employer medical plans have embedded pediatric dental coverage, we haven't modified our small employer dental plans to include the pediatric dental EHB. This eliminates the need for a separate pediatric dental purchase and difficulty in tracking whether an individual has pediatric dental coverage. It also lowers overall costs compared to buying separate medical and dental plans.

### **Does HealthPartners sell a pediatric-only dental plan?**

No. HealthPartners only offers embedded plans.

Who pays first on dental coverage if an employer has a HealthPartners group dental plan and pediatric coverage on their medical plan?

Pediatric coverage on the medical plan pays first.

### **Are there orthodontic limits on pediatric dental?**

The EHB orthodontics coverage is limited to medically necessary treatments only. The orthodontic benefit is subject to medical plan limits. Coverage for non-medically necessary orthodontics is not included. Small employers can purchase additional orthodontic coverage through HealthPartners standard dental plans.

### **Are there any HealthPartners plans offered to small groups that don't include embedded pediatric dental?**

Yes. The embedded pediatric dental plan is not included in Small Group Level Funded plans as it is not a requirement.

