

Pediatric Oral Health Benefits: Recommendations for the West Virginia Health Insurance Exchange

Submitted by:
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West Virginia Children's Health Insurance Program (CHIP) is to be the benchmark for a pediatric oral health benefit plan. Approximately 250 CDT dental procedures nationally coded for billing are currently covered services in WV CHIP.

- CHIP as benchmark will provide adequate network participation by dentists, thus assuring children of access to care.
- Stand-alone pediatric oral health benefit plans are to be offered for purchase in the Exchange.
- The Affordable Care Act (ACA) specifically allows stand-alone dental plans to provide the pediatric benefits.
- A pediatric oral health benefit plan may be embedded in a medical plan, however, premiums for the dental benefit plan must be separately identified so consumers may accept or decline that dental plan and purchase a stand-alone dental plan from another insurer.
- Separate offer and pricing of dental benefits empowers consumers and facilitates transparency, which is why the majority of medical and dental benefits are sold this way today.
- Only two percent (2%) of commercial plans in today's market have dental embedded in a medical plan. "Embedded" means one policy and one premium for both medical and dental. This is not in consumers' best interest and does not reveal adequate transparency so informed choices can be made by consumers.
- Separate pricing for a dental benefit plan will be in the best interests of transparency so claims experience and loss ratios may be accurately determined and appropriately applied.
- Stand-alone plans and separate pricing of pediatric oral health benefit plans embedded in medical plans will allow consumers to make "apples-to-apples" comparison and increase the likelihood of plan utilization.
- Transparency of premiums, claims experience and loss ratios is in the best interests of consumers. Transparency also assures maximum competition among insurers and network adequacy. Consumers should not be forced to purchase a dental plan they don't want because of the medical plan they have selected.

An adult dental benefit plan should be made available for purchase. Covered services for adults are to include at a minimum the following types of service:

- (1) diagnostic;
- (2) preventive;
- (3) restorative;
- (4) endodontics;
- (5) periodontics;
- (6) extractions; and
- (7) prosthetic services to include acrylic partials and economical denture.

- Because of the lack of adequate literacy among the public understanding dental terminology, pediatric oral health benefit plans and adults dental benefit plans should provide a full, separate description and summary of any pediatric and adult dental coverage offered, whether bundled with medical benefits or offered separately. This will afford purchasers a fully informed choice and comparison.
- U. S. Department of Health and Human Services (HHS) specifically allows state Exchanges to require separate offer and pricing of dental benefits.