

# 2015 Essential Health Benefits: Pediatric Dental Services for Children to Age 19

## What's Covered?

- Class I
  - **Emergency Dental Care:** to alleviate pain caused by dental disease and trauma
- Class I
  - **Preventive Dental Care:**
    - Cleanings at six-month intervals
    - Topical fluoride application at six-month intervals
    - Sealants
    - Space maintainers covered under certain specifications
- Class I / II
  - **Routine Dental Care:**
    - Dental exams, visits and consultations covered once within a six-month consecutive period
    - X-ray, full mouth x-rays or panoramic x-rays at 36-month intervals and bitewings at six to 12-month intervals
    - Simple extractions and other routine dental surgery not requiring hospitalization
    - In-office conscious sedation
    - Fillings and stainless steel crowns and other restorative materials appropriate for children
- Class III
  - **Major Dental Care:**
    - Endodontics – procedures for treatment of diseased pulp chambers and pulp canals (root canals)
    - Prosthodontics
      - Removable complete or partial dentures, including six months of follow-up care
      - Insertion of identification slips, repairs, relines and rebases and treatment of cleft palate
      - Fixed bridges only if they meet specific requirements, such as for cleft palate stabilization
- Class IV
  - **Orthodontics:** to treat serious medical conditions such as cleft palate and cleft lip

Part of the Affordable Care Act (ACA) is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Groups purchasing medical coverage outside of the NY State of Health™ Marketplace are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone dental plan. By purchasing a medical plan with pediatric dental included, you can be sure your children will receive essential dental coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.

For your convenience and to ensure that all Excellus BCBS groups are in compliance, we will be automatically mapping existing groups to the same medical plan with the pediatric dental coverage included, if they don't have it already. This migration will happen upon renewal starting with 1/1/15 groups. If you have a group who has purchased compliant pediatric dental elsewhere, please complete and return the Pediatric Dental Attestation Form in order to remove the benefit.

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## Frequently Asked Questions

- Q.** Some of your stand-alone dental plans were compliant with the Affordable Care Act (ACA) for 2014. Why do they no longer qualify?
- A.** For 2015, in order to offer an ACA compliant stand-alone dental plan off the exchange, you must also offer one on the exchange, and it must include an out of pocket maximum on pediatric dental benefits. Our existing stand-alone dental plans do not meet these requirements and will therefore no longer be compliant.
- Q.** If my employer group has another carrier's dental plan, how do I determine if the dental plan's pediatric dental benefits qualify as essential health benefits?
- A.** The carrier will need to confirm whether or not they meet the minimum essential health benefits.
- Q.** If an employer offers voluntary coverage, and is not contributing towards premium, does it meet the essential health benefits requirements?
- A.** The ACA states everyone off the Exchange must include the coverage, not simply offer it, so a voluntary plan would not meet the pediatric requirement for 2015.
- Q.** If a group does not include pediatric dental in its medical plan and does not have a stand-alone dental plan, is there a penalty? If so, who faces the penalty -- the employer or the employee?
- A.** At this time, the penalties and who will be responsible for them is unclear. However, it is our intention to ensure our groups meet the minimum requirements under the ACA and include all 10 of the Essential Health Benefits.
- Q.** Why does a single person need to pay for pediatric services, such as vision and dental?
- A.** Pediatric dental is one of the 10 Essential Health Benefits that every person must have, as dictated by Health Care Reform. By applying to everyone, similar to any other benefit that is specific to a population like maternity care or pediatric vision coverage, it spreads the cost of the services across a greater population, helping to contain the cost.
- Q.** Will there be a separate ID card if my medical plan includes pediatric dental coverage?
- A.** No, members should use their medical ID card for pediatric dental visits at a dentist office.
- Q.** If an individual or group has a stand-alone dental plan, either with us or with another carrier, what is the primary insurance when pediatric dental services are embedded in the medical plan?
- A.** Each plan's coordination of benefits rules will be reviewed to determine which plan is primary and which is secondary.
- Q.** What is the advantage of having pediatric dental coverage included in my medical plan?
- A.** The group can be sure they have ACA compliant coverage all with one carrier and one ID card.
- Q.** What is the advantage of having pediatric dental coverage included in my medical plan in addition to having coverage under an Excellus BCBS Dental plan?
- A.** Along with providing dental coverage for adults, there are more pediatric dental benefits covered on the stand-alone dental plan that wouldn't be covered under the medical plan, like porcelain crowns and implants. Also, pediatric dental benefits are not subject to the medical deductible when covered under the stand-alone plan.