



Lessons from California: Pediatric Dental Coverage in the Exchange

THE ISSUE:

Health plans offered to individuals in the Exchange and non-grandfathered plans sold in the small group and individual markets must cover the [essential health benefits](#), which includes pediatric dental benefits.

Exchanges have three options to provide pediatric dental benefits to consumers: 1) embedded—health plan includes pediatric dental benefits, 2) bundled—pairing of two separate plans (health and dental) with one premium, or 3) stand-alone—separate dental plan and premium.

In 2014, California's Exchange ([Covered California](#)) is only offering pediatric dental benefits through stand-alone dental plans. This arrangement has raised concerns around affordability, consumer protections, the availability of the benefit, and market distortions. The Exchange Board directed Covered California staff to work on a recommendation in consultation with stakeholders for plan year 2015, and as a result both embedded and stand-alone plans will be offered through Covered California in 2015.

STRATEGY AND ACTIONS:

Advocates played a critical role in pressuring Covered California to revisit the issue of pediatric dental benefits, and the policy and information technology decisions originally made without stakeholder input. A group of advocates wrote a [letter and policy paper](#) urging the Exchange Board to prioritize the inclusion of QHPs with embedded dental benefits, and later [supported](#) the staff [recommendation](#) to offer embedded plans in 2015.

Advocates continue to be involved through Covered California advisory committees on this topic, where the focus is now on the 2015 [Proposed](#) Dental Standard Benefit Plan Designs.

For 2014, even though pediatric dental benefits are only offered through stand-alone plans, the Exchange Board adopted a [proposal](#) to include key ACA consumer protections (e.g. guaranteed issue and prohibition of pre-existing conditions or exclusions based on health status) in the dental model contracts for these plans. Also, since the APTC calculation does not include the cost of the stand-alone dental premium, families were not required to purchase the pediatric dental benefit. Only 31% of children enrolled in the Exchange from October '13- January '14 were enrolled with dental coverage. Having dental benefits embedded as part of the health plan benefits will help ensure children have comprehensive benefits, including pediatric dental.

ADDITIONAL RESOURCES

[Covered CA Pediatric
Dental Policy Issues
Report](#)

Children's Dental Health
Project:

- [A Positive
Change for CA's
Exchange](#)
- [FAQ: Pediatric
Oral Health
Services in the
ACA](#)