



**Ad Hoc Pediatric Dental Technical Work Group**

April 9, 2014

# AGENDA

**Ad Hoc Dental Technical Work Group  
Meeting and Webinar  
Wednesday, April 9, 2014, 1:30-4:00 p.m.**

## April Agenda Items

## Suggested Time

- |  |                            |
|--|----------------------------|
| <b>I. Welcome &amp; Agenda Review (Casey Morrigan)</b>                               | <b>1:30-1:40 (10 min.)</b> |
| <b>II. Final Proposed Dental Benefit Designs - Plan Year 2015 (Taylor Priestley)</b> | <b>1:40-2:00 (20 min.)</b> |
| <b>III. Summary of Benefits and Coverage – Discussion (Casey Morrigan)</b>           | <b>2:00-3:30 (90 min.)</b> |
| <b>IV. Coordination of Benefits – Update (staff)</b>                                 | <b>3:30-3:45 (15 min.)</b> |
| <b>V. Wrap-Up and Next Steps (Casey Morrigan)</b>                                    | <b>3:45-4:00 (15 min.)</b> |

**Send public comments to [qhp@hbex.ca.gov](mailto:qhp@hbex.ca.gov)**

# PROPOSED DENTAL BENEFIT DESIGNS

TAYLOR PRIESTLEY, ANALYST, PLAN MANAGEMENT

# PROPOSED DESIGN – EMBEDDED DENTAL

Proposed Design - Embedded Pediatric Dental		
Procedure Categories	Member Copay	Member Coinsurance
	Pediatric	Pediatric
Diagnostic & Preventive (D&P)	\$0	0%
Office Visit	\$0	0%
Basic Services - Basic Restorative	See proposed standardized copay amounts for select procedures	20%
Major Services - Crowns & Casts, Prosthodontics, Endodontics, Periodontics, Oral Surgery		50%
Orthodontics (Medically Necessary)	\$1,000	50%
Deductible	\$0	\$0
Annual Limit	No Annual Limit	No Annual Limit
Out of Pocket Maximum	\$6,250*	\$6,250*
Waiting Periods	No Waiting Period	No Waiting Period

\*The out of pocket maximum for a 10.0 QHP is fully integrated, with both medical and dental costs accumulating to the out of pocket maximum. The maximum is calculated as follows: (Federal out of pocket maximum) minus (SADP or Family Dental Plan out of pocket maximum) equals (QHP out of pocket maximum); numerically as proposed this is \$6,600 - \$350 = \$6,250.

# PROPOSED COPAY AMOUNTS SELECTED PROCEDURES

**Proposed Copay Amounts for Embedded, Standalone and Family Dental Plans – Selected Procedures\*\***

<b>Selected Procedure</b>	<b>Copay</b>
<b>Office Copay</b>	\$0
<b>Oral Exam</b>	\$0
<b>Preventive - Cleaning</b>	\$0
<b>Preventive - X-ray</b>	\$0
<b>Sealants per Tooth</b>	\$0
<b>Fluoride Application</b>	\$0
<b>Space Maintainers - Fixed</b>	\$0
<b>Amalgam Fill - 1 Surface (Scheduled copay for &gt; 1)</b>	\$25
<b>Root Canal - Molar</b>	\$350
<b>Gingivectomy per Quad</b>	\$150
<b>Extraction - Single Tooth Exposed Root or Erupted</b>	\$65
<b>Extraction - Complete Bony</b>	\$160
<b>Porcelain with Metal Crown</b>	\$350
<b>Orthodontia - Child - Medically Necessary</b>	\$350 SADP + Family Dental/\$1000 Embedded

\*\* Copay amounts for procedures not included on this schedule will be billed at plan's standard commercial DHMO amounts.  
Full schedule to be submitted with rate proposal.

# STANDARD BENEFIT PLAN DESIGN

## PEDIATRIC AND FAMILY DENTAL BENEFIT

	Approach
<b>Stand Alone Dental Plan (Pediatric Dental Essential Health Benefit)</b>	<ul style="list-style-type: none"> <li>• \$65 deductible for children in coinsurance design</li> <li>• \$350 pediatric out of pocket maximum</li> <li>• Compliance with 85% actuarial value requirement per federal rules</li> <li>• Copay and coinsurance options</li> <li>• No-cost diagnostic and preventive services</li> </ul>
<b>Family Dental (Pediatric Dental EHB + Family)</b>	<ul style="list-style-type: none"> <li>• Same pediatric EHB benefit as Stand Alone Dental Plan, plus:               <ul style="list-style-type: none"> <li>○ Adult copay and coinsurance options</li> <li>○ Adult coinsurance option: \$50 individual deductible, annual benefit limit &amp; conditional waiting period</li> <li>○ Adult no-cost diagnostic and preventive services</li> <li>○ At least one adult enrollee in family dental plan</li> <li>○ If one child enrolls, then all children enroll in same family dental plan</li> </ul> </li> </ul>

# ADDITIONAL PROPOSED DESIGN ELEMENTS

- Standalone and Family Dental Plans' actuarial value for the essential health benefit: 85% (+/- 2%)
- Purchasers of Family Dental Plan to include least one adult in the family who enrolls in the Family Dental Plan
- If one child enrolls in Family Dental, all children must enroll in same plan
- Cosmetic orthodontia is not included in any dental benefit design
- Enrollment in Standalone or Family Dental Plans is available to those who have purchased medical coverage on the Exchange, and not to those who have not enrolled in medical coverage on the Exchange
- Catastrophic coverage enrollees, with federally-set out-of-pocket of \$6,600, cannot buy up to 10.5 dental coverage
- Coordination of benefits approach is pending analysis from DMHC

# SUMMARY OF BENEFITS AND COVERAGE

CASEY MORRIGAN, CONSULTANT, PLAN MANAGEMENT

# PURPOSE OF DISCUSSION

Agreement on a template and timeline for a summary of benefits and coverage for standalone and family dental plans on the California Exchange

# OBJECTIVES FOR TEMPLATE

- Easy to read and understand
- Single template for all to use
- Does not duplicate other work

# REVIEW AND DISCUSS

- Sample SBC for dental – Consumers Union
- Crosswalk of SBC with 1363 Matrix & CDI requirements
- Pros and cons of using Federal SBC for dental

# KEY STEPS IN DEVELOPMENT OF SBC

- Final draft form
- Covered CA legal review
- Covered CA CalHEERS operational review
- Plans:
- “Field Test” – fill out final draft

# TIMEFRAME CONSIDERATIONS

- FOR PLANS
- FOR STAKEHOLDER REVIEW
- FOR COVERED CALIFORNIA

# SUMMARY OF DISCUSSION & NEXT STEPS

- Agreement on draft format?
- Feasible for plan year 2015?
- Final draft and test: when?
- Green light from dental plans and stakeholders?

# PRIMARY AND SECONDARY IN 10.5

CASEY MORRIGAN, CONSULTANT, PLAN MANAGEMENT

# WRAP UP AND NEXT STEPS

Casey Morigan, Consultant, Plan Management

# THANK YOU

Send public comments to [qhp@hbex.ca.gov](mailto:qhp@hbex.ca.gov)