

Disparity in Role of Stand Alone Plans

- Stand Alone Plans must be allowed to be offered inside the Exchange.
- QHPs not required to offer pediatric dental if stand alone products offer them in the Exchange.
- Outside the Exchange, individual and small group plans must cover all essential health benefits. HHS has not otherwise interpreted this to allow exclusion of pediatric dental outside the Exchange if it is separately offered by a stand-alone.

Arkansas Exchange & Pediatric Dental

- Last July, PMAC recommended that Exchange QHPs be required to structure their products to allow the pediatric dental portion to be removed so consumers could substitute with a stand-alone plan.
- The FFE will not require consumers to purchase pediatric dental benefits inside the Exchange.
- CCIIO has stated that the FFE portal technology cannot support a requirement to purchase pediatric dental benefits.

Questions for PMAC Consideration

- Should Arkansas allow individual and small group health plans offered by issuers outside the Exchange to not include pediatric dental benefits to the extent that such benefits are separately available through stand-alone plans?
- Should AID require issuers of individual and small group plans outside of the Exchange to structure their products to allow the pediatric dental portion to be removed to allow consumers to substitute with a stand-alone plan?

Considerations

- Ability of Stand Alone Dental Plans to compete outside the Exchange if they must be included in health plans.
- Marketplace disruptions for current enrollees of stand alone dental plans in Arkansas.
- Market consistencies inside and outside the Exchange.
- Unclear if Arkansas action would conflict with federal law, which has not clarified that pediatric dental may be excluded from health plans sold outside the Exchange

Options

- Option 1 – Recommend that the Insurance Commissioner extend the exemption from offering pediatric dental benefits to individual and small group plans sold outside of the Exchange where stand alone plans are available for substitution.
- Option 2 – Same as option 1, but also require health plans sold outside the Exchange to stratify pediatric dental offerings to allow comparability of prices and benefits with stand alone products and permit potential consumer substitution.
- Option 3 – Do nothing; which, without federal clarification, will result in small group and individual plans outside the exchange being required to embed pediatric dental in their benefits.

Question 3:

- Should Arkansas require parents/guardians to purchase pediatric dental benefits as a condition of meeting their coverage mandate?

Considerations, Issue 3

- To address pediatric dental coverage concerns, Arkansas could establish through legislation an individual responsibility mandate that requires parents with children to purchase pediatric dental.
- Short of establishing its own requirement, Arkansas could advocate to HHS that the purchase of pediatric dental should be required of parents.
- But without a federal eligibility portal that can prevent enrollment if a pediatric dental product is not selected, it is not clear how this could be enforced.
- Potentially establishes different coverage mandates for parents and childless adults.

Options for Question 3

- Option 1: Recommend AID create legislation that Arkansans must purchase pediatric dental benefits.
- Option 2: Do nothing.

Tax Credits and Pediatric Dental

- Premium costs allocable to pediatric dental are eligible for federal advance premium tax credits.