

Pediatric Stand Alone Dental Plan Filing Guidance – FORM REVIEW REQUIREMENTS

This guidance provides a list of state and federal laws to be considered when creating a Pediatric Stand Alone Dental Plan. The guidance also includes a description of Review Requirements. Complete details regarding benefits can be found in the Plan Management Toolkit on the Ohio Department of Insurance website.

REVIEW REQUIREMENT	AUTHORITY	DESCRIPTION
No lifetime limits on the dollar value of EHB:	PHSA §2711 (75 Fed Reg 37188, 45 CFR §147.126); 45 §155.1065(a)(2)	
No annual limits on the dollar value of EHB:	PHSA §2711 (75 Fed Reg 37188, 45 CFR §147.126); 45 §155.1065(a)(2)	
Special enrollment period	45 CFR § 156.260	Stand-alone dental plans must adhere to the special enrollment periods outlined under federal law.
Open enrollment period(s) required	45 CFR § 156.260	Stand-alone dental plans must adhere to the annual and open enrollment periods outlined under federal law.
Annual Limitation on Cost Sharing	45 CFR § 156.150(a)	A stand-alone dental plan covering the pediatric dental EHB must demonstrate that it has a reasonable annual limitation on cost-sharing as determined by the Exchange. Such annual limit is calculated without regard to EHBs provided by the QHP and without regard to out-of-network services.

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Minimum actuarial value	45 CFR § 156.150(b)	<p>Must demonstrate that the stand-alone dental plan offers the pediatric dental essential health benefit at either:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A low level of coverage with an AV of 70 percent; or <input type="checkbox"/> A high level of coverage with an AV of 85 percent; and <input type="checkbox"/> Within a de minimis variation of +/-2 percentage points. <p>The level of coverage must be certified by a member of the American Academy of Actuaries using generally accepted actuarial principles. The actuarial certification should be included within the rate filing. Please see the rate filing guidance checklist for more information: http://insurance.ohio.gov/Company/Documents/RateFilingGuidanceChecklist.pdf</p>
<input type="checkbox"/> FEDVIP High Option Pediatric Dental Benefits	45 CFR 146 Appendix, PHSA §2707	<p>Benchmark Plan: http://insurance.ohio.gov/Company/Documents/FEDVIP_Dental.pdf</p> <p>Coverage for children up to age 19.</p> <p>Refer to Benchmark plan for specific benefit requirements.</p>
<input type="checkbox"/> General Services		<p>Benefits include: Anesthesia Services, Intravenous Sedation, Medication, Post-Surgical Services</p>
<input type="checkbox"/> Class A (Basic) Services – preventive and diagnostic		<p>Benefits include: Preventive/Basic Services 100% covered e.g. Cleanings, X-rays, Sealants, Space Maintainer and Fluoride</p>
<input type="checkbox"/> Class B (Intermediate) Services – include minor restorative services		<p>Benefits include: Fillings, Therapeutic Pulpotomy, Uncomplicated Extractions, Periodontal Scaling, Denture Adjustment and Repair</p>

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<input type="checkbox"/> Class C (Major) Services – includes major restorative, endodontic, periodontal, prosthodontic services		Benefits include: Inlays, Onlays, Crowns, Root Canal, Full & Partial Dentures, Pontics
<input type="checkbox"/> <u>Class D Services - orthodontic</u>		