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A Guide to the Pediatric Dental Essential Health Benefit

What's changing | Who does it affect | What you can do

A new era for dental benefits

1	Introduction
2	Understand the Basics
4	Discover the Facts Behind the Buzz
6	Common questions employees have and how to answer them:

Other helpful resources are:

- Your UnitedHealthcare representative who is prepared to serve as a resource to you to get your questions answered.
- The UnitedHealthcare website, United for Reform Resource Center, www.uhc.com/reform. There you will find more information on Essential Health Benefits and other health care reform topics.

As you may know, beginning January 1, 2014, for individuals and groups with up to 50 employees, the Affordable Care Act (ACA) requires that specific Essential Health Benefits (EHB) are included with medical plan offerings. Pediatric oral health services, for those generally up to the age of 19, is one of these benefits. For larger groups with more than 50 employees, EHBs

are not required to be offered, but if EHB dental services are embedded in the medical plan, certain additional rules may apply.

You may wonder how this change impacts the way you offer dental benefits and what type of health plan provider is in the best position to offer your employees the services they need at a price you can afford.

This brochure is designed to provide those answers and help you prepare for the complex – and even confusing – changes that come with health care reform.

Sections in This Guide

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Understand the Basics

How does health reform work, and how might it affect you?

Get started on the next page.

2

Discover the Facts Behind the Buzz

Everybody's talking about health reform. What are the facts behind the buzz?

3

Common Questions

Find answers to six of the most common questions about dental benefits and health care reform.

Understand the Basics

What's the impact of the pediatric dental essential health benefit?

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What's covered and how?

What oral care services are covered as an Essential Health Benefit?

- Exams, cleanings, fluoride, sealants, X-rays
- Minor restorative services, such as fillings
- Major restorative services, such as crowns
- Medically necessary orthodontia

Plan designs may vary by state and medical plan selected. It is important to note that what is considered 'medically necessary orthodontia' is very different than traditional dental orthodontic services. Medically necessary orthodontia coverage is limited to those with severe bite impairment or congenital concerns, such as cleft palate and requires pre-authorization. Consult your UnitedHealthcare representative for more information on the medical plan you are considering.

Are some oral care services offered as Essential Health Benefits designated as 'preventive' by the Affordable Care Act?

The Affordable Care Act did not designate pediatric essential dental services as a preventive service with no cost share. As a result, these services may be covered before or after the deductible is met. There will likely be a variety of embedded and stand-alone dental offerings in the market as health plan carriers seek to offer employers options that meet the guidelines and remain as cost-effective as possible.

How does this impact you?

Are all individuals, even those over age 19, required to have pediatric dental benefits as part of their medical policy outside of the state Exchanges?

Yes, since pediatric oral health services is one of the 10 essential health benefits required by the ACA for all individual and small group offerings, medical benefits outside of the Exchanges will include pediatric dental benefits in every UnitedHealthcare medical policy.

Should families purchase a separate dental plan to supplement the pediatric dental benefits provided in the medical plan?

Medical plan designs will vary by state, market and carrier. At times, the embedded pediatric essential dental services, including exams, cleanings and diagnostic X-rays, will be covered after the medical deductible has been met. A traditional, full-family dental plan not only provides coverage for adults but supplements the pediatric dental coverage in the medical plan by providing more immediate coverage for pediatric services as well as dental benefits not covered by the medical plan. For example, while medically necessary orthodontia is covered for pediatric members, orthodontia for more mild bite issues – the more common orthodontia claim today – is not covered under the ACA guidelines. Families that want to have coverage for these services should consider a supplemental family dental plan.

When you purchase your medical and dental plans from one carrier, benefits will be coordinated to provide the combined benefits of both policies, and will minimize hassles and unexpected out-of-pocket expenses. This is a significant advantage to integrating your benefits with one provider.

Understand the Basics

How does the pediatric dental EHB work and how does it impact you and your employees?

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What can you expect from us?

Is UnitedHealthcare including pediatric essential dental benefits in all of their medical plans in 2014?

Yes, although the ACA allows the pediatric dental benefit to be offered in standalone dental plans, every UnitedHealthcare small group and individual medical policy outside the Exchange in 2014 will include pediatric essential dental coverage.

How will the two plans coordinate benefits when an employee has pediatric coverage embedded in the medical policy and also has a separate dental plan?

If a pediatric member has both UnitedHealthcare medical and dental plans:

This scenario offers the greatest ease in coordination of benefits. These members enjoy the convenience of one dental claim submission process and one network and one customer care unit, as well as coordinated adjudication, payment and benefit tracking to ensure they receive the full benefits of both plans.

When families have pediatric dental benefits via their UnitedHealthcare medical and dental plans, there's no need for members or providers to worry about which plan pays primary and which pays secondary. We manage that for them. Here medical coverage will be primary, which is an advantage to members because the out-of-pocket costs of dental services will be applied to the medical deductible and out-of-pocket maximum, even if services are reimbursed by the secondary dental plan. Those with high-deductible health plans will especially appreciate this.

If a pediatric member has a UnitedHealthcare medical plan and another carrier's dental plan or vice versa:

When the dental claim is received from a dental provider, the information provided on the claim will begin to help the insurance carriers determine if the pediatric member is covered first by their medical plan or their dental plan. If the claim indicates that the member's only coverage is under the UnitedHealthcare medical or dental plan, then we would process that claim in accordance with the plan benefit. If the claim indicates that there is dual coverage, we determine whether UnitedHealthcare pays primary or secondary and would administer benefits accordingly.

Discover the Facts Behind the Buzz

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THE BUZZ

Your employees will have a smaller dental network when dental is embedded in the medical policy

THE FACTS

With UnitedHealthcare, this is simply not accurate. All members – adults and those pediatric members receiving dental benefits provided through the Essential Health Benefits – will access the same large national and regional dental networks. Not only does this provide all members of the family with access to one of the largest provider networks in the country, but provides consistency for the family – all family members will have access to the same dental providers. The UnitedHealthcare national dental network has more than 90,000 unique providers and more than 240,000 access points to care.

THE BUZZ

All pediatric essential dental benefits whether embedded or standalone get applied to the medical out-of-pocket maximums

THE FACTS

The fact is that while pediatric essential dental benefits can be offered either embedded, bundled or standalone to meet the federal requirements, only embedded pediatric essential dental benefits within the medical policy apply directly to the medical accumulators (deductibles and out-of-pocket maximums), helping those with high-deductible health plans meet their contribution obligation sooner.

THE BUZZ

Employers with 2-50 employees need to do nothing to comply with the Affordable Care Act. The responsibility is on the employee.

THE FACTS

That is not correct. These employers must offer their employees certified health plans that include the pediatric dental essential health benefits.

THE BUZZ

The standalone dental plan that my group has had in place for many years includes coverage for children so it fulfills the requirement for pediatric essential dental coverage

THE FACTS

While your previous plan included benefits for those under the age of 19, standard dental plans do not qualify as Exchange-certified plans, nor do any of the historical plans offered by any dental insurance carrier. In order for a dental insurance carrier to have an Exchange-certified dental plan, carriers must go through the certification with each state for each product offered and follow the minimum benefit standards set by the ACA.

Why is a UnitedHealthcare medical plan the best choice for your pediatric dental Essential Health Benefits?

1. Embedding pediatric dental essential health benefits (EHB) within the medical plan provides a cost-effective EHB choice.
2. Any EHB dental costs paid by the member are applied to the medical deductible and out-of-pocket maximum.
3. If you also have a standalone family dental plan, you'll have consistent network access for the entire family. Both dental and medical members who qualify for EHB access our large national and regional networks.)
4. Coordination of Benefits is simplified. Submit claim once; pediatric EHB and additional dental coverage is coordinated to help ensure families are receiving their full benefits.

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Will I use my medical card when I take my eight year old to the dentist?

Pediatric dental members (generally those under the age of 19) will be issued a separate pediatric dental ID card. Note that as the subscriber to the plan, only your name will be listed on the pediatric dental card. The card will include all the contact information your dentist will need to verify eligibility and benefits. If you have additional dental benefits with UnitedHealthcare for your daughter, we will process all your eligible dental benefits through one claim submission.



Where can I find the list of dentists available to my child and me?

When you become a member, sign on to myuhc.com, your medical plan website. You will see a link to the dental member website at left. Follow that to “Find a dentist.” Once you’ve logged in, you will see dentists who are part of your network.



If my family has pediatric dental coverage embedded in the medical policy and also has another dental plan, will the two plans coordinate benefits?

The answer is yes, whether or not you have a separate family dental plan with us or another carrier, but there are advantages to having both plans with UnitedHealthcare. You’ll not only enjoy the convenience of one dental claim submission process, one network and one customer care unit, but the confidence of coordinated claims processing, payment and benefits tracking to ensure you receive the full benefits for both plans. There’s no need to worry about which plan pays first. We manage that for you. In this case, medical coverage will be primary, an advantage to you because the cost of dental services will be applied to the medical deductible and out-of-pocket maximum.



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I'm over the age of 19 and do not have children. Am I required to have pediatric dental benefits?

Yes, the law requires that pediatric essential dental benefits be included in the medical benefits for everyone who purchases a medical plan outside of the Exchange. The good news is your medical policy with UnitedHealthcare has included these benefits in a cost-effective way so you are not required to purchase additional dental benefits unless you choose to do so.



I have a 21 year old son and a 16 year old daughter. Should I also purchase a separate dental plan to supplement the pediatric dental benefits for my family?

A full family dental plan can supplement the coverage in the medical plan for your daughter and provide coverage for you and your son who is over the age of 19, plus UnitedHealthcare will coordinate both plans to minimize hassles and ensure you receive all eligible benefits your family is entitled to under both plans.



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I have two children and plan to use the dental coverage provided to them in my medical plan.

How does the deductible and out-of-pocket maximum work? Do they count toward my medical plan and how?



Five-year-old Jimmy saw a dentist who is **part of the network**. Most of his care was covered by his medical plan, but he has some out-of-pocket costs.

How do the costs allowed by the plan apply to his medical plan's annual deductible and out-of-pocket maximum?



18 year-old Sally saw a dentist who is **not part of the network**. Her medical plan covered a portion of her costs, but she, too, has some out-of-pockets

How do the costs allowed by the plan apply to her medical plan's annual deductible and out-of-pocket maximum?

<p>Plan Option A offers a medical plan with in- and out-of-network coverage for medical and embedded pediatric dental services.</p>	<p>Costs apply to the medical in-network deductible and out-of-pocket maximum.</p>	<p>Costs apply to the out-of-network deductible and out-of-pocket maximum.</p>
<p>Plan Option B offers a medical plan with in-network coverage for medical services and in- and out-of-network coverage for embedded pediatric dental services.</p>	<p>Same as above.</p>	<p>Costs apply to the in-network deductible and out-of-pocket maximum.</p>
<p>Plan Option C medical plan only has in-network coverage for medical and the embedded pediatric dental services.</p>	<p>Same as above.</p>	<p>NA – There is no coverage for out-of-network services.</p>

UnitedHealthcare® dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06. TX and associated COC form number DCOC. CER.06. Benefits for the UnitedHealthcare Dental® DHMO plans are provided by or through the following UnitedHealth Group companies: Dental Benefit Providers, Inc., its subsidiaries or affiliates, including Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by Dental Benefit Providers, Inc. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware. UnitedHealthcare Insurance Company; National Pacific Dental in TX; Nevada Pacific Dental in NV, Dental Benefit Providers of Illinois in IL, IN (MD & FL); Dental Benefit Providers of California, Inc. in CA; UnitedHealthcare Insurance Company of New York; DHMO—Dominion Dental Services, Inc.