

Pediatric Dental Essential Health Benefit Guide

- ① Understand the basics.
- 2 Learn the facts.
- 3 Get answers.





The Affordable Care Act (ACA) requires that specific Essential Health Benefits (EHB) be covered under health plan offerings for individuals and small groups.* Pediatric dental services, generally for those up to the age of 19, is an EHB.

Larger groups are not required to offer EHB, but if dental services are included in the health plan, certain rules may apply.

What's covered and how?

What pediatric oral care services are covered as an EHB?

- 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 health 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 pediatric oral care services offered as EHB designated as 'preventive' by the ACA?

The ACA did not designate pediatric dental services as a preventive care service. As a result, these services may be covered before or after the health plan deductible is met.

How does this impact you?

Do all small group medical policies have to include pediatric dental EHB?

Yes, since pediatric oral health services is one of the 10 essential health benefits required by the ACA for all individual and small group medical plans.

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

Health plan designs will vary by state, market and carrier. Families that want dental coverage for adults should consider signing up for a traditional, full-family dental plan. That way, adults will have coverage for services like routine cleanings and exams. Plus, it will also provide additional coverage for pediatric dental services by providing more immediate coverage for what isn't covered by the health 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.

How are benefits coordinated if an employee has a separate dental plan?

When purchasing health and dental plans from one carrier, benefits will be coordinated to provide the combined benefits of both policies while minimizing hassles and unexpected out-of-pocket expenses. This is a significant advantage to combining benefits with one provider. Get the facts.

Get "behind the buzz" with facts.

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 who may receive dental benefits provided through the health plan 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 all family members to have access to the same dental providers.

The buzz.

All pediatric dental EHB gets applied to the health plan out-ofpocket maximums

The facts.

That's correct. All pediatric dental EHB will apply directly to health plan out-of-pocket maximums. This helps those with highdeductible health plans meet their maximum sooner.

The buzz.

Small group employers do not need to do anything to comply with the Affordable Care Act (ACA). The responsibility is on the employee.

The facts.

That is not correct. These employers must offer certified health plans that include the pediatric dental EHB.

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 dental coverage.

The facts.

While your previous plan included benefits for those under the age of 19, standard dental plans do not qualify as Exchangecertified 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 health plan the best choice for your pediatric dental EHB?

- 1. Any EHB dental costs paid by the member are applied to the medical deductible and out-of-pocket maximum.
- 2. If you also offer a standalone family dental plan from UnitedHealthcare, you'll have consistent network access for the entire family. Both dental and health plan members will have access to our large national and regional networks.
- 3. Coordination of Benefits is simplified. Submit claims once; pediatric EHB and additional dental coverage is coordinated to help ensure families are receiving their full benefits.



Will I use my health plan ID 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. 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 child, we will process all your eligible dental benefits through one claim submission.

Where can I find the list of dentists available to my family?

You can sign on to myuhc.com, your health plan website. Select *Physicians & Facilities.* You can then *Find Dental Care*, where you can search for dental providers in the 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?

For all group plans, 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 enjoy the convenience of one dental claim submission process, one network and one customer care unit, but with the confidence of coordinated claims processing, payment and benefits tracking to ensure you're receiving 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.

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 dental services be covered as EHB in all small group and individual health plans. The good news is that UnitedHealthcare health plans include 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 22 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 health plan for your daughter and provide coverage for you and your son who is over the age of 19. In addition, UnitedHealthcare will coordinate both plans to minimize hassles and ensure you receive all eligible benefits your family is entitled to under both plans. Some states cover children up to the age of 21. In these states, both children will be covered for pediatric dental services under your health plan.



To learn more

- Contact your UnitedHealthcare representative today.
- Visit **uhc.com/reform**, our United for Reform Resource Center.

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