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Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Ave, SW
Washington, DC 20201



RE: File Code CMS-9982-P (Summary of Benefits and Coverage and the Uniform Glossary)

To Whom it May Concern:

The Children's Dental Health Project (CDHP) is pleased to offer comments on the implementation of Section 2715 of the Patient Protection and Affordable Care Act (ACA), which is intended to assist consumers compare insurance coverage options as well as other coverage options that may be available to them. CDHP is a national organization with the vision of achieving oral health for all children to ensure that they reach their full potential. As a consumer organization, we believe the opportunity to compare dental coverage options is important to ensure that families can make informed decisions based on their needs and budget.

A child's health includes their oral health. Tooth decay is a contagious bacterial infection and cavities are an outcome of that disease. Established by preschool, the disease (dental caries) that leads to cavities, remains the most common chronic condition in childhood, even though it is preventable. The ACA recognized the importance of early oral health care with the inclusion of pediatric dental care within the essential benefits package. While dental coverage does not assure children access to care it is a necessary first step. Considering that for every child without medical insurance there are nearly three children without dental coverage, it is a significant first step.¹ Dental coverage is traditionally structured, provided, and priced separately from medical insurance. Therefore, clarifying coverage, limits and cost-sharing for a dental benefit is critically important for families to understand the specifics of what they are purchasing.

Section 2715 requires the creation and use of a standard form for describing health insurance coverage, called the Summary of Benefits and Coverage (SBC) which is understandable to the average consumer. The SBC will be perhaps the most important document consumers will obtain to allow them to make comparisons of health plans, select the plan that best meets their needs, and better understand their health insurance coverage. Section 2715 also calls for a consumer-friendly Uniform Glossary of Medical and Insurance terms (Glossary) to be developed and made available to further help consumers understand their health plans and provide greater consistency in usage of terms across plans. Furthermore, the SBC information must be presented in a "culturally and linguistically appropriate manner and be understandable by the average plan enrollee."

These proposed rules represent significant progress towards making health insurance information understandable to consumers. Our comments below are intended to ensure that the SBC is useful to all families in making decisions about their health and dental coverage options.



Availability of SBC to all private health plan enrollees

The ACA requires that all private health plans provide the SBC and glossary to enrollees and those shopping for coverage. The benefit of this requirement is that consumers can use the same form regardless of coverage in group or non-group market, grandfathered or non-grandfathered plan, and inside or outside an Exchange, allowing for a straight-forward comparison of their options. The majority of insured individuals and families receive coverage through private employer-sponsored group health coverage. Therefore, requiring private, group health plans to participate is critical for these comparisons. **We recommend that all private health insurance plans and issuers use the same SBC form to allow consumers accurate comparisons of health and dental benefits.**

Inclusion of dental coverage information for all private health plan enrollees

Nearly 98 percent of Americans with dental coverage receive it through an entity separate from their medical coverage.ⁱ A traditional dental benefit plan functions as a limited prepayment program rather than a risk-sharing insurance program. These plans provide capped benefits based on a financial value (often \$1,000 to \$2,000) with high out-of-pocket expenses for co-payments, annual and lifetime caps, exclusions, and substitutions. We urge clarification of the details of dental coverage whether provided by a stand-alone dental plan or a health insurer in the SBC because of the confusion the separation of health and dental benefits may cause. We recognize that much of the SBC would not be applicable to stand-alone dental coverage. However, due to the structure of typical dental coverage and the potentially significant out-of-pocket expense and benefit limits, the SBC should inform consumers of these attributes as they make decisions about coverage options. **We recommend that all private stand-alone dental plans and health insurance plans alike be required to provide standardized information on the coverage, limits and out-of-pocket expenses, including premiums, for all dental benefits.**

We appreciate the opportunity to comment on this important issue for consumers. If you have questions or need additional information, please contact Meg Booth at mbooth@cdhp.org or 202.833.8288 x206.

Sincerely,

Catherine Dunham, Ph.D.

Executive Director

ⁱ U.S. Department of Health and Human Services. *National Call to Action to Promote Oral Health*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Dental and Craniofacial Research. NIH Publication No. 03-5303, Spring 2003.

ⁱⁱ National Association of Dental Plans and Delta Dental Plans Association. *Offering Dental Benefits in Health Exchanges: A Roadmap for Federal and State Policymakers*. September 2011