Dental Coverage Check-List for In-person Assistance

1. Do you have children age 0-19 who will receive coverage through the marketplace? If so, your children are entitled to medical and dental benefits.

2. Are you looking at a health plan that includes pediatric dental benefits? In our state, you may choose pediatric dental benefits that are: (check all that apply)
   ___Embedded in a qualified health plan
   ___Bundled with a qualified health plan
   ___Purchased from a stand-alone dental insurer

3. Have you considered what dental care or procedures your children may need?

4. Pediatric dental plans may have different costs and benefits. Given your children’s needs and your budget, which matter most to your family? Differences may include:
   a. Service limits (how frequently services can be received)
   b. Cost-sharing (how much you are expected to pay for certain services)
   c. Deductibles (what you have to pay out-of-pocket before certain services are covered)
   d. Out-of-pocket maximums (the most you may need to pay out-of-pocket each year)

Example: A 7-year-old in South Dakota has a routine check-up, cleaning, and x-rays. He needs two stainless steel crowns. Based on current price data, the out-of-pocket cost for these services under silver-level dental coverage is $522:
   • checkup and cleaning: $0 (fully covered by insurance premium)
   • x-rays: $0 (fully covered)
   • topical fluoride application: $0 (fully covered)
   • dental sealants: $0 (fully covered)
   • 2 pulpotomies: $232
   • 2 steel crowns: $290

5. Different plans may support different insurance reforms and consumer protections. Do you know which apply to your plan, or which matter most to you?
   a. Protection against denials for pre-existing conditions
   b. Guaranteed issue/renewal (ensures that coverage is consistently available)
   c. Fair insurance premiums (based only on age, geography, and tobacco use)
   d. Guaranteed premium rates (cannot be changed from what is advertised)
   e. Right to external appeals process when claims are denied
   f. Medical loss ratio (guarantees that plans spend 80% of premiums on your care)

6. Do you know how to use your children’s dental benefits once you have them? (e.g., find a dentist that takes your insurance, what services are covered, and what you can expect to pay out-of-pocket for each category of services)

* For price information in your area, visit http://www.fairhealthconsumer.org/dentalcostlookup/