

Buying Children's Dental Coverage through the Marketplace



About
this guide

You can buy children's dental coverage in your state's health insurance marketplace, where you can easily compare plans to find the dental coverage that best meets your family's budget and health care needs.

1. How do I buy children's dental coverage through my state's marketplace?

Every state's marketplace is required to sell children's dental coverage. Marketplaces can sell children's dental coverage in one of these ways:

- as part of a health plan that covers both medical care and children's dental care
- as a separate dental plan

Your state marketplace may also offer "bundled plans" that charge one monthly fee (also called a premium) for a health plan and separate dental plan. See question 4 on page 2 to learn more about the differences between health plans that cover dental care and separate dental plans.

Depending on where you live, all of these options may not be available. For example, some state marketplaces offer only separate dental plans.

2. How long will my kids be able to get children's dental coverage?

Your kids will be eligible for children's dental coverage until they turn 19. After that, they must use an adult coverage plan, just like you.

Other Ways to Get Health and Dental Care for Your Kids

If you have a low income, your kids may be able to get insurance through Medicaid or the Children's Health Insurance Program—often called CHIP. These programs cover children's medical and dental care. To find out if your kids are eligible for either program, apply for health coverage through your state's marketplace.

3. Which dental services will plans cover?

Plans that cover children's dental care usually cover basic preventive and restorative care like regular teeth cleanings, X-rays, and fillings. In general, orthodontic care (like braces) is covered only for kids who have trouble chewing or speaking. The specific dental services that plans must cover vary from state to state.

Each plan has different rules about:

- how many times a year a plan will pay for a specific dental service (such as teeth cleanings)
 - which oral health conditions your child must have in order for the plan to cover a specific service (such as braces)
 - how much you have to pay out of your own pocket for dental services
 - which dentists and other dental providers your family can see in order to pay the lowest amount for care (these are sometimes called "in-network providers")
- * *Compare the benefits and costs of the different plans to make sure the plan you choose meets your kids' needs.*

4. What's the difference between dental coverage that is sold as part of a health plan and dental coverage that is sold as a separate dental plan?

The dental coverage that is sold as part of a health plan is different from dental coverage that is sold as a separate plan in two ways:

- how much you will pay out of your own pocket (also called the out-of-pocket limit)
- protections that affect you, the consumer

Out-of-Pocket Limits

Each plan sets the maximum amount that you will have to pay out of your pocket during a calendar year. This amount is called the plan's out-of-pocket limit. Once you reach this limit, the plan pays for *all* of your covered care.

MORE INFORMATION



To learn more about how to compare health plans to find the one that best meets your needs, see Families USA's ***Choosing the Health Plan that's Right for You***. You should consider the same factors when choosing a dental plan.

MORE INFORMATION



To learn more about the different types of out-of-pocket costs (deductibles, copayments, and co-insurance) and how to compare the costs of plans, see Families USA's ***Choosing a Health Plan You Can Afford***.

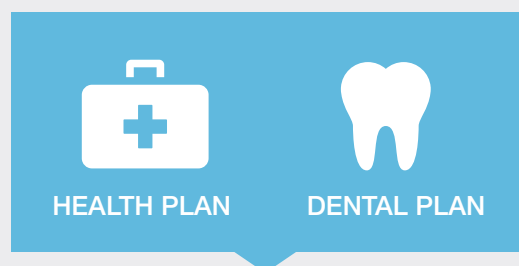
Comparing Out-of-Pocket Limits in Health Plans and Dental Plans

If you get dental coverage as part of a health plan that includes medical care *and* dental care, any money you spend on either medical care or dental care will count toward your out-of-pocket limit.

A separate dental plan is different because it has its own out-of-pocket limit. That limit is generally smaller than the out-of-pocket limit for a health plan.

If you buy a health plan and a separate dental plan, the money you spend on dental care counts toward your dental plan's out-of-pocket limit, and the money you spend on medical care counts toward your health plan's out-of-pocket limit.

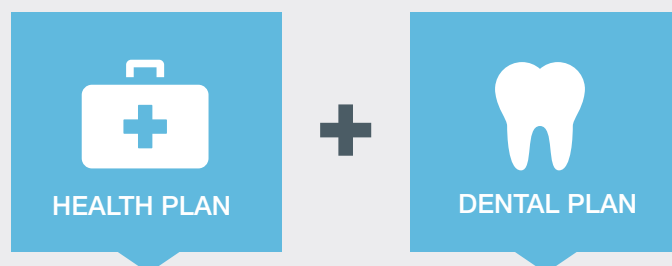
HEALTH PLAN THAT COVERS CHILDREN'S DENTAL CARE



OUT-OF-POCKET
MEDICAL & DENTAL
SPENDING



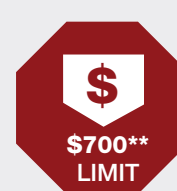
HEALTH PLAN AND SEPARATE DENTAL PLAN



OUT-OF-POCKET
MEDICAL
SPENDING



OUT-OF-POCKET
DENTAL
SPENDING



\$7,050 TOTAL
OUT-OF-POCKET LIMIT

*** Think about how much medical care your family might need compared to dental care.**

If your family needs expensive medical care, you may want to buy a health plan that includes medical and dental care so that all of your spending counts toward the plan's one out-of-pocket limit. That way, your plan will start paying the full cost of your care sooner.

If your kids need expensive dental care but are otherwise healthy, you might want to buy a separate dental plan. By doing that, you'll reach that plan's out-of-pocket limit sooner than you would reach the higher out-of-pocket limit for a health plan that covers dental care.

*In 2014, the highest out-of-pocket limit a health plan can have is \$6,350 for an individual plan and \$12,700 for a family plan.

**For 2014, in state marketplaces run by the federal government, the highest out-of-pocket limit a children's dental plan can have is \$700 if the plan covers one child and \$1,400 if the plan covers two or more children.

Consumer Protections

The Affordable Care Act (sometimes called “Obamacare”) created strong protections for consumers when they buy health plans. But not all of these new federal protections apply to dental plans. (Your state may have its own laws that do require dental plans to include certain protections).

For example, health plans can’t charge you higher premiums or refuse to cover you because of a pre-existing health condition. A dental plan, however, is allowed to charge you more or refuse to cover you (though it may choose not to, or state law may prevent it from doing so).

* You can ask a dental plan representative about which consumer protections the plan provides. If you can, get this information in writing.

COMPARING REQUIRED CONSUMER PROTECTIONS IN HEALTH PLANS AND DENTAL PLANS		
Consumer Protection	Health Plans	Dental Plans
Must have an adequate network of providers	✓	✓
Must offer plans that cover only children	✓	✓
Cannot cap the dollar amount of care it will help pay for each year	✓	✓
Cannot cap the dollar amount of care it will help pay for over your lifetime	✓	✓
Cannot refuse to cover care for a health problem you had before you were in the plan	✓	
Cannot refuse to cover you because you have a health problem	✓	
Cannot charge you higher premiums because you have a health problem	✓	
Must let you have a third party review a plan's decision about whether a covered service is needed that you disagree with	✓	
Must spend at least 80% of money collected on premiums on health care or refund consumers the difference	✓	

5. How do I figure out which children's dental coverage option is most affordable?

When deciding which dental coverage option is most affordable, you'll need to consider two types of costs:

- **Monthly Costs:** How much will you pay each month for premiums for health insurance and dental insurance for your family?
- **Out-of-Pocket Costs:** In addition to your monthly premiums, how much can you expect to pay out of pocket for dental care? Each plan will have different rules about how much you must pay for dental care.

Monthly Costs

Every health plan and dental plan charges a monthly fee for coverage, called a premium. If you buy a health plan that covers dental care, you'll have to pay one premium. If you buy a health plan and a separate dental plan, you'll have to pay two different premiums.

- * *Compare the cost of a single premium if you buy a health plan that covers medical care and children's dental care to the cost of two premiums if you buy a health plan and a separate dental plan.*

Out-of-Pocket Costs

Deductibles

Each plan sets a certain amount that you must spend out of your own pocket before it starts to pay for your health care. This amount is called a deductible.

Health plans that cover dental care handle deductibles in one of these ways:

- Some health plans that cover dental care have one deductible for both medical and dental care. That means you have to pay a certain amount of money out of pocket for medical care and dental care before the plan starts paying for either type of care. (Some of these health plans will pay for certain types of dental care before you've paid the full amount of your deductible. Check with a plan representative to see if that is true of the plan you are considering.)
- Some health plans that cover dental care have a separate, smaller deductible for dental care.

Separate dental plans always have their own deductibles, which are generally smaller than the deductibles for health plans that cover dental care. Only the money you spend on dental care counts toward that separate deductible. Money you spend on medical care does not count toward your dental care deductible.

Copayments and Co-Insurance

Each plan requires you to pay specific amounts out of pocket when you get medical and dental care. These amounts are called copayments and co-insurance. To find out how much you will need to pay for medical and dental care, go to the marketplace website, find the plan you're interested in, and search for a document called the "Summary of Benefits and Coverage."

- * *Compare your total out-of-pocket costs, including your premium(s), deductible(s), and copayments or co-insurance for dental care in each of the coverage options you are considering.*

6. Can I get financial assistance to help pay for children's dental coverage?

If you buy health insurance through the marketplace, you may be able to get financial assistance to help pay your monthly premiums. The amount of financial assistance you can get will depend on your household income.

You can use this assistance to help pay for any health plan in the marketplace, and you will get the same amount of assistance no matter which health plan you buy.

You can choose whether to use this assistance to help buy a health plan that covers dental care or to buy a health plan without dental coverage. If you get enough assistance to cover the full premium for a health plan, and you still have money left over, you can use that money to pay for a separate dental plan. But you can't get financial assistance if you are buying just a separate dental plan.

MORE INFORMATION



To learn more about the financial assistance available to help buy a plan through the marketplace, see Families USA's ***Getting Help Paying for Health Insurance***.

7. Do I have to buy dental coverage for my children?

Most people do not have to buy dental coverage as part of the requirement to have health insurance. But there are two situations where you would need to buy dental coverage for your kids:

- If you buy health insurance for your kids *outside* of the marketplace (for example, directly from an insurance company), the company will ask if you have a separate dental plan. If you don't have a separate dental plan and don't intend to buy one elsewhere, the company is required to sell you a plan that covers children's dental care.
- If you live in Kentucky, Nevada, or Washington, you are required to buy children's dental coverage if you want to buy health insurance for your kids through the marketplaces in those states.

8. Can I buy dental coverage for myself or other adults in my family through the marketplace?

State marketplaces are not required to offer adult dental coverage, but many do. Your state's marketplace may offer adult or family dental plans. Some health plans that are available in your state's marketplace may cover adult dental care in addition to health care.

To see if a health plan includes adult dental care, go to the marketplace website, find the plan you're interested in, and search for a document called the "Summary of Benefits and Coverage." In this document, look under the section called "Excluded Services and Other Covered Services."

You can also ask a plan representative for more details on which adult dental services the plan covers.

MORE INFORMATION



To get in-person help to figure out which dental coverage options are sold through your state's marketplace and what's best for your family, go to ***localhelp.healthcare.gov***.



www.FamiliesUSA.org

1201 New York Avenue NW, Suite 1100
Washington, DC 20005
202-628-3030
info@familiesusa.org



www.cdhp.org

1020 19th St. NW, Suite 400
Washington, DC 20036
202-833-8288
info@cdhp.org