

## Research Brief

# More Dental Benefits Options in 2015 Health Insurance Marketplaces

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## Key Messages

- *There is an upward trend in the share of medical plans with embedded dental benefits in the health insurance marketplaces.*
- *While pediatric dental benefits are an essential health benefit under the Affordable Care Act, many plans do not offer first dollar coverage for preventive dental services.*
- *Medical plans with embedded pediatric dental benefits are more likely than stand-alone dental plans to provide first dollar coverage for preventive services.*
- *Information on dental benefits is much more transparent in the 2015 Federally-Facilitated Marketplace compared to 2014.*

## Introduction

The Affordable Care Act (ACA) extended health insurance to millions of Americans in 2014. As of the fourth quarter of 2014, the uninsured rate among adults 18 and older was at 12.9 percent.<sup>1</sup> Approximately 6.7 million Americans gained health insurance,<sup>2</sup> and about 1.1 million Americans gained stand-alone dental benefits through the health insurance marketplaces in 2014.<sup>3</sup> While pediatric dental benefits are an essential health benefit, adults outpaced children in the purchase of stand-alone dental plans (SADPs) in 2014 with young adults ages 26-34 the most likely age group to select an SADP.<sup>4</sup>

Pediatric dental benefits are one of the ten essential health benefits that all small group and individual market health plans are required to cover.<sup>5</sup> However, health plans sold through the marketplaces are not required to include pediatric dental benefits as long as there are SADPs available for purchase.<sup>6</sup> As in 2014, consumers can purchase pediatric dental benefits through the marketplaces in one of two ways in 2015: through an SADP or through a medical plan that has embedded pediatric dental benefits.<sup>7</sup>

Individuals have until February 15, 2015 to meet the ACA's individual mandate requirement to enroll in a health plan, after which they are subject to tax penalties.<sup>8</sup> In most states, consumers are not required to purchase dental benefits for their child, nor are they penalized for failing to do so.<sup>9</sup> However, there are a few states where the purchase of pediatric dental benefits through the marketplace is required or where all medical plans sold through the marketplace include embedded pediatric dental benefits. Specifically, Colorado, Kentucky, Nevada and Washington require consumers to purchase dental benefits prior to exiting the marketplace.<sup>10</sup> Additionally, all of the medical plans offered in states such as California<sup>11</sup> and West Virginia<sup>12</sup> include embedded pediatric dental benefits.

In this research brief, we build on research conducted in 2014<sup>7</sup> examining how dental benefits are offered through the health insurance marketplaces. We compare dental benefits offerings in 2015 to the offerings in 2014, focusing on the Federally-Facilitated Marketplace (FFM) and select state-based marketplaces (SBM). We compare dental benefits offered within medical plans and SADPs. We assess the level of information that is available to consumers when shopping for dental benefits through the FFM, comparing information availability in 2015 to what was available in 2014. We conclude with a discussion of the policy implications of our findings.

## Data & Methods

There are four types of marketplaces operating in 2015: federally-facilitated, state-partnership, federally-supported, and state-based.<sup>13</sup> States with federally-facilitated, state-partnership, and federally-supported marketplaces operate through the FFM on Healthcare.gov. States with SBMs operate their own marketplace websites. In 2015, 37 states are

participating in the FFM. The remaining 14 states (including the District of Columbia) have SBMs in 2015.

In 2015 we included the 37 states operating through the FFM and three SBMs in our analysis: California,<sup>11,14</sup> Vermont<sup>15,16</sup> and Washington<sup>17,18</sup> (see Table 1). In 2014, we included five SBMs in our analysis. The difference is due to a combination of states changing their marketplace structure from state-based to the FFM and vice versa, as well as data availability. A shortcoming of our analysis is that we cannot follow the same states year-after-year.

As a sensitivity test, we restricted our analysis of dental benefits available within medical and stand-alone dental plans to states where we had data for both 2014 and 2015. The results did not change (this analysis is not shown and is available upon request).

We analyzed medical plan and SADP information for individuals and families from the Centers for Medicare & Medicaid Services' (CMS) website [data.healthcare.gov](http://data.healthcare.gov).<sup>19</sup> We downloaded data for all plans available in the 37 states operating through the 2015 FFM. The data used in this analysis were downloaded on November 19, 2014.

These data list every medical plan and SADP offered in a particular rating area. We used the variable "Plan ID" as the unique plan identifier and counted the number of medical plans and SADPs by treating each Plan ID as a unique observation. We also summarized the number of medical plans with embedded dental benefits, the actuarial value of plans and the average pediatric premiums for medical plans and SADPs. Twenty-five medical plans offered through the 2015 FFM only offer coverage to adults. We excluded these 25 medical plans from our analysis.

Mirroring our methodology for 2014, we calculated the average marginal cost of obtaining dental coverage

through a silver medical plan.<sup>20</sup> This “shadow” premium is not observed anywhere but can be thought of as, on average, the incremental cost of obtaining pediatric dental benefits through a silver medical plan. To calculate the shadow premium, we took the difference between the average pediatric premium across all silver medical plans that include an embedded pediatric dental benefit and the average pediatric premium across all silver medical plans that do not include a pediatric dental benefit. We compared this average shadow premium to our results from 2014. In our calculation of the shadow premium, we only included medical plans and SADPs from the 32 states where high and low SADPs and silver medical plans with and without embedded pediatric dental benefits are offered. It should be noted that more states had all four dental benefit choices available in 2015 than in 2014.

As a sensitivity test, we restricted our analysis of the shadow premium to states where we had data for both 2014 and 2015. The results did not change (this analysis is not shown and is available upon request).

We analyzed all silver embedded medical plans (597 medical plans) and all available stand-alone dental plans (631 SADPs) in the FFM. We reviewed each silver embedded medical plan’s Statement of Benefits and Coverage (SBC). The SBCs were found using the links provided by CMS on Healthcare.gov. We collected information on key plan attributes including deductibles, premiums, covered services, coinsurance and copay levels and dental provider networks. Plan data were collected from November 25, 2014 through December 19, 2014. Plan dental coverage information is presented in four categories: check-ups, basic services, orthodontia, and major services. For the purposes of this brief, we refer to dental check-ups as preventive services.

## Results

Figure 1 compares the marketplace dental benefits offerings in 2015 to offerings in 2014. In 2015, across the 37 states operating through the FFM and the three SBMs included in our analysis, there are a total of 4,810 medical plans and 638 SADPs offered. The number of medical plans offered in each state ranges from 15 plans in West Virginia to 413 plans in Wisconsin. The number of SADPs offered in each state ranges from zero plans in California to 51 plans in Michigan.

Across these 40 states, 35.7 percent of medical plans have embedded pediatric or family dental benefits. This is an increase from 2014, when our analysis found that 26.8 percent of medical plans offered through the marketplaces had embedded pediatric or family dental benefits. Compared to 2014, more SADPs offer family dental benefits. As a result, adults have more dental plan options in 2015 compared to 2014.

Compared to 2014, the number of states in which none of the medical plans include embedded pediatric dental benefits declined from eight in 2014 to three in 2015 (see Table 2). There was also an increase in the number of states where all medical plans include embedded pediatric dental benefits from two in 2014 to four in 2015. SADPs are offered in every state operating through the FFM in 2015.

Figure 2 summarizes data on pediatric dental benefits premiums. We compared the average cost of obtaining pediatric dental benefits through three channels: a silver medical plan with embedded pediatric dental benefits, a high actuarial value SADP, and a low actuarial value SADP. In the FFM there are 32 states where high and low SADPs and silver medical plans with and without embedded pediatric dental benefits are offered; in other words, the consumer has all four choices available in 32 of the 37 states operating

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through the 2015 FFM and our analysis of premiums is restricted to these 32 states.

In 2015, the average “shadow premium” across the 32 states is \$16.21. In other words, the difference between the average premium of a silver medical plan with embedded pediatric dental benefits and the average premium of a silver medical plan with no dental benefits is \$16.21. This is an increase from 2014, when the average shadow premium was \$5.11. However, it is important to note that the shadow premium varies widely by state and is actually negative in ten states.

The average monthly premium for an SADP decreased in 2015 compared to 2014. Specifically, in 2015 the average pediatric premium ranges from \$27.61 for a low value SADP to \$35.95 for a high value SADP (see Figure 2). In 2014, the average pediatric premium ranged from \$30.98 for a low value SADP to \$38.89 for a high value SADP.

Figures 3 and 4 summarize plan characteristics for all silver medical plans with embedded pediatric dental benefits (597 plans) and all SADPs (631 plans) offered through the 2015 FFM. All of these plans cover preventive services for children, but differences emerge when these plans are examined for one key aspect: first dollar coverage. If a plan has first dollar coverage for pediatric preventive dental services (hereinafter referred to as preventive services), then the consumer does not have to meet a deductible or pay a copay or coinsurance when they take their child to the dentist for preventive services. If a plan does not have first dollar coverage for preventive services, then the consumer is either responsible for meeting a deductible before the plan’s coverage begins, or the consumer is required to pay a copay or coinsurance for their child’s preventive services.

We examined first dollar coverage of preventive services by different deductible scenarios. There are three plan deductible scenarios among embedded silver medical plans: medical deductible (i.e. all benefits, including pediatric dental benefits, are subject to one deductible), separate dental deductible (i.e. pediatric dental benefits are subject to a deductible that is separate from the medical benefits deductible), and no deductible<sup>21</sup> (i.e. a zero dollar deductible for pediatric dental benefits). There are two plan deductible scenarios among SADPs: dental deductible and no deductible. Even if an embedded medical plan uses a single medical deductible, preventive dental services could be excluded from the deductible.

The majority of silver medical plans with embedded pediatric dental benefits use one medical deductible for all covered benefits. The average shadow premium among these 533 plans is \$17.12, and 73.4 percent of these plans have first dollar coverage for preventive services. In other words, 73.4 percent of the time, silver embedded plans do not require the consumer to pay anything for preventive services. For the remaining 26.6 percent of cases, there is no first dollar coverage for preventive services and consumers either must meet the deductible before coverage begins, or they must pay a copay or coinsurance.

An additional 28 silver medical plans with embedded pediatric dental benefits have a separate dental deductible for pediatric dental benefits. The average shadow premium among these plans is -\$2.36, indicating that the average cost of purchasing a medical plan with embedded pediatric dental benefits and a separate dental deductible is lower than purchasing a medical plan without embedded dental benefits. All of these plans have first dollar coverage for preventive services.

Finally, 36 silver medical plans have no deductible for pediatric dental benefits. The average shadow

premium among these plans is -\$2.07, indicating that the average cost of purchasing a medical plan with embedded pediatric dental benefits and no dental deductible is lower than purchasing a medical plan without embedded dental benefits. Approximately 91.7 percent of these plans have first dollar coverage for preventive services. Approximately 8.3 percent of these plans do not have first dollar coverage for preventive services and consumers must pay either a copay or coinsurance.

Taking all deductible and first dollar coverage findings into account, our analysis found that 452 of the 597 silver medical plans with embedded pediatric dental benefits (75.7 percent) provide first dollar coverage for preventive services.

A lower percentage of SADPs provide first dollar coverage for preventive dental services. Specifically, 277 of the 631 SADPs (43.9 percent) provide first dollar coverage for preventive services (see Figure 4). We examined first dollar coverage for preventive services by two plan deductible scenarios: SADPs that have a deductible and SADPs that have no deductible.

Most SADPs have a deductible ranging from \$20 to \$200. Approximately 47.9 percent of these plans have first dollar coverage for preventive services. The average pediatric premium across plans with first dollar coverage is \$34.11 and the average pediatric premium across plans without first dollar coverage is \$27.99.

Among those SADPs with no deductible, 24.8 percent provide first dollar coverage for preventive services. The average pediatric premium across plans with first dollar coverage is \$25.61 and the average pediatric premium across plans without first dollar coverage \$29.19.

A major development is that the 2015 FFM website, Healthcare.gov, is more transparent about dental

benefits coverage and cost-sharing compared to the information available on the 2014 website. In 2015, there is clear language on Healthcare.gov for each medical plan stating whether preventive dental services, basic dental services, orthodontia, and major dental services are covered for children and adults (see Figure 5 for an example of information available to the consumer on Healthcare.gov). There is also clear information on the cost-sharing arrangements for services in each category of benefits. Benefits and cost-sharing information is also clearly presented for consumers shopping for SADPs sold through the FFM (see Figure 6 for an example of information available to the consumer on Healthcare.gov).

In 2014, Healthcare.gov did not clearly present consumers with information on dental benefits embedded in medical plans. Consumers were required to read through each medical plan's SBC to ascertain whether it included dental benefits. Additionally, most SBCs only indicated whether a pediatric dental check-up was covered by a plan, leaving the consumer uninformed as to whether other categories of dental benefits were covered and what the cost sharing arrangements were.

Plan information for SADPs also includes detailed information on dental provider networks. However, a key gap in transparency persists in 2015 on Healthcare.gov concerning dental provider networks for embedded medical plans. Specifically, Healthcare.gov provides a link to dental provider network information for medical plans with embedded adult dental benefits, but there is no corresponding link for medical plans with embedded pediatric dental benefits (see Figure 5).

For more information on medical plan and SADP dental benefits and cost-sharing, see Appendix A.

## Discussion

Our analysis uncovered several important changes in health insurance marketplace dental benefits offerings between 2014 and 2015. First, more medical plans in more states include embedded dental benefits, providing consumers with more options for dental benefits. Second, there are more family SADPs available, providing adults with more options when shopping for dental benefits. This is likely in response to significant interest among adults, especially young adults, in purchasing dental coverage in the marketplaces.<sup>4,22</sup> Third, obtaining pediatric dental benefits through medical plans continues, on average, to be less costly than purchasing a separate SADP. Fourth, compared to 2014, marketplace transparency is significantly improved for consumers purchasing dental benefits on Healthcare.gov.

There continue to be important differences in coverage between embedded medical and stand-alone dental plans, one of them being that embedded medical plans are more likely to provide first dollar coverage for pediatric preventive dental services. This is despite the fact that most medical plans with embedded dental benefits use a single deductible for all health and dental services. For dental services beyond preventive services, it is unclear how the use of a single embedded plan deductible affects typical out-of-pocket costs and our analysis did not focus on this. However, in our view, even in cases where embedded plans provide first dollar coverage for preventive services, the relatively high medical deductible may inhibit some consumers from obtaining additional dental services that are subject to the deductible, and further analysis is needed.

Lack of first dollar coverage for pediatric preventive dental services within many SADPs and embedded plans is another important issue uncovered by our

analysis. Without first dollar coverage, some consumers may be unable to afford the costs associated with preventive services. This lack of first dollar coverage, despite pediatric dental services being part of the essential health benefits package, may have to be addressed.

We also observe unexpected differences in average pediatric premiums when we compare plans with first dollar coverage to plans without first dollar coverage. When we look across states, we see that embedded medical and stand-alone dental plans with first dollar coverage are often less expensive than embedded medical and stand-alone dental plans without first dollar coverage, which is a result we would not expect. However, when we look at embedded medical plan premium differences within states, we see that embedded medical plans with higher premiums have lower deductibles and embedded medical plans with lower premiums have higher deductibles, regardless of first dollar coverage for pediatric dental services. It may be that embedded medical plan insurers are treating pediatric dental benefits as value-added services in an effort to attract more purchasers. In other words, coverage of pediatric dental benefits may not significantly impact the overall cost of an embedded medical plan. When we look at SADP premiums within states, we see that most SADPs with first dollar coverage have higher premiums than SADPs without first dollar coverage.

The improved information transparency on Healthcare.gov regarding dental benefits is a positive development. Healthcare.gov is providing consumers with more information on dental benefits options through both embedded medical plans and SADPs this year compared to 2014. In 2014 we had to call individual embedded medical plans to understand

which dental services were covered and at what cost to the consumer. In 2015, Healthcare.gov clearly states whether a medical plan includes pediatric and/or adult dental benefits and the level of cost-sharing associated with those services. There is still room for improvement, however. Specifically, the website could provide better information on what deductible amount applies to dental benefits instead of requiring consumers to reference a plan’s SBC. Additionally, while web links are available to dental provider networks for medical plans with embedded adult dental benefits, there are no complementary links available to provider networks for embedded pediatric dental benefits.

Overall, many of the differences observed between the 2014 and 2015 marketplaces are positive from the consumer perspective. As more embedded medical plans are made available to consumers, it will be important to continue studying what, if any, differences there are in accessing dental care via medical plans compared to traditional SADPs. Additionally, research is needed to determine whether the lack of first dollar coverage impacts individual dental care utilization. The ADA Health Policy Institute will continue to study the impact of the health insurance marketplaces on access to dental care.

**Table 1:** States Included in the Analysis, 2014 and 2015

	2014		2015	
	Federally-Facilitated Marketplace	State-Based Marketplace	Federally-Facilitated Marketplace	State-Based Marketplace
Included in the Analysis	AK, AL, AR, AZ, DE, FL, GA, IA, ID, IL, IN, KS, LA, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, OH, OK, PA, SC, SD, TN, TX, UT, VA, WI, WV, WY	CA, MN, NV, VT, WA	AK, AL, AR, AZ, DE, FL, GA, IA, IL, IN, KS, LA, ME, MI, MS, MO, MT, NE, NH, NJ, NM, NC, ND, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WI, WV, WY	CA, VT, WA
Not Included in the Analysis	-	CO, CT, DC, HI, KY, MA, MD, NY, OR, RI	-	CO, CT, DC, HI, ID, KY, MA, MD, MN, NY, RI

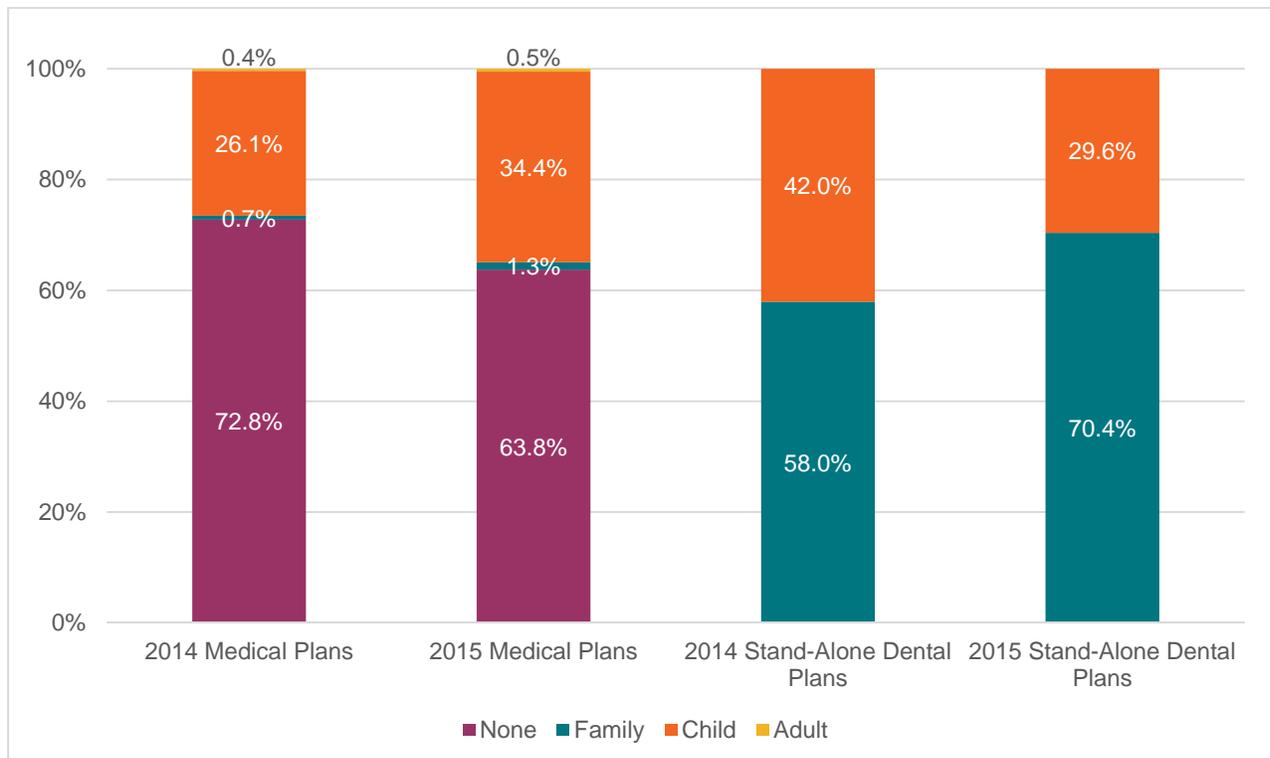
**Source:** The Centers for Medicare & Medicaid Services. **Notes:** In 2014, 41 states were included in our analysis. In 2015, 40 states are included in our analysis. Changes from 2014 to 2015 include the exclusion of Idaho and Minnesota and the inclusion of Oregon.

**Table 2:** Percentage of Medical Plans with Embedded Pediatric Dental Benefits, 2014 and 2015

	2014 FFM and Select SBMs	2015 FFM and Select SBMs
0%	AR, CA, MS, MT, NJ, NM, UT, WA	AR, NM, WA
<50%	AL, AZ, FL, GA, IA, ID, IL, IN, KS, ME, MI, MN, MO, NV, NH, OH, OK, SC, SD, TX, VA, WI	AZ, FL, GA, IA, IL, IN, KS, ME, MI, MO, MS, MT, NE, NH, NJ, NV, OH, OK, OR, SC, TX, UT, WI, WY
50%-99%	AK, DE, LA, NC, ND, NE, PA, TN, WY	AL, DE, LA, NC, ND, PA, SD, TN, VA
100%	VT, WV	AK, CA, VT, WV

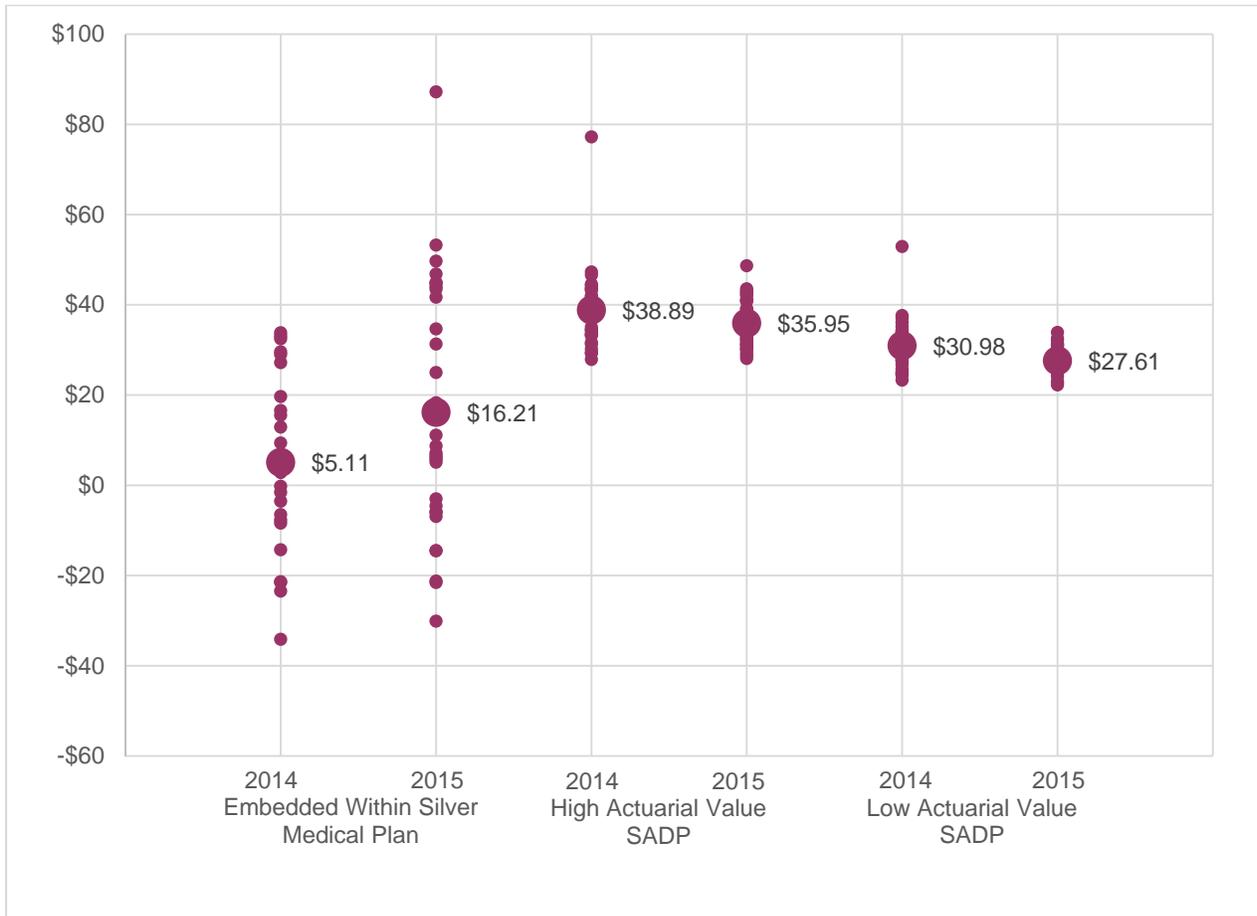
**Source:** ADA Health Policy Institute analysis of data from the 2015 FFM and select SBMs. Data from 2014 collected from Yarbrough C, Vujicic M, Nasseh K (March 2014).<sup>7</sup> **Notes:** We analyzed all medical plans offered in the 37 states operating through the 2015 FFM and the 2015 SBMs for California, Vermont, and Washington. For the states operating through the 2015 FFM we analyzed each unique medical plan for the type of dental benefits offered. For California, Vermont and Washington, we analyzed documents made available on each state’s SBM website.<sup>11,15,17</sup> 2015 FFM analysis is based on 4,810 medical plans.

**Figure 1:** Dental Benefits Available within Medical and Stand-Alone Dental Plans, 2014 and 2015



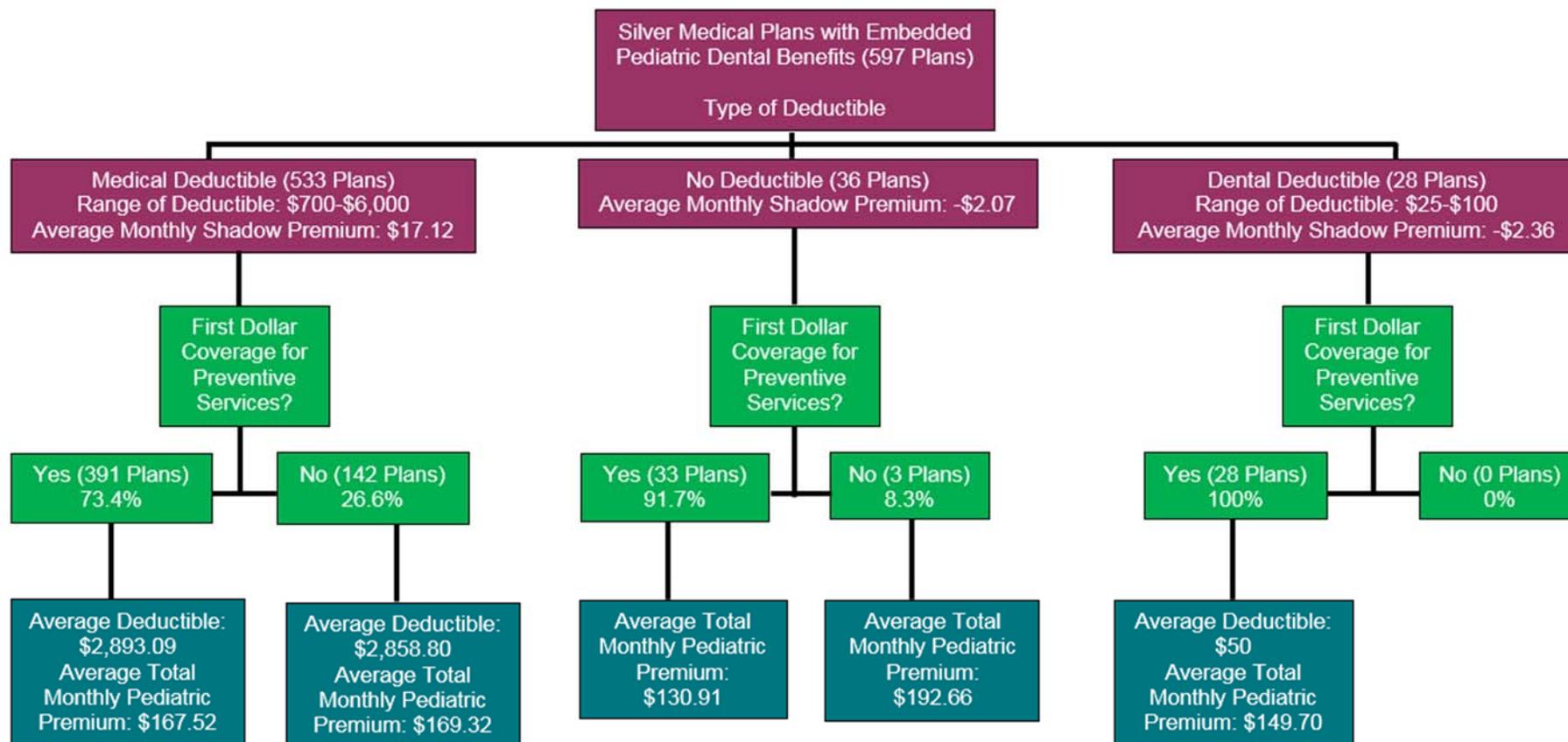
**Source:** ADA Health Policy Institute analysis of data from the 2015 FFM and select SBMs. Data from 2014 collected from Yarbrough C, Vujicic M, Nasseh K (March 2014).<sup>7</sup> **Notes:** We analyzed all medical plans and SADPs offered for 37 states operating through the 2015 FFM and the 2015 SBMs for California, Vermont, and Washington. For states operating through the FFM, we analyzed unique plans identified by a unique Plan ID. We then analyzed each unique medical plans and SADPs for the type of dental benefits offered. For California, Vermont and Washington, we analyzed documents made available on each state’s SBM website.<sup>11,14,15,16,17,18</sup> 2015 analysis is based on 4,810 medical plans and 638 SADPs. 2014 Analysis is based on 3,180 medical plans and 697 SADPs.

**Figure 2:** Average Monthly Pediatric Premium for Dental Benefits by Plan Type, 2014 and 2015



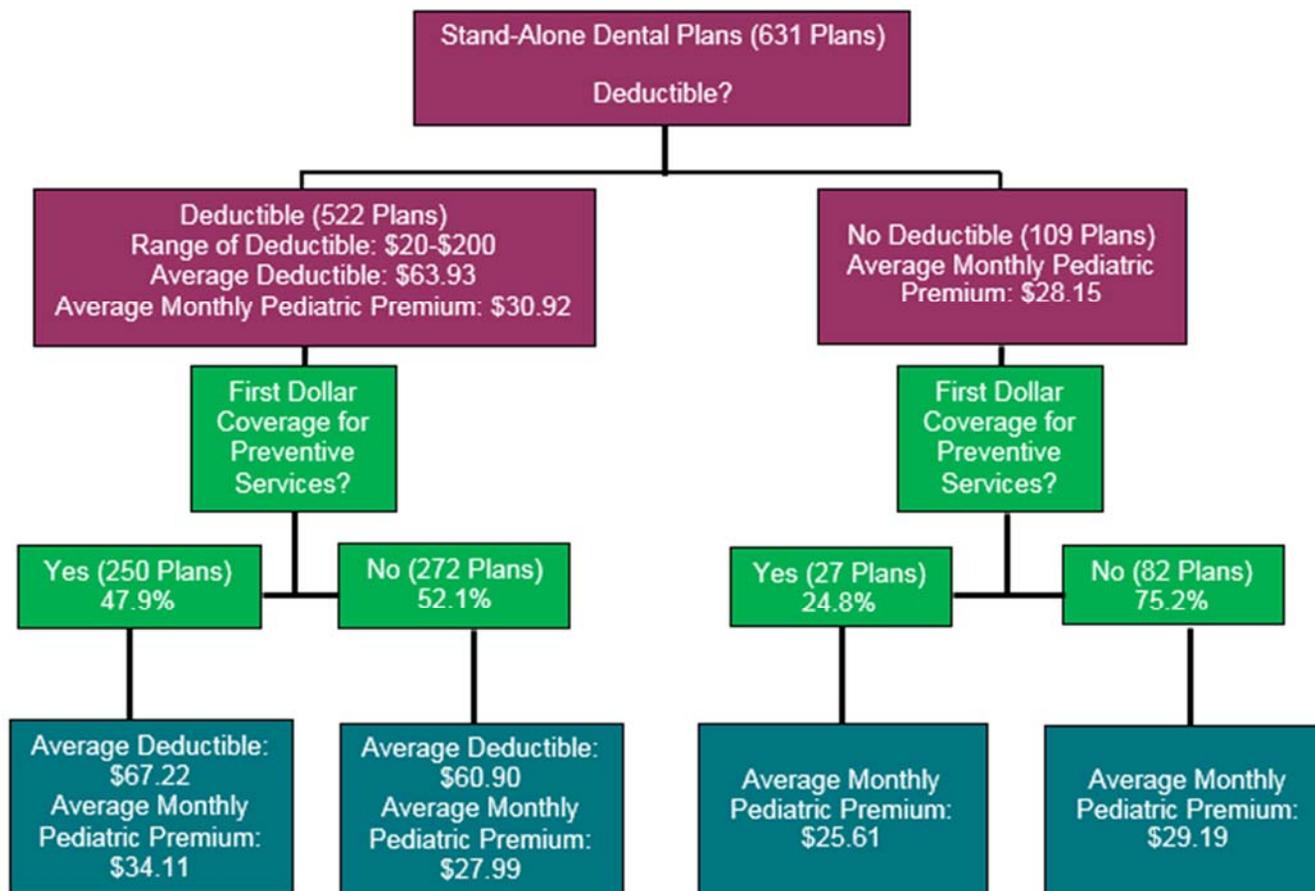
**Source:** ADA Health Policy Institute analysis of data from the 2015 FFM. Data from 2014 collected from Yarbrough C, Vujicic M, Nasseh K (March 2014).<sup>7</sup> **Notes:** Each small data point represents the average premium in a state and each large data point represents the average across all states (unweighted). Premiums were analyzed separately for silver medical plans with and without embedded pediatric dental benefits, high actuarial value SADPs and low actuarial value SADPs. States were included in the analysis only if there were silver medical plans with and without embedded pediatric dental benefits, high actuarial value SADPs, and low actuarial value SADPs available for purchase. This resulted in 25 states included in the 2014 analysis and 32 states included in the 2015 analysis. States were excluded if all four types of plans were not available for purchase. To calculate the shadow premium for embedded pediatric dental benefits, we first calculated the average premium for silver medical plans that have embedded pediatric dental benefits for each state. We then subtracted the average premium for silver medical plans that do not have embedded pediatric dental benefits for each state. This is a “shadow” premium in the sense that it is not observed.

**Figure 3:** First Dollar Coverage of Pediatric Preventive Dental Services under Silver Medical Plans with Embedded Pediatric Dental Benefits



**Source:** ADA Health Policy Institute analysis of data from the 2015 FFM. **Notes:** Analysis is based on the 597 silver medical plans with embedded pediatric dental benefits being sold through the 2015 FFM. All premium figures represent monthly child premiums. There are silver medical plans with embedded pediatric dental benefits offered in 34 of the 37 states participating in the 2015 federally-facilitated marketplace. A plan with first dollar coverage is a plan where the consumer does not have to pay any amount for pediatric preventive services. A plan without first dollar coverage is a plan where a consumer may have to meet a deductible before a plan's coverage begins, or where a consumer must pay a copay or coinsurance for pediatric preventive services.

**Figure 4:** First Dollar Coverage of Pediatric Preventive Dental Services under Stand-Alone Dental Plans



**Source:** ADA Health Policy Institute analysis of data from the 2015 FFM. **Notes:** Analysis is based on the 631 SADPs being sold in the 37 states participating in the 2015 FFM. All premium figures represent monthly child premiums. A plan with first dollar coverage is a plan where the consumer does not have to pay any amount for pediatric preventive dental services. A plan without first dollar coverage is a plan where a consumer may have to meet a deductible before a plan's coverage begins, or where a consumer must pay a copay or coinsurance for pediatric preventive dental services.

**Figure 5:** Example of Information Available to Consumers on Embedded Dental Benefits within Medical Plans on Healthcare.gov

<b>Adult Dental Coverage</b>	
Routine Dental Services (Adult)	<i>No charge</i>
Basic Dental Care - Adult	20%
Orthodontia - Adult	<i>Benefit not covered</i>
Major Dental Care - Adult	50%
Find Dentist	N/A
<b>Child Dental Coverage</b>	
Dental Check-Up for Children	<i>No charge</i>
Basic Dental Care - Child	30%
Orthodontia - Child	50%
Major Dental Care - Child	50%

**Source:** www.healthcare.gov. **Notes:** Screenshot captures information for a silver medical plan offered through [www.healthcare.gov](http://www.healthcare.gov) in 2015. This screenshot was captured on January 29, 2015.

**Figure 6:** Example of Information Available to Consumers on Stand-Alone Dental Plans on Healthcare.gov

<b>Access to doctors and hospitals</b>	
Provider directory URL	<a href="#">View</a>
National Provider Network	yes
Multi-state plan	no
<b>Adult Dental Coverage</b>	
Routine Dental Services (Adult)	No charge after deductible
Basic Dental Care - Adult	50% Coinsurance after deductible
Orthodontia - Adult	Benefit not covered
Major Dental Care - Adult	Benefit not covered
Find Dentist	N/A
<b>Child Dental Coverage</b>	
Dental Check-Up for Children	No charge after deductible
Basic Dental Care - Child	50% Coinsurance after deductible
Orthodontia - Child	50% Coinsurance after deductible
Major Dental Care - Child	50% Coinsurance after deductible

**Source:** www.healthcare.gov. **Notes:** Screenshot captures information for an SADP offered through [www.healthcare.gov](http://www.healthcare.gov) in 2015. This screenshot was captured on January 8, 2015

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Appendix A: Summary of Plan Characteristics

	Embedded Silver Medical Plans	Stand-Alone Dental Plans
Total Plans	597	631
Total pediatric-only	573	183
Total family	24	448
Average Dental Deductible	\$50 (Range: \$25-\$100)	\$63.93 (Range: \$20-\$200)
Average Medical Deductible	\$2,883.96 (Range: \$700-\$6,000)	NA
<b>Does the Dental Plan Cover Preventive Services (i.e. Check-Ups)?</b>		
Yes	100.00%	100.00%
No	0.00%	0.00%
<b>If the plan does cover preventive services, does the consumer have to pay the deductible before coverage begins?</b>		
Yes	16.58% (99 Plans)	39.46% (249 Plans)
No	83.42% (498 Plans)	60.54% (382 Plans)
<b>If the deductible does apply, is there cost sharing after the deductible is met?</b>		
Yes	77.78% (77 Plans)	7.23% (18 Plans)
No	22.22% (22 Plans)	92.77% (231 Plans)
<b>If the deductible does not apply, is there cost sharing in general?</b>		
Yes	9.24% (46 Plans)	27.49% (105 Plans)
No	90.76% (452 Plans)	72.51% (277 Plans)
<b>Overall average coinsurance/copay for preventive services:</b>		
	16.10%/\$25.94	20.23%/\$11.76
<b>Does the Dental Plan Cover Basic Dental?</b>		
Yes	100.00%	97.62%
No	0.00%	2.38%
<b>If the plan does cover basic dental, does the consumer have to pay the deductible before coverage begins?</b>		
Yes	60.97% (364 Plans)	87.01% (536 Plans)
No	39.03% (233 Plans)	12.99% (80 Plans)
<b>If the deductible does apply, is there cost sharing after the deductible is met?</b>		
Yes	68.13% (248 Plans)	100.00% (536 Plans)
No	31.87% (116 Plans)	0.00%
<b>If the deductible does not apply, is there cost sharing in general?</b>		
Yes	85.84% (200 Plans)	100.00% (80 Plans)
No	14.16% (33 Plans)	0.00%
<b>Overall average coinsurance/copay for basic dental:</b>		
	29.70%/\$25.00	37.52%/\$42.21
<b>Does the Dental Plan Cover Major Dental?</b>		
Yes	100.00%	97.31%
No	0.00%	2.69%
<b>If the plan does cover major dental, does the consumer have to pay the deductible before coverage begins?</b>		
Yes	62.14% (371 Plans)	86.97% (534 Plans)
No	37.86% (226 Plans)	13.03% (80 Plans)
<b>If the deductible does apply, is there cost sharing after the deductible is met?</b>		
Yes	68.73% (255 Plans)	100.00% (534 Plans)
No	31.27% (116 Plans)	0.00%
<b>If the deductible does not apply, is there cost sharing in general?</b>		
Yes	89.82% (203 Plans)	100.00% (80 Plans)
No	10.18% (23 Plans)	0.00%
<b>Overall average coinsurance/copay for major dental:</b>		
	42.93%/\$25.00	50.55%/\$113.10
<b>Does the Dental Plan Cover Orthodontia?</b>		
Yes	97.49%	94.45%
No	2.51%	5.55%
<b>If the plan does cover orthodontia, does the consumer have to pay the deductible before coverage begins?</b>		
Yes	69.07%* (402 Plans)	44.46% (265 Plans)
No	30.93% (180 Plans)	55.54% (331 Plans)
<b>If the deductible does apply, is there cost sharing after the deductible is met?</b>		
Yes	69.65% (280 Plans)	100.00% (265 Plans)
No	30.35% (122 Plans)	0.00%
<b>If the deductible does not apply, is there cost sharing in general?</b>		
Yes	87.22% (157 Plans)	89.12% (295 Plans)
No	12.78% (23 Plans)	10.88% (36 Plans)
<b>Overall average coinsurance/copay for orthodontia:</b>		
	41.80%/\$25.00	50.31%/\$309.19

**Source for Appendix A (previous page):** ADA Health Policy Institute analysis of data from the 2015 FFM. **Notes:** For five medical plans, it is unknown if there is a dental deductible because the SBC was not available. We considered these five plans to be plans that use their medical deductible for pediatric dental benefits. Nine SADPs that do apply the deductible to preventive services have both a copay and coinsurance after the deductible is met. Forty-six SADPs that do apply the deductible to basic dental procedures have both a copay and coinsurance after the deductible is met. Forty-six SADPs that do apply the deductible to major dental procedures have both a copay and coinsurance after the deductible is met. Eight embedded silver medical plans have a separate orthodontia deductible of \$3,450. Nine SADPs have an orthodontia cost-sharing obligation that is more than \$350. We excluded these 17 plans from the average copay amount because the individual out-of-pocket maximum for pediatric dental services is \$350.<sup>23</sup> Two SADPs that do apply the deductible to orthodontia procedures have both a copay and coinsurance after the deductible is met.

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