



October 4, 2010

Mr. Jay Angoff, Director  
Office of Consumer Information and Insurance Oversight (OCIIO)  
U.S. Department of Health and Human Services (HHS)  
P.O. Box 8010  
Baltimore, MD 21244-8010

Attention: File Code: OCIIO-9989-NC (FR Vol. 75, No.148)

Dear Director Angoff:

The National Association of Dental Plans (NADP) is responding to questions posted by OCIIO in the August 3, 2010 proposed rules of the Federal Register, "Request for comments regarding the Exchange related provisions of the Patient Protection and Affordable Care Act (PPACA)" OCIIO-9989-NC.

NADP is the largest non-profit trade association focused exclusively on the dental benefits industry, i.e. dental PPOs, dental HMOs, discount dental plans and dental indemnity products. NADP's members provide dental benefits to over 82% of the 176 million Americans with dental benefits. Our members include major commercial carriers, regional and single state companies, as well as companies organized as non-profit plans.

NADP's comments focus on the Exchange, providing information as requested by the federal register, however as **97% of dental policies are sold separately from medical policies**, our comments will intertwine with other features of PPACA directly impacting dental plans.

It is important to note the structure of Exchanges will have a significant impact on millions of Americans currently enrolled in a wide variety of dental plans that cover children as part of family plans. Small group and individual consumers comprise 39% of the 176 million Americans with dental benefits, which includes an estimated 1.65 million small employers, 43.7 million employees and 22.9 million children whose coverage could be disrupted. In addition, over 44% of American households currently enrolled in dental plans have an annual household income of \$50,000 or less, which means if they qualify under PPACA to receive a subsidy, they are more likely to move into the Exchanges to obtain coverage. Thus, how Exchanges are implemented will directly affect the market for dental benefits—both the carriers that provide benefits and the employers and consumers who purchase them. This impact will be magnified if states elect to open their Exchange(s) to the large group market in 2017 as allowed by PPACA.

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## BACKGROUND FOR NADP COMMENTS

PPACA requires all Americans (with some exceptions) to have health coverage, generally termed as minimum essential coverage (MEC) or qualifying health coverage, and does not prescribe specific benefits. But for the small group and individual market, PPACA goes further to require that all policies sold in these markets include, at minimum, ten specific categories of benefits to be defined by HHS as the “Essential Health Benefits Package (EHBP).” One of the ten mandated benefits in the EHBP for the small group/individual market is “Pediatric services (including oral and vision care.)” This inclusion, while beneficial for the oral health of children, separates the traditional purchase of adult dental benefits from children’s benefits.

PPACA also establishes state Exchanges, in which only qualified health plans whose offerings include the EHBP can provide coverage in the Exchange with one notable exception. Inside Exchanges the pediatric dental benefit can be provided through separate limited scope dental policies. This exception is not specifically carried over to the private marketplace outside of the Exchanges for small groups and individuals, despite specific Congressional intent to do so. Outside the Exchange, medical plans (qualified health plans) must include children’s dental coverage within their policies to meet the EHBP (See Sec. 2707(a)). Therefore a separate dental policy sold in the private small group/individual market covering a family would be duplicative of the pediatric oral services in EHBP required to be sold through medical carriers.

NADP’s recommendations for OCIO’s consideration in developing the federal framework for Exchanges are followed by specific answers to questions posted in the federal register. In addition NADP has attached additional documentation to highlight Congressional intent regarding dental plans within PPACA.

## NADP’S RECOMMENDATIONS

### # 1: Allow the offer of both family and adult dental coverage within Exchanges in addition to the required pediatric dental benefits of EHBP

As PPACA allows for stand-alone dental policies to provide dental coverage within the Exchange if they provide pediatric coverage to meet the EHBP, HHS should also confirm stand-alone dental policies may also include or separately offer adult and family dental wrap around coverage inside the Exchanges. Family dental wrap around coverage would include benefits that go beyond the required pediatric dental services to allow the family to receive a traditional family dental coverage. Currently, child-only dental policies are rare in the commercial market; dental coverage is offered as an individual or family policy. NADP survey data on cost sensitivity in the purchase of dental benefits suggests that parents may drop private family dental coverage when required to purchase child-only dental coverage (either through the medical plan or a separate dental plan) in the Exchanges as required by the EHBP. Without express authority to offer add-on or wrap around dental coverage, parents and single adults will not have the option to purchase adult coverage in the Exchange.

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If the Exchanges do not allow family coverage, with the child's portion meeting the required EHBP, or if they do not allow separate adult coverage, parents and adults would only be able to continue their dental coverage by conducting another transaction outside the Exchanges in the private market. This makes the purchase of family dental coverage more cumbersome and less likely. If adult dental coverage is reduced there will be an attendant reduction in adult oral health. The 2000 Surgeon General's Report and dentally related surveys clearly show that Americans without dental benefits are less likely to visit their dentist, and as a result have poorer oral health. Since oral health impacts overall health, especially for individuals with high risk medical conditions, any reduction in oral health will negatively impact medical cost reduction efforts. Even if adults maintain separate dental coverage, the family connection to their dentist could become fractured between different policies with different networks of dental providers.

### **# 2: Ensure equitable application of cost-sharing provisions to EHBP within Exchanges,**

PPACA requires states to subsidize coverage only through their Exchanges. As dental is allowed as a separate policy inside the Exchange (purchased in conjunction with a medical plan to meet the EHBP), consumers should be treated fairly by the equitable and proportional distribution of distinct tax credits, subsidies and any additional cost-sharing provisions between the dental and medical policies they purchase.

### **# 3: Consumer-friendly dental choices**

An Exchange should provide consumer-friendly Web interfaces to facilitate clear choices based on benefit design and costs among:

- a) a separate medical and dental policy from different carriers with independent pricing;
- b) a separate medical and dental policy from the same carrier with independent pricing; or
- c) an integrated medical and dental plan purchased from a multi-line (or full service) carrier that sells these products within a single policy with one price.

These choices reflect the variety of offerings that consumers and employers have in the market today, as "a" and "b" together comprise 97% of the dental market today. The Federal Employee Health Benefit Plan (FEHBP) and the Federal Employee Dental and Vision Plan (FEDVIP) are reflective of the private market. Some medical plans have integrated basic dental benefits, but more robust dental benefits are provided as a separate option under FEDVIP.

### **#4: Continue purchasing power of small business employers in the Exchanges**

The practice of selecting health benefits available to employees by their small business employers should be maintained and encouraged in the Exchanges. PPACA specifically included the Small Business Health Options Program (SHOP) within the Exchange, as well as particular tax credits to promote the role of small business employers. To promote simplicity for employees and efficiency in the sale of coverage, the SHOP should follow today's small group market practice in which the employer elects the specific medical and dental carriers and policies that will be available to their employees. The enrollment of the employee with any dependents would then be based upon the selections made by their employer.

Further, all employees and their dependents, regardless of state of residence, would purchase through the Exchange based on the employer's domiciliary state, or state of principal place of business. Such

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purchases would thus be subject to the requirements of the state of domicile of the small employer. This protocol aligns to the way a small employer and their employees purchase benefits today and is the straightforward process for employees of a small business to purchase benefits. Small employer interaction with multiple carriers and multiple state exchanges to serve employees living in multiple states would be administratively burdensome as well as costly and confusing to the employer and their employees. From the carrier perspective, if small group employees were allowed to select any plans offered within an Exchange, the employees of all small businesses in the Exchanges would become individual purchasers. Administrative costs and thus premiums would increase with the loss of group purchasing economies of scale. In addition, small employers may elect not to offer health benefits if faced with administrative complexities of multiple state exchanges.

#### **# 5: Allow separate dental coverage outside Exchanges to meet EHBP**

Prior to the passage of PPACA, the Senate Finance Committee unanimously passed the Stabenow-Lincoln (S-L) amendment (attached). The S-L amendment recognized 97% of dental policies are sold separately from medical, and specifically allows separate dental policies (purchased with a qualified health plan that covers all other EHBP benefits) to meet the pediatric dental requirement of the EHBP inside and outside of Exchanges. However, the statutory language of PPACA only partially implemented the S-L amendment by allowing separate dental policies inside the Exchange to meet the EHBP. PPACA does not explicitly allow the combination outside in the private small business/individual market. In fact, Section 2707 specifically requires health insurance issuers to assure that coverage sold in the small group/individual market coverage includes the EHBP required under section 1302(a) by PPACA. While the S-L amendment has significant Congressional support (see attached letters), effecting the legislative intent of the amendment could be accomplished more quickly through regulation as suggested by Senators Stabenow and Lincoln in their letter of September 21, 2010 (attached). OCIIO should provide in future regulations that separate pediatric dental coverage outside the Exchange can meet the EHBP as is specifically provided inside the Exchanges.

#### **NADP'S RESPONSE TO QUESTIONS POSED IN THE FEDERAL REGISTER**

**OCIIO Question:** *C. State Exchange Operations - 5. What are the considerations for States as they develop web portals for the Exchanges?*

**# 6 NADP Answer:** NADP recommends reviewing the federal FEDVIP portal [<http://opm.gov/insure/dental/index.asp>], which has been used to enroll federal employees since 2007, and now includes approximately 2 million federal employees and their annuitants who have voluntarily purchased a dental and/or vision program. This portal was developed by a third party vendor with experience in benefit offerings through portals. Like FEDVIP, an Exchange web portal should:

- serve as a resource for enrollees;
- provide an objective comparison of plans to be offered;
- provide benefit information in formats which are easily understood;
- be capable of handling large volumes of transactions and provides timely/daily transactional data to the Qualified Health Plans (QHPs) and dental carriers;
- clarify a distinction that the pediatric dental services can be purchased by a non QHP;
- allow enrollment and maintenance of enrollment information through the portal; and
- Serve as the database of record for all enrollment information while carriers bill and collect premium from employers and individuals.

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**OCIIO Question:** *D. Qualified Health Plans (QHPs) – 1. What are some of the major considerations involved in certifying QHPs under the Exchanges...?*

**# 7 NADP Answer:** While dental plans cannot become QHPs as they do not offer medical coverage (among many reasons), PPACA Sec. 1311 (d)(ii) specifically allows for limited scope dental benefits (under IRS Code Sec. 9832(c)(2)(A) to offer a dental policy through the Exchanges. This can be done either separately or in connection with a QHP if the plan provides pediatric dental benefits meeting the requirements of PPACA. Some certification of these dental plans should be included in a scope that is appropriate to the limited benefit provided. The certification process should include at the minimum for a carrier to:

- have a valid operating license from the state where the exchange is housed;
- maintain adequate reserves consistent with the state’s financial requirements; and
- be operating without any restrictions by the state’s regulatory authority.

**OCIIO Question:** *D. Qualified Health Plans (QHPs) – 2. What factors should be considered in developing the Section 1311(c) certification criteria? To what extent do States currently have similar requirements or standards for plans in the individual and group markets?*

**# 8 NADP Answer:** NADP recommends dental certification at the state level, although NAIC guidelines may be useful if they allow enough flexibility among the states. States now have specific licensing statutes and standards that are applied to dental plans that should be relied upon for dental certification criteria. These standards, which differ by state and vary by type of dental product, are more appropriate than a single national standard for the limited pediatric dental benefit that is required in the Exchanges. A single national standard would create confusion in the market and potentially conflict with state standards. For dental any new standards should not be based on medical coverage but developed for and based on the limited scope of dental coverage.

The majority of dental plans remain small to medium sized companies that operate on a single state or regional basis, although some dental plans have grown into large companies or merged and affiliated with medical plans. Exchanges need to take this into consideration when deciding who may enter the market and the certification they must earn. Annual dental premiums are usually about the cost of a single month’s medical premium and on average increase at the same rate as the overall inflation or below. Thus, costs for participating in Exchanges and the policies allowed to be offered into the Exchanges must be moderated proportionately to the size of carrier and scope of benefit provided.

NADP has the expertise and breadth of access to the dental market to provide feedback to both the NAIC and HHS in considering the formulation of standards that are specific to dental plans, if regulatory oversight of non QHPs is included in the model of Exchanges.

**OCCIO Question:** *D. Qualified Health Plans (QHPs) – 2a. What issues need to be considered in establishing appropriate standards for ensuring a sufficient choice of providers and providing information on the availability of providers?*

**# 9 NADP Answer:** Similar to #8, standards to ensure a sufficient choice of dental providers would need to be considered in light of the pediatric benefit that is required, and the geography of the states. Today states have processes in place to assure consumer access to care. State requirements for dental vary from those of medical due to the differences in the delivery of medical and dental care. Unlike medical care, 80% of dental care is provided by general dentists, rather than specialists, and both practice primarily in solo offices. Dentists are trained to perform all aspects of dentistry, and general dentists are likely to be capable of providing pediatric dentistry required by the EHBP.

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States have learned through working with their licensed dental plans and through their own public programs, that there is a maldistribution of general dentists in certain states and regions, such as the Northwest and rural areas. As well, there are more limited numbers of specialists like pediatric dentists. Currently there is only 1 pediatric dentist for every 27 general dentists (approximately 4800 pediatric dentists nationwide). Most states currently allow a dental plan to file provider network access and availability standards for state review and approval. The few states that have actual standards are typically limited to dental HMOs. NADP recommends that this process be maintained to provide state flexibility in addressing access to dental providers which is unique in each state.

**OCCIO Question:** *D. Qualified Health Plans (QHPs) – 5. What factors are important in establishing minimum requirements for the actuarial value/level of coverage?*

**# 10 NADP Answer:** Dental plans are unique in how they are included in PPACA, and states may need some flexibility in how the mandated “Pediatric services (including oral and vision care)” of the Essential Health Benefits Package is provided inside and outside the Exchange. Currently there are few child-only dental policies for comparison in the private market. Based on common employer-provided dental coverage, NADP has consulted dental actuaries and determined that various tiers of actuarial value could be achieved. However as the required pediatric dental benefit is, as yet, undefined, it is impossible to conclusively determine if all four tiers of actuarial value can be practically achieved.

**OCCIO Question:** *D. Qualified Health Plans (QHPs) – 6. ...To what extent should the Exchanges accept all plans that meet minimum standards or select and negotiate with plans?*

**# 11 NADP Answer:** Exchanges should accept all dental plans that qualify, so consumers have a similar selection of dental plans in the Exchanges to those which are available in the private market. Allowing small businesses and consumers an array of dental choices, broadens the number of plans for better consumer choice, increases competition, continues an open marketplace and keeps premiums low and affordable. These carriers should be admitted for a specified number of years with annual recertification or renewal.

**OCCIO Question:** *E. Quality – 1c. How much flexibility is desirable with respect to establishing State-specific thresholds or quality requirements above the minimum Federal thresholds or quality requirements?*

**# 12 NADP Answer:** Quality measurement is not as well developed in dental as it is in medical due in part to the lack of nationally recognized diagnostic codes. However, in the past two years a national Dental Quality Alliance has been in development at the request of CMS. The DQA organizational meeting is scheduled in October 2010. This effort was initiated under the auspices of the ADA but is intended to become an independent effort in the near future. NADP serves as the payer representative on the Executive Committee of the DQA. The work of DQA should be considered in creation of any standards. Quality requirements for dental should consider the pediatric benefit involved as well as lack of diagnostic codes in the dental industry. Standards should limit variation by geography, be evidence based and vetted through dental, not medical, professionals to maximize effectiveness and efficiency.

**OCCIO Question:** *G. Enrollment and Eligibility – 7. What considerations should be taken into account in establishing procedures for payment of the cost-sharing reductions to health plans?*

**# 13 NADP Answer:** As stated in # 2: PPACA requires states to subsidize coverage only through their Exchanges. As dental is allowed as a separate policy inside the Exchange (purchased in conjunction with a medical plan to meet the EHBP), consumers should be treated fairly by the equitable and proportional distribution of distinct tax credits, subsidies, cost sharing and any additional cost-sharing provisions between the dental and medical policies they purchase.

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**OCCIO Question:** *K. Employer Participation – What factors are important for consideration in determining the employer size limit (e.g., 50 versus 100) for participation in a given State’s Exchange?*

**# 14 NADP Answer:** States may wish to align the employer size initially with the employer size in their own Small Employer Group laws whether 50, or 100. This will mitigate confusion or disruption in their state marketplace as well as allow a phased in approach in some states to identify and correct any issues prior to expansion in 2016 to 100 and beyond after 2017.

The following employer groups by size offer dental plans to their employees; to encourage enrollment in state Exchanges, they should allow family and adult dental policies as those are benefits employers feel are important to offer their employees.

- 41% of employers sized 6-24 employees offer a dental plan
- 57% of employers sized 25-49 employees offer a dental plan
- 70% of employers sized 50-99 employees offer a dental plan
- 95% of employers sized 100+ employees offer a dental plan

**OCCIO Question:** *M. Comments Regarding Economic Analysis, Paperwork Reduction Act, and Regulatory Flexibility Act – 3. Are there unique benefits and costs affecting consumers? How will these consumer benefits be affected by States’ Exchange design?*

**# 15 NADP Answer:** NADP survey data suggests that adults with current dental family coverage may not go outside the Exchange to purchase their own dental coverage once they have their child/ren covered with a policy inside the Exchange. Thus, state Exchanges should allow for family wrap around and adult dental benefits to be sold as optional coverage in the Exchanges (in addition to the pediatric required coverage) to facilitate continuation of adult coverage in place today in the small group market. Even if adults do purchase separate dental coverage from their child/ren’s required dental policy inside the Exchanges, there is potential for disruption of the family’s relationship with their dentist due to the potential of different carriers and therefore different networks. Allowing for a variety of family dental policies to be offered inside as well as outside Exchanges will give families the choices they need to maintain their dental health.

The portal should facilitate family benefit decisions. Therefore, for the pediatric benefit, it will be important to show the plan design and pricing options, and provide a calculator, as required by PPACA, for understanding subsidies. This transparency in benefits and pricing should be available for family wrap around coverage purchased through the exchanges.

NADP applauds the importance placed on oral health as part of health care reform. NADP values oral health and the role of the dental benefits industry in improving access to affordable, quality dental care. We look forward to working with federal and state regulators in developing solutions for the dentally uninsured, which is one of the main goals of the Exchanges.

(cont.)

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NADP greatly appreciates the opportunity to share our views and research on the dental benefits industry. As the representative and nationally recognized resource on dental benefits, we are available to answer any of your questions with regard to the dental benefits industry. Please feel free to contact Kris Hathaway, NADP's Director of Government Relations (972.458.6998x111 or email - khathaway@nadp.org) or me for additional information.

Sincerely,



Evelyn Ireland, CAE  
Executive Director

- Attachment A: 09.21.10 Letter from Senator Stabenow and Senator Lincoln to Secretary Sebelius
- Attachment B: 12.24.09 Letter from 21 Senators to Senate Majority Leader Reid
- Attachment C: 09.24.09 Stabenow-Lincoln amendment as passed by Senate Finance Committee

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# United States Senate

WASHINGTON, DC 20510

September 21, 2010

Secretary Kathleen Sebelius  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Sebelius:

As you work to implement insurance provisions included in the historic Affordable Care Act (ACA), we urge you to clarify rules allowing stand-alone pediatric dental coverage to operate outside the Exchanges in the individual and small group markets similar to its treatment inside the Exchanges. We also ask that you clarify certain aspects of the pediatric dental benefit inside the exchange to ensure its administration is consistent with the relevant provisions of ACA. These clarifications would be consistent with the intent of our amendment adopted by the Senate Finance Committee.

ACA will vastly improve children's oral health through a number of important provisions. Defining the "essential health benefits package (EHBP)" to include coverage of oral health services for children is particularly important in that regard. The law allows stand-alone dental benefits inside the Exchanges to qualify as meeting the dental component of the EHBP. However, outside the Exchanges, in the individual and small group markets, ACA is less clear. Although our amendment was clearly intended to allow stand-alone dental benefits both inside and outside the Exchanges, we are concerned that the language of the law could be interpreted to allow only medical plans to cover the dental component of the EHBP outside the Exchange.

Today, 97% of Americans with dental coverage receive that coverage through stand-alone oral health policies, with benefits separate from traditional medical coverage. Congress intended, through our amendment adopted by the Senate Finance Committee, to recognize this fact and allow for separate pediatric dental coverage, both inside and outside the Exchanges. Our amendment also required that plans offering the essential pediatric benefit comply with any relevant consumer protections for that benefit.

Disallowing the separate offer of dental benefits outside the Exchanges would result in the disruption of dental coverage provided today to 43.7 million employees and dependents through 1.65 million small businesses (with fewer than 100 employees). In 2014 some 22.9 million children would be removed from their parents' existing dental coverage to have their oral health services provided instead by a medical carrier.

Additionally, within the Exchanges, some provisions were enacted in a manner that, under some interpretations, could be inconsistent with the intent of our amendment, raising some questions that should be clarified about cost-sharing, premium subsidies, and the treatment of applicable consumer protections.

We urge you to 1) clarify that outside the Exchanges (in the individual and small group markets), a stand-alone dental plan offering required pediatric dental benefits that comply with essential benefits requirements and provisions of Title I that are relevant to the scope of stand-alone pediatric dental coverage, together with a health plan offering all other required benefits except pediatric dental, shall meet the essential benefits package and the individual mandate; 2) clarify that cost-sharing limits and cost-sharing assistance apply, relevant to the scope of stand-alone pediatric dental coverage, to stand-alone plans offering the essential pediatric dental benefit inside the Exchanges; 3) clarify that inside and outside the Exchanges, the presence of one dental plan does not obviate the requirement for all other health plans to offer the essential pediatric dental benefit. Our intent is to ensure robust competition that reflects a balance of options for consumers, including an option that a stand-alone dental plan offering required pediatric dental benefits together with a health plan offering all other required benefits except pediatric dental meets the essential benefits package inside the Exchange.

We ask for your help in closing the gap in these areas between the provisions adopted by the Senate Finance Committee and the possible interpretations of statutory language to ensure the continuity of coverage and care envisioned by ACA. We especially urge you to ensure that as in the Exchanges, stand-alone dental coverage outside the Exchanges in the individual and small group markets be allowed to count toward fulfillment of the EHBP, together with a qualifying medical plan covering all other medical benefits. ACA kept its promise to ensure no one would be forced to give up his or her doctor – this promise is equally important for patients and their dentists, too.

Sincerely,



Debbie Stabenow  
United States Senator



Blanche L. Lincoln  
United States Senator

# United States Senate

WASHINGTON, DC 20510

December 24, 2009

The Honorable Harry Reid  
Majority Leader  
United States Senate  
522 Hart Senate Office Building  
Washington, DC 20510

Dear Senator Reid:

We strongly support the Stabenow-Lincoln dental amendment adopted by the Finance Committee and urge you to include technical changes in the conference report necessary to fulfill the promise of that amendment.

The Stabenow-Lincoln amendment provided assurances that stand-alone dental plans can directly offer the required pediatric dental benefits both inside *and* outside of the new health insurance exchanges as they do today.

Unfortunately, the current Senate language provides that assurance only for coverage offered inside of the insurance exchange. Technical changes are needed for coverage offered outside of the exchange so that existing family dental coverage in the individual and small group market is not disrupted as well as to ensure families can easily access the bill's affordability and consumer protections.

Our campaign for health insurance reform started with a simple premise: no one would be forced to give up his or her doctor. We are proud the bill being considered keeps that promise for doctors. Like you, we strongly support efforts to improve access to oral health benefits and urge you to include the full Stabenow-Lincoln amendment to ensure this promise is kept between patients and their dentists, too.

Sincerely,

Rebbie Stabenow      Blanche L. Lincoln

Carl Levin

Mark R. Warner

Paul S. Kirk, Jr.

John F. Kerry

Jeffrey A. Merkley

Ron Wyden

Wendy Lowrey

Allen Feuch  
Dental

E. Benjamin Nelson

Jessie Shaker

Ann Feingold

Herb Kohl

Barbara Boxer

John Paul

Sherrill Brown

Shirley

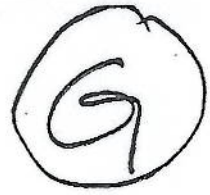
Tom Udall

Mimi Anderson

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## Stabenow-Lincoln MODIFIED Amendment C-7 to the Chairman's Mark

**Short title/purpose:** To allow stand-alone dental plans to offer the required pediatric dental services and to be offered in the individual and small group markets including within the insurance exchanges.

**Description of Amendment:** The Chairman's mark states that no policies could be issued in the individual or small group market (other than grandfathered plans) that did not meet the actuarial standards described and that all plans in the individual and small group markets, at a minimum, would be required to offer coverage in the silver and gold categories. Furthermore, all plans must offer pediatric services, including dental and vision. The current language precludes stand-alone dental plans, which currently provide 97 percent of the dental benefits in the United States, from competing with medical plans for pediatric dental coverage in the Exchange.

This amendment would ensure that people who like their dental plans would be able to keep them. To accomplish this, stand-alone dental plans must be allowed to offer the required pediatric dental benefits directly and to offer coverage through the Exchange and must comply with any relevant consumer protections required for participation in the Exchange.

Required pediatric dental benefits in the non-group and small group markets (in and outside an Exchange) may be separately offered and priced from other required health benefits. Coverage for these required pediatric dental benefits may be provided by any state-licensed stand-alone dental-only carrier that meets the requirements of section 2791(c)(2)(A) of the Public Health Service Act. Stand-alone dental-only together with a qualified health plan that provides all of the other required benefits satisfies the required benefits standards. Tax credits and cost-sharing assistance for the required pediatric dental health benefits would be designed to ensure they do not total more than they would have otherwise been under the Chairman's Mark.

**Offset:** this amendment would not score because there would be no additional funding provided for the purchase of the non-pediatric section of the dental-only plan