



FACT SHEET:

STAND-ALONE DENTAL ENROLLMENT IN MARKETPLACES

In the Feb. 12 release of [enrollment](#), HHS presented data for the first time on dental enrollment through Marketplaces that are supported by or fully run by the Department of Health and Human Services (including those run in partnership with states, also known as the Federally-facilitated Marketplace or FFM). No information was available in an aggregated form from the State-Based Marketplaces or SBMs. Here are the key facts related to dental from that release:

Marketplace Eligibility Determinations and Plan Selection

- Number of eligible persons who have selected a medical plan through the SBMs and FFM: 3.3 million
 - 1.4 million through SBMs and 1.9 million through FFMs.
 - Of the 1.9 million through FFMs, 104,362 or 5% were under 18 (0-17).
- Number of eligible persons who have selected a stand-alone dental plan (SADP) through the FFM: 421,941, which is 21.8% of total FFM enrollees. Of the 421,941:
 - 18,764 or 4% of those enrolling in stand-alone dental plans were under age 18 (0-17); this is 20% of the total enrollees through the FFM in this age group.
 - Nearly 1 out of 3 (30% or 125,707) of the 421,941 persons who selected a SADP through the FFM are young adults (ages 18-34).
 - About 1 out of 4 (25% or 105,283) of the 421,941 persons who selected a SADP through the FFM were in the pre-retirement age group (55 to 64).
 - The largest state enrollments in SADP, – more than 60,000 each, come from Florida and Texas, both states with high uninsured populations. Georgia and Pennsylvania had – more than 30,000 each in separate dental coverage; while Michigan, Illinois and Virginia had – more than 20,000 apiece. Alaska, North Dakota, South Dakota and Wyoming all had less than 1000 stand-alone dental enrollees.
 - About 55.6% (234,543) of those selecting a SADP were female; the rest were male (187,392).
 - No financial assistance*¹ was provided directly to the dental plan for any of the separate dental benefit purchases.
- Number of persons who have had a Medicaid/CHIP determination or assessment through the Marketplaces: 3.2 million (does not include individuals applying through State Medicaid/CHIP agencies.). Two million of these were through the state run Marketplaces, while 1.2 million were through the FFM states. *NOTE: No age related breakdown of Medicaid/CHIP enrollment was released so additional pediatric dental coverage could not be determined.*

¹ Financial assistance would only apply to the pediatric dental portion of any stand-alone dental premium. Financial assistance is first paid to medical plans under [HHS rules](#), with any remainder going to a selected dental plan. As only a portion of the cost of medical coverage is subsidized, no financial assistance is available for stand-alone dental. In some states where pediatric dental is included in the benchmark plan used to calculate the level of subsidy, the value of pediatric dental was included in all subsidies—whether or not pediatric dental was purchased or any child was enrolled under that coverage. For more information on financial assistance in Marketplaces and stand-alone dental see the NADP Briefing Paper: [Dental & Tax Credits within ACA](#).