



September 18, 2012

Ms. Molly Voris
Director of Policy, Health Benefit Exchange
521 Capitol Way South
Olympia, WA 98507
Sent via email

Re: Additional Comments to Dental Within the Washington Health Benefit Exchange

Dear Ms. Voris,

The National Association of Dental Plans (NADP) is writing to provide follow up from our original letter dated September 4, 2012 and to address the discussion draft "Final Dental Option in the Exchange" circulated late last week. We greatly appreciate the Washington Health Benefit Exchange staff, Dental TAC and Board as well as the Office of the Insurance Commissioner providing such careful consideration on the inclusion of dental coverage within the Exchange.

In the discussion draft referenced above there are many key issues appropriately addressed related to unresolved dental issues. The *Potential Solution* made Exchange decisions, to include:

- dental is not a required purchase but a required offer,
- adults without children will not be offered children dental policies,
- dental can be offered as a rider to a medical policy with separate pricing or as a stand-alone option,
- allow the Exchange Board to place guidelines on the dental plans offered in the Exchange, and
 - NADP recommends an open and transparent discussion with the dental benefit industry if guidelines were to exceed current OIC regulatory oversight.
- a single invoice for consumers, aggregated from the Exchange to include both the medical and dental plan selections.

The draft also includes a few critical elements that need reexamination for the oral health of Washingtonians.

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- The draft states that optional adult coverage will not be incorporated into the Exchange infrastructure at this time.
 - Both the Federally-facilitated Exchange and most state Exchanges are looking to include optional adult dental coverage. In NADP's Consumer Survey (of over 3000 adult participants) we learned that half of consumers without dental benefits cite "lack of insurance" as the top reason for not visiting a dentist in the last year. It is critical for adults to have options to purchase coverage in order for them to pursue a dental provider and care. With emergency room visits related to dental issues on the rise, dental coverage assists not only on the clinical wellbeing of a consumer but also in the lowering of overall health care costs within Washington.
- The draft includes an alternative option which would require pediatric dental coverage to be purchased by all consumers and embedded within the medical policy.
 - Per the draft statement, this option is not feasible as state law requires the separate offer and pricing of dental policies. As well, federal regulations have stated "Exchanges must allow stand-alone dental plans to be offered either independently from a QHP or as a subcontractor of a QHP issuer, but cannot limit participation of stand-alone dental products in the Exchange to only one of these options." While NADP does not support 'separate offer and pricing' as the only option for consumers (see our letter dated 9.4.12 for our recommendation) it does provide a variety of dental options for the consumer and therefore, likely to provide lower premiums as policies and their costs will be presented to consumers in a side by side comparison.
- Lastly, the draft addresses the optional family dental coverage and states that there are questions surrounding the operational feasibility of this option.
 - The importance of dental coverage as stated above is critical not only for parents but for the entire family unit. The same Consumer Survey found that parents with dental benefits take their children to the dentist significantly more often than those without coverage. And while there will be new dental child-only policies, one can draw an assumption that parents will be more likely to have their children and themselves participate in a 'dental home' if the whole family is covered.
 - The IT for purchasing family dental should be no different than purchasing family medical as consumer questions for eligibility and choices would be the same for both processes. In addition, this is how benefit choices are made in the private market today. A consumer reviews the medical for themselves (and/or for their partner, and/or with a family) and makes decisions accordingly - first for medical, then dental, and then other ancillary benefits. Having spoken with multiple IT vendors, we have not received pushback on the purchasing of optional dental coverage within Exchanges.

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It is critical that the Washington Health Benefit Exchange ensure a variety of affordable dental options are available for all consumers who enter the Exchange, whether an adult who needs dental coverage for themselves or a parent purchasing dental coverage for their children or for the entire family.

NADP appreciates your time and attention to our comments, and we look forward to future discussions on these critical issues to the dental benefits industry. If you need any further information, statistics or background, please contact me at your convenience at khathaway@nadp.org or 972-458-6998x111. Again, thank you for your consideration.

Sincerely,



Kris Hathaway
Director of Government Relations
National Association of Dental Plans
12700 Park Central Dr., Suite 400
Dallas, TX 75251

cc:

Ms. Beth Berendt, Office of Insurance Commissioner
Mr. Brad Finnegan, Health Benefit Exchange
Ms. Meg L. Jones, Office of the Insurance Commissioner

NADP DESCRIPTION

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 90 percent of the 176 million Americans with dental benefits. Our members include the entire spectrum of dental carriers: companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional and single state companies, as well as companies organized as non-profit plans.

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