

October 21, 2011

The Honorable Kathleen Sebelius  
Secretary, U.S. Department of Health and Human Services  
Hubert Humphrey Building, Room 445-G  
200 Independence Avenue SW  
Washington DC 20201  
Submitted via: regulations.gov

RE: Summary of Benefits and Coverage and the Uniform Glossary [HHS: CMS-9982-P, DOL: RIN 1210-AB52]

Dear Secretary Sebelius,

The National Association of Dental Plans (NADP) is writing in response to the notice of proposed rulemaking; "Summary of Benefits and Coverage and the Uniform Glossary" as posted in the Federal Register, Vol. 76 /No.162 on Monday, August 22, 1011.

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 almost 90 percent of the 166 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.

Content of our comments is related to the consumer purchasing experience in the developing Exchanges, and taken from our recently released joint Exchange White Paper with the Delta Dental Plans Association, "Offering Dental in Health Exchanges: A Roadmap for State and Federal Policymakers" which is available at nadp.org.

**Consumer Information & Experience**

Consumers generally make decisions about dental coverage based on cost, benefits and access to dentists within a network. Studies show consumers process information most effectively when it is limited in scope. Yet, according to a 2011 national survey<sup>1</sup> conducted by Morpace, Inc. and commissioned by DDPA, parents would prefer to have more, rather than fewer, insurance options. Therefore, delivering consumers information they want in a scope and environment that lends itself to simplicity is critical.

Experience from the Massachusetts Health Connector and various research reports suggests Exchanges should consider limiting information directed at consumers to "what you can comfortably see on one screen." This applies to both the "pediatric oral services" (if it is offered as a separate product) as well as adult dental offered on the Exchange. For example, the Massachusetts Health Connector typically displays high level information on standardized medical plan choices for no more than five medical insurance

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carriers at a time, and only allows consumers to compare detailed information up to three plans at the same time. The federal voluntary dental and vision program, FEDVIP, provides for consumer comparison up to four carriers at one time. Further, any information should be easy-to-understand and free of undefined technical terms.

Yet, consumers must be empowered to make informed choices about their medical and dental coverage. In addition to strong search engine capabilities, policymakers should consider developing benefit “grids” for these purposes, wherein various dental plans are listed as columns and criteria for consideration are used as rows. Individuals typically choose dental insurance based on cost, benefits and access to dentists within a network. The “look and feel,” navigation features and layout should follow closely the set-up of the medical plan comparison charts as developed by the National Association of Insurance Commissioners (NAIC), so consumers can get comfortable accessing, viewing and evaluating information in a single format. In addition to premium information, the dental grid should explain how and if the plan covers preventive and diagnostic procedures, basic procedures, major procedures and orthodontia as well as a link to what is covered by each category.

Dental Plan Comparison Chart

	DENTAL PLAN 1	DENTAL PLAN 2	DENTAL PLAN 3
Phone Number			
Website Link			
Plan Brochure			
Link to Provider List			
Basic Child Benefits			
DIAGNOSTIC & PREVENTIVE			
BASIC			
MAJOR			
ORTHODONTIA			
Deductible			
Annual Limits			
Subtotal Cost			
Additional Child, Adult or Family Benefits			
DIAGNOSTIC & PREVENTIVE			
BASIC			
MAJOR			
ORTHODONTIA			
Deductible			
Annual Limits			
Subtotal Cost			
TOTAL COST			

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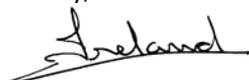
These grids, and the overall Exchange consumer interface, should be designed in a way that offers consumers the opportunity to seek progressively more in-depth information. For example, the grid may have information listed that is linked to a more extensive explanation of the benefit. Additionally, it should be noted carriers may place procedures in different categories. For instance, root canals are classed as basic by some carriers and major by others. This gives the consumer the opportunity to tailor their information load based on their own interest and needs. In particular, depending on how dental plans are presented on the Exchange, it may be useful to offer filtering tools, allowing customers to identify if their dentist is within the plan network.

**Recommendation:**

While information presented to consumers should be manageable in scope, it should also provide enough background for them to make educated choices about insurance options. In particular, Exchanges should maintain in-depth information about all plan choices; consumers should be able to take actions to access progressively more in-depth information on a proactive basis.

NADP is happy to provide additional background or variations of dental specific templates for HHS to consider. Questions or inquiries regarding our comments should be directed to Kris Hathaway, Director of Government Relations at [khathaway@nadp.org](mailto:khathaway@nadp.org) or 972 458-6998 x111.

Sincerely,



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