



ISSUE BRIEF

Stabilize Dental Coverage on Public Insurance Marketplaces

Decouple Medical and Dental Enrollment and Stop Unintended Coverage Terminations

BACKGROUND: On insurance Marketplaces, consumers have options to purchase dental benefits as part of a medical plan or through a standalone dental plan (SADP). In Plan Year (PY) 2019, 1.3 million Americans gain coverage through SADPs on HealthCare.gov and an additional 485,000 through State-Based Marketplaces.

Unfortunately, the original technical design of the Marketplaces linked medical and dental enrollment functions on HealthCare.gov, thereby not allowing for the independent purchase of dental coverage. The technical design limitations lead to unintended terminations in dental coverage whenever there is any change made to medical coverage.

Carrier outreach to consumers indicates that in the majority of cases, the linked medical/dental configuration flaw caused these SADP terminations on HealthCare.gov and **consumers were not aware their dental coverage had been terminated when a change was made to their medical plan.** Consumers may not realize their coverage has been terminated until they seek care at a dental appointment. Outreach and re-enrolling of consumers is a costly administrative burden for plans, but more troubling are the gaps in coverage that exist during this process and the fact that some individuals may not regain coverage.

Individuals and families are more likely to visit the dentist and seek critical preventive oral services, such as cleanings, when they have dental coverage. Preventive dental care reduces the likelihood of more expensive dental procedures, saving money and reducing the possibility of emergency room visits.

The unintended terminations of dental coverage will continue to disrupt consumer access to benefits and oral health care and further destabilize dental coverage on the Marketplaces. The Center for Consumer Information & Insurance Oversight (CCIIO) has the statutory authority to permit the purchase and administration of SADP coverage independent from the purchase and administration of QHPs. **Given the important connection between maintaining dental coverage and care, the technical design of HealthCare.gov, which causes gaps in coverage and access to critical dental care, must be fixed.**



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