National Association of Dental Plans

March 26, 2014

Hon Nancy Wyman
Lieutenant Governor
State of Connecticut
Chair of the Board of Directors
Access Health CT
280 Trumbull Street, 15th Floor
Hartford, CT 06103

Dear Lt. Gov. Wyman and Members of the Board:

The National Association of Dental plans is the trade association of dental benefit carriers in the US. Our members provide over 90% of the dental benefits in the United States and include national multiline carriers, non-profit plans like Deltas and Blues as well as single state and regional carriers. A listing of our members is attached for your review. Throughout the five years of ACA implementation NADP has supported consumer choice of dental plan options, both embedded and standalone, and has provided industry input on the variety of issues arising from the offer of pediatric dental benefits as part of the Essential Health Benefits package in state Marketplaces.

On behalf of our member dental plans that are licensed to do business in Connecticut and have interest in offering coverage through Access Health CT (AHCT), I am writing you with our concerns that we have expressed directly to your CEO, Mr. Counihan as we have not received a response or acknowledgement of our questions and request for clarifications.

On January 7, 2013, AHCT released a press statement listing four dental carriers with intent to offer dental insurance in the 2014 Marketplace. These carriers received a letter from AHCT on April 6 stating functionality will not allow for the offering of dental policies separately from medical policies; however, AHCT stated in the same letter that in the future there is intention to offer a full shopping experience and enrollment for standalone dental plans.

While our industry acknowledges technical issues could delay the offer of standalone dental for one year; we also have relied on AHCT's representation that there would be a robust shopping experience in place for standalone dental in 2015 in part because AHCT's vendor has successfully included dental in their shopping experience for three other state marketplaces. However,

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Connecticut dental carriers cannot move forward into 2015 without raising the issues attendant to reports that AHCT has made an affirmative decision, in the face of legal and regulatory requirements to the contrary, to continue to require that all health plans embed pediatric dental when standalone dental is offered on AHCT and not to accept health plans that offer benefits without pediatric dental.

The core concerns encompassed in our inquiries to Mr. Counihan on February 26, 2016 and in my March 17 follow-up e-mail, are critical to consumer choice and dental carriers' ability to respond to your request for non-binding notice of intent by Monday, March 31 and for payment of the first installment of assessments to support AHCT operations by the same deadline. These include the following:

1. Will standalone dental plans be offered directly on AHCT's marketplace with a full comparative shopping experience and enrollment rather than the link process used in 2014?
2. How does AHCT meet the requirement of the ACA, and federal Exchange rules to accept a QHP without pediatric dental and Connecticut's authorizing statute's prohibition on requiring health plans to include pediatric dental, by requiring all health plans embed pediatric dental?
3. What is the basis for assessing stand-alone dental plans in 2014 AHCT operations?
4. Will the "exchange in a box" AHCT is discussing with other states include the offer of standalone dental plans and acceptance of health plans without pediatric dental?

1. **Offering Standalone Dental Plans on the AHCT's Marketplace:** A non-binding notice of intent for standalone dental plans to offer dental policies was posted by AHCT this month. As stated above, standalone dental plans went through a similar process in 2013 when four dental carriers provided letters of intent to offer dental policies on the AHCT. Since the April 6, 2013 memo stating AHCT's lack of IT dental functionality, there has been no communication with the dental plans whose notice of intent was accepted in 2013 about the process that is being developed for shopping in 2015. Staff has referred to an advisory group of carriers that are being briefed on changes for 2015, but none of the dental carriers that were accepted in 2013 are included in this process. There is an aggressive timeline in the standalone dental solicitation that has been published. Can AHCT assure the standalone dental plans that respond to the nonbinding notice of intent for 2015 that their investment of time and capital will result in a direct offer of their products on AHCT?

2. **Acceptance of QHPs without Pediatric Dental:** The standalone dental plan solicitation indicates on page 6 that "…AHCT **does not permit** Qualified Health Plans to be offered via the Exchange without embedded pediatric dental coverage…." This statement conflicts with the actions of this Board (see attached 2/26/2014 Letter to Mr. Counihan for a full summary of actions) with regard to the offer of pediatric dental as reported to the Connecticut Governor and Assembly in 2013.

   When the Board adopted benefit designs for 2014, as it will be asked to do in the near future for 2015, there was no recorded discussion of a change in Board policy to require health plans to only embed dental benefits for the foreseeable future. Nor was there a recorded change to the policy adopted by the Board in November 2012 to "…offer stand-alone dental benefits and require (health) carriers to separately price the pediatric dental benefit. (see attached letter for full details)." Dental carriers attended all AHTC board meetings until the April 6 letter, and have reviewed the record of meetings since that time and did not find dental as an agenda item for discussion. If there are other

decisions that have been made by the Board or staff, they have not been made transparent to the public with the opportunity for input which is why we raise these issues to you now.

To "permit" only embedded pediatric dental directly conflicts with provisions of the ACA, federal Exchange rules and the authorizing statute for AHCT as illustrated by the following excerpts:

ACA 1302(b)(4)(F): *(F) provide that if a plan described in section 1311(b)(2)(B)(ii) (relating to stand-alone dental benefits plans) is offered through an Exchange, another health plan offered through such Exchange shall not fail to be treated as a qualified health plan solely because the plan does not offer coverage of benefits offered through the standalone plan that are otherwise required under paragraph (1)(J);*

Federal Exchange Rules § 155.1065(d) repeats this standard: *(d) QHP Certification standards. If a plan described in paragraph (a)[1] of this section is offered through an Exchange, another health plan offered through such Exchange must not fail to be treated as a QHP solely because the plan does not offer coverage of benefits offered through the stand-alone plan that are otherwise required under section 1302(b)(1)(J) of the Affordable Care Act.*

CT Public Act No. 11-53 establishing this Exchange reflects these requirements in Sec. 8 (a) with more specificity:

(a) The exchange may certify a health benefit plan as a qualified health plan if:

(1) The plan includes, at a minimum, essential benefits as determined under the Affordable Care Act and the coverage requirements under chapter 700c of the general statutes, ***except that the plan shall not be required to provide essential benefits that duplicate the minimum benefits of qualified dental plans, as set forth in subsection (e)[2] of this section, if:***

(A) The exchange has determined that at least one qualified dental plan is available to supplement the plan's coverage; and

(B) The health carrier makes prominent disclosure at the time it offers the plan, in a form approved by the exchange, that such plan does not provide the full range of essential pediatric benefits, and that qualified dental plans providing those benefits and other dental benefits not covered by such plan are offered through the exchange;

The Wakely Consulting Group in a report to Covered California reported that AHCT received a "waiver" from HHS so that AHCT can require embedded plans for the year 2014. HHS has indicated in meetings and to NADP that there is no waiver process and that federal rules stand as adopted. Even if a waiver from federal rules was possible, can the Connecticut statutory requirements which are even more specific be similarly waived?

[1] Paragraph (a) refers to a limited scope dental benefit plan.
[2] See Appendix I for the text of paragraph (e)

As recently as yesterday AHCT staff responded to a question about pediatric dental offerings in 2015 in your Health Plan Benefits and Qualifications Committee meeting that AHCT is not entertaining a change in its "requirement" to embed pediatric dental in health plans. Yet there is no "requirement" that we have found on the record. Staff further noted that AHCT is part of a broad national trend to go to embed pediatric dental and gave as an example that California recently eliminated 9.5 health plans (medical carriers that do not embed pediatric dental). NADP closely tracks marketplace developments across the United States. In 2014:

- Connecticut is the only Marketplace which required QHPs to embed dental
- California[3] and Washington required the offer of only medical policies without dental and standalone pediatric dental policies.
- So, 47 states and the District of Columbia allowed for medical policies with and without dental and separate dental policies to be offered in their Marketplaces.
- Kentucky, Nevada, Washington adopted policies requiring the purchase of dental for children. There have been no reports of any consumer confusion or complaints of the mandated purchase of pediatric dental products. .

The structure of Marketplaces nationwide does not reflect any broad national movement to embedded pediatric dental. It does reflect that other states' interpretation of federal requirements is to include the offer of health plans without pediatric dental.

Duplication of Coverage/Adverse Selection: Further if only medical plans with pediatric dental are offered on the Exchange, it would limit consumer choices and put standalone dental plans at a competitive disadvantage on AHCT in several ways. Requiring embedded pediatric dental takes the choice of plans and networks away from consumers. Even with AHCT standard plan designs the benefit structure of an embedded dental benefit and standalone dental plan work differently and networks are often different. First their plans would duplicate the coverage of children covered under that medical plan. This creates coordination of benefit issues for the families and carriers. This is costly and time consuming for families, providers and carriers.

Current AHCT plan designs create adverse selection by those with significant dental needs. In QHPs other than bronze, the deductible is waived for all in-network pediatric dental services. This removes the upfront cost barriers to care for children but does not address the implications of the medical out of pocket maximum (MOOP) limits for children. Milliman has done a significant amount of work for NADP on the impact of MOOP on children with varying dental needs. That work indicates that most children (94-95%) have less than $900 in annual dental costs. The one dental procedure that exceeds this level is orthodontia.

Standalone dental and medical carriers with embedded dental have different MOOP limits. Medical policies are $6250 per individual or $12500 for a family. In 2015, HHS regulations require a standalone child-only dental policy MOOP limit of $350 and for additional children a total of $700. If

[3] In 2015, Covered California their adopted a resolution which opens their Marketplace to health plans with embedded pediatric dental and continues to allow a 9.5 plan.

a child has medically necessary orthodontia which costs thousands of dollars a year or other high cost services, the standalone dental carrier payment would be much higher[4] than the medical plan. The higher payment by the dental plan creates an incentive for individuals with greater dental needs to select the dental plan while the lower premium creates incentives for children with low to moderate needs to select the medical plan.

3. **Basis for Assessing Dental Only Carriers for Operations of Access Health CT:** Several of NADP's members, both those that filed non-binding letters of intent and those that did not, have received assessment invoices for the operation of Access Health CT. To clarify, the assessment is based on only those products "capable of offering policies on the Exchange," and therefore stand-alone dental policies as well as all other non-medical products listed within the Schedule T premiums would therefore not be included. Having a link to a dental carrier's off Exchange website and only being able to offer a duplicative policy to an embedded medical policy does not constitute offering "on the Exchange." Contributing to the operations of Access Health CT was not anticipated by any of these carriers, and therefore the potential for an assessment was not considered in development of 2014 CT rates.

   The lack of standalone dental offered on Access Health CT was reinforced by the release of a document which lists carriers and plan designs for brokers, and it does not include any information on Anthem's dental offering which is the only carrier that is currently linked from the home page of the website, nor to MetLife, which is linked on a landing page for employers that have completed an application for the SHOP.

   While our plans are open to contributing to Access Health CT when there is a shopping experience for their products and there is time to build factors for recovery of the required assessment into their rates, 2014 assessments do not appear to be justified.

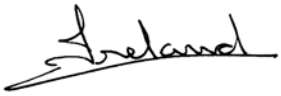
4. **Exchange in a Box:** There have been several news stories recently about Access Health CT's intent to provide its operational structure to other states on a turn-key basis. In a story dated February 20 in "the Connecticut Mirror" titled "Access Health CT marketing Obamacare exchange in a box," Mr. Counihan is quoted as having discussions with at least five states. We applaud this entrepreneurship as it will assist in minimizing the operating costs that have to be funded through premiums in your state. However, NADP and our member dental plans are concerned that Access Health CT's current approach is not fully compliant with federal exchange rules or the practices of other states. For instance, one of the states that has recently been identified as potentially using AHCT to support its marketplace is Maryland. Maryland has 4 dental plans offering 20 options on the Individual Marketplace and 5 health plans offering medical policies both with and without pediatric dental. Can Connecticut support these options in other states?

We look forward to your response and to working with AHCT to provide consumers in Connecticut the dental plan options afforded consumers across the nation under the ACA.

[4] An example of the differences in reimbursement is shown in Appendix II.

Please contact me at eireland@nadp.org or 972.458.6998x101 if you or your staff has questions regarding these issues.

Sincerely,



Evelyn F. Ireland, CAE
Executive Director

cc: Kevin Counihan, AHCT CEO
Members of the Access Health CT Board of Directors

Appendix I

Excerpt from CT Statute

(e) (1) The provisions of sections 1 to 13, inclusive, of this act, that are applicable to qualified health plans, shall also apply to the extent applicable to qualified dental plans, except as modified in accordance with the provisions of subdivisions (2), (3) and (4) of this subsection or by written procedures adopted by the exchange.

(2) A health carrier seeking certification of a dental benefit plan as a qualified dental plan shall be licensed in the state to offer dental coverage, but need not be licensed to offer other health benefits.

(3) Qualified dental plans shall be limited to dental and oral health benefits, without substantial duplication of the benefits typically offered by health benefit plans without dental coverage and shall include, at a minimum, the essential pediatric dental benefits prescribed by the Secretary pursuant to Section 1302(b)(1)(J) of the Affordable Care Act, and such other dental benefits as the exchange may specify or the Secretary may specify by regulation.

(4) Health carriers may jointly offer a comprehensive plan through the exchange in which dental benefits are provided by a health carrier through a qualified dental plan and health benefits are provided by another health carrier through a qualified health plan, provided the plans are priced separately and are also made available for purchase separately at the same such prices.

Appendix II

Example of the Impact of Medical MOOP on Payment for Medically Necessary Orthodontia

Under the medical plan design in place in Connecticut medically necessary orthodontia would be shared 50/50 between the health plan and the consumer. An average orthodontic process costs about $6500 over two years or $3250 a year. The health carrier would pay $1625 a year and the consumer would pay $1625 a year under the health plan. This procedure would not push a child or their family to the $6250 individual or $12500 family MOOP for health plans. In fact, Milliman reports that various actuarial studies find that only 10 to 12% of families hit their medical MOOP.

Now take this same child with medically necessary ortho under a dental plan with the newly required $350/$700 dental MOOP. Even if pediatric dental was their only cost, if one child was covered, the family would pay $350 and the carrier would pay $2900 of the annual cost of $3250 for orthodontia.

February 26, 2014

Kevin J. Counihan
Chief Executive Officer
Access Health CT
280 Trumbull Street, 15th Floor
Hartford, CT 06103

Dear Mr. Counihan:

On behalf of NADP's member dental plans (attached), I am contacting you for information on several issues relating to stand-alone dental plans and Access Health CT:

1. The timeline for offering a competitive shopping experience for stand-alone dental plans on the Connecticut Marketplace;
2. The basis for assessing stand-alone dental plans for Access Health CT operations in 2014; and
3. Whether stand-alone dental plans are part of the "exchange in a box" that Access Health CT is promoting to other states.

1. Timeline for the Offer of Stand-Alone Dental Plans: In the January 2013 Report to the Governor and General Assembly, you reported Access Health CT's decision on the offer of pediatric dental benefits as follows:

> "Based on their[1] analysis of how best to offer ACA-compliant dental benefits, the Advisory Committees recommended to the Board that the Exchange offer stand-alone dental benefits and require carriers to separately price the pediatric dental benefit.
>
> The Board approved the Advisory Committees' recommendation in November 2012."

Despite this decision, on April 6, 2013, dental plans were informed that, "Due to a systems issue, the Exchange will not have the required functionality to allow comparison shopping for standalone dental plans for the first year. Therefore, during

[1] In this sentence, "their" refers to the Health Plan Benefits and Qualifications Advisory Committee, along with the Advisory Committee on Consumer Experience and Outreach of Access Health CT.

this **transitional year, the 2014 plan year only,** *(emphasis added)* standalone dental plans may be offered on the Exchange through a link from the Access Health CT website to the Issuer's website for information on Plans and Enrollment." An Exchange staff presentation made during the March 2013 Board of Director's Meeting includes a bullet stating routine pediatric dental would be embedded within a QHP and the various dental benefit plan design options, including high, low, wellness and adult dental benefits. Our members attended all the board meetings up until the April memo and do not recall a discussion and decision to require embedded dental benefits other than the adoption of the benefit designs. Thus, the April memo came as a surprise to the dental benefits industry as Exchange staff had indicated up until this point that there were no issues with offering dental separately. Another reason the announcement came as a surprise to the industry was the IT vendor Connecticut contracted with had already built dental into other state Exchange offerings.

In the April communication, Access Health CT indicated for dental plans to have a link they "must" meet four criteria, i.e.

(i) be licensed and in good standing with the Connecticut Insurance Department ("CID");
(ii) offer benefit plans and rates that have been approved by the CID; and,
(iii) have filed a Non-Binding Letter of Intent to offer a standalone Dental Plan with the Exchange in response to the Initial QHP Solicitation dated December 13, 2012; and,
(iv) have agreed to offer the three required plan design options (high, standard and wellness options) for standalone dental benefits as part of the product portfolio offered through the company.

Access Health CT had earlier announced four stand-alone dental plans had filed non-binding letters of intent to offer a stand-alone dental policy: Delta Dental Plan of CT, Guardian, MetLife and Renaissance. None of these carriers pursued a website link on the Individual Exchange as linking to an offer of coverage off the Exchange is not equivalent to consumers shopping and enrolling in stand-alone dental coverage through the exchange.

The April 6 memo went on to indicate, "In future plan years, the Exchange expects to offer a full shopping experience and enrollment for standalone dental plans." There has been no further formal communication of Connecticut's plans to develop the "full shopping experience" with the four carriers that filed the 2013 non-binding letter of intent to offer, all of whom are NADP members. For this shopping experience and the ability of a QHP to offer a plan without pediatric dental, it is necessary to meet the provisions of the Affordable Care Act which requires:

- Marketplaces to allow a QHP without pediatric dental coverage when a separate dental policy meeting EHB requirements is offered (42 U.S.C. sec. 18022(b)(4)(F); and
- Marketplaces to allow stand-alone dental plans to offer pediatric dental EHB products either independently from a QHP or in conjunction with a QHP issuer, but cannot limit participation of stand-alone dental plans to only one of those options (77 Fed Reg. 18411, March 27, 2012).

Access Health CT staff has indicated informally to NADP that Connecticut is working on the capacity to offer stand-alone dental plans on the exchange; however, carriers have not received any updates on the progress of separate dental policy offerings and time is short to develop new dental products and file

those products for offering coverage in your state. Since the 2013 letters of intent were solicited in December of the prior year and we are nearing the end of February, dental carriers are concerned whether the promised 2015 stand-alone dental shopping experience will materialize.

> **QUESTIONS:** What can dental plans expect in 2015 with regard to a dental plan shopping experience on Access Health CT?
>
> 1. Will dental plans be offered directly on the Access Health CT?
> 2. Are plans required to file any application or letter of intent to offer on Access Health CT?
> 3. Are QHPs required to embed pediatric dental as they did in 2013 or separately price and offer as Access Health CT decided in 2012 and the legal basis for that requirement?

2. Basis for Assessing Dental Only Carriers for Operations of Access Health CT: Several of NADP's members, both those that filed non-binding letters of intent and those that did not, have received assessment invoices for the operation of Access Health CT. To clarify, the assessment is based on only those products capable of offering policies on the Exchange, and therefore stand-alone dental policies as well as all other non-medical products listed within the Schedule T premiums would therefore not be included. Contributing to the operations of Access Health CT was not anticipated by any of these carriers, and therefore the potential for an assessment was not considered in development of 2014 CT rates.

Dental carriers did not anticipate being assessed for the operation of the Access Health CT as they are not capable of offering plans "on" Access Health CT. While there is a link to a medical plan's offering of stand-alone dental, the set of criteria for offering stand-alone dental plans on your exchange as set out in the April 6 memo has not been met. As well, Access Health CT has released a document which lists carriers and plan designs for brokers, and it does not include any information on Anthem's dental offering which is the only carrier that is currently linked from the home page of the website, nor to MetLife, which is linked on a landing page for employers that have completed an application for the SHOP.

While our plans are open to contributing to Access Health CT when there is a shopping experience for their products and there is time to build factors for recovery of the required assessment into their rates, 2014 assessments do not appear to be justified.

> **QUESTION:** What is the basis for assessing stand-alone dental plans for 2014 Access Health CT operations?

3. Exchange in a Box: There have been several news stories recently about Access Health CT's intent to provide its operational structure to other states on a turn-key basis. In a story dated February 20 in "the Connecticut Mirror" titled "Access Health CT marketing Obamacare exchange in a box," you are quoted as having discussions with at least five states. We applaud this entrepreneurship as it will assist in minimizing the operating costs that have to be funded through premiums in your state. However, NADP and our member dental plans are concerned that Access Health CT's current approach is not fully

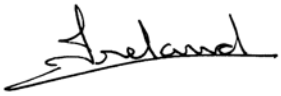
compliant with federal exchange rules requiring the offer of stand-alone dental plans through state exchanges, i.e. § 155.1065(a) which reads, "General requirements. The Exchange must allow the offering of a limited scope dental benefits plan through the Exchange."

> **QUESTION:** Will the "exchange in a box" that Access Health CT is discussing with other states include the offer of stand-alone dental plans?

We look forward to your response. Dental plans are required to file a response to Access Health CT's assessment on or before this Friday, February 28 and cannot appropriately do so without your response.

Please contact me at eireland@nadp.org or 972.458.6998x101 if you or your staff has questions regarding these issues.

Sincerely,



Evelyn F. Ireland, CAE
Executive Director

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 approximately 90 percent of the 187 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.

NADP MEMBERS & SUBSIDIARIES

Last Updated: February 2014

Advantage Dental Plan
Aetna Dental
Altus Dental Ins Co
Delta Dental of RI
American Dental Professional Svcs
American Dental Partners
American Enterprise Group
AmeriPlan Corporation
Ameritas Life Ins Corp.
First Ameritas Life Ins Corp.
Argus Dental Plan, Inc.
Assurant Employee Benefits
Dental Health Alliance, LLC
DentCare, Inc. a Kentucky corporation
DentiCare of Alabama, Inc.
DentiCare of Oklahoma, Inc.
DentiCare, Inc. a Florida corporation
First Fortis Life Ins Co
Fortis Benefits DentalCare of New Jersey In
Fortis Benefits DentalCare of WI, Inc.
Fortis Benefits Ins Co
Fortis Dental Benefits
Georgia Dental Plan, Inc.
UDC Life and Health Ins Co
Union Security Life Ins Co of NY
United Dental Care Ins Co
United Dental Care of Arizona, Inc.
United Dental Care of Colorado, Inc.
United Dental Care of Michigan, Inc.
United Dental Care of Missouri, Inc.
United Dental Care of Nebraska
United Dental Care of New Mexico, Inc.
United Dental Care of Ohio, Inc.
United Dental Care of Pennsylvannia, Inc.
United Dental Care of Texas, Inc.
United Dental Care of Utah, Inc.
United Dental Ins. Company
Avesis Third Party Admin. Inc.
Best Life and Health Ins Co
Blue Cross Blue Shield of AZ
Blue Cross Blue Shield of MA
Blue Shield of Arkansas
Blue Shield of Hawaii
Blue Cross of Florida
Florida Combined Life Ins Co
USAble Life
Life & Specialty Ventures
Blue Cross Blue Shield of MI
Blue Care Network
Blue Care Network of East MI
Blue Cross Blue Shield of NC
Blue Cross Blue Shield of SC
Blue Shield of CA
CareFirst BlueCross BlueShield
The Dental Network, Inc.
CAREINGTON INTERNATIONAL
The CDI Group
Cigna Dental & Vision Care
Great West Healthcare
Citizens Security Life Ins Co
Companion Life Ins Co
Total Dental Administrators
Dedicated Dental / Interdent
Delta Dental of AZ
Delta Dental of CA, NY, PA & Affiliates
Delta Dental of AK
Delta Dental of AL
Delta Dental of DC
Delta Dental of DE
Delta Dental of GA
Delta Dental of LA
Delta Dental of MD
Delta Dental of MS
Delta Dental of MT
Delta Dental of NV
Delta Dental of TX
Delta Dental of UT
Delta Dental of VT
Delta Dental of WV
Denti-Cal
Delta Dental of IA
Delta Dental of MI, OH, IN
Delta Care
Delta Dental of AR
Delta Dental of TN
Renaissance Dental Network
Renaissance Health Inc. Company of NY
Renaissance Life & Health Ins. Company
Delta Dental of MO
Advantica Benefits
Delta Dental of WA
DENCAP Dental Plans
Dental Care Plus Group Inc.
Dental Health Svcs of America
Custom Benefit Advisors
DBA-Preferred Administrators
Dental Health Svcs (an Oregon corp)
Dental Health Svcs, Inc.
Dental Health Svcs, Inc. (Arizona corp)
Dental Management Svcs
Dental Network Svcs
DHS Ins Svcs Inc

Dental Network of America, Inc. (DNOA)
Blue Cross Blue Shield of IL
Blue Cross Blue Shield of NM
Blue Cross Blue Shield of TX
Colorado Bankers Life
Dearborn National
DenteMax, Inc.
Ft. Dearborn Life Ins Co
Health Care Svcs Corp
Medical Life Ins Co
Dental Select
DentalPlans.com
DentaQuest
Dominion Dental Svcs, Inc
EMI Health
EmblemHealth Svcs
Connecticare
GHI HMO Select
Group Health Inc
GEHA
PPO USA a Division of GEHA
Guardian Life Ins Co of America
Berkshire Life Ins Co of America
First Commonwealth, Inc.
Managed Dental Care
Health Resources, Inc.
HealthPartners, Inc
Central Minnesota Group Health Inc
Group Health Plan Inc
HealthPartners Administrators, Inc.
Midwest Assurance Company
Horizon BCBS NJ
Humana Specialty Benefits
CompBenefits Corporation
Oral Health Svcs
IHC Health Solutions
American National Life Ins. Company
Fidelity Security Life
GroupLink Reins Co LTD
Guarantee Trust Life
Madison National Life Ins Co
Strategic Health Alliance
Kaiser Permanente Dental Care Program
Kansas City Life Ins Co
Liberty Dental Plan
Lifemap Assurance
Lincoln Financial Group
MetLife
SafeGuard Dental and Vision
SafeGuard Health Plans, Inc
SafeGuard Health Enterprises
Mutual of Omaha
National Guardian Life Ins Co
Nevada Dental Benefits
Nippon Life Ins Co of America
Northeast Delta Dental
Pacific Source Health Plans
Pan American Life
Premera Blue Cross
Blue Cross of WA and AK
Lifewise Assurance
Lifewise Health Plan of OR
Premera Blue Cross Blue Shield of AK
Premier Access Dental & Vision
Principal Financial Group
Diversified Dental Svcs
Employers Dental Svcs, Inc.
Reserve National
Risk Solutions Resources
Security Life Ins Co of America
Union Security Life Ins. Company of NY
SelectHealth
Solstice Benefits
Southland National Ins Corporation
Standard Ins Co
Starmount Life Ins Co
Always Care
Sun Life Financial
Superior Dental Care Inc.
TruAssure
United Concordia Companies Inc.
Blue Cross Blue Shield of WV (Mountain St)
Highmark Blue Cross Blue Shield
United Concordia Life & Health
United Healthcare Specialty Benefits
Dental Benefit Providers, Inc.
Illinois Pacific Dental
MAMSI Life & Health Ins Co
National Pacific Dental
Nevada Pacific Dental
Oxford Health Plans
Pacific Union Dental
PacifiCare Dental & Vision
PacificDental Benefits, Inc.
Solstice Benefits
United Health Care Corporation
UPMC Health Plan
WellPoint Dental Svcs
Anthem Blue Cross Blue Shield
Anthem Health & Life Ins Co
Blue Cross Blue Shield of GA
Blue Cross Blue Shield of MO
Blue Cross Blue Shield of WI
Blue Cross of CA
DeCare
Golden West Dental & Vision Plan
Unicare Health Ins Co of the Midwest
Unicare Life and Health Ins Co
Western Dental Svcs

Willamette Dental Insurance, Inc
Willamette Dental Group
Willamette Dental Management Corporation
Willamette Dental of Idaho, Inc.
Willamette Dental of Washington, Inc.
Willamette Dental Group (Skoutes, Inc.)

Associate Members
Aspen Dental
Dental Associates
Dental Care Alliance
DentalOne Partners
Great Expression Dental Centers
Kool Smiles
Heartland Dental Care
Pacific Dental Services
Park Dental
Smile Brands Inc.
West Coast Dental Services

Supporting Organizations
Aldera
BeneCare
Colonial Life & Accident Ins Co
Davis Vision
Dentistat, Inc.& go2dental.com, Inc.
Health Solutions Plus
Healthscape Advisors
McKinsey and Company
Milliman Inc.
P & R Dental Strategies, Inc.
Pacific Resources
Qualbe Marketing
Revolv (formerly Corvesta)
Santech Solutions, Inc.
Secure EDI
Spencer Stuart
Stratose
Tesia Clearinghouse
The Ignition Group
The Premier Dental Group, Inc.
Towers Watson
West Monroe Partners
Wonderbox Technologies

Individual Members
Dr. Peter Barnett
Jeff DeCapua
Dr. D.E. FitzGerald
Lynda Hunnicutt
Dr. Steven Keller
James Kingston
Dr. David Klock, Ph.D.
Dolores Kordek
E. Craig Lesley
Tom Limoli, Jr.
James Lintner
Ray Martin
Timothy Marshall
Allan Morris
David O. Mulligan
Chuck Stewart
Dr. Doyle Williams
Ruth Ann Woodley

Evelyn Ireland

From: Evelyn Ireland
Sent: Monday, March 17, 2014 3:04 PM
To: Kevin.Counihan (Kevin.Counihan@ct.gov)
Cc: Kris Hathaway; 'Jon Seltenheim'; 'Chris Swanker'
Subject: FW: NADP Questions Re: Standalone Dental Plans & Access Health CT
Attachments: NADP Questions to CT on Standalone Dental 2-26-14.pdf; Carriers on Exchanges 2014.pptx

Importance: High

Mr. Counihan, The questions that we submitted on behalf of the industry (see attached 2/26 letter) relating to Access Health CT have become more critical with the report in the press that Maryland is considering using your "exchange in a box" to replace their own exchange. Currently there are five standalone dental plans being offered on the Maryland Exchange for individual coverage.

On behalf of those carriers (CareFirst, Delta of MD, DentaQuest, Dominion, and UCCI) and the ones that applied and were accepted to be offered in your state in 2014 (Delta of CT, Guardian, MetLife, & Renaissance) I am requesting a meeting (in person or via phone) to learn about plans to offer standalone dental plans directly on Access Health CT in 2015 and on your exchange solution for other states as well.

Please let me know what would be possible on your schedule so that I can coordinate the schedules of various dental plan representatives that would like to participate. Looking forward to your response.

Evelyn F. Ireland, CAE, Executive Director
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From: Evelyn Ireland
Sent: Wednesday, February 26, 2014 11:37 AM
To: Kevin.Counihan (Kevin.Counihan@ct.gov)
Cc: Kris Hathaway
Subject: NADP Questions Re: Standalone Dental Plans & Access Health CT
Importance: High

Mr. Counihan: 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 more than 90 percent of the 187 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.

On behalf of NADP's member dental plans, I am contacting you for information on several issues relating to stand-alone dental plans and Access Health CT:

1. The timeline for offering a competitive shopping experience for stand-alone dental plans on the Connecticut Marketplace;
2. The basis for assessing stand-alone dental plans for Access Health CT operations in 2014; and
3. Whether stand-alone dental plans are part of the "exchange in a box" that Access Health CT is promoting to other states.

Please see the attached letter for our detailed questions and concerns on these issues. Please feel free to reach out to me or our Director of Government Relations, Kris Hathaway, if any of the issues requires additional clarification. I look forward to your response.

Evelyn F. Ireland, CAE, Executive Director
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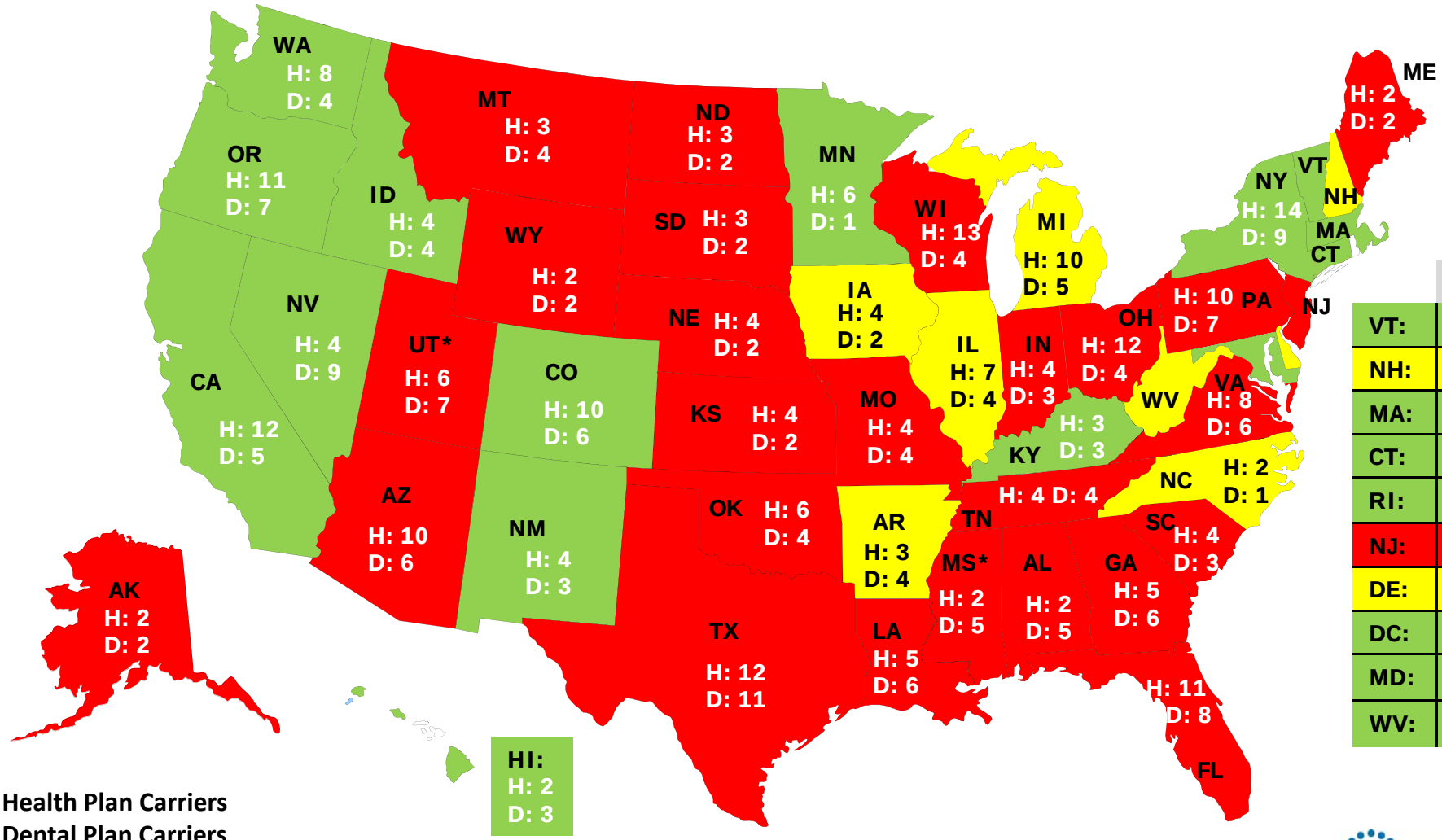
Exchange Participation

Health and Dental Carriers Offering in AHBE Marketplaces in 2014



	H	D
VT:	2	1
NH:	1	2
MA:	10	2
CT:	3	1*
RI:	2	3
NJ:	3	2
DE:	2	3
DC:	3	5
MD:	6	5
WV:	2	2

H = Health Plan Carriers
D = Dental Plan Carriers
Green = State-Based Marketplace (SBM)
Yellow = State Partnership Marketplace (SPM)
Red = Federally-Facilitated Marketplace (FFM)

Note: FFM carrier data available from public CMS tables. Data from SBMs based on news, press releases and related outlets.

nadp National Association of Dental Plans