

# Dental Benefits Choices for Children

## One Size Does Not Fit All



Before the Affordable Care Act (ACA), only 1% of consumers with dental benefits had them as part of medical plans. The ACA requires dental benefits for children as part of essential health benefits offered by medical plans to small employers or sold to individual consumers outside of state or federal Exchanges. In some instances, a medical plan can offer consumers the option to get their children's dental benefits from a separate dental plan. Is one or the other best for children? **Families consider many factors in selecting a plan for dental services—like whether they can continue to see their dentist. But out-of-pocket cost is the main concern.** This infographic shows the TOTAL yearly out-of-pocket costs for one child with different dental service needs under two typical medical plans and two typical separate dental plans. These examples are for plans offered through a small employer outside of Marketplaces where subsidies and cost sharing reductions are not available to consumers.

### The Basics

There are 4 basic elements of total out-of-pocket costs for dental: premiums, deductibles, coinsurance and the maximum out of pocket limit (MOOP). Looking at one cost in isolation gives an incomplete picture, leading to false conclusions about the value of dental coverage.

### Premium



The amount a consumer (or employer) pays to an insurance company for a dental or medical policy.

### Deductibles



A fixed dollar amount of dental or health care cost that a consumer pays before the medical or dental plan will pay for any dental services. The deductible is paid each year that your child is covered by the dental or medical plan.

### Coinsurance



After the consumer pays the deductible, the cost of dental care services is shared by the health or dental plan and the consumer. Coinsurance (or the co-payment) is the part of the cost that the consumers pays. Coinsurance usually varies by the type of dental service.

### MOOP Limit



Maximum Out-of-Pocket Limit

Maximum out-of-pocket (MOOP) limit is the total amount that a consumer pays in a year under their medical or dental plan. After reaching the MOOP, the medical or dental plan pays 100% of dental or health care costs for the rest of the year. The consumer pays nothing more for dental or health services that year.

## Plan Options Outside Exchanges

### 1 Pediatric Dental in a Medical Plan (Prevention not subject to deductible)

\$205 \$2,893

**Preventive Services**  
\$0 BEFORE deductible  
 **Basic Services** 30%  
 **Major Service** 50%  
 **Orthodontia** 50%

\$5,809

### 2 Pediatric Dental in a Medical Plan (All services subject to deductible)

\$70 \$2,859

**Preventive Services**  
\$0 AFTER deductible  
 **Basic Services** 30%  
 **Major Service** 50%  
 **Orthodontia** 50%

\$5,809

### 3 Pediatric Dental in a Dental Plan (Prevention not subject to deductible)

\$409 \$67

**Preventive Services**  
\$0 BEFORE deductible  
 **Basic Services** 30%  
 **Major Service** 50%  
 **Orthodontia** 50%

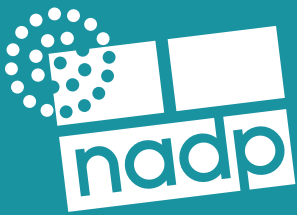
\$350

### 4 Pediatric Dental in a Dental Plan (All services subject to deductible)

\$336 \$61

**Preventive Services**  
\$0 AFTER deductible  
 **Basic Services** 50%  
 **Major Service** 50%  
 **Orthodontia** 50%

\$350



# Yearly Total Dental Costs for Typical Coverage Options



✓ = **Lowest TOTAL Out-of-Pocket Cost with Premium**

	<b>1</b> Pediatric Dental in a Medical Plan <small>(Prevention not subject to deductible)</small>	<b>2</b> Pediatric Dental in a Medical Plan <small>(All services subject to deductible)</small>	<b>3</b> Pediatric Dental in a Dental Plan <small>(Prevention not subject to deductible)</small>	<b>4</b> Pediatric Dental in a Dental Plan <small>(All services subject to deductible)</small>
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Premiums	\$205	\$70	\$409	\$336
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Consumer Out-of-Pocket Costs	1	2	3	4	5	
	Child with good dental health needing an x-ray and 2 dental visits with cleanings	\$0 ✓	\$248	\$0	\$61	
	Child needing 2 dental visits and cleanings, an x-ray and 3 fillings for cavities	\$225 ✓	\$473	\$115	\$173	
	Child needing 2 dental visits and cleanings, an x-ray, 3 fillings for cavities and 2 stainless steel crowns	\$600	\$848	\$350	\$350 ✓	
	Child needing 2 dental visits and cleanings, an x-ray and a panoramic x-ray for maxillary expansion with sedation	\$1,650	\$1,898	\$350 ✓	\$350 ✓	
Child needing 2 dental visits and cleanings, an x-ray and a panoramic x-ray with medically necessary orthodontia	\$2,984	\$3,091	\$350 ✓	\$350 ✓		

## Conclusion

Neither a medical plan with pediatric dental or a separate dental plan is best for every child. Giving consumers choices for dental coverage is critical to assuring they get the plan that fits their needs. In general, when consumers buy pediatric dental services as part of a medical plan they will have less out of pocket cost when their children are in good oral health and need minimal dental care beyond routine office visits and cleanings. For consumers whose children need more dental care, separate dental plans have the lowest annual out-of-pocket cost.

NOTE: This analysis does not include a family's medical costs which would add to out-of-pocket costs that count toward the deductible and MOOP in plans 1 and 2. For more detail on sources and calculations of information displayed in this infographic please use visit [tinyurl.com/nadp-notes](http://tinyurl.com/nadp-notes) or contact NADP at 972-458-6998.