



All about the pediatric dental Essential Health Benefit

United
Healthcare
Dental

The basics

The Affordable Care Act (ACA) requires specific Essential Health Benefits (EHBs) to be covered under health plan offerings for individuals and small groups.* Pediatric dental services, generally for those up to age 19, is an EHB.

Larger groups aren't required to offer EHBs, but if dental services are included in the health plan, certain rules may apply.

What's covered

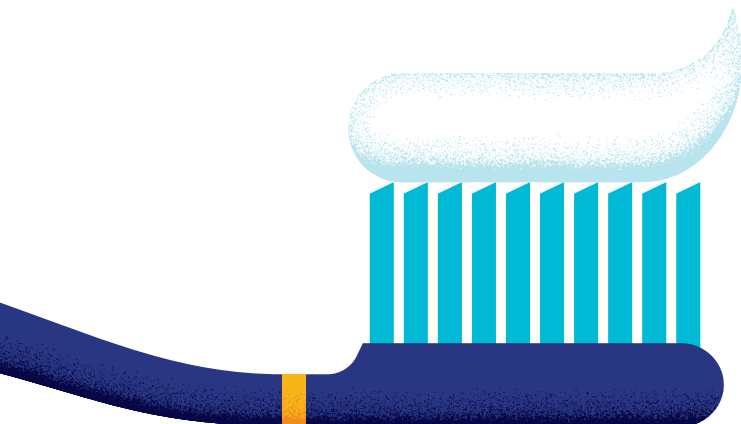
The following pediatric oral care services are covered as an EHB

- Exams, cleanings, fluoride, sealants and X-rays
- Minor restorative services such as fillings
- Major restorative services such as crowns
- Medically necessary orthodontia

Plan designs vary by state and health plan. What's considered "medically necessary orthodontia" is different than traditional dental orthodontic services. Medically necessary orthodontia coverage is limited to those with severe bite impairment or congenital concerns, such as cleft palate, and requires preauthorization. Consult your UnitedHealthcare representative for more information on the medical plan you're considering.

Pediatric oral care services and the ACA

The ACA did not designate pediatric dental services as a preventive care service. As a result, these services may be covered before or after the health plan deductible is met.



How does this impact you?

Small group medical policies and pediatric dental EHB

Since pediatric oral health services is 1 of the 10 EHBs required by the ACA, all individual and small group medical plans must include them.

Supplementing pediatric dental benefits with another dental plan

Health plan designs vary by state, market and carrier. Families that want dental coverage for adults should consider signing up for a traditional, full-family dental plan. That way, adults will have coverage for services like routine cleanings and exams. Plus, the plan will provide additional coverage for pediatric dental services not covered by the health plan. For example, medically necessary orthodontia is covered for pediatric members, but orthodontia for more mild bite issues—the most common orthodontia claim today—is not covered under ACA guidelines. Families that want coverage for these services should consider a supplemental family dental plan.

Coordinating benefits with a separate dental plan

When purchasing health and dental plans from 1 carrier, benefits are coordinated to provide the combined benefits of both policies to help minimize unexpected out-of-pocket costs.

Know the facts

X Fiction	✓ Facts
Employees will have a smaller dental network when dental is embedded in the medical policy	Employees who receive dental benefits provided through a UnitedHealthcare medical or dental plan will access the same large national and regional dental networks. This provides all family members access to one of the largest provider networks in the country as well as access to the same dental providers.
No pediatric dental EHB get applied to the health plan out-of-pocket limits	All pediatric dental EHBs will apply directly to health plan out-of-pocket limits. This helps those with high-deductible health plans meet their limit sooner.
Small group employers don't need to do anything to comply with the ACA; that responsibility is on the employee	These employers must offer certified health plans that include the pediatric dental EHB
The standalone dental plan my group has had for years includes coverage for children, so it fulfills the requirement for pediatric dental coverage	While your previous plan included benefits for those under the age of 19, standard dental plans don't qualify as Exchange-certified plans, nor do any of the historical plans offered by any dental insurance carrier. For a dental insurance carrier to have an Exchange-certified dental plan, they must go through the certification with each state for each product offered and follow the minimum benefit standards set by the ACA.

Why choose a UnitedHealthcare health plan for your pediatric dental EHB?

- 1 Any EHB dental costs paid by the employee are applied to the medical deductible and out-of-pocket limit
- 2 If you also offer a standalone family dental plan from UnitedHealthcare, you'll have consistent network access for the entire family. Both dental and health plan members will have access to our large national and regional networks.
- 3 Simplified coordination of benefits means that you submit claims once; pediatric EHB and additional dental coverage is coordinated to help ensure families receive their full benefits



Get answers

Know how to answer questions your employees may have about pediatric dental benefits.

Will I use my health plan ID card when I take my 8-year-old child to the dentist?

Pediatric dental members (generally those under the age of 19) will be issued a separate pediatric dental ID card. As the plan subscriber, only your name will be listed on the card. It will include all contact information your dentist needs to verify eligibility and benefits. If you have additional dental benefits with UnitedHealthcare for your child, we will process all eligible dental benefits through 1 claim submission.

Where can I find the list of dentists available to my family?

To search for network dental providers, log in to myuhc.com[®].

If my family has pediatric dental coverage embedded in the medical policy and also has another dental plan, will the 2 plans coordinate benefits?

For all group plans, the answer is yes, whether or not you have a separate family dental plan with us or another carrier, but there are advantages to having both plans with UnitedHealthcare. You'll enjoy the convenience of 1 dental claim submission process, 1 network and 1 Customer Service team, but with coordinated claims processing, payment and benefits tracking to help ensure you're receiving the full benefits for both plans. We will manage which plan pays first. In this case, medical coverage will be primary, an advantage to you because the cost of dental services will be applied to the medical deductible and out-of-pocket limit.

I'm over the age of 19 and don't have children. Am I required to have pediatric dental benefits?

Yes, the law requires that pediatric dental services be covered as EHBs in all small group and individual health plans. The good news is that UnitedHealthcare health plans include these benefits so you're not required to purchase additional dental benefits unless you choose to do so.

I have a 22-year-old son and a 16-year-old daughter. Should I also purchase a separate dental plan to supplement the pediatric dental benefits for my family?

A full-family dental plan can supplement the coverage in the health plan for your daughter and provide coverage for you and your son, who is over the age of 19. In addition, UnitedHealthcare will coordinate both plans to help minimize hassles and ensure your family receives all eligible benefits. Some states cover children up to the age of 21. In these states, both children will be covered for pediatric dental services under your health plan.

Learn more

Visit uhc.com/reform or contact your UnitedHealthcare representative

**United
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Dental**

*The definition of small group varies by state.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and associated COC form number DCOC.CER.06. Benefits for the UnitedHealthcare Dental DHMO plans are provided by or through the following UnitedHealth Group companies: Dental Benefit Providers, Inc., its subsidiaries or affiliates, including Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by Dental Benefit Providers, Inc. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware. UnitedHealthcare Insurance Company; National Pacific Dental in TX; Nevada Pacific Dental in NV, Dental Benefit Providers of Illinois in IL, IN (MD & FL); Dental Benefit Providers of California, Inc. in CA; UnitedHealthcare Insurance Company of New York; DHMO—Dominion Dental Services, Inc.

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