

Dental Plan Technical Advisory Committee

August 15, 2024

Meeting will start at 3:30 p.m.

Washington Health Benefit Exchange

Exchange Mission

The Washington Health Benefit Exchange seeks to redefine people's experience with health care. Our mission is to radically improve how Washington residents secure health insurance through innovative and practical solutions, an easy-to-use customer experience, our values of integrity, respect, equity and transparency, and by providing undeniable value to the health care community.

Our Objectives:

- Increase access to affordable health plans
- Organize a transparent and accountable insurance market to facilitate consumer choice
- Provide an efficient, accurate, and customer-friendly eligibility determination process
- Enhance health plan competition on value: price, access, quality, service, and innovation

Agenda

Today: Preparing for Open Enrollment

- Customer Engagement
- 2025 Dental Plan Landscape
- Dental Cross Mapping
- Open Enrollment Reminders



2025 Dental Plan Landscape

Overview:

- 5 carriers/ 9 QDPs
- All counties have at least 4 family/ 2 pediatric dental plans

Coverage changes:

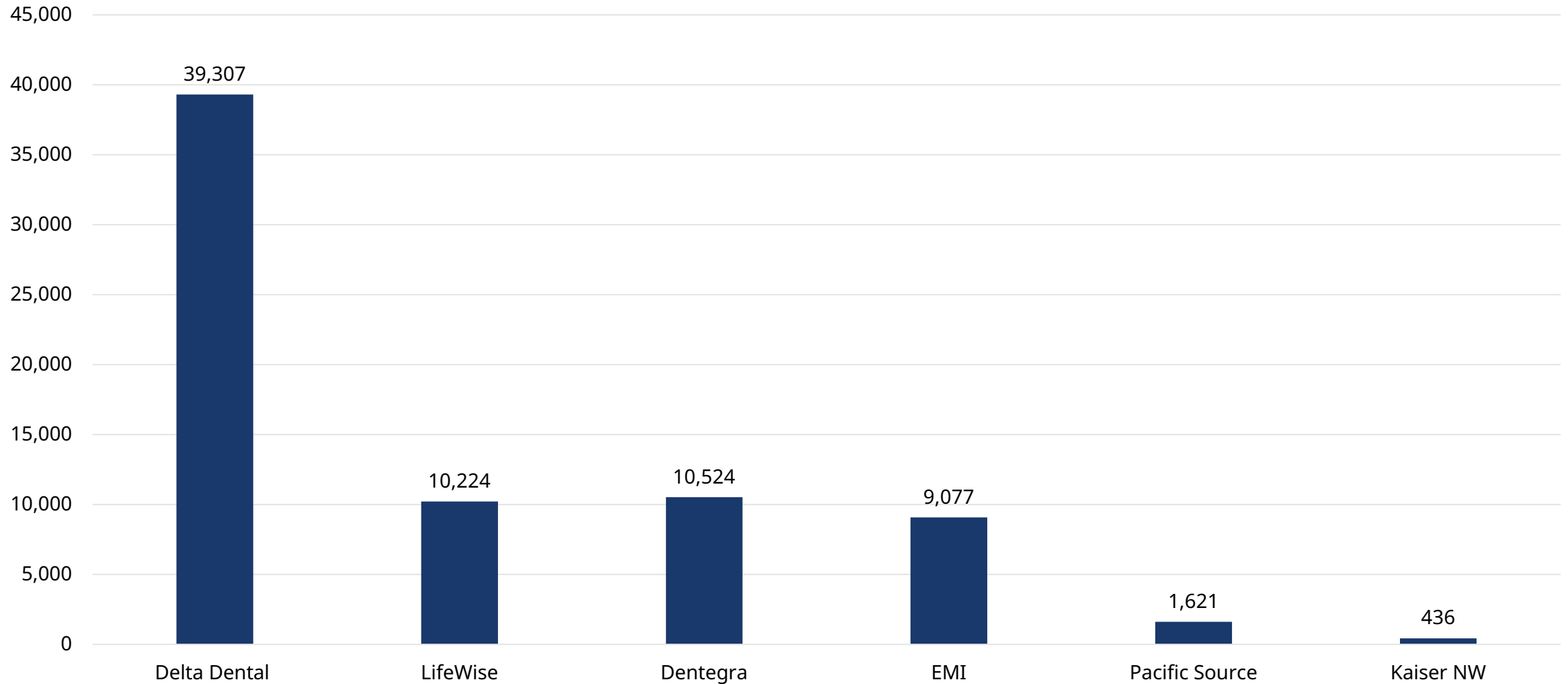
- 1 carrier with dental plans leaving in 2025

Overall Enrollment

- August 2023 Enrollment: ~60,000
- August 2024 Enrollment: ~72,000

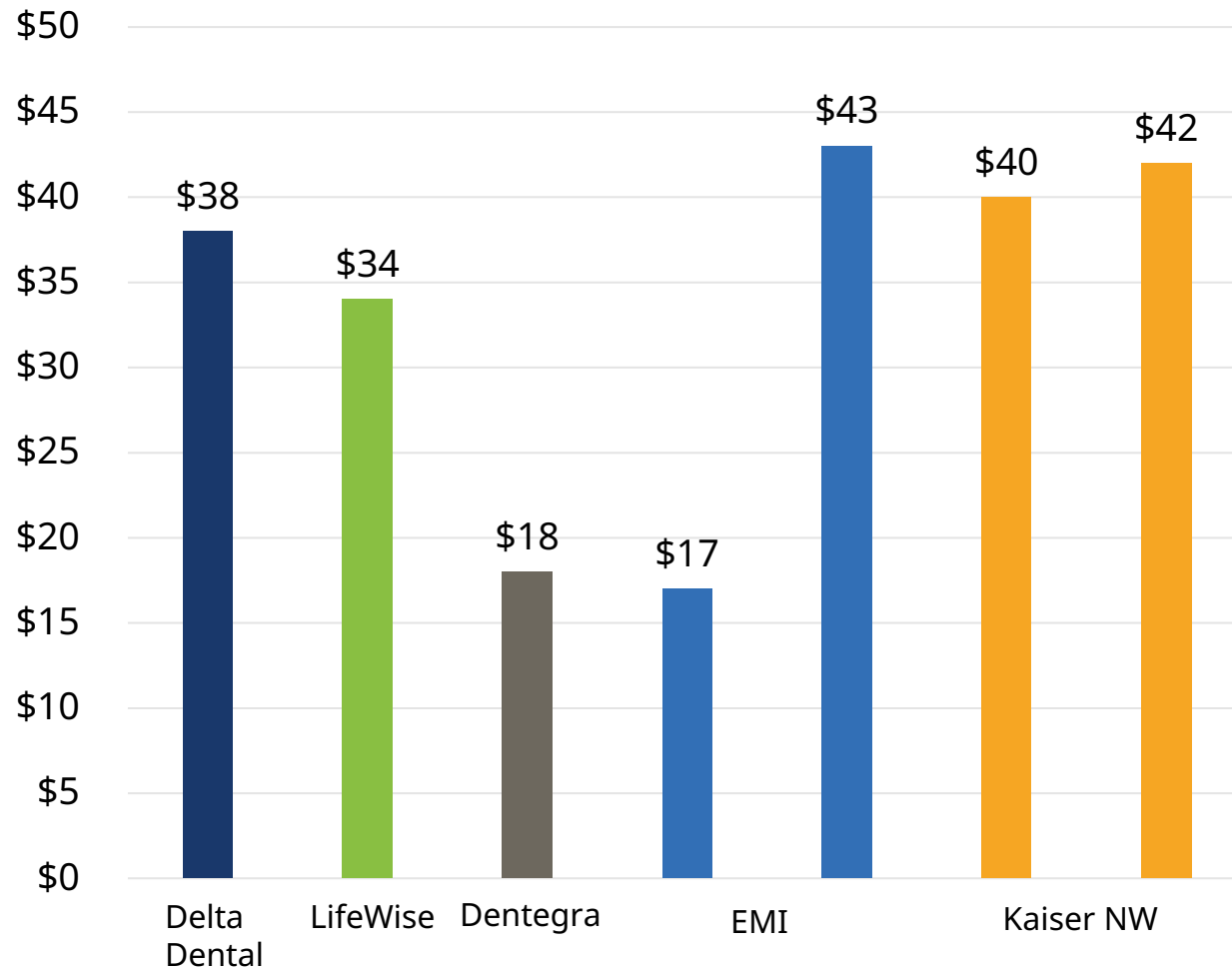
2024 Effectuated Enrollment Per Carrier

Active Effectuated Enrollees as of August



PY 2025 Average Rate by Plan Based on Initial Rates

Proposed Adult Rate in Family Dental Plans

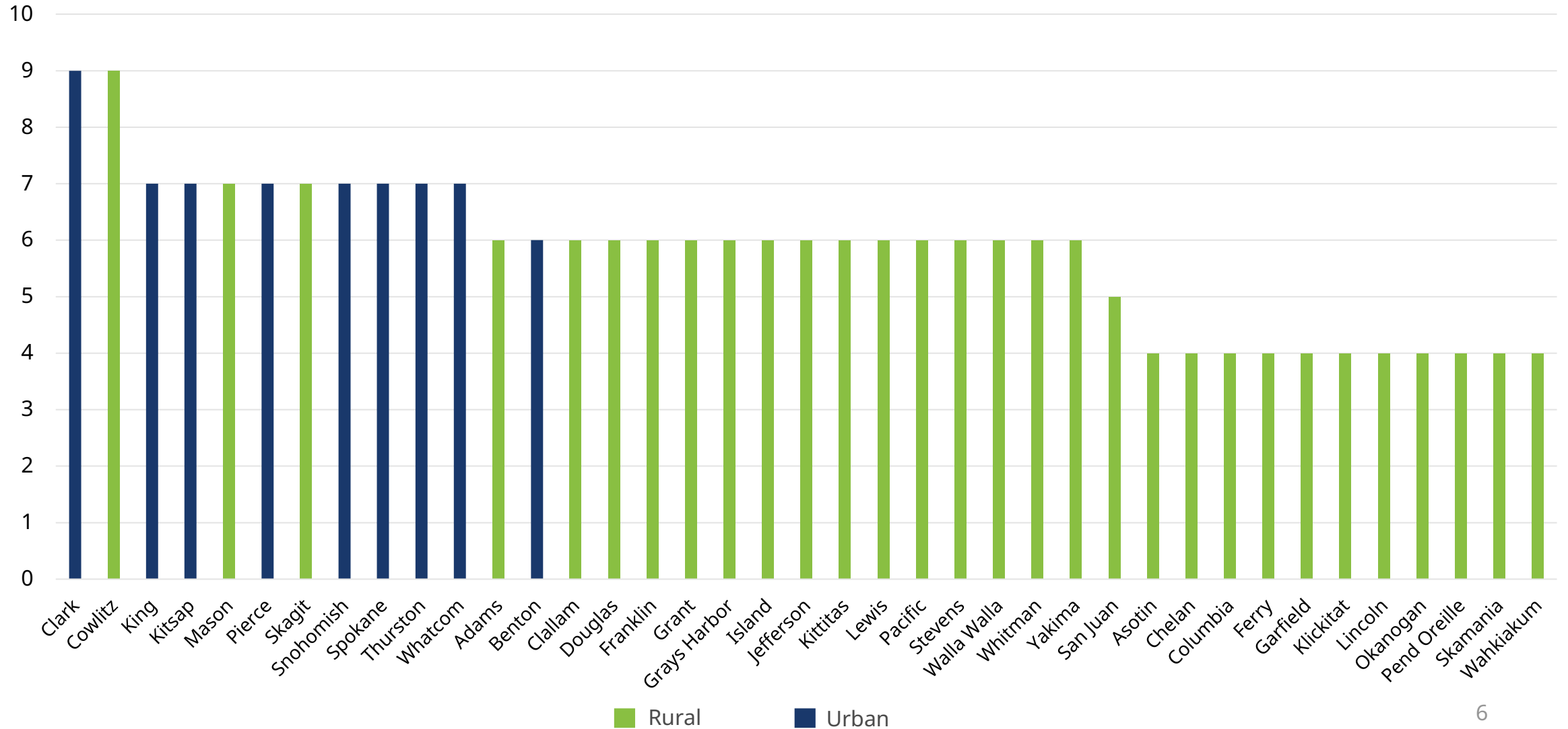


Average Annual Premium Rate:

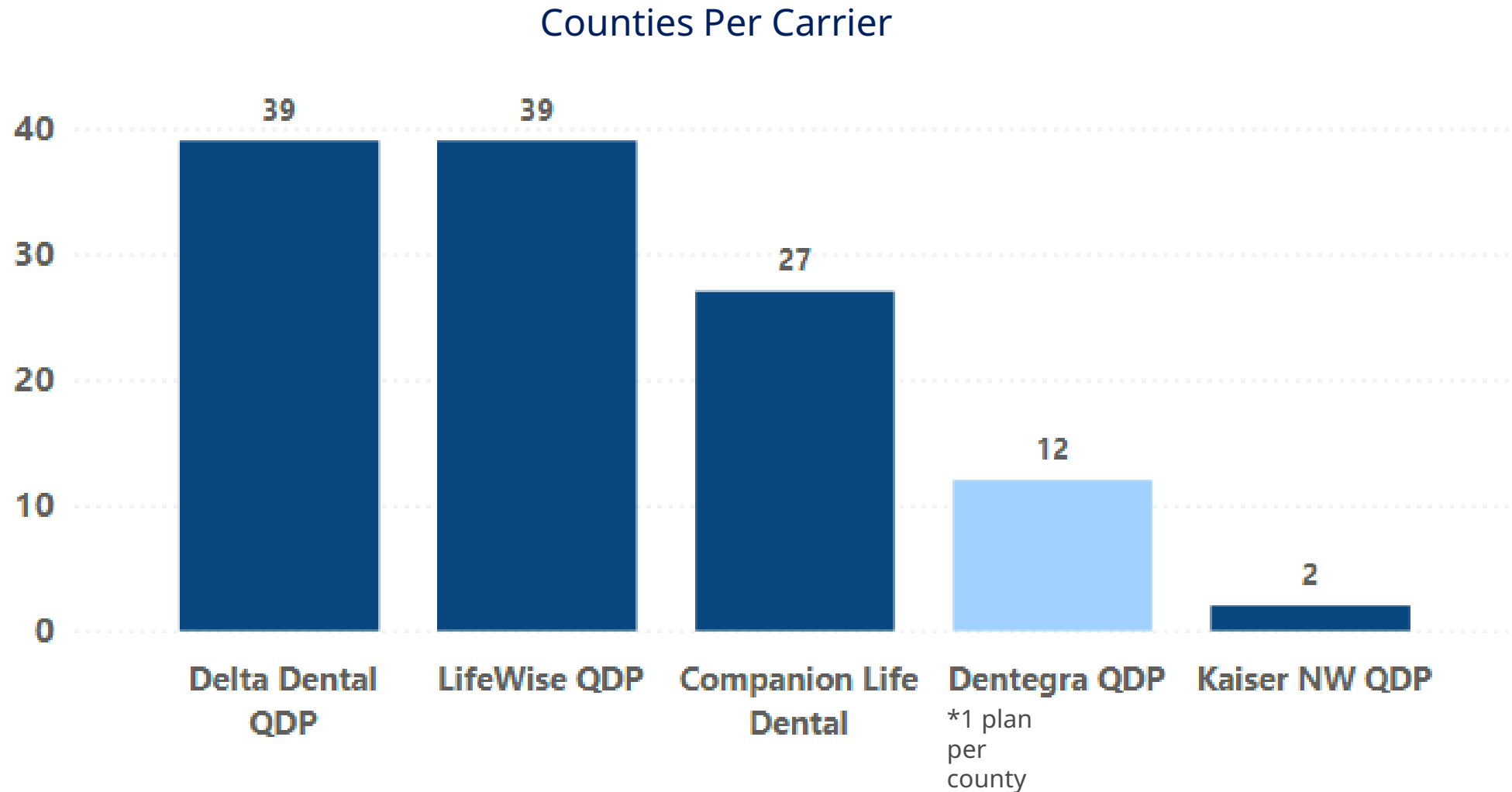
- Adult Dental Rate
 - 2024 monthly premium rate average: \$29
 - 2025 monthly premium rate average: \$33
- Pediatric Dental Rate
 - 2024 monthly premium rate average: \$34
 - 2025 monthly premium rate average: \$40

PY 2025 Plan Count by County Based on Initial Rates

Plan Count by County



Expected PY 2025 Counties Per Carrier



*All carriers have two plans unless otherwise noted.

QDP Cross Mapping

QDP Cross Mapping Instructions

QDP mapping when carrier leaves the county

When a QDP carrier leaves a county, customers enrolled with that carrier are mapped to a new carrier

- ▶ Instructions:
 - ▶ Customers are mapped based on the following hierarchy: Same network type, appropriate plan type, most similar coverage, lowest premium

Aging out of pediatric dental coverage

Enrollees who are turning 19 on or before January 1 and are currently in a pediatric dental plan

- ▶ Instructions: Customers are not automatically cross-mapped into a new qualified dental plan.

QDP Cross Mapping

QDP mapping when carrier leaves the county

- ▶ Pacific Source left the marketplace
 - ▶ Clark
 - ▶ Pierce
 - ▶ Spokane
 - ▶ Thurston
- ▶ 1,643 customers will be mapped to LifeWise

Aging out of pediatric dental coverage

- ▶ 268 customers are aging out of Pediatric Dental plans
 - ▶ Delta Dental: 131
 - ▶ LifeWise: 135
 - ▶ Pacific Source: 2

Matrix

Covered Services by Frequency	Companion EMI		Delta Dental	Dentegra	Kaiser Permanente NW		LifeWise
	Individual Premier PPO	Individual Advantage PPO	WA Family Plan	Dentegra Dental PPO Family Basic	KP WA Family Dental 80	KP WA Family Dental 100	LifeWise Family Dental Plan
Oral Exam	2 per year	2 per year	2 per benefit period	2 each calendar year	1 every 6 months.	1 every 6 months.	2 visits per calendar year
Teeth Cleaning	2 per year	2 per year	2 per benefit period	2 each calendar year	1 every 6 months.	1 every 6 months.	2 visits per calendar year
Fluoride	Covered when dentally appropriate	Covered when dentally appropriate	2 per benefit period	Not a benefit	2 in a 12-month period	2 in a 12-month period	1 treatment per calendar year
Full Mouth X-Rays	1 every 3 years	1 every 3 years	1 every 5 years	1 per 60 months	1 full mouth complete series or one panoramic radiographic image every 3 years.	1 full mouth complete series or one panoramic radiographic image every 3 years.	A panoramic film or complete series (full mouth) x-ray once every 5 calendar years, but not both
Bitewing X-Rays	Up to 4, twice per year	Up to 4, twice per year	1 per benefit period	1 per calendar year	2 sets once a year (4 total)	2 sets once a year (4 total)	1 per calendar year
Composite Front Tooth	1 every 2 years	1 every 2 years	1 every 2 years	6 month waiting period	1 per tooth surface every 24 months for the same tooth	1 per tooth surface every 24 months for the same tooth	1 every 2 calendar years
Composite Back Tooth	1 every 2 years	1 every 2 years	1 every 2 years	6 month waiting period	1 per tooth surface every 24 months for the same tooth	1 per tooth surface every 24 months for the same tooth	1 every 2 calendar years
Fillings	1 every 2 years	1 every 2 years	1 every 2 years	6 month waiting period			1 every 2 calendar years
Periodontal Maintenance/ Cleaning	1 per quadrant per year	1 per quadrant per year	2 in a benefit period	Not a benefit	1 per quadrant in a 12-month period	1 per quadrant in a 12-month period	4 visits per calendar year
Surgical Extraction			Not covered on this plan	Not a benefit	No limit if dentally necessary.	No limit if dentally necessary.	Not covered
Excluded Services (include but are not limited to)	Non-medically necessary orthodontia - Cosmetic services or supplies -Myofunctional therapy -Plaque control programs and dietary instruction -Surgical placement of implants	Non-medically necessary orthodontia -Cosmetic services or supplies -Myofunctional therapy -Plaque control programs and dietary instruction -Surgical placement of implants -Major services for adults			Braces (not medical necessary), Full mouth reconstruction; Dental implants; and, Cosmetic services	Braces (not medical necessary), Full mouth reconstruction; Dental implants; and, Cosmetic services	Major services and orthodontia



Discussion and Next Steps

- *HBE will provide feedback on the Matrix and SBCs on Aug 19*
- *Revisions of Matrix and SBCs due on Aug 26*
- *Final corrections due back to the Exchange on Sept 3*

Appendix

QDP Cross Mapping Instructions

QDP mapping when carrier leaves the county

When a QDP carrier leaves a county, customers enrolled with that carrier are mapped to a new carrier

- ▶ Instruction: If there is more than one QDP available of an appropriate plan type* (pediatric/family), map enrollees to a QDP with the same network type (PPO, EPO, HMO).
- ▶ If there is more than one QDP available of an appropriate plan type and same network type, map enrollees to the plan without a waiting period.
- ▶ If there is more than one QDP available of an appropriate plan and network type, map enrollees to the plan with the most similar coverage (including actuarial value, covered services, cost sharing, and benefit cap).
- ▶ If there is more than one QDP available of an appropriate plan type, and with the same network type and similar covered services and cost sharing, map enrollees to the plan with the lowest premium.
- ▶ *Appropriate plan type: Pediatric plans can be mapped to either pediatric or family plans. Family plans can only be mapped to family plans.

Aging out of pediatric dental coverage

Enrollees who are turning 19 on or before January 1 and are currently in a pediatric dental plan

- ▶ Instruction: Proceed with the otherwise-applicable QHP mapping instruction for these enrollees but do not map these enrollees into a qualified dental plan. It is recommended that these enrollees be encouraged to return to Healthplanfinder and shop for a new qualified dental plan.



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