

1. How is dental coverage offered on the marketplace?

In the marketplace you can either purchase dental coverage as part of a health plan, or alone through a separate dental plan.

IMPORTANT: You can't buy a Marketplace dental plan unless you're buying a health plan at the same time.

Dental coverage is available 2 ways:

- Health plans that include dental coverage. Dental coverage is included in some Marketplace health plans. You can see which plans include dental coverage when you compare them.

If a health plan includes dental, the premium covers both health and dental coverage.

- Separate, stand-alone dental plans. In some cases separate, stand-alone plans are offered. You can see them when you shop for plans in the Marketplace.

If you choose a separate dental plan, you'll pay a separate, additional premium.

2. Are families required to buy dental coverage for their children?

Dental coverage is an essential health benefit for children. This means if you're getting health coverage for someone 18 or younger, dental coverage must be available for your child either as part of a health plan or as a stand-alone plan.

Note: While dental coverage for children must be available to you, you don't have to buy it.

Dental coverage isn't an essential health benefit for adults. Insurers don't have to offer adult dental coverage.

3. What services are covered?

The specific dental services that must be covered are based on the benefits outlined in the plan. Most plans offer preventive and restorative services like cleanings, fluoride treatments, dental sealants, x-rays, and fillings. Each plan may have different rules for how frequently a patient can receive certain services, which providers a patient may see, and how much patients are required to pay out of pocket for specific services. These details should be available through the plan brochures and summaries of benefits.

4. What can I expect to pay monthly for dental coverage?

There are some dental plans available for as low as \$13.02/month for a single adult and \$47.00/month for a family of four. Monthly cost could be lower or higher depending on income.

5. Can I cancel my dental coverage and still keep my health coverage?

It depends.

If you have a separate, stand-alone dental plan, you can cancel any time. Learn how to cancel a stand-alone dental plan while keeping your health plan.

If you're enrolled in a health plan with dental benefits, you can change health plans only if you have a life event that qualifies you for a Special Enrollment Period. If you qualify, you can choose a new health plan with or without dental coverage. But you can't get dental coverage by itself.

Additional resources: <http://www.healthpolicyproject.org/oral-health-equity/>

This brief was developed by Utah Health Policy Project with information from www.healthcare.gov/coverage/dental-coverage/

