STATE OF NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE

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OF INSURANCE

BULLETIN NO. 2014-017 OCTOBER 16, 2014

TO: ALL INSURANCE COMPANIES AUTHORIZED TO TRANSACT BUSINESS IN NEW MEXICO

RE: REASONABLE ASSURANCE REGARDING PEDIATRIC DENTAL

THIS BULLETIN is issued pursuant to Section 59A-2-8 NMSA 1978 of the New Mexico Insurance Code, and 13.1.2 et seq. NMAC.

This bulletin clarifies the New Mexico Office of Superintendent of Insurance (NM OSI) policy on the required coverage of pediatric dental services for carriers who offer health insurance plans. NM OSI is requiring that all health insurers authorized to write comprehensive individual and small employer group health insurance to provide a notice to insured consumers indicating whether or not the policy being offered includes coverage of pediatric dental services.

Section 1301 (a)(1) of the Patient Protection and Affordable Care Act (ACA) requires qualified health plans inside and outside of an Exchange to include Essential Health Benefits. Section 1302 (b)(4)(F) of the ACA and 45 CFR a5.1065(d) state, however, that health insurance plans offered on an Exchange will not fail to be certified as a qualified health plan solely because the plan does not offer coverage of pediatric dental services, if a certified stand-alone dental plan covering these services is available in the Exchange.

The U.S. Department of Health and Human Services (HHS) has provided guidance regarding coverage of pediatric dental services, stating:

Plans outside of the Exchange may offer EHB that exclude pediatric dental benefits if they are 'reasonably assured' that such coverage is sold only to individuals who purchase Exchange certified stand-alone dental plans.

This guidance creates an inconsistency in requirements between plans operating within and outside of the NM HIX. The NM OSI is concerned that this inconsistent treatment may result in consumer harm by creating confusion and create an unfair competitive advantage to plans operating within the Exchange.

Therefore, to ensure consumer choice, and to ensure a competitive marketplace, all carriers offering comprehensive individual or small group health insurance plans in New Mexico must disclose, prior to the sale of the policy, whether the plan covers pediatric dental benefits.

This disclosure will be provided to the insured at the time of solicitation. Including this notice with all health insurance policies sold within the NM HIX or in the outside market will provide reasonable assurance that consumers are obtaining the coverage they need and want. Suggested language for the disclosure is provided below. The disclosure should be in a typeface and size consistent with the marketing portions of any solicitation and should follow all other relevant NM OSI guidelines.

Suggested language:

"This policy does not include pediatric dental services as required under the federal Patient Protection and Affordable Care Act. This coverage is available in the insurance market and can be purchased as a stand-alone product. Please contact your insurance carrier, agent or the New Mexico Health Insurance Exchange (www.nmhix.com) if you wish to purchase pediatric dental coverage or a stand-alone dental insurance product."

DONE AND ISSUED on October 16, 2014.

John G. Franchini

Superintendent of Insurance