



RESOLUTION

**EXECUTIVE BOARD OF THE DISTRICT OF COLUMBIA  
HEALTH BENEFIT EXCHANGE AUTHORITY**

**To adopt a recommendation regarding whether health carriers offering qualified health plans in DC Health Link will be required to offer plan options that do not include the pediatric essential dental benefit.**

**WHEREAS**, the Health Benefit Exchange Authority Establishment Act of 2011, effective March 4, 2012 (D.C. Law 19-94; D.C. Official Code § 31-3171.01 *et seq.*) (“Act”) created the District of Columbia Health Benefit Exchange Authority (“Authority”), an independent authority of the Government of the District of Columbia, and its governing Executive Board;

**WHEREAS**, §1311(d)(2)(b) of the Affordable Care Act of 2010 (P.L. 111-148 & P.L. 111-152) (“ACA”) allows an “issuer of a plan that only provides limited scope dental benefits... to offer the plan through the Exchange (either separately or in conjunction with a qualified health plan);”

**WHEREAS**, for plan year 2014, the Department of Insurance, Securities and Banking (DISB) did not approve stand-alone pediatric dental plans for sale in the exchange marketplace, citing duplication of benefits since all qualified health plans (“QHPs”) embedded the pediatric dental essential health benefit;

**WHEREAS**, on February 12, 2014, the Executive Board re-established the Dental Plans Advisory Working Group (“Dental Working Group”) to consider requiring QHPs to provide plan options that do not include the pediatric dental benefit, separate deductibles for the pediatric dental benefits, employer choice of qualified dental plans, employer contribution methodology and requirements for qualified dental plans, and transparency of dental plan offerings on DC Health Link;

**WHEREAS**, on March 7, March 14 and March 28, 2014, the Dental Working Group met and reviewed technical capabilities of DC Health Link, policies for qualified health plans as a comparison for decisions pertaining to qualified dental plans, and the approaches of other state marketplaces;

**WHEREAS**, the majority of the Dental Working Group’s members, primarily the major medical carriers and consumers groups, voted to let the market determine whether health carriers offer QHPs that include pediatric dental benefits;

**WHEREAS**, dental carriers on the working group submitted a minority report titled “DC Health Benefit Exchange – Dental Workgroup II Minority Report” dated April 18, 2014 to express the reasons to have a requirement for health carriers to offer QHPs that do not include pediatric dental benefits;

**WHEREAS**, on April 27, 2014, the Insurance Market Executive Board Working Committee deliberated on the topic of QHPs inclusion of pediatric dental benefits at a meeting open to the public, and approved a recommendation for Board consideration in a two to one vote to allow the market to determine whether health carriers offer QHPs that include or exclude pediatric dental benefits; and

**NOW, THEREFORE, BE IT RESOLVED** that the Executive Board hereby approves the majority recommendation by the Insurance Market Executive Board Working Committee that health carriers have the choice to embed, or not embed, the pediatric essential health benefits in the qualified health plans being offered in DC Health Link.

**I HEREBY CERTIFY** that the foregoing Resolution was adopted on this 14<sup>th</sup> day of May, 2014, by the Executive Board of the District of Columbia Health Benefit Exchange Authority in an open meeting.

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Khalid Pitts, Secretary/Treasurer  
District of Columbia Health Benefits Exchange Authority

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Date