



## NEWS RELEASE

### For Immediate Release

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#### **Health Reform: 5 things to know about buying dental insurance**

**NAPERVILLE, Ill. (October 2, 2013)** – While much of the attention on the implementation of the Affordable Care Act has focused on medical coverage, Illinois residents are also able to purchase dental insurance through the Illinois Health Insurance Marketplace “Get Covered Illinois” beginning on Oct. 1, 2013, through March 31, 2014.

“Better access to dental coverage is an important step toward improving the oral health of Illinois residents, particularly children” said Bernard Glossy, president and CEO of Delta Dental of Illinois. “Get Covered Illinois -- the Illinois Health Insurance Marketplace -- will provide another option for Illinois families to get the oral health coverage that gives them access to important dental care.”

The Illinois Health Insurance Marketplace “Get Covered Illinois” is particularly important for Illinois residents who do not have coverage either through their employers or on their own, or who aren’t covered by Medicaid. The new health care law requires that most U.S. citizens and legal residents have health insurance or pay a penalty. People are not required to purchase health and dental insurance through the exchange, but may qualify for federal tax subsidies to lower their premiums if they do. Depending on when members enroll, coverage could begin as early as Jan. 1, 2014.

Delta Dental of Illinois offers the following information to help you understand how the Affordable Care Act has changed health and dental benefits and select a dental plan that best fits your needs.

#### **1. All plans must offer the same dental benefits for children.**

Starting in 2014, all health plans sold to individuals must offer 10 essential health benefits (EHBs), one of which is pediatric dental care, including:

- Coverage for diagnostic and preventive care, as well as medically necessary orthodontia;
- Coverage for children under age 19;
- No annual or lifetime benefit maximum for covered services; and
- Out-of-pocket limit of \$700 per child or \$1,400 per family.

#### **2. Not all medical plans pay children’s benefits equally, and you do not have to purchase the required pediatric dental care from a medical carrier.**

On the Illinois Health Insurance Marketplace, it is possible to purchase the pediatric dental benefit through a medical carrier or a stand-alone dental plan through a dental benefits carrier. Because many medical plans may require the policy’s annual deductible and out-of-pocket maximums be met before paying dental benefits, a stand-alone dental policy may expand benefits and reduce overall expenses.

### **3. Different dental plan types are available.**

All health care and dental plans must be differentiated in a way that helps consumers compare plans from different carriers on the Illinois Health Insurance Marketplace. Dental plans are characterized as either High or Low.

- **High plans** have slightly higher premiums but offer lower co-pays and annual deductibles.
- **Low plans** have lower premiums but offer reduced benefits, resulting in higher co-pays and annual deductibles.

All dental plans, whether high or low, will meet the pediatric dental care requirement mandated by health care reform.

### **4. Adult dental coverage is also an option.**

Medical plans are not required to offer any dental benefits for adults, but they can be purchased through a stand-alone dental carrier. Although not required, adult dental coverage should be strongly considered. In addition to its relatively low cost compared to medical coverage, dental coverage encourages regular preventive dental check-ups, which not only helps protect dental health but also can detect as many as 120 different diseases in their earliest stages, when they are most effectively treated.

### **5. It's important to evaluate carrier differences.**

Even though the coverage may be similar among different companies offering insurance on the Illinois Health Insurance Marketplace, there are still differences consumers should consider. Some questions to ask include:

- Is your dentist part of the network offered by the carrier? This is important to check because not only will you enjoy the convenience of keeping your dentist, you may save money since network dentists have agreed negotiated fees which are lower than their usual fees and they cannot bill consumers over that negotiated fee.
- Customer service is another key area. Consumers should look at service statistics, such as how quickly calls are answered and issues are resolved.

Carriers who specialize in dental coverage often have stronger dental networks and experienced service centers to address customer questions.

Delta Dental of Illinois is a Qualified Health Plan issuer in the Illinois Health Insurance Marketplace.

For questions about buying insurance on the Illinois Health Insurance Marketplace, visit [www.getcoveredillinois.gov](http://www.getcoveredillinois.gov) or call 866-311-1119. For questions about Delta Dental of Illinois plans, call toll-free at 877-824-2776, 8:30 a.m. to 5 p.m. central time, Monday through Friday or by email at [individual@deltadentalil.com](mailto:individual@deltadentalil.com).

### **About Delta Dental of Illinois**

*Delta Dental of Illinois (DDIL) is a not-for-profit dental service corporation that provides dental benefit programs to individuals and more than 5,000 employee groups throughout Illinois. DDIL covers 2 million individuals, employees and family members in these groups nationwide. DDIL is based in Naperville, Illinois and offers single-site administration and client services.*

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