



## Medically Necessary and Corrective Orthodontia

The Affordable Care Act (ACA or health care reform) requires health plans sold to individuals and small groups to include all 10 of the ACA's defined essential health benefits (EHBs). One of the 10 EHBs is coverage for pediatric dental services, which includes medically necessary orthodontia. Delta Dental offers two orthodontia benefits to small groups – corrective orthodontia and medically necessary orthodontia.

**Corrective orthodontia** has a less restrictive definition and is used to correct an improper alignment of upper and lower teeth, including crooked or crowded teeth, cross bites, overbites or underbites.

**Medically necessary orthodontia** is an ACA required service for children (up to 21) with certain designated syndromes or genetic disorders such as cleft palate.

The table below describes Delta Dental's definition of the two orthodontia benefits. Please note that orthodontia benefits and definitions will vary by carrier.

|                                 | Corrective Orthodontia   | Medically Necessary Orthodontia   |
|---------------------------------|--|---|
| Delta Dental Plans              | Corrective orthodontia is an optional benefit that can be added to a small group plan. Corrective orthodontia is not available with Delta Dental's Employee and Individual Choice plans. | Medically necessary orthodontia is included in plans that meet the ACA pediatric dental EHB requirement.  |
| Age Limit                       | Coverage up to age 19; no adult coverage.  | The ACA requires coverage up to age 19, but<br>Delta Dental provides benefits for the pediatric<br>dental EHB to age 21.                              |
| Lifetime Maximums               | Delta Dental small group plans have an orthodontia lifetime maximum benefit of \$1,500.  | There is no lifetime maximum limit, but only one treatment plan is allowed.   |
| Cost Sharing                    | Delta Dental small group plans have<br>a 50 percent copay and a \$1,500 lifetime<br>maximum per covered child.   | As a part of the ACA, the out-of-pocket limit is \$350 per child or \$700 for all children on the policy for services performed by a network dentist. |
| Approval and<br>Treatment Plans | Does not require prior approval, but a treatment plan is required.   | Delta Dental requires prior approval before treatment begins.   |

Delta Dental Plus policies include the pediatric dental services as required under the Affordable Care Act (ACA). Delta Dental Plus policies are certified by the Iowa Health Insurance Marketplace. Plus policies for small employer groups can be purchased through Delta Dental or your insurance agent. You can purchase dental benefits with the required pediatric dental services as a stand-alone policy without purchasing a medical plan. Delta Dental Prime policies do not include the pediatric dental services as required under ACA. These policies can be purchased through Delta Dental or your insurance agent.