

Below are MetLife's comments related to the Essential Health Benefit benchmark in the state of New York. Please let me know if you have any questions or need additional information.

Under the Affordable Care Act (ACA) , New York has been asked to define a benchmark plan for purposes of establishing “essential health benefits” to be offered in the New York individual and small group health insurance market. It is our position that the New York benchmark should **not** include coverage for adult dental services.

Under the ACA, essential health benefits must include preventive dental services for children up to the age 21. Any services in addition to the preventive dental services for children up to age 21 will not be subsidized by the federal government and all funding for such dental care must be provided by the state of New York. The inclusion of adult benefits will also increase the premium of health insurance offered in the individual and small group market and because of the higher cost, will result in fewer people being able to afford health insurance coverage.

To the extent that New York wants to provide dental coverage for adults it should do so only as an **option** for the adults to be purchased along with the preventive pediatric dental benefit up to age 21.

When defining essential health benefits under the benchmark plan, it is important to keep in mind that the benchmark plans being reviewed, as they exist today, have some coverage limits today which are inconsistent with ACA requirements. The coverage limits exist for many reasons but one reason is to allow carriers to provide reasonable comprehensive coverage at a price point that is generally affordable. (The affordability is demonstrated by the high levels of enrollment in these programs.) If all of the coverage contained in a benchmark plan was deemed to be an “essential health benefits” requirement in New York, carriers would need to remove these coverage limitations to comply with the ACA. This would likely cause the plans to become wholly unaffordable because what consumers in the individual and small group health insurance market will be required to buy will be much higher cost than the “benchmark plan” as it exists today.

It is for these reasons that we urge New York to limit benchmark plan essential health benefit categories to those categories specifically identified in 1302(b)(1) of the Affordable Care Act and specifically, New York should not include dental coverage for adults as this coverage is not identified in 1302(b)(1) of the ACA.

Courtney Barnes Ransom | Assistant Vice President, Dental Product |  949.425.4172 |  949.425.4587 | 
cransom@metlife.com