STAND ALONE DENTAL PLANS (SADPS): PLAN PREVIEW TIPS

Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight

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Table of Contents

1. Purpose

The purpose of this document is to provide SADPs guidance on how to access Plan Preview, create rating scenarios (including how to choose the correct cost sharing reduction (CSR) variant), and view pediatric-only SADPs.

2. Accessing Plan Preview

Access the Plan Preview Module through the Health Insurance Oversight System (HIOS) by going to https://portal.cms.gov and logging into the system using your Enterprise Portal username and password. After logging into the Portal, you will be directed to the *My Portal* homepage. Click on the HIOS icon and then click on *Overview.* This will direct you to the HIOS Plan Management and Market Wide Functions homepage. Click on the *Access Plan Management and Market Wide Functions* hyperlink and a new tab will open on your web browser. You will be directed to a screen as seen in **Figure 1**, which shows how to access Plan Preview.

Figure 1. Accessing Plan Preview
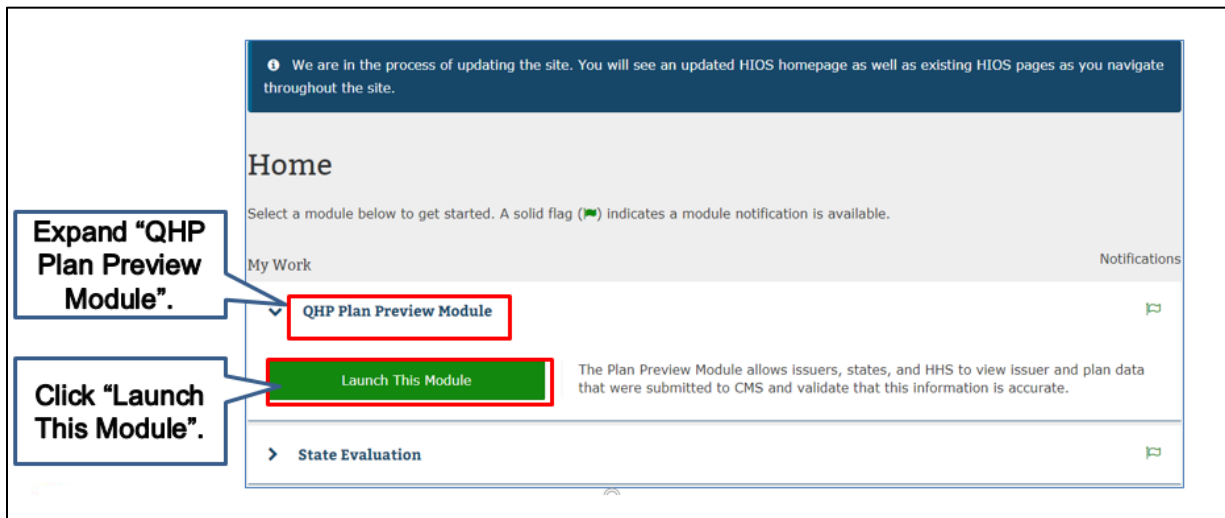
Expand the *QHP Plan Preview Module* by clicking on the hyperlink. Once the Plan Preview Module is expanded a *Launch This Module* button will appear. Click on this button to open the Plan Preview Rating Scenario screen.

3. Creating a Rating Scenario for SADPs

On the Plan Preview Rating Scenario screen you will need to complete the following to view SADPs:

- Choose the Market Type by selecting either:
    - Individual
    - Small Group (SHOP)

- Enter the Effective Date *(Plans will not display when effective date is the same as the rate expiration date. Please do not use rate expiration date for effective date.)*
- Enter the Cost Sharing Reduction (CSR) Variant, which are shown in **Figure 2** *(Select 'Exchange Variant (No CSR)' to display SADPs as seen in Figure 2.)*

Figure 2. Exchange Variant (No CSR)

- Primary Subscriber[1]:
    - Date of Birth *(To view child-only dental plans all enrollees must be under 21 years of age, and any dependents must have the 'brother or sister' relationship type. This group cannot include child, ward, spouse or life partner relationship types.)*
    - Gender
    - # of months since last tobacco use
    - Zip code
    - County
- Dependent: (the maximum number of dependents is five)[2]
    - DOB
    - Gender
    - # of months since last tobacco use

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[1] Gender and # of months since last tobacco use are optional fields for primary subscriber, spouse/life partner and dependents.
[2] If the primary subscriber has a spouse/life partner, the maximum number of dependents that can be added is four.

- Relationship to primary subscriber (i.e., spouse, life partner, child, ward, brother/sister)
- Same address as primary subscriber

Once the rating scenario has been created, click on the ***Update Plan Results*** button and a list of available plans based on the rating scenario will display.

4. Plan Display Results: Available Plans

The Plan Results page will default to the Available Plans table shown in **Figure 3**. On this table, as seen in **Figure 3**, you can view all available plans based on the rating scenario that was created. In addition, the ***View Info*** hyperlink can be clicked to see additional information for each plan.

Figure 3. Available Plans

Figure 4 shows the available plans "Additional Information" pop-up. As seen in **Figure 4**, a pop-up will appear on the screen when the ***View Info*** hyperlink is clicked that will display the following information for the plan:

- Plan ID
- Payment URL
- Customer Service Phone Number
- Customer Service URL
- Billing Address

Figure 4. Available Plans Additional Information

The administrative information (i.e., customer service phone number, customer service URL and billing address) displayed on https://www.healthcare.gov and Plan Preview is pulled from the Issuer General Information Fields and the Marketplace General Information Fields in HIOS.

5. Plan Display Results: Unavailable Plans

The radio button can be used to view Unavailable Plans based on the created rating scenario. Figure 5 shows the Unavailable Plans table. As seen in **Figure 5**, unavailable reason codes will display describing why the plan is unavailable. Multiple reasons may display for a single plan.

Figure 5. Unavailable Plans

6. Selecting a Plan

Figure 6 shows where to click to select a plan. To select a plan to view, highlight the plan from the available plans list and select the ***View Plan*** button. A new window will open in your browser with the plan that was chosen.

Figure 6. Selecting a Plan

On the Plan Details page of the plan that was selected, the rating scenario will display on the top of the screen. The Rating Scenario, as seen in **Figure 7**, summarizes the following:

- Plan ID
- Exchange Variant
- Effective Date
- Zip Code
- County
- Subscriber Information

Figure 7. Rating Scenario Summary Section

7. Deductible and Maximum Out-of-Pocket (MOOP) Display Logic for SADPs Plan Details Page

Figure 8 shows the dental plan card. New for plan year 2021, deductibles and MOOPs will display "See Plan Brochure" and not display the actual cost-sharing values, irrespective of the specific rating scenario.

Figure 8. Plan Details Page with "See Plan Brochure" Display for Deductible and MOOP

In a unique feature for SADPs, the premium will be listed as guaranteed or estimated. The "Guaranteed Rate" or "Estimated Rate" that displays below the monthly premium (see **Figure 8**) can be verified by referencing the "Guaranteed vs. Estimated Rate" field on the Benefits Package tab of the Plans and Benefits template.