

From: DMHC Licensing eFiling

Subject: APL 22-023 (OPL) – Summary of Dental Benefits and Coverage Disclosure Matrix

Date: Thursday, October 27, 2022 12:22PM

Attachments: APL 22-023 – SDBC Matrix (10.27.22).pdf

Dear Health Plan Representative,

Please find attached All Plan Letter (APL) 22-023 – Summary of Dental Benefits and Coverage Disclosure Matrix. This APL discusses the requirements of Rule 1300.63.4 which implements Health and Safety Code section 1363.04 (SB 1008). It details the filing requirements for the disclosure matrix for health plans offering standalone dental products.

Thank you,

Licensing Team



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ALL PLAN LETTER

DATE: October 27, 2022

TO: All Health Care Service Plans Offering Standalone Dental Products

FROM: Jenny Phillips
Deputy Director
Office of Plan Licensing

SUBJECT: APL 22-023 (OPL) – Summary of Dental Benefits and Coverage Disclosure Matrix

On September 1, 2022, the Office of Administrative Law (OAL) approved the Department of Managed Health Care’s (Department or DMHC) regular rulemaking filing. This adds rule 1300.63.4 to title 28 of the California Code of Regulations (the Rule), which implements Health and Safety Code section 1363.04¹ as enacted by Senate Bill (SB) 1008 (Skinner, 2018). The Rule requires health care service plans and specialized health care service plans that offer standalone dental products to file a Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC).²

The SDBC shall comply with the Instruction Guide for Summary of Dental Benefits and Coverage Disclosure Matrix, DMHC 10-278, dated September 1, 2022, as incorporated into the Rule by reference, and published by the Department on its website: www.dmhc.ca.gov. See Rule 1300.63.4(c)(1).

This All Plan Letter (APL) sets forth the Department’s guidance regarding how health care service plans offering dental products shall comply with the Rule. For assistance with the filing, the Department has also posted the SDBC Matrix and Instruction Guide for the SDBC Matrix on the Plan’s eFiling Web Portal.

I. Background

This Rule shall apply to health care service plans or specialized health care service plans issuing, selling, renewing, or offering a contract that covers the provision of dental services. See Rule 1300.63.4(a)(1). Specifically:

¹ Hereinafter “Rule” and “Section”

² This All Plan Letter (APL) does not apply to Medi-Cal dental managed care contracts. See Section 1363.04(g).

The Rule does not apply to embedded dental benefit plan designs. See Rule 1300.63.4(a)(2).

- a. The Rule applies to plans that offer standalone dental products.
- b. The Rule applies to discount plans, which cover dental services, and dental plan applications. Rule 1300.63.4(c)(3).

II. Compliance and Filing Requirements

A. General Filing Requirements

Plans subject to this APL shall submit no later than **June 1, 2023**,³ a filing demonstrating compliance with SB 1008 requirements as discussed in the Rule and Instructions. Submit the filing via eFiling as an Amendment titled “**Compliance with SB 1008.**”

Plans should file a SDBC template(s) that reflects benefits including cost-sharing and exclusion and limitation provisions the Department approved pursuant to Health and Safety Code sections 1351 and 1352 and implementing regulations. See Rule 1300.63.4(c)(2). Refer to the detailed filing requirements in Rule 1300.63.4(d)(1) for individual coverage and Rule 1300.63.4(d)(2) for group coverage.

B. Filing Contents

1. Submit an Exhibit E-1 which describes the product type (HMO, PPO, EPO, POS) and market segments (individual, small group, and/or large group), for each product type the Plan offers.
2. **Submit one template SDBC per Plan product type** complying with the Rules and Instructions. For example, if a Plan has PPO and HMO product designs, the Plan will file one SDBC template for an HMO plan design and one SDBC template for a PPO plan design. The Plan may choose which market (individual, small, or large) to initially file for each product type. Depending upon the Department’s review and/or differences among individual, small or large group, if offered, the Department may request templates for the other markets offered by the plan
3. File the SDBC Matrix utilizing **Exhibit S-4**.⁴
4. Plans should input the plan-specific information in the SDBC form in eFiling. Do not modify or move rows, columns, captions, or other non-bracketed information within the Matrix.

³ Per Rule 1300.63.4(c)(6), within six months after January 1, 2023, plans shall file a template SDBC for each product type the plan offers that is representative of a product’s SDBC that it has provided or is required to provide by Section 1363.04 or subsection (d) of the Rule unless it has previously filed that templated or completed SDBC with the Department and received approval. See Rule 1300.63.4(c)(6).

⁴ Exhibit S-4 is a new e-Filing exhibit created for the SDBC Matrix.

5. The Form currently meets document accessibility standards. Please ensure the Plan's SDBC filed documents meet document accessibility standards as well.

C. Qualified Dental Plans

Qualified Dental Plans on the California Health Benefit Exchange (Covered California) have deadlines regarding on-exchange approval of products. For Plan Year 2024, plans on-exchange will need to use the template SDBC(s), for their on-exchange products. Ensure the plan files the template SDBC in sufficient time such that the plan has an approved SDBC template to meet the Covered California approval deadline.

If you have questions regarding this filing or other questions about the requirements of this APL, please contact your assigned reviewer in the Office of Plan Licensing.