

**Pediatric Dental Benefits Embedded in a Health Insurance Product Complying with Essential Health Benefit Requirements**  
**Supplemental Checklist**  
**Important Information**

**NOTICE:** A health insurance product form filing submission must include: (i) a product-specific checklist, (ii) a mental health and substance use disorder benefits parity checklist, (iii) the essential health benefits (EHBs) checklist for the individual and small group markets; and (iv) the supplemental pediatric dental EHBs checklist (for embedded pediatric dental products complying with EHBs in the individual and small group markets). Each required checklist must be completed in its entirety. The failure to submit a completed checklist, will result in a delay of the review of the submission and may result in the rejection of the filing.

This document is intended to assist carriers in preparing form filings for approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. It is the responsibility of the carriers to verify that their products and plans comply with all relevant statutory and regulatory requirements. Note that some regulatory references in the comments column are approximate. Please review the applicable citation for the full text of the requirement.

The Forms and Rates Section of the Life and Health Division will review submissions based on the requirements noted in this checklist. Please contact this section at (804) 371-9532 if you have questions or need additional information about these requirements.

Supplemental Review Requirements Checklist

PEDIATRIC DENTAL BENEFITS EMBEDDED IN A HEALTH INSURANCE PRODUCT COMPLYING WITH ESSENTIAL HEALTH BENEFIT REQUIREMENTS

ESSENTIAL HEALTH BENEFITS CATEGORY	BENCHMARK BENEFIT LIMITS	COMMENTS	PAGE NO.
	<b>Pediatric services – must be covered until at least the end of the month the enrollee turns age 19</b>		
A. Preventive and Diagnostic Dental Care			
1. Oral Exams	One routine oral evaluation per 6 months, beginning with the eruption of the first tooth		
2. X-rays			
3. Diagnostic Casts			
B. Basic Dental Care			
1. Cleanings	Once every 6 months		
2. Topical Fluoride Treatments	One every 6 months		
3. Sealants	One per lifetime per tooth		
4. Space Maintainers	One per 2 years per quadrant (unilateral), per arch (bilateral)		
C. Restorative Dental Care			
1. Fillings	One per tooth per surface per year		
2. Porcelain/Ceramic Onlay	One per tooth per 5 years		
3. Crowns	One per tooth per 5 years		
4. Protective Restorations			
5. Veneers	One per tooth per 5 years		
6. Temporary Crowns			
D. Major Dental Care			
1. Endodontic Services	One per tooth per lifetime		
a. Pulp Caps, Pulpotomy, Pulpal Therapy, and Pulpal Debridement			
b. Endodontic Therapy, Retreatment of Previous Root Canal	One per tooth per lifetime		
c. Apicoectomy/Retrograde Filling	One per tooth per lifetime		

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June 2013

Updated April 2019

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ESSENTIAL HEALTH BENEFITS CATEGORY	BENCHMARK BENEFIT LIMITS	COMMENTS	PAGE NO.
2. Periodontal services			
a. Gingivectomy or Gingivoplasty	One per two years per quadrant		
b. Scaling and Root Planning	One per two years per quadrant		
c. Full Mouth Debridement	One per year		
d. Osseous Surgery	One per five years per quadrant		
e. Provision Splinting			
f. Grafting			
3. Removable Prosthodontics	One per five years		
a. Adjust, Repair			
b. Reline Denture	One per tooth per two years		
c. Tissue conditioning			
4. Maxillofacial Prosthetics (feeding aid)			
5. Fixed Prosthodontics – Pontic, Retainer, Crown	One per tooth per 5 years		
E. Oral and Maxillofacial Surgery			
1. Local Anesthesia			
2. Anesthesia			
3. Tooth Reimplantation and/or Stabilization due to accident			
4. Biopsy			
5. Alveoloplasty	One per quadrant per lifetime		
6. Removal of Cysts, Tumors, and Growths			
7. Drainage of Abscess			
8. Occlusal Orthotic Device for TMJ			
9. Frenulectomy/Frenuloplasty	One per lifetime		
F. Medically Necessary Orthodontia			
1. Comprehensive Orthodontia	One per lifetime		

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ESSENTIAL HEALTH BENEFITS CATEGORY	BENCHMARK BENEFIT LIMITS	COMMENTS	PAGE NO.
2. Removable Appliance Therapy (includes appliances for thumb sucking and tongue thrusting)			
3. Fixed Appliance Therapy (includes appliances for thumb sucking and tongue thrusting)	One per lifetime		
4. Replacement of Lost or Stolen Retainer			
G. Adjunctive Services			
1. Palliative (emergency pain) treatment			
2. Anesthesia/Sedation			
3. Occlusal Guard (for grinding and clenching of teeth)			

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I hereby certify that I have received the attached filing and determined that it is in compliance with the group stand-alone dental plan organizations checklist.

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_