

**AMENDMENT TO THE AMENDMENT IN THE  
NATURE OF A SUBSTITUTE TO SUBTITLE I  
OFFERED BY M . \_\_\_\_\_**

Strike section 30901 and insert the following:

1 **SEC. 30901. ESTABLISHMENT OF DENTAL COVERAGE**  
2 **UNDER THE MEDICARE PROGRAM.**

3 Title XVIII of the Social Security Act is amended by  
4 adding at the end the following new part:

5 **“PART T—VOLUNTARY DENTAL BENEFIT**  
6 **PROGRAM**

7 **“SEC. 1899T-1. ELIGIBILITY, ENROLLMENT, AND INFORMA-**  
8 **TION.**

9 “(a) PROVISION OF QUALIFIED DENTAL COVERAGE  
10 THROUGH ENROLLMENT IN PLANS.—

11 “(1) IN GENERAL.—Subject to the succeeding  
12 provisions of this part, each part T eligible indi-  
13 vidual (as defined in paragraph (3)(A)) is entitled to  
14 obtain qualified dental coverage (described in section  
15 1899T-2(a)) as follows:

16 “(A) FEE-FOR-SERVICE ENROLLEES MAY  
17 RECEIVE COVERAGE THROUGH A DENTAL  
18 PLAN.—A part T eligible individual who is not  
19 enrolled in an MA plan may obtain qualified

1 dental coverage through enrollment in a dental  
2 plan (as defined in section 1899T-9(a)(14))  
3 under this part.

4 “(B) MEDICARE ADVANTAGE ENROLL-  
5 EES.—

6 “(i) ENROLLEES IN A PLAN PRO-  
7 VIDING QUALIFIED DENTAL COVERAGE RE-  
8 CEIVE COVERAGE THROUGH THE PLAN.—A  
9 part T eligible individual who is enrolled in  
10 an MA or MA-PD plan obtains such cov-  
11 erage through such plan.

12 “(ii) LIMITATION ON ENROLLMENT OF  
13 MA PLAN ENROLLEES IN DENTAL  
14 PLANS.—Except as provided in clauses (iii)  
15 and (iv), a part T eligible individual who is  
16 enrolled in an MA plan may not enroll in  
17 a stand-alone dental plan under this part.

18 “(iii) PRIVATE FEE-FOR-SERVICE EN-  
19 ROLLEES IN MA PLANS NOT PROVIDING  
20 QUALIFIED DENTAL COVERAGE PERMITTED  
21 TO ENROLL IN A DENTAL PLAN.—A part T  
22 eligible individual who is enrolled in an MA  
23 private fee-for-service plan (as defined in  
24 section 1859(b)(2)) that does not provide  
25 qualified dental coverage may obtain quali-

1           fied dental coverage through enrollment in  
2           a dental plan.

3                   “(iv) ENROLLEES IN MSA PLANS PER-  
4                   MITTED TO ENROLL IN A DENTAL PLAN.—  
5                   A part T eligible individual who is enrolled  
6                   in an MSA plan (as defined in section  
7                   1859(b)(3)) may obtain qualified dental  
8                   coverage through enrollment in a dental  
9                   plan.

10                   “(2) COVERAGE FIRST EFFECTIVE JANUARY 1,  
11                   2029.—Coverage under dental plans, MA–D and  
12                   MA–PD–D plans shall first be effective on January  
13                   1, 2029.

14                   “(3) DEFINITIONS.—For purposes of this part:

15                           “(A) PART T ELIGIBLE INDIVIDUAL.—The  
16                           term ‘part T eligible individual’ means an indi-  
17                           vidual who—

18                                   “(i) is entitled to benefits under part  
19                                   A or enrolled under part B; and

20                                   “(ii) has an annual income that does  
21                                   not exceed 300 percent of the poverty line  
22                                   for a family of the size involved (geo-  
23                                   graphically adjusted by the Secretary).

1           “(B) MA PLAN.—The term ‘MA plan’ has  
2           the meaning given such term in section  
3           1859(b)(1).

4           “(C) MA–D PLAN.—The term ‘MA–D’  
5           plan means an MA plan that does not provide  
6           qualified prescription drug coverage, but that  
7           does provide dental coverage.

8           “(D) MA–PD PLAN.—The term ‘MA–PD  
9           plan’ means an MA plan that provides qualified  
10          prescription drug coverage.

11          “(E) MA–PD–D PLAN.—The term ‘MA–  
12          PD–D plan’ means an MA plan that provides  
13          qualified prescription drug and dental coverage.

14          “(b) ENROLLMENT PROCESS FOR DENTAL PLANS.—

15          “(1) ESTABLISHMENT OF PROCESS.—

16                 “(A) IN GENERAL.—The Secretary shall  
17                 establish a process for the enrollment,  
18                 disenrollment, termination, and change of en-  
19                 rollment of part T eligible individuals in dental  
20                 plans consistent with this subsection.

21                 “(B) APPLICATION OF MA RULES.—In es-  
22                 tablishing such process, the Secretary shall use  
23                 rules similar to (and coordinated with) the rules  
24                 for enrollment, disenrollment, termination, and  
25                 change of enrollment with an MA–D or MA–

1 PD–D plan under the following provisions of  
2 section 1851:

3 “(i) RESIDENCE REQUIREMENTS.—  
4 Section 1851(b)(1)(A), relating to resi-  
5 dence requirements.

6 “(ii) EXERCISE OF CHOICE.—Section  
7 1851(c) (other than paragraph (3)(A) and  
8 paragraph (4) of such section), relating to  
9 exercise of choice.

10 “(iii) COVERAGE ELECTION PERI-  
11 ODS.—Subject to paragraphs (2) and (3)  
12 of this subsection, section 1851(e) (other  
13 than subparagraphs (B), (C), (E), and (F)  
14 of paragraph (2) and the second sentence  
15 of paragraph (4) of such section), relating  
16 to coverage election periods, including ini-  
17 tial periods, annual coordinated election  
18 periods, special election periods, and elec-  
19 tion periods for exceptional circumstances.

20 “(iv) COVERAGE PERIODS.—Section  
21 1851(f), relating to effectiveness of elec-  
22 tions and changes of elections.

23 “(v) GUARANTEED ISSUE AND RE-  
24 NEWAL.—Section 1851(g) (other than  
25 paragraph (2) of such section and clause

1 (i) and the second sentence of clause (ii) of  
2 paragraph (3)(C) of such section), relating  
3 to guaranteed issue and renewal.

4 “(vi) **MARKETING MATERIAL AND AP-**  
5 **PLICATION FORMS.**—Section 1851(h), re-  
6 lating to approval of marketing material  
7 and application forms. In applying clauses  
8 (ii), (iv), and (v) of this subparagraph, any  
9 reference to section 1851(e) shall be treat-  
10 ed as a reference to such section as applied  
11 pursuant to clause (iii) of this subpara-  
12 graph.

13 “(C) **SPECIAL RULE.**—The process estab-  
14 lished under subparagraph (A) shall include, ex-  
15 cept as provided in subparagraph (D), in the  
16 case of a part T eligible individual who is a full-  
17 benefit dual eligible individual (as defined in  
18 section 1935(c)(6)) who has failed to enroll in  
19 a dental plan or an MA–PD–D plan, for the en-  
20 rollment in a dental plan that has a monthly  
21 beneficiary premium that does not exceed the  
22 premium assistance available under section  
23 1899T–14(a)(1)(A)). If there is more than one  
24 such plan available, the Secretary shall enroll  
25 such an individual on a random basis among all

1           such plans in the dental plan region. Nothing in  
2           the previous sentence shall prevent such an in-  
3           dividual from declining or changing such enroll-  
4           ment.

5           “(D) SPECIAL RULES FOR PLANS THAT  
6           WAIVE DE MINIMIS PREMIUMS.—The process  
7           established under subparagraph (A) may in-  
8           clude, in the case of a part T eligible individual  
9           who is a subsidy eligible individual (as defined  
10          in section 1899T–6(a)(3)) who has failed to en-  
11          roll in a dental plan or an MA–PD–D plan, for  
12          the enrollment in a dental plan or MA–PD–D  
13          plan that has waived the monthly beneficiary  
14          premium for such subsidy eligible individual  
15          under section 1899T–14(a)(5). If there is more  
16          than one such plan available, the Secretary  
17          shall enroll such an individual under the pre-  
18          ceding sentence on a random basis among all  
19          such plans in the dental plan region. Nothing in  
20          the previous sentence shall prevent such an in-  
21          dividual from declining or changing such enroll-  
22          ment.

23          “(2) INITIAL ENROLLMENT PERIOD.—

24                 “(A) PROGRAM INITIATION.—In the case  
25          of an individual who is a part T eligible indi-

1           vidual as of November 15, 2029, there shall be  
2           an initial enrollment period that shall be the  
3           same as the annual, coordinated open election  
4           period described in section 1851(e)(3)(B)(iii),  
5           as applied under paragraph (1)(B)(iii).

6           “(B) CONTINUING PERIODS.—In the case  
7           of an individual who becomes a part T eligible  
8           individual after November 15, 2028, there shall  
9           be an initial enrollment period which is the pe-  
10          riod under section 1851(e)(1), as applied under  
11          paragraph (1)(B)(iii) of this section, as if ‘enti-  
12          tled to benefits under part A or enrolled under  
13          part B’ were substituted for ‘entitled to benefits  
14          under part A and enrolled under part B’, but  
15          in no case shall such period end before the pe-  
16          riod described in subparagraph (A).

17          “(3) ADDITIONAL SPECIAL ENROLLMENT PERI-  
18          ODS.—The Secretary shall establish special enroll-  
19          ment periods, including the following:

20                 “(A) INVOLUNTARY LOSS OF DENTAL COV-  
21                 ERAGE.—

22                         “(i) IN GENERAL.—In the case of a  
23                         part T eligible individual who involuntarily  
24                         loses dental coverage.



1           “(ii) NOTICE.—In establishing special  
2 enrollment periods under clause (i), the  
3 Secretary shall take into account when the  
4 part T eligible individuals are provided no-  
5 tice of the loss of dental coverage.

6           “(iii) FAILURE TO PAY PREMIUM.—  
7 For purposes of clause (i), a loss of cov-  
8 erage shall be treated as voluntary if the  
9 coverage is terminated because of failure to  
10 pay a required beneficiary premium.

11           “(iv) REDUCTION IN COVERAGE.—For  
12 purposes of clause (i), a reduction in cov-  
13 erage so that the coverage no longer meets  
14 the requirements under section 1899T-2  
15 shall be treated as an involuntary loss of  
16 coverage.

17           “(B) ERRORS IN ENROLLMENT.—In the  
18 case described in section 1837(h) (relating to  
19 errors in enrollment), in the same manner as  
20 such section applies to part B.

21           “(C) EXCEPTIONAL CIRCUMSTANCES.—In  
22 the case of part T eligible individuals who meet  
23 such exceptional conditions (in addition to those  
24 conditions applied under paragraph (1)(B)(iii))  
25 as the Secretary may provide.

1           “(D) MEDICAID COVERAGE.—In the case  
2 of an individual (as determined by the Sec-  
3 retary, subject to such limits as the Secretary  
4 may establish for individuals identified pursu-  
5 ant to section 1899T–3(c)(5)) who is a full-ben-  
6 efit dual eligible individual (as defined in sec-  
7 tion 1935(c)(6)).

8           “(E) DISCONTINUANCE OF MA–PD–D  
9 ELECTION DURING FIRST YEAR OF ELIGI-  
10 BILITY.—In the case of a part T eligible indi-  
11 vidual who discontinues enrollment in an MA–  
12 PD–D plan under the second sentence of sec-  
13 tion 1851(e)(4) at the time of the election of  
14 coverage under such sentence under the original  
15 medicare fee-for-service program.

16           “(4) INFORMATION TO FACILITATE ENROLL-  
17 MENT.—

18           “(A) IN GENERAL.—Notwithstanding any  
19 other provision of law but subject to subpara-  
20 graph (B), the Secretary may provide to each  
21 dental plan sponsor and MA organization such  
22 identifying information about part T eligible in-  
23 dividuals as the Secretary determines to be nec-  
24 essary to facilitate efficient marketing of dental  
25 plans and MA–PD–D plans to such individuals

1 and enrollment of such individuals in such  
2 plans.

3 “(B) LIMITATION.—

4 “(i) PROVISION OF INFORMATION.—

5 The Secretary may provide the information  
6 under subparagraph (A) only to the extent  
7 necessary to carry out such subparagraph.

8 “(ii) USE OF INFORMATION.—Such  
9 information provided by the Secretary to a  
10 dental plan sponsor or an MA organization  
11 may be used by such sponsor or organiza-  
12 tion only to facilitate marketing of, and en-  
13 rollment of part T eligible individuals in,  
14 dental plans, MA–D and MA–PD–D plans.

15 “(5) REFERENCE TO ENROLLMENT PROCE-  
16 DURES FOR MA–PD–D PLANS.—For rules applicable  
17 to enrollment, disenrollment, termination, and  
18 change of enrollment of part T eligible individuals in  
19 MA–PD–D plans, see section 1851.

20 “(6) REFERENCE TO PENALTIES FOR LATE EN-  
21 ROLLMENT.—The Secretary shall impose a late en-  
22 rollment penalty for part T eligible individuals who  
23 enroll in a dental plan or an MA–PD–D plan after  
24 the initial enrollment period described in paragraph  
25 (2).

1       “(c) PROVIDING INFORMATION TO BENE-  
2 FICIARIES.—

3           “(1) ACTIVITIES.—The Secretary shall conduct  
4 activities, in consultation with the American Dental  
5 Association, that are designed to broadly dissemi-  
6 nate information to part T eligible individuals (and  
7 prospective part T eligible individuals) regarding the  
8 coverage provided under this part. Such activities  
9 shall ensure that such information is first made  
10 available at least 30 days prior to the initial enroll-  
11 ment period described in subsection (b)(2)(A).

12           “(2) REQUIREMENTS.—The activities described  
13 in paragraph (1) shall—

14           “(A) be similar to the activities performed  
15 by the Secretary under section 1851(d), includ-  
16 ing dissemination (including through the toll-  
17 free telephone number 1-800-MEDICARE) of  
18 comparative information for dental plans and  
19 MA–PD–D plans; and

20           “(B) be coordinated with the activities per-  
21 formed by the Secretary under such section and  
22 under section 1804.

23           “(3) COMPARATIVE INFORMATION.—

24           “(A) IN GENERAL.—Subject to subpara-  
25 graph (B), the comparative information re-

1           ferred to in paragraph (2)(A) shall include a  
2           comparison of the following with respect to  
3           qualified dental coverage:

4                   “(i) BENEFITS.—The benefits pro-  
5                   vided under the plan, including national  
6                   covered and non-covered categorizations.

7                   “(ii) MONTHLY BENEFICIARY PRE-  
8                   MIUM.—The monthly beneficiary premium  
9                   under the plan.

10                   “(iii) QUALITY AND PERFORMANCE.—  
11                   The quality and performance under the  
12                   plan.

13                   “(iv) BENEFICIARY COST-SHARING.—  
14                   The cost-sharing required of part T eligible  
15                   individuals under the plan.

16                   “(v) CONSUMER SATISFACTION SUR-  
17                   VEYS.—The results of consumer satisfac-  
18                   tion surveys regarding the plan conducted  
19                   pursuant to section 1899T–3(d).

20                   “(B) EXCEPTION FOR UNAVAILABILITY OF  
21                   INFORMATION.—The Secretary is not required  
22                   to provide comparative information under  
23                   clauses (iii) and (v) of subparagraph (A) with  
24                   respect to a plan—

1 “(i) for the first plan year in which it  
2 is offered; and

3 “(ii) for the next plan year if it is im-  
4 practicable or the information is otherwise  
5 unavailable.

6 “(4) INFORMATION ON LATE ENROLLMENT  
7 PENALTY.—The information disseminated under  
8 paragraph (1) shall include information concerning  
9 the methodology for determining the late enrollment  
10 penalty under subsection (b)(6).

11 **“SEC. 1899T-2. DENTAL BENEFITS.**

12 “(a) REQUIREMENTS.—

13 “(1) BENEFITS BASED ON FEDERAL EMPLOYEE  
14 DENTAL INSURANCE.—Subject to subsection (b), for  
15 purposes of this part and part C, the term ‘qualified  
16 dental coverage’ means a single set of standardized  
17 benefits available nationwide as determined by the  
18 Secretary based on the enhanced dental benefits pro-  
19 gram for Federal employees described in section  
20 8954 of title 5, United States Code, except that the  
21 standardized benefits shall include the specific re-  
22 quirements described in paragraph (2).

23 “(2) SPECIFIC BENEFIT REQUIREMENTS.—The  
24 specific requirements described in this paragraph are  
25 as follows:

1           “(A) NO COST-SHARING FOR PREVENTIVE  
2 BENEFITS.—There shall be no cost sharing for  
3 evidence-based preventive benefits.

4           “(B) LIMITED DEDUCTIBLE.—Any deduct-  
5 ible under the plan may not exceed  
6 \$\_\_\_\_\_, and shall not apply to the pre-  
7 ventive benefits described in subparagraph (A).

8           “(C) 20 PERCENT COINSURANCE.—There  
9 shall be 20 percent coinsurance under the plan  
10 for all benefits other than the preventive bene-  
11 fits described in subparagraph (A).

12           “(D) MEDICAL NECESSITY.—If the Sec-  
13 retary establishes rules regarding medical ne-  
14 cessity to adjudicate claims, then such coverage  
15 determinations shall be made in consultation  
16 with the American Dental Association.

17           “(E) FREQUENCY LIMITS.—The Secretary  
18 shall prescribe risk and evidence-based fre-  
19 quency limits for benefits covered under the  
20 program in consultation with the American  
21 Dental Association.

22           “(b) COVERAGE LIMIT.—

23           “(1) IN GENERAL.—The coverage has a cov-  
24 erage limit on the maximum costs that may be rec-

1           ognized for payment purposes (including the annual  
2           deductible)—

3                   “(A) for 2029, that is equal to \$3,000; or

4                   “(B) for a subsequent year, which is equal  
5           to the amount specified in this paragraph for  
6           the previous year, increased by the annual per-  
7           centage increase in the consumer price index for  
8           all urban consumers (United States city aver-  
9           age) for the 12-month period ending in July of  
10          the previous year.

11          “(2) ROUNDING.—Any amount determined  
12          under paragraph (1)(B) that is not a multiple of  
13          \$10 shall be rounded to the nearest multiple of \$10.

14          “(3) INFORMATION REGARDING THIRD-PARTY  
15          REIMBURSEMENT.—

16                   “(A) PROCEDURES FOR EXCHANGING IN-  
17          FORMATION.—The Secretary is authorized to  
18          establish procedures, in coordination with the  
19          Secretary of the Treasury and the Secretary of  
20          Labor—

21                   “(i) for determining whether costs for  
22          part T eligible individuals are being reim-  
23          bursed through insurance or otherwise, a  
24          group health plan, or other third-party  
25          payment arrangement; and



1                   “(ii) for alerting the dental plan spon-  
2                   sors and MA organizations that offer the  
3                   dental plans, MA–D, and MA–PD–D plans  
4                   in which such individuals are enrolled  
5                   about such reimbursement arrangements.

6                   “(B) AUTHORITY TO REQUEST INFORMA-  
7                   TION FROM ENROLLEES.—A dental plan spon-  
8                   sor or an MA organization may periodically ask  
9                   part T eligible individuals enrolled in a dental  
10                  plan or an MA–PD–D plan offered by the spon-  
11                  sor or organization whether such individuals  
12                  have or expect to receive such third-party reim-  
13                  bursement. A material misrepresentation of the  
14                  information described in the preceding sentence  
15                  by an individual (as defined in standards set by  
16                  the Secretary and determined through a process  
17                  established by the Secretary) shall constitute  
18                  grounds for termination of enrollment in any  
19                  plan under section 1851(g)(3)(B) (and as ap-  
20                  plied under this part under section 1899T–  
21                  1(b)(1)(B)(v)) for a period specified by the Sec-  
22                  retary.

23                  “(c) AUDITS.—To protect against fraud and abuse  
24                  and to ensure proper disclosures and accounting under  
25                  this part and in accordance with section 1857(d)(2)(B)

1 (as applied under section 1899T–12(b)(3)(C)), the Sec-  
2 retary may conduct periodic audits, directly or through  
3 contracts, of the financial statements and records of Den-  
4 tal plan sponsors with respect to dental plans and MA or-  
5 ganizations with respect to MA–PD plans.

6 “(d) NO WAITING PERIOD OR MISSING TOOTH  
7 CLAUSES.—Qualified dental coverage under this part may  
8 not include any waiting period for such coverage or pre-  
9 existing condition exclusions, such as missing-tooth  
10 clauses.

11 **“SEC. 1899T-3. BENEFICIARY PROTECTIONS FOR QUALI-  
12 FIED DENTAL COVERAGE.**

13 “(a) DISSEMINATION OF INFORMATION.—

14 “(1) GENERAL INFORMATION.—

15 “(A) APPLICATION OF MA INFORMA-  
16 TION.—A dental plan sponsor shall disclose, in  
17 a clear, accurate, and standardized form to  
18 each enrollee with a dental plan offered by the  
19 sponsor under this part at the time of enroll-  
20 ment and at least annually thereafter, the infor-  
21 mation described in section 1852(c)(1) relating  
22 to such plan, insofar as the Secretary deter-  
23 mines appropriate with respect to benefits pro-  
24 vided under this part, and, subject to subpara-

1 graph (C), including the information described  
2 in subparagraph (B).

3 “(B) SPECIFIC INFORMATION.—The infor-  
4 mation described in this subparagraph is infor-  
5 mation concerning the following:

6 “(i) Access to specific covered dental  
7 benefits, including access through dental  
8 networks.

9 “(ii) Beneficiary cost-sharing require-  
10 ments and how a part T eligible individual  
11 may obtain information on such require-  
12 ments.

13 “(C) TARGETED PROVISION OF INFORMA-  
14 TION.—A dental plan sponsor of a dental plan  
15 may, in lieu of disclosing the information de-  
16 scribed in subparagraph (B)(vi) to each enrollee  
17 under the plan, disclose such information  
18 through mail or electronic communications to a  
19 subset of enrollees under the plan.

20 “(2) DISCLOSURE UPON REQUEST OF GENERAL  
21 COVERAGE, UTILIZATION, AND GRIEVANCE INFORMA-  
22 TION.—Upon request of a part T eligible individual  
23 who is eligible to enroll in a dental plan, the dental  
24 plan sponsor offering such plan shall provide infor-  
25 mation similar (as determined by the Secretary) to

1 the information described in subparagraphs (A),  
2 (B), and (C) of section 1852(c)(2) to such indi-  
3 vidual.

4 “(3) PROVISION OF SPECIFIC INFORMATION.—  
5 Each dental plan sponsor offering a dental plan  
6 shall have a mechanism for providing specific infor-  
7 mation on a timely basis to enrollees upon request.  
8 Such mechanism shall include access to information  
9 through the use of a toll-free telephone number and,  
10 upon request, the provision of such information in  
11 writing.

12 “(4) CLAIMS INFORMATION.—A dental plan  
13 sponsor offering a dental plan must furnish to each  
14 enrollee in a form easily understandable to such en-  
15 rollees—

16 “(A) an explanation of benefits (in accord-  
17 ance with section 1806(a) or in a comparable  
18 manner);

19 “(B) when dental benefits are provided  
20 under this part, a notice of the benefits in rela-  
21 tion to the coverage limit for the current year;  
22 and

23 “(C) a notification that the explanation of  
24 benefits is not intended to steer enrollees to  
25 lower cost dentists.

1 Notices under this subparagraph need not be pro-  
2 vided more often than as specified by the Secretary.

3 “(b) ACCESS TO DENTAL BENEFITS.—

4 “(1) PARTICIPATION OF ANY WILLING DEN-  
5 TIST.—

6 “(A) IN GENERAL.—A dental plan shall  
7 permit the participation of any dentist that  
8 meets the terms and conditions under the plan,  
9 regardless of opt-out status in part B of Medi-  
10 care.

11 “(B) CREDENTIALING.—Plan sponsors  
12 shall collect data to credential dentists using  
13 the ADA Credentialing Service powered by  
14 CAQH ProView. Secretary shall facilitate  
15 agreement among plan sponsors to establish a  
16 unified re-credentialing cycle for each provider.

17 “(2) REDUCTION IN CO-INSURANCE FOR USE  
18 OF BENEFITS IN-NETWORK.—For dental benefits  
19 furnished through in-network dentists, a dental plan  
20 may, notwithstanding subparagraph (A), reduce co-  
21 insurance for part T eligible individuals enrolled in  
22 the plan below the level otherwise required. In no  
23 case shall such a reduction result in an increase in  
24 payments made by the Secretary to a plan.

25 “(3) NETWORK ADEQUACY.—

1           “(A) IN GENERAL.—The sponsor of the  
2           dental plan shall secure the participation in its  
3           network of a sufficient number of dentists to  
4           ensure convenient access (consistent with rules  
5           established by the Secretary).

6           “(B) APPLICATION OF OPM STANDARDS.—  
7           The Secretary shall establish rules for conven-  
8           ient access to in-network dentists under this  
9           subparagraph that are no less favorable to en-  
10          rollees than the rules for convenient access to  
11          dentists under the enhanced dental benefits  
12          program for Federal employees under chapter  
13          89A of title 5, United States Code.

14          “(C) ADEQUATE EMERGENCY ACCESS.—  
15          Such rules shall include adequate emergency ac-  
16          cess for enrollees.

17          “(4) NOT REQUIRED TO ACCEPT INSURANCE  
18          RISK.—The terms and conditions under paragraph  
19          (1) may not require participating dentists to accept  
20          insurance risk as a condition of participation and  
21          shall permit dentists to obtain a real-time, pre-treat-  
22          ment estimate from the plan sponsor to minimize  
23          unanticipated charges.

24          “(5) EXCLUSION FROM MERIT-BASED INCEN-  
25          TIVE PAYMENT PROGRAMS.—The Secretary may not

1       require dentists to participate in the Merit-based In-  
2       centive Payment System program established under  
3       section 1848(q) or any similar program.

4               “(6) MINIMUM DENTIST FEES.—The Secretary  
5       shall require dental plans, MA–D and MA–PD–D  
6       plans to pay geographically adjusted fees to dentists  
7       based on a fee schedule under which the payment  
8       rates are set at least at the 50th percentile for the  
9       area based on the most recent survey of dental fees  
10       published by the American Dental Association.

11               “(7) NON-COVERED SERVICES NOT SUBJECT TO  
12       FEE LIMITATIONS.—Neither the Secretary nor any  
13       plan sponsor may limit the fees dentists charge en-  
14       rollees for any dental service for which no reim-  
15       bursement is provided under this part. In this para-  
16       graph, the term ‘non-covered services’ means those  
17       services that the plan does not provide an actual re-  
18       imbursement when the beneficiary is still within the  
19       annual limit, and includes all services above the an-  
20       nual limit or beyond established frequency limits.  
21       Plan sponsors cannot assign a de minimis charge to  
22       call it covered.

23               “(8) BENEFITS AVAILABLE OUT-OF-NET-  
24       WORK.—Benefits under the program shall be avail-  
25       able when an enrollee chooses an out-of-network pro-

1 vider without limitation to opt-out status of the pro-  
2 vider in part B Medicare.

3 “(9) USE OF SINGLE, UNIFORM EXCEPTIONS  
4 AND APPEALS PROCESS.—Notwithstanding any other  
5 provision of this part, each dental plan sponsor of a  
6 dental plan shall—

7 “(A) use a single, uniform exceptions and  
8 appeals process (including, to the extent the  
9 Secretary determines feasible, a single, uniform  
10 model form for use under such process) with re-  
11 spect to the determination of dental coverage  
12 for an enrollee under the plan; and

13 “(B) provide instant access to such process  
14 by enrollees through a toll-free telephone num-  
15 ber and an Internet website.

16 “(10) PRIOR AUTHORIZATION.—If a plan spon-  
17 sor uses prior authorization for any dental benefit,  
18 the plan sponsor must make determinations within  
19 5 days of receipt of the request for authorization.

20 “(c) COST AND UTILIZATION MANAGEMENT; QUAL-  
21 ITY ASSURANCE.—The dental plan sponsor shall have in  
22 place, directly or through appropriate arrangements, with  
23 respect to covered dental benefits, the following:

24 “(1) A cost-effective utilization management  
25 program, including incentives to reduce costs when



1 appropriate, developed in consultation with the  
2 American Dental Association and other stakeholders.

3 “(2) Risk and evidence-based frequency limits  
4 for dental services as determined by the Secretary in  
5 consultation with the Center for Evidence-Based  
6 Dentistry of the American Dental Association.

7 “(3) Quality assurance measures and systems  
8 to reduce errors and adverse outcomes, including a  
9 star-ratings program in consultation with the Amer-  
10 ican Dental Association.

11 “(4) A program to control fraud, abuse, and  
12 waste. Nothing in this section shall be construed as  
13 impairing a dental plan sponsor from using cost  
14 management tools (including differential payments)  
15 under all methods of operation.

16 “(d) CONSUMER SATISFACTION SURVEYS.—In order  
17 to provide for comparative information under section  
18 1899T–1(e)(3)(A)(v), the Secretary shall conduct con-  
19 sumer satisfaction surveys with respect to dental plan  
20 sponsors and dental plans in a manner similar to the man-  
21 ner such surveys are conducted for MA organizations and  
22 MA plans under part C.

23 “(e) GRIEVANCE MECHANISM.—Each dental plan  
24 sponsor shall provide meaningful procedures for hearing  
25 and resolving grievances between the sponsor (including

1 any entity or individual through which the sponsor pro-  
2 vides covered benefits) and enrollees with dental plans of  
3 the sponsor under this part in accordance with section  
4 1852(f).

5 “(f) COVERAGE DETERMINATIONS AND RECONSID-  
6 ERATIONS.—A dental plan sponsor shall meet the require-  
7 ments of paragraphs (1) through (3) of section 1852(g)  
8 with respect to covered benefits under the dental plan it  
9 offers under this part in the same manner as such require-  
10 ments apply to an MA organization with respect to bene-  
11 fits it offers under an MA plan under part C.

12 “(g) APPEALS.—

13 “(1) IN GENERAL.—A dental plan sponsor shall  
14 meet the requirements of paragraphs (4) and (5) of  
15 section 1852(g) with respect to benefits in a manner  
16 similar (as determined by the Secretary) to the man-  
17 ner such requirements apply to an MA organization  
18 with respect to benefits under the original medicare  
19 fee-for-service program option it offers under an MA  
20 plan under part C. In applying this paragraph only  
21 the part T eligible individual shall be entitled to  
22 bring such an appeal.

23 “(2) NO WAIVER OF FINANCIAL LIABILITY TO  
24 APPEAL A CLAIM DENIAL.—Neither the Secretary

1 nor a plan sponsor may require a dentist to hold the  
2 beneficiary harmless for denied claims on appeal.

3 “(h) PRIVACY, CONFIDENTIALITY, AND ACCURACY  
4 OF ENROLLEE RECORDS.—The provisions of section  
5 1852(h) shall apply to a Dental plan sponsor and dental  
6 plan in the same manner as it applies to an MA organiza-  
7 tion and an MA plan.

8 “(i) TREATMENT OF ACCREDITATION.—Subpara-  
9 graph (A) of section 1852(e)(4) (relating to treatment of  
10 accreditation) shall apply to a Dental plan sponsor under  
11 this part with respect to the following requirements, in the  
12 same manner as it applies to an MA organization with  
13 respect to the requirements in subparagraph (B) (other  
14 than clause (vii) thereof) of such section:

15 “(1) Subsection (b) of this section (relating to  
16 access to covered dental benefits).

17 “(2) Subsection (c) of this section (including  
18 quality assurance).

19 “(3) Subsection (i) of this section (relating to  
20 confidentiality and accuracy of enrollee records).

21 “(j) REQUIREMENTS WITH RESPECT TO SALES AND  
22 MARKETING ACTIVITIES.—The following provisions shall  
23 apply to a dental plan sponsor (and the agents, brokers,  
24 and other third parties representing such sponsor) in the  
25 same manner as such provisions apply to a Medicare Ad-

1 vantage organization (and the agents, brokers, and other  
2 third parties representing such organization):

3 “(1) The prohibition under section  
4 1851(h)(4)(C) on conducting activities described in  
5 section 1851(j)(1).

6 “(2) The requirement under section  
7 1851(h)(4)(D) to conduct activities described in sec-  
8 tion 1851(j)(2) in accordance with the limitations es-  
9 tablished under such subsection.

10 “(3) The inclusion of the plan type in the plan  
11 name under section 1851(h)(6).

12 “(4) The requirements regarding the appoint-  
13 ment of agents and brokers and compliance with  
14 State information requests under subparagraphs (A)  
15 and (B), respectively, of section 1851(h)(7).

16 “(k) PROGRAM INTEGRITY TRANSPARENCY MEAS-  
17 URES.—For program integrity transparency measures ap-  
18 plied with respect to dental plan and MA plans, see section  
19 1859(i).

20 **“SEC. 1899T-4. REQUIREMENTS FOR AND CONTRACTS WITH**  
21 **DENTAL PLAN SPONSORS.**

22 “(a) GENERAL REQUIREMENTS.—Each dental plan  
23 sponsor of a dental plan shall meet the following require-  
24 ments:

1           “(1) LICENSURE.—Subject to subsection (c),  
2           the sponsor is organized and licensed under State  
3           law as a risk-bearing entity eligible to offer health  
4           insurance or health benefits coverage in each State  
5           in which it offers a dental plan.

6           “(2) ASSUMPTION OF FINANCIAL RISK FOR UN-  
7           SUBSIDIZED COVERAGE.—

8           “(A) IN GENERAL.—Subject to subpara-  
9           graph (B), to the extent that the entity is at  
10          risk the entity assumes financial risk on a pro-  
11          spective basis for benefits that it offers under  
12          a dental plan and that is not covered under sec-  
13          tion 1899T–7(b).

14          “(B) REINSURANCE PERMITTED.—The  
15          plan sponsor may obtain insurance or make  
16          other arrangements for the cost of coverage  
17          provided to any enrollee to the extent that the  
18          sponsor is at risk for providing such coverage.

19          “(3) SOLVENCY FOR UNLICENSED SPONSORS.—  
20          In the case of a dental plan sponsor that is not de-  
21          scribed in paragraph (1) and for which a waiver has  
22          been approved under subsection (c), such sponsor  
23          shall meet solvency standards established by the Sec-  
24          retary under subsection (d).

25          “(b) CONTRACT REQUIREMENTS.—

1           “(1) IN GENERAL.—The Secretary shall not  
2 permit the enrollment under section 1899T–1 in a  
3 dental plan offered by a dental plan sponsor under  
4 this part, and the sponsor shall not be eligible for  
5 payments under section 1899T–6 or 1899T–7, un-  
6 less the Secretary has entered into a contract under  
7 this subsection with the sponsor with respect to the  
8 offering of such plan. Such a contract with a spon-  
9 sor may cover more than one dental plan . Such con-  
10 tract shall provide that the sponsor agrees to comply  
11 with the applicable requirements and standards of  
12 this part and the terms and conditions of payment  
13 as provided for in this part.

14           “(2) INCORPORATION OF CERTAIN MEDICARE  
15 ADVANTAGE CONTRACT REQUIREMENTS.—Except as  
16 otherwise provided, the following provisions of sec-  
17 tion 1857 shall apply to contracts under this section  
18 in the same manner as they apply to contracts under  
19 section 1857(a):

20           “(A) MINIMUM ENROLLMENT.—Para-  
21 graphs (1) and (3) of section 1857(b), except  
22 that—

23           “(i) the Secretary may increase the  
24 minimum number of enrollees required

1 under such paragraph (1) as the Secretary  
2 determines appropriate; and

3 “(ii) the requirement of such para-  
4 graph (1) shall be waived during the first  
5 contract year with respect to an organiza-  
6 tion in a region.

7 “(B) CONTRACT PERIOD AND EFFECTIVE-  
8 NESS.—Section 1857(c), except that in applying  
9 paragraph (4)(B) of such section any reference  
10 to payment amounts under section 1853 shall  
11 be deemed payment amounts under section  
12 1899T-7.

13 “(C) PROTECTIONS AGAINST FRAUD AND  
14 BENEFICIARY PROTECTIONS.—Section 1857(d).

15 “(D) ADDITIONAL CONTRACT TERMS.—  
16 Section 1857(e); except that section 1857(e)(2)  
17 shall apply as specified to dental plan sponsors  
18 and payments under this part to an MA-PD  
19 plan shall be treated as expenditures made  
20 under part T. Notwithstanding any other provi-  
21 sion of law, information provided to the Sec-  
22 retary under the application of section  
23 1857(e)(1) to contracts under this section  
24 under the preceding sentence—

1           “(i) may be used for the purposes of  
2           carrying out this part, improving public  
3           health through research on the utilization,  
4           safety, effectiveness, quality, and efficiency  
5           of health care services (as the Secretary  
6           determines appropriate); and

7           “(ii) shall be made available to Con-  
8           gressional support agencies (in accordance  
9           with their obligations to support Congress  
10          as set out in their authorizing statutes) for  
11          the purposes of conducting Congressional  
12          oversight, monitoring, making rec-  
13          ommendations, and analysis of the pro-  
14          gram under this title.

15          “(E) REQUIREMENT FOR MINIMUM DEN-  
16          TAL LOSS RATIO.—If the Secretary determines  
17          for a contract year (beginning with 2029) that  
18          a dental plan has failed to have a dental loss  
19          ratio of at least 0.85—

20                 “(i) the dental plan shall remit to the  
21                 Secretary an amount equal to the product  
22                 of—

23                         “(I) the total revenue of the den-  
24                         tal plan under this part for the con-  
25                         tract year; and



1                   “(II) the difference between .85  
2                   and the dental loss ratio;

3                   “(ii) for 3 consecutive contract years,  
4                   the Secretary shall not permit the enroll-  
5                   ment of new enrollees under the plan for  
6                   coverage during the second succeeding con-  
7                   tract year; and

8                   “(iii) the Secretary shall terminate the  
9                   plan contract if the plan fails to have such  
10                  a dental loss ratio for 5 consecutive con-  
11                  tract years.

12                  “(F) INTERMEDIATE SANCTIONS.—Section  
13                  1857(g) (other than paragraph (1)(F) of such  
14                  section), except that in applying such section  
15                  the reference in section 1857(g)(1)(B) to sec-  
16                  tion 1854 is deemed a reference to this part.

17                  “(G) PROCEDURES FOR TERMINATION.—  
18                  Section 1857(h).

19                  “(3) PROMPT PAYMENT OF CLEAN CLAIMS.—

20                  “(A) PROMPT PAYMENT.—

21                  “(i) IN GENERAL.—Each contract en-  
22                  tered into with a dental plan sponsor  
23                  under this part with respect to a dental  
24                  plan offered by such sponsor shall provide  
25                  that payment shall be issued, mailed, or

1 otherwise transmitted with respect to all  
2 clean claims submitted by dentists under  
3 this part within the applicable number of  
4 calendar days after the date on which the  
5 claim is received.

6 “(ii) CLEAN CLAIM DEFINED.—In this  
7 paragraph, the term ‘clean claim’ means a  
8 claim submitted using Form 837D or a  
9 claim form of the American Dental Asso-  
10 ciation, or such successor form as the  
11 American Dental Association may pre-  
12 scribe and that does not have any defect or  
13 impropriety (including any lack of any re-  
14 quired substantiating documentation) or  
15 particular circumstance requiring special  
16 treatment that prevents timely payment  
17 from being made on the claim under this  
18 part.

19 “(iii) DATE OF RECEIPT OF CLAIM.—  
20 In this paragraph, a claim is considered to  
21 have been received—

22 “(I) with respect to claims sub-  
23 mitted electronically, on the date on  
24 which the claim is transferred; and

1                   “(II) with respect to claims sub-  
2                   mitted otherwise, on the 5th day after  
3                   the postmark date of the claim or the  
4                   date specified in the time stamp of the  
5                   transmission.

6                   “(B) APPLICABLE NUMBER OF CALENDAR  
7                   DAYS DEFINED.—In this paragraph, the term  
8                   ‘applicable number of calendar days’ means—

9                   “(i) with respect to claims submitted  
10                  electronically, 14 days; and

11                  “(ii) with respect to claims submitted  
12                  otherwise, 30 days.

13                  “(C) INTEREST PAYMENT.—

14                  “(i) IN GENERAL.—Subject to clause  
15                  (ii), if payment is not issued, mailed, or  
16                  otherwise transmitted within the applicable  
17                  number of calendar days (as defined in  
18                  subparagraph (B)) after a clean claim is  
19                  received, the dental plan sponsor shall pay  
20                  interest to the dentist that submitted the  
21                  claim at a rate equal to the weighted aver-  
22                  age of interest on 3-month marketable  
23                  Treasury securities determined for such  
24                  period, increased by 0.1 percentage point  
25                  for the period beginning on the day after

1 the required payment date and ending on  
2 the date on which payment is made (as de-  
3 termined under subparagraph (D)(iv)). In-  
4 terest amounts paid under this subpara-  
5 graph shall not be counted against the ad-  
6 ministrative costs of a dental plan.

7 “(ii) AUTHORITY NOT TO CHARGE IN-  
8 TEREST.—The Secretary may provide that  
9 a dental plan sponsor is not charged inter-  
10 est under clause (i) in the case where there  
11 are exigent circumstances, including nat-  
12 ural disasters and other unique and unex-  
13 pected events, which prevent the timely  
14 processing of claims.

15 “(D) PROCEDURES INVOLVING CLAIMS.—

16 “(i) CLAIM DEEMED TO BE CLEAN.—  
17 A claim is deemed to be a clean claim if  
18 the Dental plan sponsor involved does not  
19 provide notice to the claimant of any defi-  
20 ciency in the claim—

21 “(I) with respect to claims sub-  
22 mitted electronically, within 10 days  
23 after the date on which the claim is  
24 received; and

1 “(II) with respect to claims sub-  
2 mitted otherwise, within 15 days after  
3 the date on which the claim is re-  
4 ceived.

5 “(ii) CLAIM DETERMINED TO NOT BE  
6 A CLEAN CLAIM.—

7 “(I) IN GENERAL.—If a dental  
8 plan sponsor determines that a sub-  
9 mitted claim is not a clean claim, the  
10 Dental plan sponsor shall, not later  
11 than the end of the period described  
12 in clause (i), notify the claimant of  
13 such determination. Such notification  
14 shall specify all defects or impropri-  
15 eties in the claim and shall list all ad-  
16 ditional information or documents  
17 necessary for the proper processing  
18 and payment of the claim.

19 “(II) DETERMINATION AFTER  
20 SUBMISSION OF ADDITIONAL INFOR-  
21 MATION.—A claim is deemed to be a  
22 clean claim under this paragraph if  
23 the Dental plan sponsor involved does  
24 not provide notice to the claimant of  
25 any defect or impropriety in the claim

1                   within 10 days of the date on which  
2                   additional information is received  
3                   under subclause (I).

4                   “(iii) OBLIGATION TO PAY.—A claim  
5                   submitted to a dental plan sponsor that is  
6                   not paid or contested by the sponsor within  
7                   the applicable number of days (as defined  
8                   in subparagraph (B)) after the date on  
9                   which the claim is received shall be deemed  
10                  to be a clean claim and shall be paid by  
11                  the Dental plan sponsor in accordance with  
12                  subparagraph (A).

13                  “(iv) DATE OF PAYMENT OF CLAIM.—  
14                  Payment of a clean claim under such sub-  
15                  paragraph is considered to have been made  
16                  on the date on which—

17                         “(I) with respect to claims paid  
18                         electronically, the payment is trans-  
19                         ferred; and

20                         “(II) with respect to claims paid  
21                         otherwise, the payment is submitted  
22                         to the United States Postal Service or  
23                         common carrier for delivery.

24                         “(E) ELECTRONIC TRANSFER OF  
25                         FUNDS.—A dental plan sponsor shall pay all

1 clean claims submitted electronically by elec-  
2 tronic transfer of funds if the dentist so re-  
3 quests or has so requested previously. In the  
4 case where such payment is made electronically,  
5 remittance may be made by the Dental plan  
6 sponsor electronically as well.

7 “(F) PROTECTING THE RIGHTS OF CLAIM-  
8 ANTS.—

9 “(i) IN GENERAL.—Nothing in this  
10 paragraph shall be construed to prohibit or  
11 limit a claim or action not covered by the  
12 subject matter of this section that any in-  
13 dividual or organization has against a pro-  
14 vider or a Dental plan sponsor.

15 “(ii) ANTI-RETALIATION.—Consistent  
16 with applicable Federal or State law, a  
17 Dental plan sponsor shall not retaliate  
18 against an individual or provider for exer-  
19 cising a right of action under this subpara-  
20 graph.

21 “(G) RULE OF CONSTRUCTION.—A deter-  
22 mination under this paragraph that a claim  
23 submitted by a dentist is a clean claim shall not  
24 be construed as a positive determination regard-  
25 ing eligibility for payment under this title, nor

1 is it an indication of government approval of, or  
2 acquiescence regarding, the claim submitted.  
3 The determination shall not relieve any party of  
4 civil or criminal liability with respect to the  
5 claim, nor does it offer a defense to any admin-  
6 istrative, civil, or criminal action with respect to  
7 the claim.

8 “(4) SUSPENSION OF PAYMENTS PENDING IN-  
9 VESTIGATION OF CREDIBLE ALLEGATIONS OF FRAUD  
10 BY DENTISTS.—

11 “(A) IN GENERAL.—Section 1862(o)(1)  
12 shall apply with respect to a Dental plan spon-  
13 sor with a contract under this part, a dentist,  
14 and payments to such dentist under this part in  
15 the same manner as such section applies with  
16 respect to the Secretary, a provider of services  
17 or supplier, and payments to such provider of  
18 services or supplier under this title. A dental  
19 plan sponsor shall notify the Secretary regard-  
20 ing the imposition of any payment suspension  
21 pursuant to the previous sentence, such as  
22 through the secure internet website portal (or  
23 other successor technology) established under  
24 section 1859(i).



1           “(B) RULE OF CONSTRUCTION.—Nothing  
2           in this paragraph shall be construed as limiting  
3           the authority of a dental plan sponsor to con-  
4           duct post-payment review.

5           “(c) WAIVER OF CERTAIN REQUIREMENTS TO EX-  
6 PAND CHOICE.—

7           “(1) AUTHORIZING WAIVER.—

8           “(A) IN GENERAL.—In the case of an enti-  
9           ty that seeks to offer a dental plan in a State,  
10          the Secretary shall waive the requirement of  
11          subsection (a)(1) that the entity be licensed in  
12          that State if the Secretary determines, based on  
13          the application and other evidence presented to  
14          the Secretary, that any of the grounds for ap-  
15          proval of the application described in paragraph  
16          (2) have been met.

17          “(B) APPLICATION OF REGIONAL PLAN  
18          WAIVER RULE.—In addition to the waiver avail-  
19          able under subparagraph (A), the provisions of  
20          section 1858(d) shall apply to dental plan spon-  
21          sors under this part in a manner similar to the  
22          manner in which such provisions apply to MA  
23          organizations under part C, except that no ap-  
24          plication shall be required under paragraph  
25          (1)(B) of such section in the case of a State

1           that does not provide a licensing process for  
2           such a sponsor.

3           “(2) GROUNDS FOR APPROVAL.—

4                 “(A) IN GENERAL.—The grounds for ap-  
5           proval under this paragraph are—

6                 “(i) subject to subparagraph (B), the  
7           grounds for approval described in subpara-  
8           graphs (B), (C), and (D) of section  
9           1855(a)(2); and

10                “(ii) the application by a State of any  
11           grounds other than those required under  
12           Federal law.

13                “(B) SPECIAL RULES.—In applying sub-  
14           paragraph (A)(i)—

15                “(i) the ground of approval described  
16           in section 1855(a)(2)(B) is deemed to have  
17           been met if the State does not have a li-  
18           censing process in effect with respect to  
19           the dental plan sponsor; and

20                “(ii) for plan years beginning before  
21           2031, if the State does have such a licens-  
22           ing process in effect, such ground for ap-  
23           proval described in such section is deemed  
24           to have been met upon submission of an  
25           application described in such section.

1           “(3) APPLICATION OF WAIVER PROCEDURES.—  
2           With respect to an application for a waiver (or a  
3           waiver granted) under paragraph (1)(A) of this sub-  
4           section, the provisions of subparagraphs (E), (F),  
5           and (G) of section 1855(a)(2) shall apply, except  
6           that clauses (i) and (ii) of such subparagraph (E)  
7           shall not apply in the case of a State that does not  
8           have a licensing process described in paragraph  
9           (2)(B)(i) in effect.

10           “(4) REFERENCES TO CERTAIN PROVISIONS.—  
11           In applying provisions of section 1855(a)(2) under  
12           paragraphs (2) and (3) of this subsection to dental  
13           plans and Dental plan sponsors—

14                   “(A) any reference to a waiver application  
15                   under section 1855 shall be treated as a ref-  
16                   erence to a waiver application under paragraph  
17                   (1)(A) of this subsection; and

18                   “(B) any reference to solvency standards  
19                   shall be treated as a reference to solvency  
20                   standards established under subsection (d) of  
21                   this section.

22           “(d) SOLVENCY STANDARDS FOR NON-LICENSED  
23           ENTITIES.—

24                   “(1) ESTABLISHMENT AND PUBLICATION.—The  
25                   Secretary, in consultation with the National Associa-

1       tion of Insurance Commissioners, shall establish and  
2       publish, by not later than January 1, 2028, financial  
3       solvency and capital adequacy standards for entities  
4       described in paragraph (2).

5               “(2) COMPLIANCE WITH STANDARDS.—A dental  
6       plan sponsor that is not licensed by a State under  
7       subsection (a)(1) and for which a waiver application  
8       has been approved under subsection (c) shall meet  
9       solvency and capital adequacy standards established  
10      under paragraph (1). The Secretary shall establish  
11      certification procedures for such sponsors with re-  
12      spect to such solvency standards in the manner de-  
13      scribed in section 1855(c)(2).

14              “(e) LICENSURE DOES NOT SUBSTITUTE FOR OR  
15      CONSTITUTE CERTIFICATION.—The fact that a dental  
16      plan sponsor is licensed in accordance with subsection  
17      (a)(1) or has a waiver application approved under sub-  
18      section (c) does not deem the sponsor to meet other re-  
19      quirements imposed under this part for a sponsor.

20              “(f) PERIODIC REVIEW AND REVISION OF STAND-  
21      ARDS.—

22              “(1) IN GENERAL.—Subject to paragraph (2),  
23      the Secretary may periodically review the standards  
24      established under this section and, based on such re-

1 view, may revise such standards if the Secretary de-  
2 termines such revision to be appropriate.

3 “(2) PROHIBITION OF MIDYEAR IMPLEMENTA-  
4 TION OF SIGNIFICANT NEW REGULATORY REQUIRE-  
5 MENTS.—The Secretary may not implement, other  
6 than at the beginning of a calendar year, regulations  
7 under this section that impose new, significant regu-  
8 latory requirements on a dental plan sponsor or a  
9 dental plan.

10 “(g) PROHIBITION OF STATE IMPOSITION OF PRE-  
11 MIUM TAXES; RELATION TO STATE LAWS.—The provi-  
12 sions of sections 1854(g) and 1856(b)(3) shall apply with  
13 respect to dental plan sponsors and dental plan s under  
14 this part in the same manner as such sections apply to  
15 MA organizations and MA plans under part C.

16 **“SEC. 1899T-5. PREMIUMS; LATE ENROLLMENT PENALTY.**

17 “(a) MONTHLY BENEFICIARY PREMIUM.—

18 “(1) COMPUTATION.—

19 “(A) IN GENERAL.—The monthly bene-  
20 ficiary premium for a dental plan is the base  
21 beneficiary premium computed under paragraph  
22 (2) as adjusted under this paragraph.

23 “(B) ADJUSTMENT TO REFLECT DIF-  
24 FERENCE BETWEEN BID AND NATIONAL AVER-  
25 AGE BID.—

1           “(i) ABOVE AVERAGE BID.—If for a  
2           month the amount of the standardized bid  
3           amount (as defined in paragraph (5)) ex-  
4           ceeds the amount of the adjusted national  
5           average monthly bid amount (as defined in  
6           clause (iii)), the base beneficiary premium  
7           for the month shall be increased by the  
8           amount of such excess.

9           “(ii) BELOW AVERAGE BID.—If for a  
10          month the amount of the adjusted national  
11          average monthly bid amount for the month  
12          exceeds the standardized bid amount, the  
13          base beneficiary premium for the month  
14          shall be decreased by the amount of such  
15          excess.

16          “(iii) ADJUSTED NATIONAL AVERAGE  
17          MONTHLY BID AMOUNT DEFINED.—For  
18          purposes of this subparagraph, the term  
19          ‘adjusted national average monthly bid  
20          amount’ means the national average  
21          monthly bid amount computed under para-  
22          graph (4), as adjusted under section  
23          1899T–7(c)(2).

24          “(C) INCREASE FOR LATE ENROLLMENT  
25          PENALTY.—The base beneficiary premium shall

1 be increased by the amount of any late enroll-  
2 ment penalty under subsection (b).

3 “(D) DECREASE FOR LOW-INCOME ASSIST-  
4 ANCE.—The monthly beneficiary premium is  
5 subject to decrease in the case of a subsidy eli-  
6 gible individual under section 1899T-6.

7 “(E) UNIFORM PREMIUM.—Except as pro-  
8 vided in subparagraphs (D), (E), and (F), the  
9 monthly beneficiary premium for a dental plan  
10 in a Plan service area is the same for all part  
11 T eligible individuals enrolled in the plan.

12 “(2) BENEFICIARY PREMIUM.—The beneficiary  
13 premium under this paragraph for a dental plan for  
14 a month is equal to the product—

15 “(A) the beneficiary premium percentage  
16 (as specified in paragraph (3)); and

17 “(B) the national average monthly bid  
18 amount (computed under paragraph (4)) for  
19 the month.

20 “(3) BENEFICIARY PREMIUM PERCENTAGE.—  
21 For purposes of this subsection, the beneficiary pre-  
22 mium percentage for any year is 25 percent of the  
23 estimated premiums under the plan for the year.

24 “(4) COMPUTATION OF NATIONAL AVERAGE  
25 MONTHLY BID AMOUNT.—

1           “(A) IN GENERAL.—For each year (begin-  
2           ning with 2029) the Secretary shall compute a  
3           national average monthly bid amount equal to  
4           the average of the standardized bid amounts (as  
5           defined in paragraph (5)) for each dental plan,  
6           MA–D, and MA–PD–D plan described in sec-  
7           tion 1851(a)(2)(A)(i). Such average does not  
8           take into account the bids submitted for MSA  
9           plans, MA private fee-for-service plan, and spe-  
10          cialized MA plans for special needs individuals,  
11          PACE programs under section 1894 (pursuant  
12          to section 1899T–21(f)), and under reasonable  
13          cost reimbursement contracts under section  
14          1876(h) (pursuant to section 1899T–21(e)).

15           “(B) WEIGHTED AVERAGE.—

16           “(i) IN GENERAL.—The monthly na-  
17           tional average monthly bid amount com-  
18           puted under subparagraph (A) for a year  
19           shall be a weighted average, with the  
20           weight for each plan being equal to the av-  
21           erage number of part T eligible individuals  
22           enrolled in such plan in the reference  
23           month (as defined in section 1858(f)(4)).

24           “(ii) SPECIAL RULE FOR 2029.—For  
25           purposes of applying this paragraph for



1                   2029, the Secretary shall establish proce-  
2                   dures for determining the weighted average  
3                   under clause (i) for 2028.

4                   “(5) STANDARDIZED BID AMOUNT DEFINED.—  
5                   For purposes of this subsection, the term ‘standard-  
6                   ized bid amount’ means the following:

7                   “(A) DENTAL PLANS.—In the case of a  
8                   dental plan that provides qualified dental cov-  
9                   erage, the approved bid (as defined in para-  
10                  graph (6)).

11                  “(B) MA–D AND MA–PD–D PLANS.—In  
12                  the case of an MA–D or MA–PD–D plan, the  
13                  portion of the accepted bid amount that is at-  
14                  tributable to qualified dental coverage.

15                  “(6) APPROVED BID DEFINED.—For purposes  
16                  of this part, the term ‘approved bid’ means, with re-  
17                  spect to a dental plan , the bid amount approved for  
18                  the plan under this part.

19                  “(b) LATE ENROLLMENT PENALTY.—

20                  “(1) IN GENERAL.—Subject to the succeeding  
21                  provisions of this subsection, in the case of a part  
22                  T eligible individual described in paragraph (2) with  
23                  respect to a continuous period of eligibility, there  
24                  shall be an increase in the monthly beneficiary pre-

1 mium established under subsection (a) in an amount  
2 determined under paragraph (3).

3 “(2) INDIVIDUALS SUBJECT TO PENALTY.—A  
4 part T eligible individual described in this paragraph  
5 is, with respect to a continuous period of eligibility,  
6 an individual for whom there is a continuous period  
7 of 63 days or longer (all of which in such continuous  
8 period of eligibility) beginning on the day after the  
9 last date of the individual’s initial enrollment period  
10 under section 1899T–1(b)(2) and ending on the date  
11 of enrollment under a dental, MA–D or MA–PD–D  
12 plan during all of which the individual was not covered  
13 under any creditable dental coverage.

14 “(3) AMOUNT OF PENALTY.—

15 “(A) IN GENERAL.—The amount deter-  
16 mined under this paragraph for a part T eligi-  
17 ble individual for a continuous period of eligi-  
18 bility is the greater of—

19 “(i) an amount that the Secretary de-  
20 termines is actuarially sound for each un-  
21 covered month (as defined in subparagraph  
22 (B)) in the same continuous period of eligi-  
23 bility; or

24 “(ii) 1 percent of the base beneficiary  
25 premium (computed under subsection

1 (a)(2)) for each such uncovered month in  
2 such period.

3 “(B) UNCOVERED MONTH DEFINED.—For  
4 purposes of this subsection, the term ‘uncovered  
5 month’ means, with respect to a part T eligible  
6 individual, any month beginning after the end  
7 of the initial enrollment period under section  
8 1899T–1(b)(2) unless the individual can dem-  
9 onstrate that the individual had creditable den-  
10 tal coverage (as defined in paragraph (4)) for  
11 any portion of such month.

12 “(4) CREDITABLE DENTAL COVERAGE DE-  
13 FINED.—For purposes of this part, the term ‘cred-  
14 itable dental coverage’ means any of the following  
15 coverage, but only if the coverage meets the require-  
16 ment of paragraph (5):

17 “(A) COVERAGE UNDER DENTAL, MA–D OR  
18 MA–PD–D PLAN.—Coverage under a dental  
19 plan, MA–D or under an MA–PD–D plan.

20 “(B) GROUP DENTAL PLAN.—Coverage  
21 under a group dental plan, including a dental  
22 plan under chapter 89A of title 5, United  
23 States Code (commonly known as the Federal  
24 employees dental and vision insurance pro-

1           gram), and a qualified retiree dental plan (as  
2           defined in section 1899T–22(a)(2)).

3           “(C) STATE DENTAL BENEFIT PRO-  
4           GRAMS.—Coverage under a State dental assist-  
5           ance program described in section 1899T–  
6           23(b)(1).

7           “(D) VETERANS’ COVERAGE OF DENTAL  
8           BENEFITS.—Coverage for veterans, and sur-  
9           vivors and dependents of veterans, under chap-  
10          ter 17 of title 38, United States Code.

11          “(E) MILITARY COVERAGE (INCLUDING  
12          TRICARE).—Coverage under chapter 55 of title  
13          10, United States Code.

14          “(F) OTHER DENTAL COVERAGE.—Such  
15          other coverage as the Secretary determines ap-  
16          propriate.

17          “(5) ACTUARIAL EQUIVALENCE REQUIRE-  
18          MENT.—Coverage meets the requirement of this  
19          paragraph only if the coverage is determined (in a  
20          manner specified by the Secretary) to provide cov-  
21          erage of the cost of dental benefits the actuarial  
22          value of which (as defined by the Secretary) to the  
23          individual equals or exceeds the actuarial value of  
24          standard dental coverage (as determined under sec-  
25          tion 1899T–11(c)).

1           “(6) PROCEDURES TO DOCUMENT CREDITABLE  
2 DENTAL COVERAGE.—

3           “(A) IN GENERAL.—The Secretary shall  
4 establish procedures (including the form, man-  
5 ner, and time) for the documentation of cred-  
6 itable dental coverage, including procedures to  
7 assist in determining whether coverage meets  
8 the requirement of paragraph (5).

9           “(B) DISCLOSURE BY ENTITIES OFFERING  
10 CREDITABLE DENTAL COVERAGE.—

11           “(i) IN GENERAL.—Each entity that  
12 offers dental coverage of the type described  
13 in subparagraphs (B) through (H) of para-  
14 graph (4) shall provide for disclosure, in a  
15 form, manner, and time consistent with  
16 standards established by the Secretary, to  
17 the Secretary and part T eligible individ-  
18 uals of whether the coverage meets the re-  
19 quirement of paragraph (5) or whether  
20 such coverage is changed so it no longer  
21 meets such requirement.

22           “(ii) DISCLOSURE OF NON-CRED-  
23 ITABLE COVERAGE.—In the case of such  
24 coverage that does not meet such require-  
25 ment, the disclosure to part T eligible indi-

1           viduals under this subparagraph shall in-  
2           clude information regarding the fact that  
3           because such coverage does not meet such  
4           requirement there are limitations on the  
5           periods in a year in which the individuals  
6           may enroll under a dental plan or an MA-  
7           PD plan and that any such enrollment is  
8           subject to a late enrollment penalty under  
9           this subsection.

10           “(C) WAIVER OF REQUIREMENT.—In the  
11           case of a part T eligible individual who was en-  
12           rolled in dental coverage of the type described  
13           in subparagraphs (B) through (H) of paragraph  
14           (4) which is not creditable dental coverage be-  
15           cause it does not meet the requirement of para-  
16           graph (5), the individual may apply to the Sec-  
17           retary to have such coverage treated as cred-  
18           itable dental coverage if the individual estab-  
19           lishes that the individual was not adequately in-  
20           formed that such coverage did not meet such  
21           requirement.

22           “(7) CONTINUOUS PERIOD OF ELIGIBILITY.—

23           “(A) IN GENERAL.—Subject to subpara-  
24           graph (B), for purposes of this subsection, the  
25           term ‘continuous period of eligibility’ means,

1 with respect to a part T eligible individual, the  
2 period that begins with the first day on which  
3 the individual is eligible to enroll in a dental  
4 plan under this part and ends with the individ-  
5 ual's death.

6 “(B) SEPARATE PERIOD.—Any period dur-  
7 ing all of which a part T eligible individual is  
8 entitled to hospital insurance benefits under  
9 part A and—

10 “(i) which terminated in or before the  
11 month preceding the month in which the  
12 individual attained age 65; or

13 “(ii) for which the basis for eligibility  
14 for such entitlement changed between sec-  
15 tion 226(b) and section 226(a), between  
16 226(b) and section 226A, or between sec-  
17 tion 226A and section 226(a), shall be a  
18 separate continuous period of eligibility  
19 with respect to the individual (and each  
20 such period which terminates shall be  
21 deemed not to have existed for purposes of  
22 subsequently applying this paragraph).

23 “(8) WAIVER OF PENALTY FOR SUBSIDY-ELIGI-  
24 BLE INDIVIDUALS.—In no case shall a part T eligi-  
25 ble individual who is determined to be a subsidy eli-

1       gible individual (as defined in section 1899T–  
2       6(a)(3)) be subject to an increase in the monthly  
3       beneficiary premium established under subsection  
4       (a).

5       “(c) COLLECTION OF MONTHLY BENEFICIARY PRE-  
6 MIUMS.—

7           “(1) IN GENERAL.—Subject to paragraphs (2),  
8       (3), and (4), the provisions of section 1854(d) shall  
9       apply to Dental plan sponsors and premiums (and  
10      any late enrollment penalty) under this part in the  
11      same manner as they apply to MA organizations and  
12      beneficiary premiums under part C, except that any  
13      reference to a Trust Fund is deemed for this pur-  
14      pose a reference to the Medicare Dental Account.

15          “(2) CREDITING OF LATE ENROLLMENT PEN-  
16 ALTY.—

17           “(A) PORTION ATTRIBUTABLE TO IN-  
18      CREASED ACTUARIAL COSTS.—With respect to  
19      late enrollment penalties imposed under sub-  
20      section (b), the Secretary shall specify the por-  
21      tion of such a penalty that the Secretary esti-  
22      mates is attributable to increased actuarial  
23      costs assumed by the dental plan sponsor or  
24      MA organization as a result of such late enroll-  
25      ment.



1           “(B) COLLECTION THROUGH WITH-  
2 HOLDING.—In the case of a late enrollment  
3 penalty that is collected from a part T eligible  
4 individual in the manner described in section  
5 1854(d)(2)(A), the Secretary shall provide that  
6 only the portion of such penalty estimated  
7 under subparagraph (A) shall be paid to the  
8 dental plan sponsor or MA organization offer-  
9 ing the part T dental plan in which the indi-  
10 vidual is enrolled.

11           “(C) COLLECTION BY PLAN.—In the case  
12 of a late enrollment penalty that is collected  
13 from a part T eligible individual in a manner  
14 other than the manner described in section  
15 1854(d)(2)(A), the Secretary shall establish  
16 procedures for reducing payments otherwise  
17 made to the dental plan sponsor or MA organi-  
18 zation by an amount equal to the amount of  
19 such penalty less the portion of such penalty es-  
20 timated under subparagraph (A).

21           “(3) COLLECTION OF MONTHLY ADJUSTMENT  
22 AMOUNT.—

23           “(A) IN GENERAL.—Notwithstanding any  
24 provision of this subsection or section  
25 1854(d)(2), subject to subparagraph (B), the

1 amount of the income-related increase in the  
2 base beneficiary premium for an individual for  
3 a month (as determined under subsection  
4 (a)(7)) shall be paid through withholding from  
5 benefit payments in the manner provided under  
6 section 1840.

7 “(B) AGREEMENTS.—In the case where  
8 the monthly benefit payments of an individual  
9 that are withheld under subparagraph (A) are  
10 insufficient to pay the amount described in such  
11 subparagraph, the Commissioner of Social Se-  
12 curity shall enter into agreements with the Sec-  
13 retary, the Director of the Office of Personnel  
14 Management, and the Railroad Retirement  
15 Board as necessary in order to allow other  
16 agencies to collect the amount described in sub-  
17 paragraph (A) that was not withheld under  
18 such subparagraph.

19 **“SEC. 1899T-6. PREMIUM AND COST-SHARING SUBSIDIES**  
20 **FOR LOW-INCOME INDIVIDUALS.**

21 “(a) INCOME-RELATED SUBSIDIES FOR INDIVIDUALS  
22 WITH INCOME UP TO 150 PERCENT OF POVERTY LINE.—

23 “(1) INDIVIDUALS WITH INCOME BELOW 135  
24 PERCENT OF POVERTY LINE.—In the case of a sub-  
25 sidy eligible individual (as defined in paragraph (3))

1       who is determined to have income that is below 135  
2       percent of the poverty line applicable to a family of  
3       the size involved and who meets the resources re-  
4       quirement described in paragraph (3)(D) or who is  
5       covered under this paragraph under paragraph  
6       (3)(B)(i), the individual is entitled under this section  
7       to the following:

8               “(A) FULL PREMIUM SUBSIDY.—An in-  
9               come-related premium subsidy equal to 100 per-  
10              cent of the amount described in subsection  
11              (b)(1), but not to exceed the premium amount  
12              specified in subsection (b)(2)(B).

13              “(B) ELIMINATION OF DEDUCTIBLE.—A  
14              reduction in the annual deductible applicable  
15              under section 1899T–2(b)(1) to \$0.

16              “(C) REDUCTION IN COST-SHARING.—

17                      “(i) INSTITUTIONALIZED INDIVID-  
18                      UALS.—In the case of an individual who is  
19                      a full-benefit dual eligible individual and  
20                      who is an institutionalized individual or  
21                      couple (as defined in section  
22                      1902(q)(1)(B)) or, effective on a date speci-  
23                      fied by the Secretary (but in no case ear-  
24                      lier than January 1, 2012), who would be  
25                      such an institutionalized individual or cou-

1           ple, if the full-benefit dual eligible indi-  
2           vidual were not receiving services under a  
3           home and community-based waiver author-  
4           ized for a State under section 1115 or sub-  
5           section (c) or (d) of section 1915 or under  
6           a State plan amendment under subsection  
7           (i) of such section or services provided  
8           through enrollment in a medicaid managed  
9           care organization with a contract under  
10          section 1903(m) or under section 1932 ,  
11          the elimination of any beneficiary coinsur-  
12          ance described in section 1899T-2(b)(2)  
13          (for all amounts through the total amount  
14          of expenditures at which benefits are avail-  
15          able under section 1899T-2(b)(4)).

16               “(ii) LOWEST INCOME DUAL ELIGIBLE  
17          INDIVIDUALS.—In the case of an individual  
18          not described in clause (i) who is a full-  
19          benefit dual eligible individual and whose  
20          income does not exceed 100 percent of the  
21          poverty line applicable to a family of the  
22          size involved, the substitution for the bene-  
23          ficiary coinsurance described in section  
24          1899T-2(b)(2) (for all amounts through  
25          the total amount of expenditures at which

1           benefits are available under section  
2           1899T-2(b)(4)) of a coinsurance amount  
3           that does not exceed 1 percent instead of  
4           20 percent for any dental service for which  
5           a coinsurance amount would otherwise  
6           apply.

7           “(2) OTHER INDIVIDUALS WITH INCOME  
8           BELOW 150 PERCENT OF POVERTY LINE.—In the  
9           case of a subsidy eligible individual who is not de-  
10          scribed in paragraph (1), the individual is entitled  
11          under this section to the following:

12           “(A) SLIDING SCALE PREMIUM SUBSIDY.—  
13           An income-related premium subsidy determined  
14           on a linear sliding scale ranging from 100 per-  
15           cent of the amount described in paragraph  
16           (1)(A) for individuals with incomes at or below  
17           135 percent of such level to 0 percent of such  
18           amount for individuals with incomes at 150  
19           percent of such level.

20           “(B) REDUCTION OF DEDUCTIBLE.—A re-  
21           duction in the annual deductible applicable  
22           under section 1899T-2(b)(1) to \$\_\_\_\_\_.

23           “(C) REDUCTION IN COST-SHARING.—The  
24           substitution for the beneficiary coinsurance de-  
25           scribed in section 1899T-2(b)(2) (for all

1 amounts above the deductible under subpara-  
2 graph (B) through the total amount of expendi-  
3 tures at which benefits are available under sec-  
4 tion 1899T-2(b)(4)) of coinsurance of ‘15 per-  
5 cent’ instead of coinsurance of ‘20 percent’ in  
6 section 1899T-2(b)(2).

7 “(3) DETERMINATION OF ELIGIBILITY.—

8 “(A) SUBSIDY ELIGIBLE INDIVIDUAL DE-  
9 FINED.—For purposes of this part, subject to  
10 subparagraph (F), the term ‘subsidy eligible in-  
11 dividual’ means a part T eligible individual  
12 who—

13 “(i) is enrolled in a dental, MA-D or  
14 MA-PD-D plan;

15 “(ii) has income below 150 percent of  
16 the poverty line applicable to a family of  
17 the size involved; and

18 “(iii) meets the resources requirement  
19 described in subparagraph (D) or (E).

20 “(B) DETERMINATIONS.—

21 “(i) IN GENERAL.—The determination  
22 of whether a part T eligible individual re-  
23 siding in a State is a subsidy eligible indi-  
24 vidual and whether the individual is de-  
25 scribed in paragraph (1) shall be deter-

1           mined under the State plan under title  
2           XIX for the State under section 1935(a)  
3           or by the Commissioner of Social Security.  
4           There are authorized to be appropriated to  
5           the Social Security Administration such  
6           sums as may be necessary for the deter-  
7           mination of eligibility under this subpara-  
8           graph.

9           “(ii) EFFECTIVE PERIOD.—Deter-  
10          minations under this subparagraph shall  
11          be effective beginning with the month in  
12          which the individual applies for a deter-  
13          mination that the individual is a subsidy  
14          eligible individual and shall remain in ef-  
15          fect for a period specified by the Secretary,  
16          but not to exceed 1 year.

17          “(iii) REDETERMINATIONS AND AP-  
18          PEALS THROUGH MEDICAID.—Redeter-  
19          minations and appeals, with respect to eli-  
20          gibility determinations under clause (i)  
21          made under a State plan under title XIX,  
22          shall be made in accordance with the fre-  
23          quency of, and manner in which, redeter-  
24          minations and appeals of eligibility are

1           made under such plan for purposes of  
2           medical assistance under such title.

3           “(iv) REDETERMINATIONS AND AP-  
4           PEALS THROUGH COMMISSIONER.—With  
5           respect to eligibility determinations under  
6           clause (i) made by the Commissioner of  
7           Social Security—

8                   “(I) redeterminations shall be  
9                   made at such time or times as may be  
10                  provided by the Commissioner;

11                  “(II) the Commissioner shall es-  
12                  tablish procedures for appeals of such  
13                  determinations that are similar to the  
14                  procedures described in the third sen-  
15                  tence of section 205; and

16                  “(III) judicial review of the final  
17                  decision of the Commissioner made  
18                  after a hearing shall be available to  
19                  the same extent, and with the same  
20                  limitations, as provided in subsections  
21                  (g) and (h) of section 1631(c)(1)(A).

22                  “(v) TREATMENT OF MEDICAID BENE-  
23                  FICIARIES.—Subject to subparagraph (F),  
24                  the Secretary—



1                   “(I) shall provide that part T eli-  
2                   gible individuals who are full-benefit  
3                   dual eligible individuals (as defined in  
4                   section 1935(c)(6)) or who are recipi-  
5                   ents of supplemental security income  
6                   benefits under title XVI shall be treat-  
7                   ed as subsidy eligible individuals de-  
8                   scribed in paragraph (1); and

9                   “(II) may provide that part T eli-  
10                  gible individuals not described in sub-  
11                  clause (I) who are determined for pur-  
12                  poses of the State plan under title  
13                  XIX to be eligible for medical assist-  
14                  ance under clause (i), (iii), or (iv) of  
15                  section 1902(a)(10)(E) are treated as  
16                  being determined to be subsidy eligible  
17                  individuals described in paragraph  
18                  (1). Insofar as the Secretary deter-  
19                  mines that the eligibility requirements  
20                  under the State plan for medical as-  
21                  sistance referred to in subclause (II)  
22                  are substantially the same as the re-  
23                  quirements for being treated as a sub-  
24                  sidy eligible individual described in  
25                  paragraph (1), the Secretary shall

1 provide for the treatment described in  
2 such subclause.

3 “(vi) SPECIAL RULE FOR WIDOWS  
4 AND WIDOWERS.—Notwithstanding the  
5 preceding provisions of this subparagraph,  
6 in the case of an individual whose spouse  
7 dies during the effective period for a deter-  
8 mination or redetermination that has been  
9 made under this subparagraph, such effec-  
10 tive period shall be extended through the  
11 date that is 1 year after the date on which  
12 the determination or redetermination  
13 would (but for the application of this  
14 clause) otherwise cease to be effective.

15 “(C) INCOME DETERMINATIONS.—For pur-  
16 poses of applying this section—

17 “(i) in the case of a part T eligible in-  
18 dividual who is not treated as a subsidy el-  
19 igible individual under subparagraph  
20 (B)(v), income shall be determined in the  
21 manner described in section  
22 1905(p)(1)(B), without regard to the ap-  
23 plication of section 1902(r)(2) and except  
24 that support and maintenance furnished in  
25 kind shall not be counted as income; and

1           “(ii) the term ‘poverty line’ has the  
2           meaning given such term in section 673(2)  
3           of the Community Services Block Grant  
4           Act (42 U.S.C. 9902(2)), including any re-  
5           vision required by such section. Nothing in  
6           clause (i) shall be construed to affect the  
7           application of section 1902(r)(2) for the  
8           determination of eligibility for medical as-  
9           sistance under title XIX.

10           “(D) RESOURCE STANDARD APPLIED TO  
11           FULL LOW-INCOME SUBSIDY TO BE BASED ON  
12           THREE TIMES SSI RESOURCE STANDARD.—The  
13           resources requirement of this subparagraph is  
14           that an individual’s resources (as determined  
15           under section 1613 for purposes of the supple-  
16           mental security income program subject to the  
17           life insurance policy exclusion provided under  
18           subparagraph (g)) do not exceed—

19           “(i) for 2029 three times the max-  
20           imum amount of resources that an indi-  
21           vidual may have and obtain benefits under  
22           that program; and

23           “(ii) for a subsequent year the re-  
24           source limitation established under this  
25           clause for the previous year increased by

1 the annual percentage increase in the con-  
2 sumer price index (all items; U.S. city av-  
3 erage) as of September of such previous  
4 year. Any resource limitation established  
5 under clause (ii) that is not a multiple of  
6 \$10 shall be rounded to the nearest mul-  
7 tiple of \$10.

8 “(E) ALTERNATIVE RESOURCE STAND-  
9 ARD.—

10 “(i) IN GENERAL.—The resources re-  
11 quirement of this subparagraph is that an  
12 individual’s resources (as determined under  
13 section 1613 for purposes of the supple-  
14 mental security income program subject to  
15 the life insurance policy exclusion provided  
16 under subparagraph (g)) do not exceed—

17 “(I) for 2029, \$10,000 (or  
18 \$20,000 in the case of the combined  
19 value of the individual’s assets or re-  
20 sources and the assets or resources of  
21 the individual’s spouse); and

22 “(II) for a subsequent year the  
23 dollar amounts specified in this sub-  
24 clause (or subclause (I)) for the pre-  
25 vious year increased by the annual

1 percentage increase in the consumer  
2 price index (all items; U.S. city aver-  
3 age) as of September of such previous  
4 year. Any dollar amount established  
5 under subclause (II) that is not a  
6 multiple of \$10 shall be rounded to  
7 the nearest multiple of \$10.

8 “(ii) USE OF SIMPLIFIED APPLICA-  
9 TION FORM AND PROCESS.—The Secretary,  
10 jointly with the Commissioner of Social Se-  
11 curity, shall—

12 “(I) develop a model, simplified  
13 application form and process con-  
14 sistent with clause (iii) for the deter-  
15 mination and verification of a part T  
16 eligible individual’s assets or resources  
17 under this subparagraph; and

18 “(II) provide such form to  
19 States.

20 “(iii) DOCUMENTATION AND SAFE-  
21 GUARDS.—Under such process—

22 “(I) the application form shall  
23 consist of an attestation under penalty  
24 of perjury regarding the level of assets  
25 or resources (or combined assets and

1 resources in the case of a married  
2 part T eligible individual) and valu-  
3 ations of general classes of assets or  
4 resources;

5 “(II) such form shall be accom-  
6 panied by copies of recent statements  
7 (if any) from financial institutions in  
8 support of the application; and

9 “(III) matters attested to in the  
10 application shall be subject to appro-  
11 priate methods of verification.

12 “(iv) METHODOLOGY FLEXIBILITY.—  
13 The Secretary may permit a State in mak-  
14 ing eligibility determinations for premium  
15 and cost-sharing subsidies under this sec-  
16 tion to use the same asset or resource  
17 methodologies that are used with respect  
18 to eligibility for medical assistance for  
19 medicare cost-sharing described in section  
20 1905(p) so long as the Secretary deter-  
21 mines that the use of such methodologies  
22 will not result in any significant differences  
23 in the number of individuals determined to  
24 be subsidy eligible individuals.

1           “(F) TREATMENT OF TERRITORIAL RESI-  
2           DENTS.—In the case of a part T eligible indi-  
3           vidual who is not a resident of the 50 States or  
4           the District of Columbia, the individual is not  
5           eligible to be a subsidy eligible individual under  
6           this section but may be eligible for financial as-  
7           sistance with dental expenses under section  
8           1935(e).

9           “(G) LIFE INSURANCE POLICY EXCLU-  
10           SION.—In determining the resources of an indi-  
11           vidual (and the eligible spouse of the individual,  
12           if any) under section 1613 for purposes of sub-  
13           paragraphs (D) and (E) no part of the value of  
14           any life insurance policy shall be taken into ac-  
15           count.

16           “(4) INDEXING DOLLAR AMOUNTS.—

17           “(A) COPAYMENT FOR LOWEST INCOME  
18           DUAL ELIGIBLE INDIVIDUALS.—The dollar  
19           amounts applied under paragraph (1)(D)(ii)—

20                   “(i) for 2030 shall be the dollar  
21                   amounts specified in such paragraph in-  
22                   creased by the annual percentage increase  
23                   in the consumer price index (all items;  
24                   U.S. city average) as of September of such  
25                   previous year; or

1           “(ii) for a subsequent year shall be  
2           the dollar amounts specified in this clause  
3           (or clause (i)) for the previous year in-  
4           creased by the annual percentage increase  
5           in the consumer price index (all items;  
6           U.S. city average) as of September of such  
7           previous year.

8           “(B) REDUCED DEDUCTIBLE.—The dollar  
9           amount applied under paragraph (2)(B)—

10           “(i) for 2030 shall be the dollar  
11           amount specified in such paragraph in-  
12           creased by the annual percentage increase  
13           described in section 1899T–2(b)(6) for  
14           2030; or

15           “(ii) for a subsequent year shall be  
16           the dollar amount specified in this clause  
17           (or clause (i)) for the previous year in-  
18           creased by the annual percentage increase  
19           described in section 1899T–2(b)(6) for the  
20           year involved. Any amount established  
21           under clause (i) or (ii) that is not a mul-  
22           tiple of \$1 shall be rounded to the nearest  
23           multiple of \$1.

24           “(5) WAIVER OF DE MINIMIS PREMIUMS.—The  
25           Secretary shall, under procedures established by the



1 Secretary, permit a dental plan or an MA–PD plan  
2 to waive the monthly beneficiary premium for a sub-  
3 sidy eligible individual if the amount of such pre-  
4 mium is de minimis. If such premium is waived  
5 under the plan, the Secretary shall not reassign sub-  
6 sidy eligible individuals enrolled in the plan to other  
7 plans based on the fact that the monthly beneficiary  
8 premium under the plan was greater than the low-  
9 income benchmark premium amount.

10 “(b) PREMIUM SUBSIDY AMOUNT.—

11 “(1) IN GENERAL.—The premium subsidy  
12 amount described in this subsection for a subsidy el-  
13 igible individual residing in a Plan service area and  
14 enrolled in a dental, MA–D or MA–PD–D plan is  
15 the low-income benchmark premium amount (as de-  
16 fined in paragraph (2)) for the Plan service area in  
17 which the individual resides or, if greater, the  
18 amount specified in paragraph (3).

19 “(2) LOW-INCOME BENCHMARK PREMIUM  
20 AMOUNT DEFINED.—

21 “(A) IN GENERAL.—For purposes of this  
22 subsection, the term ‘low-income benchmark  
23 premium amount’ means, with respect to a Plan  
24 service area in which—

1           “(i) all dental plans are offered by the  
2           same dental plan sponsor, the weighted av-  
3           erage of the amounts described in subpara-  
4           graph (B)(i) for such plans; or

5           “(ii) there are dental plans offered by  
6           more than one Dental plan sponsor, the  
7           weighted average of amounts described in  
8           subparagraph (B) for dental plans, MA–D  
9           and MA–PD–D plans described in section  
10          1851(a)(2)(A)(i) offered in such region.

11          “(B) PREMIUM AMOUNTS DESCRIBED.—  
12          The premium amounts described in this sub-  
13          paragraph are, in the case of—

14           “(i) a dental plan that is a qualified  
15           dental plan, the monthly beneficiary pre-  
16           mium for such plan;

17           “(ii) a dental plan that provides alter-  
18           native dental coverage the actuarial value  
19           of which is greater than that of standard  
20           dental coverage, the portion of the monthly  
21           beneficiary premium that is attributable to  
22           qualified dental coverage; and

23           “(iii) an MA–D or MA–PD–D plan,  
24           the portion of the MA monthly dental cov-  
25           erage beneficiary premium that is attrib-

1           utable to qualified dental benefits (de-  
2           scribed in section 1852(a)(6)(B)(ii)). The  
3           premium amounts described in this sub-  
4           paragraph do not include any amounts at-  
5           tributable to late enrollment penalties  
6           under section 1899T-5(b), and determined  
7           before the application of the monthly re-  
8           bate computed under section  
9           1854(b)(1)(C)(i) for that plan and year in-  
10          volved and, in the case of a qualifying  
11          plan, before the application of the increase  
12          under section 1853(o) for that plan and  
13          year involved.

14           “(3) ACCESS TO \$0 PREMIUM PLAN.—In no  
15          case shall the premium subsidy amount under this  
16          subsection for a Plan service area be less than the  
17          lowest monthly beneficiary premium for a dental  
18          plan that offers qualified dental coverage in the re-  
19          gion.

20           “(c) ADMINISTRATION OF SUBSIDY PROGRAM.—

21           “(1) IN GENERAL.—The Secretary shall provide  
22          a process whereby, in the case of a part T eligible  
23          individual who is determined to be a subsidy eligible  
24          individual and who is enrolled in a dental plan or is  
25          enrolled in an MA-D and MA-PD-D plan—

1           “(A) the Secretary provides for a notifica-  
2           tion of the Dental plan sponsor or the MA or-  
3           organization offering the plan involved that the  
4           individual is eligible for a subsidy and the  
5           amount of the subsidy under subsection (a);

6           “(B) the sponsor or organization involved  
7           reduces the premiums or cost-sharing otherwise  
8           imposed by the amount of the applicable sub-  
9           sidy and submits to the Secretary information  
10          on the amount of such reduction;

11          “(C) the Secretary periodically and on a  
12          timely basis reimburses the sponsor or organi-  
13          zation for the amount of such reductions; and

14          “(D) the Secretary ensures the confiden-  
15          tiality of individually identifiable information.  
16          In applying subparagraph (C), the Secretary  
17          shall compute reductions based upon imposition  
18          under subsections (a)(1)(D) and (a)(2)(E) of  
19          unreduced copayment amounts applied under  
20          such subsections.

21          “(2) USE OF CAPITATED FORM OF PAYMENT.—

22          The reimbursement under this section with respect  
23          to cost-sharing subsidies may be computed on a  
24          capitated basis, taking into account the actuarial  
25          value of the subsidies and with appropriate adjust-

1       ments to reflect differences in the risks actually in-  
2       volved.

3       “(d) FACILITATION OF REASSIGNMENTS.—Beginning  
4       not later than 2029, the Secretary shall, in the case of  
5       a subsidy eligible individual who is enrolled in one dental  
6       plan and is subsequently reassigned by the Secretary to  
7       a new dental plan , provide the individual, within 30 days  
8       of such reassignment, with—

9               “(1) information on benefit differences between  
10       the individual’s former plan and the plan to which  
11       the individual is reassigned; and

12               “(2) a description of the individual’s right to  
13       request a coverage determination, exception, or re-  
14       consideration under section 1899T–4(g), bring an  
15       appeal under section 1899T–4(h), or resolve a griev-  
16       ance under section 1899T–4(f).

17       **“SEC. 1899T–7. SUBSIDIES FOR PART T ELIGIBLE INDIVID-**  
18               **UALS FOR QUALIFIED DENTAL COVERAGE.**

19       “(a) SUBSIDY PAYMENT.—In order to reduce pre-  
20       mium levels applicable to qualified dental coverage for part  
21       T eligible individuals consistent with an overall subsidy  
22       level of 75 percent of the estimated expenditures for the  
23       year for qualified dental coverage, to reduce adverse selec-  
24       tion among dental plans, MA–D, and MA–PD–D plans,  
25       and to promote the participation of dental plan sponsors

1 under this part and MA organizations under part C, the  
2 Secretary shall provide for payment to a dental plan spon-  
3 sor that offers a dental plan and an MA organization that  
4 offers an MA–D or MA–PD–D plan of the following sub-  
5 sidies in accordance with this section:

6 “(1) DIRECT SUBSIDY.—A direct subsidy for  
7 each part T eligible individual enrolled in a dental  
8 plan, MA–D, or MA–PD plan for a month equal  
9 to—

10 “(A) the amount of the plan’s standardized  
11 bid amount (as defined in section 1899T–  
12 5(a)(5)), adjusted under subsection (c)(1), re-  
13 duced by

14 “(B) the base beneficiary premium (as  
15 computed under paragraph (2) of section  
16 1899T–5(a) and as adjusted under paragraph  
17 (1)(B) of such section).

18 “(2) GEOGRAPHIC ADJUSTMENT.—

19 “(A) IN GENERAL.—Subject to subpara-  
20 graph (B), for purposes of section 1899T–  
21 5(a)(1)(B)(iii), the Secretary shall establish an  
22 appropriate methodology for adjusting the na-  
23 tional average monthly bid amount (computed  
24 under section 1899T–5(a)(4)) to take into ac-

1 count differences in prices for covered dental  
2 benefits among plan service areas.

3 “(B) DE MINIMIS RULE.—If the Secretary  
4 determines that the price variations described  
5 in subparagraph (A) among plan service areas  
6 are de minimis, the Secretary shall not provide  
7 for adjustment under this paragraph.

8 “(b) PAYMENT METHODS.—

9 “(1) IN GENERAL.—Payments under this sec-  
10 tion shall be based on such a method as the Sec-  
11 retary determines. The Secretary may establish a  
12 payment method by which interim payments of  
13 amounts under this section are made during a year  
14 based on the Secretary’s best estimate of amounts  
15 that will be payable after obtaining all of the infor-  
16 mation.

17 “(2) REQUIREMENT FOR PROVISION OF INFOR-  
18 MATION.—

19 “(A) REQUIREMENT.—Payments under  
20 this section to a dental plan sponsor or MA or-  
21 ganization are conditioned upon the furnishing  
22 to the Secretary, in a form and manner speci-  
23 fied by the Secretary, of such information as  
24 may be required to carry out this section.

1           “(B) RESTRICTION ON USE OF INFORMA-  
2           TION.—Information disclosed or obtained pur-  
3           suant to subparagraph (A) may be used by offi-  
4           cers, employees, and contractors of the Depart-  
5           ment of Health and Human Services only for  
6           the purposes of, and to the extent necessary in,  
7           carrying out this section.

8           “(3) SOURCE OF PAYMENTS.—Payments under  
9           this section shall be made from the Medicare Dental  
10          Account.

11          “(4) APPLICATION OF ENROLLEE ADJUST-  
12          MENT.—The provisions of section 1853(a)(2) shall  
13          apply to payments to Dental plan sponsors under  
14          this section in the same manner as they apply to  
15          payments to MA organizations under section  
16          1853(a).

17          “(c) DISCLOSURE OF INFORMATION.—

18                 “(1) IN GENERAL.—Each contract under this  
19                 part and under part C shall provide that—

20                         “(A) the dental plan sponsor offering a  
21                         dental plan or an MA organization offering an  
22                         MA–D or MA–PD plan shall provide the Sec-  
23                         retary with such information as the Secretary  
24                         determines is necessary to carry out this sec-  
25                         tion; and



1           “(B) the Secretary shall have the right in  
2           accordance with section 1857(d)(2)(B) (as ap-  
3           plied under section 1899T-4(b)(3)(C)) to in-  
4           spect and audit any books and records of a den-  
5           tal plan sponsor or MA organization that per-  
6           tain to the information regarding costs provided  
7           to the Secretary under subparagraph (A).

8           “(2) RESTRICTION ON USE OF INFORMATION.—  
9           Information disclosed or obtained pursuant to the  
10          provisions of this section may be used—

11           “(A) by officers, employees, and contrac-  
12           tors of the Department of Health and Human  
13           Services for the purposes of, and to the extent  
14           necessary in—

15                   “(i) carrying out this section; and

16                   “(ii) conducting oversight, evaluation,  
17                   and enforcement under this title; and

18           “(B) by the Attorney General and the  
19           Comptroller General of the United States for  
20           the purposes of, and to the extent necessary in,  
21           carrying out health oversight activities.

1 **“SEC. 1899T-8. MEDICARE DENTAL ACCOUNT IN THE FED-**  
2 **ERAL SUPPLEMENTARY MEDICAL INSUR-**  
3 **ANCE TRUST FUND.**

4 “(a) ESTABLISHMENT AND OPERATION OF AC-  
5 COUNT.—

6 “(1) ESTABLISHMENT.—There is created within  
7 the Federal Supplementary Medical Insurance Trust  
8 Fund established by section 1841 an account to be  
9 known as the ‘Medicare Dental account’ (in this sec-  
10 tion referred to as the ‘Account’).

11 “(2) FUNDING.—The Account shall consist of  
12 such gifts and bequests as may be made as provided  
13 in section 201(i)(1), accrued interest on balances in  
14 the Account, and such amounts as may be deposited  
15 in, or appropriated to, such Account as provided in  
16 this part.

17 “(3) SEPARATE FROM REST OF TRUST FUND.—  
18 Funds provided under this part to the Account shall  
19 be kept separate from all other funds within the  
20 Federal Supplementary Medical Insurance Trust  
21 Fund, but shall be invested, and such investments  
22 redeemed, in the same manner as all other funds  
23 and investments within such Trust Fund.

24 “(b) PAYMENTS FROM ACCOUNT.—

25 “(1) IN GENERAL.—The Managing Trustee  
26 shall pay from time to time from the Account such

1 amounts as the Secretary certifies are necessary to  
2 make payments to operate the program under this  
3 part, including—

4 “(A) payments under section 1899T–6 (re-  
5 lating to low-income subsidy payments);

6 “(B) payments under section 1899T–7 (re-  
7 lating to subsidy payments); and

8 “(C) payments with respect to administra-  
9 tive expenses under this part in accordance with  
10 section 201(g).

11 “(2) TRANSFERS TO MEDICAID ACCOUNT FOR  
12 INCREASED ADMINISTRATIVE COSTS.—The Man-  
13 aging Trustee shall transfer from time to time from  
14 the Account to the Grants to States for Medicaid ac-  
15 count amounts the Secretary certifies are attrib-  
16 utable to increases in payment resulting from the  
17 application of section 1935(b).

18 “(3) PAYMENTS OF PREMIUMS WITHHELD.—  
19 The Managing Trustee shall make payment to the  
20 Dental plan sponsor or MA organization involved of  
21 the premiums (and the portion of late enrollment  
22 penalties) that are collected in the manner described  
23 in section 1854(d)(2)(A) and that are payable under  
24 a dental, MA–D, or MA–PD–D plan offered by such  
25 sponsor or organization.

1           “(4) TREATMENT IN RELATION TO PART B PRE-  
2 MIUM.—Amounts payable from the Account shall not  
3 be taken into account in computing actuarial rates  
4 or premium amounts under section 1839.

5           “(c) DEPOSITS INTO ACCOUNT.—

6           “(1) AMOUNTS WITHHELD.—Pursuant to sec-  
7 tions 1899T–5(e) and 1854(d) (as applied under  
8 this part), amounts that are withheld (and allocated)  
9 to the Account are deposited into the Account.

10           “(2) APPROPRIATIONS TO COVER GOVERNMENT  
11 CONTRIBUTIONS.—There are authorized to be appro-  
12 priated from time to time, out of any moneys in the  
13 Treasury not otherwise appropriated, to the Ac-  
14 count, an amount equivalent to the amount of pay-  
15 ments made from the Account under subsection (b)  
16 plus such amounts as the Managing Trustee certifies  
17 is necessary to maintain an appropriate contingency  
18 margin, reduced by the amounts deposited under  
19 paragraph (1) or subsection (a)(2).

20           “(3) INITIAL FUNDING AND RESERVE.—In  
21 order to assure prompt payment of benefits provided  
22 under this part and the administrative expenses  
23 thereunder during the early months of the program  
24 established by this part and to provide an initial  
25 contingency reserve, there are authorized to be ap-

1       appropriated to the Account, out of any moneys in the  
2       Treasury not otherwise appropriated, such amount  
3       as the Secretary certifies are required, but not to ex-  
4       ceed 10 percent of the estimated total expenditures  
5       from such Account in 2029.

6       **“SEC. 1899T-9. DEFINITIONS; MISCELLANEOUS PROVISIONS.**

7       “(a) DEFINITIONS.—For purposes of this part:

8               “(1) DENTAL COVERAGE.—The term ‘dental  
9       coverage’ is defined in section 1899T-2(a)(3).

10              “(2) CREDITABLE DENTAL COVERAGE.—The  
11       term ‘creditable prescription drug coverage’ has the  
12       meaning given such term in section 1899T-5(b)(4).

13              “(3) PART T ELIGIBLE INDIVIDUAL.—The term  
14       ‘part T eligible individual’ has the meaning given  
15       such term in section 1899T-1(a)(4)(A).

16              “(4) DENTAL COVERAGE LIMIT.—The term  
17       ‘dental coverage limit’ means such limit as estab-  
18       lished under section 1899T-2(b)(3).

19              “(5) INSURANCE RISK.—The term ‘insurance  
20       risk’ means, with respect to a participating dentist,  
21       risk of the type commonly assumed only by insurers  
22       licensed by a State and does not include payment  
23       variations designed to reflect performance-based  
24       measures of activities within the control of the phar-

1 macy, such as formulary compliance and generic  
2 drug substitution.

3 “(6) MA PLAN.—The term ‘MA plan’ has the  
4 meaning given such term in section 1899T–  
5 1(a)(4)(B).

6 “(7) MA–D PLANS.— The term ‘MA–D plan’  
7 has the meaning given such term in section 1899T–  
8 1(a)(4)(C).

9 “(8) MA–PD PLAN.—The term ‘MA–PD plan’  
10 has the meaning given such term in section 1899T–  
11 1(a)(4)(D).

12 “(9) MA–PD–D PLAN.—The term ‘MA–PD–D  
13 plan’ has the meaning given such term in section  
14 1899T–1(a)(4)(E).

15 “(10) MEDICARE DENTAL ACCOUNT.—The term  
16 ‘Medicare Dental Account’ means the Account cre-  
17 ated under section 1899T–8(a).

18 “(11) DENTAL PLAN APPROVED BID.—The  
19 term ‘dental plan approved bid’ has the meaning  
20 given such term in section 1899T–5(a)(6).

21 “(12) DENTAL PLAN SPONSOR.—The term  
22 ‘dental plan sponsor’ means a nongovernmental enti-  
23 ty that is certified under this part as meeting the re-  
24 quirements and standards of this part for such a  
25 sponsor.

1           “(13) DENTAL PLAN.—The term ‘dental plan’  
2 means prescription drug coverage that is offered—

3           “(A) under a policy, contract, or plan that  
4 has been approved under section 1899T–5(e);  
5 and

6           “(B) by a dental plan sponsor pursuant to,  
7 and in accordance with, a contract between the  
8 Secretary and the sponsor under section  
9 1899T–12(b).

10          “(14) QUALIFIED DENTAL COVERAGE.—The  
11 term ‘qualified prescription drug coverage’ is defined  
12 in section 1899T–2(a)(1).

13          “(15) STATE DENTAL ASSISTANCE PROGRAM.—  
14 The term ‘State Dental Assistance Program’ has the  
15 meaning given such term in section 1899T–23(b).

16          “(16) SUBSIDY ELIGIBLE INDIVIDUAL.—The  
17 term ‘subsidy eligible individual’ has the meaning  
18 given such term in section 1899T–14(a)(3)(A).

19          “(b) APPLICATION OF PART C PROVISIONS UNDER  
20 THIS PART.—For purposes of applying provisions of part  
21 C under this part with respect to a prescription drug plan  
22 and a PDP sponsor, unless otherwise provided in this part  
23 such provisions shall be applied as if—

24           “(1) any reference to an MA plan included a  
25 reference to a dental plan;

1           “(2) any reference to an MA organization or a  
2           provider-sponsored organization included a reference  
3           to a dental plan sponsor;

4           “(3) any reference to a contract under section  
5           1857 included a reference to a contract under sec-  
6           tion 1899T-4(b);

7           “(4) any reference to part C included a ref-  
8           erence to this part; and

9           “(5) any reference to an election period under  
10          section 1851 were a reference to an enrollment pe-  
11          riod under section 1899T-1.”.

