

**AMENDMENT TO THE AMENDMENT IN A NATURE
OF A SUBSTITUTE TO COMMITTEE PRINT FOR
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

1 enrolled in an MA plan may obtain qualified
2 dental coverage through enrollment in a dental
3 plan (as defined in section 1899T–9(a)(14))
4 under this part.

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

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

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

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

1 qualified dental coverage may obtain quali-
2 fied dental coverage through enrollment in
3 a dental plan.

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

11 “(2) COVERAGE FIRST EFFECTIVE JANUARY 1,
12 2029.—Coverage under dental plans, MA-D and
13 MA-PD-D plans shall first be effective on January
14 1, 2029.

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

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

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

21 “(ii) has an annual income that does
22 not exceed 300 percent of the poverty line
23 for a family of the size involved (geo-
24 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 \$75, and
6 shall not apply to the preventive benefits de-
7 scribed 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 (e) 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 \$50.

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(c) 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.”.

