

October 31, 2011

CC: PA: LPD: PR (REG-131491-10)
Room 5203
Internal Revenue Service
U.S. Department of the Treasury
P.O. Box 7604
Ben Franklin Station
Washington, D.C. 20044

Re: Comments on Proposed Rule for the Health Insurance Premium Tax Credit

To Whom It May Concern:

I am writing on behalf of the Delta Dental Plans Association ("DDPA") in response to the invitation for comments on the Notice of Proposed Rulemaking ("NPRM") for the "Health Insurance Tax Credit" included in the *Federal Register* of August 17, 2011. In particular, DDPA is responding to the agency's request for comment on methods of determining the amount of the premium properly allocable to pediatric dental benefits.

Under the ACA, for purposes of determining and administering the amount of the refundable premium assistance tax credit, if a person enrolls in a qualified health plan, and also in a stand-alone dental benefits plan, the monthly premium for the portion of the stand-alone dental benefit plan for required pediatric oral care services is to be treated "as if" it is a portion of the premium of a qualified health plan.

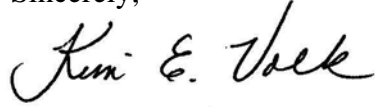
The tax credit allocable for coverage under a stand-alone dental benefit plan for the pediatric dental services should be determined as an amount that is based upon the ratio of the average stand-alone dental plan premium for pediatric oral care services in the Exchange to the average premium for a qualified health plan in the Exchange that does not offer the required essential health benefits for pediatric oral care.

Other alternative approaches and options are outlined in the attachment entitled "Offering Dental Benefits in Health Exchanges: A Roadmap for Federal and State Policymakers" (September 2011), at page 55.

In administering the tax credit premium assistance, an Exchange is required to treat the portion of the premium for pediatric oral care services as the premium of a qualified health plan only for purposes of determining the tax credit. *Therefore, it must be clarified that an Exchange shall not treat a stand-alone dental benefits plan as a qualified health plan for any other purpose regarding requirements for participation in the Exchange that are imposed on any qualified health plan except for purposes relating to determination of the tax credit premium assistance.*

We very much appreciate the opportunity to submit comments on this important proposed regulation and your time and attention to the dental-related issues. Please let me or my staff know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Kim E. Volk". The signature is written in a cursive, flowing style.

Kim E. Volk
President and CEO

Enclosure

Delta Dental is the nation's largest, most experienced dental benefits system. Since 1954, Delta Dental has worked to improve oral health in the U.S. by emphasizing preventive care, and making quality, cost-effective dental benefits affordable to a wide variety of large and small employers and groups. A nationwide system of dental health service plans, Delta Dental offers custom programs and reporting systems that provide employees with quality, cost-effective dental benefit programs and services. Our nationwide network of 39 companies and 135,000 dentists, serves more than 56 million Americans in over 95,700 group plans across the nation.