



Buying Decisions for Dental and Vision Insurance

Seven Guidelines for Selecting the Right Plans

2014

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The goal of health care reform

The goal of health care reform is to extend benefits to more Americans for better health. At Ameritas, that's been our mission all along. For more information about Ameritas dental and vision plans for 2014 and beyond, contact your Ameritas [dental and vision representative](#).

Many employers are struggling to stay current with the Affordable Care Act (ACA) and keep employees informed as the deadlines and regulations continue to change. Likewise, employees are worried about the impact of the ACA on their health care benefits.

There is a diverse spectrum of medical plan options in the marketplace, offered by many carriers, and the ACA regulations can be confusing. The good news is that dental and vision insurance is relatively simple to understand: Most businesses can keep their current plans.

Seven Guidelines for Selecting the Right Plans

There are many dental and vision benefit choices, so it's important to find the plan and carrier partner that will provide the coverage and service needed. We understand that it can be challenging to select the right options. The following seven guidelines may help you sort out the differences.

1 Recognize the one-size misnomer

A plan designed as "one size" (with preventive care and a few other limited options) rarely "fits all" the dental and vision health requirements of family members. Although consumers recognize the value of preventive care, they are interested in other services that help them maintain and improve their oral and vision health throughout each stage of life.

2 Acknowledge the dental and vision value

Surveys show that people with dental and vision insurance tend to use their benefits. They are more likely to schedule regular checkups and exams so doctors can evaluate the health of their teeth and eyes, and develop a treatment plans to address concerns. Families today have diverse vision and dental expectations, so they need flexible coverage that can be customized to meet their needs.

3 Review the ACA regulations

The ACA's impact on dental and vision benefits may be perplexing. Here's a review of current ACA regulations that may affect dental and vision benefits:

- Mandate for individuals and small employers. Currently, the ACA affects individuals and employers with fewer than 50 eligible employees that choose to offer health insurance benefits.

Individual mandate. All consumers, with a few exceptions, now are required to have medical coverage regardless of the size of their employer. Individuals must have Minimum Essential Coverage, which includes individual market policies or employer coverage. If they don't, they may be subject to a fine. Coverage does not include dental and vision coverage.



Small employer and individual requirements. Medical insurers are required to offer Essential Health Benefit (EHB) packages to individuals and small employers of fewer than 50 full-time eligible employees that choose to provide benefits. EHB packages include pediatric dental and vision, typically up to age 19.

- 2015 large employer mandate. Beginning in 2015, employers with 100 or more employees will be subject to the employer mandate. Employers in this group will need to offer minimum coverage (in other words, typical employer-sponsored medical coverage) to 70 percent of their full-time employees. Because the minimum coverage does not include dental or vision, employers can keep the dental and vision plans they have.
- Employers with 50 to 99 employees will not be subject to any employer mandates, including offering minimum coverage or EHB packages, until 2016.



4 Understand the impact on children

In most cases, EHB packages from medical carriers cover only children under age 19, leaving adults to purchase dental and vision plans separately for themselves and their dependents age 19 and older.

- Exchange-certified pediatric dental. Currently, many medical carriers are asking employers to verify that their stand-alone dental plan offers exchange-certified pediatric dental benefits that meet federal standards. If not, the medical plan may add pediatric dental.
- While they are not required to do so, some stand-alone carriers offer the option of replacing the pediatric dental coverage in their current stand-alone dental plans with exchange-certified pediatric dental coverage. Or they simply may add these benefits to the plan.



5 Recognize differences in family needs

In most families, members have different needs for dental and vision care. For example:

- Dependents age 19 and older may want more routine dental and vision exams, LASIK or the option of purchasing new eyeglasses annually or teeth whitening benefits.
- Adults often experience changes in their oral and vision health as they age, which may require services beyond preventive care to help them enjoy good overall health in their senior years.
- Children may need additional dental coverage for cosmetic orthodontia, because EHB packages will cover only medically necessary orthodontia, such as cleft-palate conditions.



6 Evaluate stand-alone plans

Stand-alone dental and vision benefits are sold independently from medical coverage, and these policies are not subject to most ACA provisions. (Remember that only pediatric dental and vision benefits are part of EHB packages, which medical carriers are required to offer to most individuals and small employers in 2014.) According to the National Association of Dental Plans, about 98 percent of Americans with dental coverage have a dental benefit policy separate from their medical policy.

7 Find a trusted partner

Buying decisions within the ACA may be complex, but the load can be lighter if you work with a trusted broker and insurance carrier. Look for partners interested in helping you compare choices for dental and vision insurance, and who will provide perspectives on the industry and updates on national trends and issues.

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