



selecting benefits should be easier than filing taxes

Updates on ACA requirements

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It's an interesting dichotomy: Employees want choices for their benefits, but many hate the shopping experience. In fact they rank shopping for health insurance with several other uncomfortable tasks:

- Sitting in the middle seat on an airplane
- Getting a dental filling
- Preparing and filing income taxes

Some of the unpleasantness may be due to misinformation, poor communication and changing regulations. While employees want to make benefit decisions, they expect employers to guide them through the process of selecting plans that best meet their needs. Employers also find it challenging to keep up with changes and find time to educate employees. While medical insurance can be very complicated, evaluating and selecting dental and vision coverage options is easier.

What do employers need to know?

Beginning in 2016, under the Affordable Care Act employers with 50 to 99 full-time employees must provide comprehensive health insurance. At this point, businesses with fewer than 50 full-time workers are not affected. There also are limitations on the premium amount employees will pay for insurance coverage in relation to their salary.

In 2018, the ACA requires a 40 percent tax on health insurance plans that cost more than \$27,500 for family coverage or \$10,200 for individual employees. Employers need to decide how they will handle this tax. Bloomberg News reports that most employers do not plan to pay this fee, also known as a Cadillac tax. Some employers will include a lower-quality health insurance plan in employee benefit packages. Others plan to shift more of the cost for insurance to employees through higher deductibles, copays and contributions.

Benefit Choices

1 stand-alone plans

Stand-alone dental and vision benefits are sold independently from medical coverage, and these policies are not subject to most Affordable Care Act provisions. According to the National Association of Dental Plans, about 99 percent of Americans with dental coverage have a dental benefit policy separate from their medical policy.

A stand-alone dental plan typically features:

- Complete family coverage, including adults and children, with the option to add orthodontia.
- An extensive dental provider network that typically is available to individuals and families across the country.
- Coverage choices that may be tailored to an employee's specific needs.
- Plan premiums priced accurately to avoid drastic increases at renewal.
- Claims and customer service that support dental coverage.



2 combined coverage

Under the Affordable Care Act, some medical plans may include dental benefits. These plans may offer coverage for children only or for the entire family, not just individual adult coverage. This combined plan may not offer the coverage expected. A few things to consider:

- Plan deductible may be \$500 or higher.
- Annual preventive dental care benefits for dental exams and professional cleanings may be paid for children only. Adults will need to pay out of pocket for their own dental care.
- Common dental services, such as fillings and crowns, may not be covered until the deductible for the medical plan is satisfied. Until it's reached, costs for dental procedures will need to be paid out of pocket.
- Some plans may feature a limited number of participating dentists, so members may need to switch to a different dentist.
- Cosmetic orthodontia for kids may not be covered.



The Society for Human Resource Management reports:

- 41 percent of employees said they spent 15 minutes or less researching benefit choices.
- About 1 in 4 employees indicated they invested five minutes or less.
- Nearly 75 percent of employees sometimes, rarely or never understand all coverage features in their plans.

For more information about Ameritas dental and vision, [click here](#).

3

pediatric dental coverage

Under the Affordable Care Act, medical insurance carriers must offer pediatric dental coverage for dependents under age 19 in most states. Review these specifications:

- Medical insurance companies may advise parents and caregivers that they must purchase pediatric dental coverage as part of their medical plan. But that's not the case.
- In many states, stand-alone dental insurance (providing complete family coverage) may be purchased separately from medical plans.
- Parents purchasing pediatric dental coverage will need their own dental plan to cover their oral health needs, including those of dependents age 19 and older.



Explain benefit terms, options

Employers should take time to explain to employees the pros and cons of benefit plans, benefit terms and coverage options, and tips to determine benefit needs.

Employers can improve benefits communication by:

- Organizing enrollment meetings where employees can ask questions.
- Inviting a benefits professional from the insurance carrier to participate in enrollment meetings.
- Streamlining the enrollment process.
- Asking carrier representatives for easy-to-understand information on benefit plans to share with employees.
- Reviewing the carrier's website for updates on benefits, changes in regulations or research on common health issues.
- Communicating with employees after the enrollment period ends. Ask the carrier representative for year-round tips and information to share with employees on topics such as:
 - Benefit plan features
 - Health and wellness
 - Advantages of having and using benefits

Benefits communication can be challenging! Ameritas representatives are available to assist you in understanding and applying Affordable Care Act regulations, designing appropriate dental, vision and hearing plans and communicating benefit options with employees. Find an Ameritas team member in your area by clicking [here](#).

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