The Patient Protection and Affordable Care Act (PPACA) has many implications for you and your employer groups. With so much of the attention focused on medical, you may not be fully aware of the implications to both dental and vision benefits. We are committed to helping you understand PPACA. This FAQ highlights important PPACA information about dental and vision benefits.

Q. Are dental or vision plans affected by PPACA?
A. Stand-alone limited scope dental and vision plans such as those offered by Assurant Employee Benefits are generally not impacted by PPACA requirements.

Q. Doesn’t PPACA require Qualified Health Plans (QHPs) to include pediatric oral and vision care?
A. Yes. For plan years beginning on and after January 1, 2014, small group (in most states 50 or fewer lives for 2014 and 2015) and individual health plans must be a QHP. In order to be a QHP, the health plan must provide a prescribed set of benefits called Essential Health Benefits (EHB). These benefits include pediatric services including oral and vision care.

Q. What is the pediatric oral and vision care EHB?
A. The pediatric oral EHB for each state is the pediatric dental benchmark plan for that state. Generally for pediatric dental, the benchmark is either the Federal Employees Dental Vision Insurance Plan (FEDVIP) or the state’s CHIP plan. The pediatric vision EHB benchmark plan for all states is the FEDVIP plan.

Q. What is the maximum age for the pediatric dental and vision EHB?
A. The pediatric dental and vision EHB applies to children under age 19.

Q. How can health plans and health insurers meet the pediatric dental EHB requirements?
A. Health plans for small groups and individuals can meet their pediatric dental EHB requirement by:
   1. Offering the benchmark pediatric dental plan as part of the overall QHP (on and off a public exchange).
   2. Offering the QHP without pediatric dental EHB on a public exchange where stand-alone pediatric dental EHB plan(s) are available.
   3. Offering a QHP without pediatric dental EHB outside of the public exchange provided the QHP can demonstrate that the individual has obtained an exchange-certified stand-alone pediatric dental EHB coverage.

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“Health Care Reform – Is It More Than Medical?” is made available for informational purposes only and should not be considered legal advice. Specific questions about the impact of health care reform should be directed to a qualified employee benefits advisor.

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Q. What does it mean for an individual or small group stand-alone pediatric dental plan to be ACA compliant?

A. It must meet the following criteria:

- Provide the required pediatric dental EHB
- No lifetime or annual limits
- Reasonable out-of-pocket maximum (defined by the public exchange currently as $700 for one child, $1,400 for two or more children for the federally facilitated exchange)
- Actuarial value: 85% high/70% low (This means that 85 or 70% of the premium dollars, depending on the plan, must go back to the insured via benefits.)

Q. Can I still offer stand-alone dental?

A. Yes. Remember, only QHPs are required to offer pediatric dental in order to meet the EHB requirements. It is important to consider the following situations:

1. For larger groups (over 50 lives), offer dental just as you have in the past.
2. For smaller groups (50 or fewer lives), you have three options:
   a. If pediatric dental is embedded in your medical plan, you can keep your stand-alone dental as it is today.
   b. If pediatric dental is embedded in your medical plan and you don’t want to double cover children, then you can offer a dental wrap plan.
   c. If pediatric dental isn’t embedded in your medical plan, you can offer a stand-alone pediatric dental plan.

Q. What does this mean for pediatric vision?

A. Pediatric vision must be included as part of an EHB compliant health insurance plan being offered on or off a public exchange to individuals and small groups (in most states defined as 50 or fewer lives for 2014 and 2015).

Q. Can I still offer stand-alone vision?

A. Yes. Remember, QHPs are only required to cover pediatric vision to meet EHB requirements. Under current guidance, stand alone pediatric vision to meet the EHB requirements is generally not permitted.

Due to health care reform, pediatric dental and vision coverage in the small-group market is changing, but there are still many opportunities for you. We will continue to provide you guidance as new information is shared to help you navigate through PPACA.

Do you have additional questions? Please feel free to contact us at HealthCareReform@assurant.com and we will be happy to help.