

5 myths about health care reform and dental benefits.

Guardian has heard from employers throughout the country to find out what they think about the Affordable Care Act (ACA) and its impact on dental benefits. Most employers still feel dental is an important part of their benefits package, but they are confused about what will happen under ACA. They're also looking for brokers to play a key role in guiding them through the transition. So make sure your clients know the facts:

1 Myth:

"Only medical benefits are impacted by health care reform."

Fact: Dental benefits are also impacted. Small groups (<50 employees in most states) are required to include pediatric oral services as one of the 10 Essential Health Benefits (EHBs).

2 Myth:

"As a small business, I won't be impacted by the changes."

Fact: Groups with under 50 lives will not face penalties for not offering coverage; however those that do need to be compliant with the EHB regulations — which includes providing pediatric dental care — beginning in 2014.

3 Myth:

"I don't expect a significant premium increase since I'm a small company."

Fact: Experts expect that most groups, small and large, will face significant premium increases. According to one report, medical increases for small groups could range from 25-130%, causing many employers to reexamine their benefit strategies — and possibly offer more voluntary options.*

4 Myth:

"The pediatric care EHB will need to be provided by the medical carrier."

Fact: In most states, the pediatric dental EHB can be purchased from a dental carrier — on or off exchange — as a stand-alone benefit or as a part of their dental plan.

5 Myth:

"Benefits purchased on the exchange are lower cost and low quality."

Fact: Many medical carriers are expected to offer a smaller network to save on costs, but the benefit options offered by dental carriers through the exchange will be largely comparable to what is available today, and similar to what is available off-exchange.

