

What is Health Reform?

The Affordable Care Act (ACA or PPACA) was intended to provide available, affordable health care coverage to the vast majority of Americans. It provides regulations that establish new consumer protections and responsibilities.

Health Reform in a Nutshell

- Requires most US citizens and legal residents to have health insurance.
- Extends dependent coverage to age 26 (regardless of student or marital status).
- Preventive care is covered at 100%.
- Bans lifetime or annual limits on essential health benefits.
- Carriers can no longer deny coverage for pre-existing conditions or on the basis of health.
- Prohibits carriers from arbitrarily canceling plans for reasons other than non-payment of premium or intentionally falsifying information on the application.
- Carriers cannot discriminate coverage and charge more based on gender or other discriminating reasons.
- Limits rating factors, waiting periods to no more than 90 days.
- Enables enrollees the right to appeal private health plan decisions.

The ACA also provides an online market place – health insurance exchanges – where individuals and small groups can purchase insurance. Some individuals may qualify for subsidies and small groups may qualify for tax credits. Carrier rebates may also be issued when medical insurers are unable to show 80-85% of premiums dollars were used for reimbursement of medical care (minimum loss ratio).



Dental on the Exchange

Dental benefits sold in stand-alone policies are not subject to most of the ACA provisions. But carriers must meet many requirements to sell plans both inside and outside of these exchanges. Additionally, what these plans look like inside the exchange varies by state.

Pediatric dental benefits are part of the Essential Health Benefit Packages on the exchange. The ACA requires them to be offered to individuals and small employers. Some medical plans may include these dental components. These plans may seem less expensive and more convenient but often have a large combined deductible and many dental expenses may not be covered until the medical deductible is satisfied. Traditional cosmetic pediatric orthodontia may also not be included.



Stand-alone dental plans are available in most states and ensure that you get to use the benefits you're paying for with no hidden costs or provisions.

Employers and individuals are not required to purchase any health coverage for employees through a health insurance exchange. In fact, employers may keep their current medical, dental and vision benefits with the same insurance carriers. Today 98% of dental benefits are provided through stand-alone dental policies for individuals or families, independent of a medical plan. Stand-alone dental plans are not subject to most market reforms, and often are a better value offering more robust benefits.

BEST Life offers the certified pediatric dental benefit both on and off the exchange in most states.

BEST Life
Quality Plans
Affordable Rates
Superior Customer Service

www.bestlife.com



Inside and outside the state health insurance exchanges.