

Affordable Care Act (ACA) Frequently Asked Questions

The ACA requires Americans to purchase health coverage starting in January 2014 or pay a fine. Health coverage must cover the 10 Essential Health Benefits (EHB) as the minimum health coverage that can be offered. These benefits extend beyond medical insurance to include coverage for pediatric oral and vision care.

Why am I required to purchase health insurance coverage?

The ACA was intended to provide available, affordable health care coverage to the vast majority of Americans and ensure that no one can be denied coverage or be priced out of coverage due to a health condition. This new law requires everyone (healthy and sick) to contribute towards the cost of health care in order to cut down on costs and provide more options.

Who gets dental coverage under the ACA?

Oral and vision care for children are included as part of the Essential Health Benefits (EHB), so children will have dental coverage offered as part of their health benefits. This can either be included in their medical benefits plan, or through a stand-alone dental plan. While it may seem easier and more convenient to get everything in just one plan, there are significant disadvantages in doing so. Medical plans have a much higher deductible that must be met. This means that if you find your child needs a filling, those costs will most likely come out of your pocket. Additionally, these plans do not offer traditional orthodontia and do not provide coverage for those ages 19 and above. Stand-alone dental plans have much lower deductibles and allow you to utilize these benefits more fully.

What is included in these Essential Health Benefits?

These benefits include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Who can be added to my plan?

Children can now be covered as a dependent up to the age of 26 (and older in some states). They are not required to live with parents to qualify, nor are they required to be a full or part time student.



What are subsidies and how do I find out if I qualify?

Beginning in 2014, individuals who purchase health insurance coverage through one of the new health insurance marketplaces will be eligible for financial assistance if their income is no more than 400% of the federal poverty line. These amounts are updated for inflation annually and vary by family size. There are two forms of financial assistance available. A premium assistance tax credit will be provided monthly to lower the amount of premium the individual or family must pay for coverage. Cost sharing assistance will limit the plan's maximum out-of-pocket costs and for some people will also reduce other cost sharing amounts – such as deductibles, coinsurance or copayments – that would otherwise be charged to them by their plan.

You can find out if you qualify by applying on your state's health insurance marketplace. BEST Life provides links to most state marketplace at www.bestlife.com/exchange.html.

How will my out-of-pocket costs work?

All plans sold or renewed in 2014 must limit the out-of-pocket expenses for members to approximately \$6,000 for individuals and \$12,000 for families on medical plans. These out-of-pocket expenses for stand-alone pediatric dental plans are limited to \$700 per child or \$1,400 for two or more children. Additionally, deductibles for medical plans in the small group market will be limited to \$2,000 for individuals and \$4,000 for families. Deductibles for stand-alone dental plans can be substantially less - as low as \$50 in BEST Life Dental plans and \$0 for preventive.

I have a pre-existing condition. What does the ACA do for me?

Beginning January 1, 2014, health insurance companies are prohibited from discriminating against individuals who have pre-existing conditions and they cannot charge them more for their plan.

Will insurers be able to charge more because I'm sick?

No. Premiums for members within the same plan can vary only based on age of the individual, where they live and their relationship to the primary policy holder.

What is covered in the pediatric oral services?

Health plans offering group coverage are prevented from imposing lifetime or annual limits on the dollar value of Essential Health Benefits. Certified pediatric dental benefits such as cleanings, fluoride treatments, sealants, x-rays, space maintainers, and routine oral exams are all covered at 100%. Basic and major services have varying coinsurance levels, and child orthodontia is only available on the certified pediatric dental plans if medically necessary.

What are "Exchanges"? Can I still purchase insurance through my agent or directly with an insurance company?

Exchanges are online health insurance marketplaces created by the ACA to make it easy for individuals and small businesses to purchase insurance coverage and to see if they qualify for government subsidies. As of October 1st, 2013, individuals in every state can apply for subsidies, compare plans and purchase coverage. Small groups up to 50 employees can also get these services, though this functionality has been delayed in many states.

Individuals and small employer groups are not required to purchase their insurance plans online at these marketplaces. They can still purchase through their agent or directly from insurance companies.

If I don't have children, why do I have to buy pediatric dental insurance?

Under the health care law, insurance plans must cover 10 Essential Health Benefits. This list is defined on a state-by-state basis and represents a core package of benefits that everyone should have access to, even though they might not use every single benefit. These include services such as maternity and newborn care, prescription drugs, doctor visits, hospitalization and emergency care, as well as pediatric oral and vision care.

For more information, contact your BEST Life representative at **800.237.8543** or visit us at www.bestlife.com.

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