HEALTH CARE REFORM
THE AFFORDABLE CARE ACT
AND YOUR DENTAL AND VISION PLANS

MYTH VS FACT

myth
Employers must purchase dental benefits through a health insurance exchange.

fact
Employers are not required to purchase dental benefits through an exchange.

myth
Anyone purchasing medical coverage through an exchange must purchase pediatric dental and vision benefits.

fact
Employers and individual consumers are not required to purchase any pediatric or adult dental benefits in an exchange.

myth
Employers with fewer than 25 eligible employees may receive tax credits when they provide dental coverage.

fact
Employers do not have to purchase dental coverage to get tax credits. Employer tax credits are based on medical coverage and are only available when purchasing in an exchange, and only in 2014 and 2015.

myth
Purchasing a medical plan that includes dental benefits is cheaper than purchasing separate medical and dental plans.

fact
Combining medical and dental benefits in one insurance policy could mean a large combined deductible. In that case, children's nonpreventive dental expenses are not covered until the medical deductible is satisfied.

myth
Employers are required to purchase adult and child dental and vision benefits.

fact
Employers do not have to purchase any dental or vision benefits in or out of an exchange.

myth
Employees who are at or under 400% of the federal poverty level will receive a health care subsidy (premium tax credit).

fact
Employees of small employers (50 or fewer employees) who purchase benefits in the SHOP exchange will not receive premium tax credits.

* Poverty levels are defined by the federal government, and then determined by each state.

Today about 98% of Americans with dental coverage have a dental benefit policy separate from their medical policy. Most medical plans with pediatric dental and vision benefits do not include adult coverage.