

Every Plan Covers the Essentials

The Affordable Care Act (ACA) requires that all health care plans cover Essential Health Benefits. (Except of grandfathered plans). Among these benefits are pediatric vision and pediatric dental coverage for members under the age of 19. These changes only impact **groups with under 50 employees**.

With the exception of grandfathered plans, any plans sold or renewed in the small group market (both on and off the exchange) will need to provide coverage for Essential Health Benefits:

- Emergency Services
- Hospitalization
- Laboratory Services
- Maternity and Newborn Care
- Mental health and substance use disorder services (including behavioral health treatment)
- Prescription drug coverage (included as part of the medical plan)
- Rehabilitative and habilitative services and devices (helping maintain daily functioning)
- Prevention, wellness and chronic disease management services
- Pediatric dental and vision coverage (for small groups only)
- Outpatient or ambulatory care

Under the health care reform law, annual dollar limits on essential health benefits are no longer allowed.

Important to know

Employers who have “Grandfathered” plans (had a health plan in place since March 23, 2010, and have made no changes, or very slight changes) since that time, may not have to make some of the changes required under the Affordable Care Act.