

WHAT DOES HEALTH CARE REFORM MEAN TO YOU?

UNINSURED INDIVIDUALS

- **INTERIM HIGH-RISK POOL FOR THE UNINSURED WITH PRE-EXISTING CONDITIONS.**
Effective 90 day after enactment. Provides eligible individuals with pre-existing health conditions access to high-risk pool insurance. This provisions ends when Exchanges are available.
- **COVERAGE FOR THE UNINSURED WITH PRE-EXISTING CONDITIONS.**
Effective in 2014. Provides eligible individuals with pre-existing health conditions access to insurance. Health plans can no longer exclude coverage for treatments based on pre-existing health conditions.
- **INDIVIDUAL MANDATE TO PURCHASE HEALTH INSURANCE.**
Effective in 2014. Requires most individuals to obtain acceptable health insurance coverage or pay a penalty of \$95 for 2014, \$325 for 2015, \$695 for 2016 (or up to 2.5% of income in 2016), up to a cap of up the national average bronze plan premium. Families will pay half the amount for children, up to a cap of up to a cap of \$2,250 per family. After 2016, dollar amounts are indexed. If affordable coverage is not available to an individual, they will not be penalized.

CHILDREN

- **COVERAGE FOR CHILDREN WITH PRE-EXISTING CONDITIONS.**
Effective 6 months after enactment. Health plans can no longer deny coverage to children with pre-existing conditions.
- **DEPENDENTS MAY REMAIN ON PARENT'S INSURANCE UNTIL THEIR 26TH BIRTHDAY.**
Effective 6 months after enactment. Requires health plan that provides dependent coverage for children to continue to make coverage available to employee's dependents until age 26, at the parent's choice.

PRIVATELY INSURED INDIVIDUALS

- **HEALTH PLANS CAN NO LONGER DROP PEOPLE FROM COVERAGE WHEN THEY GET SICK.**
Effective 6 months after enactment.
- **HEALTH PLANS NO LONGER PLACE LIFETIME CAPS/LIMITS ON COVERAGE.**
Effective 6 months after enactment.
- **FREE PREVENTATIVE CARE UNDER NEW PLANS.**
Effective 6 months after enactment. Requires new private plans to cover preventive services with no co-payments and preventive services are from deductibles.
- **CONSUMERS HAVE ACCESS TO AN EFFECTIVE INTERNAL AND EXTERNAL APPEALS PROCESS.**
Effective 6 months after enactment.
- **PLANS MUST PUT MORE OF YOUR PREMIUMS INTO YOUR CARE.**
Effective on January 1, 2011. The medical loss ratio (MLR) requires plans in the individual and small group market to spend 80 percent of premiums on medical services, and plans in the large group market to spend 85 percent. Insurers that don't meet these thresholds must provide rebates to policy holders.

- **PROHIBITING HEALTH COVERAGE DISCRIMINATION IN FAVOR OF HIGHER WAGE EMPLOYEES.**
Effective 6 months after enactment. Prevents new group health plans from establishing eligibility rules for health care coverage that have the effect of discriminating in favor of higher wage employees.
- **HELP FOR EARLY RETIREES.**
Effective 90 days after enactment. Creates a temporary re-insurance program (until exchanges are available to help offset the cost of expensive health claims for employers that provided health benefits for retirees age 55-64.

GENERAL REFORMS

- **INCREASE FUNDING TO COMMUNITY HEALTH CENTERS TO INCREASE NUMBER OF PATIENTS SERVED** **OVER THE NEXT 5 YEARS:** *Effective beginning in fiscal year 2010.*
- **INCREASE NUMBER OF PRIMARY CARE DOCTORS, NURSES, AND PUBLIC HEALTH PROFESSIONALS BY PROVIDING NEW INVESTMENT IN TRAINING PROGRAMS.** *Effective beginning in fiscal year 2010.*
- **PROVIDE MONEY TO STATES TO ESTABLISH HEALTH INSURANCE CONSUMER ASSISTANCE OFFICES TO HELP CONSUMERS FILE COMPLAINTS AND APPEALS.** *Effective beginning in fiscal year 2010.*
- **CREATES ALONG-TERM CARE INSURANCE PROGRAM TO BE PAID FOR BY VOLUNTARY PAYROLL DEDUCTIONS TO PROVIDE BENEFITS WHO BECOME FUNCTIONALLY DISABLED.** *Effective beginning on January 1, 2011.*

