HEALTH CARE REFORM

YOUR GUIDE TO THE

AFFORDABLE CARE ACT

Want to know how the new health care law impacts you? Get all the details inside.

HEALTH CARE REFORM

YOUR GUIDE TO THE

AFFORDABLE CARE ACT

Want to know how the new health care law impacts you? Get all the details inside.

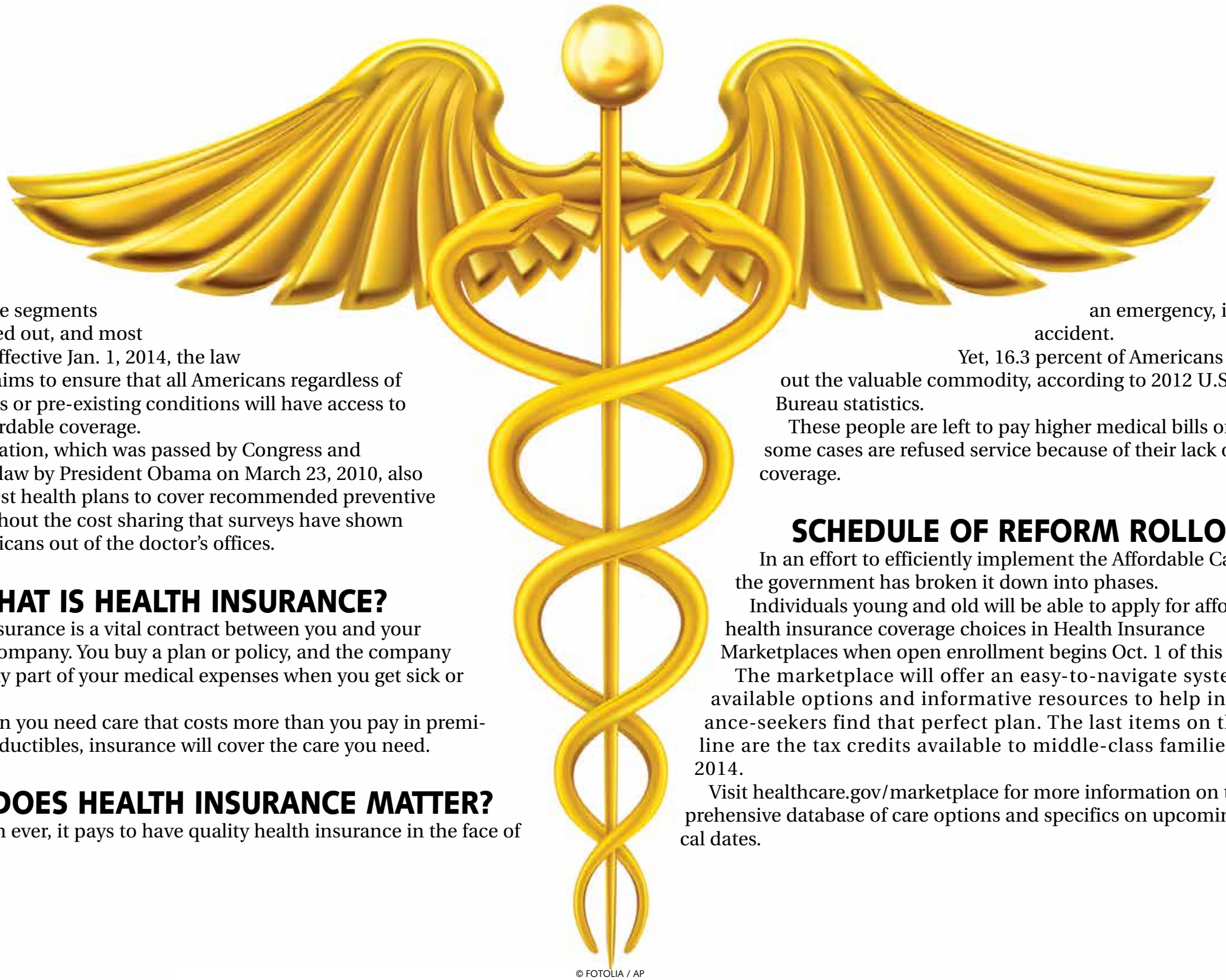
HEALTH CARE REFORM

YOUR GUIDE TO THE AFFORDABLE CARE ACT

Want to know how the new health care law impacts you? Get all the details inside.

History of Health Care Reform

The Affordable Care Act. Obamacare. Call it what you like. The new federal healthcare system is poised to make a substantial impact on Americans and their health.



© FOTOLIA / AP

With some segments already rolled out, and most becoming effective Jan. 1, 2014, the law essentially aims to ensure that all Americans regardless of health status or pre-existing conditions will have access to quality, affordable coverage.

The legislation, which was passed by Congress and signed into law by President Obama on March 23, 2010, also requires most health plans to cover recommended preventive services without the cost sharing that surveys have shown keeps Americans out of the doctor's offices.

WHAT IS HEALTH INSURANCE?

Health insurance is a vital contract between you and your insurance company. You buy a plan or policy, and the company agrees to pay part of your medical expenses when you get sick or hurt.

Even when you need care that costs more than you pay in premiums and deductibles, insurance will cover the care you need.

WHY DOES HEALTH INSURANCE MATTER?

More than ever, it pays to have quality health insurance in the face of an emergency, illness or accident.

Yet, 16.3 percent of Americans go without the valuable commodity, according to 2012 U.S. Census Bureau statistics.

These people are left to pay higher medical bills or in some cases are refused service because of their lack of coverage.

SCHEDULE OF REFORM ROLLOUT

In an effort to efficiently implement the Affordable Care Act, the government has broken it down into phases.

Individuals young and old will be able to apply for affordable health insurance coverage choices in Health Insurance Marketplaces when open enrollment begins Oct. 1 of this year.

The marketplace will offer an easy-to-navigate system of available options and informative resources to help insurance-seekers find that perfect plan. The last items on the timeline are the tax credits available to middle-class families in 2014.

Visit healthcare.gov/marketplace for more information on the comprehensive database of care options and specifics on upcoming critical dates.

New Health Law: The Basics

You've heard about it. You may actually already be participating in it. The Affordable Care Act is nearing the final phase of its nationwide implementation.

The Affordable Care Act actually refers to two separate pieces of legislation: the Patient Protection and Affordable Care Act, and the Health Care and Education Reconciliation Act.

Together they expand Medicaid coverage to millions of low-income Americans and are intended to expand coverage for all Americans.

© FOTOLIA / AP

WHAT IT DOES

The Affordable Care Act at its most basic helps to expand coverage, hold insurance companies accountable, lower costs and guarantee more choices for health treatment.

The act is meant to fill in current gaps and make overall improvements of the quality of care. It is comprised of various program and funding requirements circumstantial to age and medical history.

YOUNG ADULTS

The new law requires most health plans that cover children to expand their coverage for children up to age 26.

This means more affordable coverage for young adults, as well as peace of mind for mom and dad who beforehand may have worried about helping their child muddle through seemingly endless options to find quality insurance.

The new policy was enacted as part of the act and took effect for insurance plan renewals beginning in September 2010.

Estimates from the National Center for Health Statistics showed an immediate impact on the most underinsured segment of the American population, with the addition of 2.5 million young adults who gained coverage.

MEDICARE

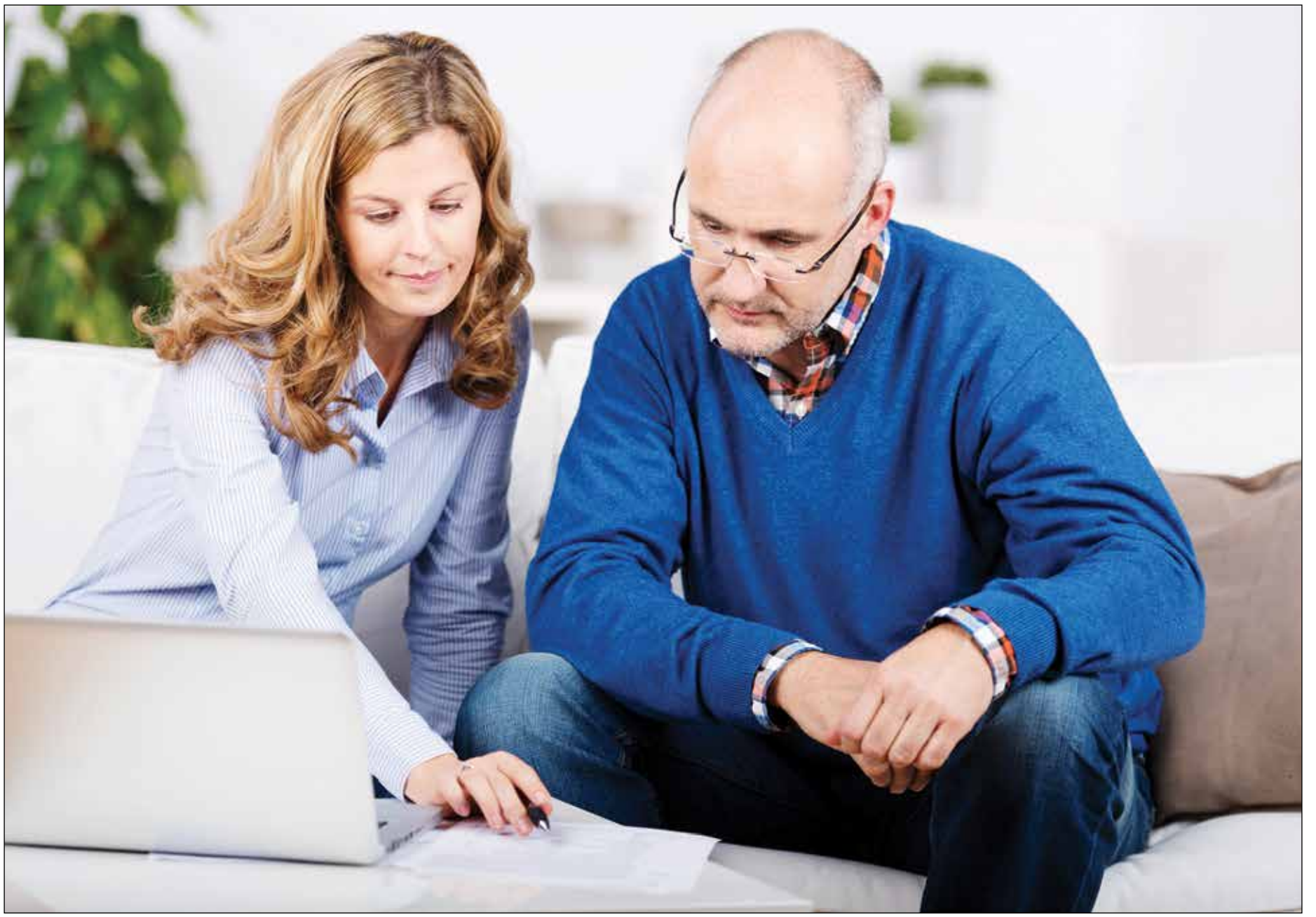
Backers of the law say it also strengthens Medicare, cracking down on waste, fraud and abuse, while also providing new protection offering seniors a range of preventative services with no cost-sharing.

It closes the coverage gap – known as the "donut hole" – to provide discounts on drugs when within that time frame.

And seniors need not worry about their existing guaranteed Medicare-covered benefits being reduced or taken away. The government will not require a change in that regard, nor in your ability to choose your own doctor.

Insurance Choices

There are more tools than ever at your disposal to find the insurance that fits your budget and needs.



© FOTOLIA / AP

The Affordable Care Act intends to give Americans a variety of alternatives to the individual private insurance market. With so many options, you may have to conduct some research to find that plan that best fits your medical needs and budget.

PCIP

One of the major undertakings of the Affordable Care Act is to mitigate the denial of coverage for people with pre-existing medical conditions.

The Pre-Existing Condition Insurance Plan (PCIP) makes health coverage available to U.S. citizens who have been refused health insurance and who have been uninsured for at least six months. To find out if you or your family might qualify for this type of plan, visit PCIP.

The program covers a range of health benefits, including primary and specialty care, hospital, care and prescription drugs.

MARKETPLACE

The law also calls for creating a health insurance marketplace — also called an exchange — that is designed to make buying health coverage easier and more affordable, and it will become a useful tool to many Americans.

The marketplace will allow individuals, families and small businesses to compare health plans, get answers to questions, determine eligibility for tax credits and to ultimately enroll in a health plan that meets their needs and budgets.

DOCTOR CHOICE

The Affordable Care Act helps preserve your choice of doctors by guaranteeing a choice of primary care doctors or pediatricians from your plan's provider network.

The law guarantees that patients can see an OB-GYN doctor without needing a referral from another doctor and ensures patients' rights in seeking emergency care at an out-of-network hospital without prior plan approval.

This is a substantial change from past actions by some health plans that would limit payment for emergency room services provided outside of a preselected network emergency health care providers.

You don't always have control over where and when an emergency happens. The Affordable Care Act makes sure you're not paying extra in the case of such circumstances.

Children's Pre-Existing Conditions

Before the Affordable Care Act was implemented, children under the age of 19 routinely were denied coverage due to their pre-existing condition. No more.

Children with health problems that developed before he or she applied to join a health plan cannot be denied coverage, a shining spot of the Affordable Care Act that will extend to all ages in 2014.

Under the Affordable Care Act, health plans cannot limit or deny benefits or deny coverage for a child younger than age 19 simply because the child has a "pre-existing condition" — that is, a health problem that developed before the child applied to join the plan.

© FOTOLIA / AP

A NEED FOR CHANGE

Plans that cover children can no longer exclude, limit or deny coverage to any child under the age 19 based on a health problem or disability that the child developed before you applied for insurance.

Prior to the Affordable Care Act, in the vast majority of states, insurance companies in the individual and small group markets could deny coverage, charge higher premiums, and/or limit benefits to individuals based on pre-existing conditions.

A recent national survey found that 36 percent of those who tried to purchase health insurance directly from an insurance company in the individual insurance market were turned down, were charged more or had a specific health problem excluded from their coverage.

Another survey found that 54 percent of people with individual market insurance were worried that their insurer would drop their coverage if they got sick.

THE DETAILS

The new provisions took effect in September 2010 and have already made a positive impact.

According to an analysis by the Department of Health and Human Services, 17 million young people can no longer be denied for a pre-existing condition.

The new rule doesn't apply to "grandfathered" individual health insurance policies. A grandfathered individual health insurance policy is a policy that you bought for yourself or your family on or before March 23, 2010.

Time to Get a (Tax) Break

One of the driving factors behind the historical implementation of the Affordable Care Act was sky-high prices that crippled Americans who simply could not afford quality coverage.

The Affordable Care Act is loaded with tax breaks and low-cost options for those people struggling to find the funds to purchase the peace of mind that comes with adequate coverage for themselves and their families.

Supporters of the law say that more people than ever will qualify for free or low-cost health insurance in 2014.

© FOTOLIA / AP

LOWER COSTS?

One of the least understood parts of the health care law is how it will impact insurance premiums — something that remains unclear even as the law is being rolled out.

The answer, it seems, will depend on your specific situation.

Because it mandates all kinds of new coverage — much of it without co-pays — and will cover people with expensive-to-treat pre-existing medical conditions, critics of the law say it will cause insurance premiums to spike in 2014.

But there also is the possibility that these increases will be offset by more people paying into the insurance system, essentially spreading out the risk among the entire American population.

Early indications are that some groups of people, like the elderly and women, will pay lower premiums. Others, such as men and young adults, may end up paying more for their coverage, according to the Washington Post.

The bottom line is that the law will impact different people in different ways. As the new insurance exchanges are opened and employees get their premium rate notices from their employers for 2014, Americans will be getting more clarity about how the law will impact their own costs directly.

TAX CREDITS

To make health insurance more affordable for many low- and middle-income Americans, the Affordable Care Act includes provisions for tax credits that will help you pay for insurance premiums.

According to the Internal Revenue Service, these credits — which will vary depending on your income and family size, among other factors — are fully refundable, even for taxpayers who pay little or no federal income taxes.

They can also be issued in advance and paid to your health insurance company to help reduce the cost of your monthly premium payments. Basically, they're a subsidy to help you pay for your health insurance, and the lower your income, the bigger a subsidy you are likely to qualify for.

OPTIONS NOW AND LATER

For many people, there are actually ways to save money now on their health insurance.

Individuals and families may be eligible for a free or low-cost plan, or a new kind of tax credit that lowers monthly premiums right away. Various financial assistance programs will be directly linked into the Health Insurance Marketplace when enrollment starts in October 2013.

In the meantime, many adult Americans and their children may qualify now for no-cost or low-cost health insurance through Medicaid and the Children's Health Insurance Program (CHIP).

HELP FOR FAMILIES

Rules vary by state, but in most cases uninsured children 18 years old and younger whose family incomes are up to $46,000 per year (for a family of four) can qualify for either Medicaid or CHIP.

In some states, family income can be even higher and children can still qualify for the financial support that the programs provide.

MEDICAID AND CHIP COVERAGE

These programs typically cover a variety of services, including doctor visits, emergency and hospital care, vaccinations, prescriptions, vision, hearing and dental.

Again, program details and funding requirement will vary by state, so to find more information about Medicaid and CHIP health coverage programs in your state call 1-877-Kids-Now.

When you call the free and confidential hotline, you'll be directly connected to your state's programs. Staff can help you learn whether your children might qualify and help you enroll them.

Focusing on Preventive Care

High costs have traditionally caused many Americans to skip out on crucial preventive care services, as some experts estimate that people seek out preventive care at half of the recommended rate.

That is a staggering number considering the powerful impact that preventive services can have on curbing dangerous diseases and debilitating illnesses.

The Affordable Care Act aims to substantially increase the utilization of preventive care services by making many of them free.

If your plan is eligible for free preventive care, you may not have to pay a copayment, co-insurance or deductible to receive the recommended services that can help foster longer, healthier lives.

© FOTOLIA / AP

CHRONIC DISEASES

Chronic diseases are responsible for 7 of 10 deaths among Americans each year and account for 75 percent of the nation's health spending, according to the Centers for Disease Control and Prevention.

An even more alarming fact is that these diseases are often preventable. So why are they not being caught early enough in some cases?

Some experts blame cost sharing — copayments, co-insurance and deductibles — for reducing the likelihood that people will seek out preventive services.

The Affordable Care Act requires new health plans to cover and eliminate cost sharing for preventive services recommended by the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices, and the Bright Futures Guidelines recommended by the Academy of Pediatrics.

WHAT IS COVERED?

There is a wide range of services that could be covered by the Affordable Care Act, all of which are necessary to reduce the number of serious diseases and illnesses facing our country.

According to heathcare.gov, these services include blood pressure, diabetes and cholesterol tests, as well as routine vaccinations against diseases such as measles, polio or meningitis.

The law also is designed to cover individual counseling on topics like quitting smoking, alcohol use, losing weight and treating depression.

SERVICES FOR WOMEN

Especially concerning for women are studies showing that even moderate copays for preventive services such as mammograms or pap smears result in fewer women obtaining this care.

Under the Affordable Care Act, women's preventive health care services – such as mammograms, screenings for cervical cancer, and other services – are already covered with no cost sharing under some health plans. The law also makes recommended preventive services free for people on Medicare.

Small Business Impact

Should your business provide health insurance to your employees or not? That is a question entrepreneurs have faced for years.

© FOTOLIA / AP

The Affordable Care Act will introduce a new program in 2014 that has been designed to simplify and streamline the process of finding quality, reasonably priced health insurance for small business owners and their employees.

The Small Business Health Options Program (SHOP) is intended to provide more choice and control over health spending, helping owners choose the level of coverage they will offer and define how much to contribute.

Business owners can still use their insurance brokers to access the SHOP, but the simplified process also allows them to review pricing and coverage in side-by-side comparisons.

And, after a delay announced in July, businesses will have more time to prepare for getting their insurance through SHOP.

The Treasury Department announced that businesses with 50 or more employees — those required to buy health insurance for their employees under the law — will not be penalized in 2014 as originally planned.

Instead, the penalties of $2,000 per employee for failing to provide insurance will be delayed until 2015, giving businesses more time to prepare for the law's reporting reuirements.

TAX BREAKS

The government is serious about SHOP and offers exclusive access to an expanded small business healthcare tax credit. The resource covers as much as 50 percent of the employer contribution toward premium costs.

Obtaining insurance through SHOP will also open the door to additional tax breaks, including the chance for enrollees and their employees to use pre-tax dollars to make premium payments.

PRIVATE COMPANIES

The health insurance plans available in the SHOP will be run by private health insurance companies, the same way small group plans are run now. All plans will offer the same benefits as a typical employer plan, including real protection against financial catastrophe.

Plans will present their cost and coverage information in a standard format, using plain language that's clear and easy for business owners and employees to understand, according to HealthCare.gov.

TIMELINE: From HealthCare.gov

OCTOBER 1, 2013

Open Enrollment in the Health Insurance Marketplace Begins: Individuals and small businesses can buy affordable and qualified health benefit plans in this new transparent and competitive insurance marketplace.

JANUARY 1, 2014

Establishing the Health Insurance Marketplace: Starting in 2014 if your employer doesn't offer insurance, you will be able to buy it directly in the Health Insurance Marketplace. Individuals and small businesses can buy affordable and qualified health benefit plans in this new transparent and competitive insurance marketplace. The Marketplace will offer you a choice of health plans that meet certain benefits and cost standards. Starting in 2014, Members of Congress will be getting their health care insurance through the Marketplace, and you will be able buy your insurance through Marketplace too.

Promoting Individual Responsibility: Under the new law, most individuals who can afford it will be required to obtain basic health insurance coverage or pay a fee to help offset the costs of caring for uninsured Americans. If affordable coverage is not available to an individual, he or she will be eligible for an exemption.

Increasing Access to Medicaid: Americans who earn less than 133 percent of the poverty level (approximately $14,000 for an individual and $29,000 for a family of four) will be eligible to enroll in Medicaid. States will receive 100 percent federal funding for the first three years to support this expanded coverage, phasing to 90 percent federal funding in subsequent years.

Makes Care More Affordable: Tax credits to help the middle class afford insurance will become available for those with income between 100 percent and 400 percent of the poverty line who are not eligible for other affordable coverage. (In 2010, 400 percent of the poverty line comes out to about $43,000 for an individual or $88,000 for a family of four.) The tax credit is advanceable, so it can lower your premium payments each month, rather than making you wait for tax time. It's also refundable, so even moderate income families can receive the full benefit of the credit. These individuals may also qualify for reduced cost-sharing (copayments, co-insurance and deductibles).

Ensuring Coverage for Individuals Participating in Clinical Trials: Insurers will be prohibited from dropping or limiting coverage because an individual chooses to participate in a clinical trial. This applies to all clinical trials that treat cancer or other life-threatening diseases.

Eliminating Annual Limits on Insurance Coverage: The law prohibits new plans and existing group plans from imposing annual dollar limits on the amount of coverage an individual may receive.

No Discrimination Due to Pre-Existing Conditions or Gender: The law implements strong reforms that prohibit insurance companies from refusing to sell coverage or renew policies because of an individual's pre-existing conditions. Also, in the individual and small group market, it eliminates the ability of insurance companies to charge higher rates due to gender or health status.

Increasing Small Business Health Insurance Tax Credit: The law implements the second phase of the small business tax credit for qualified small businesses and small non-profit organizations. In this phase, the credit is up to 50 percent of the employer's contribution to provide health insurance for employees. There is also up to a 35 percent credit for small non-profit organizations.

JANUARY 1, 2015

Paying Physicians Based on Value Not Volume: A new provision will tie physician payments to the quality of care they provide. Physicians will see their payments modified so that those who provide higher value care will receive higher payments than those who provide lower quality care.

Consumer Checklist

WHAT TO LOOK FOR IN AN INSURANCE POLICY

It can be a challenge to find coverage that meets your health care needs and fits your budget. Health insurance that covers more tends to cost more. Some tips as you are shopping for insurance:

- Do your best to balance the cost (monthly premium) of a policy with the protection it offers.
- Determine what you will have to pay yourself for covered services (deductible, co-insurance, copayments, and out-of-pocket limit).
- Estimate costs for non-covered care (services excluded or limited by the policy) and charges (fees above what the plan recognizes).
- Check whether the plan covers the health care services and medications you require.
- Check whether the plan's health care providers include your current providers, are located conveniently for you, and are high quality.
- Avoid policies that don't have some kind of maximum out-of-pocket limit on covered charges.
- Don't mistake insurance-like products for comprehensive coverage.
- If you have questions, call your state's Department of Insurance or Consumer Assistance Program.

— HealthCare.gov

FAQs: From HealthCare.gov

HOW MUCH WILL MY POLICY COST ME?

The answer is more complicated than you might think. The cheapest policy may not provide you the best overall value.

The most obvious feature of any policy is the premium — the amount you pay (usually monthly) to an insurance company for a health insurance policy.

Just as important as the premium cost, however, is how much you have to pay when you get services. Examples include:

- How much you pay before insurance coverage begins (a deductible)
- What you pay for services after you pay the deductible
- How much in total you will have to pay if you get sick (the out-of-pocket maximum)

Often, there is a direct tradeoff between how much you pay for health insurance and the extent of the covered benefits. •

As you weigh this tradeoff, remember that buying the policy with the cheapest premium or with a very high out-of-pocket maximum may leave many services and treatments uncovered. This could leave you vulnerable to high medical bills.

CAN I KEEP MY CURRENT DOCTOR?

Private health insurance plans often have networks of hospitals, doctors, specialists, pharmacies, and other health care providers. Networks include health care providers that have a contract with an insurer to take care of the plan's members.

When choosing a plan, review the list of providers that give care under the policy. If staying with your current doctors is important to you, check to see if they are included.

Depending on the type of policy you buy, care may be covered only when received from a network provider. To get care from a specialist you may need a referral from your primary care doctor.

TYPES OF PLANS AND NETWORK RESTRICTIONS

Traditional HMOs (health maintenance organizations) and EPOs (exclusive provider organizations) may restrict coverage to providers outside their networks. If you use a doctor or facility that isn't in the network, you're likely to pay the full cost of the services provided.

Other types of insurance plans give you a choice of getting care within or outside of the provider network, although the portion of health costs covered by insurance may be much lower for out-of-network care. This means you will pay more to use out-of-network providers. Plans like these may be called PPOs (preferred provider organizations) or POS (point-of-service plans). Fee-for-service plans usually don't have networks.

WHAT'S NOT HEALTH INSURANCE?

Among the many kinds of private health insurance sold today, you may see products that look and sound like health insurance but don't provide comprehensive health insurance protection. Here are some examples.

DREAD DISEASE POLICIES

Dread disease policies pay only for costs related to treatment for specific diseases, such as cancer. One state has banned their sale and other state insurance regulators have posted advisories cautioning people about these policies. Most dread disease policies aren't guaranteed renewable.

Most insurance experts recommend buying a good comprehensive policy instead. Dread disease policies tend to be a poor value, and some sellers try to mislead people and prey on their fears about cancer or other diseases.

ACCIDENT-ONLY POLICIES

Accident-only coverage pays for care you need as a result of an accident that isn't due to illness. Since a good comprehensive policy will cover costs associated with accidents as well as illness, accident-only policies generally aren't a good value.

SUPPLEMENTAL POLICIES

Supplemental policies are typically designed to add on to more comprehensive health coverage. They "wrap around" and complement basic health insurance.

For example, a hospital indemnity policy is a supplemental policy that pays cash benefits for each day you're in the hospital. Usually, however, the cash benefit will be nowhere near the cost of hospital care. Another example is supplemental prescription drug coverage.

In either case, you should carefully evaluate supplemental policies before buying to ensure you aren't "over-insured" and aren't paying more than necessary for insurance you're unlikely to use.

You may also consider buying a Medicare supplemental policy known as "Medigap" if you have Original Medicare.

A Medigap policy is health insurance sold by private insurance companies to fill the "gaps" in Original Medicare coverage and helps pay some of the health care costs that Original Medicare doesn't cover. There are 12 standard Medigap policies (Medigap Plans A – L), and insurers selling Medigap must follow state and Federal laws designed to protect you.

If you're enrolled in a Medicare Advantage Plan, you don't need to buy (and can't be sold) a Medigap policy. For more information about Medigap policies, visit www.medicare.gov.

DISCOUNT PLANS

Discount plans aren't health insurance, and they won't protect you from high medical expenses. Some people may mistake discount health plans for health insurance because of the insurance-like features of these products:

- Discount plans charge a monthly premium, issue an ID card, and offer "coverage" for a broad range of health services.
- Discount plans also typically advertise a network of providers who will discount charges by, say 25 percent or 30 percent to people who are cardholders.
- Some people have reported problems getting promised discounts even on smaller-ticket health care services.

Unfortunately, because discount plans aren't health insurance, insurance regulators often can't help. A number of state insurance regulators and attorney generals have issued alerts warning people away from discount medical plans.

STACKED POLICIES

A number of licensed insurers sell products that have been described by regulators as "stacked" policies. These join together several limited coverage products — for example, an accident-only policy combined with a supplemental hospital policy or dread disease policy and a discount plan.

The combination may sound similar to comprehensive health coverage, but it isn't.

BUSINESS INFORMATION

What Small Businesses Need to Know: From HealthCare.gov

You know the value of providing health insurance to your employees. But it can be a real challenge for small businesses. On average, small businesses pay about 18 percent more than large firms for the same health insurance policy. And small businesses lack the purchasing power that larger employers have. The health care law provides tax credits and soon — the ability to shop for insurance in the new health insurance marketplace — that helps close this gap.

TOP THINGS TO KNOW FOR SMALL BUSINESSES

• If you have fewer than 25 employees, pay average annual wages below $50,000, and provide health insurance, you may qualify for a small business tax credit of up to 35 percent (up to 25 percent for non-profits) to offset the cost of your insurance. This will bring down the cost of providing insurance.

• Under the health care law, employer-based plans that provide health insurance to retirees ages 55-64 can now get financial help through the Early Retiree Reinsurance Program. This program is designed to lower the cost of premiums for all employees and reduce employer health costs.

• Starting in 2014, the small business tax credit goes up to 50 percent (up to 35 percent for non-profits) for qualifying businesses. This will make the cost of providing insurance even lower.

• In 2014, small businesses with generally fewer than 100 employees can shop in the Health Insurance Marketplace, which gives you power similar to what large businesses have to get better choices and lower prices. In the Marketplace, individuals and small businesses can buy affordable health benefit plans.

• The marketplace will offer a choice of plans that meet certain benefits and cost standards. Starting in 2014, members of Congress will be getting their health care insurance through the marketplace, and you will be able to buy your insurance through the marketplace, too.

• Employers with fewer than 50 employees are exempt from new employer responsibility policies. They don't have to pay an assessment if their employees get tax credits through an exchange.

WHAT IT MEANS TO YOU

How the Affordable Care Act Impacts People: From HealthCare.gov

The new health care law impacts people in different ways. Here are a look at some of the changes in store for various individuals in America, as listed on HealthCare.gov.

FAMILIES

• **Teens and Young Adults Can Stay on Your Plan:** If your children are under age 26, you can generally insure them if your policy allows for dependent coverage.

• **Coverage for Children's Pre-Existing Conditions:** Job-based health plans and new individual plans are no longer allowed to deny or exclude coverage for your kids (under age 19) based on a pre-existing condition, including a disability.

• **No More Lifetime Limits on Your Care:** Insurance companies can no longer impose lifetime dollar limits on essential health benefits. And annual dollar limits will be phased out in 2014.

• **Preventive Care Is Covered:** Many insurers are now required to cover preventive services at no cost to you. This includes new preventive benefits for mothers and vaccinations for kids.

• **Insurance Companies Are Held Accountable:** Your premium dollars must be spent primarily on health care, not advertising or bonuses for executives. And insurance companies must now publicly justify any unreasonable rate hikes.

PREGNANT WOMEN

• Job-based health plans and new individual plans are no longer allowed to deny or exclude coverage to your baby (or any child under age 19) based on health conditions, including babies born with health problems.

• New health plans must now cover certain preventive services without cost sharing.

• Starting in 2014, essential health benefits such as pregnancy and newborn care, along with vision and dental care for children, will be covered in all new individual, small business and Exchange plans.

• Starting in 2014, job-based health plans and new individual plans won't be allowed to deny or exclude anyone or charge more for a pre-existing condition, including pregnancy or a disability.

• In 2014, if your income is less than the equivalent of about $88,000 for a family of four today and your job doesn't offer affordable coverage, you may get tax credits to help pay for insurance.

PEOPLE WITH DISABILITIES

• Under the health care law, job-based and new individual plans are no longer allowed to deny or exclude coverage to any child under age 19 based on a pre-existing condition, including a disability.

• Starting in 2014, these same plans won't be able to exclude anyone from coverage or charge a higher premium for a pre-existing condition including a disability.

• Insurance companies can no longer drop you when you get sick just because you made a mistake on your coverage application.

• Insurance companies can no longer impose lifetime dollar limits on your coverage.

• Medicaid covers many people with disabilities now, and in the future it will provide insurance to even more Americans.

• Starting in 2014, most adults under age 65 with incomes up to about $15,000 per year for single individual (higher income for couples/families with children) will qualify for Medicaid in every state. State Medicaid programs will also be able to offer additional services to help those who need long-term care at home and in the community.

SENIORS

• Under the health care law, your existing guaranteed Medicare-covered benefits won't be reduced or taken away. Neither will your ability to choose your own doctor.

• Millions of people with Medicare received cost relief during the law's first year. If you had Medicare prescription drug coverage and had to pay for your drugs in the coverage gap known as the "donut hole," you received a one-time, tax free $250 rebate from Medicare to help pay for your prescriptions.

• If you have high prescription drug costs that put you in the donut hole, you now get a 50 percent discount on covered brand-name drugs while you're in the donut hole. Between today and 2020, you'll get continuous Medicare coverage for your prescription drugs. The donut hole will be closed completely by 2020.

• Medicare covers certain preventive services without charging you the Part B coinsurance or deductible. You will also be offered a free annual wellness exam.

• The life of the Medicare Trust Fund will be extended as a result of reducing waste, fraud and abuse, and slowing cost growth in Medicare, which will provide you with future cost savings on your premiums and coinsurance.

WOMEN

• **Insurance Companies Can't Deny Coverage to Women.** Before the Affordable Care Act became law, most insurance companies selling individual policies could deny coverage to women or charge them more due to pre-existing conditions, such as cancer and having been pregnant. Under the law, insurance companies are already banned from denying coverage to children because of a pre-existing condition. In 2014, it will be illegal for insurance companies to discriminate against anyone with a pre-existing condition.

• **Women Have a Choice of Doctor.** Thanks to the Affordable Care Act, all Americans joining new insurance plans have the freedom to choose from any primary care provider, OB-GYN, or pediatrician in their health plan's network, or emergency care outside of the plan's network, without a referral.

• **Women Can Receive Preventive Care Without Copays.** Beginning on Aug. 1, 2012, about 1 in 3 women, or 47 million, under the age of 65 gained guaranteed access to additional preventive services, like mammograms and birth control, with no out-of-pocket costs.

For example, if the health-care law were not in place, the average out-of-pocket cost for a mammogram would be $39 and for birth control $78-$185 per year. Thanks to the Affordable Care Act, millions of women can access these services without cost sharing like copayments, co-insurance and deductibles.

• **Women Pay Lower Health Care Costs.** Before the law, women could be charged more for individual insurance policies simply because of their gender. For example, a 22-year-old woman could be charged 150 percent the premium that a 22-year-old man paid. In 2014, insurers will no longer be able to charge women higher premiums than they charge men. The law takes strong action to control health care costs, including helping states crack down on excessive premium increases and making sure most of your premium dollars go for your health care.