



Preliminary analysis of coverage and affordability provisions in the Senate Patient Protection and Affordable Care Act

Highlights

- The merged bill is an important step forward for health reform
- The merged bill covers 2 million more people than Senate Finance
- The merged bill lowers premiums for families above 150% FPL, as compared to Senate Finance
- Unfortunately, the merged bill raises premiums on families between 133-150% FPL – the lowest-income families in the Exchange – compared to Senate Finance
- The merged bill does not improve out-of-pocket costs over the Senate Finance bill

Coverage	Improved, but not as good as the House	The merged bill covers 31 million people, 2 million more than the Senate Finance bill, but 5 million less than the House
Premiums for families earning between 133-150% FPL	Worse than Senate Finance and significantly worse than the House	The merged bill actually <u>increases</u> premium for the lowest-income families in the exchange, when compared to the Senate Finance bill.
Premiums for families earning between 150-250% of FPL	Better than Senate Finance, but worse than the House	The merged bill lowers premiums for families in this income bracket, when compared to the Senate Finance bill, but premiums are still higher than in the House. For example, a family at 200% of FPL would have paid 7% of income under Senate Finance, would pay 6.3% under the merged bill and would pay 5.5% under the House bill.
Premiums for families earning between 250-400% FPL	Better than Senate Finance and better than the House	The merged bill lowers premiums for families earning more than 250% of FPL considerably, over both the Senate Finance proposal and the House bill.
Out-of-pocket costs and Actuarial Values	Similar to Senate Finance, worse than the House	The merged bill does not improve the out-of-pocket caps or actuarial values in the Senate Finance bill; the costs to families are much higher in the Senate version than the House version.