

WHAT DOES HEALTH CARE REFORM MEAN FOR YOU AND YOUR FAMILY?

Changes Happening in 2010 that affect many families

March 23, 2010

Small business tax credits to help provide health insurance to employees.

States can hold insurance companies accountable for unreasonable rate hikes.

September 23, 2010

Youth can stay on their parents' plan until age 26.

Prohibits insurance companies from denying coverage to children with pre-existing conditions.

Insurance companies will be banned from dropping people when they get sick and imposing lifetime limits on coverage.

October 1, 2010

Investments to increase the number of primary care doctors and nurses.



Insured through Employer

2010

No canceling policies when you get sick or setting lifetime limits.

Children up to age 26 can stay on your plan.

Insurance companies will have to cover children with pre-existing conditions.

New plans must provide free preventative services and allow you to appeal denials of coverage.

2011-2013

Insurance companies required to spend 80-85% of premium dollars on medical services or else provide rebates to their policyholders.

States can require insurance companies to submit justification for premium increases.

2014

Insurers will have to cover adults with pre-existing conditions.

No annual limits on coverage.

Qualified individuals can begin buying subsidized coverage in the Exchange.

2018

Insurers will have to pay a 40% excise tax on high cost insurance plans. The tax is on the cost of coverage in excess of \$27,500 (family coverage) and \$10,200 (individual coverage).



Insured through Medicare

2010

Starts to close the gap in Medicare prescription drug coverage, also known as the "donut hole", by providing Seniors in this coverage gap with a \$250 rebate.

The "donut hole" will be closed slowly through 2020.

2011

Seniors in the "donut hole" will receive a 50% discount on brand name drugs.

Annual checkups and most preventative care and screenings are at no cost.

2013

Government begins to cut subsidies to Medicare Advantage, which costs the government more than traditional Medicare. Seniors on these plans may face reduced benefits or higher costs. Seniors have the option of transitioning to traditional Medicare during the first 45 days of the year.

2020

The "donut hole" will fully close.



Uninsured

2010

Temporary high-risk pool for people with pre-existing conditions uninsured for at least 6 months.

For early retirees, age 55-64, a temporary re-insurance program is created.

A large expansion in funds to Community Health Centers will expand access to health care for uninsured people. This will also help millions of undocumented immigrants.

If you are under age 26, you can join your parent's plan.

2014

Individuals and families will be able to purchase health insurance in state-based Exchanges. Those earning up to 400% of the Federal Poverty Level (\$88,200 for a family of 4) will have access to subsidies on a sliding scale.

Cap on out-of-pocket costs of \$5,950 for individuals and \$11,900 for families, with lower caps for lower-income families. Individuals and families under 133% FPL will be eligible for Medicaid.

Most Americans will be required to buy health insurance or pay a penalty. Undocumented immigrants will not be able to purchase insurance in the Exchange.

Those who are exempt, or under 30, can buy a catastrophic policy.

Members of Congress will get their health insurance through the Exchange.



Insured through Medicaid or CHIP

2010

All children currently receiving Medicaid and CHIP can continue to receive coverage. States cannot cut children from Medicaid or CHIP until 2019, at which point some children may transition into the Exchange, a regulated marketplace of insurance options.

All adults under 133% of the Federal Poverty Level can continue to receive coverage. States cannot cut adults that make under 133% FPL from Medicaid.

Many families do not know that they are eligible for Medicaid or CHIP. Check to see if your family is eligible!

2014

Medicaid's physician reimbursement levels for specific primary care services will be increased, leading more doctors to accept Medicaid.

Anyone with an income below 133% FPL, about \$29,327 in 2009 for a family of four, will be eligible for Medicaid.

When the Exchange is operating, states can decide to keep adults on Medicaid that are over 133% FPL or transition them into the Exchange.