



Who is the Affordable Care Act helping in your community? (updated January 2011)

Adding to the benefits in the Patients' Bill of Rights protections that started Sept. 23, 2010, new Affordable Care Act provisions begin January 2011 to help even more individuals and families.

Children with Pre-Existing Conditions

Insurers cannot deny coverage to children with pre-existing conditions*

- Children with special health care needs can get insurance that covers necessary treatment of their illnesses.

What does it mean? Insurers must cover all children who apply – regardless of their health status.

**Note: some grandfathered plans are currently excluded*

People with Chronic Health Conditions or a Catastrophic Illness

No lifetime limits on coverage

- Health insurance companies can no longer place lifetime caps on coverage.

Phase-in ban on annual coverage limits*

- Insurers can have annual coverage limits no lower than \$750,000, the first step toward prohibiting insurers from imposing any annual limits on essential benefits.

What does it mean? Children and adults with chronic health care needs no longer worry about running out of health benefits while fighting their illnesses, and families have peace of mind that coverage will be there for them in the event of a catastrophic illness.

**Note: some grandfathered plans are currently excluded*

Seniors

Lower prescription costs

- 50 percent discount on brand-name drugs for people enrolled in Medicare Part D who reach the doughnut hole.

Focus on prevention

- No co-payments for preventive services like mammograms and colonoscopies, and these services are exempt from deductibles.

What does it mean? Seniors who spend over \$2,800 on prescription drugs and enter the doughnut hole are getting more help paying for the medication they need, and they can get the preventive care they need to stay healthier.

People with Chronic Health Conditions

Special insurance available to people with pre-existing conditions

- An interim insurance plan provides immediate access to insurance for people who were unable to get coverage because of a pre-existing condition.

What does it mean? The temporary Pre-Existing Condition Insurance Plan (PCIP) gives people with pre-existing conditions access to insurance until the new law covers everyone in 2014.

Everyone

Makes sure insurance companies spend your dollars on health care – not profits

- Health plans must spend at least 80 percent of premiums on medical services (rather than marketing, administration and profits) – or give customers rebates

Protects you from being dropped by your insurer

- Keeps insurers from taking away your health coverage when you get sick.

Protects your choice of doctor*

- Protects your choice of primary care doctor, and also allows women to go directly to their OB/GYN without a referral.

New standards for non-profit hospitals to protect patients

- Non-profit hospitals must have written financial assistance policies that clearly state eligibility guidelines and how to apply
- Patients are protected from being overcharged
- Prohibits extraordinary collection actions against patients
- Non-profit hospitals must work with community members and public health experts to assess the needs of the community, develop a plan to address those needs, and make the assessment widely available

Free preventive care*

- New private insurance plans must to cover preventive services – such as screenings and tests – with no co-payments.

Ends bureaucratic hurdles to emergency services*

- Prohibits insurers from charging more when you have to get emergency care outside the plan's network.

What does it mean? People are now protected from insurance company abuses and bureaucracy. Also, the law helps people get preventive care to stay healthy, and allows people to keep the doctors they choose. Everyone will have peace of mind, knowing they can access health care when and where they need it.

**Note: some grandfathered plans are currently excluded*

Small Businesses
<p>Tax credits to help cover employees (<i>for businesses with no more than 25 full-time equivalent employees, annual average wages of less than \$50,000, and cover at least 50 percent of their employees' premiums</i>)</p> <ul style="list-style-type: none"> • Tax credits offset up to 35 percent of the employer's portion of their workers' premiums <p>What does it mean? Small businesses that offer their employees health insurance get help covering that expense, so they can invest in growing their businesses.</p>

Young Adults
<p>Easier option to stay insured</p> <ul style="list-style-type: none"> • Health plans must allow young adults to remain on their parents' insurance until their 26th birthday <p>What does it mean? Young adults just starting out have coverage to help them continue to stay healthy and protect them in the case of an accident. Also those who need coverage for chronic illness will not be left without an option – helping to ease their families' worries.</p>