

5 Ways Health Reform Helps Individuals Get Insurance Coverage

1. **ALREADY IN PLACE: Consumer protections**

The ACA has already required certain reforms to the private insurance market to protect consumers. Dependents up to the age of 26 may be included on their parents' insurance plans. Most insurance plans can no longer impose annual or lifetime dollar limits on health benefits. Insurers are restricted from rescinding policies once individuals are covered, except in cases of fraud or misrepresentation. Certain preventive health services must be provided without cost-sharing.

2. **ALREADY IN PLACE: Insurers can no longer deny coverage due to pre-existing conditions**

Children with pre-existing conditions can no longer be excluded from coverage on their family's health insurance policy. Adults with pre-existing health conditions who have been uninsured for at least six months can qualify for a special Pre-existing Condition Insurance Plan (PCIP) available in all states. Beginning in 2014, no insurer will be allowed to deny health insurance to adults based on a pre-existing condition.

3. **COMING SOON: Insurance plans offered through Exchanges will cover Essential Health Benefits**

Beginning in 2014, health insurance "Exchanges" operating in each state will serve as convenient, internet-accessible marketplaces where individuals, families and small employers can compare private health insurance options and enroll in qualified health plans. Policies sold through the Exchange will be required to include a wide range and level of health care services that have been determined to be "essential health benefits."

4. **COMING SOON: Reduction in cost and ease of enrollment**

Beginning in 2014, individuals and families with incomes between 133 and 400% of the federal poverty level will be eligible to receive federal tax credits for health insurance premiums to make private health insurance much more affordable. In addition, subsidies will be available to reduce a family's cost-sharing expenses (copayments and deductibles) and annual cost-sharing limits. Federal funding is also available to states so that they can upgrade their computer systems to greatly simplify eligibility determinations and enrollment procedures.

5. **COMING SOON: Basic health plan**

Beginning in 2014, states will have the option of offering a "basic health plan," funded mostly with federal money, to cover individuals whose family income is between 133 to 200% of the federal poverty level. These individuals and families might otherwise find it too expensive to purchase a private insurance policy. The basic health plan is intended to provide more coverage at a lower cost and/or additional benefits than that offered through the Exchange.

Health reform has done so much already – let's finish the job!

Here's how NHeLP is working to make health reform a reality:

- ✓ NHeLP wrote a detailed analysis of the ACA when it was first enacted. Analysis available at: http://www.healthlaw.org/index.php?option=com_content&view=article&id=456&Itemid=212.
- ✓ NHeLP has analyzed and submitted comments on proposed federal regulations implementing the ACA, to ensure that maximum coverage will be available for low income persons and their rights will be protected as health reform is implemented. Comments available at http://www.healthlaw.org/index.php?option=com_content&view=article&id=501:health-reform-nhelp-comments&catid=51.

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