

HEALTH CARE FOR AMERICA **NOW!**

Here is what the House care bill means for you:

LOWER COSTS

- No more co-pays or deductibles for preventive care (2013, 2010 for Medicare)
- Requires State Medicaid programs to cover preventive services recommended to the Secretary of HHS based on evidence. (2010)
- No more rate increases for pre-existing conditions, gender, or occupation (2013)
- An annual cap on your out-of-pocket expenses (2013)
- Guaranteed, affordable oral, hearing, and vision care for your kids (2013)

GREATER CHOICE (These Provisions begin in 2013)

- Keep your doctor, and your current plan, if you like them
- The Choice of a public health insurance plan option, available across the country
- The public plan will be required to meet the same benefit requirements, and comply with the same insurance market reforms as private plans.
- Plan premiums would vary by geographic area based on costs in the local markets.
- Individuals in the exchange, including individuals eligible for affordability credits, can choose among the private insurers and the public option.

HIGHER QUALITY

- Strengthen and expand programs that promote diversity in the health workforce. (2012)
- Require HHS Secretary to identify key health and health care disparities as part of a National Prevention and Wellness Strategy initiative. (2012)
- Direct the Task Force on Clinical Preventive Services and the Task Force on Community Preventive Services to take relevant health and health care disparities into account as they develop and disseminate evidence-based recommendations on the use of preventive services. (2013)
- Target at least half of the funding in a new grants program for the delivery of preventive health services at the community level to proposals with the primary purpose of addressing health or health care disparities. Eligible grantees include “health empowerment zones”, areas in which a community partnership provides multiple preventive health services. (2013)
- Enhance the scholarship programs for students from disadvantaged backgrounds. (2012)

STABILITY & PEACE OF MIND

- No more coverage denials for pre-existing conditions. (2013)
 - Insurers cannot consider pre-existing conditions beyond 30 days. (2010)
 - The waiting period for excluding certain benefits is reduced from 12 months to 3 months. (2010)

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- Rate review to prevent insurers from price gouging. Discourages excessive price increases by insurance companies through review and disclosure of insurance rate increases. (2010)
- Allows individuals to keep their COBRA coverage until the Exchange is up and running. (2010)
- Immediate help for the uninsured. Creates a fund to finance an immediate, temporary insurance program for those who are uninsurable because of pre-existing conditions. (2010)
- Provides for a 50% discount on brand-name drugs in the Part D donut hole, and immediately shrinks the size of the donut hole by \$500 in 2010.
- No more lifetime limits on how much insurance companies will pay (2013)
- Employers are required to offer coverage to their workers and their workers' families with minimum contributions and meet standards for that coverage or pay a penalty of 8% of their payroll to help offset the cost of their workers obtaining coverage through the Exchange. (2013)
- Expands Medicaid to 150% of poverty to ensure that people obtain affordable health care in the most efficient and appropriate manner. (2013)
- Establishes a list of 'minimum services to be covered' in all plans which are referred to as the 'essential benefits' including, Inpatient hospital services, outpatient hospital services, physician services, equipment and supplies incident to physician services, preventive services, maternity services, and prescription drugs. (takes effect 2013 inside exchange and 2018 for employers outside exchange)