

## IF YOU ARE INSURED THROUGH AN EMPLOYER

### You can keep your current plan

Within 6 months, the plan will have to stop some practices like setting lifetime limits on coverage and canceling policy holders who get ill. They will also have to allow children to stay on their parents' policies through age 26 and cover children with pre-existing conditions, but can still deny adults with medical problems until year 2014.

High-value group plans (those in which premiums for families are \$27,500 or more) will have to pay a 40% excise tax in 2014.

Starting in 2013, flexible spending accounts (FSAs) will be limited. There will be a \$2,500 maximum on accounts that typically carry \$5,000 limits and you will no longer be able to use the accounts for over-the-counter medications.

High income earners (families making more than \$250,000) would pay several thousand dollars more in Medicare payroll taxes starting in 2018. Unearned income, now exempt from the payroll tax, would also be subject to a 3.8% levy.

### OR You may be eligible to buy insurance via 'exchanges'

If your employer's policy covers less than 60% of costs, or you are paying more than 9.5% of your income to get it, you can buy subsidized coverage on the exchanges.

If you receive subsidies and enroll in a health plan that covers abortion, you will have to pay a separate premium for that coverage.

And states could prohibit abortion coverage by these plans.

You can get a voucher from your employer to buy insurance on the exchanges if your income is below \$88,000 for a family of 4 and your premiums cost between 8 - 9.8% of your income.

## IF YOU ARE INSURED AND PAY THE PREMIUM YOURSELF

### You can keep your current plan

Within 6 months, the plans will have to stop some practices like setting lifetime limits on coverage and canceling policy holders who get ill. They will also have to allow children to stay on their parents' policies through age 26 and cover children with pre-existing conditions, but can still deny adults with health issues until 2014.

Premiums for individual policies will be 10 - 13% higher by 2016 than the average premium that year under current law, but most people would qualify for subsidies meaning they may pay less than they do now.

High income earners (families making more than \$250,000) would pay several thousand dollars more in Medicare payroll taxes starting in year 2018. Unearned income, now exempt from the payroll tax, would also be subject to a 3.8% levy.

### OR You may be eligible for subsidized coverage

A family of 4 with an income of less than about \$88,000 can get tax credits, on a sliding scale, to help pay for insurance premiums and deductibles.

Health plans on exchanges can offer abortion coverage but if they do, subscribers who get federal subsidies will have to make separate premium payments for the abortion coverage. States can also ban this coverage.

## IF YOU ARE UNINSURED

### You can get coverage from a high-risk pool.

If you are refused coverage because of your health, the pool will be established within six months and will operate until 2014 when insurance companies can no longer refuse applicants with pre-existing health conditions. Annual out-of-pocket medical costs will be capped at \$5,950 for individuals and \$11,900 for families.

## IF YOU ARE UNINSURED

### You can get coverage from exchanges.

If your employer doesn't cover you and you make too much to qualify for Medicaid, you can buy from private insurers through exchanges starting in 2014.

Coverage for those making up to 4 times the poverty level (\$88,200 for a family of 4 in 2009) will get subsidies on a sliding scale. That means you will pay between 3 - 9.5% of your income for insurance and the government will cover the rest.

Health plans will cover at least 60% of medical costs. Insurers will also have to offer more tiers that cover up to 90% of costs for additional premiums.

Premiums of older people can be no more than 3 times as expensive as those for younger people.

There will be limits on overhead and profit. Insurers will be required to spend between 80 - 85 cents of every premium dollar on health care. They have been paying 74 cents on average.

Health plans on exchanges can offer abortion coverage but if they do, subscribers who get federal subsidies will have to make separate premium payments for the coverage. States can prohibit abortion coverage.

## IF YOU DO NOT BUY INSURANCE

### Most Americans will be required to buy health insurance or pay a penalty starting in 2014.

The penalty will be phased in starting at 1% of income in 2014 and rising to the maximum of \$2,085 for a family in 2016.

American Indians don't have to buy insurance. Those with religious objections or a financial hardship can also avoid the requirement. And if you would pay more than 8% of your income for the cheapest available plan, you will not be penalized for failing to buy coverage.

Those who are exempt, or under 30, can buy a policy that only pays for catastrophic medical costs. It must also allow for three primary care visits a year.

## IF YOU ARE INSURED AND RECEIVE YOUR COVERAGE FROM MEDICARE

### Your benefits may change if you are insured through a private Medicare Advantage plan.

You will pay less for preventive care and prescription drugs.

Medicare will pay for an annual checkup, and deductibles and copayments for many preventive services and screenings will be eliminated.

The gap in coverage of prescription drugs, known as the "donut hole", will gradually be filled by 2020. This year, consumers who hit the donut hole will receive a \$250 rebate. Subsidies would be reduced for individuals making more than \$85,000 or couples making more than \$170,000.

Subsidies for Medicare Advantage plans run by insurance companies under contract with the government will be slashed substantially leaving their 10 million beneficiaries with the prospect of higher premiums or reduced benefits.

## IF YOU ARE INSURED AND RECEIVE YOUR COVERAGE FROM MEDICAID

### You and your children can maintain eligibility and receive free preventive services.

#### Adults

States cannot cut people from Medicaid until the exchanges start operating in 2014 unless a state faces a budget shortfall. Many preventive services would be offered without cost.

#### Children

States cannot cut children from Medicaid or the Children's Health Insurance Program (CHIP) until 2019.

## IF YOU ARE UNINSURED, YOU CAN GET COVERAGE THROUGH MEDICAID

Beginning in 2014, anyone with an income below 133% of the poverty level, or about \$29,327 in 2009 for a family of 4, will be eligible for a rejuvenated Medicaid program. Medicaid's reimbursements will be increased to the same level as Medicare making more doctors willing to accept it.