



AMERICAN OSTEOPATHIC ASSOCIATION

COVERAGE

HEALTH CARE REFORM

Provision	Effective Date	Summary
Immediate Coverage	90 Days After Enactment	Establishes a temporary insurance program for individuals with a pre-existing condition and a reinsurance program for early retirees. Individuals who have been uninsured for six months or more prior to applying for coverage and have a pre-existing condition are eligible for immediate access to insurance. For early retirees, the program provides reimbursement to employment-based plans for benefits.
Coverage Information and Benefits	Not Later than July 1, 2010	Requires Secretary to work with states to establish a website to provide information to residents of any state details on affordable health insurance coverage options in that state.
	Not Later Than 12 Months After Enactment	Requires Secretary to develop standards for health insurers that will assist in providing to enrollees a summary of benefits and coverage. Standards must be easily understood by the enrollee, contain uniform definitions of insurance and medical terms, and provide information on cost-sharing provisions, exceptions, reductions, and limitations on coverage and include examples of common benefits scenarios.
Coverage Improvements	6 Months After Date of Enactment	Prohibits plans from placing lifetime or unreasonable annual limits on the dollar value of benefits for a beneficiary. Plans cannot rescind coverage except in instances where there is fraud and/or misrepresentation. Coverage shall be provided with no cost sharing requirements for preventive care and immunizations. Plans offering dependent coverage would be required to extend coverage on a parent's health plan until age 26 for unmarried adult children. Plans will be required to implement an appeals process for coverage determinations and claims.
Coverage – Other Provisions	2014	Each health insurance issuer must accept every employer and individual in the state that applies for coverage. Renewability of coverage is guaranteed. Entities offering coverage may not exclude individuals based on pre-existing conditions or health status. Entities offering coverage are prohibited from discriminating against providers that are acting within the scope of their license or certification under applicable state law. Health insurers in individual or small group markets shall ensure that coverage includes essential health benefits. Waiting periods for coverage shall not exceed 90 days. Individuals that have health insurance on the date of enactment can maintain their current coverage.
Coverage Choices		Qualified health plans must be certified by Exchanges, provide the essential benefits package, and be licensed by the state to offer one plan at silver and gold levels of coverage. Essential benefits packages will cover defined essential health services, have limitations on cost-sharing, and pay for a specified percentage of costs. Levels of coverage and percentage of costs are: bronze (60%), silver (70%), gold (80%) and platinum (90%). Qualified individuals can enroll in any qualified plan. Employers may offer qualified plans to employees at any level of coverage.

Individual and Employer Responsibility	2014	Requires individuals to obtain minimal essential health coverage or pay penalties beginning in 2014. There are exemptions from penalties for individuals who cannot afford coverage. Provides for automatic enrollment in health benefits plans for employees of large employers. Employers are required to provide information to employees on coverage options. Defines payment amounts for employers not offering coverage to employees. Large employers required to report information to HHS on covered employees.
Public Programs - Medicaid and CHIP	2013	Creates new category providing Medicaid coverage for the lowest income populations with income at or below 133% of the poverty line. States would receive additional federal matching funds to maintain eligibility levels for CHIP through 2019.