

KNOW YOUR BENEFITS.

From

Health Care Reform: What Does it Mean for You?

How the health care reform law affects you varies greatly depending on your income, who you work for and many other factors. So what does it mean for you? Below is a list of how health care reform affects different groups of people.

Elderly: The elderly now receive free preventive services under Medicare, including annual wellness visits and personalized prevention plan services. Once those with Medicare prescription drug coverage enter the “donut hole” coverage gap, they will be eligible for drug discounts and subsidies, until the donut hole is completely closed in 2020. Medicare beneficiaries earning \$85,000 or more will pay higher Part B premiums until 2019. High-income individuals will also pay higher premiums for Medicare prescription drug coverage. Those with Medicare Advantage plans may lose some benefits or experience an increase in copayments.

Employees of a large company: Beginning in 2016, all employers with 50 or more employees are required to provide health coverage that is affordable and provides minimum value, or pay a penalty. This was a change from 2015, where mid-sized employers with 50-99 employees were not subject to this penalty.

Low-income employees: Some states have expanded their Medicaid programs to cover all low-income adults below a certain income level. Also, those who earn less than 400 percent of the federal poverty level may be eligible for subsidies to help buy coverage through the Marketplace. The expansion of funding for community health centers, designed to offer free and reduced-cost care, will also provide relief.

Unemployed and uninsured: Individuals who are unemployed may qualify for Medicaid, the Children's Health Insurance Program (CHIP) or lower costs on Marketplace coverage based on their income. An individual's household size and income, and not employment status, will determine what health coverage options they are eligible for and how much help they get paying for coverage.

Health care reform affects each American differently based on many factors.

In the Marketplace, unemployed individuals may qualify for lower costs for monthly premiums and out-of-pocket costs on private health insurance. You can enroll in a Marketplace plan during the annual open enrollment period or, if you qualify, during a special enrollment period.

Small-business owners: You are not required by law to provide health insurance to your employees if you have 50 or fewer full-time equivalent employees.

Young adults: Children may stay on their parents' policies until age 26. People under 30 and some people with limited incomes may buy a

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catastrophic health plan through the Marketplace. This type of plan mainly protects you from very high medical costs. Unless an exemption applies, young adults must have health coverage or pay a penalty.

Source: [Healthcare.gov](https://www.healthcare.gov)

Adults with a pre-existing condition:

Health insurance companies can't refuse to cover adults with pre-existing conditions, or charge more because of an individual's pre-existing condition. This is true even if an individual has been turned down or refused coverage in the past due to a pre-existing condition. This provision applies to all employer plans and plans offered through the Marketplace. The only exception is for grandfathered individual health insurance plans—these plans don't have to cover pre-existing conditions. If an individual has one of these plans, he or she can switch to a Marketplace plan that covers pre-existing conditions during an open enrollment period (or during a special enrollment period, if applicable).

Children with a pre-existing

condition: Group health plans and health insurance issuers may not impose exclusions on coverage for children with pre-existing conditions. This provision applies to all employer plans and plans offered through the Marketplace.



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