



AMERICA'S AFFORDABLE HEALTH CHOICES ACT

QUALITY AFFORDABLE HEALTH CARE

HEALTH REFORM AT A GLANCE: GUARANTEED BENEFITS

In order to achieve affordable, quality health care for all, America's Affordable Health Choices Act establishes standards to ensure that all plans in the new Health Insurance Exchange cover a comprehensive set of necessary services and offer cost-sharing protections for consumers.

BENEFITS:

GENERAL

- Establishes a standardized benefit package that covers essential health services.
- Eliminates cost-sharing for preventive care (including well baby and well child care) to underscore the importance of preventive health services in making America healthier and lowering the growth of health care costs over time.
- Caps annual out-of-pocket spending for individuals and families so that no one faces bankruptcy from health costs ever again.
- Creates a new independent Benefits Advisory Committee with physicians, other health care providers, business representatives, consumers and other health care experts, chaired by the Surgeon General, to recommend to the Secretary and update the core package of benefits to address the health care needs of Americans.

BENEFIT PACKAGES

The Exchange makes available four tiers of benefit packages from which consumers can choose to best meet their health care needs. Each plan covers the core benefits.

- *Basic Plan:* Includes the core set of covered benefits and cost sharing protections.
- *Enhanced Plan:* Includes the core set of covered benefits with more generous cost sharing protections than the Basic plan.
- *Premium Plan:* Includes the core set of covered benefits with more generous cost sharing protections than the Enhanced plan.
- *Premium Plus Plan:* Includes the core set of covered benefits, the more generous cost sharing protections of the Premium plan, and additional covered benefits (e.g., oral health coverage for adults, gym membership, etc.) that will vary per plan. In this category, insurers must disclose the separate cost of the additional benefits so consumers know what they're paying for and can choose among plans accordingly.

GUARANTEED SET OF BENEFITS

A required core set of benefits provides coverage for essential health care services and items to ensure that consumers will no longer have to worry about being stuck in an inadequate insurance plan if they get sick. The levels of coverage will be defined by the Secretary of Health and Human Services working with the new Benefits Advisory Commission outlined above. Benefits must include:

- Inpatient hospital services
- Outpatient hospital services
- Physician services
- Equipment and supplies incident to physician services
- Preventive services
- Maternity services
- Prescription drugs
- Rehabilitative and habilitative services
- Well baby and well child visits and oral health, vision, and hearing services for children
- Mental health and substance abuse services