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## *Understanding Health Reform*

### Quick Facts on Health Reform

The Affordable Care Act was passed by Congress and signed into law by President Obama on March 23, 2010; the comprehensive health care reform has a number of changes that will affect you, your family and your friends. With the number of changes at both the federal and local levels, you may have a lot of questions about how these changes will affect you. Below is a list of the most frequent questions regarding health reform.

– If you have a pre-existing condition that resulted in you being previously denied coverage, you should apply for the new pre-existing condition insurance program. If you currently have insurance, **DO NOT** drop your coverage to enroll in the pre-existing condition insurance program. This program varies by state; for more information please go to <http://www.healthcare.gov> or call your local Health and Human Services Department Office.

#### Insurance Coverage

##### **Can I keep my current health insurance coverage?**

Yes, nothing in the law says that you have to change your coverage.

##### **How do I get coverage if I don't have it?**

- Currently, if you **DO NOT** have coverage, you have a couple of options:
  - If employed, you should go through your employer for coverage.
  - If you are unemployed, you should go to your local Health and Human Services Department to see if you are eligible for Medicaid. Your local department can be found at <http://www.healthcare.gov>.

##### **Can my dependent get coverage under my health insurance plan?**

Yes, as of September 23, 2010, if you have a child under the age of 26, you can generally insure him or her if your policy allows for dependent coverage. Dependent coverage is insurance coverage for family members of the policyholder, such as spouses, children, or partners. If you currently have insurance coverage, dependent coverage starts once your health insurance plan starts a new policy year starting after September 23rd. Many companies have already expanded this coverage before the September 23rd date so be sure to ask your health insurance provider. The only exception to this benefit is if you have an existing job-based plan and your children can get their own job-based coverage.



### **Is there still a lifetime limit on my health care coverage?**

No, already enacted with the passage of the Affordable Care Act, lifetime limits are no longer permitted and annual limits are restricted. If you currently have insurance coverage, this provision is enacted once your health insurance plan starts a new policy year starting on or after September 23, 2010 or you enroll in a new plan on or after September 23, 2010.

### **If I have a pre-existing condition can I get health care coverage?**

Yes, currently if you have a pre-existing condition and don't have coverage you should apply for the new pre-existing condition insurance plan. Plans vary by state, and for more information please visit [healthcare.gov](http://healthcare.gov) or contact your local Health and Human Services Department. Starting January 1, 2014, insurance companies can no longer deny coverage based on a pre-existing condition.

### **What is a pre-existing condition?**

A pre-existing condition is a health problem, including a behavioral health condition, that existed before you apply for a health insurance policy or enroll in a new health plan.

### **What is a health insurance exchange?**

A health insurance exchange is a new open and competitive insurance marketplace where you and small business owners can buy affordable health insurance plans. Exchanges will offer you a choice of health plans that meet certain benefits and cost standards. For more information go to <http://www.healthcare.gov>.

### **What do I do if I think my insurance company is in violation of the Affordable Care Act?**

If you think that your insurance company is in violation of any of the provisions in the Affordable Care Act, contact the Health and Human Services Office of Consumer Information and Insurance Oversight at 1-877-696-6775.

## **Medicare and Medicaid**

### **If I'm on Medicare, how does the Affordable Care Act affect me?**

Your existing guaranteed Medicare covered benefits won't be reduced or taken away nor will your ability to choose a doctor.

Medicare mental health benefits currently include:

- Individual and group psychotherapy with doctors or certain other licensed professionals allowed by the state to give these services
- Family counseling if the main purpose is to help with your treatment
- Testing to find out if you are getting the services you need and/or if your current treatment is helping you
- Psychiatric evaluation
- Medication management
- Occupational therapy that's part of your mental health treatment
- Certain prescription drugs that aren't usually self-administered, like some injections



## Where can I find more information on Health Reform?

The Affordable Care Act was passed by Congress and signed into law by President Obama on March 23, 2010; the comprehensive health care reform has a number of changes that will affect you, your family and your friends. There are a number of resources available to help you find information about the Affordable Care Act. Some resources available are:

- <http://www.healthcare.gov>
- <http://www.samhsa.gov/healthreform>
- <http://www.samhsablog.gov>
- <http://www.hhs.gov>
- <http://www.ncsl.org>

The most comprehensive resource available is the federal government's new website [www.healthcare.gov](http://www.healthcare.gov). [Healthcare.gov](http://www.healthcare.gov) provides you with a number of resources. On [healthcare.gov](http://www.healthcare.gov) you can:

- Find and compare health care coverage options in your state, including Medicaid services.
- Access information and timelines about the different provisions in the Affordable Care Act.
- Compare care quality of hospitals.
- Learn about health prevention and get prevention tips.

If you want to know more about your rights under the Affordable Care Act, go to: [http://www.healthcare.gov/law/provisions/billofright/patient\\_bill\\_of\\_rights.html](http://www.healthcare.gov/law/provisions/billofright/patient_bill_of_rights.html)

- Individual patient training and education about your condition
- Diagnostic tests
- A screening for depression during the one-time “Welcome to Medicare” physical exam (Note: This physical exam is only covered if you have it within the first 12 months you have Medicare Part B.)
- Partial hospitalization may be covered
- For more information please visit: [Medicare.gov](http://Medicare.gov) or call 1-800-MEDICARE (1-800-633-4227)

The Affordable Care act does a couple of things if you are on Medicare. It:

- Fills the Medicare Part D “donut hole.”
- Starting in 2011, Medicare will cover certain preventive services without charging you the Part B coinsurance or deductible. You will also be offered a free annual wellness exam.

### What is the “donut hole” and how does it change?

The “donut hole” occurs when a person is enrolled in Medicare Part D and reaches the prescription drug coverage limit of \$2,830. Once you hit that limit, Medicare will no longer cover prescription drug costs until your out of pocket spending reaches \$4,550. The Affordable Care Act eliminates this:

- First, in 2010 anyone in the “donut hole” will receive a \$250 tax free rebate.
- Starting January 1, 2011, anyone in the “donut hole” will receive a 50% discount on covered brand-name drugs. Between 2010 and 2020, you’ll get continuous Medicare coverage for your prescription drugs.

### How does Medicaid change under the Affordable Care Act?

Starting in 2014, Medicaid eligibility is expanded to 133% of the Federal Poverty Level in all states. Although states are allowed to expand Medicaid eligibility now, only Connecticut and the District of Columbia have implemented expanded eligibility.

Also starting January 1, 2014, if your income is from 133% to 400% of the Federal Poverty Level, you may be eligible for tax credits to help pay for health coverage (\$43,000 for an individual or \$88,000 for a family of four in 2010).

### What will Medicaid cover?

The Health and Human Services Department has not yet determined what services will be covered under Medicaid.

Family Size	2010 Federal Poverty Level Guidelines		
	Percent of Poverty Guideline		
	100%	120%	133%
1	\$10,830.00	\$12,996.00	\$14,403.90
2	\$14,570.00	\$17,484.00	\$19,378.10
3	\$18,310.00	\$21,972.00	\$24,352.30
4	\$22,050.00	\$26,460.00	\$29,326.50
5	\$25,790.00	\$30,948.00	\$34,300.70
6	\$29,530.00	\$35,436.00	\$39,274.90
7	\$33,270.00	\$39,924.00	\$44,249.10
8	\$37,010.00	\$44,412.00	\$49,223.30

*For family units of more than 8 members, add \$3,740 for each additional member.*