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To learn more about the new benefits and cost savings available to you, please visit www.HealthCare.gov. A first-of-its-kind website, www.HealthCare.gov helps you make informed decisions about health care coverage by offering easy-to-understand information about what health plans are available in your state; how much they cost; what they cover, and lots more information tailored to your specific needs.

To learn more about the facts and upcoming benefits of the Affordable Care Act, log on to www.HealthCare.gov. Or follow us on Twitter at [@HealthCareGov](https://twitter.com/HealthCareGov).



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The Affordable Care Act— *What It Means for Young Adults*

You're young, may be out on your own, and focused on the rest of your life. You may be healthy now, but could be one serious illness away from financial trouble if you don't have health insurance. Maybe you've looked into the options but found that insurance is too expensive or just not offered by your employer.

The Affordable Care Act, passed by Congress and signed into law by the President in March 2010, helps you get coverage and ensures you get a fair deal when it comes to your health care.



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The Affordable Care Act— What It Means for Young Adults

New Insurance Industry Reforms

Starting on September 23, 2010, the new law ends some of the worst insurance company abuses and provides important new benefits for you and your family. The new law:

- Prohibits insurance companies from refusing coverage or limiting the benefits of young Americans (up to age 19) because of a pre-existing medical condition. In 2014, discriminating against all individuals who have a pre-existing condition will be prohibited.
- Prohibits all insurance plans from putting lifetime caps on the dollar amount that they will spend on benefits. In the past, patients with cancer or other chronic diseases ran the risk of hitting a lifetime cap and losing access to care. The law also restricts most insurance companies' use of low annual dollar limits on benefits. In 2014, these restrictions on annual limits will be eliminated.
- Prohibits all insurance plans from canceling your coverage because of an unintentional mistake on an application.
- Prohibits new insurance plans from denying coverage for needed care without a chance to appeal to an outside party.

Lower Costs and Increased Coverage

- Starting on September 23, 2010, you can join or remain on your parents' health insurance plan until you turn 26 years old if your parents' plan covers dependent children and if coverage isn't offered through your job.
- The law requires insurance companies to publicly disclose and justify unreasonable premium increases, ensuring that you have all the information you need to make educated choices.
- The law creates a new program – the Pre-Existing Condition Insurance Plan – to make health coverage available to you if you are uninsured, have been denied health insurance by insurance companies because of a pre-existing condition, and are otherwise eligible.
- If you work for a small business, new tax credits may help lower your premium costs. Starting in 2010, if you work at a firm with fewer than 25 employees that pays average annual wages below \$50,000, and pays for most of your health coverage, your employer may qualify for a small business tax credit of up to 35% of health expenses this year to help offset the costs of health insurance. In 2014, the credit will increase to 50% of health expenses.
- In 2014, new tax credits will help middle class families afford health insurance. Medicaid will be expanded to Americans with low incomes of up to \$14,000 for an individual or \$29,000 for a family of four in 2010 dollars.
- In 2014, new competitive Health Insurance Exchanges will be established in states to enable individuals to easily shop for affordable private insurance and have access to the same choices of insurance that members of Congress will have.

Better Coverage to Keep You Healthy

In addition, for new plans purchased on or after September 23, 2010, the law:

- Requires plans to cover recommended preventive services, including diabetes and cholesterol tests, various cancer screenings, nutritional counseling, and immunizations without charging deductibles, co-payments or co-insurance.
- Guarantees you the choice of available primary care and pediatric doctors in your plan's network of providers. It also assures women the right to see an OB-GYN without having to obtain a referral first.
- Ensures coverage of services provided by an emergency room that is not in your network without prior approval or additional cost to you.
- In 2011, insurance companies will be required to spend at least 80% of your premium dollars on health care and quality improvements instead of overhead, salaries, or administrative expenses – or provide you a rebate.

