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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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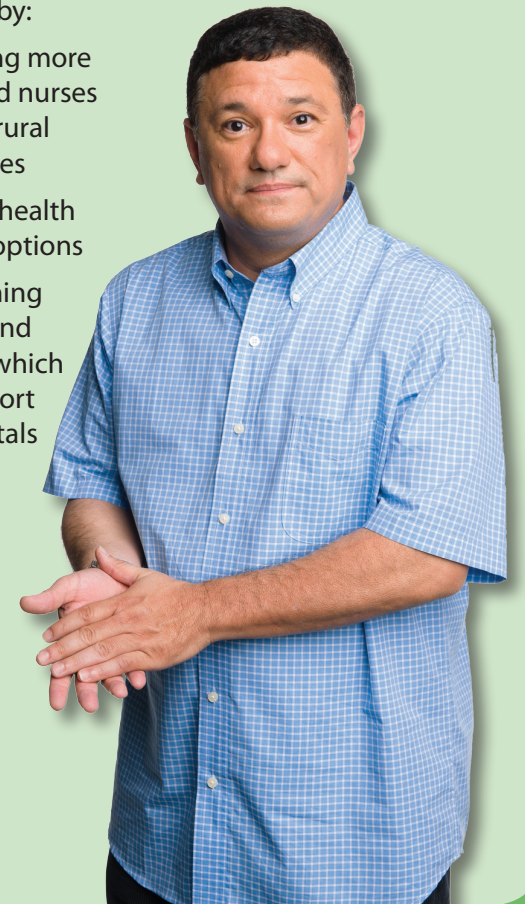


The Affordable Care Act — *What It Means for Rural Americans*

Americans in rural communities face unique challenges when it comes to getting the health care they need. Rural Americans have – on average – higher rates of chronic conditions, including diabetes, heart disease, and high blood pressure. Additionally, rural communities face a shortage of primary care doctors and nurses. One fourth of America's population lives in rural areas, but only ten percent of physicians practice there. Many rural residents have trouble affording health insurance, which is why rural communities have some of the highest rates of uninsurance in the country.

The Affordable Care Act contains important benefits and provisions to improve health care in rural communities by:

- Encouraging more doctors and nurses to work in rural communities
- Increasing health insurance options
- Strengthening Medicare and Medicaid, which helps support rural hospitals and other providers.



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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 to or limiting the benefits of children 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.

New Consumer Protections

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

- Requires plans to cover recommended preventive services, including mammograms, colonoscopies, immunizations, and well-baby and well-child screenings 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.

Lower Costs and Increased Coverage

- 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 own a small business, like a ranch or farm, new tax credits could help lower premium costs. Starting in 2010, if you have fewer than 25 employees, pay average annual wages below \$50,000, and pay for most of your employees' health coverage, you may qualify for a small business tax credit of up to 35% of health expenses this year, to help offset the costs of covering your employees. In 2014, the credit will increase to 50% of health expenses.
- If you are one of the many rural Americans who purchase their own coverage, or if you are a small business, starting in 2014 you will have access to more affordable private insurance options through Exchanges, a marketplace where small businesses and individuals can pool their risk together and lower their costs. Exchanges will also lower administrative costs for small businesses.
- 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.

Training More Rural Health Care Providers

- Thanks to investments by both the Recovery Act and the Affordable Care Act, the education and training of thousands of new doctors and nurses is being enhanced – with a focus on those willing to serve in underserved and rural communities. The new law helps encourage more doctors and nurses to practice in rural communities through additional scholarships, loan repayments, and Medicare payment incentives, among other incentives. Taken together, these investments will lead to the training and placement of more than 16,000 primary care providers over the next five years.
- Community Health Centers across the country – especially in rural communities – will be expanded and modernized to serve up to 20 million more patients.

Training More Rural Health Care Providers (continued)

- Area Health Education Centers, which are academic and community partnerships that encourage health care providers to work in rural areas and increase access to health care, receive new funding under the Affordable Care Act to continue training health care workers in rural communities.
- The law also expands tele-health services, so rural Americans can access specialty care, as well as other innovative ways to help rural residents overcome geographic barriers to accessing the care they need.

Strengthening Medicare and Medicaid

- By making quality improvements and cracking down on waste, fraud, and abuse in the Medicare program, the Affordable Care Act ensures that Medicare will continue to be a reliable source of care to current and future generations of seniors by adding 12 years to the Medicare Trust Fund.
- In 2010, up to four million seniors who fall in the Medicare prescription drug coverage gap known as the “donut hole” will receive a one-time, tax-free \$250 rebate check. In 2011, beneficiaries who fall into the coverage gap will receive a 50 percent discount on their brand name prescription drugs, and the coverage gap will be closed by 2020.
- Starting in 2013, payment rates will increase for primary care providers in Medicaid to help ensure there are enough doctors and nurses to serve patients in rural areas.
- Both Medicare and Medicaid will develop and test innovative ways to better manage and coordinate the care of patients, using models such as medical homes or accountable care organizations. These new models of care will be especially critical for patients with chronic conditions, such as diabetes.

