



The New Health Care Law – Top Things to Know

• **Health insurance will become available to millions more Americans.** Many who have not been able to get health insurance will now be able to. No longer will an existing health condition prevent you from getting coverage. And, government tax credits and subsidies will help those eligible pay for health insurance.

• **Health Insurance Exchanges – the key to shop for and buy a health plan beginning October 1, 2013.** These new online marketplaces will be operated in every state by either your state, the federal government or a combination of both. Plans bought during the enrollment period become effective on January 1, 2014.

• **Essential health benefits – defined by the law – will be included in every insurance plan.** Beginning in 2014, most insurance plans – purchased on the Health Insurance Exchange or directly from an insurance company will include benefits meant to cover basic health concerns. They are:

- Emergency services
- Prescription drugs
- Hospitalization
- Rehabilitative services and devices
- Maternity and newborn care
- Laboratory services
- Mental health/ substance abuse
- Preventive/ wellness services & chronic disease management

• **Pre-existing conditions. If you have an existing health condition, illness, pregnancy or are at higher risk of needing medical care, you may have had difficulty getting insurance.** It may have cost more, and your coverage likely excluded the pre-existing condition. In 2014, you'll be able to get insurance that will cover a pre-existing health condition.

• **You can keep your adult children on your plan up to the age of 26.** Most limits to keeping your adult children on your coverage are removed – even if your son or daughter is a full-time student, lives with you, is disabled or is not a tax dependent.

• **Preventive services have no out-of-pocket costs.** Most preventive care will be fully paid by your premium – like certain screenings to check for conditions such as diabetes or mammograms for early cancer detection. And, you won't have a co-pay, coinsurance or deductibles for an annual wellness exam or immunizations.

• **You choose your doctor.** The new law does not change how you choose your own doctor. You will continue to choose your primary care doctor or pediatrician from any in your health plan's provider network. And, you can see an OB-GYN without another doctor's referral.

• **Emergency access.** The health care law ensures that you can seek emergency care at a hospital outside your plan's network without prior approval from your health plan.

• **Understanding coverage.** When you enroll in insurance, you'll get a summary of benefits and health coverage offered by the plan, with easy-to-understand descriptions and examples of your benefits.

• **Right to appeal.** You can ask your plan to reconsider a denial of payment for a service or treatment. If payment is still denied following an appeal process, it can be reviewed by an independent review organization.

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