

Insurance Market Reforms

Sweeping Reform in the Insurance Market Is Changing Your Health Care*

Getting quality care and staying healthy is easier for your employees with improvements to health plan benefits for new health insurance products.

Improved Preventive Care

Many preventive care services, such as screenings, vaccinations and counseling, will now be covered without a copayment, co-insurance or deductible. For a complete list of all preventive services covered under the health care law, visit www.cuidadodesalud.gov.

Easier Access to Emergency Services

Group health plans and insurers will now cover emergency services without prior authorization and in-network requirements.

Real Physician Selection

New provisions under the law permit you to choose any available participating primary-care provider as your doctor and to choose any available participating pediatrician as your child's primary-care doctor. Health plans are also prohibited from requiring a referral from a primary-care provider before you can seek coverage for obstetrical or gynecological (OB-GYN) care from a participating OB-GYN specialist.

To learn more about the above reforms visit www.cuidadodesalud.gov.

**The above reforms do not apply to grandfathered plans.*

Insurance Company Accountability

Increased Accountability Is Improving Coverage

New provisions protect your employees by making insurance companies more accountable.

Insurance Companies Will Have an Incentive to Keep People Healthy

The law allows everyone – regardless of whether they have a pre-existing condition – to purchase a private health insurance policy and will keep them from paying more if they have been ill. This gives health insurance companies a strong financial incentive to keep their customers healthy through purchasing high-quality effective medical care. In the past, insurance companies had a financial incentive to avoid selling policies to people who had been or might become sick.

Excluding Children Under Age 19 Because of Pre-Existing Conditions Is Already Not Allowed

Group health plans and insurers are already prohibited from imposing pre-existing condition exclusions for children under age 19.

Dependent Coverage Is Extended to Age 26

Group health plans that provide dependent health coverage now extend that coverage to children up to age 26.

Health Coverage Cancellation Is Not Allowed

Group health plans and insurers are prohibited from rescinding or canceling health coverage except in the case of fraud or intentional misrepresentation of material fact.

People With Pre-Existing Conditions Are Covered, Too

High-risk pools provide coverage for individuals with pre-existing conditions who have been uninsured for at least six months. These pools will accept new enrollees until 2014 when insurance companies will be required to sell policies to everyone regardless of their health status.

There Is No Limit On Lifetime Benefits

Group health plans and insurers are prohibited from imposing a lifetime dollar limit on essential health benefits. However, currently group health plans can impose annual limits on the dollar value of essential health benefits, but only as determined by the U.S. Department of Health and Human Services Secretary. In 2014 these annual dollar limits will be prohibited for all essential health benefits.