



STARTING THE NEW YEAR WITH NEW HEALTH INSURANCE OPTIONS, NEW CONSUMER PROTECTIONS

Today is a new day for the millions of Americans who finally have the security that comes from quality, affordable health coverage. And those who already have health insurance will have better, more reliable coverage than ever before. From now on, insured Americans won't be forced to put off a check-up or worry about going broke if they get sick.

While there is much more work to be done, beginning today, no family will be denied coverage because of a pre-existing condition like high blood pressure or asthma. No American will have to worry that losing a job means you can't get health coverage. And small businesses may qualify for financial help to pay for new affordable coverage options for their employees.

The challenges in our health care system were decades in the making and won't be solved overnight, but every day more Americans are signing up for insurance and getting the peace of mind of knowing that they can get the care they need without losing everything they've worked and saved for.

New Benefits and Consumer Protections Begin on January 1, 2014

- **Protections for People with Pre-Existing Conditions:** Up to 129 million Americans with pre-existing conditions no longer have to worry about being denied health coverage or charged higher premiums because of their health status.
- **New Insurance Options:** Many previously uninsured Americans have new health insurance options through private health plans in the Marketplace or Medicaid in States that have opted to expand it. Nearly 6 in 10 of Americans who were uninsured could pay \$100 or less per month for coverage.
- **No More Annual Caps on Health Benefits:** Millions of Americans no longer have to worry about having their health benefits cut off after they reach an annual dollar limit on benefits.
- **Comprehensive Coverage:** Health plans in the individual and small group markets are now required to cover ten categories of essential health benefits – including emergency services, maternity and newborn care, mental health and substance use disorder services, and prescription drug coverage. As a result of these new protections, approximately 60 million people will gain expanded mental health and substance use disorder benefits and/or parity protections.

Millions of Americans Have Already Benefited from the Health Care Law

- **Free Preventive Services:** 71 million Americans on private insurance have gained coverage for at least one free preventive service such as mammograms, birth control, and immunizations in 2011 and 2012. In the first eleven months of 2013, an additional 25 million people with traditional Medicare received at least one preventive service at no out of pocket cost.
- **New Insurance Options for Young Adults:** Over three million young adults have gained health insurance because they can now stay on their parents' health plans until age 26.
- **No More Lifetime Caps on Health Benefits:** 105 million Americans no longer have to worry about having their health benefits cut off after they reach a lifetime dollar limit on benefits.
- **Protections for Children with Pre-Existing Conditions:** Parents of the 17 million children with pre-existing conditions have had the security of knowing their children could no longer be denied health coverage due to their health status.
- **Saving Seniors Money on Prescription Drugs:** Since the health care law was enacted, more than seven million seniors and people with disabilities have saved an average of \$1,200 per person on prescription medications as the health care law closes Medicare's "donut hole."
- **Cutting Back on Premium Increases:** Insurance companies must submit premium increases of 10% or more for review by experts. Last year, 6.8 million Americans saved an estimated \$1.2 billion on health insurance premiums after their insurers cut back on planned increases as a result of this process.
- **Premium Dollars That Work for Consumers, Not Just Insurers:** Consumers have saved \$5 billion over the past two years due to a new requirement that insurance companies have to spend at least 80% of premium dollars on care for patients (at least 85% for large group insurers). If they don't, they must send consumers a rebate. Last year, 8.5 million enrollees received rebates averaging \$100 per family.
- **Coverage for Some Americans with Severe Pre-Existing Conditions:** The federal Pre-Existing Condition Insurance Plan gave tens of thousands of Americans who were previously unable to get health insurance due to pre-existing conditions the security of coverage before plans were available in the Marketplace.
- **Expanding Access to Care in the Community:** Using funds available through the Affordable Care Act, community health centers are expanding access to care by providing primary care services, establishing new sites, and renovating existing sites. Health centers served approximately 21 million patients in 2012.