

## Key Features of the Affordable Care Act

The law includes new rules to prevent insurance companies from denying coverage to children under the age of 19 due to a pre-existing condition.

The Pre-Existing Condition Insurance Plan provides new coverage options to individuals who have been uninsured for a least six months because of a pre-existing condition called NJ Protect. It is offered by two carriers: *Ameri Health, 1-866-681-7368* or *Horizon Blue Cross Blue Shield of New Jersey, 1-888-551-2130*. Please be sure to explain you are asking about NJ Protect.

Insurance companies will be prohibited from imposing lifetime dollar limits on essential benefits, like hospital stays.

The law provides consumers with a way to appeal coverage determinations or claims to their insurance company, and establishes an external review process.

All new plans must cover certain preventive services such as mammograms and colonoscopies without charging a deductible, co-pay or coinsurance.

Young adults will be allowed to stay on their parent's plan until they turn 26 years old, even if they are married or do not live at home.

Senior citizens who reach the coverage gap will receive a 50% discount when buying Medicare Part D covered brand-name prescription drugs.

If you are new to Medicare, your "Welcome to Medicare" physical exam is now covered without cost sharing during your first 12 months of Part B coverage. If you have had Part B for longer than 12 months, you can get a yearly wellness visit to develop or update a personalized prevention plan based on your current health and risk factors.

No more Medicare Part B deductible or co-payment for the following screenings if certain coverage criteria apply:

- ❖ Bone mass measurement
- ❖ Cervical cancer screening, including PAP smear tests and pelvic exams
- ❖ Cholesterol and other cardiovascular screenings
- ❖ Colorectal cancer screening (except for barium enemas)
- ❖ Diabetes screening
- ❖ Flu shot, pneumonia shot, and the Hepatitis B shot
- ❖ HIV screening for people at increased risk or who ask for the test
- ❖ Mammograms
- ❖ Medical nutrition therapy to help people manage diabetes or kidney disease
- ❖ For some preventive services, you will pay nothing. You may have to pay co-insurance (a part of the cost) for the office visit when you get these services.
- ❖ Your first yearly wellness exam can not take place within 12 months of your "Welcome to Medicare" physical exam.
- ❖ Smoking cessation counseling.
- ❖ If you are in a Medicare Advantage Plan, check with your plan to see if these benefits will also be free for you.

An easy to use website; [www.healthcare.gov](http://www.healthcare.gov) provides more details on these programs, and also allows consumers to compare insurance coverage options.

**Effective January 1, 2014**

The law implements strong reforms that prohibit insurance companies from refusing to sell coverage or renew policies because of an individual's pre-existing conditions. Also, in the individual and small group market, the law eliminates the ability of insurance companies to charge higher rates due to gender or health status.

Tax credits to make it easier for the middle class to afford insurance will become available for people with income between 100% and 400% of the poverty line who are not eligible for other affordable coverage. (In 2010, 400% of the poverty line comes out to about \$43,000 for an individual or \$88,000 for a family of four).

If your employer does not offer insurance, you will be able to buy it directly in an Affordable Insurance Exchange. An Exchange is a new transparent and competitive insurance marketplace where individuals and small businesses can buy affordable and qualified health benefit plans.

Americans who earn less than 133% of the poverty level (approximately \$14,000 for an individual and \$29,000 for a family of four) will be eligible to enroll in Medicaid. States will receive 100% federal funding for the first three years to support this expanded coverage, phasing to 90% federal funding in subsequent years.

Most individuals who can afford it will be required to obtain basic health insurance coverage or pay a fee to help offset the costs of caring for uninsured Americans. If affordable coverage is not available to an individual, he or she will be eligible for an exemption.

**Provided as a public service by the  
Health Improvement Coalition of Monmouth County**  
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