

Major Health Care Reform Provisions

Agreed Upon Parts	Moving Parts
<ul style="list-style-type: none"> • Requirement for individuals to have health insurance • Assessment of penalties on individuals without qualifying coverage • Requirement that employers provide coverage to employees or pay a fee (“pay or play”) • Small employer exception to pay or play • Tax incentives available to small employers that provide employees access to employer health coverage • Creation of state-based health insurance exchanges (similar to the Massachusetts model) through which individuals could purchase insurance • Federal regulation of insured plans participating in the exchange: <ul style="list-style-type: none"> ○ Guaranteed issue and renewability ○ Federal limits on rating variation ○ Prohibition on pre-existing conditions, lifetime and annual limits ○ Minimum essential benefits • Development of comparative effectiveness measures to improve quality of care and coverage decisions • Subsidies for individuals with income up to 400 percent of the federal poverty level who purchase insurance through an exchange • Establishment of a temporary reinsurance program for employers who provide health care coverage to retirees ages 55 to 64 • Expansion of Medicaid to individuals with incomes in excess of the federal poverty level 	<ul style="list-style-type: none"> • Amount of tax or penalty individuals will pay if they do not obtain coverage • Amount of fees employers would pay if they elected not to provide health coverage to employees • Amount of subsidies for individuals with income up to 400 percent of the federal poverty level who purchase insurance through an exchange • Amount of tax incentives available to small employers that provide employees access to an employer group health plan • Primary revenue raisers to fund reform: <ul style="list-style-type: none"> ○ Excise tax on “rich” plans ○ Tax on “rich” people ○ Assessments on insurance companies, device manufacturers, and others • Number of benefit tiers present in the insurance plans offered under the exchange • Definition of minimum creditable coverage (e.g., minimum actuarial value of covered benefits and cost sharing limits) • Status of Children’s Health Insurance Program (CHIP) • Ages for dependent coverage