

A New Day for American Consumers

September 23, 2010 represented a new day for American consumers in our health care system. This was the day that a series of new rights, benefits, and protections under the Affordable Care Act began -- bringing an end to some of the worst abuses of the insurance industry.

Combined, these new provisions will put consumers, not insurance companies, in charge of their health care. Below is a brief summary of the new restrictions for insurance companies and new rights for consumers beginning to take effect:

Insurers Will No Longer Be Able To:

- **Deny coverage to kids with pre-existing conditions.** Health plans cannot limit or deny benefits or deny coverage for a child younger than age 19 simply because the child has a pre-existing condition like asthma.
- **Put lifetime limits on benefits.** Health plans can no longer put a lifetime dollar limit on the benefits of people with costly conditions like cancer
- **Cancel your policy without proving fraud.** Health plans can't retroactively cancel insurance coverage – often at the time you need it most - solely because you or your employer made an honest mistake on your insurance application.
- **Deny claims without a chance for appeal.** In new health plans, you now have the right to demand that your health plan reconsider a decision to deny payment for a test or treatment. That also includes an external appeal to an independent reviewer.

Consumers in New Health Plans Will Be Able to:

- **Receive cost-free preventive services.** New health plans must give you access to recommended preventive services such as screenings, vaccinations and counseling without any out-of-pocket costs to you.
- **Keep young adults on a parent's plan until age 26.** If your health plan covers children, you can now most likely add or keep your children on your health insurance policy until they turn 26 years old if they don't have coverage on the job.
- **Choose a primary care doctor, ob/gyn and pediatrician.** New health plans must let you choose the primary care doctor or pediatrician you want from your health plan's provider network and let you see an OB-GYN doctor without needing a referral from another doctor.

- **Use the nearest emergency room without penalty.** New health plans can't require you to get prior approval before seeking emergency room services from a provider or hospital outside your plan's network – and they can't require higher copayments or co-insurance for out-of-network emergency room services.

Preventive Care and Services

Under the Affordable Care Act, you and your family may be eligible for some important preventive services — which can help you avoid illness and improve your health—at no additional cost to you.

What This Means for You:

If your plan is subject to these new requirements, you would not have to pay a copayment, co-insurance, or any deductible to receive preventive health services, such as recommended screenings, vaccinations, and counseling.

For example, depending on your age, you may have free access to such preventive services as:

- Blood pressure, diabetes, and cholesterol tests;
- Many cancer screenings, including mammograms and colonoscopies;
- Counseling on such topics as quitting smoking, losing weight, eating healthfully, treating depression, and reducing alcohol use;
- Routine vaccinations against diseases such as measles, polio, or meningitis;
- Flu and pneumonia shots;
- Counseling, screening, and vaccines to ensure healthy pregnancies;
- Regular well-baby and well-child visits, from birth to age 21.

Some Important Details:

- This preventive services provision applies to people enrolled in job-related health plans or individual health insurance policies created after March 23, 2010. If you are in such a health plan, this provision will affect you as soon as your plan begins its first new “plan year” or “policy year” on or after September 23, 2010.
- If your plan is “grandfathered,” these benefits may not be available to you.

- If your health plan uses a network of providers, be aware that health plans are only required to provide these preventive services through an in-network provider. Your health plan may allow you to receive these services from an out-of-network provider, but may charge you a fee.
- Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that your plan can require you to pay some costs of the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit.
- If you have questions about whether these new provisions apply to your plan, contact your insurer or plan administrator. If you still have questions, contact your State insurance department.
- To know which covered preventive services are right for you—based on your age, gender, and health status—ask your health care provider.

For further information on the Affordable Care Act, please visit www.healthcare.gov.

HealthCare.gov

A federal government Website managed by the [U.S. Department of Health & Human Services](http://www.hhs.gov)
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