

## Q: Will my premiums / costs go up because of health reform?

A: No.

According to the independent and non-partisan Congressional Budget Office, people who get coverage through their employer today will likely see lower premiums.

Reform will lower premiums by reducing administrative costs, increasing competition between insurance companies and creating a larger pool of insured Americans.

And remember, the cost of doing nothing is high. In ten years, health care spending for each employee at an average big company will be \$28,530.

## Q: Will my coverage at work change?

A: No. If you like the health plan you have, you will be able to keep it.

- Nothing in the health reform bill will require you to change your coverage. What the bill will do is strengthen the coverage you get at work by making it easier to understand and adding some clear rules to rein in the worst insurance company abuses.
- Language explaining what's in your plan will have to be simple and clear so that you know what your benefits are and what's covered.
- Insurance companies will no longer be allowed to place a lifetime limit on the amount of care they pay for. And in some cases insurance companies with excessive overhead costs will be required to give you a rebate. And, if your adult children are living at home up to age 26 they can be covered under your family policy.

## Q: Will the government take my choice of doctor away?

A: No.

- Nothing about the President's proposal will interfere with the choice of doctors you have today. The legislation will not cause you to change the coverage you have at work today.

## **Q: What are you going to do about all the confusing forms I have to fill out?**

**A: Make it simple.**

- **Health reform will require plans to use clear and plain language on insurance forms so that you can easily understand what benefits and what doctors are covered in your plan. And, it will standardize forms to reduce the confusing and overwhelming paperwork that all Americans have to confront today.**

## **Q: What consumer protections will I get this year?**

**A: Beginning in September 2010, insurers will be prohibited from placing lifetime limits on what they will pay for your medical care, and they can only apply restricted annual benefit limits. Insurers will no longer be able to arbitrarily cancel your insurance policy when you get sick, except in cases of fraud.**

**Insurance companies will be prohibited from denying coverage to children with pre-existing conditions. This applies to all new and existing employer plans.**

**Beginning in September 2010, all new group health plans must provide coverage for preventive services. Recommended prevention and vaccination services will be covered without any deductibles or copayments. Plans must also have a straightforward and independent appeals process so you can appeal decisions by your health insurance plan.**

**Beginning on January 1, 2011, insurance companies will be required to spend most of your premium dollars on your care, not on profits and overhead -- 80 percent in the group market and 75 percent in the individual market -- and rebate any excessive overhead to enrollees.**

**Similarly, starting in plan year 2011, insurance companies that jack up rates will have to disclose requested premium increases publicly. If that rate increase is found to be unreasonable, the insurer may be prohibited from competing for your business in the new state-based exchange that will begin operating in 2014.**

## **Q: I'm a parent, how will reform affect coverage for my children?**

**A: You will be able to get coverage for your child if he or she has a pre-existing condition, and adult children will be able to stay on family policies until age 26.**

- **Beginning in September 2010, it will be illegal for health insurance companies that cover children to deny coverage to your child based on a pre-existing condition. This applies to all new employer plans, new plans in the individual market, and existing employer plans.**
- **Beginning in September 2010, insurers will be required to permit children to stay on family policies until age 26. This applies to all plans in the individual market, new employer plans, and existing employer plans, unless your adult child has an offer of coverage through his or her employer. This requirement will take effect the next time your plan comes up for renewal. Adult children who are on their parents' plan now but who lose that coverage when they graduate from college will have the option of rejoining their parents' policy in the new plan year beginning in September 2010. Those whose parents work at self-insured companies will also be eligible if they do not have an offer of employer-sponsored insurance. Both married and unmarried dependents qualify for this dependent coverage. Beginning in 2014, children up to age 26 can stay on their parent's employer plan even if they have an offer of coverage through their employer.**

**HealthReform.GOV**