

## ***Frequently Asked Questions About Healthcare Reform***

**Q:** *I have a pre-existing medical condition and cannot find affordable health insurance. Will the new law help me?*

**A:** Beginning this summer, the law requires the individuals with a pre-existing medical condition who meet eligibility requirements be offered access to a high-risk pool. The high-risk pool is designed to provide access to affordable health insurance for people who have been uninsured for six months and who have a pre-existing medical condition. A pre-existing medical condition is generally defined as an illness or medical condition for which a person received a diagnosis or treatment within a specified period of time prior to becoming insured. The qualifying pre-existing conditions for the high-risk pool will be determined with guidance from the Secretary of Health and Human Services.

For people in the high-risk pool, health insurance premiums are required to be the same as premiums that individuals without a pre-existing condition pay for the same coverage. The high-risk pool will be available until January 1, 2014, when people in the high-risk pool will be able to receive coverage through the state-based American Health Benefit Exchanges, another provision of PPACA.

**Q:** *My child has been denied health insurance because he has a pre-existing medical condition. We do not qualify for Medicaid or other medical assistance programs. Will the new law help us find coverage?*

**A:** Beginning later this year, the new law will prevent health insurance companies from denying coverage for children based on pre-existing conditions.

**Q:** *I own a small business. I would like to provide health insurance for my employees, but have not been able to afford the cost. Will the new law help me with insurance costs?*

**A:** Beginning with calendar year 2010, tax credits of up to 35 percent of the cost of health insurance premiums will be available to qualifying small businesses that choose to provide insurance coverage to their workers. Starting in 2014, two-year credits of up to 50 percent of the cost of premiums will be available to qualifying small businesses.

**Q:** *My son, who just graduated from college and is unemployed, needs health insurance. Can I keep him on my health insurance policy?*

**A:** Beginning later this year, young adults who do not have an offer of coverage through an employer will be allowed to stay on their parents' health insurance policy until their 26th birthday.

**Q:** *Who is eligible for Medicaid under the new law?*

**A:** Currently, Medicaid covers only certain groups of people, including children, pregnant women, parents with children in the home, and adults who are 65 or over, blind, or disabled. Most adults without dependent children are not eligible for Medicaid under the current program. States also have adopted different income limits, so that a person who had Medicaid in one state may not be eligible if the person moves to another state.

Under the new law, beginning in 2014, a person under age 65 may be eligible for Medicaid based on income. For most people, income will be based on modified adjusted gross income without an assets test or resource test.

The law establishes a national income limit for Medicaid coverage of 133 percent of poverty (\$14,404 for an individual or \$29,326 for a family of four in 2010). The national income limit will help make Medicaid eligibility more seamless for those who move from one state to another.

**Q:** *If my income is over 133 percent of the federal poverty level, what options will be available to me?*

**A:** Beginning in 2014, subsidies for coverage will be available through state-based Health Benefit Exchanges for individuals with incomes above Medicaid levels between 133% and 400% of poverty. The new law requires coordination between Medicaid and the Exchanges to promote new coverage. People who are eligible for Medicaid will not be eligible for subsidies in the state exchange.

**Q:** *I have Medicaid coverage now. Will my coverage be affected by the new law?*

**A:** People who were eligible for Medicaid as of March 23, 2010 will continue to be eligible for coverage. States are required to maintain their current eligibility rules through 2014 for adults and through 2019 for children.

**Q:** *I have Medicare. Will there be any changes to my health insurance coverage?*

**A:** In the first year, proven preventive services, such as mammograms, colorectal cancer screenings and annual wellness checkups, will be covered by Medicare with no copayments or deductibles.

In 2010, Medicare beneficiaries who fall into the Medicare Part D prescription drug coverage gap, or “doughnut hole,” will receive a \$250 rebate on prescription drug costs. Starting in January 2011, beneficiaries in the doughnut hole will receive a 50 percent discount on brand-name drugs and other discounts on generic drugs. These discounts will increase every year until the gap is closed.