How the Health Care Law Benefits You

Because of the Affordable Care Act, the 85 percent of Americans who have insurance have more choices and stronger coverage than ever before. And for the 15 percent of Americans who don’t have insurance, or families and small businesses who buy their coverage but aren’t happy with it, the new Health Insurance Marketplace is open for business in every state.

The Marketplace is a simpler way to purchase health insurance. With one application, you can find and compare options, see if you qualify for lower costs, and select coverage that best meets your needs and budget. You’ll also be able to make apples-to-apples comparisons of plans before you buy, and you can't be denied coverage or charged more because of a pre-existing condition.

October 2013 marked the beginning of a six-month open enrollment period. Consumers have until March 31 to sign up for coverage that starts in 2014.

Visit MyStory to read personal stories of how the Marketplace has helped people across the country, or to tell your own story.

Already the Affordable Care Act has led to better value, better health, and better choices for millions of Americans.

As the law’s implementation continues, we’re ensuring that all Americans have access to affordable, quality health coverage that leads to better value, better health, and better choices.

**Better Value**

- **Making sure 80 cents out of every premium dollar goes to your care.** Health insurance companies now have to spend at least 80 cents of your premium dollar on health care or improvements to care, or provide you a refund. In 2012, **8.5 million** consumers received half a billion dollars in refunds – with the average consumer receiving a refund of around $100 per family. Moreover, 77.8 million consumers saved $3.4 billion up front on their premiums as insurance companies operated more efficiently as compared to 2011.

- **Transparency in Health Insurance Rates.** Now insurance companies in every state must publicly justify any rate increase of 10 percent or more. Since this rule went into effect, the fraction of issuer
requests for premium increases of 10 percent or more has dropped dramatically, from 75 percent to 14 percent. To date, the rate review program has helped save Americans an estimated $1 billion.

- **Stronger Consumer Protections.** Insurance companies can no longer cancel your coverage because you get sick or because you made a mistake on an application. And they can no longer limit lifetime coverage to a fixed dollar amount. Already 105 million Americans no longer have a lifetime limit on essential health benefits, thanks to the law.

- **No more denials because of Pre-Existing Conditions.** 129 million non-elderly Americans have some type of pre-existing health condition, including 17.6 million children. Today, insurers can no longer deny coverage to children because of a pre-existing condition, like asthma or diabetes, under the health care law. And beginning in 2014, health insurers will no longer be able to charge more or deny coverage to anyone because of a pre-existing condition.

- **Keeping young adults on their parents’ plans.** The health care law has allowed 3.1 million young adults who would otherwise have been uninsured to stay on their parents’ health insurance plans until age 26.

### A Stronger Medicare Program

- **Closing the Donut Hole.** The Affordable Care Act is closing the gap in drug coverage known as the "donut hole." Since the enactment of the law, over 7.3 million Americans with Medicare who reached the donut hole have saved a total of $8.9 billion on prescription drugs, or an average of $1,209 per person. The average person with Medicare will save approximately $5,000 from 2010 to 2022, while those with high prescription drug costs will save much more – as much as $18,000 over the same period.

- **Fighting Fraud.** The health care law helps stop fraud with tougher screening procedures, stronger penalties, and new technology. Over the last four years, the administration’s fraud enforcement efforts have recovered $14.9 billion from fraudsters. For every dollar spent on health care-related fraud and abuse activities in the last three years the administration has returned $7.90.

- **Securing the Medicare Trust Fund.** The health care law extends the life of the Medicare Trust Fund by ten years. From 2010 to 2012, Medicare spending per beneficiary grew at 1.7 percent annually, substantially more slowly than the per capita rate of growth in the economy.

- **Fewer avoidable hospital readmissions.** Every year, about 2.6 million seniors – or nearly one in five hospitalized Medicare enrollees – are readmitted within 30 days of discharge, at a cost of more than $26 billion to the Medicare program. The health care law ties Medicare reimbursement for hospitals to their readmission rates. Between January 2012 and August 2013, an estimated 130,000 readmissions were avoided.

- **Smarter Care.** Health care law focuses on driving a smarter health care system focused on the quality, not quantity of care. More than 360 organizations are participating in one of Medicare’s Accountable Care Organization programs across the country, which encourage quality and care coordination through the use of health information technology. Together, these initiatives are improving primary care for nearly 5.3 million people with Medicare and are expected to save up to $940 million in the first four years.

### Better Health

- **Free Preventive Services.** The health care law requires most insurance plans to cover recommended preventive care without cost-sharing. Already, 71 million Americans with private health insurance have gained preventive service coverage without cost-sharing, including nearly 27 million women. In 2012 alone, an estimated 34 million people with Medicare received one or more preventive services with no cost-sharing, including those who took advantage of the new Annual Wellness Visit.

- **Comprehensive Coverage.** Beginning in 2014, the Affordable Care Act requires most health plans in the individual and small group markets to cover ten essential health benefit categories, to include hospitalization, prescription drugs, maternity and newborn care, and mental health and substance use
disorder services. In the individual market alone, 8.7 million Americans will gain maternity coverage because of the health care law. And the Affordable Care Act expands mental health and substance use disorder benefits and federal parity protections for 62 million Americans.

- **Strengthening the Primary Care Workforce.** The health care law invests in training and support for thousands of new primary care doctors and nurses by providing bonus payments, scholarships and loan repayment, and new training opportunities. The number of primary care providers in the National Health Service Corps are at all-time highs, and have more than doubled since 2008.

- **Supporting Community Health Centers.** The Affordable Care Act dramatically increased funding for the operation, expansion and construction of health centers nationwide. Today, 1,200 health centers operate nearly 9,000 service delivery sites that provide primary care to more than 21 million patients annually. Health centers across the country have also received $208 million to help uninsured Americans gain access to affordable health insurance coverage through the Marketplace.

**Better Options**

- **Access to Quality, Affordable Coverage.** Beginning this year, 41.3 million uninsured Americans will have new opportunities for coverage through the Health Insurance Marketplace. 6 out of 10 of those may be able to get coverage through the Marketplace for $100 or less.

- **One Application, Many Ways to Get Help.** Consumers can fill out one application to see if they qualify for a range of health coverage options - including private health insurance, Medicaid and CHIP - or lower costs on monthly premiums based on their income. Apply online at HealthCare.gov; by calling the Marketplace call center at 1-800-318-2596; or find in-person help in your community at LocalHelp.HealthCare.gov.

- **Helping States Set Up Their Marketplaces.** In 2014, 49 states, the District of Columbia, and four territories will have received a total of nearly $4.2 billion in grants to establish their marketplaces.

- **The Small Business Health Options Program (SHOP).** The SHOP Marketplace helps small businesses compare different plans to find a plan that fits their budget and meets their needs and those of their employees. In 2014, small businesses will have access to the expanded Small Business Health Care Tax Credit, which will be worth up to 50 percent of employer-paid premium costs to help them afford coverage for their employees and dependents. Since it first became available in 2010, the Small Business Health Care Tax Credit has provided more than $1 billion in tax credits.

- **New Opportunities to Expand Medicaid.** States have new opportunities to expand Medicaid coverage to individuals with family incomes at or below 133 percent of the federal poverty level (generally $31,322 for a family of four in 2013). This expansion includes non-elderly adults without dependent children, who have not previously been eligible in most states.

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