

Health law kicks into 2nd gear; does it help me?

September 22 2010, By CARLA K. JOHNSON , AP Medical Writer

(AP) -- The nation's new health care law turns 6 months old Thursday and starts delivering protections and dollars-and-cents benefits that Americans can grasp. But it won't affect all consumers the same way, which may cause confusion.

Q: Will everyone's health insurance change on Thursday?

A: No. It depends on when your health insurance plan year starts. Many of the new requirements begin with plan years starting on or after Sept. 23. But if your plan year starts Jan. 1, as many do, that's when the changes start.

"Grandfathered" plans, those that existed before the law was enacted March 23 and which remain essentially unchanged, must meet only some of the requirements. New plans and those with significant changes in benefits or out-of-pocket costs must comply with even more changes in the law.

Q: How do I know how my health plan fits in all this?

A: If you get insurance through work, ask your employer about any changes. If you buy insurance yourself, call your insurance company.

Q: What are some of the new benefits?

A: Free preventive care, for one. Some people will no longer have to pay

copays, coinsurance or meet their deductibles for preventive care that's backed up by the best scientific evidence. That includes flu vaccines, [mammograms](#) and even diet counseling for adults at-risk of chronic disease.

Q: Are there exceptions?

A: Free [preventive care](#) isn't required of existing health plans that haven't changed significantly, those "grandfathered" plans we mentioned earlier. New plans, and those that change substantially on or after Sept. 23, must provide this benefit.

Q: What other changes start Sept. 23?

A: If you go to an [emergency room](#) outside your plan's network, you won't get charged extra. Patients will be able to designate a [pediatrician](#) or an ob-gyn as their [primary care](#) doctor, avoiding the need for referrals that are required by some plans.

Q: I've heard lifetime limits are being eliminated. What does that mean?

A: Millions of Americans have insurance that sets a cap on what their insurance will pay to cover their medical costs over a lifetime. The caps have left very sick patients with medical bills topping \$1 million or \$2 million high and dry. These lifetime limits will be eliminated for plans issued or renewed on or after Sept. 23.

Those who have maxed out because of the caps but remain eligible for coverage must be reinstated on the first day of the plan year that begins on or after Sept. 23.

Q: What about annual limits?

A: Plans issued or renewed on or after Sept. 23 can't have annual limits lower than \$750,000. Annual limits will be eliminated entirely by 2014.

Q: Are there exceptions?

A: Employers and insurance companies can apply for waivers for so-called "mini-med" plans that offer limited benefits. The intent of the waivers is to allow these low-cost plans to exist so that people don't lose their health coverage when premiums go up.

Q: Any changes that affect parents?

A: Insurers can no longer deny coverage to children with pre-existing conditions. Also, parents can keep their adult children on their health plans until age 26.

Q: Is it true that some insurers will no longer sell child-only policies in some states?

A: Companies in some states have said the new requirement to insure children with pre-existing conditions will lead to unpredictable costs. Their decision to stop selling such policies won't affect existing plans. Most children are covered under family insurance plans. A 2009 survey by the trade group America's Health Insurance Plans found about 8 percent of individual plans are child-only, covering about 140,000 children.

Q: Are there other consumer protections?

A: The law bars insurers from canceling policies retroactively when a person gets very sick and runs up high bills. Insurers still will be able to rescind policies in cases of fraud and intentional misrepresentation. But they can't cut you off when you need coverage most for a capricious

reason.

Q: Why Sept. 23?

A: That's six months after President Barack Obama signed the law. Many provisions were scheduled to start six months after enactment.

Q: Are these changes likely to raise [health insurance](#) premiums?

A: The Obama administration says the new benefits will raise premiums by no more than 1 to 2 percent. Benefit consulting companies say the impact will be in the single digits, but may vary from plan to plan.

More information: Sources: Associated Press research, Employee Benefit Research Institute, eHealth Inc., Kaiser Family Foundation, Georgetown University's Center for Children and Families Health Policy Institute.

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