



The New Healthcare Law and You

How will health insurance coverage for **your children** change?

The Affordable Care Act (ACA) became law in March 2010. It creates new rules and funds programs to help ensure that children younger than 19 years old:

- Can get and keep affordable insurance
- Have access to the care they need to become and stay healthy.

Getting and keeping affordable insurance...

Now:

- Children cannot be denied health insurance because of health problems.
- Parents cannot be denied a family insurance plan because of a sick child.
- Insurers cannot cancel your insurance or your child's insurance if your child gets sick.
- Children's Health Insurance Program (CHIP) is funded through Sept. 30, 2015. CHIP provides low-cost health insurance to children in families that make too much to be eligible for Medicaid, but too little to buy insurance on their own.
- \$40 million in grants is available to help states reach and enroll more children in CHIP.
- Adults up to age 26 can stay on their parents' insurance plan.

Beginning in 2014:

- Foster children will be covered by Medicaid until they turn 26 in states that implement the Medicaid expansion.
- Families will be able to compare and buy insurance online in a marketplace called an exchange. If your family makes less than 400% of the **federal poverty level (FPL)** (\$62,040 for a family of two, \$94,200 for a family of four) you will qualify for a government subsidy. The subsidy will pay your insurer for part of your insurance premiums. How much you get will depend on your income, your family size and where you live.
- There will be limits on how much most insurance plans can require you to pay in co-pays and deductibles on

essential health benefits for yourself and your children. Essential health benefits are basic services everyone needs, such as doctor's office visits and tests, emergency care and prescription drugs.

If you make:	Your spending on essential health benefits is limited to:	
	Individual	Family
>400% of the FPL	\$5,590	\$11,900
300%-400% FPL	\$3,967	\$7,933
200%-300% FPL	\$2,975	\$5,960
100%-200% FPL	\$1,983	\$3,967

- If your family makes 133% or less of the FPL (\$19,564 for a family of two, \$29,726 for a family of four) and your state implements the Medicaid expansion, everyone in the family will be eligible for Medicaid.

The chart below lists the 2013 federal poverty level (FPL) for different-sized families. These yearly income levels change each year.

People in family	100% FPL	133% FPL	200% FPL	300% FPL	400% FPL
1	\$11,490	\$15,282	\$22,980	\$34,470	\$45,960
2	\$15,510	\$20,628	\$31,020	\$46,530	\$62,040
3	\$19,530	\$25,975	\$39,060	\$58,590	\$78,120
4	\$23,550	\$31,322	\$47,100	\$70,650	\$94,200

How will health insurance coverage for your children change? (continued)

Keeping kids healthy...

Now:

- Insurers must let parents choose their child's doctor from all covered pediatricians.
- Plans cannot limit how much they will spend on essential health benefits for your children over their lifetime.
- All *new* plans must cover 100% of the cost of prevention and wellness benefits for children. This includes physicals, immunizations, vision exams and oral-health assessments.
 - New plans are those that did not exist on March 23, 2010, or those that existed but then had a big change. A big change could be a reduction in benefits or an increase in cost.
- Annual limits on how much insurance plans will pay for essential health benefits in all *new* plans are:

Limit	For plan years that start after:
\$2 million	Sept. 22, 2012
Unlimited	Jan. 1, 2014

- Each state must create a campaign to increase awareness of preventive and obesity-related services available to children on Medicaid.
- The Medicaid and CHIP Payment and Access Commission will research access to doctors for children with Medicaid and CHIP, and recommend fixes.
- More school-based health centers will be created. These are health clinics located in schools that increase students' access to care.
- The Childhood Obesity Demonstration Project will create a comprehensive and systematic model for reducing childhood obesity.

In 2013 and 2014:

- Medicaid will increase how much it pays primary care doctors, including pediatricians, to the same amount that Medicare would pay them.

Beginning in 2014:

- All plans must cover pediatric dental and vision services.



The series is provided by The Health Foundation of Greater Cincinnati, an independent nonprofit dedicated

to improving community health through grants, evaluation and education. The Foundation works in Cincinnati and 20 surrounding counties in Indiana, Kentucky and Ohio.



You can ask us questions and find copies of our materials at: <http://reform.healthfoundation.org>.