



## HEALTH INSURANCE REFORM AT A GLANCE

# GUARANTEED BENEFITS

In order to achieve affordable, quality health care for all, the Senate passed bill as improved by reconciliation establishes standards to ensure that all plans in the new health insurance Exchanges cover a comprehensive set of necessary services and offer protections for consumers.

### GENERAL

- Establishes a core set of benefits that all insurers must provide in the Exchange.
- Eliminates out-of-pocket expenses for preventive care (including well baby and well child care) in new plans to underscore the importance of preventive health services in making Americans healthier and lowering the growth of health care costs over time.
- Caps annual out-of-pocket spending for individuals and families in new plans.
- Prohibits annual and lifetime limits on coverage by all health plans.

### BENEFIT PACKAGES

The Exchange makes available four tiers of benefit packages that will be offered by health plans from which consumers can choose to best meet their health care needs. Each plan must cover the essential benefits.

- *Bronze Plan*: Includes the essential benefits and minimum cost-sharing protections where the plan covers 60 percent of the full value of the benefits.
- *Silver Plan*: Includes the essential benefits with more generous cost-sharing protections than the Bronze plan where the plan covers 70 percent of the full value of the benefits.
- *Gold Plan*: Includes the essential benefits with more generous cost-sharing protections than the Silver plan where the plan covers 80 percent of the full value of the benefits.
- *Platinum Plan*: Includes the essential benefits with more generous cost-sharing protections than the Gold plan where the plan covers 90 percent of the full value of the benefits.

### GUARANTEED SET OF BENEFITS

A required core set of benefits provides coverage for essential health care services and items to ensure that consumers will no longer have to worry about being stuck in an inadequate insurance plan. The levels of coverage will be defined by the Secretary of Health and Human Services. Benefits must include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental Health and substance use disorder services, including behavioral health treatments
- Prescription drugs

- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care