



GUARANTEED BENEFITS

In order to achieve affordable, quality health care for all, the Affordable Health Care for America Act establishes standards to ensure that all plans in the new Health Insurance Exchange cover a comprehensive set of necessary services and offer protections for consumers.

GENERAL

- Establishes a standardized benefit package that covers essential health services.
- Eliminates out-of-pocket expenses for preventive care (including well baby and well child care) to underscore the importance of preventive health services in making America healthier and lowering the growth of health care costs over time.
- Caps annual out-of-pocket spending for individuals and families so that no one faces bankruptcy from health costs ever again.
- Creates a new independent Benefits Advisory Committee to make recommendations to the Secretary of Health and Human Services and to update the core package of benefits to address the health care needs of Americans. The committee will be chaired by the Surgeon General and will consist of physicians, other health care providers, business representatives, consumers, and other health care experts.
- Prohibits annual and lifetime limits by insurance companies on coverage.

BENEFIT PACKAGES

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

- *Basic Plan:* Includes the essential benefits and minimum cost-sharing protections.
- *Enhanced Plan:* Includes the essential benefits with more generous cost-sharing protections than the Basic plan.
- *Premium Plan:* Includes the essential benefits with more generous cost-sharing protections than the Enhanced plan.
- *Premium Plus Plan:* Includes essential benefits, the more generous cost-sharing protections of the Premium plan, and additional covered benefits (e.g., oral health coverage for adults, gym membership, private rooms, etc.) that will vary per plan. In this category, insurers must disclose the separate cost of the additional benefits so consumers know what they're paying for and can choose among plans accordingly.

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 working with the new Benefits Advisory Commission outlined above. Benefits must include:

- Inpatient hospital services
- Outpatient hospital services
- Physician services
- Equipment and supplies provided incident to physician services
- Preventive services
- Maternity services
- Prescription drugs
- Rehabilitative and habilitative services
- Well baby and well child visits and oral health, vision, and hearing services for children
- Durable medical equipment, prosthetics, orthotics and related supplies
- Mental health and substance abuse services, including behavioral health treatments

In defining the essential benefits package, abortion services may not be made a required benefit (except in cases of rape, incest, or to save the life of the woman). Each plan may decide whether or not to cover abortion services, and, if it does, it may use only private premium dollars to pay for them. No federal funds may be used to pay for abortion services (except in cases of rape, incest, or to save the life of the woman).