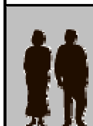
HOW HEALTH CARE REFORM WOULD IMPACT YOU

HOUSEHOLD	CURRENT HEALTH CARE SITUATION	UNDER THE HOUSE PLAN
 **Employed married couple** ANNUAL HOUSEHOLD INCOME **$125,000** AGE **Husband 33, Wife 35** DEPENDENT CHILDREN **None** HEALTH STATUS **Healthy**	**Insured.** The couple receives health benefits from the wife's employer.	The couple could keep their current plan. Employer-sponsored health plans would have to meet certain standards of coverage within five years of the bill's enactment.
 **Unemployed, single man** ANNUAL HOUSEHOLD INCOME **$18,000** AGE **34** DEPENDENT CHILDREN **None** HEALTH STATUS **Recently had a heart attack**	**Uninsured.** He recently lost his job, and cannot afford to pay the COBRA premiums for his previous insurance. He tried to buy insurance on the individual market, but the plans either denied coverage or were charging premiums higher than he could afford because of his heart condition.	He could receive subsidies to buy either a private plan or a new public health insurance plan in the Health Insurance Exchange. The Exchange is a one-stop-shopping location where anyone can compare and buy insurance. His out-of-pocket medical expenses would also be capped at a share of his income. Insurers could not charge higher premiums or deny coverage because of his pre-existing condition.
 **Retired Couple** ADJUSTED GROSS INCOME **$50,000** AGE **Wife 72, Husband 74** DEPENDENT CHILDREN **None** HEALTH STATUS **Wife has arthritis; husband has high cholesterol**	**Insured.** The couple is covered under Medicare. They currently fall into the "donut hole", the coverage gap in the Medicare prescription drug program.	The couple would continue receiving Medicare and choosing their own doctors just as they do today. Their out-of-pocket costs would decrease because of the phasing out of the "donut hole" in Medicare prescription drug coverage and the elimination of co-payments for preventive care such as cancer screenings.
 **Employed, single woman** ANNUAL HOUSEHOLD INCOME **$14,000** AGE **24** DEPENDENT CHILDREN **None** HEALTH STATUS **Healthy**	**Uninsured.** She was a dependent on her parents' employer-sponsored insurance plan until she graduated from college. Her current employer, a large retail chain, does not offer insurance.	She could stay on her parents' plan until her 27th birthday at her parents' discretion. If she didn't want to stay on her parents' insurance, she would qualify for a subsidy to purchase either a private plan or the new public health insurance plan in the new Health Insurance Exchange. She could also sign up for Medicaid, which would be open to individuals with incomes up to 150 percent of the federal poverty level ($16,245 a year for an individual).

Small business owners, married couple with one child ADJUSTED GROSS INCOME **$70,000** AGE **Husband 50, Wife 48** DEPENDENT CHILDREN **A 17-year-old** HEALTH STATUS **Wife has high blood pressure**	**Family is insured.** The family buys health insurance, but the wife's high blood pressure drives up the cost of coverage. **Employees of the couples' business are uninsured.** The couple owns a furniture store that employs 9 people and has an annual payroll of $150,000. They do not offer insurance to their employees.	The couple would not be required to provide insurance to their employees or contribute to premiums because the business's annual payroll is less than $500,000. However, if they choose to offer insurance to their employees, they will receive a tax credit for two years to cover up to half the cost of the insurance for their employees. Credits are available to employers with 25 or fewer employees and average wages of $40,000 or less. The amount of the credit phases down as employer size increases. The couple has the option to buy insurance for themselves and their employees through the Exchange, which will allow them to get a group rate that may be significantly cheaper than their current small business rate. The premiums on their own plan may also go down because insurers would be prohibited from charging more because of the wife's blood pressure or any other pre-existing condition.
Self -employed single woman with two children ANNUAL HOUSEHOLD INCOME **$38,000** AGE **42** DEPENDENT CHILDREN **Two; Under 6 years of age** HEALTH STATUS **One child has diabetes**	**Uninsured.** As a self-employed person, she does not have access to a plan offered by an employer. Plans in the individual market either denied her coverage or were too expensive because of her son's diabetes. The children and their mother are not eligible for coverage under Medicaid or the Children's Health Insurance Program because the mother's income is too high.	All insurers would be prohibited from denying coverage or changing more because of pre-existing conditions. The family would be eligible to receive assistance to buy a private or public insurance plan from the Exchange and out-of-pocket medical costs would be capped.
Executive and business owner, married couple ADJUSTED GROSS INCOME **$1,100,000** AGE **Both 45** DEPENDENT CHILDREN **None** HEALTH STATUS **Healthy**	**Insured.** The couple receives health benefits from the husband's employer. **Employees of the wife's business are uninsured.** The wife's landscaping business employs 18 people and has an annual payroll of $550,000. The business does not offer health insurance to the employees.	The couple could keep their current employer-provided plan. They would pay $5,400 in surtax (imposed on adjusted gross income above $1,000,000 for a couple). The wife's business would have to offer full-time employees insurance or pay $11,000 -- 2 percent of the payroll -- to help finance coverage for them (Employers with an annual payroll of more than $700,000 would pay 8 percent of wages). She could choose to buy insurance for her employees at the Exchange. The Exchange would be open to employers with 25 or fewer employees in the first year and 50 or fewer in the second year, and to larger employers over time.

Based on the Provisions in H.R. 3962

Modified from the New York Times graphic published July 27, 2009

Prepared by the Office of Congressman Sander Levin