



AFFORDABLE HEALTH CARE FOR AMERICA ACT

CONSUMER PROTECTIONS AND INSURANCE MARKET REFORMS

Affordable Health Care for America Act includes comprehensive reforms to create a transparent, consumer-friendly insurance marketplace that protects consumers and provides them with choices among quality, affordable health care plans.

PROTECTING CONSUMERS

The bill includes strong reforms to the insurance market so that consumers will be more secure in their health coverage.

- Insurers will be prohibited from excluding coverage based on pre-existing conditions.
- Insurers will be prevented from selectively charging people different premiums based on their gender, health status, or occupation.
- Insurers will be prohibited from charging older adults more than twice as much as younger adults.
- Eliminates bankruptcy due to medical expenses by requiring a standardized annual out-of-pocket spending limit.
- Medicare beneficiaries enrolled in private plans will no longer be charged out-of-pocket expenses above traditional Medicare.
- New requirements on plans will ensure that they keep administrative costs down to 15 percent of premiums and pass on savings to consumers.
- Insurers will be prevented from rescinding or dropping coverage when a person gets sick.
- Insurers will be prevented from denying reconstructive surgery for children with birth defects or injuries.
- Insurers will be prohibited from capping the annual and lifetime amounts they pay for customers' health benefits and services.
- Insurers will be required to publicly disclose and justify insurance rate increases to discourage excessive price increases.
- Immediately allows consumers to remain in their COBRA coverage until the Health Insurance Exchange is up and running and they have a new option for coverage.
- Removes antitrust exemption for health insurance companies so that they are no longer shielded from liability for price fixing, dividing up territories, or monopolizing their market — all of which reduce competition and increase prices for consumers.

CREATING A MORE USER-FRIENDLY MARKETPLACE

The bill establishes a transparent, consumer-friendly health care marketplace that focuses on quality, affordable choices for all Americans and keeps insurers honest.

- Creates a new Health Insurance Exchange that provides people with a menu of both public and private quality, affordable health insurance options so they can choose the plan that best meets their needs.
- Ensures clear information, written in plain English, and transparency on plan costs and benefits in

the Exchange so consumers and employers can comparison shop for the best deals and care.

- Establishes consumer advocacy offices, a website, 1-800 number and other outreach components to help people understand and select plans, ensure that they receive promised benefits and services, and provide additional help.
- Guarantees benefits so that all consumers have plans with high quality, critical, and comprehensive health care benefits.
- Streamlines and simplifies all administrative forms, billing transactions and other processes so the system is more efficient and less confusing for all plans, providers and consumers, saving everyone time and money.