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Comparison of health care status quo with Senate and House health reform bills

	Now	Senate	House
Covering the uninsured	50 million uninsured	Reduces the number of uninsured by **31 million**	Reduces the number of uninsured by **36 million**
Pre-existing conditions	In 45 states, insurance companies can deny people coverage or charge them higher rates because they have pre-existing conditions.	-Immediate ban on denial for pre-existing conditions for children -Temporary high-risk pool for people denied coverage due to pre-existing conditions -Complete ban begins in 2014	-Temporary high-risk pool for people denied coverage due to pre-existing conditions -Complete ban begins in 2013
Annual and lifetime limits	Insurance companies can set annual and lifetime limits on the benefits they will pay out, bankrupting many people who face serious illnesses.	Bars insurance companies from imposing annual or lifetime limits on benefits	Bars insurance companies from imposing annual or lifetime limits on benefits
Federal subsidies	None	Average premium and cost-sharing subsidy of **$5,600** per person on a sliding scale for 26 million people in families earning between 133-400% of the Federal Poverty Level ($24,352-$73,240 for a family of three).	Average premium and cost-sharing subsidy of **$6,800** per person on a sliding scale for 21 million people in families earning between 133-400% of the Federal Poverty Level ($24,352-$73,240 for a family of three).
Small businesses	Small businesses pay higher rates for health insurance than larger companies.	-Tax credits beginning in 2010 to help small businesses pay the cost of premiums for their employees -Give small businesses access to the same rates as larger businesses	-Tax credits beginning in 2013 to help small businesses pay the cost of premiums for their employees -Give small businesses access to the same rates as larger businesses
Controlling excess profits by insurance companies	Some insurance companies currently skim off 40% of premiums for administration, marketing and profit.	Immediately requires that insurers devote at least 85% of their premiums to medical benefits, and provide rebates to consumers if an insurer spends less than this level.	Immediately requires that insurers devote at least 85% of their premiums to medical benefits, and provide rebates to consumers if an insurer spends less than this level.
Preventative Care	Co-pays, co-insurance and deductibles apply.	Preventative care, such as cancer screenings and wellness check ups, are free.	Preventative care, such as cancer screenings and wellness check ups, are free.
Limits on out of pocket costs	Currently no out-of-pocket limits for individuals and families, which leads to many bankruptcies.	Annual limit of $5,800 on out-of-pocket costs for an individual and $11,600 for a family, lower limits for lower income families	Annual limit of $5,000 on out-of-pocket costs for an individual and $10,000 for a family, lower limits for lower income families

Dependent coverage	State laws vary, but most do not require insurers to provide dependent coverage up to any certain age.	Immediately extend dependent coverage in all insurance plans up to age 26	Immediately extend dependent coverage in all insurance plans up to age 27
Seniors	Currently, Medicare annual drug coverage stops at $2,700, then resumes when drug bills reach $4,350. This referred to as the "donut hole".	- No losses in coverage and addition of important benefits. - Senate leaders have agreed to adopt the House provisions eliminating the Medicare drug coverage "donut hole" - Preventative care, such as cancer screenings, are free - Eliminates overpayments that private insurers receive through Medicare Advantage - Restructures payments to health care providers to encourage greater coordination of care -Extends the life of the Medicare Trust Fund by 5 yrs	- No losses in coverage and addition of important benefits. -Over several years, eliminates the Medicare drug coverage "donut hole" - Preventative care, such as cancer screenings, are free - Eliminates overpayments that private insurers receive through Medicare Advantage - Restructures payments to health care providers to encourage greater coordination of care -Extends the life of the Medicare Trust Fund by 5 yrs
Medicaid	-In most states, only very poor adults who have children qualify for Medicaid. -Each state decides the income eligibility level - the median income cutoff is 41% of the Federal Poverty Level, or $7,500 for a family of 3. -45 states provide no Medicaid coverage to childless adults	-Universal access to Medicaid for individuals and families earning up to **133%** of the Federal Poverty Level ($24,352 for a family of three or $14,404 for an individual)	-Universal access to Medicaid for individuals and families earning up to **150%** of the Federal Poverty Level ($27,465 for a family of 3 or $16,245 for an individual) -Increase in Medicaid payment rate to primary care providers to increase access to care in low-income communities
Affordability for lower-income families	None	A family of 3 earning $27,465 would pay **$1,263 in premiums annually** and have a **$3,867 cap on out-of-pocket costs**. If they faced a serious or chronic illness they could end up spending **19%** of their income on health costs.	A family of 3 earning $27,465 would pay **$824 in premiums annually** and have a **$1,000 cap on out-of-pocket costs**. If they faced a serious or chronic illness they could end up spending **7%** of their income on health costs.
Employer-sponsored health coverage	150 million people have coverage through their employers	The number of people with employer-sponsored coverage projected to <u>decrease</u> by 4 million	The number of people with employer-sponsored coverage projected to <u>increase</u> by 6 million
Public Option	Medicaid and Medicare are public programs that cover approximately 28% of all Americans	-Medicaid and Medicare continue and are improved. -Federally supervised national health plans, at least one of which was non-profit, would be available in the Exchange	-Medicaid and Medicare continue and are improved. -A public option would be available in the Health Exchange, covering an estimated 6 million people
Federal deficit	Rising health costs are driving up the deficit	<u>Reduce</u> the federal deficit by $132 billion over ten years.	<u>Reduce</u> the federal deficit by $138 billion over ten years.

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