Better Health

Covering preventive services with no deductible or co-pay
The health care law requires many insurance plans to provide coverage without cost sharing to enrollees for a variety of preventive health services, such as colonoscopy screening for colon cancer, pap smears and mammograms for women, well-child visits, and flu shots for all children and adults.

Increasing support for community health centers
The health care law increases the funding available to community health centers nationwide. Under the health care law New York City Health Center grantees will be funded to support ongoing health center operations and to establish new health center sites, expand services, and/or support major capital improvement projects.

Preventing illness and promoting health
New York had received $62,000,000 in grants from the Prevention and Public Health Fund created by the health care law. This new fund was created to support effective policies in New York, its communities, and nationwide so that all Americans can lead longer, more productive lives.

A Stronger Medicare Program

Making prescription drugs affordable for seniors
Thanks to the Affordable Care Act, coverage for both brand name and generic drugs will continue to increase over time until the coverage gap is closed. Nationally, over 6.6 million people with Medicare have saved over $7 billion on drugs since the law’s enactment.

Covering preventive services with no deductible or co-pay
With no deductibles or copays, cost is no longer a barrier for seniors and people with disabilities who want to stay healthy by detecting and treating health problems early.

Protecting Medicare’s solvency
The health care law extends the life of the Medicare Trust Fund by ten years. The health care law helps stop fraud with tougher screening procedures, stronger penalties, and new technology.

Compiled by: Student Health Center
Sources:
Centers for Disease Control
US Department of Health and Services
New York State Department of Health

Because of the Affordable Care Act:
- 88% of New Yorkers who have insurance have more choices and stronger coverage than ever before
- 12% of New Yorkers who don’t have insurance, or New York families and small businesses who buy their coverage but aren’t happy with it, a new day is just around the corner
The Health Insurance Marketplace will provide families and small businesses that currently don't have insurance, or are looking for a better deal, a new way to find health coverage that fits their needs and their budgets.

Beginning Oct 1, the Health Insurance Marketplace will make it easy for New Yorkers to compare qualified health plans, get answers to questions, find out if they are eligible for lower costs for private insurance or health programs like Medicaid and the Children's Health Insurance Program (CHIP), and enroll in health coverage. New York’s uninsured and eligible population may qualify for lower costs on coverage in the Marketplace, including through Medicaid.

Open enrollment in the Marketplace starts Oct 1, with coverage starting as soon as Jan 1, 2014. But New York families and small business can visit HealthCare.gov to find the information they need prepare for open enrollment.

Better Options

New coverage options for young adults
Under the health care law, if your plan covers children, you can now add or keep your children on your health insurance policy until they turn 26 years old.

Ending discrimination for pre-existing conditions
Many non-elderly New Yorkers have some type of pre-existing health condition, including children. Today, insurance companies can no longer deny coverage to children because of a pre-existing condition, like asthma or diabetes, under the health care law. Beginning in 2014, health insurers will no longer be able to charge more or deny coverage to anyone because of a pre-existing condition. The health care law also established a temporary health insurance program for individuals who were denied health insurance coverage because of a pre-existing condition.

Better Value

Providing better value for your premium dollar through the 80/20 Rule
Health insurance companies now have to spend at least 80 cents of your premium dollar on health care or improvements to care, or provide you a refund. This means that New York residents with private insurance coverage will benefit from refunds from insurance companies for an average refund of $92 per family covered by a policy.

Scrutinizing unreasonable premium increases
Under Federal law, insurance companies are required to publicly justify their actions if they want to raise rates by 10 percent or more.

Removing lifetime limits on health benefits
The law bans insurance companies from imposing lifetime dollar limits on health benefits – freeing cancer patients and individuals suffering from other chronic diseases from having to worry about going without treatment because of their lifetime limits. The law also restricts the use of annual limits and bans them completely in 2014.