

# Health Reform Timeline

## Beginning in 2010:

- Your children can stay on your family health plan until they're 26.
- Retirees in the "donut hole" receive a \$250 rebate to help pay for their medications.
- Insurance companies can't deny coverage to children under 19 with pre-existing conditions.
- Insurance companies can't drop coverage when you get sick.
- Uninsured people with pre-existing conditions can get health insurance through a temporary program.
- Insurance companies can't put lifetime caps on the amount they'll pay for your care; annual caps are subject to restrictions.
- Tax credits are phased in for small businesses that want to provide health insurance to their employees.
- New programs that offer low-interest loans, scholarships, loan repayment and tax relief to cover educational costs for health professionals become available.

## Beginning in 2011

- Free preventive care and annual wellness visit for Medicare beneficiaries.
- Continue closing the "donut hole" for seniors by providing a 50 percent discount for certain drugs.
- Medicaid programs can cover home and community-based care for people with disabilities instead of institutional care.
- Long-term care insurance program created to provide cash benefits to adults who become disabled.
- A new program allows states to offer home and community-based services to disabled individuals through Medicaid rather than institutional care.

## Beginning in 2014

- Insurance companies can't deny coverage to anyone because of pre-existing conditions and can't charge more for groups with large numbers of women.
- Health plans can't place annual limits on the amount of care they'll cover.
- Most people are required to have health insurance. Nearly all Americans will have some form of health insurance coverage.
- Health insurance "exchanges" are open in each state for individuals or families who do not receive health insurance from their employers or who are not on Medicaid, allowing the uninsured to comparison shop for those policies that are best for their needs and their budgets.
- Tax credits and vouchers are available for lower-income people to buy coverage and access to Medicaid is expanded.

## Beginning in 2018

- Employer-provided plans that cost more than \$27,500 for family coverage and \$10,200 for individual coverage are subject to an excise tax on the excess over these amounts.