

New paths to health insurance

Key part of Affordable Care Act will make health coverage more widely available

By JEMAL R. BRINSON AND RYAN HAGGERTY | Tribune graphics

A key part of the Affordable Care Act takes effect Tuesday, when millions of Americans are expected to begin signing up for new health insurance plans, many of which will be subsidized by the federal government.

The policies will be sold by various companies through government-run websites called exchanges or marketplaces, where people can compare plans before choosing their best option. The exchanges were created to offer affordable coverage to people who don't have insurance or who pay too much for their coverage, with most low-income families qualifying for Medicaid or federal subsidies that will help them pay for their policies.

Most people who have coverage through their jobs will likely keep their current policies, although some may be eligible for policies offered through the exchanges.

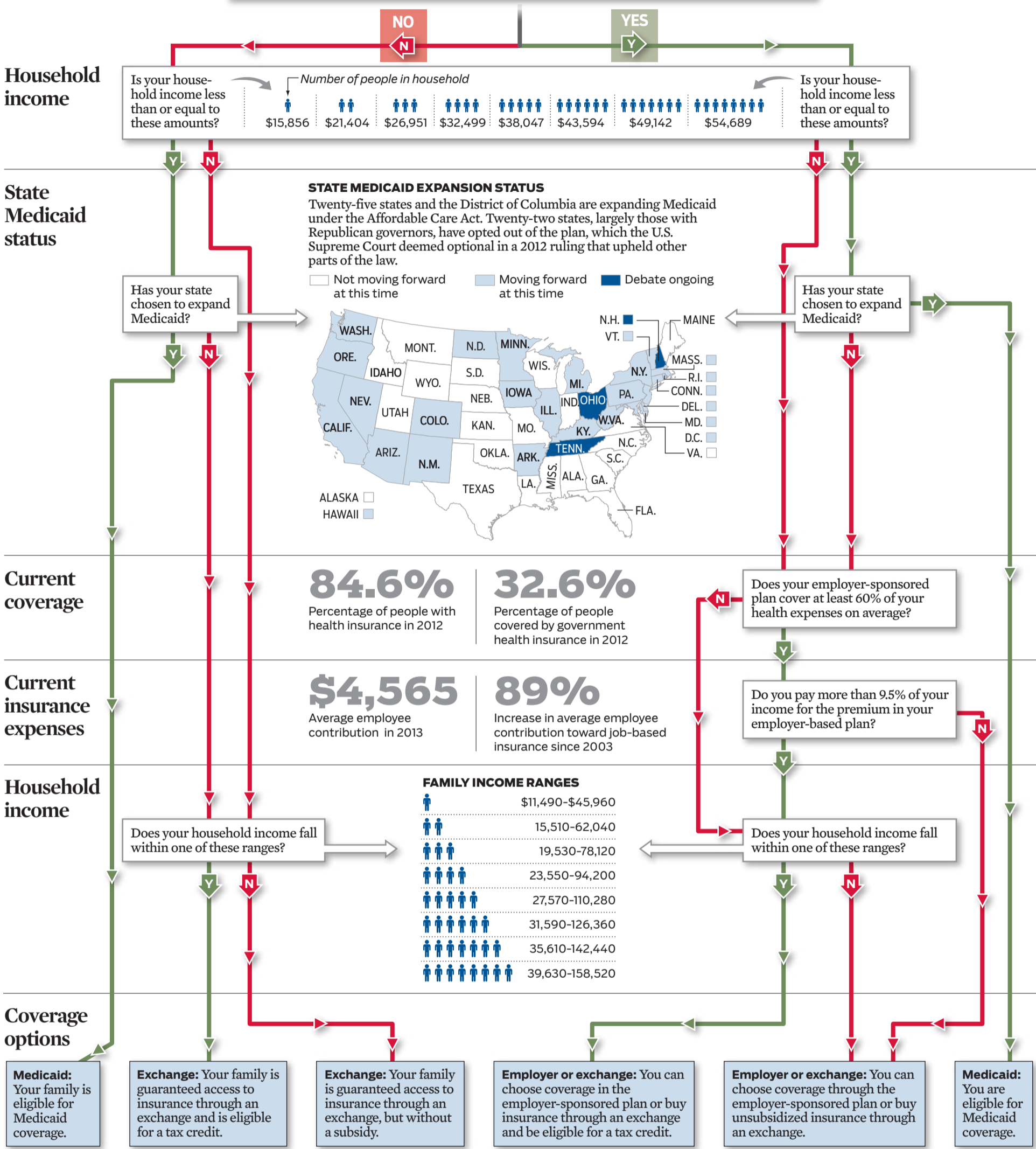
Insurers selling plans through the exchanges cannot deny coverage or charge more to people with pre-existing medical conditions, and they must cover treatments for those conditions. Many preventive services also will be covered at no cost.

About 7 million people are expected to use the exchanges to shop for new policies, with coverage beginning in 2014, according to the Congressional Budget Office. With a few exceptions, people who do not have insurance will face a tax penalty, starting next year at \$95 or 1 percent of household income, whichever is greater.

Here's a look at how Americans will access health coverage once the exchanges open, plus information about how implementation of the health care law varies across the states.

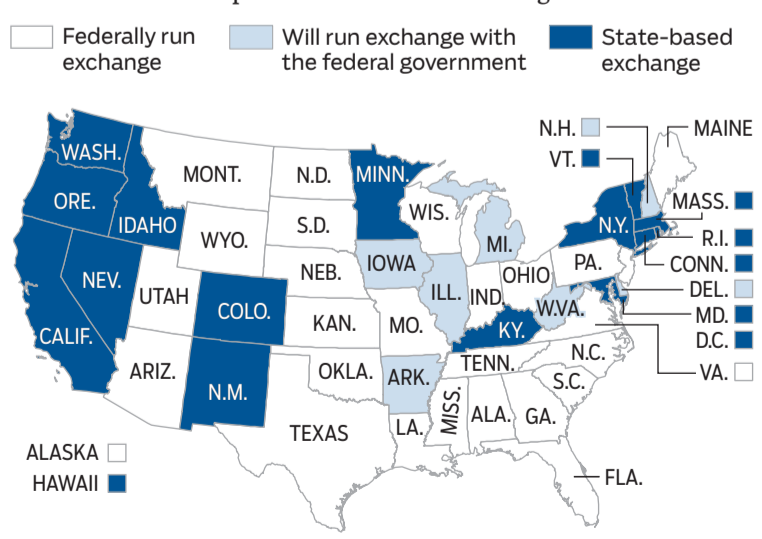
HOW THE AFFORDABLE CARE ACT AFFECTS YOU

Start here: Are you offered health insurance through an employer?



STATE DECISIONS ON INSURANCE EXCHANGES

The Affordable Care Act directs the Department of Health and Human Services to establish and operate a federal health insurance exchange in any state that is not willing to create its own. Sixteen states and the District of Columbia plan to run their own exchanges.

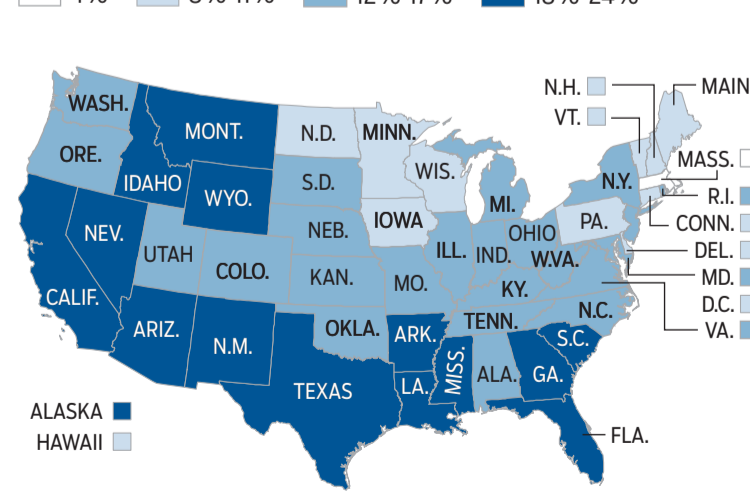


UNINSURED AMERICANS

The Affordable Care Act is intended in part to make health insurance more accessible to people who are currently uninsured.

Percentage of population by state without health insurance, 2011

Legend: 4% (white), 8%-11% (light blue), 12%-17% (medium blue), 18%-24% (dark blue)

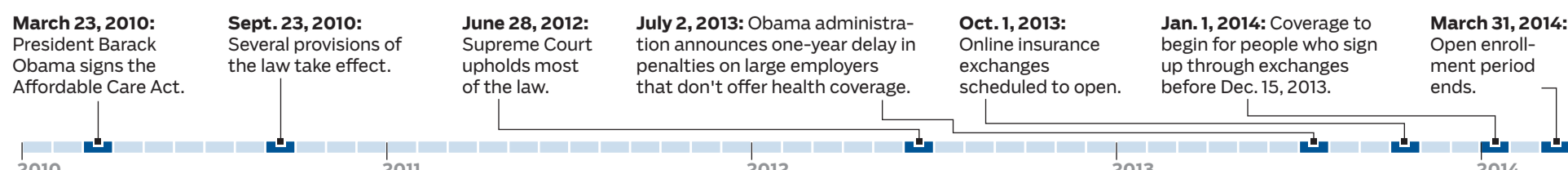


ESSENTIAL BENEFITS

All plans offered on the exchanges require insurers to cover basic services, called essential health benefits, within at least the following 10 categories.

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health/substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services

TIMELINE OF THE AFFORDABLE CARE ACT'S IMPLEMENTATION



SOURCES: Tribune Newspapers reporting, Kaiser Family Foundation, whitehouse.gov, healthcare.gov, University of Illinois at Chicago School of Public Health, Census Bureau, Department of Health and Human Services, TRIBUNE NEWSPAPERS