

The Affordable Care Act

The Affordable Care Act is the name given to the comprehensive health care reform law enacted on March 23, 2010.

Grandfathered Health Plans

A grandfathered health plan isn't required to comply with some of the consumer protections of the Affordable Care Act. This will preserve consumers' rights to keep the coverage they already had before health reform.

If you have health coverage from a plan that existed on March 23, 2010, your plan may be considered a "grandfathered" plan. This is true whether you are covered by an individual health insurance policy that you had on that date, or you are covered by a job-based health plan that your employer first established before March 23, 2010. This is true even if you enrolled in that job-based plan sometime later.

Explore and Learn More

- SC Department of Insurance
www.doi.sc.gov
- SC Department of Health & Human Services
www.dhhs.state.sc.us
- Centers for Medicare & Medicaid Services
www.cms.gov
- Pre-Existing Condition Insurance Plan
www.pcip.gov
- SC Health Planning Committee
www.healthplanning.sc.gov
- National Association of Insurance Commissioners
www.naic.org



SC Department of Insurance

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New Consumer Protections and Benefits Health Insurance Reforms



New Consumer Protections and Benefits Under the Affordable Care Act

Protecting Children With Pre-Existing Conditions



Protections are in place that prohibit health plans from limiting or denying benefits for a child because of a health problem or disability the child had before applying to join the plan. Health plans cannot limit or deny benefits or deny

coverage outright for a child younger than age 19 simply because the child has a “pre-existing condition.” The same protections will be extended to Americans of all ages starting with plan or policy years that begin on or after January 1, 2014.

Adding Adult Children to Your Health Plan

Most health plans that cover children must make coverage available to children up to age 26. By allowing children to stay on a parent’s plan, it is easier and more affordable for young adults to get or keep health insurance coverage.

Adult children can join or remain on your plan whether or not they are married, living with you, in school, or financially dependent on you.

Appealing Plan Decisions

You have the right to appeal health insurance plan decisions--to ask that your plan reconsider its decision to deny payment for a service or treatment. New rules that apply to health plans created after March 23, 2010 spell out how your plan must handle your appeal (usually called an “internal appeal”). If your plan still denies payment after considering your appeal, the law permits you to have an independent review organization decide whether to uphold or overturn the plan’s decision. This final check is often referred to as an “external review.”

Curbing Insurance Cancellations

An insurer can no longer retroactively cancel (rescind) your insurance coverage solely because you or your employer made an honest mistake on your insurance application. Your insurance company can still rescind your coverage if you intentionally put false or incomplete information on your insurance application or if you fail to pay your premiums on time.

Lowering Your Costs for Preventive Services



New benefits help make wellness and prevention services affordable and accessible to you by requiring health plans to cover all evidence-

based, recommended preventive services and by eliminating cost-sharing. Your plan will be required to provide certain recommended preventive services without charging you a copayment, coinsurance, or deductible.

Protecting Your Choice of Health Care Providers



The Affordable Care Act guarantees that you can choose the primary care doctor or pediatrician you want from your health plan’s provider network. It ensures that you

can see an OB-GYN doctor without a referral from another doctor. The law also guarantees that you can seek emergency care at a hospital outside your plan’s network without prior approval from your health plan.

Maximum Value for Your Premium Dollar

To make sure your premium dollars are spent primarily on health care (as opposed to what it spends on administrative, overhead and marketing costs), the new law limits how much of your premium dollar your insurer can spend on things other than providing and improving the quality of health care. If your insurance company exceeds that limit, it must provide a rebate of the portion of premium dollars that exceeded this limit.

Visit www.HealthCare.gov to learn more about how you can make the most of your expanding health care choices.