

September 23 marked the sixth month anniversary of the signing of the health reform law. Already, millions of small businesses have become eligible for tax credits for health expenses and seniors have received \$250 checks to cover gaps in the Medicare Part D program.

On Thursday, new benefits kicked in, including the provision protecting children with pre-existing conditions from being denied coverage, the provision allowing young adults to stay on their parents' health insurance plan until their 26th birthday and a provision banning insurance companies from setting lifetime limits on coverage (annual limits are to be phased out over three years).

Below, read more about new health care protections. For further information on how health care reform helps you and your family, please check out a new website, healthcare.gov.

If you are privately-insured:

- **Your health coverage cannot be arbitrarily cancelled if you become sick**

Under the new law, health plans are now prohibited from rescinding coverage except in cases involving fraud or an intentional misrepresentation of facts. This spring, insurers agreed to begin implementing this protection early, so rescissions are now a thing of the past. This protection applies to all health plans.

- **Your child cannot be denied coverage due to a pre-existing condition.**

Each year, thousands of children who were either born with or develop a costly medical condition are denied coverage by insurers. Research has shown that, compared to those with insurance, children who are uninsured are less likely to get critical preventive care including immunizations and well-baby checkups. That leaves them twice as likely to miss school and at much greater risk of hospitalization for avoidable conditions.

The new law prohibits insurance plans both from denying coverage and limiting benefits for children based on a pre-existing condition. This protection applies to all new health plans. These protections will be extended to Americans of all ages starting in 2014.

- **Your child can stay on your health plan up to age 26**

Young people are the most likely to be uninsured – with currently one in three young people having no health coverage. One reason is that young people are less likely to be offered coverage through their jobs.

Under the new law, insurance companies are required to allow young people up to their 26th birthday to remain on their parents' insurance plan, at the parent's choice. This provision applies to all health plans and will take effect during the next open enrollment period. (For employer plans, only those young people not eligible for their own employer coverage receive the benefit, until 2014.)

- **Your health plan cannot put a lifetime limit on your health coverage**

Millions of Americans who suffer from costly medical conditions are in danger of having their health insurance coverage vanish when the costs of their treatment hit lifetime limits. These limits can cause the loss of coverage at the very moment when patients need it most. Over 100 million Americans have coverage that imposes such lifetime limits. The new law prohibits the use of lifetime limits in all health plans.

- **Your health plan's annual limits are phased out over three years.**

Even more aggressive than lifetime limits are annual dollar limits on what an insurance company will pay for health care. Annual limits are less common than lifetime limits – but 19% of individual market plans and 14% of small employer plans nationwide currently use them.

The new law phases out the use of annual limits over the next three years. For plan years beginning on or after September 23, 2010, the minimum level for the annual limit will be set at \$750,000. This minimum is raised to \$1.25 million in a year and \$2 million in two years. In 2014, all annual limits are prohibited. The protection applies to all new plans in the individual market. This will protect the 5 million residents of New Jersey who have employer-based health insurance.

If you are purchasing a new plan, you will have the following additional protections:

- **You have the right to key preventive services without deductible or co-payments**

Under the new law, insurance companies must cover recommended preventive services, including mammograms, colonoscopies, immunizations, and pre-natal and new baby care, without charging deductibles, co-payments or co-insurance.

- **You have the right to both an internal and external appeal**

The new law guarantees the right to an “internal appeal.” Also, New Jerseyans have the right to an external appeal paid by insurance companies.

- **You have the right to choose a doctor under your plan**

The new law allows you to choose a pediatrician as your child’s primary care doctor and gives women the right to see an OB-GYN without having to obtain a referral first.

- **You have the right to access out-of-network emergency room care at in-network cost-sharing rates**

Many insurers charge unreasonably high cost-sharing for emergency care by an out-of-network provider. This can mean financial hardship if you get sick or injured when you are away from home.

The new law makes emergency services more accessible to consumers. Health plans will not be able to charge higher cost-sharing for emergency services that are obtained out of a plan’s network.