



The new health care law: What it means for Maine

The new federal health care law, the Patient Protection and Affordable Care Act, will increase access to health insurance and provide greater options to Maine families and businesses to access health care. Benefits from the new law begin this year, with most benefits fully in place by 2014.

Health Care Law: For those currently without insurance

2010

- The health law creates a temporary high-risk pool that provides immediate access to insurance for anyone with a pre-existing condition who has been uninsured for at least six months. High-risk pools are bridge coverage until coverage expansions through the Exchange and MaineCare occur in 2014.
- Increased funding for Community Health Centers (CHC), which provide free or low-cost, sliding-scale fees for health care services. This will increase the access and affordability of care across the state.
- Adult children (up to age 26) will be able to stay on parents' insurance, with parents permission and provided that they don't have access to employer sponsored coverage of their own.
- Children with pre-existing conditions can no longer be denied coverage by insurers.
- New nonprofit hospital standards, including: written financial assistance policies, a limit on what they can charge for services, and a requirement to observe fair billing and debt collection practices.

2014

- Adults with pre-existing conditions can no longer be denied affordable insurance.
- Individuals and families buy insurance through a new online, state-based marketplace called an Exchange.
- Individuals and families will receive subsidies to help buy coverage from the health insurance exchange. Based on your income, there will be a cap to the amount you will be charged for premiums and your out-of-pocket expenses will also be capped.
- Medicaid will expand to all adults and children with incomes up to 133% of the poverty level
- Those who cannot afford to buy insurance will be eligible for subsidies. That includes individuals with incomes of up to 400% of the poverty level (\$88,200 for a family of four). People who make three or four times the poverty level will not have to pay more than about 10% of their income for a good health insurance package. Individuals who make about \$14,000, and four-person families with incomes of about \$29,000, will not have to pay more than 3% to 4% of their incomes for insurance. Those who make even less – under 133 percent of the federal poverty level – will be able to enroll in a newly expanded Medicaid program.