



The Affordable Care Act: What Your Family Needs to Know

Since it took effect in 2010, the health reform law, otherwise known as the Affordable Care Act or ACA, has made important changes to the way health care coverage works for children and families. Starting October 1, 2013, you can compare insurance options to find the right plan for you and your family. The American Academy of Pediatrics (AAP) has created this list to explain some key things you should know.

1. **Benefits and protections are already available.**

Expanded Coverage:

- Children under age 26 can be covered by a parent's health insurance policy.
- Children under age 19 can't be denied coverage because of a pre-existing condition.

Benefits:

- Families can choose a pediatrician as a child's primary care doctor.
- New private health plans must cover the cost of preventive care.
- Out-of-pocket costs are capped at \$5,950/individual/year and \$11,900/family/year.

Protections:

- Insurance companies can no longer set lifetime dollar limits on health benefits.
- Insurance companies can no longer drop people if they get sick.

2. **Having health insurance is now a requirement.**

As of January 1, 2014, almost all Americans will be required to have health insurance or pay a penalty.

- **If you have access to affordable insurance through your employer:**
You do not need to change insurance coverage if you don't want to.
- **If you do not have access to affordable coverage:**
You can get health insurance through your state's marketplace. Enrollment for new coverage begins October 1, 2013.

3. **The marketplace is a new way to get health insurance for you and your family.**

You can buy insurance directly from an insurance company or through a broker, or you can sign up through your new state marketplace. Through the marketplace, you can also find out if you qualify for Medicaid or the Children's Health Insurance Program (CHIP).



To find information on health coverage programs in your state, visit:

www.healthcare.gov/what-is-the-marketplace-in-my-state/



4. Through the marketplace, you can find out what the cost of health insurance will be for you and your family.

Your application in the health insurance marketplace will tell you if you are eligible for financial assistance to help you buy private insurance. The amount of assistance depends on your family’s yearly income. You may also have no cost if you qualify for Medicaid or CHIP.

5. The marketplace offers a number of different health plans, and families should compare plans to ensure they meet their needs.

The marketplace offers 4 different levels of health insurance plans. Those least expensive (bronze) have fewer benefits and higher out-of-pocket costs. Those that are the most expensive (platinum) have more benefits and lower out-of-pocket costs. Make sure you choose an insurance plan that works for your family’s needs.

Families, especially those who have children with special health care needs, need to make sure the plan they purchase includes:

- Access to pediatric specialists and pediatric surgical specialists
- Preventive care, such as well-child check-ups and immunizations
- Habilitative services to help a child keep, learn, or improve functioning
- Rehabilitative services such as physical or speech therapy
- Vision and dental care (dental plans may be sold separately)

6. Make sure your current pediatrician is included in the plan you choose.

On your state’s marketplace website, you can look up your family’s current pediatrician to see if he or she participates in the plan you choose. Choosing a plan that includes your pediatrician will allow you to stay within your current medical home.

7. Have questions? There are people who can help.

Your state’s marketplace has people who can help you compare plans and enroll your family in coverage.

Website: www.healthcare.gov/what-is-the-marketplace-in-my-state/
By Phone (available 24/7): 1-800-318-2596

For additional resources on the Affordable Care Act or getting coverage, visit www.healthcare.gov.



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