



# Health Reform and Young Alabamians

The Affordable Care Act (ACA) guarantees new health benefits for young adults and families:

- **Family coverage to age 26.**

You can stay on your parents' dependent coverage:

- Whether you live with your parents or not.
- Whether you're financially dependent on your parents or not.
- Whether you're single or married. (*Parents' policy doesn't have to cover your spouse or children.*)
- Whether you're eligible to enroll in your employer's plan or not. (*Until 2014, plans that already existed when the ACA was passed on March 23, 2010, don't have to meet this requirement.*)

- **No more “pre-existing condition” exclusions for kids.**

Insurance companies can no longer deny your child coverage because of a condition such as asthma or heart murmur that already existed before the health coverage went into effect. (*This protection began in 2010 for all group plans and new individual plans; all plans must offer it starting in 2014.*)

- **Coverage of adults' “pre-existing conditions” starting in 2014.**

If you've been denied insurance benefits because of a health problem you already have, that barrier will disappear on Jan. 1, 2014.

- **New ways to get affordable health insurance starting in 2014:**

- More workers at small businesses will have access to health insurance through their job. Small businesses will be able to buy affordable coverage through the Alabama Health Insurance Exchange.
- People who don't have insurance through work but earn too much to qualify for Medicaid will be able to buy affordable coverage through the Exchange.
- Alabama Medicaid will expand to cover people earning up to 133 percent of the federal poverty level (about \$14,400 for an individual or \$30,000 for a family of four).

- **No more lifetime caps on insurance benefits.**

Before the ACA, young people could reach their lifetime benefit cap on a college or university student plan if they had a serious accident or other expensive health problem. Some students had bills for thousands or even millions of dollars above what their plans would pay.

- **No more annual benefit caps after next year.**

Starting Jan. 1, 2014, insurance companies can't stop paying benefits when you reach a certain payment limit during the year.

- **Starting Aug. 1, 2012, plans must cover women's benefits including:**

- Mammograms and other preventive screenings for free
- Birth control prescriptions (*with exemptions for certain religious employers*)
- Maternity care
- Home nursing visits for at-risk mothers and newborns

More information: [healthcare.gov](http://healthcare.gov)