

SENIOR NUGGET - OCTOBER 2013

THE AFFORDABLE CARE ACT & YOU (As outlined by AARP - all items are subject to changes)

IMPORTANT: Before signing up, read plans thoroughly (including the fine print), to determine which insurance plan meets your (and families') health needs

AARP REPORTS Currently (subject to changes) on January 2, 2014 the new health law ensures you have access to these essential benefits below:

AMBULATORY PATIENT SERVICES—Details about the plans' networks and access to doctors will vary, but the law says the networks' size must be "sufficient."

PRESCRIPTION DRUGS—under the law, all plans will cover at least one drug in every category and class in U.S. pharmacopeia.

EMERGENCY CARE—If you go to a hospital Emergency Room with sudden and serious condition (symptoms of heart attack or stroke) the Emergency visit is already covered under most plans. But under the reform law, ER visits do not require preauthorization, and you cannot be charged extra for an out-of-network-visit.

MENTAL HEALTH—Many plans don't cover mental or behavioral health services, but this will change under the law. Patients may be billed around \$40 per session. In some states, though, coverage may be limited to a set number of therapy visits per year.

HOSPITALIZATION—Under the law, your insurer must cover hospitalization, though you may have to pay 20% of the bill or more if you haven't reached your out-of-pocket limit.

REHABILITATIVE AND HABILITATIVE SERVICE—If you are injured or become ill, many plans today cover rehabilitation therapies to relieve pain and help you regain your ability to speak, walk or work. The plan covers equipment too, including canes, knee braces, walkers and wheelchairs. Few plans, however, address the reform law's essential requirement for "facilitative" services, which are therapies to help cover some long-term disabilities, such as diseases like multiple sclerosis.

PREVENTIVE AND WELLNESS SERVICES—Many experts believe this benefit could help rein in the nation's rising medical costs. The idea is to get people to see doctors and make better choices before they get sick and run up medial bills. Under the law, Medicare beneficiaries may also be able to receive additional screenings free of deductibles and co-pays.

LABORATORY SERVICES—While the law codifies the full set of preventive screening tests (pap smears, prostate tests), you can still be billed for "diagnostic" tests that doctors order when you have symptoms of disease. Cost may range from \$20 for lab test to 30% for an MRI (Magnetic Resonance Imaging Scan).

PEDIATRIC CARE—Under the law, children under age 19 will be able get their teeth cleaned twice a year, as well as receive X-Rays, fillings, and medically necessary orthodontia. Under the plan, children under age 19 will be entitled to a yearly eye exam and one pair of glasses or set of contact lenses a year.

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THE AFFORDABLE CARE ACT AND YOU CONTINUED ...**

MATERNITY AND NEWBORN CARE—The law classifies prenatal care as preventive service that must be provided at no extra cost. It requires insurers to cover childbirth as well as the newborn infant’s care.

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**EDITORS NOTE:**

**DO YOU WINTER IN ANOTHER STATE ?**

Check the plan of your choice to assure the policy covers you while residing out of state.

**FOREIGN TRAVEL - Personal Travel:** It is highly recommended to purchase special travel insurance to assure traveler(s) are covered during length of trip. Insurance can be obtained through online agencies or your local travel agency.

**Business Travelers** check with your benefits office for data on firms’ corporate policy.

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**BIRTHDAY GREETINGS TO ALL HAVING AN OCTOBER BIRTHDAY**

**CHECK YOUR BIBLE BIRTH VERSE ON: [www.birthverse.com](http://www.birthverse.com)**