How does the ACA protect me today?

> Through your insurance plan, you can get things like cancer screenings (mammograms and colonoscopies) and yearly checkups without a co-pay. Insurance will cover the full cost of the preventative service.

> Children cannot be denied health care because they have a “pre-existing condition,” meaning they have had some sickness in the past.

> Young adults can stay on their parents’ insurance until age 26.

> Your insurance coverage won’t stop if you reach a certain dollar limit during your lifetime. This can help people going through expensive treatment like chemotherapy, for example.

> Insurance companies have to spend 80-85% of your premium dollars on actual medical costs or repay you the difference.

> Seniors on Medicare are paying less for their medications.

> Insurance companies can’t drop your coverage if you get sick.

> Insurance companies have to tell you what they offer you in their plan in plain language, so you know what’s covered and what isn’t.

How does the ACA help me get and pay for health insurance?

How will the ACA help me, starting in 2014?

> Insurers won’t be able to deny you health care coverage because you have been sick in the past or have a chronic illness.

> Insurance companies have to sell you an insurance plan if you are able to buy one.

> Your insurance coverage won’t stop when you reach a yearly dollar limit for coverage.

> In the past, insurance companies could charge you more for being a woman, or for having been sick, and they won’t be able to do that anymore.

> Insurance companies will be limited on how much more they can charge you based on your age, or whether you smoke.

The ACA does two main things to help people get and pay for their health insurance.

> First, states will create “exchanges” which are new marketplaces for private insurance. In those marketplaces, people can apply for tax credits to help them pay for their insurance premiums.

> Small businesses can also get tax credits to help offer insurance to their employees.

> The new health insurance exchanges will let people compare insurance plans with information that’s easy to understand so that they can choose the best one.

> Exchanges will have a “no wrong door” policy, meaning that you fill out one application for health insurance, and won’t have to go somewhere else if you qualify for Medicaid or Medicare.

> You can apply for health insurance in the exchange in the way that’s best for you—online, over the phone, on paper, or even in person.

> Second, states have the option of creating a new Medicaid program to cover Nebraskans who earn less than $14,856 for an individual and about $30,657 for a family of four. This could benefit more than 78,000 uninsured Nebraskans and provide health care coverage to Nebraskans who can’t afford private coverage and don’t qualify for tax credits in the exchange.