



What's on the table

Highlights of health care legislation taking shape as President Barack Obama pushes to overhaul the U.S. health care system, as of July 30:

	House		Senate		Obama
	House Democrats	House Republicans	Health committee*	Finance committee	Campaign proposal
Percent covered	• About 94 percent; about 17 million would remain uninsured	• No estimates; aims to make insurance accessible to all	• About 97 percent	• About 97 percent; no illegal immigrants	• All children; many now-uninsured adults
Cost	• \$1.5 trillion over 10 years	• Unknown	• About \$615 billion over 10 years	• About \$1 trillion over 10 years	• As high as \$1.6 trillion over 10 years
How it's paid for	• About \$500 billion in cuts to Medicare, Medicaid; \$580 billion in taxes; \$200 billion in penalties for employers who don't get coverage	• Reduce Medicare, Medicaid fraud; no new taxes	• Another committee responsible for financing	• Cuts to Medicare, Medicaid; taxes on very high cost insurance policies; fee on employers whose workers get public insurance plan	• Cuts within health care system; higher taxes on those with income above \$250,000
Requirements for individuals	• Must have insurance; enforced with tax penalty with hardship waiver	• No mandate	• Must have insurance; enforced with tax penalty with hardship waiver	• Expected to include requirement	• All children required to be insured; parents responsible
Requirements for employers	• Must provide insurance or face penalty; small businesses exempt	• No mandate; small business tax credits offered	• Fine for employers who do not offer insurance; those with 25 or fewer workers exempt	• Considering penalties based on how much the government pays for workers' coverage	• Large employers must offer coverage or pay into new government-run plan
Subsidies to buy coverage	• Up to 400 percent of poverty level; begins in 2013	• Tax credit for "low- and modest-income" people	• Up to 400 percent of poverty level	• Up to 300 percent of poverty level	• For low-income people; level not specified
Benefit package	• Must include essential benefits (hospitalization, doctor visits, drugs, other services) proposed by a committee; no denial of coverage for pre-existing conditions	• Insurers must let children stay on parents' plan until age 25	• Must include essential benefits recommended by a new Medical Advisory Council; no denial of coverage for pre-existing conditions	• Sets four benefit categories; insurers required to offer coverage in at least two; no denial of coverage for pre-existing conditions	• Insurers must offer packages at least as generous as new public plan; no denial of coverage for pre-existing conditions; children can be on parents' plan until age 25
Government-run plan	• Available through insurance exchanges; run by secretary of Health, Human Services	• No public plan	• Robust new plan to compete with private insurers	• Considering nonprofit, member-owned co-ops in lieu of government-run plan	• Comprehensive plan similar to that available to federal employees
Choosing a plan	• Through a new National Health Insurance Exchange; open to individuals, small employers	• No purchasing exchange proposed	• Through state-based purchasing pools called American Health Benefit Gateways	• Through state-based exchanges	• Through a new National Health Insurance Exchange for buying new public plan or qualified private plan
Changes to Medicaid (program for the poor)	• Expanded to include all those with incomes up to 133 percent of poverty level; now eligibility varies by state	• Those now eligible for Medicaid could use the value of the benefit to buy a private plan	• Available to those with incomes up to 150 percent of poverty level	• All at 100 percent of poverty; those from 100-133 percent could choose Medicaid or 100 percent subsidy; begins in 2013	• Expand eligibility; income levels not specified

*Senate Health, Education, Labor and Pensions Committee