

Health Care Reform: Pre Existing Conditions

The Patient Protection and Affordable Care Act (ACA) makes significant impacts on the way individuals both purchase and use health insurance.

One of the most important changes the law makes is regarding pre-existing conditions.

What is a pre-existing?

A pre-existing condition is a physical or mental health condition, disability or illness that is diagnosed prior to enrollment in a health plan.

What is changing?

Under the Affordable Care Act, all Americans will have access to health care coverage regardless of a pre-existing condition. Beginning Sept. 23, 2010, group health plans cannot exclude enrollees (employees, spouses or dependents) under age 19 based on pre-existing conditions.

For adults aged 19 and older, it will be phased in beginning on January 1, 2014. This means that insurers will have to accept everyone who wants to purchase a plan, regardless of their health status.

In addition, health plans won't be able to exclude coverage of pre-existing conditions from their policies. This means that health plans can't refuse to cover your treatment solely because you already had a health condition when you joined the plan.

Grandfathered group health plans receive no special protection and must comply once the provision becomes effective with respect to the plan. These rules apply equally to collectively bargained and non-collectively bargained plans.