



HEALTH CARE REFORM – SPECIAL EDITION

Three Major Health Insurers Will Continue Key HCR Protections Regardless of What Supreme Court Decides

LEGISLATIVE BRIEF

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Three of the nation's largest insurers announced Monday (June 11) that they would voluntarily continue to provide their customers some of the Affordable Care Act's (ACA's) most popular protections regardless of what the Supreme Court decides in the health care reform case. The Supreme Court decision is expected by the end of June, and the Court could uphold the ACA entirely, strike down parts of it, or strike down all of it.

UnitedHealthcare (UHC) was the first insurer to announce that, even if the Supreme Court strikes down these requirements, UHC will:

- continue to allow coverage for policyholders' adult children to age 26,
- continue to pay certain preventive care benefits (such as immunizations, screenings for high blood pressure and diabetes, and annual check-ups) at no cost to patients (i.e., not subject to a deductible or any cost-sharing),
- offer a third-party appeals process when coverage is denied,
- not impose lifetime dollar limits on coverage, and
- not cancel policies retroactively except in cases of fraud.

Later on Monday, Humana and Aetna also said they would continue all or most of these same provisions. The Aetna announcement did not include a reference to lifetime limits on coverage. Some other carriers announced they will wait until the Supreme Court decision before deciding what to do.

The key provisions listed above are some of the most popular and visible provisions of the health care reform law, and insurance companies have already included the cost of these provisions in the premiums they currently charge for both individual and group health insurance. Many politicians and health policy experts have expressed concern about a major backlash if the Supreme Court strikes down the law entirely, but that will likely be tempered if

insurers voluntarily continue to offer these protections even if no longer legally required to do so. Even if some carriers do not include certain HCR protections in all policies, employers may request that some or all of these provisions be continued in their policies.

Two other mandates in the ACA—which insurers have not said they will voluntarily offer if not required by law—are guaranteed issue of health coverage for people with pre-existing conditions, and limits on higher costs for insureds who are older or have pre-existing conditions.

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If you have questions, contact Lisa-Klinger@Leavitt.com.

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