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# Six-month anniversary of U.S. health care law ushers in new benefits

Published: Thursday, September 23, 2010, 8:07 PM Updated: Friday, September 24, 2010, 5:23 AM



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U.S. President Barack Obama shakes hands with an attendee after a backyard discussion on health care reform at a private residence in Virginia.

The six-month anniversary of the nation's health care reform law today ushered in new benefits, such as allowing adults up to age 26 to obtain coverage through their parents' plan. The law also prevents insurance companies from imposing lifetime monetary caps on a patient's care, and provides everyone with free preventative care. In New Jersey, consumer advocates say the new benefits will help residents while business leaders worry about cost. How it will work:

**Q: Are all these benefits available today?**

A: Only new plans created after Sept. 23, 2010 must offer these benefits

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immediately. Everyone else must wait until their plans' annual renewal, which for many firms falls on Jan. 1, July 1, or the first of the month. Contact your health insurance company or Human

Resources rep to find out the date.

**Q: How much will I have to pay to add my adult child to my insurance coverage?**

A: Nothing, if you already hold a family policy. You would simply add your son or daughter as another dependent. But if adding your twenty-something child means you must buy a family policy, check with your carrier to see how much more in premiums you'll have to pay.

**Q: Doesn't New Jersey already allow parents to add adult children up to age 31 to their plan?**

A: Yes, if they belong to state-regulated plans like Horizon Blue Cross Blue Shield or state-administered individual or small business plans. But parents pay about \$200 a month for the coverage, according to David Mordo, legislative chairman of the New Jersey Association of Health Underwriters. If after age 26, your child still needs health care, you can elect coverage under the state program if you qualify.

**Q: Do any new provisions apply to children 18 and under?**

A: If they were denied coverage because they had a pre-existing condition, they can be enrolled going forward. State-regulated plans outlawed this, but two-thirds of New Jerseyans are covered by self-funded, federally regulated plans.

**Q: The law also bars insurance companies from setting lifetime spending caps on "essential" health services. What are "essential" services?**

A: Just about everything, including outpatient care and prescriptions to hospitalization, maternity and newborn care, mental health and substance use disorder services, said state Banking and Insurance spokesman Marshall McKnight. The law does allow plans to impose annual spending limits, although those details are not clear yet. "The annual limits won't be lower than they are now — they will increase," he said.

**Q: People won't be charged for wellness services. What are they?**

A: They include health screenings like prostate and cervical exams, vaccinations, and blood pressure and cholesterol checks.

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**Q: Do these reforms make it easier for employers to offer health coverage?**

A: No, says Christine Stearns from the New Jersey Business and Industry Association: "Affordability is the biggest problem and nothing effective (yesterday) will help the small employer."

**Q: Should the average person be enthused by the changes?**

A: Yes, says Crystal Sneddon of New Jersey Citizen Action, a consumer group: "Insurance companies will have to give you what you pay for — real health insurance that encourages you to stay healthy and actually covers you when you are sick."

Sources: NJ Dept. of Banking and Insurance; NJ Citizen Action; NJ Association of Health Underwriters; NJ Business and Industry Association. For more information: [www.njdoib.org](http://www.njdoib.org); [www.healthcare.gov](http://www.healthcare.gov).

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