

DID YOU KNOW?

The Affordable Care Act is under attack by the Trump Administration. If Trump is successful in challenging the ACA in the Supreme Court, this will have terrible consequences for you and your families. For four years, Republicans haven't provided an alternative or replacement – this includes Trump and Cory Gardner – despite their promises. This will have negative consequences for our UFCW families in all industries.

Vote like your health is on the line! Make your voice heard in this election.

We need to build on and improve Obamacare, not scrap it!

Over twenty million Americans are at risk of losing insurance, and many others will lose key benefits (including many Local 7 families).

As a reminder here's what's at stake:

BENEFIT PROVISIONS OF THE AFFORDABLE CARE ACT

The Affordable Care Act ("ACA") required improvements to benefits and eligibility under group health plans. Some of these improvements include:

Prohibits Exclusions and Discrimination for Pre-Existing Conditions

Prior to ACA, many group health plans limited or excluded coverage of pre-existing medical conditions. Under the law, your group health plan cannot exclude coverage based on pre-existing conditions.

Examples: Cancer, Diabetes, Hyper-Tension, and now ... COVID

Free Preventive Care Services

ACA requires your group health plan to provide many preventive care services to you free of charge:

- Annual wellness exams
- Immunization vaccines including the flu shot
- Contraceptives
- Breast cancer screenings
- Colonoscopies
- Tobacco cessation
- Newborn blood screenings

There are many more preventive care services required at no cost under ACA.

No Annual or Lifetime Maximum Limits

Prior to ACA, many group health plans imposed annual and lifetime dollar limits on benefits. Your group health plan no longer has annual or lifetime dollar limits on certain "essential health benefits" including:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Cost-Sharing Limits

ACA limits the maximum amount of money you can be charged. This means that under the law, you cannot be required to pay more than a certain dollar amount each year for your copays, deductibles, and coinsurance. Once you reach the limit, the plan must cover the remainder of your benefits at no additional out-of-pocket costs to you. This is often limited to network benefits only and does not include amounts such as premiums, balance bills, etc.

Dependent Children Covered until age 26

ACA requires your group health plan to allow your adult dependent children to remain covered by the plan until they reach age 26, regardless of whether they live at home, and regardless of their student or marital status.

ACA also provides for many other group health plan mandates including: minimum value and affordability provisions, coverage of certain costs associated with clinical trials, prohibitions on excessive waiting periods for eligibility, and other patient protections.



**NOVEMBER 3RD
VOTE LIKE YOUR HEALTH
IS ON THE BALLOT**