

	Pre-ACA	ACA	Single Payer	Republican Ideas
Number of insured	256.2 million (2010)	289.9 million (2015)	Whole Population	Likely Decrease to Pre-ACA Levels
Percent Insured	83.70%	90.90%	100%	Likely Decrease to Pre-ACA Levels
Number of uninsured	49.9 million (2010)	28.9 million (2015)	0	Likely Increase to Pre-ACA Levels
Percent Uninsured	16.30%	9.10%	0	Likely Increase to Pre-ACA Levels
Lifetime Limits on Health Insurance Coverage	Established by Health Insurance Companies	No Lifetime Limit on Health Insurance Coverage	No Lifetime Limit	Established by Health Insurance Companies
Choice of Providers and Hospitals	Limited Networks	Often more Restrictive Networks	Free choice for doctor and hospital	Limited Networks
Benefit levels	Restricted by insurance companies and ability to pay	Restricted by insurance companies and ability to pay, with minimum required benefits from ACA	Coverage for all medically necessary services	Restricted by insurance companies and ability to pay
Medical Bankruptcy	62.1% of all bankruptcies	52.9% of all bankruptcies [Massachusetts under Rommeycare]	No Medical bankruptcies	Likely Increase to Pre-ACA Levels
Average annual deductible costs for employer provided health plans for single coverage	\$917 (2010)	\$1,478 (2016)	\$0	Likely to Increase
Average Annual Worker Contribution to Premiums for Family Coverage	\$3,997 (2010)	\$5,227 (2016)	\$0	Likely to Increase
Number of adults reporting trouble paying medical bills	73 million (2010)	70 million (2016)	0	Likely to Increase
Number of adults ages 19-64 who reported not getting needed care because of cost	75 million (2010)	63 million (2016)	0	Likely to Increase
Pre-existing Conditions	Health insurance companies can refuse to cover you or charge you more if they determine you have a "pre-existing condition"	Health insurance companies can't refuse to cover you or charge you more because you have a "pre-existing condition"	All preventative and medically necessary services will be covered	Individual would have to maintain "continuous coverage" to be guaranteed insurance.
Young adult dependent coverage	Unless they are students, dependents typically lose eligibility on their parents' or caregivers' insurance on their 19th birthday	Child dependents can stay on parents health insurance policy until they turn 26 years old	Everyone is covered	Dependent coverage likely to be reduced to age 19
Policy Cancellation	Health care insurance companies could cancel someone's policy if they found the insured individual had failed to disclose something from their medical history or their covered dependents	Insurance Companies can no longer cancel your coverage just because of an honest mistake on your application. Policy cancellations can also be appealed to a third party.	Everyone is always covered	Will likely increase insurance companies' ability to cancel plans and hike rates w/o recourse
Appealing insurance company's refusal to pay for care or termination of health coverage	The right to appeal was not available in many states, and depended on the type of policy	You have the right to appeal a health insurance company's decision to deny payment for a claim or to terminate your health coverage to an independent third party	All preventative and medically necessary services will be covered	No guaranteed right to appeal
Coverage of "Essential Services"	Depended on Health Insurance Policy	Covered	Covered	Will depend on health insurance policy
Preventive Care	Usually paid out of pocket	If insured, available at no cost (15)	All preventative and medically necessary services will be covered	Will be left to insurance companies' discretion
Prescription Drugs	Some plans offer drug coverage, but only as an option at extra cost	All individual and small-group plans will cover at least one drug in every category and class in the U.S. Pharmacopeia, the official publication of approved medications in this country. Drug costs will also be counted toward out-of-pocket caps on medical expenses.	All preventative and medically necessary services will be covered	Will depend on health insurance policy
Emergency Care	Some plans offer emergency care coverage, but often with hiked up charges	Emergency room visits do not require preauthorization, and you cannot be charged extra for an out-of-network visit	All preventative and medically necessary services will be covered	Will depend on health insurance policy
Mental Health Services	Most plans don't cover mental or behavioral health services	All individual and small-group plans are required to cover mental health and addiction treatment (18)	All preventative and medically necessary services will be covered	Will depend on health insurance policy
Birth control benefits	Insurers and employers could choose whether or not to provide coverage for contraception	Plans must cover contraceptive methods and counseling for all women, as prescribed by a health care provider, at no cost	All preventative and medically necessary services will be covered	Will depend on health insurance policy
Maternity and Newborn Care	Many plans didn't cover Maternity and Newborn Care, in fact two-thirds of individual plans excluded this type of coverage	Prenatal care must be provided at no extra cost, and insurers must cover childbirth as well as the newborn infant's care	All preventative and medically necessary services will be covered	Will depend on health insurance policy
Pediatric Care	Few health plans covered children's dental or vision services	Health plans must cover children's dental or vision services, including children under age 19 getting their teeth cleaned twice a year, receive X-rays, fillings, and medically necessary orthodontia. In addition, children under age 19 will be entitled to an eye exam and one pair of glasses or set of contact lenses a year	All preventative and medically necessary services will be covered	Will depend on health insurance policy