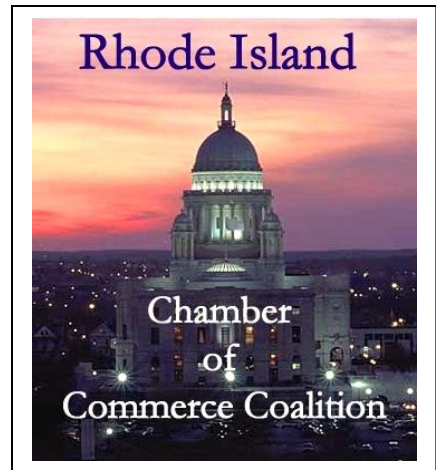


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	Senate Health Care Bill “Patient Protection and Affordable Care Act”	House Health Care Bill “Affordable Health Care for America Act”
COST	Coverage provisions cost \$849 billion over 10 years, according to the Congressional Budget Office. However, that figure leaves out a variety of costs that could push the final price tag to \$1.2 trillion.	The Congressional Budget Office says the bill's cost of expanding insurance coverage over 10 years is \$1.055 trillion. The net cost is \$894 billion, factoring in penalties on individuals and employers who don't comply with new requirements. However, those figures leave out a variety of costs that could push the final price tag to \$1.2 trillion.
WHO'S COVERED	About 94% of legal residents under age 65, leaving 24 million Americans without coverage. Government subsidies to help buy coverage start in 2014.	About 96% of legal residents under age 65, leaving about 18 million without coverage. Government subsidies to help buy coverage start in 2013.
HOW IT'S PAID FOR	A 40% tax on insurance policies with annual premiums in excess of \$8,500 for individuals, \$23,000 for families. A payroll surtax on income over \$200,000 a year for individuals, \$250,000 for couples. Yearly fees on pharmaceutical companies, medical device manufacturers, health insurers, and clinical laboratories; new 5% tax on elective cosmetic surgery; cuts to Medicare and Medicaid; and fines for employers that don't offer coverage and for individuals who don't purchase it (see below).	A 5.4% surtax on single people making more than \$500,000 a year and couples making more than \$1 million. More than \$400 billion in cuts to Medicare and Medicaid; a new \$20 billion fee on medical device makers; \$13 billion from limiting contributions to flexible spending accounts; sizable penalties paid by individuals and employers who don't obtain coverage (see below); and a mix of other corporate taxes and fees.
INDIVIDUAL MANDATE	Almost everyone must obtain coverage, though there would be exemptions for economic hardship. Those obligated to buy coverage and refuse to do so would pay a fine starting at \$95 in 2014 and rising to \$750.	Individuals must have insurance or pay a penalty of 2.5% of income. People can apply for hardship waivers if coverage is unaffordable.

EMPLOYER MANDATE	Businesses with more than 50 employees that do not provide insurance and have at least one full-time employee who receives government subsidy to purchase insurance in the exchange will have to pay a \$750 fee per employee. Businesses that do offer coverage but have employees who qualify for government subsidies will be fined about \$3,000 per employee who receives a subsidy.	Businesses with annual payrolls above \$500,000 must provide insurance to their employees and pay 72.5% of individual and 65% of family premiums or pay a penalty up to 8% of payroll. Companies with payrolls under \$500,000 annually are exempt, and those with 10 or fewer workers get limited, temporary tax credits to help them provide coverage.
TAX CREDITS/ SUBSIDIES	Sliding scale subsidies for individuals and families making up to 400% of the federal poverty level, or \$88,000 for a family of four. Provides employers with fewer than 25 employees and average annual wages of less than \$40,000 phased-in health coverage tax credits ranging from 25% to 50%. The credit would be limited to two years.	Sliding scale subsidies are the same as Senate. Provides employers with fewer than 25 employees and average annual wages of less than \$40,000 a health coverage tax credit of up to 50% of premium for up to two years.
BENEFITS PACKAGE	All plans sold to individuals and small businesses would have to cover basic benefits. The government would set four levels of coverage: The least generous would pay an estimated 60% of health care costs per year; the most generous would cover an estimated 90%.	A new bureaucracy would develop a so-called essential benefits package. Out-of-pocket costs would be capped. The new benefit package would be the basic benefit package offered in the exchange.
INSURANCE INDUSTRY RESTRICTIONS	No denial of coverage based on pre-existing conditions. No higher premiums allowed for pre-existing conditions or gender. Limits on higher premiums based on age and family size. Starting upon enactment of legislation: children up to age 26 can stay on parents insurance; no lifetime limits on coverage.	No denial of coverage based on pre-existing conditions. No higher premiums allowed for pre-existing conditions or gender. Limits on higher premiums based on age.
GOVERNMENT-RUN PLAN	Creates a public insurance option but allows states to opt out. The federal government would negotiate payment rates with medical providers.	Creates a public insurance option. Providers would negotiate reimbursement rates with the government.
MEDICAL LIABILITY REFORM	Nothing in the bill addresses this issue.	Denies certain funds to states that cap trial attorney fees.
EXCHANGES	Sets up insurance marketplaces, called exchanges, where people without access to affordable coverage through an employer could purchase plans.	Same as the Senate, but there would be a national exchange, not just state-based bodies.