



Provision	House Passed (HR 3962, the Affordable Health Care for America Act)	Senate Passed (H.R. 3950, the Patient Protection & Affordable Care Act)	Health Care and Education Affordability Reconciliation Act of 2010 (HR 4872)																								
Exchange	National.	State.	Same as Senate.																								
Employer Mandate	Yes. Tax for firms that do not offer based on sliding scale, up to 8% of payroll.	Yes. Generally \$750 fine per non-covered employee. Imposes fine of \$600 per full time employee for employers that impose a coverage waiting period of 60 days or more.	Yes, similar to Senate. <ul style="list-style-type: none"> Increases the fee to \$2,000 each full time employee for employers with more than 50 workers that do not offer coverage. First 30 employees are exempt when calculating fine. Fine of \$3,000 for each employee receiving subsidies for employers that offer coverage. Deletes \$600 fine. 																								
Individual Mandate	Yes. Noncompliance penalty of 2.5% of AGI capped at average premium in exchange. Exemptions for financial hardship.	Yes. Penalties are the greater of a flat dollar amount or a percentage of an individual's income. <table border="1" data-bbox="804 1000 1373 1141"> <thead> <tr> <th>Year</th> <th>Flat dollar</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>\$95</td> <td>0.5%</td> </tr> <tr> <td>2015</td> <td>\$495</td> <td>1.0%</td> </tr> <tr> <td>2016+</td> <td>\$750</td> <td>2.0%</td> </tr> </tbody> </table> Exempt if premiums are more than 8% of income, hardship.	Year	Flat dollar	Percent	2014	\$95	0.5%	2015	\$495	1.0%	2016+	\$750	2.0%	Yes, similar to Senate, but lowers the penalties: <table border="1" data-bbox="1402 1000 2005 1141"> <thead> <tr> <th>Year</th> <th>Flat dollar</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>\$95</td> <td>1.0%</td> </tr> <tr> <td>2015</td> <td>\$325</td> <td>2.0%</td> </tr> <tr> <td>2016+</td> <td>\$695</td> <td>2.5%</td> </tr> </tbody> </table> Similar to Senate, exempt if don't file taxes.	Year	Flat dollar	Percent	2014	\$95	1.0%	2015	\$325	2.0%	2016+	\$695	2.5%
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Premium Subsidies	Up to 400% FPL, 1.5-12% cap as percent of income. <table border="1" data-bbox="254 1377 779 1481"> <thead> <tr> <th>Income Range</th> <th>Cap on Insurance Cost</th> </tr> </thead> <tbody> <tr> <td>133-150%</td> <td>1.5-3%</td> </tr> <tr> <td>151-200%</td> <td>3-5.5%</td> </tr> </tbody> </table>	Income Range	Cap on Insurance Cost	133-150%	1.5-3%	151-200%	3-5.5%	Refundable tax credit tied to lowest cost Silver plan in exchange. <table border="1" data-bbox="804 1377 1373 1481"> <thead> <tr> <th>Income Range</th> <th>Cap on Insurance Cost</th> </tr> </thead> <tbody> <tr> <td>Up to 133%</td> <td>2%</td> </tr> <tr> <td>133-150%</td> <td>4-4.6%</td> </tr> </tbody> </table>	Income Range	Cap on Insurance Cost	Up to 133%	2%	133-150%	4-4.6%	Modified House-Senate approach. <table border="1" data-bbox="1402 1377 1969 1481"> <thead> <tr> <th>Income Range</th> <th>Cap on Insurance Cost</th> </tr> </thead> <tbody> <tr> <td>Up to 133%</td> <td>Unchanged</td> </tr> <tr> <td>133-150%</td> <td>3-4%</td> </tr> </tbody> </table>	Income Range	Cap on Insurance Cost	Up to 133%	Unchanged	133-150%	3-4%						
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	200-250%	5.5-8%	151-200%	4-6.3%	151-200%	Unchanged
	250-300%	8-10%	200-250%	6.3-8.05%	200-250%	Unchanged
	300-350%	10-11%	250-300%	8.1-9.8%	250-300%	8.05-9.5%
	350-400%	11-12%	300-400%	9.8%	300-400%	9.5%
Cost Sharing	Limits individual contribution to cost sharing based on income.		Limits individual contribution to cost sharing based on income.			
	Income Range	Plan Covers x% of Costs	Income Range	Plan Covers x% of Costs	Income Range	Plan Covers x% of Costs
	133-150%	97%	100-150%	90%	100-150%	94%
	150-200%	93%	150-200%	80%	150-200%	87%
	200-250%	85%	200-250%	70%	200-250%	73%
	250-300%	78%	250-400%	70%	250-400%	Unchanged
	300-350%	72%				
	350-400%	70%				
Small Business Tax Credit	Provides a 50 percent credit towards qualified expenses for employee health coverage, available for 2 years.		Available in 2010. The cost of the credit is estimated at \$40 billion over 10 years.		Same as Senate.	
Standard Minimum Benefit	70%, Health Benefits Advisory Committee and HHS define.		60%, HHS defines.		Same as Senate.	
Rating	2:1 age.		3:1 age, 1.5:1 tobacco.		Same as Senate.	
Market Reforms	Guaranteed issue, renewability, no pre-existing condition exclusions, lifetime or annual limits.		Guaranteed issue, renewability, no pre-existing condition exclusions, lifetime or annual limits.		Same as Senate.	
ERISA Flexibility	Mandates apply to ERISA plans, 5-year grandfather provision.		Generally, existing individual policies and group plans are grandfathered. New employees can join grandfathered plans.		Similar to Senate. New mandates on “grandfathered” plans begin in 6 months: <ul style="list-style-type: none"> • Lifetime limits • Recissions • No waiting periods • Dependent coverage to age 26 	



Medical Loss Ratio	Limits health plans' medical loss ratio to not less than 85% to be enforced through a rebate back to consumers.	Limits health plans' MLR to not less than 85 percent of (80 percent in the small and individual group markets).	Similar to Senate, but also limits MA plans' medical loss ratio to not less than 85% and requires rebates for ratios below the limit.
High Value Plan Tax	None.	Yes. 40% tax on plans with value greater than \$8,500 individual/\$23,000 family. Begins in 2013.	Similar to Senate. Increases thresholds to \$10, 200 individual/\$27.500 family indexed to cost growth in FEP BCBS standard option. Begins in 2018.
Public Option	Yes.	No. Establishes multi-state plans that would be overseen by OPM.	Same as Senate.
High Risk Pools	\$5 billion to plans in 2010.	Temporary, until 2014, \$5 billion funding.	Same as Senate.
Medicaid Expansion	Expands to all adults up to 150% FPL.	Expands to all adults up to 133% of FPL (\$29,327 for family of four).	Similar to Senate. Deletes Nebraska specific FMAP change and reimburses all states under new matching payment rates: <ul style="list-style-type: none"> • 100% for 2014 – 2016 • 95% in 2017 • 94% in 2018 • 93% in 2019 • 90% for 2020 and later years
Total Medicare Cuts	\$570 billion	\$463 billion	\$528.5 billion
Part D Coverage Gap	Fills 50%	Fills 50%. \$500 rebate for those entering the donut hole in 2010.	Fills 75% by 2020, \$250 rebate for those entering the donut hole in 2010.
IPAB	No provision.	Establishes an Independent Medicare Advisory Board which would be required to recommend changes to the Medicare program to limit its spending growth.	Same as Senate.
New Taxes	2.5% tax on individuals w/o insurance, medical devices, tax on employers who don't provide insurance and 5.4% tax on	Tax on individuals w/o insurance and employers not providing insurance, 40% excise tax on high-cost insurance), taxes on medical devices.	Similar to Senate. Drops House income tax. Expands the Senate Medicare Tax to unearned income, making more than \$250,000 in the case of a



	<p>high-income individuals & families.</p>	<p>Medicare tax increased to 1.96% for individuals earning over \$200,000/yr and families earning over \$250,000.</p> <p>Eliminates employer retiree subsidy deductibility beginning in 2011.</p> <p>Imposes fees on insurers and drug manufacturers.</p> <p>Limits coverage of HSAs for over the counter medications.</p> <p>Increases AGI floor on medical expenses to 10%.</p> <p>Caps FSAs at \$2,500.</p>	<p>joint return, or \$200,000 in the case of a single return.</p> <p>Eliminates employer retiree subsidy deductibility beginning in 2013.</p> <p>Increases drug fees by \$4.8 billion and delays by one year to 2011.</p> <p>Impose 2.3 percent tax on medical device manufacturers (\$20 billion).</p> <p>Delays insurer tax by 3 years to 2014.</p> <p>Same as Senate.</p> <p>Same as Senate.</p> <p>Same as Senate, delays the provision by two years until 2013.</p>
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NOTE: A Manager’s Amendment was also included in the Reconciliation package and includes the following discrete changes not included in the table above:

- An additional \$5 billion in spending on the “doughnut hole” provisions related to the changes in the true out-of-pocket growth rate;
- An additional \$3.8 billion in Medicare Advantage cuts related to the coding intensity changes;
- \$400 million in new spending on physician practice expense geographic practice cost index adjustment;
- \$400 million in new payments for qualified hospitals;
- \$300 million less revenues/savings due to the removal of Section 1304 (CMS-IRS data matching);
- Reduces the medical device tax from 2.9 percent to 2.2 percent, but applies such taxes to Class I medical devices;
- Strikes Section 1303 (relating to CMS and IRS data matching to identify fraudulent providers); and
- Lowers the brand name pharmaceutical tax by \$200 million in 2012 and 2013, \$500 million in 2017, and \$100 million in 2018.