

Health-Care Reform Proposals

Compare health-care legislation taking shape in the House and Senate as President Barack Obama pushes to overhaul the system. Details are still being negotiated and any final health care bill would have to meld proposals from the House and Senate.

Features	Sen. Max Baucus's bill	Senate Health, Education, Labor and Pensions Committee's outline	House Democratic bill	House Republican outline	President Obama's proposal
Who is covered	Around 95% of Americans. Illegal immigrants would not receive government benefits	Aims to cover 97% of Americans.	Around 94% of non-elderly residents (those not covered by Medicare, which kicks in at age 65) would be covered. Nearly half the 17 million non-elderly residents who remain uninsured would be illegal immigrants.	Aims to make insurance affordable and accessible to all. There aren't estimates about how many additional people would be covered.	Says he want to cover all Americans.
Cost	\$856 billion over 10 years	About \$615 billion over 10 years, but it's only one piece of a larger Senate bill.	About \$1.5 trillion over 10 years.	Unknown.	In a speech last week laying out his health overhaul goals he said his plan would cost around \$900 billion over a decade.
How it's paid for	Fees on insurance companies, drug makers, medical device manufacturers and insurers. Tax of 35% on premiums on plans costing more than \$8,000 for individuals (\$21,000 for families.) Cuts to Medicare and Medicaid. Fee on employers whose workers receive government subsidies. Fines on individuals who fail to get coverage.	The Senate Finance Committee is responsible for figuring out how to cover costs.	Revenue-raisers include \$544 billion over the next decade from new income taxes on single people making more than \$280,000 a year and couples making more than \$350,000; \$37 billion in business tax increases; about \$500 billion in cuts to Medicare and Medicaid; sizable penalties paid by individuals and employers who don't obtain coverage.	No new taxes are proposed, but Republicans say they want to reduce Medicare and Medicaid fraud.	Would tax high-value insurance plans; said most of the cost would be paid for by cuts to Medicare.
Requirements for individuals	Everyone must get coverage through an employer, on their own or through a government plan.	Individuals will have to have insurance, enforced through tax penalties with hardship waivers.	Individuals must have insurance, enforced through tax penalty with hardship waivers.	No mandates.	Did not propose an "individual mandate" during the campaign. He now supports an individual mandate as long as hardship waivers are provided.
Requirements for employers	Not required to offer coverage, but companies with more than 50 full-time workers would pay a fee if the government ends up subsidizing employees' coverage.	Employers who don't offer coverage will pay a penalty of \$750 a year for each full-time worker. Businesses with 25 or fewer workers are exempt.	Employers must provide insurance to their employees or pay a penalty of 8% of payroll. Companies with payroll under \$250,000 annually are exempt. Employers could apply for a two-year exemption from the mandate if they can prove the requirements would result in job losses that would negatively affect their communities.	No mandates; small business tax credits are offered. Employers are encouraged to move to "opt-out" rather than "opt-in" rules for offering health coverage.	Businesses with more than 50 workers would be required to offer their workers coverage or pay a fee.
Subsidies	Tax credits for individuals and families making up to 300% of the federal poverty level, which computes to \$66,150 for a family of four. Households up to 400% of poverty line could also get some relief. Tax credits for small employers.	Available up to 400% poverty level, or \$88,000 for a family of four.	Individuals and families with annual income up to 400% of poverty level (\$88,000 for a family of four) would get sliding-scale subsidies to help them buy coverage. The subsidies would begin in 2013.	Tax credits are offered to "low-and modest-income" Americans. People who aren't covered through their employers but buy their own insurance are allowed to take a tax deduction. Low-income retirees younger than 65 (the eligibility age for Medicare)	Supports sliding-scale subsidies for low-income people but hasn't specified at what income level they should be offered.

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				would be offered assistance.	
Benefits package	The government would set four benefit categories ranging from coverage of around 65% of medical costs to about 90%. No denial of coverage based on pre-existing conditions. All plans sold to individuals and small businesses would have to cover basic benefits, including primary care, hospitalization and prescription drugs.	Health plans must offer a package of essential benefits recommended by a new Medical Advisory Council. No denial of coverage based on pre-existing conditions.	Through a new Health Insurance Exchange open to individuals and, initially, small employers; it could be expanded to large employers over time. States could opt to operate their own exchanges in place of the national exchange if they follow federal rules.	Insurers would have to allow children to stay on their parents' plan through age 25.	Hasn't described a specific benefit package that should be offered. Wants to prevent insurers from denying coverage to people with pre-existing conditions; limit premium variation based on age; and stop insurers from dropping people when they get sick.
Government-run plan	None. Would create nonprofit, member-owned co-ops to compete with private insurers.	A robust new public plan to compete with private insurers. The plan would be run by the government and negotiate payment rates with providers.	A committee would recommend an "essential benefits package" including preventive services, mental health services, oral health and vision for children; out-of-pocket costs would be capped. The new benefit package would be the basic benefit package offered in the exchange and over time would become the minimum quality standard for employer plans.	No public plan.	Supports a new public plan. Has lately signaled that he's open to compromise on the issue.
How you choose your plan	Self-employed people and small businesses could pick a plan offered through new state-based purchasing pools. No changes for people working in larger companies.	Individuals and small businesses could purchase insurance through state-based purchasing pools called American Health Benefit Gateways.	A new public plan available through the insurance exchanges would be set up and run by the secretary of Health and Human Services. Democrats originally designed the plan to pay Medicare rates plus 5% to doctors, but the version that passed the Energy and Commerce Committee instead would let the HHS secretary negotiate rates with providers.	No new purchasing exchange or marketplace is proposed. Health savings accounts and flexible spending plans would be strengthened.	Small businesses and people without access to affordable insurance through their employer or elsewhere would have access to a new exchange starting in 2013. Illegal immigrants would not be able to shop in the exchange.
Changes to Medicaid	Income eligibility levels standardized to 133% of the federal poverty line (\$14,400 for an individual or \$30,000 for a family of four). The expansion would be delayed until 2014.	Creates a new voluntary insurance program that would provide a modest daily cash benefit to help disabled people stay in their own homes instead of going into nursing homes.	The federal-state insurance program for the poor would be expanded starting in 2013 to cover all non-elderly individuals with incomes up to 133% of federal poverty line.	People eligible for Medicaid would be allowed to use the value of their benefit to purchase a private plan.	None specified.
Read more	America's Healthy Future Act	Affordable Health Choices Act	America's Affordable Health Choices Act of 2009	Patients' Choice Act	Obama on Health Care

Sources: Associated Press research, Kaiser Family Foundation.

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