



## Health Care Reform Tips: eHealthInsurance Provides Consumer 'Dos and Don'ts' for New Provisions

September 28, 2010

MOUNTAIN VIEW, CA, Sep 28, 2010 (MARKETWIRE via COMTEX) -- Today eHealthInsurance (NASDAQ: EHTH), the leading online source of health insurance for individuals and families, released a list of 'Dos and Don'ts' to help consumers better understand their options after the newest provisions of health reform legislation took effect on September 23, 2010.

Top Five September 23, 2010 Health Insurance Reforms: 'Dos and Don'ts'

**1. FREE COVERAGE FOR SPECIFIC PREVENTIVE CARE SERVICES** -- Health insurance companies are now required to provide coverage for a number of preventive medical screenings at no out-of-pocket cost to the policyholder or member.

- DO take advantage of free preventive medical screenings to protect your health, and check with your insurance company or doctor's office to confirm if the services you're receiving are covered with no out-of-pocket cost to you.

- DON'T assume that your current health plan will automatically cover these preventive screenings for you beginning September 23, 2010. Grandfathered plans (those purchased prior to March 23, 2010) are not required to make these benefits available for free.

**2. NO LIFETIME DOLLAR LIMITS ON COVERAGE** -- Health insurance companies are no longer able to place a cap on the dollar amounts paid out for services deemed "essential" by the Department of Health and Human Services within the lifetime of a policyholder or member.

- DO consider re-enrolling in your former health plan if you lost coverage due to exceeding your lifetime dollar limits (for expensive treatment of heart disease, cancer, or serious injury, for example). If you are otherwise still eligible for the plan, the health insurance company is required to allow you to re-enroll. This change applies to all major medical health insurance plans, even Grandfathered plans in effect prior to March 23, 2010.

- DON'T assume that all dollar limits are hereby abolished. Insurance companies can still place annual dollar limits on specific types of benefits until annual limits are also phased out for most plans beginning in 2014. Also, do not assume that all services will be automatically covered. Maternity benefits, for example, may still be excluded by some plans.

**3. GUARANTEED COVERAGE FOR CHILDREN** -- Children under the age of 19 can no longer be excluded from group or individual health insurance coverage based on a pre-existing condition.

- DO make sure that your children have health insurance coverage, and if they have been uninsured due to a pre-existing medical condition start exploring your options now.

- DON'T withdraw your children from Medicaid or SCHIP coverage until you've compared costs and been approved for new coverage. Also, keep in mind that while this rule applies to all new plans, the only Grandfathered plans for which it applies are Grandfathered employer-sponsored group health plans. You won't be able to automatically enroll a child with a pre-existing medical condition

onto a Grandfathered individual plan purchased prior to September 23, 2010. You would have to purchase a new plan instead.

**4. EXTENDED COVERAGE FOR ADULT CHILDREN --** Adult children are allowed to retain health insurance coverage under their parents' plans until age 26.

- DO re-examine health insurance options with your adult children in light of the new rule. This provision of health reform applies to all adult children regardless of whether they live at home, are claimed as dependents, or are currently enrolled in college. It also includes adult children who are married (though you can't cover an adult child's spouse or children). Keep in mind that this rule may not be adopted by all insurers precisely on September 23, 2010, but may be applied on your health plan's next annual renewal date.
  
- DON'T automatically re-enroll your adult children in your own health insurance plan. If your adult children have other coverage options or live out of state, your health insurance plan is not necessarily the best option. Out of state, for example, coverage levels may be decreased or non-existent under your health plan. And depending on how much you may be required to contribute toward dependent coverage, your adult children may be able to find more affordable coverage on their own. Also, keep in mind that if you have an individually-purchased plan (rather than a group plan), adult children from 19-25 may still be declined coverage due to pre-existing medical conditions.

**5. ADDED PROTECTIONS AGAINST RECISSION --** It will be harder for health insurance companies to cancel a member's coverage after he or she has been approved, except in cases of fraud or intentional misrepresentation on the part of the applicant.

- DO answer all questions on an application for individual health insurance coverage to the best of your ability. And if the insurance company notifies you that it would like to cancel your coverage due to what it deems intentional misrepresentation, take advantage of the new appeals process which allows you 30 days notice to file an appeal.
  
- DON'T assume that the new law will allow you to provide false, incomplete or inaccurate medical history information in order to get approved for a health insurance plan. Though the new law makes it harder for the insurance company to cancel your coverage after the fact, it is not intended to protect persons who intentionally misrepresent themselves on health insurance applications. Your coverage may still be canceled.

**NOTE TO CONSUMERS:** While the above health insurance reforms officially became effective on September 23, 2010, many of them may be implemented by health insurance companies as late as the first annual policy renewal date after September 23, 2010. Because some health insurance carriers are currently in the process of changing or updating their policies due to new health reforms, always check with your carrier or licensed agent to learn how these changes apply to you. And, as always, if you are considering changing health insurance plans or adding a family member to a plan, do not cancel any current coverage until notified of approval for a new plan.

About eHealth: eHealth, Inc. (NASDAQ: EHTH) is the parent company of eHealthInsurance, the nation's leading online source of health insurance for individuals, families and small businesses. Through the company's website, [www.eHealthInsurance.com](http://www.eHealthInsurance.com), consumers can get quotes from leading health insurance carriers, compare plans side by side, and apply for and purchase health insurance. eHealthInsurance offers thousands of health plans underwritten by more than 180 of the nation's leading health insurance companies. eHealthInsurance is licensed to sell health insurance in all 50 states and the District of Columbia, making it the ideal model of a successful, high-functioning health insurance exchange. Through its eCommerce On-Demand solution ([www.eHealth.com/eOD](http://www.eHealth.com/eOD)), eHealth is also a leading provider of on-demand e-commerce software. eHealth's eOD platform provides a suite of hosted solutions that enable health plan providers and resellers to market and distribute products online. eHealth, Inc. also provides powerful online and pharmacy-based tools to help seniors navigate Medicare health insurance options and choose the right plan through its

wholly-owned subsidiary, PlanPrescriber.com (<http://www.planprescriber.com>).

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