

Differences between ACA/Employer-Sponsored plans v. Medicare		
California - 2019		
Category	ACA/ Employer-Sponsored (typical PPO Gold plan in-network)	Medicare (Traditional Fee-for-Service)
Deductible	No	Yes (outpatient \$185, hospitalization \$1,360)
Out-of-pocket maximum	Yes \$7,200	None (no cap, so you keep spending)
10 Essential Health Benefits (EHB)		
• Ambulatory patient services - office outpatient surgery	\$30 20%	20% 20%
• Emergency services	Yes \$325 copay* (*waived if admitted to a hospital)	Yes, but... 20% (only covered in US, no Int'l coverage when traveling)
• Hospitalization	Yes 20% coinsurance (unlimited, as long as medically necessary)	Yes (copay schedule based on # of days hospitalized per "benefit period") ~~~~~ Hospital Deductible \$1,360 Days 1-60 \$0 copay Days 61- 90 \$341 per day ~~~~~ Days 91+ only if you have "lifetime reserve*" days available, \$682 per day; if no lifetime reserve days, no coverage (you pay full cost) ~~~~~ **lifetime reserve" days - limited to 60 days over your lifetime
• Maternity and newborn care	\$0 office visit, 20% childbirth/delivery	20% (newborn not covered)
• Mental Health/Substance Use Disorder (MH/SUD)	\$30 outpatient 20% inpatient	Mental Health - inpatient (limited to 190 days over your lifetime) & residential care not covered
• Prescription Drugs	Covered	Covered under Medicare Part D
• Rehabilitative & Habilitative services and devices	Rehab - covered without visit limits & Residential Rehab is a covered benefit Habilitative - yes, covered just as Rehab	Rehab - very limited and Residential Rehab not covered Habilitative - Not covered
• Laboratory services - preventive diagnostic	\$0 \$35 - \$55	\$0 20%
• Preventive and wellness services and chronic disease management	\$0	\$0
• Pediatric services including oral & vision care	Yes	Not covered
Hearing aids	Not covered	Not covered
Dental care	Not covered	Not covered
Skilled Nursing Facility	Yes (100 days per benefit period)	Yes, but... (only after a 3 day hospitalization) ~~~~~ Days 1-20 \$0 Days 21-100 \$170.50 per day ~~~~~ Days 101+ - not covered (you pay everything)

Definitions	
Out-of-Pocket maximum	OOP maximum (OOPM) varies by plan. Once you have spent the amount of the oop max, then for the remainder of the calendar year, the plan pays 100% and you pay \$0.
Copay/Coinsurance	The amount you pay after paying your deductible.
"ACA" Affordable Care Act/Obamacare	ACA's 10 Essential Health Benefits (EHB) requirement applies only to Individual and small group (2-100 employees) employer-sponsored plans. Large group plans (100+) and self-funded plans may not cover all EHBs.
Ambulatory patient services	This is also known as outpatient services.
Essential Health Benefits	These are the 10 categories of care that are required to be covered under ACA.
Mental Health/Substance Use Disorder (MH/SUD)	These services are also regulated by the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) which required that Mental Health services be provided comparable to and no more restrictively than medical/surgical benefits. It expanded and provided much needed protections to MH/SUD benefits.
Preventive and wellness	Services for health & wellness; not diagnostic services once you have a sign or symptom.
Medicare "benefit period"	The way Medicare measures your hospital and Skilled Nursing Facility (SNF) care. It begins on the day you are admitted as an inpatient at a hospital or SNF and end after you have not received any inpatient care for 60 days.
Medicare "lifetime reserve"	Additional days Medicare will pay for if you are in a hospital for more than 90 days. Maximum 60 additional days in your lifetime.