

Fast Food Healthcare Coverage

By [Stephen Lendman](#)

Global Research, October 01, 2013

Region: [USA](#)

Theme: [Poverty & Social Inequality](#)

October 1 begins a new era of healthcare market rules. On the one hand, insurers no longer can refuse consumers for preconditions.

On the other, lots of rude awakenings await. They include bare bones plans. New health insurance exchanges (HIX) are state, federal, or jointly-provided options.

They're marketplaces for consumers to compare and choose plans. They determine who's eligible for federal subsidies.

They offer a confusing array of plans. They're privately run. Many will leave consumers paying around 40% of costs out-of-pocket. They'll do so after spending thousands of dollars on premiums.

On October 1, open enrollment begins for individuals, families and small businesses. It continues until March 31, 2014.

Coverage begins January 1. Enrolling post-3/31 is permitted only in case of job loss, birth, marriage or divorce.

Consumers earning under 400% of official poverty qualify for federally subsidized private health insurance. Privately run companies provide it.

Beginning in 2014, the IRS will enforce 47 new tax provisions. Doing so promises to be nightmarish. Giving the agency power over healthcare is scandalous. Enormous harm is likely.

Health insurance marketplace is the official term for exchanges. They're also called HIXs, ObamaCare Exchanges, Health Benefits Exchanges, Health Care Exchanges, Health Insurance Marketplaces, and Affordable Insurance Exchanges.

States can set up their own plans. They can do it various ways. They can build their own exchange. They can partner with one or more other states.

They can operate jointly with Washington. They can let federal authorities create and run their exchange. They must be fully operational by January 1, 2014.

States creating their own exchange qualify for full federal funding. Those doing so can choose which providers can offer coverage.

The Department of Health and Human Services runs the federal exchange. In jointly-run ones, providers meeting minimum federal and state requirements can compete for customers.

Over the past generation, coverage eroded markedly. Obama's Affordable Care Act (ACA) makes underinsurance the new normal.

Potential consequences are financially and medically grave. ACA will reduced uninsured numbers from 50 to 30 million. Insurance afforded is full of holes. It's confusing. It rips off consumers for profit.

Costs vary by state and the negotiating power of exchanges. Prescription drug coverage isn't all inclusive. Some medications aren't covered.

Americans deserve better. Universal single-payer coverage alone provides it. Growing millions of Americans face life or debt.

Above 400% of poverty, subsidies disappear. Premiums escalate. Deductibles and co-pays add thousands more. Growing millions can't afford it.

ACA rations care. It's a boon for predatory providers. It enriches insurers, drug companies and large hospital chains. It does nothing to control costs. They're spiraling out of control.

States can institute co-pays for the poorest of the poor on Medicaid. Healthcare should be a universal right. ACA denies it.

Everyone must be covered. Anyone not is penalized. Millions unable to afford employer coverage are ineligible for federal aid.

Uninsured middle-income consumers eligible for subsidized coverage may use healthcare exchanges. Safety net programs are for low income households.

ACA stipulates that coverage can't cost more than 9.5% of family income. Recipients it considers able to buy insurance are ineligible for subsidies.

Affordability is in the eye of the beholder. Family coverage is nearly threefold higher than for individuals.

If employers don't provide it, recipients are out of luck. They're forced to choose from among unacceptable exchange options.

ACA scams consumers. It makes America's dysfunctional system worse. It sacrifices healthcare for profits. It does so irresponsibly.

In March 2012, [Consumer Reports](#) (CR) provided a guide to bare bones plans. It headlined "Junk health insurance. Stingy plans may be worse than none at all."

"It might seem to be health insurance, if you don't look too closely," CR said. "The premiums are surprisingly affordable."

"And so millions of unemployed people, service industry workers, and those taken in by fast-talking telemarketers sign up."

"They may think they're insured - until they have a medical problem and find out that their coverage is as skimpy as a hospital gown."

Obama, administration officials, and congressional Democrat scam artists sold ACA as

consumer-friendly. It bears repeating. Its a scheme to enrich providers. It does so at the expense of human health.

It rations care. HIX holders affected by expensive illness will find out the hard way.

Some plans are called mini-meds. Employers and large insurers offer them.

Lesser known companies offer health discount cards and fixed benefit indemnity plans. They're so inadequate, "regulators don't consider them to be health insurance at all," said CR.

Consumers don't realize they've been had. Some of these companies "operate one step ahead of the law."

These type plans and others like them were supposed to disappear after ACA passed.

It says healthcare plans can no longer cap essential annual or lifetime benefits.

In fall 2010, McDonald's threatened to drop its mini-med plan. It won't offer adequate coverage. Other low-wage employers operate the same way.

The Obama administration granted temporary waivers. They let mini-meds continue until 2014. Major ACA provisions begin phasing in on January 1. They continue doing so until 2020.

CR warned about "insurance that isn't." These type schemes include fixed benefit indemnity plans.

They reimburse a set amount. It's inadequate. Medical discount cards offer what their name applies. They do so for a set monthly fee. After January 1, they may not qualify as coverage.

Unsuspecting consumers buy them. They don't understand the risk. They don't cover serious illness expenses. They're worthless when people most need help.

According to American Cancer Society Cancer Action Network's senior policy director Stephen Finan:

"It's amazing how quickly these companies appear and disappear. They're small operations that are one step ahead of the sheriff."

More confusing are plans combining indemnity and discounts. Iowa Policy Project senior research consultant Colin Gordon said they do it "to parrot the coverage of conventional health insurance."

Kaiser Family Foundation senior fellow Karen Pollitz advises: "Don't buy fixed benefit plans. You'll still be uninsured but out a bunch of money."

CR says "avoid pitfalls when buying (health) insurance on your own."

"Don't shop from a search engine. If you Google 'affordable health insurance,' you'll see sites that promise instant quotes."

Avoid them. It's impossible to know which ones are legitimate. A telemarketer will likely call. They offer "junk," says CR.

According to Georgetown University Professor Mila Kofman:

"Few licensed health insurance companies market to consumers in this way, and even fewer sell directly to consumers."

"Don't respond to flyers on telephone poles, faxes, robo-calls, or late-night infomercials," says CR.

"Look up real plans at Healthcare.gov." It's a federal web site. It lists legitimately licensed healthcare plans. Contact them directly.

"Consult an independent broker." According to Montana's commissioner of securities and insurance:

They handle various reputable provider plans. They "know which products are real and which ones are scams."

"Check with your state insurance department." Most have web sites. They include information on state-licensed healthcare plans.

CR's [health insurance buying guide](#) offers valuable advice.

Beginning October 1, consumers face a bewildering array of confusing/deceptive information and choices.

Navigating through them isn't simple. According to CR:

"Which health insurance plan is right for you depends on many factors, most notably your age, whether you are employed, and whether your employer offers you insurance or you have to buy on your own."

Check CR's "health insurance rankings." Use them for help in choosing a plan that's "right for you based on where you live, your circumstances, and the kind of coverage you think you need."

Understanding health insurance isn't easy. ACA made doing so more complicated.

CR explains how to choose wisely. Its most recent information is dated August 2013. It covers [three important questions](#) to ask:

(1) "What does the plan cover?" Some may exclude benefits consumers most need.

ACA allegedly resolved the problem. Whether or not it's true remains to be seen.

Insurance sold to individuals and small business are supposed to cover:

- emergency services
- hospitalization

- lab tests
- maternity and newborn care
- mental health
- substance abuse treatment
- outpatient care
- pediatric services
- prescription drugs
- preventive care services
- rehabilitation treatment.

Large company plans are supposed to offer the same benefits. Many questions remain.

Consumers will get all the healthcare they can pay for. Low income households will get skimpy government help.

(2) “How much does the plan cost?” State plans will be standardized. They’ll offer various combinations of premiums and cost-sharing.

Bronze plans are cheapest. They’ll cover 60% of member costs. Silver plans provide 70%. Gold plans offer 80%.

Platinum plans are most costly. They cover 90%. Which plan is right depends on individual age, health, financial condition and other relevant circumstances.

All plans include cost sharing. Consumers are responsible for deductibles and co-pays. How much depends on which plan is chosen.

Other cost sharing terms include coinsurance. It’s a fixed cost percentage consumers must pay out-of-pocket for treatment options.

An out-of-pocket limit refers to a maximum annual amount. Once reached, insurers must pay 100% of further costs.

Most consumers never incur enough expense to qualify. High premium plans have lower limits.

Beginning January 1, out-of-pocket limits can’t exceed \$6,350 for individuals and those in small groups. For families, it’s \$12,700. Some plans may offer lower amounts.

(3) “Which doctors and hospitals are in it?” All plans have their own providers. They have contractual arrangements with them.

They don't work with others. Using them will get consumers stuck with bills perhaps they can't afford.

On September 28, [New York Times](#) editors headlined "Dawn of a Revolution in Health Care." Dupliciously they said:

"The United States is embarking on a truly historic journey toward near-universal health care coverage this week."

"Starting Tuesday, the federal government will make it possible for millions of uninsured Americans who can't get health insurance, or can't afford it, to obtain coverage with the aid of government subsidies."

"It is a striking example of what government can do to help people in trouble."

Fact check

ACA is more devolution than revolution. It's a scam. It rips off Americans to enrich providers. Millions will be left uninsured. Millions more will be underinsured.

Consumers will be stuck with huge out-of-pocket costs. They'll be shocked when they learn how much.

Candidate Obama promised universal coverage. In 2007, he said "affordable, universal health care for every single American must not be a question of whether. It must be a question of how."

"We have the ideas. We have the resources, and we must find the will to pass a plan by the end of the next president's first term."

ACA is polar opposite what he promised. It's a healthcare rationing scheme. It's based on the ability to pay. It barter human life for money.

It's unresponsive to human need. It rips off Americans. It leaves millions high and dry.

It provides unaffordable coverage. Healthcare is a core human right. Its high cost is the leading cause of US household bankruptcies.

ACA does nothing to change things. It prioritizes profits. It ignores a fundamental human need. It shifts the cost burden irresponsibly to individuals.

It offers everyone as much coverage as they can afford. It leaves millions out of luck entirely. It's a pay or die scheme.

It requires everyone be insured. It mandates coverage whether or not people can afford it. It imposes 1% of annual income fines for failure to comply.

It denies universal single-payer coverage. It wants Medicare and Medicaid destroyed. It wants profiteers running both programs. It wants growing numbers of Americans left on their own sink or swim.

On October 1, ACA opened for business. It's a testament to Obama duplicity. He promised one thing. He delivered another.

He cheated millions of Americans out of what they rightfully deserve. Marketplace medicine doesn't work.

ACA glitches appeared. On September 29, the [Wall Street Journal](#) headlined "Health Law Hits Late Snags as Rollout Approaches," saying:

"Obama administration officials scrambling to get the health law's insurance marketplaces ready to open on Tuesday keep hitting technical problems."

Field workers aren't ready to enroll consumers. Implementation will proceed anyway. It'll do so whether or not government shuts down.

"(E)xchanges say they haven't yet had a chance to preview the systems," said the Journal.

They're not properly staffed for what's coming. They have their own technical problems.

Enrollment workers say they haven't been briefed on what tools to use.

They haven't had practice runs. They're not prepared to provide help consumers need.

On ACA rollout day, snafu explains what they face. The term originated during WW II. Joseph Heller's "Catch 22" popularized it.

It's military slang for "Situation normal. All f..ked up." It means a problem with no solution. It describes ACA's current condition.

Universal single payer advocates hope it's terminal. Americans deserve much more than it provides.

Stephen Lendman lives in Chicago. He can be reached at lendmanstephen@sbcglobal.net.

His new book is titled "Banker Occupation: Waging Financial War on Humanity."

<http://www.claritypress.com/LendmanII.html>

Visit his blog site at sjlendman.blogspot.com.

Listen to cutting-edge discussions with distinguished guests on the Progressive Radio News Hour on the Progressive Radio Network.

It airs Fridays at 10AM US Central time and Saturdays and Sundays at noon. All programs are archived for easy listening.

<http://www.progressiveradionetwork.com/the-progressive-news-hour>

<http://www.dailycensored.com/fast-food-healthcare-coverage/>

The original source of this article is Global Research
Copyright © [Stephen Lendman](#), Global Research, 2013

[Comment on Global Research Articles on our Facebook page](#)

Become a Member of Global Research

Articles by: [Stephen Lendman](#)

About the author:

Stephen Lendman lives in Chicago. He can be reached at lendmanstephen@sbcglobal.net. His new book as editor and contributor is titled "Flashpoint in Ukraine: US Drive for Hegemony Risks WW III."

<http://www.claritypress.com/LendmanIII.html> Visit his blog site at sjlendman.blogspot.com. Listen to cutting-edge discussions with distinguished guests on the Progressive Radio News Hour on the Progressive Radio Network. It airs three times weekly: live on Sundays at 1PM Central time plus two prerecorded archived programs.

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca