

# How new federal laws will affect employee health benefits essay sample

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The new federal laws that have been established offer a clear and a wide range of choices to its consumers. These laws have gone ahead to provide new and clearer ways to hold the insurance companies and bodies accountable. All the laws are important but there are those laws that affect the consumers directly in terms of the relationship between the consumers and the insurance companies. These laws have been divided to subgroups for a better understanding and critic by the consumers. These laws will be active up to 2014, whereby other new laws will be established by the federal arm of the government to serve the consumers appropriately and maintaining a mutual understanding and a relationship between the insurance companies and the consumers, whereby the consumers will hold these companies accountable in case anything goes wrong (Wilber, 2010). Consumers have their rights and ought to be protected. Since the consumers have a relationship with the insurance companies who have given them insurance cover, the consumers will enjoy a variety of benefits and proper coverage. These insurance companies and group issues a summary or a layout of the benefits and clear coverage to their consumers for better understanding. The new law has a clear regulation to its consumers to assist them to understand, analyze and evaluate the various health insurance ranges and varieties (Wilber, 2010). This way, the consumers will definitely know where to go according to the depth of their pockets. The insurance companies and groups have come up with short summary of the benefits which are written in a clear, simple and plain language for the purpose of clear understanding by the consumers. The terms that they use are familiar to the consumers. The terms are written in a uniform manner, for instance,

deductible, copayment, etc.

The insurance companies and bodies have established a standard that is familiar to all the users. This standard will help the consumers to compare the various available health facilities and plans. They have come up with a form of coverage which they refer it to be coverage examples. The coverage examples provides the consumers with comparison apparatuses which will help them establish how the available plan would work and cover if there are two similar, if not common, medical conditions. This kind of a form ought to be available to the consumer every time. The consumer has a right to get this form even when he is going shopping for coverage or even enrolling to a given coverage. The consumer has a right to ask for the glossary form which has the terms which are uniformly written from their respective insurance companies and bodies.

There is a high probability that most of the consumers have no idea on what they are exactly purchasing, buying or obtaining when shopping for coverage or insurance. The new federal laws have joined hands with the health department and human service, not mentioning also the labor department and the treasury department to help the consumers understand what the insurance entails and its meaning, hence building their understanding and impacting their decisions. The information in the forms takes the foundation of Diet Facts tag. This label which is required for packed foods helps the consumers to make health and well-versed decisions about the diet that they take. The well-structured form that is easy to understand helps the consumers to make wise decisions when comparing the insurance preferences provided. It helps the consumers to be open-minded and to

create openness to the much and many insurance companies and groups in the market. Today, more than 180M of the American population have private health insurances.

This kind of provision applies to every health plan available. It does not matter where the consumer will get the insurance from, whether from an employer or by buying it. This begun from 23rd September 2012 and it will go up to the year 2014. There are those stages that the consumer must go through so as to get the SBC form. This form will be provided at all crucial points as the consumer enrolls. The consumer will get it after application or after renewing the cover. The coverage example will be very crucial to the consumers. It provides adequate plan and thorough information of how the plan would insure and cover the normal birth of a baby. It will also help the consumers to prevent and control diabetes type 2. Those consumers that do not understand nor speak English will get the form together with the glossary in their respective native language (Richard, 2012).

Before the establishment of the new federal laws, many countries and their states have been offering help to those consumers have had insurance problems. The new laws have come up with Reasonable Care Act which is meant to improve the previous services to consumers by giving grants which will help and strengthen the programs that assist the consumers. The new laws ensure that the consumers get the right under the new laws, whether the nation or the state has the program of assisting the consumer or not. The consumers still have the right to question and appeal the decisions which are made by their respective coverage providers. If the state lacks the program for assisting the consumers, the new laws have given options to the

consumers which will help them in determining their rights and solving their coverage problems. There are those consumers that get their insurances through their employers. The new laws advise that these consumers should be provided with the contacts of the administration of the Benefits Security, which they will use in case they have a problem which the employer is not in a position to solve on his own (Richard, 2012).

Before these laws were established, the consumers used to work on their own especially when faced with problems which needed quick attention and when they are trying to get health insurances which are reasonable and affordable. Other problems arose when the insurance bodies failed to solve the consumers' problems with an appropriate health strategy. Sometimes the insurers would fail or deny catering for a needed and emergency treatment. Some of the states ignore such programs because they are underfunded but the new laws have taken these programs seriously. They are doing this by giving grants to the states and territorials; it is these grants that fund the programs which assist the consumers when they have queries on their health coverage. The programs file all the consumer complaints, queries and appeals. They also keep a record of the consumers who have enrolled in the health coverage (Richard, 2012).

The programs take an action of educating the consumers about their rights and their respective responsibilities. The programs also go ahead to collect data on the various types of the problems that the consumers encounter. They keep the record and they establish the common problems which follow a consistent trend, then this way, they will be in a good position to solve the problems. These files are piled with cooperation with the Secretary of the

department of the US which will then establish the problem triggers and act to them accordingly. This method has proved to be effective in resolving all the consumer complaints (William, 2012).

The new law has issued an approach in how the appeal, query and complaints should be handled for the protection of the consumer. If in any case the insurance provider denies paying the consumer they have considered the appeal, the consumer will have the right to consult the self-governing evaluation organization which has the final check of deciding whether to sustain or transposition the plan's resolution. The consumers are advised to ask for an appeal when the insurance plan fails to pay for the treatment, until then, no appeal should be requested for. When they get the appeal, they have to make the final decision on their own, without involving the consumer, but their resolution will be credible and authentic. If they happen to deny the alleged claim, they should be in a position to let the consumer know why they denied the claim, enlighten the consumer of her right to sleeve an internal petition, importance of going forth to ask for an external appraisal if only the internal petition declined and the availability of a program to assist the consumer where need be.

The consumer is allowed to request for an appeal in his native language if he does not speak nor understand English. When the consumer requests for an internal appeal, it should be acted upon and feedback sent after 72 hours.

The consumer will now know their next step. On the other hand, the new laws have come up with some free services. For instance, depending on age, one is eligible to some preventive amenities like treatment of diabetes, blood pressure and cholesterol tests, without any cost. Cancer screening,

counseling on some critical topics concerning health is also free. Regular clinic visits to age 21, vaccination against some chronic diseases and vaccines to pregnant mothers is also free. All these services are cost free only to those people who are enrolled to job-related well-being plans (William, 2012).

## **References**

Wilber, C. (2010). Heath Benefits: New Laws, New York: Nerbish Publishers

Richard, E. (2012). New Federal Laws and Adjustments, 203-354.

William, G. (2012). Do you know your Health Rights: New Federal Laws, 132-234