### Indivdual Mandate
Most people must obtain health insurance or pay a penalty of 2.5% of household income or $695 per adult, whichever is greater.

### Continuous Coverage
Individual mandate penalty repealed. Also, if an enrollee drops coverage, insurers may add a 30 percent surcharge upon re-enrollment.

### Pre-Existing Conditions
States may waive rules against different pricing based on pre-existing health conditions.

### Age-Based Pricing
Age-Based (with Income-Based Caps). Provides refundable $2,000/year credits for people under 30, increasing to $4,000/year for those over 60. Bigger credits for larger families. Not based on price.

### Medicaid Eligibility Expansion
Continues expansion through 2020, but then freezes enrollment. Eliminates enhanced federal payment rate for all but those continuously enrolled on December 2019. States could impose work requirements.

### Medicaid Funding
Transition federal portion to a per capita allotment, or a set amount per enrollee, in 2020, using 2016 as base year. States could opt for block grants instead.

### Cost Sharing
Expands availability of HSAs, increases tax-free contributions.

### Essential Health Benefits
Allows states to waive some or all benefits.

### Health Insurance Marketplaces
Retains the marketplaces, but makes tax credits available outside the marketplace.

### Employer Sponsored Insurance
Retains ban.

### Annual/Lifetime Dollar Limits
Eliminates the penalty.

### High Risk Pools
Provides $138 billion for a “Patient and State Stability Fund.” States have option to use this money to create a high risk pool.

### Reproductive Health
Adds a ban of funding to Planned Parenthood in 2018. Forbids tax credits for buying an insurance plan with abortion benefits.

### Income-Based Tax Credits
Provides credits for people earning between 139% ($16,000) and 400% ($48,000) of federal poverty level. Credits are higher in areas with higher insurance prices.

### Medicaid Eligibility Expansion
Continues expansion through 2020, but then freezes enrollment. Eliminates enhanced federal payment rate for all but those continuously enrolled on December 2019. States could impose work requirements.

### Medicaid Funding
Transition federal portion to a per capita allotment, or a set amount per enrollee, in 2020, using 2016 as base year. States could opt for block grants instead.

### Cost Sharing
Expands availability of HSAs, increases tax-free contributions.

### Essential Health Benefits
Allows states to waive some or all benefits.

### Health Insurance Marketplaces
Retains the marketplaces, but makes tax credits available outside the marketplace.

### Employer Sponsored Insurance
Retains ban.

### Annual/Lifetime Dollar Limits
Eliminates the penalty.

### High Risk Pools
Provides $138 billion for a “Patient and State Stability Fund.” States have option to use this money to create a high risk pool.

### Reproductive Health
Adds a ban of funding to Planned Parenthood in 2018. Forbids tax credits for buying an insurance plan with abortion benefits.

### Analysis by Ian Pelto
Research Analyst