

Issue	Senate	House
Cost	Would cost \$871 billion over a decade, reducing the deficit by \$132 billion, and possibly an additional reduction of as much as \$1.3 trillion over the second decade, according to estimates from the Congressional Budget Office.	Costs \$1.1 trillion over a decade , surpassing Obama's \$900 billion/10-year spending cap and the cost of the Senate bill.
Public Option	Does not include a public option. Instead, the Office of Personnel Management, which supervises health plans for federal workers, would oversee national plans offered in the health insurance exchanges.	Creates a government-run insurance program that offers plans in competition with the private market. The government would negotiate rates with health care providers.
Individual Requirements	Requires most people to have health insurance or pay a penalty, which starts at \$95 in 2014 and reaches \$750 two years later.	Requires most people to get health insurance or pay a penalty of up to 2.5 percent of their income. This mandate (along with subsidies for the poor) extends coverage to 36 million Americans.
Employer Requirements	Does not require employers to provide health insurance. The bill would charge companies with over 50 employees a penalty for any employee whose health insurance the government ends up subsidizing.	Requires employers to contribute to health insurance for employees. But businesses with payrolls under \$500,000 are exempt; that's about 86 percent of all American businesses.
Help for Individuals & Small Businesses	Sets up health insurance exchanges to help those newly required to get insurance shop around. Exchanges would open in 2014, a year after the House plan. Plans offered in the exchange would have to meet minimum requirements set by the government.	Also creates " insurance exchanges ," and until exchanges are set up, the bill immediately offers assistance to those who have been uninsured for several months or denied a policy because of pre-existing conditions.

Financial Assistance

Includes subsidies to help cover those making up to 400 percent of [federal poverty level](#) -- currently \$88,000 per year for a family of four -- and expands the Medicaid program to include those making 133 percent of the federal poverty level.

Also includes subsidies to help those making up to 400 percent of the federal poverty level [pay for health insurance premiums](#). The House bill would expand Medicaid eligibility for low-income individuals and families, cover new preventive services, and increase payments for check-ups.

New Taxes

Imposes a [40 percent tax on high-cost health insurance plans](#) -- those valued over \$8,500 per individual or \$23,000 per family. Charges a 10 percent tax on [indoor tanning services](#), which is expected to raise \$2.7 billion in the first ten year period. Also increases Medicare payroll taxes -- from 1.45 to 2.35 percent -- on individuals earning \$200,000 a year and couples earning \$250,000.

[Would tax the wealthiest Americans](#), with individuals making over \$500,000 and families making above \$1 million paying a surcharge on a portion of their income.

Abortion

Would create a "firewall" to prevent federal subsidies from going toward abortion coverage. In plans that do cover abortion, beneficiaries would have to pay for it separately, and those funds would have to be kept in a separate account from taxpayer money.

[Would ban abortion from being covered in the new public plan](#) except in cases of rape, incest, or threat to the life of the pregnant woman. Also bans people from using government subsidies to purchase private plans with abortion coverage on the exchange.

Medicare Changes

Would reduce Medicare spending by approximately \$395 billion over 10 years; includes cuts to private insurance plans (although implemented slightly differently from House bill). Also in 2010, Medicare beneficiaries would receive \$500 towards paying for prescription drugs not currently covered because of cost, those that fall into the so-called "doughnut hole."

Would reduce [Medicare](#) spending by approximately \$440 billion over 10 years, largely by reducing payments to private insurance plans that serve Medicare patients (and are currently paid more than the cost of providing that care) and by requiring hospitals and other health care providers to operate more efficiently. Also includes several new benefits for seniors, including more preventive care services