

Features	Senate Democratic bill	The House bill (Affordable Health Care for America Act)	President Obama's proposal
Who is covered	The Senate Finance version covered an estimated 94% of Americans. Illegal immigrants would not receive government benefits.	About 96% of legal residents under age 65 -- compared with 83% now. About one-third of the remaining 18 million people under age 65 left uninsured would be illegal immigrants.	Says he want to cover all Americans.
Cost	Senate leaders aim to keep it under \$900 billion over 10 years.	The Congressional Budget Office says the bill's cost of expanding insurance coverage over 10 years is \$1.055 trillion. The net cost is \$894 billion, factoring in penalties on individuals and employers who don't comply with new requirements. That's under President Barack Obama's \$900 billion goal. However, those figures leave out a variety of new costs in the bill, including increased prescription drug coverage for seniors under Medicare, so the measure may be around \$1.2 trillion.	In a speech in early September laying out health overhaul goals Mr. Obama said his plan would cost around \$900 billion over a decade.
How it's paid for	Fees on insurance companies, drug makers, medical device manufacturers. Tax levied on insurance companies, equal to 40% of total premiums paid on insurance plans costing more than \$8,000 annually for individuals and \$21,000 for families (that number may rise to \$23,000); retirees over age 55 and people in high-risk professions may be allowed to have somewhat more valuable plans before they're taxed. Cuts to Medicare and Medicaid. A fee on employers whose workers receive government subsidies to help them pay premiums. Fines on people who fail to purchase coverage.	\$460 billion over the next decade from new income taxes on single people making more than \$500,000 a year and couples making more than \$1 million. The original House bill taxed individuals making \$280,000 a year and couples making more than \$350,000, but the threshold was increased in response to lawmakers' concerns that the taxes would hit too many people and small businesses. There are also more than \$400 billion in cuts to Medicare and Medicaid; a new \$20 billion fee on medical device makers; \$13 billion from limiting contributions to flexible spending accounts; sizable penalties paid by individuals and employers who don't obtain coverage; and a mix of other corporate taxes and fees.	Would tax high-value insurance plans; said most of the cost would be paid for by cuts to Medicare. Dedicated \$630 billion over 10 years toward a Health Reform Reserve Fund in budget outline released in February.
Requirements for individuals	Almost everyone must get coverage through an employer, on their own or through a government plan. Exemptions for economic hardship. The Senate Finance Committee version required individuals and families to buy coverage as long as it cost no more than 8 percent of their income. Those who are obligated to buy coverage and refuse would face a fine of perhaps \$100 in the first year of the program, likely increasing over time.	Individuals must have insurance, enforced through a tax penalty of 2.5% of income. People can apply for hardship waivers if coverage is unaffordable.	Did not propose an "individual mandate" during the campaign. He now supports an individual mandate as long as hardship waivers are provided.
Requirements for employers	Not required to offer coverage, but companies with more than 50 full-time workers would pay a fee as high as \$750 multiplied by the total size of the work force if the government ends up subsidizing employees' coverage.	Employers must provide insurance to their employees or pay a penalty of 8% of payroll. Companies with payrolls under \$500,000 annually are exempt -- a change from the original \$250,000 level to accommodate concerns of moderate Democrats -- and the penalty is phased in for companies with payrolls between \$500,000 and \$750,000. Small businesses -- those with 10 or fewer workers -- get tax credits to help them provide coverage.	Businesses with more than 50 workers would be required to offer their workers coverage or pay a fee.

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Subsidies	Tax credits for individuals and families likely making up to 400% of the federal poverty level, which computes to \$88,000 for a family of four. Tax credits for small employers.	Individuals and families with annual income up to 400% of poverty level, or \$88,200 for a family of four, would get sliding-scale subsidies to help them buy coverage. The subsidies would begin in 2013.	Supports sliding-scale subsidies for low-income people but hasn't specified at what income level they should be offered.
Benefits package	All plans sold to individuals and small businesses would have to cover basic benefits. The government would set four levels of coverage: Under legislation passed by the Senate Finance Committee the least generous would pay an estimated 65% of health care costs per year; the most generous would cover an estimated 90%. Those numbers could change.	A committee would recommend a so-called essential benefits package including preventive services. Out-of-pocket costs would be capped. The new benefit package would be the basic benefit package offered in the exchange.	Hasn't described a specific benefit package that should be offered. Wants to prevent insurers from denying coverage to people with pre-existing conditions; limit premium variation based on age; and stop insurers from dropping people when they get sick.
Government-run plan	Reid proposed a new federal insurance plan this week with payment rates to providers negotiated by the Health and Human Services secretary. Unlike the House bill, states could opt out of the plan. It's not clear the proposal commands enough votes to survive, so it could be replaced by a less sweeping version of a public plan. The bill also would create nonprofit, member-owned co-ops to compete with private insurers.	A new public plan available through the insurance exchanges would be set up and run by the secretary of Health and Human Services. Democrats originally designed the plan to pay Medicare rates plus 5% to doctors. But the final version -- preferred by moderate lawmakers -- would let the HHS secretary negotiate rates with providers.	Supports a new public plan. Has lately signaled that he's open to compromise on the issue.
How you choose your plan	Self-employed people and small businesses could pick a plan offered through new state-based purchasing pools. Employees would be generally allowed to keep their work-provided coverage.	Beginning in 2013 through a new Health Insurance Exchange open to individuals and, initially, small employers. It could be expanded to large employers over time. States could opt to operate their own exchanges in place of the national exchange if they follow federal rules.	Small businesses and people without access to affordable insurance through their employer or elsewhere would have access to a new exchange starting in 2013. Illegal immigrants would not be able to shop in the exchange.
Changes to Medicaid	Income eligibility levels likely to be standardized to 133% of poverty (\$30,000 a year for a family of four) for all parents, children and pregnant women. States could negotiate with insurers to arrange coverage for people with incomes slightly higher than the cutoff for Medicaid.	The federal-state insurance program for the poor would be expanded to cover all individuals under age 65 with incomes up to 150% of the federal poverty level, which is \$33,075 per year for a family of four. The federal government would pick up the full cost of the expansion in 2013 and 2014; thereafter the federal government would pay 91% and states would pay 9%.	None specified.
Read more	Text of bill has not yet been publicly released.	<a href="#">Affordable Health Care for America Act</a>	<a href="#">Obama on Health Care</a>

Sources: Associated Press research, Kaiser Family Foundation.