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The rules in regards to Grandfathering for Individual Plans under PPACA, presume something that just isn't true. I have sold health insurance for 13 years. Although many people who buy individual insurance come off the plan when they are able to get coverage through work, many people who run small businesses, are self employed (ie..farmers) can't switch plans because no one will accept them - because they have a pre-existing condition. The grandfathering rules state that if the plan changes what the customer has to pay for services (not premium) then the plan is no longer grandfathered. This doesn't happen on individual insurance because the insurance company is bound by the policy contract not to change the benefits. This will leave the least healthy class of people on non-grandfathered plans until 2014 when the exchanges become available. It seems ridiculous to give wellness and preventative care services to people who are healthy starting 9-23-2010 and make people on individual insurance who don't have a choice about getting on a non-grandfathered plan, wait to get those services covered, when they are the people who would most benefit from non-grandfathered plans. Also, since the premium can go up any amount and the plan will still be grandfathered, the people in the "closed block of business policies" will see extreme rate increases with no additional coverage. Has anyone looked at this issue?

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