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What health-care bill means for New Yorkers

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It's zero hour for the controversial health-care bill, as the Obama administration readies for a vote this week.

Democrats spent last week in a frenzy of strategy sessions for the delicate operation of reconciling competing House and Senate bills. If Democrats can get the legislation through — despite uniform Republican resistance — some 30 million uninsured Americans would be mandated to buy coverage via government-run exchanges.

"The hope is that they'll have a House vote and approve the Senate bill. Then through reconciliation, they'll correct certain differences between the bills," said Dr. Daniel Fass, who worked with the White House on the overhaul.

Congress is awaiting the Congressional Budget Office's final estimate on the cost of the bill — now hovering at $1 trillion. A procedural vote in the House Budget Committee is set for tomorrow afternoon, although there's still debate over abortion provisions and the "Cadillac tax" — a 40 percent tax on policies costing more than $10,200 for an individual or $27,500 for a family, starting in 2018.

With or without health-care reform, the CBO estimates insurance-premium costs will double in 10 years, said Michael Tanner, a health-policy expert with the nonpartisan Cato Institute.

Tanner laid out how the new system could affect a selection of typical New Yorkers:

Agnes Dejadea, mid-30s

Home: Queens

Job: Part-time nanny

Income: Less than $50,000

Story: Dejadea had thought her husband's plan covered everything — until she hurt her knee. The company would approve only 16 hours of physical therapy annually.

Insurance: Has Blue Cross Blue Shield through husband's job. She pays $60 a month; he pays $100. Co-pays are $20.

Change: She and her husband have to have at least $12,000 in coverage; they'd have to make up the difference out of pocket. Unlikely to be eligible for subsidies, which are for households making under $35K.

Bruce Solomon, 69

Home: Manhattan

Job: Retired teacher

Income: $30,000 pension

Story: Solomon worked on American military bases and therefore is considered a retired federal employee.

Insurance: Solomon has monthly premium payments of $1,200 for him and his wife, but because he was a federal employee, the government pays $800. Doctor co-pays are $20, prescription-drug co-pays $10. His premiums rose 14 percent last year.

Comment: "Rising premiums are a problem. There's nothing in the proposed bill that would correct that, so I'm not too happy with that. Create a public option to compete with private insurance."

Change: Solomon's coverage would remain the same. He would not be eligible for any subsidies.

Jerry Flaack, 35

Home: Babylon, LI

Job: District Council 9 manager

Income: $75,000

Story: Flaack is part of a union that negotiated an employer-paid health-insurance plan for him, his wife and his two children, ages 2 and 4. His salary is negotiated to account for the cost; his employer shaves $8 off his hourly rate in exchange for the policy.

Insurance: Has no monthly contribution toward his premium payments. Doctor visits and generic-drug co-pays are $10. He estimates yearly costs are $200 for his family of four.

Comment: "I am very happy with my coverage, and I would be very upset if any part of it were to change."

Change: By 2018, he'd either get hit by the 40 percent Cadillac tax or his company could cut benefits to reduce costs.

Charles Zarret, 64

Home: Manhattan

Job: Graphic artist

Income: Over $100,000

Story: Zarret lives and works in Manhattan with his publishing-exec wife and has always had insurance but has never had a major illness or serious health issue that required extensive medical care.

Insurance: Zarret has a comprehensive policy through his wife, covered by her employer, that costs them $200 a month. His doctor visits and prescription-drug co-pays are $20.

Comment: "We have a good policy. I'd describe it as a platinum plan. But I do hope Congress passes the health-care reform bill; I assume it's needed."

Change: Under government requirements, Zarret and his wife would have to have an insurance plan that costs a minimum of $12,000 a year. If their current plan costs their employer less than that, the Zarrets will have to make up the difference out of pocket. If their plan costs more than $27,500 a year in 2018, they would be hit by the 40 percent Cadillac tax.

Dan Saltiel, 50

Home: Manhattan

Job: Owns Danal restaurant in

Greenwich Village

Income: $50,000-75,000

Story: Saltiel had insurance for 30 years under a group plan he bought with his employees, paying about $700 a month. In 2008, his health-care group dissolved. Last December, a friend got him to join an HMO. Three weeks later, he had a massive heart attack. A three-day hospital stay resulted in a $90,000 bill, which the HMO covered.

Insurance: Pays $400 a month for Oxford Liberty HMO. His in-network doctor visits and medication co-pays are $20.

Comment: "A public option is essential, and I'd also like to start paying into Medicare at age 55. It's shocking to have a bill of $90,000 for three days in a hospital, and this insurance won't cover any of my follow-up doctor's visits."

Change: Saltiel couldn't be dropped from his current carrier or denied future coverage because of his pre-existing heart condition, a major change from the current system. He would have to have a plan with minimum government-required benefits worth at least $5,000, which means his HMO payments would go up, and he wouldn't be eligible for any subsidies. He'd have similar benefits.

David Balluff, 41

Home: Brooklyn

Job: Painter, T-shirt designer

Income: $25,000

Story: Sells organic T-shirts bearing his own illustrations in Union Square. The only time he had health insurance was in grad school.

Insurance: None

Comment: "I try not to get sick. I've been really fortunate not to have any major illnesses. I am relying on luck. I'm strongly in favor of a public health-care option, but I'm wary of any insurance mandate that would enrich insurance companies."

Change: Would have to have a plan with minimum government-required benefits worth at least $5,000 or face a fine of 2 percent of his annual salary. He is eligible for a $3,300 subsidy. He'd either pay the $1,700 difference out of pocket or a $500 fine if he refused to buy coverage.