The following chart compares the ACA with the House Bill and the Senate Bill (updated 7/14/17):

Item	ACA	House Bill	Senate Bill
Caps on annual or lifetime coverage	Caps on annual or lifetime coverage are banned for essential health benefits.	The ban on caps would not change, but because states could narrow what qualifies as an essential health benefit, more types of care could face caps.	The ban on caps would not change, but States could opt out of ban.
Children up to age of 26	Young adults could stay on their parents' health insurance plan until they're 26 years old.	No change	No change
Employer Mandate	Employers with 50 or more employees must offer healthcare to employees or pay a penalty	The employer mandate would be effectively eliminated by reducing it to $0 penalty	The employer mandate would be effectively eliminated by reducing it to $0 penalty
Essential Health Benefits	Insurers are required to cover 10 categories of essential health benefits, such as hospital visits and mental-health care.	States would be allowed to change what qualifies as an essential health benefit.	States would be allowed to change what qualifies as an essential health benefit. It would allow all insurance companies to sell bare-bones plans, as long as they also offer at least one that's comprehensive.
High Risk Pools	None established because of other protections for pre-existing conditions.	States would receive $130 billion over 10 years through a new Patient and State Stability Fund for high-risk pools and other programs to help sicker people.	The stability fund would receive $182 billion over 10 years and would be aimed at reimbursing insurers who take big losses. The new bill also adds $45 billion to address the opioid epidemic.
HSA Contributions	Individuals can contribute up to $3,400 and families up to $6,750 to pretax health savings accounts.	Starting in 2018, individuals could contribute up to $6,550 and families could contribute up to $13,100 to pretax health savings accounts.	Contribution levels would be increased. HSA could be used to pay for insurance premiums.
Individual Mandate	The individual mandate requires most Americans to have health coverage or pay a fine.	Eliminated by reducing it to $0. Insurers would be allowed to impose a 30 percent premium surcharge on consumers who purchase a new plan after letting their previous coverage lapse — incentivizing healthy people to remain insured. States could choose to make this penalty more severe.	The individual mandate would be eliminated by reducing it to $0. Consumers who drop their policies for 63 days or more face a six-month waiting period before coverage may begin in the following year. Being on a bare-bones plan (or skinny plan) counts as a break in coverage.

Medicaid	The law provides enhanced federal funding to states that expand Medicaid eligibility for residents up to 133% of the poverty level. About 14 million new enrollees have been added as 31 states and the District of Columbia expanded that eligibility, with states picking up very little of the cost.	The Medicaid expansion would freeze in 2020, becoming limited to current enrollees. States would have to make up the difference in cost if they wanted to maintain the expansion for new enrollees.	Continue Medicaid expansion under Obamacare for three years, then begin to roll it back in 2021. States could choose between block grants or per capita caps, but both options would curb their overall federal Medicaid funding. States could add a requirement that some people must work to get Medicaid. States can go beyond caps if a public health emergency is called.
Pre-existing Conditions	Insurance companies are not allowed to increase someone's premiums or deny coverage based on preexisting conditions.	States could allow insurers to increase someone's premiums based on their preexisting conditions if they had a break in coverage.	Rates would not be allowed to be increased but states may allow rates to not cover costs associated with some conditions. Insurance companies can consider preexisting conditions when charging customers, as long as they also offer at least one plan that doesn't.
Premium costs based on age	Insurers can charge older customers up to three times as much as they charge younger customers.	Insurers would be able to charge older customers up to five times as much as they charge younger customers.	Insurers would be able to charge older customers up to five times as much as they charge younger customers.
Subsidies	ACA tax credits are based on income, age and geography,	Tax credits would be based primarily on age. People would still receive subsidies, which would phase out at incomes of $75,000 per year	Tax credits would be based on income, age and geography. Would still link aid to consumers' income, though it would stop at 350% of poverty level. A new formula would be created to determine credits.
Taxes	Tax on health insurers, Cadillac tax on generous employer health plans (which has been delayed), a medical-device tax and a tax on individuals who earn more than $250,000 a year.	Majority of taxes would be eliminated. Cadillac tax would be delayed to 2026.	Majority of taxes would be eliminated except for the 3.8% tax on investment income and a 0.9% tax on wealthy individuals. Cadillac tax would be delayed to 2026. Flexible Savings Accounts limits would be repealed.
Women health care	Insurance companies cannot charge women more than men for the same health plan Insurers are required to provide a basic set of benefits including maternity care, pediatric care and contraception.	Insurance companies would still be banned from charging women more. States could seek waivers to allow insurers to drop some basic benefits, such as maternity care and contraceptives.	Insurance companies would still be banned from charging women more. States could seek waivers to allow insurers to drop some basic benefits, such as maternity care and contraceptives.