



Health Insurance Marketplace 101



Find health care options that meet your needs and fit your budget.



January 2015

The Health Care Law

- In March 2010, President Obama signed the Affordable Care Act into law generally requiring



- Young adults up to 26 can stay on their parents' plan
- Additional drug coverage for people with Medicare
- More preventive services with no cost-sharing
- Lifetime limits removed from essential health benefits

What Changed on January 1, 2014?

- Discrimination due to pre-existing conditions or gender is generally prohibited
- Annual limits on insurance coverage of essential health benefits were eliminated for most plans
- Advance payments of the premium tax credit are available
- More people are eligible for Medicaid (in some states)
- **Coverage through the Health Insurance Marketplace began**

What Is the Health Insurance Marketplace?

- Part of the Affordable Care Act
- Where qualified individuals and families directly compare private health insurance options
 - Known as qualified health plans (QHPs)
 - Can directly compare on the basis of price, benefits, quality, and other factors
- Also known as Exchanges

The Marketplace...

- It's a way to shop for health coverage
 - An individual or family can explore every qualified health plan in their area
 - With one application you can learn all the programs for which you qualify
- Most people receive help paying premiums
 - 90% of people who were uninsured will qualify for savings on health insurance
- It offers clear options with apples-to-apples comparisons
 - All health insurance plans in the Marketplace present their price and benefit information in plain language

Report on Affordability, Competition and Choice

- Consumers **saved nearly \$1.2 billion** on their premiums
- Nearly 7 in 10 are paying \$100 a month or less for coverage
- The average monthly premium dropped from \$346 before tax credits to \$82 after tax credits across all plans
 - An average of **\$69 per month** after tax credits for silver plans (the most popular plan type) with a choice of 5 health insurers and 47 plans
- 266 insurers in the Marketplace by state, offering over **19,000 Marketplace plans** across all rating areas
- Insurance companies must spend at least 80 cents of each premium dollar on health care, improvements to care, or provide a refund
 - In 2012, 8.5 million consumers received half a billion dollars in refunds (average refund of \$100 per family)

Marketplace Establishment

- Each state can decide to
 - Create and run its own Marketplace
 - Engage actively with the federal government in operating certain Marketplace functions
 - Have a Marketplace established and operated by the federal government

Qualified Health Plans Cover Essential Health Benefits

- Essential health benefits include at least these 10 categories
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
 - Mental health and substance use disorder services including behavioral health treatment
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Preventive and wellness services and chronic disease management
 - Pediatric services, including oral and vision care (pediatric oral services may be provided by stand-alone plan)



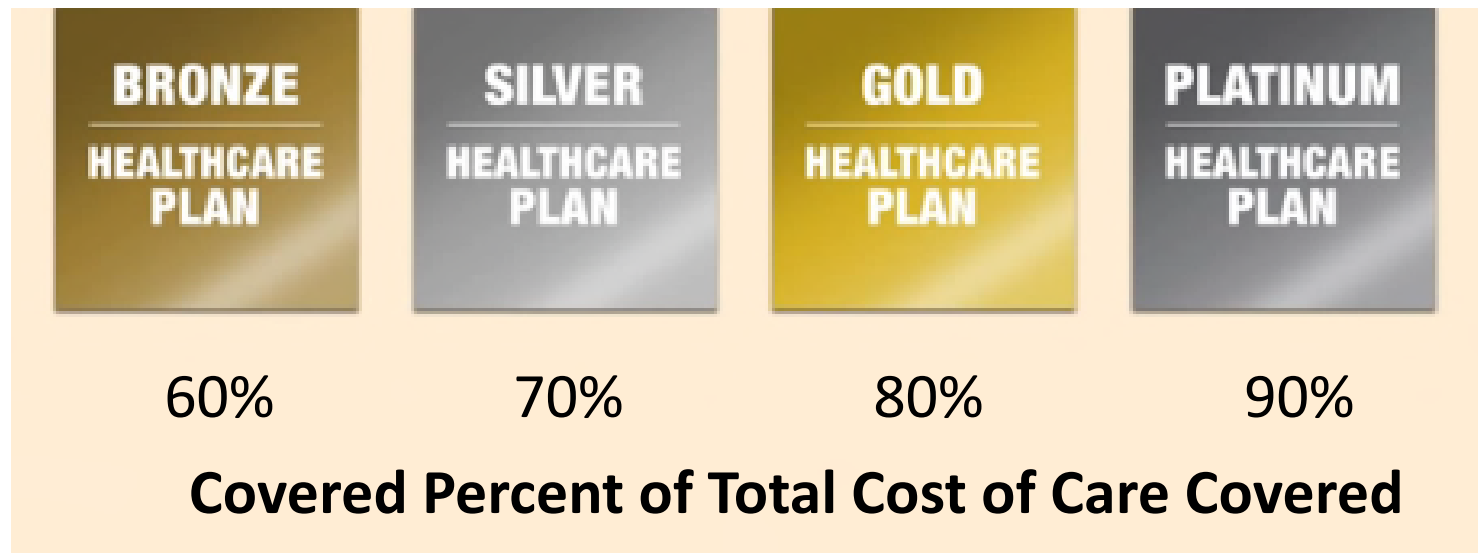
How Qualified Health Plans Can Vary

- Some plans may cover additional benefits
- You may have to see certain providers or use certain hospitals (networks)
- The premiums, copayments, and coinsurance are different
- Quality of care data will be available
- The coverage level can vary within each plan
- Some special types of plans are structured differently
 - Like high-deductible (catastrophic) plans

Health Plan Categories

**Lowest Premiums
Highest Out-of-Pocket Costs**

**Highest Premiums
Lowest Out-of-Pocket Costs**



Eligibility in the Individual Marketplace

- Marketplace eligibility requires you to
 - Live in its state or service area, and
 - Be a U.S. citizen or national, or
 - Be a non-citizen who is lawfully present in the U.S. for the entire period for which enrollment is sought
 - Not be incarcerated
 - Can apply for Marketplace coverage if pending disposition of charge
 - Can apply for Medicaid/CHIP at any time

Lower Premium Costs

- The premium tax credit may be taken as advance payments to lower monthly premium costs, or as a refundable credit on the tax return you file
- Eligibility is based on
 - Household income and family size
 - Household income between 100% to 400% FPL
 - \$23,550 – \$94,200 for a family of 4 in 2013
 - \$23,850 – \$95,400 for a family of four in 2014
 - Obtaining health insurance through the Marketplace
 - Ineligibility for government-sponsored coverage, affordable employer-sponsored insurance, or certain other minimum essential coverage

Who is Eligible for Cost-Sharing Reductions?

- Lower costs on deductibles, copayments, and coinsurance
- To be eligible, you must
 - Have income at or below 250% FPL
 - \$58,875 annually for a family of 4 in 2013
 - \$59,625 annually for a family of 4 in 2014
 - Receive the premium tax credit
 - Enroll in a Marketplace Silver-level plan
- Members of federally recognized Indian tribes
 - Don't have to pay cost-sharing if household income is at or below 300% of the federal poverty level (FPL)
 - Up to around \$70,650 for a family of 4 (\$88,320 in Alaska) in 2013
 - Up to around \$71,550 for a family of 4 (\$89,460 in Alaska) in 2014

Medicaid Eligibility in 2014

- The health care law offers a new opportunity for states to expand Medicaid to
 - Adults 19 – 64 with incomes up to 133% FPL
 - \$16,105 per year for individual
 - \$32,913 per year for family of 4
- The law ensures Medicaid coverage for children in families with household incomes up to 133% FPL
- A new simplified way of calculating income to determine Medicaid/CHIP eligibility
 - Known as Modified Adjusted Gross Income (MAGI)-based method

Starting in 2014, Everyone Must:

1. Have minimum essential coverage



They're already covered and don't need to do anything.

OR

2. Have an exemption from the shared responsibility payment (fee)



They don't have to get coverage and won't have to pay a fee for not having coverage.

OR


3. Pay a fee (shared responsibility payment)




They should consider getting coverage. If they don't, they'll pay a fee.

When Can You Enroll?

1. Annual Open Enrollment Period
 - November 15 – February 15
 - Coverage can begin as early as January 1 if you enroll by December 15
2. Special enrollment periods (SEP) for certain circumstances during the year



Have a change in your job?
Loss of job-based coverage



Have a change in your income?

26 Turn 26 and leave a parent's plan?



Move to a new residence?
Out of your plan's service area



Have a baby or adopt a child?



Get married or divorced?

You can apply for Medicaid and Children's Health Insurance Program coverage at any time.

How the Marketplace Works



Create an account

First provide some basic information. Then choose a user name, password, and security questions for added protection.

Apply

Next you'll enter information about you and your family, including your income, household size, other coverage you're eligible for, and more.

Visit HealthCare.gov to get a checklist to help you gather the information you'll need.

Pick a plan

Next you'll see all the plans and programs you're eligible for and compare them side-by-side.

You'll also find out if you can get lower costs on monthly premiums and out-of-pocket costs.

Enroll

Choose a plan that meets your needs and enroll!

Coverage starts as soon as January 1, 2014.

May apply or change plan during Special Enrollment Period due to certain life changing events.



CMS Product No. 11671
October 2013

4 Ways to Get Marketplace Coverage

Over the phone

Call the Marketplace Call Center at **1-800-318-2596**. TTY users should call **1-855-889-4325**. A customer service representative can help you apply and enroll over the phone.



Online

Visit **HealthCare.gov** to apply and enroll on the web.

CuidadoDeSalud.gov for Spanish.



In-person help

Get help from people in your community trained and certified to help you apply and enroll in the Marketplace. Visit **Localhelp.HealthCare.gov**, or call the Marketplace Call Center.



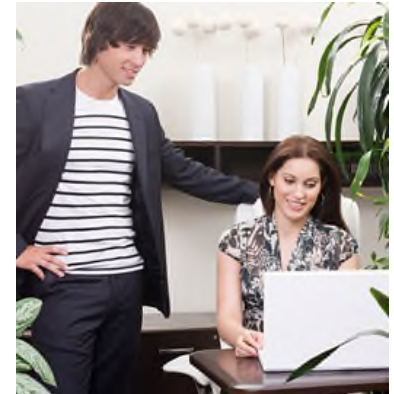
Paper application

If you don't have a computer or time to apply and enroll over the phone, you can fill out a paper application. Call the Marketplace Call Center to get an application or download a copy from **HealthCare.gov**.



In-Person Assistance

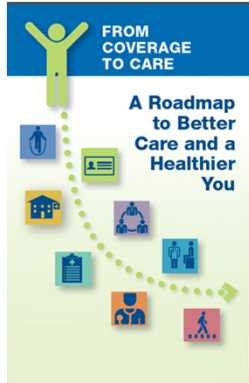
- Marketplace in-person help is available
 - Navigators
 - Non-Navigator assistance personnel
 - Certified application counselors
 - Issuer application assisters
 - Enrollment assistance contractor
 - Agents and brokers
 - To find help in your area, go to Localhelp.HealthCare.gov



Visit Marketplace.cms.gov for information on your organization becoming a Champion for Coverage

From Coverage to Care

Written materials and videos available in English and Spanish



Guía para su salud

COMIENCE AQUÍ

Your ROADMAP to health

1 Start here

Put your health first

- Staying healthy is important for you and your family.
- Maintain a healthy lifestyle at home, at work, and in the community.
- Get your recommended health screenings and manage chronic conditions.
- Keep all of your health information in one place.

2 Understand your health coverage

- Check with your insurance plan or state Medicaid or CHIP program to see what services are covered.
- Be familiar with your costs (premiums, copayments, deductibles, co-insurance).
- Know the difference between in-network and out-of-network.

3. Encontrar un proveedor

- Ask people you trust and/or do research on the internet.
- Check your plan's list of providers.
- If you're assigned a provider, contact your plan if you want to change.
- If you're enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP program for help.

4 Know where to go for care

- Use the emergency department for a life-threatening situation.
- Primary care is preferred when it's not an emergency.
- Know the difference between primary care and emergency care.

5 Haga una cita

- Explique si es un paciente nuevo o si ya ha estado antes allí.
- Dé el nombre de su plan de seguro y propórtelo al receptor de su seguro.
- Discuta el nombre del proveedor que usted quiere.

6 Make an appointment

- Mention if you're a new patient or have been there before.
- Give the name of your insurance plan and ask if they take your insurance.
- Tell them the name of the provider you want to see and why you want an appointment.
- Ask for days or times that work for you.

7 Be prepared for your visit

- Have your insurance card with you.
- Know your family health history and make a list of any questions and things to discuss, and take notes during your visit.
- Bring someone with you to help if you need it.

8 Decide if the provider is right for you

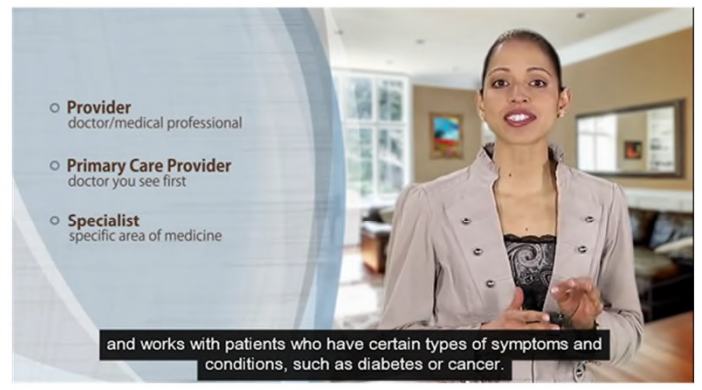
- Did you feel comfortable with the provider you saw?
- Were you able to communicate with and understand your provider?
- Did you feel like you and your provider could make good decisions together?
- Remember: It is okay to change to a different provider!

Next steps after your appointment

- Follow your provider's instructions.
- Fill any prescriptions you were given, and take them as directed.
- Schedule a follow-up visit if you need one.
- Review your explanation of benefits and pay your medical bills.
- Contact your provider, health plan, or the state Medicaid or CHIP agency with any questions.

CMSS Product No. 11814 June 2014 Visit marketplace.cms.gov/c2c for more information.

Marketplace.cms.gov/c2c.



- **Provider**
doctor/medical professional
- **Primary Care Provider**
doctor you see first
- **Specialist**
specific area of medicine

Key Points to Remember

- The Marketplace is a way for qualified individuals and families to find and buy health insurance
 - Open enrollment for 2015 coverage is from November 15, 2014
 - February 15, 2015
 - You may enroll or change plans during a Special Enrollment Period if you have certain life changing events
- States have flexibility to establish their own Marketplace
- Individuals and families may be eligible for lower costs on their monthly premiums and out-of-pocket costs
- There is help available
- If you don't agree with a decision made by the Marketplace, you may be able to file an appeal

Marketplace.cms.gov

CMS.gov | Health Insurance Marketplace
Centers for Medicare & Medicaid Services

Type search term here Search

Get email updates

Health Insurance Marketplace

Get the latest resources to help people apply, enroll, and get coverage

Welcome to the official Marketplace information source for assisters and outreach partners.

On this site, you'll find information about assister programs and tools to help existing and new Health Insurance Marketplace consumers.

Applications & Forms > Technical Assistance Resources > **Outreach & Education** >

5 STEPS TO STAYING COVERED THROUGH THE MARKETPLACE

Now that you have health coverage through the Marketplace, it's time to review your plan and decide if you need to make changes for 2015. Every fall, your health insurance company sends you a letter explaining changes to premiums and benefits for the coming year.

You can choose to stay in your current plan (as long as it's still offered) or make changes.

- 1 REVIEW** **PLANS CHANGE, PEOPLE CHANGE.** Every year, insurance companies can make changes to premiums, cost-sharing, or the benefits and services they provide. Review your plan's 2015 coverage to make sure it still meets your needs and you're getting the best plan for you.
- 2 UPDATE** Starting November 15, visit HealthCare.gov and log into your Marketplace account. Answer a few questions to get to your 2015 application - it will be pre-filled with your latest information from 2014. Step through each page of your application and make changes if you need to. This is important - even if none of your information has changed, you might be eligible for lower costs than last year! You also can call the Marketplace Call Center at 1-800-318-2596 to review or make updates over the phone.
- 3 COMPARE** Log into your Marketplace account and follow the "Enroll To Do List" on HealthCare.gov to compare 2015 plan costs and benefits. New and more affordable plans may be available in your area this year. If you decide to stay in your current plan, follow the directions to search by that plan's 14-digit ID - you can find the ID on the letter from your plan. Or, call the Marketplace Call Center at **1-800-318-2596** for help.
- 4 CHOOSE** Choose a health plan for 2015. You can keep the same plan (as long as it's still offered) or select a new one that better fits your needs. If you want to stay enrolled in your 2014 plan, use the plan ID in the letter you get from your health plan.
- 5 ENROLL** Stay covered for 2015! Contact your plan to confirm your enrollment. Make sure to pay your premium.

Access the 5 Steps to Staying Covered Through the Marketplace (for those already covered in the Marketplace)

marketplace.cms.gov/outreach-and-education/5-steps-to-staying-covered.pdf

Want More Information about the Marketplace?

- Stay connected
 - Sign up to get email and text alerts at HealthCare.gov/subscribe
 - CuidadoDeSalud.gov for Spanish
 - Updates and resources for organizations are available at Marketplace.cms.gov
 - [Twitter@HealthCareGov](https://twitter.com/HealthCareGov)
 - [Facebook.com/Healthcare.gov](https://facebook.com/Healthcare.gov)