

Getting Covered Under the Affordable Care Act: The Basics

On November 15, 2014, many Americans will again be able to sign up for affordable, comprehensive health care by enrolling in the new health care marketplace, also called “exchanges,” created by the Affordable Care Act (ACA). Individuals with low incomes are able to enroll in Medicaid at any time. These new insurance options are significant advances for women and families across the country.

Here are the basics:

- ▶ **Who:** Anyone can use the marketplace to look up the health insurance options available in their state. Individuals who earn less than 138 percent of the poverty line may qualify for Medicaid, depending on whether their state has expanded the program. And, **financial help is available** for those who qualify, including people who earn between 100 percent and 400 percent of the poverty line. This financial help, given in the form of a tax credit (also called a federal subsidy) is only available if you get your coverage through the marketplace. To estimate the amount of assistance you could receive, visit www.GetCoveredAmerica.org/calculator.
- ▶ **What:** Every state and the District of Columbia will have two marketplace systems — one for individuals and families and one for small businesses. Each marketplace will provide easy-to-understand information about the insurance plans available in that state. The information will include benefits, premiums, and other plan costs. All plans have to include some essential benefits. Supplementary insurance plans will not be available through the marketplace.
- ▶ **When:** Every marketplace will be open **November 15, 2014 to February 15, 2015**. Consumers can research options, ask questions, and enroll in a plan after deciding which one is best. Coverage obtained during this period will start beginning January 1, 2015, depending on when enrollment occurred. Consumers must enroll in a plan by **February 15, 2015** to avoid a fine of \$325.00 (in the form of a tax penalty) or 2 percent of their income, whichever is greater.
- ▶ **How:** To use the marketplace, individuals and families need to fill out a short application. They can submit the application and start researching plans as soon as the marketplaces open. Specially trained workers known as “navigators” will be available to help consumers fill out the forms and research the plans. **To find in-person help near you**, visit <https://localhelp.healthcare.gov/> or call 1 800 318 2596. Assistance will be available in Spanish and may be available in other languages for persons who prefer to communicate in a language other than English.
- ▶ **Where:** Every marketplace will be accessible online, by phone, and in person. Navigators will be available to help consumers at each location. To find each state’s marketplace and to get the application, visit www.healthcare.gov or call 1 800 318 2596.
- ▶ **Why:** Health insurance is the best way for Americans to access the care they need to stay healthy. The marketplace is where consumers can compare plans and select one that meets their health needs and their budget. In 2015, every American must be able to prove that she or he has health insurance or risk a fine, unless there are no affordable plans available.

For more information, check out:

- US government – www.healthcare.gov or 1 800 318 2596
- Families USA – <http://familiesusa.org/>
- Enroll America – www.getcoveredamerica.org
- National Health Law Program – www.healthlaw.org



FREQUENTLY ASKED QUESTIONS: Getting Covered

What are the eligibility requirements to get covered in the health insurance marketplace? You must be a US citizen, live in the United States, and not be incarcerated in order to enroll in a health insurance plan in the marketplace. If you do not qualify but a family member, such as your child, does, you can help that person get insurance through the marketplace. You may not want to enroll in a plan in the marketplace if you currently have comprehensive insurance through your employer or you currently have Medicare or Medicaid, because you will not qualify for financial help. However, everyone can use the marketplace to research their options at www.healthcare.gov.

How is the federally run marketplace different from one operated by a state? Under the Affordable Care Act (ACA), every person must have access to the marketplace. Some states have chosen to run their own marketplace (often called an exchanges), while others have left that up to the federal government. Some have opted for a combination. Every marketplace includes at least two health plans that are offered in multiple states. However, options vary from state to state, and more choices will likely be added in the years to come. In addition, there is a separate marketplace for small businesses. Learn more about your state marketplace at www.commonwealthfund.org/Maps-and-Data/State-Exchange-Map.aspx.

What kind of insurance options will I have in the marketplace? Each marketplace has multiple plans for individuals and families with a range of benefits and prices. Every plan must cover the minimum [essential benefits](#) laid out by the US Department of Health and Human Services. No supplementary insurance plans will be available. To help you understand each of the plans and select an option that works for you, there are “navigators,” people who are specially trained to help you and who are not connected to any of the insurance companies.

Is the marketplace accessible for people who do not use the Internet? Yes. You can research plans with help from a “navigator” by phone or at an in-person help center in your area. You can then enroll in the plan by phone, in-person, by mail, or fax. To get help by phone or in your community, call 1 800 318 2596 or visit <https://localhelp.healthcare.gov/>.

Do all individuals with low incomes now have access to Medicaid? No. States may choose whether or not to expand Medicaid to people earning up to 138 percent of the federal poverty line, which in 2014 is \$16,105 for a single person and \$32,913 for a family of four. As of October 2014, 23 states have not yet committed to expanding Medicaid, despite the generous federal funds available to those that do. In states that have not expanded Medicaid, low-income adults may be left with no affordable insurance options, especially because persons whose income is below 100 percent of the poverty line are not eligible for financial help to get coverage in the marketplace. To find out if your state has expanded Medicaid, visit <http://bit.ly/KFFstatusofstateaction>.

What help is available for people for whom insurance is still too expensive? Individuals earning between 100 and 400 percent of the poverty line, or \$23,850 to \$94,400 for a family of four, will be eligible for financial help — via a tax credit or federal subsidy — to defray the cost of a plan purchased in the marketplace. To estimate the amount of assistance you could receive, see www.GetCoveredAmerica.org/calculator. Consumers can apply for a waiver if the amount of assistance is still not sufficient to afford their insurance; they would then be exempt from the penalty levied on those who do not have health insurance — a \$325.00 fine (in the form of a tax penalty) or 2 percent of income, whichever is greater. These individuals, like those who are ineligible for marketplace coverage due to citizenship status or other requirements, will need to rely on charity care or personal income to pay for their health care.