



## QUICK FACTS ON THE MARKETPLACE

### Q1. What is the Health Insurance Marketplace?

A1. The HealthCare market place is a website that a consumer can go to and find health plans, do a side-by-side comparison, shop, enroll, and manage all of their choices in one place.

### Q2. What types of plans are offered in the Marketplace and what do those plans cover?

A2. The plans that are for sale in the Marketplace are called Qualified Health Plans, which means they have to cover certain types of care, those types of care are called essential health benefits. The essential benefits are listed below:

- Ambulatory Services
- Hospitalization
- Mental Health / Substance Abuse
- Rehabilitative Services
- Preventative Care
- Emergency Services
- Maternity and Newborn Care
- Prescription Drugs
- Laboratory Services
- Pediatric Services

### Q3. Who is not able to buy a plan from the Marketplace?

A3. If your job offers healthcare insurance to you, and the plan offered cost less than 9.5% of your annual gross income, and covers all essential benefits (shown above) then you cannot buy a Marketplace plan. Other people that cannot participate in the Marketplace include:

- Undocumented Immigrants
- People currently in jail or prison

### Q4. Is there a plan that fits my budget and meets my needs?

A4. All of the choices offered on the Marketplace cover all of the essential health benefits, how much a consumer pays depends on the consumer. There are four levels of coverage offered on the Marketplace; the level you choose determines how much you will pay:

Tier	Tier Name	Percent of Cost Insurance Pays	Percent you pay (this does not include the cost of the plan you pay each month)
1	Bronze	60%	40%
2	Silver	70%	30%
3	Gold	80%	20%
4	Platinum	90%	10%



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### Q5. What is the penalty for not buying insurance?

- A5. In most cases the penalty for not getting insurance will be more costly for the consumer than if they had bought a plan. The penalty has been set as:
- 2014- 1% of total annual gross pay / or \$95.00 per each adult and \$47.50 per child (up to \$285.00 for the family), whichever is higher.
  - 2015- 2% of total annual gross income / or \$325.00 per adult and \$162.50 per child (up to 975.00 for a family), whichever is higher.
  - 2016- 2.5% of total annual gross income / or \$695.00 per adult and \$347.50 per child (up to 2,085 for a family), whichever is higher.

Remember, if you decide to pay the fine you **still** have to pay 100% of your medical care costs and that the fine you take will not be tax deductible.

### Q6. What if I cannot pay for health insurance?

- A6. If a consumer cannot pay for health insurance they have a couple of choices:
- Premium tax credits – will lower how much you pay for health insurance premiums
  - Cost-sharing reductions- will lower how much you spend out of your pocket for covered health services.

### Q7. How will the Premium Tax Credit be distributed?

- A7. The consumer will choose one of the two options on how to distribute the Premium Tax Credit:
1. Directly to the health insurance company that they have purchased their plan from- this will lower the cost of the consumer's monthly premium.
  2. Given to the consumer as a refund at the end of the year when they file their income tax.

### Q8. Who qualifies for the Premium Tax Credit?

- A8. To be eligible for a federal tax credit a consumer must meet certain criteria:
- File federal income taxes annually
  - Have a household income of at least 100% but not more than 400% of the FPL
  - Enroll in a QHP through the Marketplace
  - Be ineligible for minimum essential coverage through either public programs or job-based coverage.



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### Q9. How do I apply for Marketplace coverage?

A9. There are several ways to apply for the Marketplace:

1. Apply online
2. Send you application in by mail
3. In-Person- The Community Health Center has Application Counselors to assist you
4. You can call: 1-800-318-2596      TTY: 1-855-889-4325      24 hours a day 7 days a week.

### Q10. When will my coverage start?

A10. If the consumer selects a QHP October 1, 2013 – December 15, 2013 and pays the premium by the date specified by the insurance company, coverage begins 1/1/2014.

During the rest of the initial open enrollment period (December 16, 2013 – March 31, 2014):

- If a consumer selects a QHP between the **1st and 15th day of the month and pays the premium by the date specified by the health insurance company**, coverage will begin on the first day of the following month
- If a consumer selects a QHP between the **16th and last day of the month and pays the premium by the date specified by the health insurance company**, coverage will begin on the first day of the second following month.

### Q11. What if I become unemployed or my wife has a baby before the next open enrollment date?

A11. If a qualifying life event occurs such as moving to a new state, changes to income, or change in family size occurs, the consumer has 30 days from when the qualifying event takes place to update their information on the Marketplace. Once the Marketplace has been told and has verified the new information then the Marketplace will redetermine the consumer's eligibility.

### Q12. After March 2014 when will the next open enrollment happen?

A12. After the March 31, 2014 open enrollment period, users will be able buy the same plan or purchase a new plan on an annual basis. The dates of the annual enrollment will be October 15 to Dec 7 of every year.

### Q13. Now that I have insurance does that mean I can go to any doctor that I want to?



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- A13.** Not necessarily, when electing a health plan check to see if the healthcare provider(s) that you want to see have agreed to take your insurance. If your healthcare provider (s) does not take the insurance plan you select you will have to pick another plan or find a doctor that does accept the plan you have picked.