

Frequently Generally Asked Health Insurance Marketplace Questions
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Q1: Why am I required to obtain health insurance coverage?

A1: Through the March 23, 2010 passage of the Patient Protection and Affordable Care Act [P.L. 111-148], commonly referred to as the 'Affordable Care Act' and unofficially termed, 'Obamacare' nearly every person is required to obtain health insurance coverage. The health care law makes access to health insurance more affordable as well as strengthens consumer protections so that insurance companies can no longer drop you because you have a pre-existing condition or reach an annual or lifetime limit.

Q2: What persons are exempt from the health insurance coverage, sometimes known as the 'individual mandate'?

A2: The ACA requires that nearly every person is required to obtain health insurance coverage. However, there are some groups of individuals who are exempt from the individual mandate. Those persons include: 1) persons who are part of a religion opposed to acceptance of benefits from a health insurance policy; 2) incarcerated individuals; 3) undocumented individuals; 4) members of an Indian tribe; 5) your family income is below the threshold for filing a tax return (\$10,000 for an individual, \$20,000 for a family in 2013); and 6) you have to pay more than 8% of your income for health insurance after taking into account any employer contributions or tax credits.

Q3: How do I apply for health insurance?

A3: There are four ways an individual or family can apply for health insurance:

1. Apply with a paper application. To download a paper application, visit: <http://marketplace.cms.gov/getofficialresources/publications-and-articles/marketplace-application-for-family.pdf>
2. Apply online with four easy steps:
 - a. Set-up your account (user name, password & security questions).
 - b. Fill out the online application (includes annual income, household members, and current health coverage information to determine eligibility).
 - c. Compare health insurance options.
 - d. Enroll in a health insurance that you can afford.
3. Apply by phone by calling toll free, **1-800-318-2596**, 24 hours a day, 7 days a week (TTY: **1-855-889-4325**)
4. In-person help or assisters with the following choices:
 - a. Navigators
 - b. In-Person Assisters
 - c. Certified Application Counselors
 - d. Government agencies, such as State Medicaid and Children's Health Insurance Program (CHIP) Offices
 - e. Insurance agents and brokers can also help you with your application and choices.
 - f. For more information on how to locate in-person assisters visit: <https://localhelp.healthcare.gov/>

Q4: How do I learn about the coverage options available to me before I visit the Health Insurance Marketplace?

A4: To determine what you may qualify for prior to visiting the Marketplace, you can visit the Kaiser Family Foundations' subsidy calculator tool. There, you will input information on your household to include: 1) state of residence; 2) income; 3) number in household. This tool will generate an estimate of your subsidy to help you offset costs for health insurance coverage. To access this tool, visit: <http://kff.org/interactive/subsidy-calculator/>

Q5: How do I determine which health insurance plans are available?

A5: Determining the types of health insurance coverage this is available to you in the state which you live is made simple and easy through the Health Insurance Marketplace. You can follow the steps on Healthcare.gov by visiting: <https://www.healthcare.gov/find-premium-estimates/>

Q6: What happens if I am not covered by January 1, 2014?

A6: Through the passage of the Affordable Care Act, health insurance coverage is now mandatory effective March 23, 2010. However, the mandate for coverage does not take effect until January 1, 2014. If you don't have coverage in 2014, you will be required to pay a penalty of \$95 per adult, \$47.50 per child, or 1% of your income (whichever is higher). This penalty amount will increase every year after 2014. Some people may qualify for an exemption to this fee. However, if you enroll by March 31,

2014, you will not be required pay the penalty for any month before your coverage began. The fee increases every year. In 2015 it's 2% of income or \$325 per person. In 2016 and later years it's 2.5% of income or \$695 per person. After that it is adjusted for inflation.

Q7: What is considered adequate health care coverage that will deem me in compliance with the health care law?

A7: You are considered covered if you have Medicare, Medicaid, CHIP, any employer-based health plan, any plan you bought yourself, COBRA, retiree coverage, TRICARE, VA health coverage, or some other kinds of health coverage.

Q8: What if I am 65 years of age enrolled in Medicare?

A8: If you have are already enrolled in Medicare or a Medicare Advantage Plan, you are considered covered and there is no need to make any changes. In other words, if you have Medicare, you are considered covered.

Q9: I am an early retiree not eligible for Medicare. What are my options for health insurance coverage?

A9: Due to the passage of the ACA, there are more options for early retirees that provide comprehensive health care coverage. Your first option would be to keep your coverage under COBRA. You have up to 18 months after they leave their job to continue your employer's sponsor-based insurance. Another option would be to compare costs by shopping for coverage through the Marketplace to buy insurance through your state's exchange. You may qualify for a subsidy that will be available based on income. For more information, visit: <https://www.healthcare.gov/what-if-im-retired-but-not-eligible-for-medicare/>

Q10: What if I live in a state that does not have a Health Insurance Marketplace?

A10: No matter what state you live in, you can use the Marketplace. Some states operate their own Marketplace. In some states, the Marketplace is run by the Federal government. To find the Health Insurance Marketplace in your state, please visit: <https://www.healthcare.gov/marketplace/individual/>

Q11: Why must I provide personal information such as my annual income?

A11: Determining you and your families' eligibility is based on your annual income. Therefore, if you want to find out if you qualify for lower costs on Marketplace coverage, you will need to provide information about your household members and income. The information you provide helps to make calculations to best determine whether you and your family are eligible for lower premium costs.

Q12: What personal information is required that I ***should*** include on my Marketplace application?

A12: You should include information about the following to determine your eligibility: 1) Yourself; 2) Your spouse; 3) Your children who live with you, even if they make enough money to file a tax return themselves; 4) Your unmarried partner who needs health coverage; 5) Anyone you include on your tax return as a dependent, even if they don't live with you; and 6) Anyone else under 21 who you take care of and lives with you.

Q13: What personal information should I not include on my Marketplace application?

A13: Under no circumstances should you provide information on your Marketplace application? 1) Your unmarried partner who doesn't need health coverage and is not your dependent; 2) Your unmarried partner's children, if they are not your dependents; 3) Your parents who live with you, but file their own tax return and are not your dependents; and 4) Other relatives who file their own tax return and are not your dependents.

Q14: I am a college student. How does the ACA impact me?

A14: There are many benefits the ACA offers young adults. If your parents are offered employer sponsored-based coverage through their job or TRICARE, you can now stay on your parents' insurance until age 26. You can join or remain on your parents' plan even if you are: 1) married; 2) not living with your parents; 3) attending school; 4) not financially dependent upon your parents; or 5) even eligible to enroll in your employer's plan.

Q15: What if I am employed? How can I afford mandatory coverage?

A15: The ACA was drafted in mind for persons who had difficulty obtaining affordable coverage. Through the expansion of the federal Medicaid program, persons who have low-incomes or disabilities upwards to 133% (\$15,282 annually for one individual) of the Federal Poverty Level (FPL) are now eligible for the Medicaid program. In addition to being qualified for Medicaid, if you have dependents 18 or younger, based on your income, your children may also qualify for the Children's

Health Insurance Program (CHIP). You may also be eligible for lower premium costs on Marketplace insurance based on your income. For more information on income limits by state, visit: <http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html>

Glossary of Terms:

COBRA: In 1986, the United States Congress passed the Consolidated Omnibus Budget Reconciliation Act; (COBRA). This bill requires that most group health plans to provide a temporary continuation of group health coverage that otherwise might be terminated. COBRA also requires continuation coverage to be offered to covered employees, their spouses, their former spouses, and their dependent children when group health coverage would otherwise be lost due to certain specific events. Those events include the death of a covered employee, termination or reduction in the hours of a covered employee's employment for reasons other than gross misconduct, divorce or legal separation from a covered employee, a covered employee's becoming entitled to Medicare, and a child's loss of dependent status (and therefore coverage) under the plan.

Health Insurance Marketplace: This term is also commonly referred to as 'the Marketplace'. The Marketplace is sometimes referred to as 'Health Insurance Exchanges', is a new way to shop for quality health coverage. Through the Marketplace or exchanges, you can find affordable options for health insurance coverage. Eligibility for coverage options is determined through submission of an application (either online, paper, through in-person assisters/navigators, over the phone) that is income-based. The Marketplace allows you to compare your coverage options side-by-side and enroll in a plan that is best for you.

Medicaid: A national public health insurance program that is administered by a state but also funded through the Federal government. Medicaid is specifically for low-income families and children, pregnant women, the elderly, persons with disabilities, and in some states, other adults. While the Federal government provides a portion of the funding for Medicaid and sets program guidelines, states have flexibility in how they choose to run their individual programs. Essentially, Medicaid will vary state-by-state and may be referred to by different names.

Medicare: A national health insurance program for persons age 65 and older. Medicare also covers certain younger individuals with disabilities. In addition, Medicare covers persons with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Obamacare: The Patient Protection and Affordable Care Act [P.L. 111-148], commonly referred to as 'Obamacare' or the 'Affordable Care Act' is the health care law that expands the affordability, quality, and availability of private and public health insurance through consumer protections, regulations, subsidies, taxes, insurance exchanges, and other reforms. It is important to note that this is the unofficial name for the health care law.

Premium: Health insurance premium is the amount the policy-holder or his sponsor (e.g. an employer) is responsible to pay to the health plan to purchase health coverage. Health insurance premiums are paid monthly to a health plan to provide health coverage, including paying for health-related services such as doctor visits, hospitalizations, and medications.

TRICARE: A national health care program that is administered by the Defense Health Agency (DHA) for active-duty and retired uniformed services members and their families. TRICARE is a major component of the Military Health System that provides quality health care services to support military operations.

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