

A User's Guide to Health Insurance Marketplaces



What is Health Insurance?

At some point, everyone needs medical care. Whether it's a simple checkup or a serious illness, healthcare costs can quickly add up. That's why health insurance is so important.

Think of health insurance as a safety net. You pay a monthly fee to an insurance company. In return, the company helps cover the cost of your medical care. This can include doctor visits, hospital stays, surgeries, and more. Unlike other types of insurance, you should use your health insurance benefits as needed. This includes preventive care like checkups and screenings. The more you use your benefits, the healthier you'll be, and the less likely you'll need expensive treatments down the line.

Insurance companies offer different plans with varying costs and coverage. It's important to choose a plan that fits your needs and budget.

When you need medical care, your insurance company will work with you to coordinate your treatment and pay for covered services. This can help you avoid unexpected medical bills and focus on getting better.

Why Does It Matter?

Having health insurance can be a lifesaver, both financially and physically. Here's why:

- **Financial Protection:** Medical bills can quickly add up, even for minor issues. With health insurance, you'll have help paying for treatments and hospital stays. Also, insurance companies often negotiate lower rates with healthcare providers, which can save you money.
- **Preventive Care:** Health insurance often covers preventive care like check-ups and screenings. This can help catch potential health problems early, saving you money in the long run.
- **Community Impact:** When more people have health insurance, it helps lower healthcare costs for everyone.

Key Terms to Know

- **Premium:** The monthly fee you pay to your insurance company to maintain your coverage, regardless of whether you use it.
- **Deductible:** The amount you pay out-of-pocket before your insurance starts covering costs.
- **Copay:** A fixed amount you pay for specific services, like doctor visits or prescriptions.
- **Coinsurance:** The percentage of the cost you pay after meeting your deductible.
- **Out-of-Pocket Costs:** The total amount you pay for healthcare, including deductibles, copays, and coinsurance.
- **Out-of-Pocket Maximum:** The highest amount you'll pay in a year for covered services.
- **Network:** A group of healthcare providers who have agreed to lower rates for your insurance plan.
- **Open Enrollment:** A specific time period each year to choose or change your health insurance plan.
- **Covered Benefits:** Medical services and treatments your insurance plan covers.
- **Uncovered Benefits:** Medical services and treatments your plan doesn't cover.

Where Can I Get Health Insurance?

Health insurance can feel confusing, but there are actually a few different ways to get covered:

- **Government Programs:**
 - **Medicare:** This is for people 65 or older, or those with certain disabilities. You can find more information at www.medicare.gov.
 - **Medicaid:** This program helps low-income individuals get coverage. More details can be found at www.medicaid.gov.
 - **Military:** If you're in the military, you may be eligible for TRICARE health insurance. The Department of Veterans Affairs also offers health care for veterans.
- **Employer-Sponsored Insurance:** Many workplaces offer health insurance as a benefit. You might share the cost of the monthly premium with your employer, often deducted from your paycheck.
- **Individual Plans:** If you're self-employed, work part-time, or don't get coverage through your employer, you can purchase an individual health insurance plan directly from an insurance company.
- **Health Insurance Marketplace:** This is a government website that helps people find and enroll in plans.



What is the Health Insurance Marketplace?

The Health Insurance Marketplace, also known as the exchanges, is an online platform where you can compare health insurance plans available in your state. You'll be looking at health insurance plans called "Qualified Health Plans" (QHPs). These plans meet the standards set by the Affordable Care Act (ACA) and offer important protections.

The Marketplace makes it easy to see and compare costs, coverage, and benefits. Plus, by providing a little information upfront, you can find out if you qualify for financial help to lower your costs (more on this later!).

Will Marketplace Plans Cover What I Need?

Health insurance plans sold on the Marketplace are designed to provide comprehensive coverage. This means they must cover a specific set of essential health benefits, such as emergency services, hospitalization, prescription drugs, and more.

While all Marketplace plans cover these essential benefits, the specific details can vary between plans. For example, some plans may have lower copays for certain services or a wider network of doctors. Marketplace plans are guaranteed to cover pre-existing conditions. You won't find limited-coverage plans like short-term health insurance on the Marketplace. By shopping on the Marketplace, you can be confident that you're getting a comprehensive health insurance plan that meets your needs.

BENEFITS COMPARISON	MARKETPLACE PLANS	NON-MARKETPLACE PLANS
Ambulatory Patient Services	✓	?
Emergency Services	✓	?
Hospitalization	✓	?
Maternity and Newborn Care	✓	?
Mental Health and Substance Use Disorder Services	✓	?
Behavioral Health Treatment	✓	?
Prescription Drugs	✓	?
Rehabilitative and Habilitative Services and Devices	✓	?
Laboratory Services	✓	?
Preventive Care, Wellness Services	✓	?
Chronic Disease Management	✓	?
Pediatric Services, Including Oral and Vision Care	✓	?
	Guaranteed	Unsure

When and How do I Enroll?

Each year, there's a special time called the "annual open enrollment period" when you can sign up for a health plan through the Marketplace, or switch your current plan. For the federal Marketplace, this period runs from November 1 to January 15. If you live in a state that has its own Marketplace, the deadlines may be a little different, and some states may offer more time to enroll.

During open enrollment, you can fill out one simple application that checks if you qualify for Marketplace plans, state Medicaid, the Children's Health Insurance Program (CHIP), financial help with medical costs, or premium tax credits. You can apply directly and get all the information you need on the Marketplace website at www.healthcare.gov.



Understanding the Different Tiers in the Marketplace

When you shop for health insurance on the Marketplace, you'll see plans categorized into four "metal" tiers: Bronze, Silver, Gold, and Platinum.

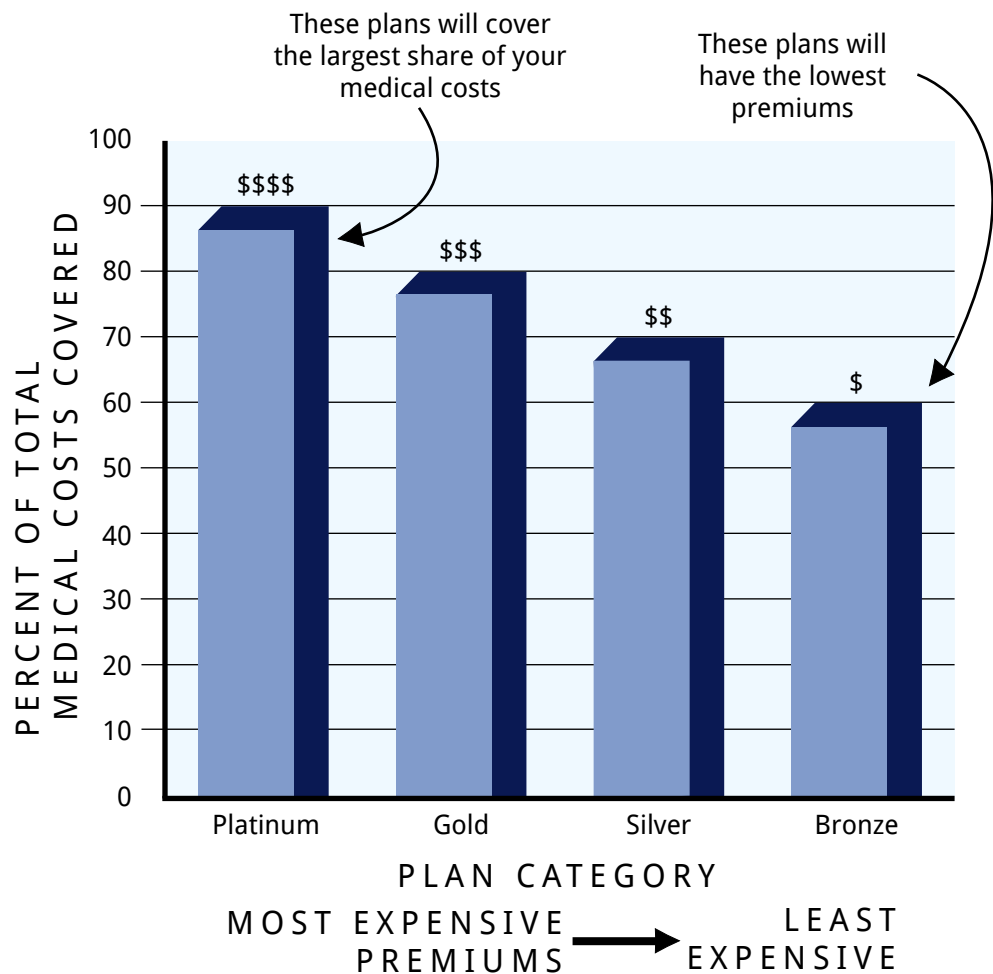
Think of these tiers like different levels of coverage. The higher the tier, the more coverage you get, but the higher your monthly premium will be.

Here's a quick breakdown:

- **Bronze:** Offers the lowest monthly premium but has higher out-of-pocket costs. It typically covers about 60% of your medical costs.
- **Silver:** A good balance between cost and coverage. It usually covers about 70% of your medical costs.
- **Gold:** Offers more coverage than Silver, covering about 80% of your medical costs, but with a higher monthly premium.
- **Platinum:** Provides the most comprehensive coverage, covering about 90% or more of your medical costs. However, it comes with the highest monthly premium.

No matter which tier you choose, there's a limit to how much you'll pay out-of-pocket in a year. Once you reach this limit, your insurance will cover 100% of your eligible medical costs.

By understanding these tiers, you can choose a plan that fits your budget and healthcare needs.



What Do I Need to Apply?

Before you start your enrollment, gather the following information:

- **Social Security Numbers:** For yourself and any family members who will be on the plan.
- **Employment Information:** If you're employed, have your employer's contact information and your income details ready.
- **Income Information:** This includes any additional income sources like part-time jobs or investments.
- **Current Health Insurance:** If you have existing insurance, gather the details.
- **Family Information:** Information about your spouse and children who will be covered.



What if I Need Help with the Application Process?

Choosing a health insurance plan can be a complex process. If you need assistance, the Marketplace offers free help to guide you through the process. You can:

- **Call the Marketplace Hotline:** 1-800-318-2596 (TTY: 1-855-889-4325) is available 24/7 (except holidays).
- **Get Online Help:** Visit localhelp.healthcare.gov to connect with someone who can assist you in your area.
- **Get Free 1:1 Assistance:** From Patient Advocate Foundation Case Managers trained to help you. Call 1-800-532-5274 for help.

Remember: These assistance providers are unbiased and can help you understand your options and complete the enrollment process.

Tips for a Smooth Application Process

- **Make sure you are following the deadlines for open enrollment!** State exchanges may have different open enrollment periods than the federal Marketplace.
- **Gather Necessary Documents:** Have your tax returns, pay stubs, and other relevant documents ready.
- **Understand Your Needs:** Consider your medical needs and budget when choosing a plan.
- **Use the Marketplace's Tools:** Take advantage of the comparison tool and other resources to make informed decisions.

Remember: There are specific enrollment periods, so be sure to check the deadlines for open enrollment. If you qualify for a special enrollment period due to a life event (like losing your job or having a baby), you may be able to enroll outside of the regular open enrollment period.

What if the Coverage Offered is Unaffordable?

When you enroll in a health plan through the Marketplace, you may be eligible for financial assistance to help lower your costs.

- **Premium Tax Credits:** These credits can help you pay your monthly premiums. You may be eligible if your income is between 100% and 400% of the federal poverty level.
- **Cost-Sharing Reductions:** These can help lower your out-of-pocket costs (like deductibles and copays) for Silver plans. You may be eligible if your income is at or below 250% of the federal poverty level.

To see if you qualify:

- **Complete The Application:** Provide information about your household income and size.
- **Review Your Eligibility:** The Marketplace will let you know if you qualify for any financial assistance and how much you could save.

How you get the help:

- **Advanced Payments:** The financial assistance is applied directly to your insurance plan, reducing your monthly premium.
- **Tax Time:** If your income changes during the year, you may need to repay some of the assistance when you file your taxes.

Remember: If your income or family size changes, be sure to let the Marketplace know so they can adjust your financial assistance.

How to Get Insurance in the Marketplace

DETERMINE YOUR ELIGIBILITY

To be eligible for the marketplace, you must be a U.S. citizen, lawful permanent resident, or meet specific immigration status requirements. Also, your income will determine your eligibility for subsidies to help pay for your premiums.

CREATE AN ACCOUNT AT HEALTHCARE.GOV

Visit the official website for the federal Health Insurance Marketplace. If your state runs its own marketplace, Healthcare.gov will redirect you. Create an Account by providing basic information like your name, address, and date of birth. You may need to provide additional information, such as income and household size.

COMPLETE AN APPLICATION

Answer questions about your income, household size, and citizenship status. Be prepared to provide documents to verify your information, such as tax returns or pay stubs.

REVIEW YOUR ELIGIBILITY AND PLAN OPTIONS

The Marketplace will determine your eligibility for subsidies and Medicaid or CHIP. You'll be presented with a list of health insurance plans available in your area. Use the Marketplace's comparison tool to review plans based on cost, coverage, and network of providers.

SELECT A PLAN AND ENROLL

Choose a plan that fits your budget and healthcare needs. Consider factors like monthly premiums, deductibles, copays, and network of providers. Once you've selected a plan, you'll need to provide additional information, such as bank account information for automatic payments. Review your enrollment information carefully before submitting.

CONFIRMATION AND ID CARD

You'll receive a confirmation of your enrollment from your insurance company. You'll also receive an insurance ID card, which you'll need to present to healthcare providers when seeking medical services.

PREMIUM PAYMENTS

You'll be responsible for paying monthly premiums to your insurance company. These payments ensure your coverage remains active.

UNDERSTAND YOUR COVERAGE AND ACCESS HEALTHCARE

Review your plan's details carefully and ensure you understand your deductible, copays, coinsurance, and network. You can now seek medical care from providers within your plan's network. When visiting a doctor or hospital, present your insurance ID card. The provider will bill your insurance company directly, and you'll be responsible for paying any out-of-pocket costs.

Open Enrollment from

November **1** until January **15**

www.healthcare.gov

State Health Insurance Marketplace Websites

Click on your state's website below to access your marketplace!

State	Website	State	Website
Alabama	www.HealthCare.gov	Missouri	www.HealthCare.gov
Alaska	www.HealthCare.gov	Montana	www.HealthCare.gov
Arizona	www.HealthCare.gov	Nebraska	www.HealthCare.gov
Arkansas	www.HealthCare.gov	Nevada	www.nevadahealthlink.com
California	www.coveredca.com	New Hampshire	www.HealthCare.gov
Colorado	www.connectforhealthco.com	New Jersey	www.nj.gov/getcoverednj
Connecticut	www.accesshealthct.com	New Mexico	www.HealthCare.gov
Delaware	www.HealthCare.gov	New York	www.nystateofhealth.ny.gov
District of Columbia	www.DChealthlink.com	North Carolina	www.HealthCare.gov
Florida	www.HealthCare.gov	North Dakota	www.HealthCare.gov
Georgia	www.HealthCare.gov	Ohio	www.HealthCare.gov
Hawaii	www.HealthCare.gov	Oklahoma	www.HealthCare.gov
Idaho	www.yourhealthidaho.org	Oregon	www.HealthCare.gov
Illinois	www.HealthCare.gov	Pennsylvania	www.pennie.com
Indiana	www.HealthCare.gov	Rhode Island	www.healthsourceri.com
Iowa	www.HealthCare.gov	South Carolina	www.HealthCare.gov
Kansas	www.HealthCare.gov	South Dakota	www.HealthCare.gov
Kentucky	www.HealthCare.gov	Tennessee	www.HealthCare.gov
Louisiana	www.HealthCare.gov	Texas	www.HealthCare.gov
Maine	www.HealthCare.gov	Utah	www.HealthCare.gov
Maryland	www.marylandhealthconnection.gov	Vermont	portal.healthconnect.vermont.gov
Massachusetts	www.mahealthconnector.org	Virginia	www.HealthCare.gov
Michigan	www.HealthCare.gov	Washington	www.wahealthplanfinder.org
Minnesota	www.mnsure.org	West Virginia	www.HealthCare.gov
Mississippi	www.HealthCare.gov	Wisconsin	www.HealthCare.gov
		Wyoming	www.HealthCare.gov