

Background Information Regarding the Affordable Care Act and Enrollment in the State Marketplaces

What is a Health Insurance Marketplace?

- Health Insurance Marketplaces are state-based competitive marketplaces where people and small businesses can shop for and buy private health insurance. The marketplaces are not private insurance companies or government-run health plans.
- The Marketplace is a destination where consumers can compare insurance options in simple, easy to understand language. At the Marketplace, consumers are able to compare insurance options based on price, benefits, quality and other factors with a clear picture of premiums and cost-sharing amounts to help them choose the insurance that best fits their needs.

What are reasons to enroll in a state marketplace?

- You'll get the care you need, when you need it.
- You'll get free preventive care, like vaccines, screenings, and check-ups.
- You'll get coverage for prescription drugs, emergency care, doctors' visits, and many other health care services.

How can I find the marketplace for my state and where do I sign up?

- The best source for the latest and most accurate information about the Marketplace is the updated website, www.HealthCare.gov. The website has resources, videos, and checklists—and live web chat available 24/7 in English and Spanish—to help individuals, families and small businesses prepare for the Marketplace.
- On Healthcare.gov:
 - You'll get coverage for pre-existing health conditions that may have kept you from getting coverage in the past.
 - You can also see what your premium, deductibles, and out-of-pocket costs will be before you decide to enroll.
 - You can make apples-to-apples comparisons of costs and coverage between health insurance plans.

What are Marketplace health plans required to cover?

- All health plans offered on the Marketplace must cover a comprehensive set of benefits, including physician visits, preventive care, hospital stays, and prescriptions. Plans must also treat everyone fairly; discrimination against preexisting conditions will be prohibited.

When can I enroll?

- Anyone can enroll in coverage through the Marketplace during open enrollment. Check [this](#) website to find out the dates of open enrollment, and whether you might qualify to enroll outside of open enrollment period because of a “qualifying life event.”

How does the Affordable Care Act change the Medicare “doughnut hole”?

- The ACA gradually reduces the amount that Medicare Part D enrollees are required to pay for their prescriptions when they reach the coverage gap. When the coverage gap is fully closed in 2020, beneficiaries will be responsible for paying 25 percent of the cost of their prescriptions under the standard drug benefit. Medicare Part D plans will cover 75 percent of the cost of generic prescription drugs and 25 percent of the cost of brand-name prescription drugs, in addition to a manufacturer discount of 50 percent on brand-name drug prices for prescriptions filled in the coverage gap. (Answer provided by the Kaiser Family Foundation)

What if I’m worried about being able to afford insurance?

- Financial help to lower costs is available for people who qualify. Consumers may be eligible for a free or low cost plan, or savings that lower monthly premiums right away.

Are there different application forms for people who live in different states?

- No matter where they live, consumers will only need to fill out a single application on the Marketplace to choose from the health plans available in their area...to learn if they qualify for programs like Medicaid or the Children’s Health Insurance Program...or to find out if they qualify for lower costs on monthly premiums or out-of-pocket costs.

Are there different levels of marketplace insurance plans?

- Yes. Plans are put into 4 categories – bronze, silver, gold, platinum – which will balance things like monthly premiums and out of pocket costs. This brochure has more information to help you choose a plan <http://marketplace.cms.gov/getofficialresources/publications-and-articles/things-to-think-about-when-choosing-a-plan.pdf>
- However, each plan will offer the same set of essential health benefits that cover things like doctor’s visits, prescriptions, hospitalizations, pregnancy, and more – including quit smoking programs.

What if I need help filling out my Marketplace application form?

- Consumers can call a call 1-800-318-2596 24 hours a day/7 days a week where customer service representatives are trained to help consumers complete their application.

What if I am more comfortable talking with someone in a language other than English?

- For Spanish speaking consumers, please visit www.CuidadoDeSalud.gov
- The call center, available at 1-800-318-2596 24 hours a day, seven days a week, is available in English and Spanish, and there is a language line to assist callers in over 150 additional languages.

Sources:

www.healthcare.gov

www.marketplace.cms.gov

Kaiser Family Foundation at www.kff.org