

# Get Covered Guide

## Understanding the New Health Insurance

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## How the New Health Insurance Helps You

**Health insurance** is a way to help you pay for your health care. It helps you stay healthy, protects your wallet, and gives you peace of mind.

**Health insurance is also called:**

- health care coverage
- health plan
- health policy

Treating illnesses and injuries and paying for medicine is very costly, especially if you do not have **health insurance**.

The new health care law has made it easier for you to get **health insurance**.

### The New Health Insurance Protects You from Costly Medical Bills



#### Broken arm

Without health insurance, it can cost more than \$7,500\*



#### Three-Day Hospital Stay

Without health insurance, it can cost more than \$30,000\*

\*On average.

*Health insurance helps you get the coverage you need to stay healthy.*



### Why get health insurance?

Many people who do not have health insurance have gone into debt or even lost their homes due to high medical bills.

Others have not gotten the health care they needed when they needed it, because it costs too much money. Many people who do not get health care have become more ill or have even died as a result.

### Paying for your health care

When you have **health insurance**, you and your health insurance company share your health care costs.

You make payments to the health insurance company even when you are well. In return, the health insurance company pays most or all of your medical bills when you get sick or hurt. The health insurance company determines prices with doctors and hospitals so your health care is less expensive.

#### The Affordable Care Act is also called:

- Obamacare
- the ACA
- the new health care law
- health care reform
- the Patient Protection and Affordable Care Act
- the PPACA

## The Affordable Care Act

The **Affordable Care Act** is a law that has led to changes in our health care system.

#### The new health care law means

- More people can get health insurance that meets their needs and their budget.
- You can get health insurance even if you are sick already.
- All health insurance covers the types of care you are most likely to need.
- You can get help paying for health insurance even if your job does not offer it, or the health insurance offered through your job is too expensive.
- Information about health insurance is easier to understand.
- Some people who do not get health insurance might have to pay a penalty (as a part of the health insurance mandate).

## The mandate is also called:

- health insurance requirement
- required coverage
- individual responsibility
- the individual mandate

## The Health Insurance Mandate

The **health insurance mandate** is part of the new health care law. It means that most people must have health insurance. If you do not get health insurance, you might have to pay a penalty.

### You will not have to pay a penalty if any of the following applies to you:

- You are not required to file a federal tax return
- You are in prison
- You have a religious objection
- You are unable to afford it based on your income
- You are an undocumented immigrant
- You are a member of an Indian tribe

Talk to an application assistance professional to learn more about who will not have to pay a penalty.

## Financial Assistance

Family Size	May Qualify if Income is Below*
1	\$46,000
2	\$62,000
3	\$78,100
4	\$94,200
5	\$110,300
6	\$126,400

\* Numbers are approximate and may go up a bit in 2014

## The Affordable New Health Insurance

You might be able to get financial help to help pay for **health insurance that meets your needs and your budget**. Starting January 1, 2014, many people will get financial help buying **high quality, affordable health insurance**. This financial help is available for individuals and families with low and middle incomes who cannot afford **health insurance** that covers the care they need. This help will assist them in buying private health insurance through the new Health Insurance Marketplace.

To qualify for financial assistance to help pay for your health insurance, the government will also look at:

- how much money you make
- the size of your family
- whether you are a U.S. citizen or legal resident
- whether you are in jail or prison

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### ***What is the difference between Medicaid and Medicare?***

*Medicare is a different kind of health insurance for people 65 years and over. Medicaid is health insurance for adults, children and families with low incomes, and certain seniors and people with disabilities.*

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## Medicaid

**Medicaid** is **health insurance** for adults, children and families with low incomes, and certain seniors and people with disabilities.

**Medicaid** is free or low-cost to the people who have it. **Medicaid** covers the types of care you are most likely to need, including:

- Shots and other care to help keep you from getting sick (preventive care)
- Regular doctor visits (primary care)
- Hospital care
- X-rays and other tests

With **Medicaid**, you might not have to pay for your health insurance or health care. If you have to pay, your costs will be low.

The new health care law lets more people get **Medicaid**, starting in 2014. In many states, this includes parents with children and also adults who don't have children.

In your state, **Medicaid** might be called a different name.

### **The Children's Health Insurance Program is also called:**

- State Children's Health Insurance Program
- SCHIP
- CHIP

## The Children's Health Insurance Program

The **Children's Health Insurance Program** or **CHIP** is health insurance for children and teens under the age of 19.

Depending on how much money your family makes, your child or teen might be able to get **CHIP**.

Then you might be able to get free or low-cost health insurance for your child or teen that covers the care they need.





The **Children's Health Insurance Program** or **CHIP** covers the care your child or teen is most likely to need, including:

- Checkups and shots (preventive care)
- Regular doctor visits (primary care)
- Hospital care
- Dental and eye care
- X-rays and other tests

In some states, **CHIP** has a different name. Not all states have **CHIP**.

## Premiums

The **premium** is the money you pay to your health insurance company, usually each month. The amount is set when you buy your health insurance.

Paying a **premium** to your health insurance company means you get help paying your health care costs. Your health insurance company pays most of your medical bills.

Some health care costs are unexpected. Paying your **premium** protects you from high medical bills.

To keep your health insurance, it is important to pay your **premium** on time each month. Your monthly payment depends on the plan you choose in the health insurance marketplace. You may to get financial help based upon your household income and the number of people in your household.

## Paying for Your Health Care

You and your health insurance company share your health care costs. There are several ways you share your health care costs explained in detail below. You pay a set amount every month to the health insurance company (your **premium**). In addition, you and your health insurance company both pay the cost of your medical treatments (**cost sharing**).

In most health insurance plans, when you have paid a certain amount of money, the health insurance company pays your remaining treatment costs for that year.

## Paying for Your Health Care

Each month, you pay your premium to the insurance company.



## Co-pay Examples

If your co-pay is:	\$5
And your medical treatment costs:	\$100
You will pay your doctor:	\$5
And the health insurance company will pay your doctor:	\$95

\*Numbers are examples.

*Some services, such as flu shots and cancer screenings (preventive care), have no co-pay.*

## Co-insurance Examples

If you have paid your deductible for the year and your co-insurance is:	10%
And your medical treatment costs:	\$250
You will pay 10% of \$250, which is:	\$25
Your co-insurance for that treatment:	\$25

\*Numbers are examples.

## Co-pay

A **co-pay** is the money you pay for your health services, such as a doctor's appointment, or a hospital visit, or when you pick up your prescription medicine.

The co-pay is also called:

- out-of-pocket costs
- cost sharing
- co-payment

The amount of your **co-pay** is set when you get your health insurance.

The **co-pay** is one of the ways you share the cost of your medical care and medicines with your health insurance company.

You pay the **co-pay** to your doctor or pharmacist. It is a separate cost from your monthly payments (premium).

## The Difference Between a Co-pay and Co-insurance

A co-pay is a set amount for every prescription, doctor visit, and emergency room visit. **Co-insurance** is a different amount each time. You will pay more for more expensive services, and less for less expensive services.

## Co-insurance

**Co-insurance** is a set amount of your medical costs that you might have to pay. For each medical treatment, you will probably pay a co-pay or **co-insurance**, but not both.

The co-insurance is also called:

- out-of-pocket costs
- cost sharing

**Co-insurance** is one of the ways you share the cost of your medical care and medicines with your health insurance company.

If you see a doctor who does not work with your health insurance plan (out of network), you might have to pay higher **co-insurance** costs.



**The deductible is also called:**

- an out-of-pocket cost
- cost sharing

**Deductible Examples**

If your deductible this year is:	<b>\$100</b>
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And your co-pay is:	<b>\$5</b>
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And your first medical treatment this year costs:	<b>\$250</b>
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You will pay the doctor your deductible:	<b>\$100</b>
------------------------------------------	--------------

The deductible will not be required again this year. You will have to pay your co-pay or co-insurance.

\*Numbers are examples.

**Guaranteed coverage is also called:**

- not being denied for pre-existing conditions
- no exclusions

## Deductible

The **deductible** is the money you might have to pay for your medical care and medicine up to an agreed dollar amount each year. The amount is set when you buy your health insurance plan. After you have paid your **deductible**, your health insurance company pays for most of your health care that year. The **deductible** is one of the ways you share the cost of your medical care and medicines with your health insurance company.

Sometimes you can avoid paying a **deductible** by going to a doctor your health insurance company has agreed to pay (a provider in your network). Your health insurance company will pay most of your other treatment costs for this year. You will not have to pay the deductible again this year. You will have to pay your co-pay or co-insurance.

## Guaranteed Coverage

**Guaranteed coverage** means everyone can buy health insurance. Before the new health care law, millions of Americans could not get health insurance for a variety of reasons including because they had a pre-existing condition. Pre-existing conditions could include many physical or mental illnesses or injuries (even if they were in the past), being pregnant, or being born with a disability.

Now you can buy health insurance no matter what health problems you have now or have had in the past. Health insurance companies are not allowed to refuse to sell you insurance or charge you higher fees because you are sick now or have been in the past. The **guarantee** means you can buy coverage.

## Primary Care

**Primary care** is the treatment you receive when

- Your goal is staying healthy (preventive care).
- You are sick or hurt but it is not an emergency.
- You do not need a specialist (doctor) who focuses on a certain disease or condition.
- You do not need to be in the hospital.

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### What is a Provider?

Your providers might be:

- *doctors*
- *nurses*
- *nurse practitioners*
- *specialists*
- *therapists*
- *social workers*
- *physician assistants*
- *nutritionists*
- *pharmacists*
- *clinicians*
- *other health advisers*

The emergency room is not the right place to get **primary care**. When you have health insurance, you can get **primary care** from your regular doctor or other provider. It is best to get your **primary care** from the same doctor or doctor's office.

Your costs are likely to be low, and your provider will know you, your health needs, and your health history.

## Health Care Providers

Providers are the people who treat you, like doctors and nurses. You can have more than one provider.



Your primary care provider is also called:

- PCP
- family doctor
- general practitioner

## Primary Care Provider

Your **primary care provider** is your doctor or another health care professional you see for regular visits. He or she can get to know you and your health needs.

Here's what you see your primary care provider for:

- checkups and shots (preventive care)
- care when you are sick or hurt, if it is not an emergency (primary care)
- finding providers who focus on certain diseases or treatments, such as cancer or physical therapy (referrals to specialists for a specific condition)

If you need medical care but it is not an emergency or you want to stay healthy, make an appointment with your **primary care provider**. Your costs are likely to be low, and your **primary care provider** will know you, your health needs, and your health history.

### Health Concerns to See Your Primary Care Provider About



#### Non-serious Illnesses

Illnesses that are probably not dangerous, like most ear infections, coughs, colds, and stomachaches.



#### Lifestyle Support

Help with quitting smoking and other healthy choices.



#### Minor Injuries

These could include sprained ankles or pulled muscles.



#### Health Screening

Looking for early signs of a disease.



#### Inexplicable Symptoms

Changes in your body or behavior that could be the sign of a health change.



#### Wellness Visits

These can also be called check-ups.

## Beneficiary

The **beneficiary** is the person who receives services. You are the **beneficiary** of your health insurance plan. If your health insurance plan covers your family, they are also **beneficiaries**.

## Preventive Care

**Preventive care** helps keep you from getting sick or hurt in the first place. The new health care law makes it easier for you and your family to get **preventive care**. You will not have to pay for most types of **preventive care**.

## Examples of Preventive Care



**Screenings  
and Tests**



**Shots**



**Wellness Visits and  
Check-ups**



**Prenatal Care**



## Your Network

Your **network** consists of the doctors and other providers your health insurance company works with. Your health insurance company has arranged for certain providers to be in your **network**. It has agreed to pay those providers for your care.

Providers in your **network** cost you less money. Providers out of your **network** cost you more money. When you sign up for health insurance, make sure you choose a provider who is in your **network**. If you already have a doctor you like, make sure you pick a health insurance plan that has your doctor in its **network**.

### The Marketplace is also called:

- the Exchange

### Assisters are also called:

- Certified Application Counselors
- Navigators
- Assisters

## The Health Insurance Marketplace

The **Health Insurance Marketplace** is a new way to compare and get health insurance plans where you live.



You can visit [GetCovered.org](http://GetCovered.org), text GetCovered to 877877 to get more information about the marketplace. You can even work with someone who is trained to provide help with the **Marketplace** called an assister.

The government makes rules about how the Health Insurance **Marketplace** works. The **Marketplace** can help you if any of the below apply to you:

- you don't have health insurance
- you are choosing a health insurance plan
- you can't get health insurance through your job, or the health insurance offered through your job is too expensive or not comprehensive
- you own a small business
- you need free or low-cost health insurance

The **Marketplace** will make it easier for you to learn about health insurance plans and get health insurance.



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### *What types of plans are offered in the Health Insurance Marketplace?*

*The Health Insurance Marketplace offers five types of health insurance plans, called:*

- **Platinum**
  - **Gold**
  - **Silver**
  - **Bronze**
  - **Catastrophic**
- 

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*You may be able to get help paying for insurance depending on how much money you make.*

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*You can also apply on your own, online, over the phone, or by mail.*

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Type of Plan	Level of Health Care Costs this Plan Covers	Premiums	Out-of-Pocket Costs (Cost Sharing)
Platinum	Highest	Highest	Lowest
Gold	Higher	Higher	Lower
Silver	Moderate	Moderate	Moderate
Bronze	Lower	Lower	Higher
Catastrophic	Lowest	Lowest	Highest

The different plans have different levels of monthly costs and out-of-pocket costs. For example, the Bronze plans will cost less every month but there will be higher out-of-pocket costs when you go see your provider. The Platinum plans will cost more every month but will have lower out-of-pocket costs.

If you are under 30, or don't have to file a federal tax return, you might be able to get a Catastrophic plan. These plans offer limited health care services. Though these plans have the lowest premiums, financial help is not available with these plans and health care services offered might be more limited.

## Application Assistance

**Application assistance** is a way for you to get **free** help finding affordable health insurance. Trained professionals can help you figure out:

- whether you can get financial assistance to help pay for health insurance that meets your needs and your budget
- how to apply for health insurance
- the types of care your health insurance plan covers
- how much it costs
- how to find providers, and get health care

You can also apply on your own, online or by mail.

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*What do all health insurance plans have to do to be qualified?*

- *cover important benefits like doctor visits, hospitalizations, prescriptions, and more*
  - *offer you a choice of local providers*
  - *come with clear information in simple language and use no “fine print”*
  - *have no dollar limit on the essential health care costs they will cover in a year or a lifetime.*
- 

Standardized health insurance plans are also called:

- tiered plans

## The Qualified Health Plan

A qualified health plan is any health insurance plan you can get through the Health Insurance Marketplace.

All health insurance plans offered through this new Marketplace have to follow strict government rules to make sure that health insurance companies treat you fairly and provide you with the health coverage you need, and are clear about the costs to you and your family.

Depending on your income, you might be able to get financial help with the cost of a **qualified health plan** and the medical care you receive.

## Essential Health Benefits

The **essential health benefits** are 10 types of health care services that you are most likely to need.

They are covered in all of the health insurance plans you can get through the Marketplace.

- Regular doctor visits (primary care)
- Emergency room visits
- Hospitalizations
- Pregnancy, giving birth, and new baby care
- Mental health care and substance and alcohol abuse treatment
- Medicines
- Treatment to get your body working after being sick or hurt (rehabilitation)
- X-rays and other tests
- Care to help keep you from getting sick (preventive care), and
- Care for your children, including seeing a dentist

Some other medical treatments will not be covered in every plan. Some qualified health plans will cover more services than others (services such as eye care and dental care).

## Premium Tax Credit

Family Size	May Qualify if Income is Below*
1	\$46,000
2	\$62,000
3	\$78,100
4	\$94,200
5	\$110,300
6	\$126,400

\* Numbers are approximate and may go up a bit in 2014

## Cost Sharing Assistance

Family Size	May Qualify if Income is Below*
1	\$28,900
2	\$38,900
3	\$48,900
4	\$58,900
5	\$68,300
6	\$79,000

\* Numbers are approximate and may go up a bit in 2014

### You can get cost-sharing assistance if you:

- make a certain amount of money
- qualify for the premium tax credit
- choose a Silver plan

## Premium Tax Credit

A **premium tax credit** is a form of financial help from the federal government to help people pay for their health insurance.

If you get financial assistance (**premium tax credits**) to help pay for health insurance that fits your needs and budget, the government will pay money to your health insurance company every month. This will help you pay your premium, so you will be able to pay less for your health insurance. The amount of money the government pays depends on your income.

You can get a **premium tax credit** if you:

- have an income within a certain amount.
- are not offered health insurance through your job, or you are offered it but cannot afford it, or it is not covering the care you need.
- do not qualify for free health insurance (Medicaid, Medicare, CHIP or Veterans' benefits).
- buy your health insurance through the Marketplace.
- are not in prison.
- are a US citizen or legal resident. (Your own situation is what matters, not your spouse's situation.)

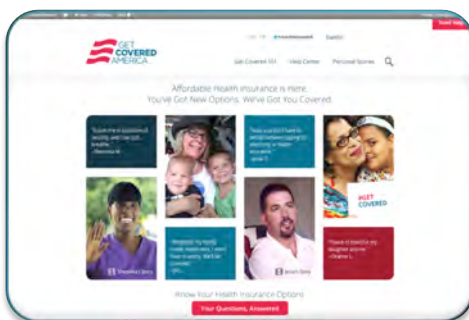
## Cost-sharing Assistance

**Cost-sharing assistance** is a payment from the federal government to help people pay for their medical treatment.

You can only get your **cost-sharing assistance** if you are buying through the Health Insurance Marketplace.

If you qualify for **cost-sharing assistance** (financial help to help pay for a health insurance that fits your budget), the government will pay some of your medical costs (your co-pays or co-insurance, and deductible). You will pay less for your doctor or hospital visits and your prescriptions. The amount of money the government pays depends on your income.

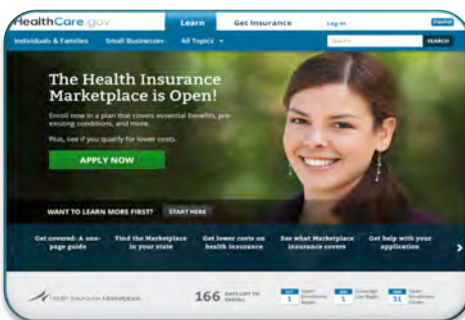
# What You Need To Know In Your Situation



GetCovered.org

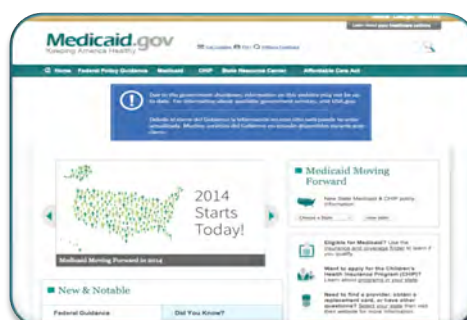
**What are my health insurance options?**

**Can I get financial help with health insurance costs?**



Healthcare.gov

**How can I find the Health Insurance Marketplace in my state?**



Medicaid.gov

**Can I get Medicaid and/or CHIP?**

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