Here's to Your Health

A guide to the Health Insurance Marketplace

Health insurance — it's now a necessity

The Affordable Care Act requires most consumers to have health insurance. Many Americans already get their insurance through their places of employment or through the government (e.g., Medicare, Medicaid, the military, etc.). If your healthcare coverage is not being paid for in full or in part, then you're among those who need to buy their own insurance in what's called the "individual" insurance market.

If you need to buy insurance in this market, **the Health Insurance Marketplace** (at healthcare.gov, sometimes referred to as the "exchange") can show you the available insurance options in your community and help you determine if you're eligible for tax-credit assistance to help you pay the cost of your health insurance.

YOU'RE CONSIDERED COVERED . . .

if you have Medicare, Medicaid, CHIP, a job-based plan, a plan you bought yourself, COBRA, retiree coverage, TRICARE, VA health coverage, or some other kinds of health coverage.

Health insurance is also financial protection

The inability to pay medical expenses is the single greatest cause of financial anxiety in America, and an illness or injury that puts us at financial risk can happen at any time. That's why we all need health insurance — because it isn't just about health, it's about financial protection.

Choices and coverage like never before

For the first time on a national scale, the Marketplace lets you compare competing insurance plans in your area that offer the same benefits — all in one place, all at one time. In fact, all of the qualified plans must offer what are called **Essential Health Benefits.** These include:

- Ambulatory patient services (outpatient care)
- Emergency services
- Hospitalization and surgery
- Maternity and newborn care
- Mental/behavioral health and substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Pediatric services, including oral and vision care
- Preventive and wellness services, including a wide range of screenings

Monthly premium costs versus out-of-pocket costs

The percentage of any medical bill that an insurance plan *doesn't* pay, *you* have to pay out of your own pocket. That's why they're called **"out-of-pocket costs."** Out-of-pocket costs come in the form of annual deductibles, coinsurance (if any) or copayments for specific services and prescription drugs.

Although all insurance plans available through the Marketplace cover Essential Health Benefits, in general, the lower their premiums, the more you'll pay in out-of-pocket costs when you need care. Plans with a higher premium have lower out-of-pocket costs when you need care.

Before your plan begins to pay for your services, you must pay a certain amount of money up front, which is called a **deductible.** A **copayment** is a set dollar amount you pay each time you get a service (for example, a $20 fee for each doctor visit). **Coinsurance** is a percentage of the cost of a service that you must pay. For example, 20 percent coinsurance for a hospital stay means you must pay 20 percent of the total cost of that stay. All insurance plans must cover certain preventive services at no cost to you. **For a listing of free preventive services, visit 1.usa.gov/1j38pv0.**

Attention patients!

In the Marketplace, the trade-off between how much you pay in premiums and how much the insurance company pays for the services you receive is represented by four levels: **Bronze, Silver*, Gold** and **Platinum.**

Policies in the Platinum level pay the greatest percentage of your medical bills, but also charge the highest monthly premiums.

Policies in the Bronze level charge the lowest premiums, but pay the smallest percentage of your medical bills, meaning you'll be responsible for paying more of the bill when you receive care. So, while the monthly "sticker price" of an insurance plan may be cheaper, be sure to consider the percentage of care it covers, or you could end up actually paying more overall when you need care.

Policies from each level pay a different percentage of your medical bills; you pay the rest.** To the right is a breakdown of the plan levels of coverage and the average percentage each medical bill that the policy and you** will pay.

BRONZE 60/40	SILVER* 70/30	GOLD 80/20	PLATINUM 90/10
Policy pays **60%** you pay **40%****	Policy pays **70%** you pay **30%****	Policy pays **80%** you pay **20%****	Policy pays **90%** you pay **10%****

**To qualify for cost-sharing benefits, you must purchase a silver-level plan. For more information, visit 1.usa.gov/1ngrQ3Z.*
***Based on average cost of an individual under the plan, which may not be the same for every enrolled person.*

CHOOSING THE RIGHT PLAN FOR YOU AND YOUR FAMILY

Think about the healthcare needs of your household when considering which insurance plan to buy.

Do you expect a lot of doctor visits or need regular prescriptions? If you do, you may want a Gold or Platinum plan. If you don't, you may prefer a Bronze or Silver plan.

But keep in mind that if you are in a serious accident or have an unexpected health problem, Bronze and Silver plans will require you to pay more.

HOW DO YOU CHOOSE AN INSURANCE COMPANY?

You may base your decision on:

- **AFFILIATION** Whether the physicians and hospitals you prefer are included within the insurer's health provider network.
- **CONVENIENCE** How close the company's in-network providers and hospitals are to your home or work.
- **PERFORMANCE** The company's record of consumer satisfaction according to third-party consumer reviews.
- **COST** Insurance companies set their own prices, but benefits and coverage are the same in each plan level of coverage.

Important Marketplace dates

You can generally buy health insurance only during an annual open enrollment period. **If you are currently uninsured and missed this year's deadline, you will have another opportunity to enroll during the next open enrollment period that begins on November 1, 2017.**

You can, however, buy insurance outside of an open enrollment period if you've experienced a major life event such as marriage, divorce, birth or adoption of a child or loss of a job.

You can enroll in Medicaid or the Children's Health Insurance Program (CHIP) at any time. There is no limited enrollment period for these programs.

If you work for a small business, your employer can start offering health insurance coverage at any time throughout the year.

Finding help accessing the Health Insurance Marketplace

For help with your application, visit **healthcare.gov,** or call the **Marketplace Call Center,** toll-free, 24 hours a day, seven days a week at **800.318.2596** (TTY: 855.889.4325). Para obtener una copia de este formulario en Español, llame 800.318.2596.

Finding local help

Go to **localhelp.healthcare.gov** to find local help in your community, including:

- **Navigators and In-Person Assisters (IPAs)** — these trained, certified organizations and individuals can be found in most states by going to the Health Insurance Marketplace website for the particular state
- **Certified Application Counselors (CACs)** — these trained, certified, trusted organizations can be found in most states by going to the Marketplace website for the particular state
- **Community Health Centers** — to find the nearest community health center, consumers should visit localhelp.healthcare.gov
- Government agencies, such as **State Medicaid** and **Children's Health Insurance Program (CHIP) Offices**
- **Insurance agents and brokers** registered by the Health Insurance Marketplace

You may qualify for financial assistance to help pay your monthly premiums.

Personnel in these locations will help guide you through the process.

For more information on key Health Insurance Marketplace dates, visit **http://1.usa.gov/JZ8hzX**.

It feels good to be covered.

ASCENSION

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