Health Insurance Marketplace & Arkansas Health Connector

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** Federal Mandate **

The Affordable Care Act, a new healthcare law, requires that everyone have health insurance starting January 1, 2014.

If you don't have health insurance in 2014, you will pay a penalty.

Is the federal government taking over my health insurance?

The federal government is <u>not</u> taking over health insurance in the United States, although the law does establish many new federal rules and protections that apply in each state.

How do I get health insurance?

There are 3 ways to get health insurance:

- Purchase insurance through the <u>Health Insurance</u> <u>Marketplace</u>, where you may qualify to have part or all of your premiums paid for you.
- 2. Purchase health insurance from a private insurance company on your own.
- 3. Get health insurance through your job or through your spouse/partner's job.

If you already have insurance through work, you won't have to sign-up again, unless you choose to drop. However, you **MUST** sign-up somewhere or you will not be covered.

What is the Health Insurance Marketplace?

The Health Insurance Marketplace is where Americans can compare health insurance plans to choose the one that best suits their needs. Enrolling through the Marketplace is the only way you can receive financial assistance on your monthly health insurance premiums. The Arkansas Health Connector is your secure connection to the Marketplace.

Who's Covered?

Eligibility is determined by these simple criteria:

 \checkmark You must live in the U.S.

✓You must be lawfully present in the U.S.

 You must not be incarcerated due to a conviction

What's covered?

By law, all qualified health insurance plans must cover the "10 Essential Health Benefits."



1. Outpatient Services

- Primary-care physician office visits
- Specialist office visits
- Outpatient surgical services
- Outpatient diagnostics, including advanced diagnostic services such as MRIs and CT scans
- Outpatient physical and occupational therapy

2. Emergency Services

- Emergency care services
- After-hours clinic or urgent care center visits
- Observation services
- Transfer to in-network hospital
- Ambulance services



3. Hospitalization

- Hospital services
- Physician hospital visits
- Inpatient services including surgical services, physical and occupational therapy, organ transplant services



4. Maternity & Newborn Care



5. Mental Health & Substance Abuse

- Professional services
- Diagnostics
- Inpatient and outpatient care at hospital or other covered facility

6. Prescription Drugs



7. Rehabilitative & Habilitative Services

- Physical, occupational and speech therapy
- Developmental services



8. Laboratory Services

Testing and evaluation



9. Preventive & Wellness Services and Chronic Disease Management

- Case management communications made by primary-care physician
- Preventive health services
- Routine immunizations



10. Pediatric Services, including Dental & Vision Care



A Few Dates You Should Know:



- Open enrollment begins October 1, 2013, and continues through March 31, 2014.
- Coverage begins January 1, 2014.
- Starting October 1, 2013, you can shop for and compare health insurance plans.

When can I shop for a health insurance plans?

Starting October 1, 2013, you can shop for and compare health insurance plans through the Health Insurance Marketplace. Until then, you can visit <u>www.arhealthconnectors.org</u> to learn more about how to enroll and get your questions answered.

You can apply online, by mail, or over the phone. You'll need your SSN, and employer and income information.

What types of plans are available?

To help consumers compare costs, plans available on the Marketplace will be organized in four tiers – or four levels of payment for the services that are required to be covered.

• Bronze level – These plans have actuarial value of 60%, meaning the plan must cover 60% of expected costs across a covered population and the consumer is responsible for the remaining 40%. This is the lowest level of coverage, but premiums are lowest in this level.

•<u>Silver level</u> – These plans have actuarial value of 70%, meaning the plan must cover 70% of expected costs across a covered population.

•<u>Gold level</u> – These plans have actuarial value of 80%, meaning the plan must cover 80% of expected costs across a covered population.

• <u>Platinum level</u> – These plans have actuarial value of 90%, meaning the plan must cover 90% of expected costs across a covered population, leaving the consumer responsible for only 10%. This is the highest level of coverage with the highest premium.

How much will this cost?

Cost will be determined by several factors, such as your age, household income and size, geography, tobacco use, and how much insurance coverage you buy.

Financial assistance is available for those who qualify.

Financial Assistance

Financial assistance is available through a new type of tax credit called the **Advanced Premium Tax Credit**.

The amount of assistance you can get is determined by your household income and size. If the Marketplace determines that your current plan is unaffordable, you may eligible for financial assistance. Some Arkansans will even be eligible to have all of their premiums paid through this program.

Medicaid

 Anyone with income at or below the Federal Poverty Level will be eligible for Medicaid premium assistance to pay your health insurance premium. You may be required to pay co-payments or co-insurance.

• If you are eligible for Medicaid, you can apply and enroll in a private option at any time throughout the year.

• Long-term care is provided through Medicaid.

In the Meantime....

5 things you can do *now* to get ready to ...





Do your homework. Review the health insurance coverage you now have or used to have so you'll know what works best for yourself and your family. If you've neves had coverage, study the 10 Essential Health Benefits so you know what will be available to you.



Get your questions ready. People sometimes forget what they want to ask, so write down your questions. For example, "Can I stay with my current doctor?" or "Will my prescriptions be covered?"



Gather your basic income information. Many people will be able to get a break on their monthly insurance payments, and you'll need income information to find out how much assistance you qualify for.



Set your budget. Different types of health plans will be available to meet a variety of needs and hudgets. Plans differ based on the portion you pay. For example, in a litomze plan, you'd pay 40 percent of the cost, but in a Flatinum plan, you'd pay 10 percent.



Get connected. Sign up to receive opdates at ARHealthConnector.org or call 855-283-3483.



Enrollment begins October 1

FAQs

Will the Marketplace allow me to see and compare prices for plans?

Yes. You can compare policy details, prices, and provider network to select the best plan for you and your family.

How can I compare benefits and understand what is covered by a plan?

Summary of Benefits and Coverage from your insurance provider

Can someone talk me through this?

Yes. Licensed and certified AR Health Connector representatives to answer questions and even walk you through the whole process.

What if I have a pre-existing condition?

Starting in 2014, you cannot be denied health insurance and your insurance rates cannot increase either.

FAQs

How might my 2014 tax filing be affected?

If you took the new premium tax credits in advance, when you pay your 2014 taxes by April 2015, you will include a statement from the health plan showing the amount already received (deduction from credit).

-or-

□ If you hadn't taken an advance payment, you have to apply for it as part of filing your taxes, provided you purchased qualifying coverage in 2014.

What happens to my Health Insurance Premium Tax Credit if my income changes during the year? To whom should I report income changes?

If you choose to take your tax credit in advance, you should tell the Marketplace of any changes (income, family size, or new job). The Marketplace will adjust your tax credit amount to reflect the new info.

Can an insurance company charge me more for being a smoker?

Yes. If you are not truthful on your application, your coverage cannot be dropped,

FAQs

Can I take some of the benefits off of a plan if I don't need them all?

No. You cannot remove benefits from a plan, although you may be able to add extra coverage. Even though you may not need every benefit on a plan, coverage is required for all of the Essential Health Benefits.

Can I buy coverage for dental or vision benefits on the Marketplace?

Federal law requires the Marketplace to include dental & vision for children, not adults. Some health insurance plans may include these benefits as part of its coverage, or consumers must offer this as a stand-alone plan.

I already have coverage for myself, can I buy a separate policy for my child?

Even if you already have coverage for yourself, you are eligible to obtain a policy for your child through the Marketplace as a child-only plan at the same tier of coverage -OR- your child may qualify for CHIP. You may also be eligible for tax credits.



...and that's all folks!!!

If any of your questions or concerns remain unanswered, again please visit **ARHealthConnector.org** or call **855-283-3483** for further assistance.