

RHEC VII: ACA Frequently Asked Questions for the General Public

Is the Affordable Care Act affordable?

The cost varies upon your income and the type of coverage you chose. To see how much you can save on your healthcare, visit: <https://www.healthcare.gov/lower-costs/qualifying-for-lower-costs/>.

Why do some people have more coverage or different types of coverage?

Due to different income requirements in eligibility, there are five levels of coverage offered. Also, based upon what monthly premiums are feasible, one must decide what type of coverage you can budget. The types of coverage are the following:

1. Bronze: When the health plan pays 60% on average and your copay is 40%
2. Silver: Your health plan pays 70% on average. You pay 30%.
3. Gold: Your health plan pays 80% on average. You pay 20%.
4. Platinum: Your health plan pays 90% on average. You pay 10%.
5. Catastrophic: Catastrophic plans pay less than 60% of the total average cost of care on average. They're available only to people who are under 30 years old or have a hardship exemption.

What are the income guidelines for ACA eligibility?

There are different income guidelines in each state. The Federal guidelines remain the same. The Affordable Care Act creates a national Medicaid minimum eligibility level of 133% of the federal poverty level (\$29,700 for a family of four in 2011) for nearly all Americans under age 65. For specific income guidelines for your state, you can find local resources on our website <http://region7.npa-rhec.org/> and click on the ACA resource kit.

What are prevention services, and how do they factor in the ACA?

Preventative services include cancer screenings, blood panels and immunizations, which are covered under the ACA plans. Often times, clinics and health fairs in your community offer them at no cost. To view a list of other preventative services, visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

How do people under the age of 26, without parental coverage, and with families, acquire coverage?

People of 26 years and under, are eligible for applying for coverage in the marketplace. Young adults under the age of 19 may qualify for CHIP (Children's Health Insurance Program). Therefore, young adults may be eligible for coverage on their own, but their young family dependents are eligible for CHIP.

Is it true there are penalties for not having coverage? If so, what are they?

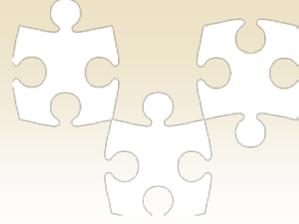
There are tax penalties for not having health coverage. The fee is calculated 2 different ways – as a percentage of your household income, and per person. As a percentage of your annual income, it is 2.5% of your annual income with the maximum penalty for the individual equaling the cost of the Bronze plan. The family maximum penalty is \$695 per person (\$347.50 per child under 18), but is not more than \$2,085 per family. You will be expected to pay the higher of the two amounts.





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Glossary:

Monthly Premium - The fixed amount that you pay each month for your insurance plan. If you miss payments or pay late, your coverage could be cancelled.

Co-Pay - A fixed fee paid directly to the provider when you get medical care (for example, \$10 for a primary care visit).

Coinsurance - A percentage you pay for most medical care even after you meet your deductible (for example some insurance companies pay 80% of the bill so you pay the other 20% until you reach your out-of-pocket maximum).

Dependent Coverage - Insurance coverage for family members of the policyholder, such as spouses, children, or partners.

Individual Mandate (a.k.a. “the penalty” or “individual shared responsibility payment”) – If you can afford health insurance coverage but choose not to buy it, you must pay an annual fee unless you qualify for a specific exemption.

Deductible - The amount of money you must spend each year on your medical care before your insurance plan starts paying.

Medicaid – This program is run jointly by federal and state governments, providing free or low-cost health coverage to millions of Americans, including low-income people, the elderly, and people with disabilities.

Navigators – These organizations play a vital role in helping consumers prepare electronic and paper applications to establish eligibility and enroll in coverage through the marketplace. They are impartial third parties with no ties to insurance companies that are funded through state and federal grant programs and receive a comprehensive training.

Network -The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-Pocket Maximum: The most you pay during a policy year. At this point, your health insurance pays 100% of covered services. This maximum does not include your monthly premium.

STATE RESOURCES:

Heartland residents can apply for health insurance at www.healthcare.gov. Organizations can answer your questions about health insurance and help you apply for free. Please visit www.findlocalhelp.com for an assister near you.



Heartland Regional Health Equity Council