



# Understanding the Health Insurance Marketplace

Melanie Hall  
Executive Director  
The Family Healthcare Foundation

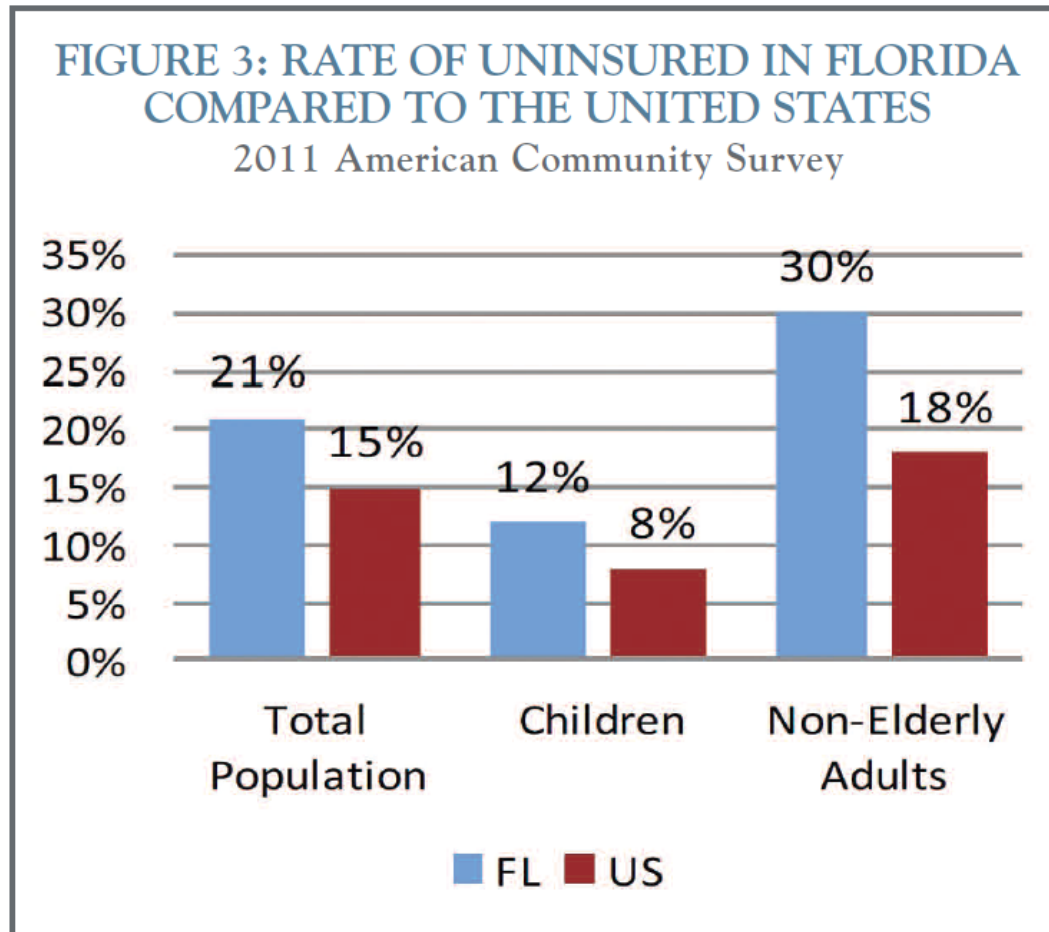
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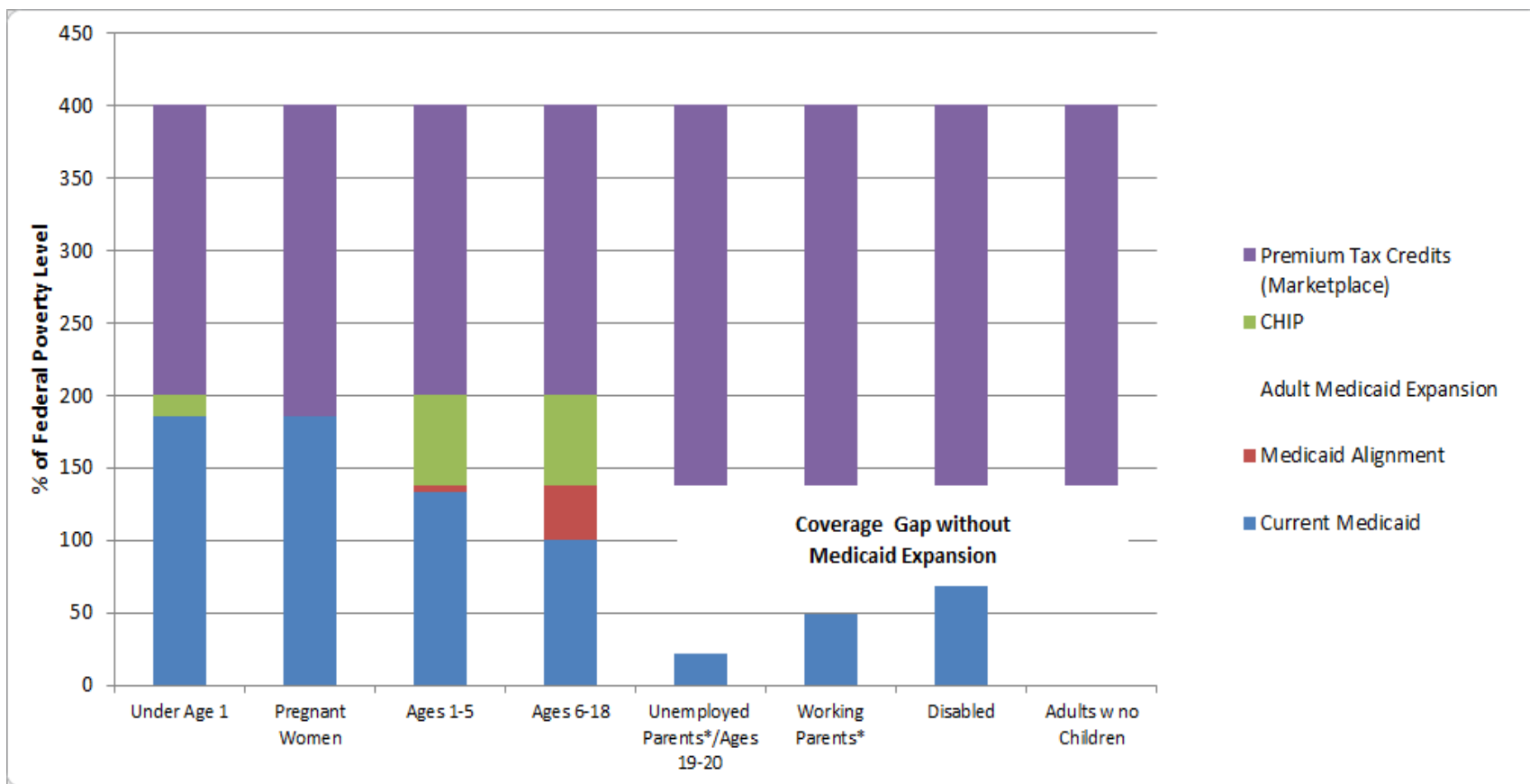
# Topics

- Rate of uninsured in Florida, opportunities and challenges
- The Affordable Care Act and the Health Insurance Marketplace
- Eligibility and Enrollment
- Qualified Health Plans
- Tax credits and cost sharing
- Resources & enrollment assistance

# Uninsured Population in FL



# Insurance in FL - Opportunities and Challenges





# Affordable Care Act

- Signed into law March 2010
  1. Patient Protection and Affordable Care Act (PPACA)
  2. Health Care and Education Reconciliation Act
- Created the Health Insurance Marketplace



# Affordable Care Act continued...

- Young adults can on parents' plans until age 26
- Provides some free preventive care
- No longer allows for denial based on pre-existing conditions
- No lifetime limits
- Provides financial assistance to eligible individuals and families
- Establishment of the Health Insurance Marketplaces



# Health Insurance Marketplace or “Exchange”

- Offers Qualified Health Plans (QHP) that provide basic consumer protections
- Provides information on plan premiums, deductibles, and out-of-pocket costs
- Provides premium tax credits and cost-sharing reductions to eligible individuals
- Allows for the comparison of costs and coverage between health insurance plans before purchase

# Eligibility

- Live in the plan's service area
- Be a U.S. citizen or national
- Be a non-citizen lawfully present in the U.S.
- Cannot be incarcerated
  - Can apply for Marketplace if pending disposition of charge
  - Can apply for Medicaid/CHIP at any time





# Individual Mandate

- Individuals must have health insurance coverage beginning January 1, 2014
- Coverage can be through an employer, individual plan, or other designated programs.



# Individual Mandate Exceptions

- Individuals at or below 100% of the Federal Poverty Level (FPL) of \$11,490 in 2013
- Individuals who cannot afford coverage
- Undocumented immigrants
- Members of health care sharing ministries



# Enrollment

- Open enrollment began **October 1, 2013** and ended **March 31, 2014**
- Next Annual Open Enrollment
  - **November 15, 2014 through** February 15, 2015
- Special enrollment periods are available under certain circumstances

# Qualified Health Plans

- What determines if a health plan is a Qualified Health Plan?
  - Offered by a licensed insurer
  - Covers the 10 Essential Health Benefits
  - Offers at least one “Silver” and one “Gold” plan
  - Charge the same premium rate



# How Qualified Health Plans Vary

- Some plans may cover additional benefits
- Premiums, co-payments, deductibles, and co-insurance will vary by plan
- Provider Network

# Essential Health Benefits

<b>Ambulatory patient services</b>	<b>Prescription drugs</b>
Emergency services	Rehabilitative and habilitative services and devices
Hospitalization	Laboratory Services
Mental health and substance use disorder services, including behavioral health treatment	Preventive and wellness services and chronic disease management
Maternity and newborn care	Pediatric services

Chart provided by the Center for Medicare & Medicaid Services (CMS)

# Preventive Care

In most cases, you can get preventive services for free:

- ✓ Cancer screenings such as mammograms & colonoscopies
- ✓ Vaccinations such as flu, mumps & measles
- ✓ Blood pressure screening
- ✓ Cholesterol screening
- ✓ Tobacco cessation counseling and interventions
- ✓ Birth control
- ✓ Depression screening
- ✓ And more...

Visit [www.healthcare.gov/prevention](http://www.healthcare.gov/prevention) for a full list.



# Health Plans in the Marketplace

## Plan Levels of Coverage

Levels of Coverage	Plan Pays On Average	Enrollees Pay On Average* <i>(In addition to the monthly plan premium)</i>
Bronze	60 percent	40 percent
Silver	70 percent	30 percent
Gold	80 percent	20 percent
Platinum	90 percent	10 percent

\*Based on average cost of an individual under the plan and may not be the same for every enrolled person.

Chart provided by the Center for Medicare & Medicaid Services (CMS)





# Tax Credit Eligibility

- Household income and family size
- Income between 100% - 400% of the FPL
- Ineligibility for other health benefits coverage



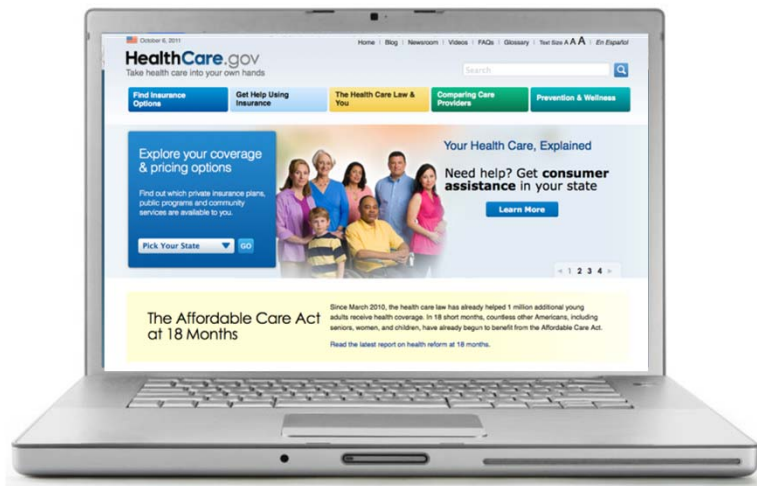
# Cost Sharing Reduction

Enrollment requirements:

- Receiving the premium assistance tax credit
- Income is at or below 250% of the FPL which was \$58,875 for a family of four in 2013
- Enrolling in a Marketplace “Silver” plan

# Resources

[www.Healthcare.gov](http://www.Healthcare.gov)



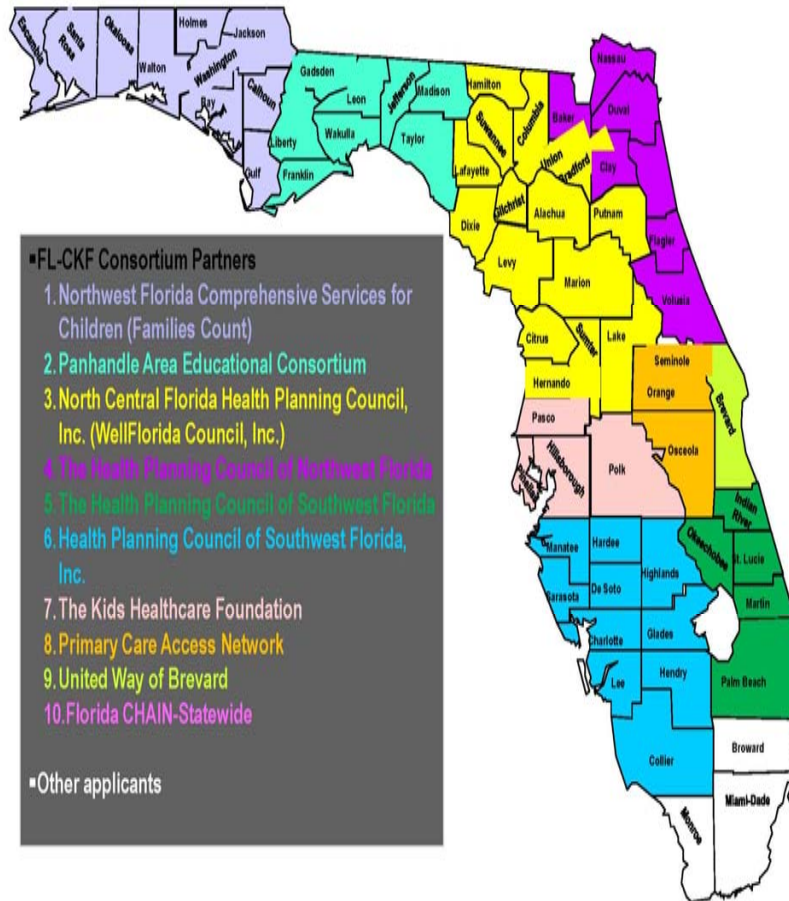
**Toll-free Marketplace Helpline**  
**1-800-318-2596**

**Localhelp.healthcare.gov**  
**Find a Registered Navigator**

# Enrollment Assistance

- The Marketplace Toll-Free Call Center
  - 1-800-318-2596 (TTY 1-855-889-4325)
  - Customer service representatives - 24/7
  - English and Spanish
    - *Language line for 150 additional languages*
- Certified Application Counselors
  - Navigators program
  - Agents and brokers
  - Community Health Centers
- HealthCare.gov and Marketplace website
  - Cuidadodesalud.gov for Spanish
  - The consumer site for application and plan comparison

# USF Navigator Project



# Tampa Bay Consortium

Our Consortium partners are:

- Healthy Start Coalition of Hillsborough
- United Way Suncoast
- REACH UP
- Hispanic Services Council
- BayCare Health System
- Healthy Start Coalition of Pinellas
- United Way of Central Florida



**Melanie Hall**  
**Executive Director**

The Family Healthcare Foundation

**813-995-1066**

**Familyhealthcarefoundationme@gmail.com**

**Family Healthcare**  
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