Take the Healthcare Insurance Quiz!

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Ten points if you know who said this:
There are known knowns; there are things we know that we know. There are known unknowns; that is to say, there are things that we now know we don't know. But there are also unknown unknowns—there are things we do not know we don't know.[1]

Though the quotation is a bit convoluted, the thoughts behind it apply to hemophilia parents and patients trying to understand health insurance reform. What are your "known unknowns" about the rapidly changing world of health insurance?

It's time to test how much you know about the Affordable Care Act (ACA). Changes will happen in 2014 under ACA that will directly impact people with hemophilia. Some changes you really need to know about, so give our test a try. There are no wrong answers when you learn something you didn't know—or didn't know you didn't know!

Circle your answers, and then check the answer key on page 11 for more information. Download extra copies of the quiz from our website (www.kelleycom.com) and test your family members. Distribute the quiz to audiences at your local chapter events. Good luck!

Liberty, Justice, and Health Insurance for All

1 Which of the following is not a major change taking place in health insurance in 2014?

A. A health insurance tax credit is established for middle-class Americans
B. Insurers are prohibited from dropping or limiting coverage for people participating in clinical trials
C. Patients receive a free box lunch at each doctor's office visit
D. Annual limits on insurance coverage for adults are eliminated
E. No discrimination is allowed based on pre-existing conditions or gender

2 Under the individual mandate, ACA requires all US citizens to have some kind of healthcare coverage beginning in 2014.

True or False?

3 What kind of insurance do I need to meet the individual mandate requirement?

A. Government-sponsored plan
B. Employer-sponsored plan
C. Health Insurance Marketplace plan
D. State health benefits risk pool
E. Any of the above

4 What happens if I don't sign up for insurance in 2014 and each year after?

A. You will be arrested

B. You will pay an annual penalty for yourself and for each of your dependents who remain uninsured
C. Your driver's license will be revoked
D. You will be put on probation by the courts
E. You will have to dress in bubble wrap so you don't get hurt

Healthcare Insurance Marketplace

5 Which of these describes the Health Insurance Marketplace (the Marketplace)?
A. Intended to make buying health insurance easier and more affordable
B. Will offer plans to individuals and small businesses
C. Will offer only Qualified Health Plans (QHP)
D. Will give some consumers financial assistance to pay premiums
E. All of the above

6 Who can enroll in Marketplace plans beginning in Oct. 2013?
A. Only business people selling products and services through their companies
B. Canadian and Mexican citizens under the NAFTA treaty
C. US citizens with annual incomes above $25,000
D. All of the above
E. None of the above

7 Which of these categories will the Marketplace use to define different plans?
A. Precious metals plans: Bronze, Silver, Gold, Platinum
B. Rainbow plans: Red, Orange, Yellow, Green
C. Number plans: 1, 2, 3, 4
D. Smiley plans:
E. Letter plans: A, B, C, D

8 The US federal government will run the Marketplace.
True or False?

Consumer Reforms within ACA: What Will Change for Me?

9 What has already changed because of ACA?
A. Children can stay on parents' health insurance until age 26
B. Insurance companies are prohibited from canceling coverage
C. Unreasonable hikes in premium rates are prevented
D. All of the above
E. None of the above

10 Annual caps will go away in 2014.
True or False?

11 Everyone must purchase a health plan from the Marketplace.
True or False?

12 If I change insurance policies in 2014 or later, the following are reasons an insurer can
deny me or my dependents health insurance coverage.
A. I have a bleeding disorder
B. I am female and pregnant
C. I drive a red car (a fast red car)
D. I own a Rottweiler
E. None of the above

13 My insurance company can spend my health insurance premium dollars (what I contribute to my plan) any way it chooses.
True or False?

Medicaid Expansion

14 What is Medicaid expansion?
A. Ballooning cost of Medicaid services
B. Addition of 10,000 new government workers to support Medicaid services
C. New construction for Medicaid offices
D. Expansion of Medicaid to include ages 19 to 65
E. None of the above
15 All states are required to expand their Medicaid programs in 2014.
True or False?

16 How will states pay for Medicaid expansion if 11 million new people are expected to qualify for Medicaid benefits?
A. States will raise state taxes to pay for the expansion
B. States will lay off state workers and reduce class time for public schools
C. The federal government will provide financial support
D. Donut and cookie fund-raisers will contribute

17 If my state chooses not to expand Medicaid, there will be no changes in my Medicaid coverage.
True or False?

Getting Your Money's Worth

18 What are "essential health benefits"?
A. Products similar to essential oils
B. 10 categories of benefits that must be covered by all health insurance plans
C. Multivitamins
D. Sleep and proper diet

19 What preventive care and wellness programs can consumers receive in 2014 without a deductible or making a copay or coinsurance payment?
A. Annual wellness visits (checkups)
B. Vaccinations
C. Mammograms
D. Blood pressure screening
E. All of the above

20 Consumers will have to protect themselves against violations of ACA by insurers.
True or False?

21 Which of the following will guarantee that my out-of-pocket costs won't go up because of ACA?
A. Factor is moved to a specialty tier
B. I purchase health insurance on the Marketplace
C. I'm overweight
D. None of the above

Congratulations on completing the quiz! Now check your answers on page 11. And email us to report on how you did. Was it hard? Did you find your known unknowns? Unknown unknowns? We hope you learned something new. If you still have unknowns, don't hang on to them. Find the answers. Help is out there from your chapter, NHF, HFA, and other sources. Welcome to a new era in healthcare, and stay prepared for changes.

Healthcare Insurance Quiz Answer Key
1. Answer: C
There really is no free lunch, so you won't be dining out during visits to your doctor.

But middle-class Americans will get a tax credit on their health insurance premiums, beginning Jan. 1, 2014. "Middle class" means individuals and families earning between 100% and 250% of the Federal Poverty Level (FPL)[2] who are not eligible for other affordable coverage. Qualifying individuals and families can spread the tax credit out over the year so that their premium payments are reduced each month, rather than receiving a lump-sum refund.

And as of Jan. 1, 2014, ACA prevents insurers from canceling or limiting coverage for those who want to participate in clinical trials of new drugs intended to treat their condition. This part of the law applies to all clinical trials.

But ACA doesn't stop there: as of Jan. 1, 2014, new plans and existing group plans are prevented from imposing annual limits on the amount of health coverage an individual may receive. This will end the phase-out process for annual limits that started in Sept. 2010 with an annual limit of $750,000 and reached $2 million for Sept. 2012 through Dec. 2013.

Finally, insurers can no longer discriminate against people with pre-existing conditions or of a specific gender by denying or limiting health coverage. ACA prevents insurers from capping or canceling coverage just because a family member gets sick, suffers from a disease, or is in an accident.

2. Answer: True
The US government can make you purchase health insurance; this is called the individual mandate. You may face a penalty if you don't. The US Supreme Court ruled that the penalty is considered a tax, and Congress has the right to impose a tax on US citizens. So as of Jan. 1, 2014, most individuals and their dependents must have "minimum essential coverage" or pay a penalty for failing to comply with the law. According to ACA, minimum essential coverage includes individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage (for example, state health benefits risk pool, recognized by the secretary of Health and Human Services [HHS]). So you can't just have dental insurance, and your pet insurance won't cut it.

There are exceptions to who must have coverage. These include people with a religious exemption, US citizens not living in the States, non-US citizens living in the States and any US possession, and people who are incarcerated. Additional exceptions include members of Native American tribes; people without coverage for less than three months; people whose contribution (premium) exceeds 8% of their income; people whose income falls below the federal income tax filing threshold; and people who receive a hardship waiver from the HHS secretary.

3. Answer: E
You and your dependents must have health insurance from at least one of the following: a government-sponsored plan (Medicare, Medicaid), an employer-sponsored plan, a plan purchased through the future Health Insurance Marketplace, grandfathered plans, [3] or a state health benefits risk pool plan (not the same as the temporary national high-risk pool currently in place until Jan. 1, 2014). The plan you choose must provide at least minimum essential coverage, and the plans listed here meet that definition.

4. Answer: B
No one wants to arrest you—that will cost the government even more money. You'll have to pay a penalty if you are not insured for 2014 and forward. If you don't meet the exceptions listed in answer 2, here's how you'll have to pay. The penalty for noncompliance is the greater of these two options:

- A flat dollar amount assessed on each taxpayer and any dependents. There is a phasing-in of dollar amounts as people work to find health insurance. In 2014 the penalty amount is $95 per taxpayer and any dependents, $325 in 2015, $695 in 2016, and adjusted annually for inflation after that. The penalty amount is reduced by half for any dependents under age 18. There is a cap on the flat dollar amount penalty: 300% of the annual flat dollar penalty amount a family would owe due to failure to comply with the law.
- A percentage of an individual's or couple's (if filing jointly) income. This is the amount of an individual's household income that exceeds an applicable filing threshold each tax year. This filing threshold includes the personal exemption amount as defined by the IRS plus a standard deduction amount: 1.0% in 2014, 2.0% in 2015, and 2.5% from 2016 on.

5. Answer: E

The Health Insurance Marketplace will be a web-based service where individuals and small businesses can compare and ultimately purchase health insurance. In each state, the Marketplace will offer health insurance options to individuals under the American Health Benefits Exchange, and to small employers (fewer than 50 or 100 employees, depending on the state) under the Small Business Health Options (SHOP) Exchange. With the Marketplace, individuals and businesses will be able to compare all insurance options based on price, benefits, quality, and other key plan features.

ACA requires every health insurance plan available in the Marketplace to offer comprehensive coverage, including doctor visits, hospital stays, wellness and prevention services, and medication. This kind of plan is a Qualified Health Plan (QHP). A QHP is a plan that meets certain minimum standards, including offering all essential health benefits; [4] meeting marketing requirements that do not discourage enrollment in the plan by people with significant health needs; implementing a quality-improvement strategy; using a uniform enrollment form; presenting benefits and plan options in a standardized format; and meeting other applicable quality and reporting requirements.

Under ACA, the Marketplace is required to provide a variety of customer service tools, including a website, a toll-free hotline, and special assistance agents called navigators. These tools and navigators are all intended to help consumers determine whether they're eligible for any financial assistance. ACA also requires the Marketplace to tell consumers if they're eligible for coverage through a state's Medicaid or CHIP program.

ACA will also offer two types of financial assistance for Marketplace plans. The type and amount of assistance will be based on the amount of money you make and the size of your family. The first type is Premium Assistance Credits, refundable tax credits that can be claimed at the time an individual purchases a QHP. The second type is Cost-Sharing Subsidies, federal payments that reduce the out-of-pocket spending limits to certain categories of Marketplace health plans by up to two-thirds. For both types of financial assistance, people with lower incomes will receive more credits to help them pay for coverage. When you fill out your Marketplace application, you'll find out how much you can save based on your income and family size. According to www.healthcare.gov, most people who apply will qualify for lower costs of some kind.

6. Answer: E

Only qualified individuals and employers can purchase plans through the Marketplace. A qualified individual is a US citizen or legal immigrant who is not incarcerated at the time of enrollment. A qualified employer is a small employer who chooses to make all full-time employees eligible for one or more QHPs offered through the Marketplace.

7. Answer: A

The Marketplace will offer four categories of health insurance coverage: Bronze, Silver, Gold, and Platinum. Each plan is based on an actuarial value, or an average portion of eligible healthcare costs that each plan will cover. For example, if a consumer has a Silver plan, she would be responsible for 30% of covered healthcare costs and the insurer would be responsible for the remaining 70%. Precious metal actuarial values: Bronze 60%+, Silver 70%+, Gold 80%+, Platinum 90%+. The actuarial value for each category is

an average, not the actual cost, so a consumer's portion of the cost may be higher or lower.

8 Answer: False
Each state can choose whether to (1) operate its own Marketplace; (2) partner with the Department of Health and Human Services to run some of the functions of the Marketplace; or (3) have a Marketplace fully supported by HHS. A final list of state-run and HHS-supported Marketplaces will be available in Oct. 2013, when consumers can begin to enroll in Marketplaces. No matter what option your state chooses, in Oct. 2013 you'll be able to compare health insurance plans in the Marketplace to find one that meets your coverage needs and budget. To learn the status of your state's Marketplace: www.healthcare.gov/marketplace.

9. Answer: D
Parents with a health insurance plan that covers children can already add or keep their children on the policy until age 26. This part of ACA applies even if the child is married, is not living with you, is attending school, is not financially dependent on you, or is eligible to enroll in an employer's plan. Now it's up to you to decide if your child has to pay a portion of your monthly premium. (Or you pay it, and your child spends his money on rent so he isn't living with you, eating your food, watching your TV, or asking you to do laundry!)

If you or a family member does get sick, you are protected from having your insurance company cancel (rescind) your insurance. Believe it or not, in some instances women had breast cancer and their insurance companies searched for errors on their original insurance applications. When an error was found, the companies canceled the patients' insurance policies. ACA now prevents this from happening.

ACA's Rate Review program is intended to help protect individuals and small businesses from unreasonable health insurance rate increases. Starting on Sept. 1, 2011, health insurers must justify any rate increase of 10% or more before the increase takes effect. This means that your insurer must convince the federal or state Rate Review board that an increase in premium rates of 10% or more is reasonable. All proposed rate hikes are posted online for public comment.

10. Answer: True
As of Jan. 1, 2014, ACA prevents new plans and existing group plans from imposing annual limits on the amount of health coverage an individual may receive. Red flags: ACA does not prevent insurers from putting annual or lifetime dollar limits on nonessential healthcare services, or on care services that do not fall under the essential benefits categories. Also, if you have purchased a grandfathered individual health insurance policy, then the annual and lifetime limits do not apply to this plan. This would be an individual plan, not through your employer, purchased before Mar. 23, 2010. Check with your insurance company if you're not sure whether you have a grandfathered plan.

11. Answer: False

ACA was designed to allow Americans with good health insurance to keep it. Currently, about 133 million Americans have employer-sponsored health plans. [5] Most large-employer plans already have comprehensive health benefits, and in 2014 these must also include all essential health benefits if not already offered. People who are self-employed or who work for small employers, for example, may find that purchasing a health insurance plan from the Marketplace is a better option than their current plan or having no plan at all.

The decision about health insurance is yours. If you work for a large company, compare options during your annual open-enrollment period. If you don't work for a large company, including a state or large municipality, explore the Marketplace and compare plans. Because the law requires you to have health insurance, find the best option you can.

12. Answer: E

Have you been paying attention? Beginning on Jan. 1, 2014, insurers can no longer discriminate against people with pre-existing conditions or of a specific gender by denying or limiting health coverage. This part of the law applies to new policies and the renewal of existing policies. ACA prevents insurers from capping or canceling coverage just because you (or a family member) get sick, suffer from a disease, or are in an accident. Also, insurers can't charge you more than other people just because you have a pre-existing condition. Beginning on Sept. 23, 2010, ACA prevents insurers from denying children (under age 19) health insurance coverage for any pre-existing condition.

13. Answer: False

As of 2011, insurance companies must spend a substantial portion of your premium dollars on medical care and healthcare quality improvement. Specifically, insurance companies serving the individual and small-group markets must spend 80% of premium dollars on medical care and services, and insurers in the large-group market must spend 85%. If insurers fail to meet these requirements, they must pay their customers a rebate equal to the amount they overspent on overhead, marketing, advertising, bonuses, and other administrative costs. Customers started to receive rebates in 2012 as insurers began to get administrative costs under control. Insurers self-report on whether they spent premium dollars properly. There is a penalty for each violation: $100 per company, per day, per individual affected by the violation. So if a company covers 1,000 people and fails to send each person the correct rebate for 100 days, this will cost the company $100,000 in fines.

14. Answer: D

As of Jan. 1, 2014, ACA expands Medicaid so that people aged 19 to 65 with incomes up to 133% of FPL can qualify for benefits. It's estimated that under Medicaid expansion, 11 million Americans will gain health insurance coverage by 2022. [6] The expansion will make it easier for men over age 18 to qualify for Medicaid—good news for young men in the hemophilia community! ACA guarantees that Medicaid recipients receive only health benefit packages that include essential health benefits (see question 18), just like private health insurance plans. The expansion does not include people who are incarcerated, non-US citizens, and those who qualify for Medicare. [7] Eligibility requirements will not

change for aged, blind, or disabled individuals, children in foster care, or supplemental security insurance (SSI) cash recipients.

15. Answer: False
States have the option to expand their Medicaid programs. The US Supreme Court ruled on the constitutionality of ACA as a whole. In its ruling, the Court upheld most of the ACA provisions, including the individual mandate and Medicaid expansion. But the Court also ruled that HHS has limited the ability to enforce Medicaid expansion. As a result, the expansion of Medicaid is optional for states. The federal government cannot withhold Medicaid funding to states that choose not to expand their Medicaid programs. [8] As of May 13, 2013, 26 states are participating in Medicaid expansion, 15 states are not participating, 3 states are pursuing alternative models, and the remaining 6 states are undecided. [9] Check with your state's Medicaid office to see where your state stands on Medicaid expansion.

16. Answer: C
Donut and cookie fund-raisers might help, but hey, this is healthcare we're talking about. Someone has to help Americans avoid the stuff that sends them to the doctor in the first place. The federal government will provide financial support to states that choose to expand their Medicaid programs to include newly eligible people. From 2014 to 2016, the federal government will pay 100% of the cost for a state to expand its Medicaid program, and 95% in 2017, 94% in 2018, 93% in 2019, and 90% in 2020 and subsequent years.

17. Answer: False
One of the goals of ACA is to improve the quality of care for all US citizens while improving the way they receive care. Provisions of ACA hold insurance companies and providers more accountable for the care they provide Medicaid patients. Some states are moving their Medicaid to a managed care delivery system, in which a state contracts with an organization to provide some or all of the Medicaid benefits to patients. [10] This move doesn't mean your coverage will be better or worse than non-managed care systems. ACA guarantees that all Medicaid patients are covered under plans that include all essential health benefits. If the switch hasn't happened already in your state, you may be switched to a managed care system regardless of your preference.

18. Answer: B
The 10 essential health benefits categories include ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care. Under ACA, all plans available through the Marketplace must include at least all 10 categories of benefits. Also, all private and grandfathered plans must provide coverage for benefits under all essential health benefits categories beginning on Jan. 1, 2014. [11] Self-insured plans do not have to cover all 10 categories of essential health benefits.

19. Answer: E
As of Sept. 23, 2010, all new health insurance plans must cover prevention and wellness services (checkups, mammograms, vaccinations) without charging a deductible, copay, or coinsurance payment. (This rule does not apply to grandfathered plans, so check with your insurance provider if you're not sure.) Forget using cost as an excuse to not have your annual checkup! ACA is requiring the coverage of preventive care and wellness services to support a push to improve the health of all Americans—which should reduce the cost of healthcare in the long term. For example, every 10% increase in funding for community-based public health programs is estimated to reduce deaths due to preventable causes by up to 7%.[12] To support this healthy goal, the Prevention and Public Health Fund (PPHF) was created under ACA. The first of its kind in the US, PPHF is a mandatory funding stream dedicated to improving America's public health. To learn more about PPHF: www.apha.org.

20. Answer: False
You won't have to go it alone against the insurance bureaucracy. Some states already offer Consumer Assistance Programs (CAPs), and ACA provides for improvements in these programs. For example, ACA guarantees you the right to ask your plan provider to reconsider a decision to deny payment for a service or treatment, in a process called an internal appeal. In an urgent situation, the insurance provider must review your request for reconsideration and issue a decision in 72 hours. If your plan provider still denies coverage, ACA provides for an external review by an independent review organization. This organization will decide whether to uphold or overturn your insurance provider's decision. [13] To find the CAP in your state and learn more about the assistance your state provides: www.healthcare.gov.

21. Answer: D
There's disagreement about whether ACA will increase out-of-pocket costs. One key area that ACA doesn't touch is insurance companies that move factor coverage from major medical to pharmacy. When this happens, a company may put factor on a specialty tier (tier 4) along with other biologics. Under most pharmacy plans, patients must pay 20% to 33% of the cost of medication on specialty tiers. Imagine paying 33% of your annual factor cost! Watch out for this move. Legislation that prevents this from happening has passed in some states and is being considered in others, with even a bill at the federal level. Contact your chapter, National Hemophilia Foundation (NHF), and Hemophilia Federation of America (HFA) to learn what's happening in your state. Under ACA, cost-sharing limits for out-of-pocket costs (deductibles, copays, and coinsurance) are required in Marketplace plans for individuals and small businesses. But this doesn't mean that plans offered in the Marketplace will have lower out-of-pocket costs. Compare plans carefully, do the numbers, and then decide.

For large-group employer plans, there are no limits to out-of-pocket costs. Because US healthcare costs continue to rise, employers are shifting more and more healthcare costs onto employees. Employers may offer plans with lower premiums—but watch out for higher deductibles. In 2014 the average deductibles at large-employer

plans are expected to increase by about 13%, to $666; and for small employers by 3%, to $1,452. [14]

Another way employers are considering reducing their costs is to charge people who are overweight more than their slimmer colleagues. [15] Six in 10 employers say they plan to impose penalties in the next few years on employees who don't take action to improve their health, according to a recent study of 800 mid- to large-sized companies.[16] For example, CVS Caremark has asked its employees to submit certain personal health information to the company—blood pressure, blood sugar levels, body fat percentage—or pay a $600 fine. Review your health plan closely. Watch for increased cost sharing. For help getting started reviewing your health plan, check out NHF's Personal Health Insurance Toolkit on its website, www.hemophilia.org.

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1. Donald Rumsfeld, Feb. 12, 2002, US Department of Defense news briefing. 2. The FPL is published by the US Department of Health and Human Services and updated annually. 3. ACA defines grandfathered plans as individual and group plans in which an individual or family was enrolled on Mar. 23, 2010. For more info on grandfathered plans, see CRS Report R41166, Grandfathered Health Plans Under the Patient Protection and Affordable Care Act (ACA), by Bernadette Fernandez. 4. Essential health benefits categories include ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care. Essential health benefits may differ from state to state. 5. Source: www.healthcare.gov/news /factsheets/2010/06/ keeping-the-health-plan-you-havegrandfathered.html (accessed May 23, 2013).
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