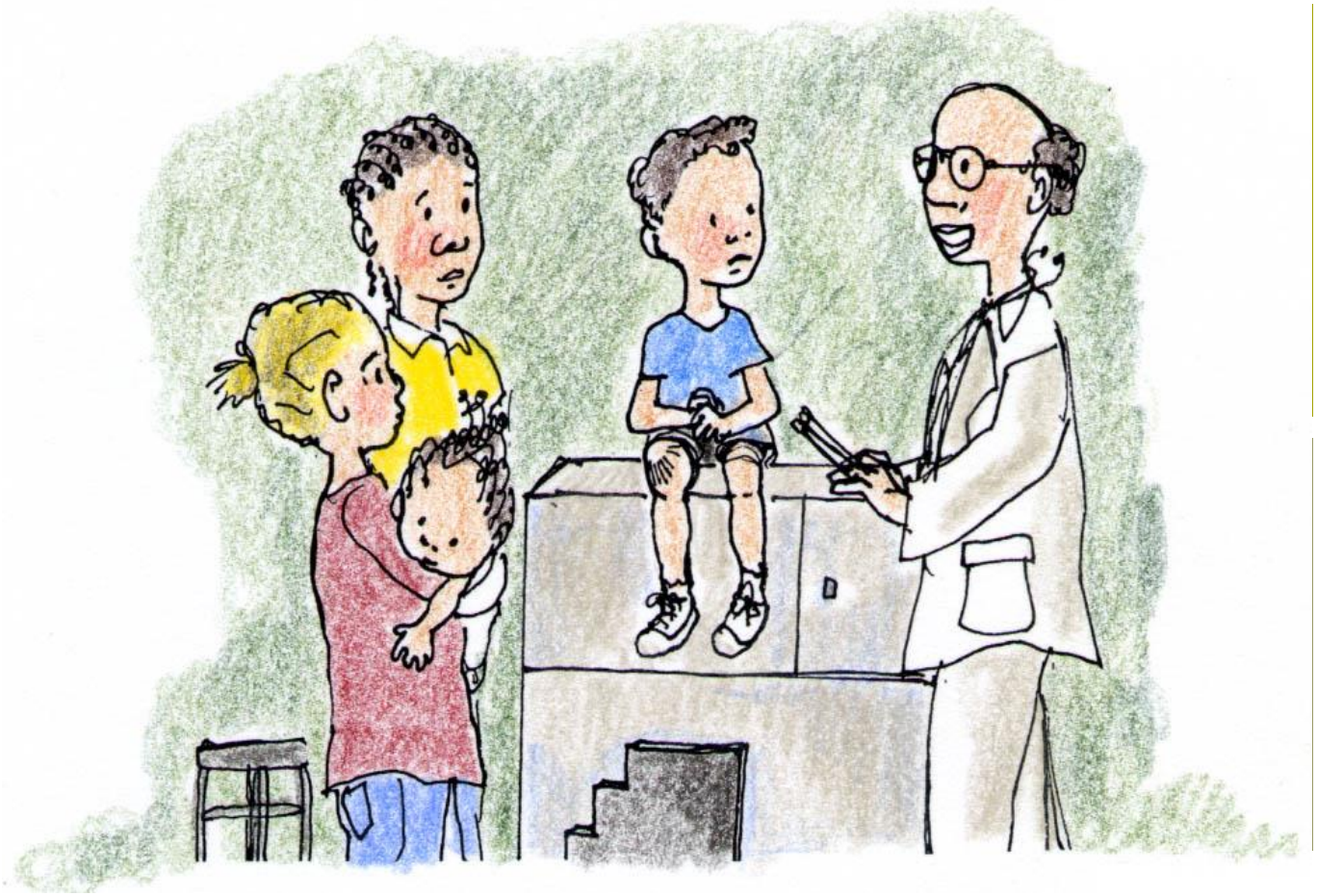

The Affordable Care Act Made Easy 2015

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What is The Affordable Care Act?

The **Affordable Care Act** (**ACA**) is a United States federal statute signed into law by President Barack Obama on March 23, 2010. It is also known as "Obamacare." To read more about the law, visit http://www.hhs.gov/healthcare/about-the-law/index.html

What will the Affordable Care Act accomplish in Florida?

- Increase the quality and affordability of health insurance
- Lower the uninsured rate by expanding public and private insurance coverage
- Reduce the costs of healthcare for individuals and the government.

How will that be done?

- Healthcare insurance will be offered through private insurance carriers via an online marketplace. This online marketplace allows individuals and families to compare insurance coverage, enroll, and purchase healthcare insurance.
- Open enrollment for 2016 insurance coverage begins November 1, 2015, and closes March 30, 2016. After the deadline an enrollee must wait until the next open enrollment period.

What are some important provisions in the ACA?

- It allows parents to keep their children on their insurance policies until the age of 26.
- Does not allow insurers to deny coverage to individuals with pre-existing conditions starting January 1, 2014.
- Eliminates lifetime limits and caps on health care coverage.
- Requires private health insurers to cover recommended preventive services without any copays or deductibles for the patient. These services may include screenings for diabetes, obesity, cholesterol and various types of cancers, pap tests, diabetes and prenatal care without copays. It also may require coverage of some brands and methods of birth control.

Who is eligible to obtain healthcare coverage from the healthcare exchange?

- U.S. citizens and legal immigrants who have incomes 100-400% of the federal poverty level that are **employed at least part-time** are eligible.
- *Exception:* Those that are eligible for Medicaid or Medicare or have access to health insurance through an employer are not eligible to participate.

Who pays the monthly insurance premiums once I get health insurance coverage?

You will be expected to pay a reduced monthly premium based on your annual income**. Tax credits** will cover the balance of the monthly insurance premium. These credits will be paid to your health insurance company by the federal government.

For individuals with a bleeding disorder, some monthly premium, co-pay and deductible assistance may be available through Patient Services Incorporated at www.**patientservicesinc**.org.

What is a tax credit?

- A tax credit is a sum deducted from the total amount a taxpayer owes to the state.

What is the 2015 federal guideline?

- $11,770 for an individual
- $24,250 for a family of four

Here is an example:

- 150% of the Federal poverty level for an individual is $ 17655
- 150% of the federal poverty level for a family of 4 is $36,375

The health plans offered will be organized in this way:

- **1st by metal level:** Bronze, silver, gold, or platinum
- **2nd by brand,** such as Blue Cross, Cigna, Humana, Aetna, United, and others
- **3rd by type of health plan,** such as HMO, PPO, POS or high deductible plans with a health savings account.

How do the bronze, silver, gold, and platinum levels differ?

The metal plans vary by the percentage of costs you have to pay on average toward the health care you receive. Here are the percentages of health care costs you pay for each type of plan:

- Bronze plan: 40%
- Silver plan: 30%
- Gold plan: 20%
- Platinum plan: 10% of your health care costs.
- Catastrophic: for people 30 or under and certain low-income residents. These are high-deductible, low-premium plans that are not eligible for tax credits.

Here is an example:

- **With a bronze plan:** You pay the most each time you see your doctor or get a medicine. This is also called having higher "out-of-pocket" costs. But in a bronze plan you pay the least premium each month.
- **With a platinum plan:** You pay the least each time you see your doctor or get a medicine. But in a platinum plan you pay the highest premium each month.
- The way you pay your portion of these costs is in deductibles and copayments or co-insurance. In general, the more you are willing and able to pay each time for health care service or a prescription, the lower your monthly insurance premium.

Which plans are best for those with chronic conditions?

- Individuals with bleeding disorders and other chronic conditions should consider choosing from the platinum and gold plans.

What is the between a:

- HMO
- PPO
- PSO

HMO-Health Maintenance Organization

Select a primary care doctor-usually a general practitioner, family practitioner, internist, or (for children) pediatrician - to provide your basic care and to be the "gatekeeper" who refers you to other services.

Will not pay for care by a specialist, hospital, or other provider unless pre-approved by the primary care doctor (except in an emergency).

The plan pays doctors, hospitals, and other participating providers without your having to file claims.

Your out-of-pocket costs are minor-though you may have to pay providers modest "co-payments" of, for example, $10 or $20 per office visit.

PPO – Preferred Provider Organization

If you use a PPO provider, you pay the provider either a percentage (say, 10 percent) of the discounted fee or a fixed co-payment (say, $10 per office visit).

If you go outside the list of PPO providers, you may pay extra.

Visit specialists and hospital care without having to be referred by your "gatekeeper" primary care physician.

POS – Point of Service

You have an option of using any other physician and referring yourself to specialists and other nonparticipating providers, though you would however, you are responsible for charges above the plan's fee schedule.

Like most PPOs and HMO's most POS HMOs have an annual limit on what you'll have to pay out of pocket.

What if no one in my family is employed?

- You are not eligible to purchase health insurance through the health care exchange.
- Florida did not participate in the expansion of Medicaid, so at this time enrollment into Medicaid for some is unavailable.
- Consider securing at least part time employment in order to become eligible to participate in the healthcare exchange marketplace.

What if my income is over the FPL guidelines?

- If you can afford to buy health insurance, (if it doesn't cost more than 9.5 percent of your monthly income or if you earn above the federal poverty line) the Affordable Care Act requires you to do so.

What if I don't want to purchase health insurance even if I can afford it?

- You could owe a tax, administered by the IRS. However, the penalty wouldn't be enforced until 2016.

Where do I go to enroll?

- www.healthcare.gov

Is there a site for Spanish speakers?

- www.cuidadesalud.gov

What do I do to enroll?

- Fill in required information such as: age, location, gender, social security number.

What happens next?

- A list of insurance plans will be shown outlining, coverage details, pricing, and eligibility for federal subsidies or Medicaid.
- Choose to purchase a plan from the ones available. Plans are divided into various categories.

What to consider when choosing an insurance policy:

- Does it cover my factor and other medication?
- Does it cover my current doctor?
- Does it cover home infusion if I need it?
- How much are the co-payments?
- How much is the yearly deductible?
- What is my monthly premium?

What is a monthly premium?

This is the monthly cost you pay to be covered by an insurance plan.

What is a co-payment?

- A "**co-payment**" or "**co-pay**" is a specific charge that your health insurance plan may require that you pay for a specific medical service or supply.

What is a yearly deductible?

- The deductible refers to the amount of money that the insured would need to pay before any benefits from the health insurance policy can be used. This is usually a yearly amount so when the policy starts again, usually after a year, the deductible would be in effect again. Some services, like doctor visits, may be available without meeting the deductible first. Usually there are separate individual deductible amounts and total family deductible amounts.

When does my coverage begin?

- If you enrolled by December 15, 2013 your coverage will begin January 1, 2014.

How can I learn more about the Affordable Care Act?

- The Kaiser Family Foundation
- Healthcare.gov
- cms.gov/cciio