

The Affordable Health Care Act What you need to know

*A booklet provided to you by the
Information Department,
Stow-Munroe Falls Public Library*

- **Important Phone Numbers**
- **Who can help me fill out my application?**
- **What will I need in order to apply?**
- **What is the Ohio Health Insurance Exchange?**
- **Most asked questions and answers**
- **Beware of Scams**



Important Websites and Phone Numbers

To sign up go to:

[HealthCare.gov](https://www.healthcare.gov)

For assistance by phone 24 hours
per day, call 1-800-318-2596

For specific questions on Medicare

[MyMedicare.gov](https://www.mymedicare.gov)

or call 1-800-MEDICARE

TTY 1-877-633-4227

Centers for Medicare and Medicaid Services

7500 Security Boulevard

Baltimore, Maryland 21244



For specific questions on Medicaid

[Medicaid.gov](https://www.Medicaid.gov)

[CMS.gov](https://www.CMS.gov)

[Medicaid.ohio.gov](https://www.Medicaid.ohio.gov)

consumer hotline:

1-800-324-8680

For general information

[HHS.gov/HealthCare](https://www.HHS.gov/HealthCare)

Department of Health and Human
Services

CHIP Children's Medicaid

[insurekidsnow.gov](https://www.insurekidsnow.gov)

1-877-543-7669

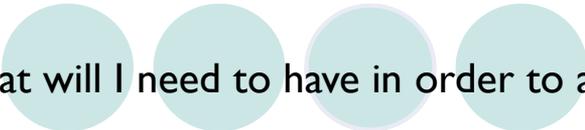
Need help filling out your application?

Contact these agencies:

Planned Parenthood
444 W. Exchange St.
Akron, OH 44302
(330) 53-2671
www.ppneo.org

Summit County Department of Job
and Family Services
47 N. Main St.
Akron, OH 44308
(330) 643-8200
www.summitdjfs.org

United Way of Summit County
90 N. Prospect St.
Akron, OH 44304
(330) 762-7601
www.uwsummit.org



What will I need to have in order to apply?

You will need your annual income for 2013; projected 2014 income; medications; number of people in your household and their ages; and an idea as to what type or coverage and premiums you would like.

How do I choose Marketplace Insurance?

<https://www.healthcare.gov/how-do-i-choose-marketplace-insurance/>

Marketplace Application Checklist

https://www.healthcare.gov/downloads/MarketplaceApp_Checklist_Generic.pdf

Users **MUST** have an email address to subscribe online.

Call: 1-800-318-2596 (TTY: 1-855-889-4325) to speak to a Certified Navigator

Have questions about the Small Business Health Options Program (SHOP)? Call: 1-800-706-7893 (TTY users: 1-800-706-7915). Hours: Monday through Friday, 9 a.m. to 5 p.m. EST.



Ohio's Health Insurance Exchange

Ohio residents are able to shop for and enroll in health insurance plans at the federal health insurance marketplace portal [HealthCare.gov](https://www.healthcare.gov). All plans offered in the Ohio exchange will cover essential health benefits based on [Anthem Blue Cross/Blue Shield's Blue Anthem PPO plan](#).

According to the [Ohio Department of Insurance](#), 14 companies have submitted 214 plans for inclusion in the Ohio exchange with rates ranging from \$282.51 to \$557.40 for individual policies. Plans are offered in four categories of coverage levels:

[BRONZE TIER](#) covers 60 percent of medical costs.

[SILVER TIER](#) covers 70 percent of medical costs.

[GOLD TIER](#) covers 80 percent of medical costs

The most expensive tier,

[PLATINUM](#) covers 90 percent of medical costs.

[HealthCare.gov](https://www.healthcare.gov)

website offers information about available tax credits, subsidies and eligibility for free health insurance through Medicaid.

Questions and Answers

What is the health insurance exchange?

The exchange or marketplace will allow people who don't have coverage through Medicaid, Medicare or their employer to comparison shop for the best individual plan in their state on HealthCare.gov. Starting in 2014, insurers cannot charge customers more based on their pre-existing conditions or their medical history, and all plans must offer a minimum of services, such as maternity care, that some plans did not offer in the past

Do I have to buy health insurance on the exchange?

If you are uninsured, you have to purchase health insurance or face a fine of \$95 or 1 percent of your income, whichever is larger, on your 2014 tax return. (That fee will go up to 2.5 percent of income in 2016). Consumers making up to four times the federal poverty level will qualify for tax breaks when they purchase the insurance, to offset the cost. If purchasing insurance would cost more than 8 percent of your income, including the tax break, you're exempt from the fee.

If you are currently covered under Medicaid, Medicare or your employer you DO NOT NEED TO FIND COVERAGE IN THE HEALTH INSURANCE EXCHANGE

How much will it cost?

The cost for insurance will vary widely by state and even by county. HealthCare.gov will help you with cost information.

How do I enroll?

Go to **HealthCare.gov** or call the helpline at 1-800-318-2596. On the website, create an account. You will be asked a series of questions about income, family size, employer name and contact information. The site connects to other federal agencies' databases to verify the information provided and it then informs you if you qualify for Medicaid or if children qualify for the Children's Health Insurance Program. If not, you are directed to the marketplace, where you can compare different plans and see exactly what tax break you may qualify for and how much the insurance would cost per month. If you decide to purchase the insurance, you are led to the website of the insurer to finish the transaction. Uninsured people have six months to enroll but must enroll before December 15, 2013 if they want insurance to kick in on January 1, 2014. There are agencies which will help you apply if you are unable to do it yourself.

Can insurance prices change?

The insurance price quoted on the health care site is locked in for 2014 and can't change. Next year, the insurer could change the price, but consumers also have the option to shop around again and switch plans.

How do I decide what tier to choose?

All marketplace insurance plan categories offer the same set of essential health benefits. The categories do not reflect the quality or amount of care the plans provide. The category you choose affects how much your premium costs each month and what portion of the bill you pay for things like hospital visits or prescription medications.

It also affects your total out-of-pocket costs (the total amount you'll spend for the year if you need lots of care) As with all health plans, you'll have to pay a monthly premium.

Platinum or Gold plans– highest monthly payment, lowest out of pocket costs to you.

Silver or Bronze plans– lower premiums, higher out of pocket costs to you

Think about the health care needs of your household when considering which marketplace insurance plan to buy. Do you expect a lot of doctor visits or need regular prescriptions? If you do, you may want a Gold or Premium plan...if you don't you may consider a Bronze or Silver Plan. Keep in mind, if you have an unexpected health problem or serious accident, Silver and Bronze plans will require you to pay more of the costs.

I am on Medicare...what do I do?

Do not worry. Your Medicare coverage is protected. Medicare isn't part of the Health Insurance Marketplace, so you do not have to replace your Medicare coverage. You still have the same benefits and security you have now. Medicare will now cover certain preventive services such as mammograms or colonoscopies, without charging you for the Part B coinsurance or deductible. You may also get a free yearly wellness visit. The law closes the Medicare Part D "doughnut hole" which is a temporary limit on what the drug plan covers for prescriptions. In 2013, the doughnut hole begins when a person's part D initial coverage hits \$2,900. The law closes the gap by 2020.

What do I do if I own a small business?

The Small Business Health Options Program (SHOP), set up in every state, is available to employers with 50 or fewer full time equivalent employees (FTEs). Enrollment begins October 1, 2013 for coverage as early as January 2014.

www.healthcare.gov/marketplace/shop

1-800-706-7893

I have a low income, can I get help with paying the premium?

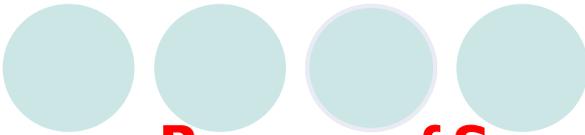
You may be able to qualify for lower costs on monthly premiums when you enroll in a private health insurance plan and you may qualify for lower out-of-pocket costs for co-payments, co-insurance and deductibles. Adults and children may get free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). Medicaid is expanding in many states so you may qualify even if you did not qualify in the past.

I am currently on insurance. Does anything change for me?

Children can now remain on their parent's plan until age 26. Companies can no longer drop your insurance if you become sick. Companies cannot set a lifetime limit on your coverage. Many plans may now cover some preventive care services.

The enrollment closes March 31, 2014. What if I lose my job after that?

After March 31, 2014, you can enroll only if you have a major life event, such as job loss, birth, marriage or divorce.



Beware of Scams!!

According to the Federal Trade Commission (September 2013)

if you are shopping on the Health Care Marketplace, do it only at [HealthCare.gov](https://www.healthcare.gov).

People who try to sign you up elsewhere are scamming you. If you receive phone messages, email messages, or flyers, it is a scam. No one from the government would be contacting you in this way. Scammers may be using official-looking or well-designed websites to give them the appearance of respectability and honesty.

These websites may be encouraging you to sign up online. Do not do it. It is a scam.

If you suspect a Health Care spam, call 1-877-382-4357 (FTC-HELP) or go to [ftc.gov/complaint](https://www.ftc.gov/complaint). Your reports give the FTC the information it needs to launch investigations and put scammers out of business!



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