



The ABCs of the ACA

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Health insurance marketplaces, or exchanges, created by the Patient Protection and Affordable Care Act (ACA) opened October 1, 2013. This resource guide addresses questions concerning the exchanges and highlights key websites for additional information.

Links to Government Web Pages For Facts About...

Key Dates (Enrollment): [Fact Sheet](#)

Eligibility/Enrollment Process:

- Determining Eligibility – [Video](#)
- How to Enroll – [Instructions with Links](#)
- How to Enroll - [Video Tutorial](#)

Application Checklist: [What Information You Need to Apply](#)

Types of Health Insurance: [What is Offered in All Marketplaces](#)

Personalized Options for Health Plans: [Interactive System](#)

Frequently Asked Questions

What are marketplaces?

Health care marketplaces, which opened for enrollment October 1, 2013, are the vehicle through which many individuals will shop for and purchase qualified health plans. People will be able to compare costs and determine whether they are eligible for federal subsidies. Individuals may only receive subsidies if they buy coverage through marketplaces. The initial open enrollment period runs through March 31, 2014. After that time, consumers can only purchase health coverage in the marketplaces for 2014 when there is a qualifying life event, such as a move to a new state, a shift in income or a change in family size. This [Robert Wood Johnson Foundation video](#) describes the marketplaces, and the [latest edition of the Alliance for Health Reform Sourcebook for Journalists](#) includes a chapter with current data and information about marketplaces.

Who can use, or has to use, the marketplaces?

If you have insurance through your job, you probably don't need to concern yourself with the marketplaces. However, most people who do not have access to employer-based insurance will be required to purchase insurance or face a penalty. Anyone can compare health plans and buy coverage in the marketplaces, but people are also allowed to buy policies outside of the marketplaces. Low-income people receiving federal subsidies must get their coverage through a marketplace, though.

Who can I call with questions about the marketplaces?

[The Marketplace Call Center](#), operated by the federal government, can be reached at: [1-800-318-2596](tel:1-800-318-2596). You can also use [this live chat](#) feature.

How much will I have to pay for insurance? And what is the penalty if I don't enroll?

The cost depends on many factors, including where you live, whether you smoke and how old you are. [This WebMD calculator](#) allows individuals to input basic information to get an estimate for how much insurance will cost them in a particular area, and whether they might qualify for federal subsidies or for Medicaid. Individuals who fail to enroll in a plan will be fined 1 percent of their income or \$95 for the year, whichever is higher, and the penalty increases every year. For children, the initial annual fine is \$47.50. After paying the fine, uninsured individuals remain responsible for their health care costs.

Healthcare.gov has also provided a new [price estimator](#) that allows individuals to answer a few simple questions and then displays premium estimates based on plans in their area without having to go through the entire application process. You can compare prices between bronze, silver, gold and platinum plans. After using the price estimator you can see if you are eligible for subsidies by using this [Kaiser Family Foundation's subsidy calculator](#). Though these tools might be helpful for some, a [recent article by Charles Ornstein](#) states that the estimates might not be very accurate. After using the cost estimator, he underwent the entire application process and compared premiums provided by both methods. He found that there was sometimes a disparity of \$700 a year between the value given by the price estimator and the actual premiums offered after undergoing the entire application process.

What new requirements does the ACA impose on insurers?

Among the new rules, insurers will not be able to deny coverage based on pre-existing conditions or put an overall annual or lifetime dollar limit on coverage of benefits. Also, patients can see certain specialists without having to get permission from a primary care doctor and get preventive care services without having to pay deductibles or copayments. And, parents now may keep adult children on their health insurance plans until age 26. The law requires insurers to spend 80 to 85 percent of each premium dollar (depending on the policy) on direct medical expenses, and requires that premium increases exceeding certain thresholds be automatically

reviewed by federal or state governments. This [American College of Physicians document](#) and the [Alliance's Sourcebook for Journalists](#) contain a comprehensive list of ACA insurance provisions.

How will the marketplace in my state work, and how do I find contact information?

Some states chose to operate their own marketplace, while others defaulted to the federal government. Depending on your state, premiums and requirements for enrollment may vary. Information about coverage in your state, along with links to state marketplaces, is available [here](#). When you click on a state, look to the left of the postage stamp for the “health insurance exchange” link. You can find out how to enroll in your state’s marketplace through this [federal government web page](#).

Is there anyone who can help guide me through the enrollment process?

The federal government is funding and training individuals, called navigators and assisters, to help people with enrollment. Funding varies by state, ranging from about \$542,000 in Maine to \$30 million in Illinois. Private health insurance agents and brokers may help consumers and small businesses. They may get paid by insurers, but cannot also get federal or state grants to act as navigators. You can learn more about enrollment helpers in this [Alliance Toolkit](#).

Will I have a choice of health plans in the marketplace?

Insurers will offer plans that fall into one of four categories: bronze, silver, gold and platinum. Bronze plans offer the lowest actuarial value, while platinum plans provide the highest. Your range of choices will depend on which insurance companies in your area decide to offer plans in the marketplace. All health plans in the marketplaces must provide benefits that are comparable to benefits of a typical employer health plan. This [WebMD article](#) outlines the health plan choices in marketplaces.

What are my health plan options if I am unemployed or an individual with a low income?

You may qualify for Medicaid, the Children’s Health Insurance Plan or for federal subsidies that can go toward a lower-cost option in the marketplace. This federal website, [Healthcare.gov](#), identifies the various possibilities.

Where can I get information about the marketplaces in other languages?

The Centers for Medicare & Medicaid Services (CMS) provides a [resource for consumers](#) who speak other languages.

I’m a physician. What can I tell my patients about the marketplaces?

CMS has a specific [resource guide for physicians](#) to use in answering basic answers for patients.

Other Marketplace FAQs:

The Washington Post (10/1/13): [Everything You Need to Know About Life Under Obamacare](#)

Kaiser Health News (10/1/13): [Seven Things to Know About Signing Up for Obamacare](#)

Kaiser Health News (9/17/13): [Insurance Marketplace 101: Answering Consumer Questions](#)

Kaiser Family Foundation (10/3/13): [Marketplace Eligibility, Enrollment Periods, Plans and Premiums](#)