

20 Questions about the Insurance Mandate

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1. Who does it affect?

All citizens and legal residents need insurance in 2014 and beyond. If you don't get insurance at work, you will need to buy insurance or face a fine.

2. What is an Exchange?

The Exchange, also called the Marketplace, is a new way to find health insurance choices and find out if you can get help paying for insurance. You can find it at www.HealthCare.gov.

3. When does it happen?

You can buy insurance Nov. 15, 2014-Feb. 15, 2015. To have insurance on Jan. 1, 2015, you must purchase insurance by Dec. 15, 2014. You can only get insurance after Feb. 15, 2015, if you have a special case or a "qualifying event." Qualifying events include moving to a new state, major income changes, and a change in your family like marriage, divorce or a new baby.

4. What will it cost?

There is no cost to apply or search for plans.

As for the plans themselves, it depends. You may be able to get help paying for insurance based on how much money you make and the size of your family.

If you are at or below the Federal Poverty Level (\$11,670 per year for individuals or \$23,850 for a family of four) you may be eligible for free coverage through BadgerCare. People who are at or below 400 percent of the Federal Poverty Level (\$46,680 per year for individuals or \$95,400 for a family of four) will be able to get help paying for health insurance.

You can learn what cost savings are available to you when you complete the application on www.HealthCare.gov.

- 5. What information do I need to sign up on the Exchange?** You will need the following information in order to sign up for coverage on the exchange and make sure you're getting help paying for insurance if you qualify.
 - ID information for all members of your family (age, social security numbers or legal permanent resident/green card or visa number)
 - Income for all family members. You will have to estimate your 2015 family income to get help paying for insurance.
 - Information about insurance offered through your job or your partner's job. You don't have to take the insurance offered at work, but you will need to know how much it costs for a single plan.
- 6. How do I buy insurance on the Exchange?** Insurance options will be available on healthcare.gov beginning Nov. 15, 2014 for Wisconsin residents. You can also purchase a plan by mail or in-person.
 - If are buying insurance on the Exchange, you must do so between Nov. 15, 2014 and Feb. 15, 2015 when the open enrollment period ends. If you wait until after that, you won't be able to get coverage on the Exchange until the next annual enrollment period unless you have a "qualifying life event," like moving to a new state, a substantial change in income or your family changes (marriage, divorce, new baby, etc.). You can buy a private insurance plan at any time, but these plans do not include cost sharing reduction.
 - If you need help navigating the Exchange, Call 1-800-318-2596, 24 hours a day, 7 days a week. (TTY: 1-855-889-4325).
- 7. What if I'm on Medicare?** You do not need to do anything. Your coverage is secure and you do not need to reapply or go on the Exchange.
- 8. What if I already have health insurance through an employer or on my own?** In most cases, there will be very little you need to do. If you're unhappy with your coverage or would like to pay less, you can search for different options through an independent plan or the insurance Exchange.
- 9. What if my employer doesn't offer insurance?** Starting January 1, 2015, all employers with an equivalent of 50 or more full-time employees will have to offer affordable insurance to their employees.

Small employers (less than 50 employees) aren't required to provide insurance coverage.

Those who can't get insurance through work have the option to purchase plans on the Health Insurance Exchange or buy an independent individual policy on their own.

10. I used to have BadgerCare. Why can't I get it anymore? Until now, adults in Wisconsin who earned up to 200 percent of the Federal Poverty Line (\$22,980 per year for individuals) were eligible for BadgerCare coverage. Now, only those at the Federal Poverty Line (\$11,490 per year for individuals) can be on BadgerCare. Children and pregnant woman may be eligible even if other family members are not.

11. What if I decide not to get coverage? Those who decide not to get coverage for 2015 or don't have what is considered 'minimum essential coverage' must pay a fine or fee, in addition to any out-of-pocket health care services they need.

If you don't have coverage in 2015, you will pay the higher of these two amounts: 2% of your yearly household income or \$325 per person (\$162.50 for children under the age of 18).

There is an exception to the fine for people who:

- are uninsured for less than 3 months of the year
- are determined to have very low income and coverage is considered unaffordable
- are not required to file a tax return because their income is too low
- would qualify under the new income limits for Medicaid
- are a member of a federally recognized Indian tribe
- participate in a health care sharing ministry
- are a member of a recognized religious sect with religious objections to health insurance

If you don't qualify for these situations, you can apply for an exemption asking not to pay a fine. You do this in the Exchange.

12. What is minimum essential coverage? All insurance plans will be required to meet minimum required coverage guidelines. The following kinds of insurance are *not* considered minimum essential coverage and people who only have this kind of health insurance will have to pay a penalty fine or get more coverage:

- coverage only for vision care or dental care
- workers' compensation
- coverage only for a specific disease or condition
- plans that offer only discounts on medical services

Private health insurance plans and plans on the Exchange, except catastrophic plans, will offer minimum essential benefits.

13. What kinds of plans are offered on the Exchange?

Health reform requires that all new insurance plans, private or in the Exchange, fit into different levels: Bronze, Silver, Gold and Platinum. The levels make it easier for people to make direct comparisons between plans. Bronze plans cost the least and offer the least coverage. Platinum plans cost the most and also offer the most coverage. All of these plans meet the essential

minimum coverage guidelines. You can shop for which plan best fits your budget and your lifestyle.

There is one more level. It's called the catastrophic plan. This plan is only for people under age 30 who are exempt from the insurance requirement because the premium would be too expensive. This kind of insurance can only be purchased on the Exchange and no cost-sharing subsidies can be used for it. These plans are there for worst-case scenarios that result in major medical bills. *People with this plan are still required to pay all of their medical costs out-of-pocket up to a certain amount, which could be thousands of dollars.*

14. I've built a great relationship with my Meriter doctor; can I continue to see him or her?

The easiest way to ensure access to your current Meriter doctor is to continue using the insurance you already have or purchase insurance through Physicians Plus. Physicians Plus will give you access to all Meriter primary care doctors, specialists and services.

When comparing plans in the Exchange or in the individual market, make sure you look at the list of providers in each plan's network. Make sure Meriter is listed to ensure you can continue to see your doctor or if you'd like to begin receiving care at Meriter.

15. Will it be harder for me to get an appointment? Not at Meriter. We will get you care when need it. We offer extended hours, same-day appointments and access to excellent specialty care, like cardiology, dermatology and orthopedics, without a long wait. This will not change.

16. What if I've been denied coverage for pre-existing conditions in the past? Starting in 2014, insurance companies can no longer deny you coverage for any reasons, including pre-existing medical conditions.

17. I have insurance already, but I'm not seeing some of these benefits. Why? If your plan was in place before health reform became law in March 2010, you're covered by a "grandfathered" health plan. These plans are allowed to stay "as is" until they make significant changes to their benefit or start charging considerably more for co-pays, co-insurance and deductibles. However, it's expected that these plans will lose their grandfathered status in the next few years and will have to comply with all parts of the law.

18. Will health care be more expensive? Health care reform was designed to make health care more affordable and more accessible for everyone, but some may see an increase depending on your situation.

- If you're receiving preventive care, like a well-visit or a mammogram, you will no longer need to pay a co-pay.
- Women and people with pre-existing conditions can no longer be charged higher premium rates. This may also mean that healthy young men, who previously paid very little, will now have to pay more.
- If you are a high-income earner, you may see an increase in Medicare payroll taxes.

19. I signed up! Now what? Congratulations! You've taken a big step. But it doesn't end there.

- You will need to pay your premium each month to keep your coverage.

- Report any changes to your family's income or the number of people in your family. It could affect how much help you get paying for insurance. Just call 1-800-318-2596 and someone will help you.
- See your doctor. You now have insurance coverage, so take advantage of preventive services and screenings to keep you and your family health before a big issue arises.

20. I still have questions. Where can I get help? There are lots of resources available to help you find the right plan and find out if you qualify for help paying for insurance. Start by visiting [healthcare.gov](https://www.healthcare.gov) or calling 1-800-318-2596.