



If your patients have questions about signing up for health insurance under the Affordable Care Act, direct them to healthcare.gov (CuidadodeSalud.gov) or have them call (800) 318-2596.

The Affordable Care Act Answers to Common Questions from Patients

The Affordable Care Act (ACA) of 2010 has changed the way health insurance will be provided and paid for in the United States. While many provisions have already been implemented, **one of the biggest changes under the ACA goes into effect on Oct. 1, 2013, when people can begin signing up for coverage through new health insurance marketplaces.** This coverage will begin as soon as Jan. 1, 2014. As part of its continuing work to help physicians prepare for the ACA, the American Medical Association developed this resource to help physicians answer some common questions patients may ask.

What is a health insurance marketplace?

A health insurance marketplace is an online marketplace where patients can compare and purchase health insurance coverage that fits their needs and their budget. Every state will have a marketplace. Some states will operate their own marketplace. Other state marketplaces will be run by—or in partnership with—the federal government.

Why should I care about the health care reform law?

Beginning on Jan. 1, 2014, most Americans will be required to have health insurance or pay a penalty. The ACA makes it easier for all Americans to purchase affordable health care insurance. Even if you already have insurance that you buy yourself, you might be able to find more affordable coverage on the marketplace. Also, some of your friends or family members might not have insurance and might be interested in new coverage options under the ACA.

How do I find coverage for myself and how do I enroll?

Beginning on Oct. 1, 2013, you will be able to go to the online marketplace in your state, where you can compare different plans and their costs, benefits provided, and learn whether your doctor is in the plan's provider network. Once you have selected a plan, you will be able to enroll.

Will I be able to afford coverage in the new marketplace?

When you go through the enrollment process, you will be able to compare plans and their cost. You can also find out if you qualify for Medicaid or if you are eligible for financial assistance to help pay for premiums and out-of-pocket costs. You can find more information about your state's health insurance marketplace and how to enroll at healthcare.gov or CuidadodeSalud.gov or by calling (800) 318-2596.

What type of financial help can I get?

You might qualify for a tax credit to help you pay for health insurance purchased through the marketplace. The credit can be used right away to lower your monthly premium costs. Income-based tax credits will be available for individuals and families who have incomes from 100 percent to 400 percent of the federal poverty level. If you live in a state that has expanded eligibility for Medicaid, you may have additional options for affordable coverage. Learn more about saving money in the new marketplaces: healthcare.gov/how-can-i-save-money-on-marketplace-coverage/

I work for (or own) a small business. Where can I go to find affordable health insurance?

Small employers (e.g., those with 50 or fewer employees) may buy health insurance for their employees through the Small Business Health Options Program (SHOP Exchange), a separate marketplace that every state will have. The SHOP Exchange is intended to make it easier and more affordable for small businesses to offer a variety of health insurance plans. However, if your employer does not offer insurance, you will be able to shop for insurance on the health insurance marketplace. You can find more information about your state's SHOP Exchange and how to enroll at healthcare.gov or CuidadodeSalud.gov or by calling (800) 318-2596.

Does everyone have to buy their health coverage in the new health insurance marketplace?

No, health insurance marketplaces are for people who are uninsured and need to buy private individual health insurance. They are also for people

who already have individual coverage but want to see if they can find more affordable coverage or qualify for a tax credit. If you have insurance through Medicare or Medicaid, a military program or through your job, that coverage is separate from the marketplaces.

Is it true that everyone will be required to have health insurance?

Yes. Beginning in January 2014, most Americans will be required to have minimum health coverage or pay a penalty. However, most people already have health coverage that meets this requirement, such as Medicare, Medicaid, a plan through an employer, coverage they have bought on their own, or TRICARE or Veterans coverage. Your health plan or employer will let you know if your coverage meets the requirement. For those who need it, the ACA creates new ways to shop for coverage through health insurance marketplaces and more options to get financial help to pay for it.

Will I have to pay a penalty if I don't have health insurance?

If you don't have health insurance coverage that meets the minimum requirements, you may have to pay a penalty. In 2014, for an individual, the penalty starts at \$95 a year, or up to 1 percent of your income, whichever is greater. The penalty will increase each year. There are exemptions to the penalty if, for example, your income is so low that you don't have to file a tax return, if you have a hardship or if your premiums are more than 8 percent of your income. Go to healthcare.gov/what-if-someone-doesnt-have-health-coverage-in-2014/ for more information.

I've tried to buy health insurance before but I have a pre-existing condition (e.g., diabetes) and I've always been denied coverage. Will the new law help me?

Yes, under the law's consumer protections, insurers can no longer refuse to sell health insurance to you if you have a pre-existing condition, such as diabetes, cancer or asthma. Insurers cannot charge you more because of health problems.

What are my options for coverage if I am under the age of 30?

If you are under 26, you can stay covered on your parents' health insurance plan. You can also buy a catastrophic plan if you are under 30 (individuals who have a hardship exemption from the individual mandate can also buy catastrophic plans). These plans will cover the same services but will be slightly less generous, and may be less expensive than the other plans offered through the marketplaces; however you will not be able to receive premium tax credits or cost-sharing reductions.

What services will be covered under the plans in the marketplaces?

All health plans must offer certain core (essential) benefits, including: physician visits, hospital and emergency services; maternity and newborn care; mental health and substance abuse treatment; prescription drugs; pediatric services, including vision and dental care; rehabilitative and habilitative services and devices; laboratory services; and preventive and wellness services. Plans must cover certain preventive services with no out-of-pocket costs, including flu and pneumonia shots, routine vaccinations, and cancer screenings, such as mammograms and colonoscopies. Compare plan coverage and costs in your state marketplace, which you can find at healthcare.gov.

Can I keep my own doctor?

That depends on the plan you choose and whether your physician is in the plan's network. When comparing plans in the marketplace, you will see a link to a list of providers in each plan's network. If staying with your current doctors is important to you, check to see if they are included before choosing a plan. You should also check with the physician's office before making an appointment to see if they are in your network.

What happens if I fall behind and can't make a monthly premium payment?

The law requires that you have three months after you miss a monthly payment to get caught up with your payments before coverage is terminated. During the first 30 days of this grace period, the plan will pay your health care provider for any services you have received. For the next 60 days, however, if you do not pay your premiums, you will be responsible for paying for any services or treatments.

This all seems very complicated. Where can I go for help in choosing and enrolling in a plan?

There will be trained and certified organizations and individuals to help guide you through the enrollment process. Licensed agents and brokers can also help consumers and small employers select and enroll in health plans offered through the marketplaces. These individuals all must comply with federal and state privacy laws. Visit cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html to learn more about in-person assistance that can help you understand your options. **The AMA strongly recommends that patients check with their state marketplace to make sure organizations and individuals are legitimately trained and certified to help you. Make sure you go to legitimate websites—don't fall victim to a scam artist.**

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Open enrollment begins Oct. 1!

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