

HEALTH INSURANCE

OPEN ENROLLMENT DATES



**November 1, 2016
to January 31, 2017**



The Affordable Care Act (ACA) allows you to take control of your health care needs once and for all. Learning about the **types of health insurance** available under the ACA is quick and convenient. But before you select a comprehensive health insurance plan for you and your family, it's highly recommended that you take a moment to consider the type of health insurance plan that would best meet your medical needs and budget.

Before making an initial health plan selection, consider the following:

- Do you visit the doctor frequently?
- Do you currently have a doctor and would you want to keep him or her?
- How much can you afford to pay in deductibles, premiums, copayments, and coinsurance?

All of the health insurance plans sold in the Health Insurance Marketplace are required by law to meet certain coverage standards. These standards are known as the "Ten Essential Health Benefits" (EHB) and they cover **five key services**:



Doctors' services

- Adult routine physical
- Sick office visit
- Child visit



Inpatient and outpatient hospital care

- Emergency room visit
- Physical therapy
- Magnetic resonance imaging (MRI)
- Surgery



Prescription drug coverage

- Generic and brand-name drugs
- Physician-prescribed durable medical equipment



Pregnancy and childbirth

- Prenatal services
- Vaginal delivery
- C-section delivery



Mental health services

- Rehabilitative services
- Habilitative services

A set of preventative health services, immunizations, and medical screenings are available free of charge with major health care plans under ACA. These **free services include an annual wellness exam**, as well as a well-child exam for minors. These exams are aimed at promoting general health and well-being rather than focusing on a chronic illness or disease.

Preventative services	Immunizations	Medical screenings

Accessing the 10 Essential Health Benefits Under ACA

Ambulatory patient services include the outpatient care you receive at a doctor's office, clinic or same-day ("outpatient") surgery center. Home health services and hospice care also fall under the ambulatory patient services category.

Emergency services include trips to the emergency room due to accidents or sudden illnesses. Under ACA, you cannot be penalized for going out-of-network or for not having prior authorization.

Hospitalization coverage includes the in-patient care you receive while admitted to a hospital as a short- or long-term patient, including care from doctors, nurses and other hospital staff. Stay in a nursing home is also covered. Laboratory and other medical test, medications you are administered during your hospital stay, as well as room and board are covered.

Maternity and new born care comprises the care received during pregnancy (e.g., prenatal care, testing and screenings), throughout labor and delivery, as well as post-delivery care and counseling for mother and child. Newborn care is also covered.

Mental health services and addiction treatment comprises both in-patient and outpatient services. Coverage includes the evaluation, diagnosis and treatment of a mental health condition or substance abuse disorder. Behavioral health treatment, counseling, and psychotherapy are the most commonly used services.

Rehabilitative (and habilitative) services and devices include the rehabilitative services (e.g. speech therapy to restore language skills after a stroke) and habilitative services (e.g. speech therapy to develop communication skills in a child), and the devices that help you restore your mental or physical skills back to their original level (or beyond) after they have been lost to injury, disability or chronic condition. Devices needed for "habilitative reasons" are also included.

Prescription drugs include medications that are prescribed by a doctor to treat an illness or condition. Ongoing conditions, such as high cholesterol, are included. "Over the counter" drugs—even those with a prescription—are excluded. Some expensive drugs require special approval or cannot be a prescribed until after a generic brand has failed to work.

Laboratory services include testing to help a doctor diagnose an injury, disease or chronic condition, or to monitor whether a particular treatment is effective. Free preventive screenings, such as breast cancer screenings and prostate exams, are covered.

Preventative services, wellness services, and chronic disease treatment comprise a wide range of outpatient services including obesity counseling, preventive care, such as physical exams, immunizations and health screenings, like cancer screenings. The aim of these services is to prevent and detect certain serious medical conditions before they become dangerous.

Preventive services include care provided to infants and children, including well-child and well-baby visits, as well as recommended vaccines and immunizations based on the infant or child's age. Children age 19 and younger receive two routine dental exams as well as an eye exam and corrective lenses each year.

If you are currently without health coverage, take advantage of open-enrollment to sign up for a qualifying health plan.

Open enrollment begins on November 1, 2016 and ends on January 31, 2017.

Bronze, Silver, Gold, and Platinum coverage levels are available to all. Cost-sharing subsidies are also available; however, each of these plans has an income-driven eligibility requirement you must meet to qualify for the plan.



BRONZE	SILVER	GOLD	PLATINUM
You value access to preventative services	You value savings, but require routine care	You value a broad healthcare network	You value unrestricted access to services
You pay 40% of your medical expenses.	You pay 30% of your medical expenses.	You pay 20% of your medical expenses.	You pay 10% of your medical expenses.
Lowest monthly premium.	Lower monthly premium.	Higher monthly premium.	Highest monthly premium.
Higher out-of-pocket costs.	Out-of-pocket cost will be less than the Gold tier.	Lower out-of-pocket costs.	Lowest out-of-pocket costs.
You pay the most for your medical care.	You pay more for your medical care.	You pay less for your medical care.	You pay the least for your medical care.
You value cost-sharing subsidies			
Income-based You pay either 94%, 87% or 73% of your medical expenses Lower out-of-pocket costs			

There is a **penalty for not having health insurance** ACA. In 2014, this penalty was 1% of your annual household income or up to \$285 per household. The penalty increases every year and is adjusted for inflation. In 2016 (and later years), the penalty is 2.5% of your annual household income or up to \$2,085 per household. Low-income households may qualify for a reduced penalty fee, depending on a number of factors including household size.

2014	2015	2016
1% of annual household income Up to \$285 per household	2% of annual household income Up to \$975 per household	2.5% of annual household income Up to \$2,085 per household

Enroll in a health insurance plan starting on November 1, 2016

ACT FAST!

Open-enrollment ends on January 31, 2017

877-860-6316

For help getting started, or simply to find out if you qualify for a Special Enrollment period, make an appointment with a Licensed Health Agent.

