Is There Anything Else I Need?

You must meet both a coverage category and a financial requirement. Additional information can be found at www.healthcare.gov.

You may be eligible for Medicaid, which is a federally mandated state program for low-income families and children, pregnant women, the elderly and people with disabilities. You must meet both a coverage category and a financial requirement. Additional information can be found at www.medicaid.gov.

What are Essential Health Benefits?

The ACA requires all new insurance plans to offer a basic coverage package within each state, known as essential health benefits (EHBs). These benefits include:

- Preventive and wellness services
- Maternity, newborn care, and rural health
- Prescription drugs and drug treatment
- Pregnancy, childbirth, and new parent care
- Mental health and substance use disorder treatment
- Pediatric services, including pediatric dental and vision care
- Essential health benefits include:
- Pre-employment and pre-conceptual care
- Pregnancy, including the delivery of a baby and hospitalization for a medical condition related to pregnancy or childbirth
- Pediatric services, including pediatric dental and vision care
- Routine adult preventive services, including screenings for diseases and conditions that can be prevented with early detection
- Services for drug and alcohol treatment
- Inpatient and outpatient mental health services
- Services for drug and alcohol treatment
- Services for drug and alcohol treatment
- Medical follow-up services for a diagnosis of a condition
- Services for drug and alcohol treatment

FDA is required to maintain coverage.

You must meet both a coverage category and a financial requirement. Additional information can be found at www.healthcare.gov.

Helpful Resources

Finding & Selecting Insurance

You may need to set up an annual budget to help you plan for future spending. Many state agencies and the federal government have free financial planning tools and services. You can also find more information about saving for health care at www.consumer.gov/health.saving.

We recommend considering a supplemental plan as a form of health protection. It’s important to read and understand the benefits of the plan you choose. You can also find more information about saving for health care at www.consumer.gov/health.saving.

The Importance of Choosing the Right Plan

Choosing the right plan in the Health Insurance Marketplace® is a crucial step in maintaining your overall health. Each plan offers a different range of benefits and coverage. Make sure to verify whether your plan provides coverage for all the services you need and with the financial costs that will help you understand the plan.

What is Insurance? Why Do I Need It?

Insurance is an agreement between you and an insurance company to pay the cost of a health service, such as hospitalization, surgery, or medical treatment.

When you choose a health plan, you are agreeing to pay a monthly premium for coverage. This premium is usually paid to the insurance company on a regular basis, such as once a month. The insurance company will then pay the cost of the service if it is covered by your plan.

How Much Is Insurance? You Can Pay for It

Insurance is a type of financial protection that covers you when you need medical care. It helps you pay for your medical expenses, such as hospital bills, doctor’s visits, and prescription drugs.

When you purchase insurance, you are paying for future medical expenses. Insurance allows you to pay for medical care now, even if you don’t have the money to pay for it. Insurance can help you budget for future medical expenses and give you peace of mind.

Where Do I Find Insurance Options?

Through your state or individual marketplace, website or call center:

- A job-sponsored employer plan
- The individual marketplace or exchange for your state
- Through a spouse or family member’s plan
- Through your parents’ plan if you are under 26 years old
- Directly through an insurance broker

Each state has an online marketplace for its commercial health insurance. Each state’s marketplace offers a variety of health plans for individuals and families. You can compare plans and find the best fit for your needs.

Is It Covered by My Insurance?

Insurance companies have a list of services and procedures that are covered under your plan. This list is known as the “benefits package.” You can find information on how much you will pay for certain services by accessing your plan’s benefits package online.

Do I Need Health Insurance?

Many people choose to purchase health insurance because it provides coverage for routine and urgent care. Without health insurance, medical expenses can add up quickly and can become a financial burden.

Where Can I Find More Information?

You can find information on health insurance at www.healthcare.gov. You can also call 1-800-632-3939 to speak with a representative from the Health Insurance Marketplace®.

Helpful Resources

- Consumer Information Checklist
- Consumer Health Insurance Checklist

More information can be found at www.healthcare.gov.

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a tax-advantaged savings account that is used to pay for qualified medical expenses. HSA contributions are tax-deductible and earnings are tax-free. Once you reach the age of 55, you can withdraw money from your HSA without paying penalties.

Frequently Asked Questions

- What benefits are included in an HSA?
- Are there any restrictions on how I can use the money in my HSA?
- How do I know how much money I have in my HSA?

For more information on Health Savings Accounts, visit www.healthcare.gov/hsa.
FAST FACT
Your cost sharing for covered required to pay as part of your health insurance plan.

Annual limit on the total of medical bills up to the provider’s established out-of-network cost sharing.

Out-of-Pocket Maximum:
A fixed amount you pay for a health service or treatment.

Deductible:
The amount of money you must pay before your insurance plan begins to pay any share.

Cos: Minimum amount of coverage your provider’s established out-of-network cost sharing.

Your annual deductible is $3,000.

Out-of-Pocket Maximum:
A fixed amount you pay for a health service or treatment.

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The amount of money you must pay before your insurance plan begins to pay any share.

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Find & Select Insurance

Where Do I Find Insurance Options?

Y ou can purchase or purchase insurance through many different avenues, including:
• A job-sponsored employer plan
• The individual marketplace or exchange for your state
• Through a spouse or family member’s plan
• Through your parent’s plan if you are under 26 years old
• Directly through your insurance broker
• A government-sponsored plan like Medicare or Medicaid, if eligible
• Military or Veterans Administration plans, if eligible

Each state has an online marketplace for its commercial health insurance. Each state’s marketplace must offer a variety of budget and healthcare needs, as well as provide coverage that meets the minimum definitions. You can find links to each state’s marketplace website at www.healthcare.gov.

Another option to consider is buying health insurance directly from a private insurance company, on an online insurance seller, an agent, or broker. Compare the insurance plans available to discuss options.

If you’re under 26 years old, you have been diagnosed with certain medical conditions, or deemed disabled by the Social Security Administration, you may be eligible for plans. The ACA requires employers to offer health insurance or provide financial assistance to those without. Additional information can be found at www.healthcare.gov.

You may be eligible for Medicaid, which is a federally mandated, state-run program for low-income individuals, families and children, pregnant women, the elderly, and people with disabilities. You must meet both a coverage category and income level requirements. Additional information can be found at www.medicaid.gov.

Health Insurance Marketplace - Tips for Choosing a Plan

How to Pick an Insurance Plan

How to Find an Insurance Provider

Insurance benefits are provided to you by the issuing carrier for each available plan, that is paid whether you or your authorized representative, a health care provider or health care facility, takes advantage of a service.
Your cost sharing for covered amount of money you are service or prescription due at the time. A fixed amount you pay for a health met your deductible. A percentage of the total cost of service and deductibles.

The amount of money you must pay when you access care, combined amount you are responsible for maintaining his or her healthcare costs. If you elect to pay the penalty instead of getting health insurance, you will also be responsible for paying 100% of your healthcare costs.

If you make between 100% and 400% of the FPL guidelines and enroll in a marketplace plan in your state, you may qualify, the government will be credited to you when you file your federal income taxes. You’ll also be eligible to purchase insurance and can be used right away directly to the insurer on your behalf. The general term referring to the insurance plan.

If your annual income is at or below the Bronze plan and catastrophic coverage that will cover catastrophic only for sudden, serious accidents or treatment of chronic conditions. If you have Medicare, Medicaid,CHIP, any job-based plan, Medicare Part B, maternity or fertility care, or treatment related to another condition.

The general term referring to the insurance plan.

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If you qualify, the government will be credited to you when you file your federal income taxes. You’ll also be eligible to purchase insurance and can be used right away directly to the insurer on your behalf.

What What If My Income is Below 100% of FPL? Your health plan may include a premium payment assistance program to help you pay the premium for your health insurance plan. Costs associated with treatment of chronic conditions are generally considered to be catastrophic. If you have Medicare, Medicaid, CHIP, any job-based plan, Medicare Part B, and catastrophic coverage that will cover catastrophic only for sudden, serious accidents or treatment of chronic conditions.

This can help you afford health insurance. If you make between 100% and 400% of the FPL guidelines and enroll in a marketplace plan in your state, you may qualify, the government will be credited to you when you file your federal income taxes. You’ll also be eligible to purchase insurance and can be used right away directly to the insurer on your behalf.

A list of prescription drugs, healthcare facility that is licensed or certified as required by law. providers are referred to as network providers. Your health plan may include a premium payment assistance program to help you pay the premium for your health insurance plan. Costs associated with treatment of chronic conditions are generally considered to be catastrophic. If you have Medicare, Medicaid, CHIP, any job-based plan, Medicare Part B, and catastrophic coverage that will cover catastrophic only for sudden, serious accidents or treatment of chronic conditions.

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FPL guidelines, you may qualify for assistance in a marketplace plan. If you want coverage to start by January 1, you must enroll in a health plan during the open enrollment period in the fall. Employer contact information and wage information, if any, for each household member.

Out-of-Pocket-Maximum: An annual limit on the total amount of money you are responsible for paying when you access care, including coinsurance, co-payments, and deductibles. Out-of-network providers are referred to as network providers. Your health plan may include a premium payment assistance program to help you pay the premium for your health insurance plan. Costs associated with treatment of chronic conditions are generally considered to be catastrophic. If you have Medicare, Medicaid,CHIP, any job-based plan, Medicare Part B, and catastrophic coverage that will cover catastrophic only for sudden, serious accidents or treatment of chronic conditions.

In some cases, you may qualify for an exemption that will allow you to avoid the penalty. If you qualify for an exemption, you do not have to have health coverage during the year.

You may also be exempt if you are an individual on active duty in the Armed Services during a period of unauthorized absence from your duty station and have died as a result of an injury or illness sustained in the line of duty. You may be exempt if you are a full-time student, working part-time while in college, or a full-time student, working part-time while in college.

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**FAST FACT**

the monthly premium.

healthcare costs, not including your cost sharing for covered required to pay as part of the amount of money you are

Many insurance companies are implementing open enrollment periods that match state marketplace periods, generally occurring in the fall. Employer-based plans can choose their open enrollment period at any point during the year.

However, if you or your family meets the eligibility requirements for your state’s Medicaid program or the Children’s Health Insurance Program (CHIP), you can enroll at any time of the year through the state’s Medicaid or CHIP website.

If you have Medicare, Medicaid, or CHIP, every individual in your household must be enrolled in health insurance.

A fixed amount you pay for a health insurance begins before

The amount of money you must pay before your insurer will begin to pay for covered services is called your deductible.

A combination of medical facilities, healthcare providers and any facilities you are contracted with to deliver services.

Your health plan may impose premiums, co-insurance, and deductibles.

The amount of money you must pay for medications you are currently taking?

Can I Be Penalized if I Don’t Get Insurance?

You may qualify for financial assistance for a marketplace plan if you meet either of these two conditions:

**Out loud**

The premium tax credit and the cost-sharing reduction (or CSR) allow you to get help with your health insurance premium and out-of-pocket costs.

**FAST FACT**

You can get your premium estimates before you complete an application on the marketplace.

In the marketplace, you’ll see three main plan types:

The marketplace plans are designed to pay for a comprehensive range of services, including preventive care.

Marketplace plans are based on the percentage of coverage you choose:

Can I Afford Monthly Premiums

If you have the option of a catastrophic plan, you can purchase a plan that provides coverage for sudden, serious accidents or illnesses, but has very minimal coverage for everyday health needs.

If you have a hardship exemption due to 1/12 of the medical bills needed to be paid before selection.

If you are under 30 or if you have a hardship exemption, you may be eligible to buy a plan without coverage for necessary services that you need to meet before your insurer will pay your share of the costs.

If you have the option of a catastrophic plan, the marketplace will be the right choice for your needs based on your income. Catastrophic plans in the marketplace and state’s Medicaid or CHIP plan.

If you need coverage for a catastrophic plan, you’ll need to select a plan that provides coverage for sudden, serious accidents or illnesses, but has very minimal coverage for everyday health needs.

A catastrophic plan has a lower premium but is high deductible of open enrollment periods that match state marketplace periods, generally occurring in the fall. Employer-based plans can choose their open enrollment period at any point during the year.

If you have Medicare, Medicaid, or CHIP, every individual in your household must be enrolled in health insurance.

The premium tax credit and the cost-sharing reduction (or CSR) allow you to get help with your health insurance premium and out-of-pocket costs.

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Where Do I Find Insurance Options?

- Through your employer or union
- Through a government-sponsored plan like Medicare or Medicaid, or if eligible
- Through a guaranteed-issue plan
- Through a private insurance company
- Through an online marketplace

Each state’s marketplace must offer a range of plans designed to meet a variety of budget and healthcare needs, as well as provide coverage that meets the defined minimums. You can find links to each state’s marketplace website at www.healthcare.gov.

What are Essential Health Benefits?

The ACA requires all new insurance plans to cover a basic set of benefits within each health care category in order to be considered comprehensive. These benefits include:

- Preventive and wellness services
- Emergency services
- Maternity and newborn care
- Mental health and substance use disorder treatment
- Ambulatory care services
- Prescription drugs
- Hospitalization
- Laboratory services
- Physical, occupational and speech therapy
- Mental health and substance use disorder treatment

How Much of the Insurance Enrollment Process Can Be Done Online?

Many state marketplaces allow you to apply online to compare plans and enroll in a plan. In addition, you can do so on www.healthcare.gov.

Is There Anything Else I Need to Know?

Many of the insurance enrollment processes are currently done online, making it easy for you to compare and apply for coverage. Early detection and regular healthcare are extremely important to keep you healthy throughout your life.

Helpful Resources

- Find your local Help Center at www.healthcare.gov/localhelp
- Learn about the essential health benefits at www.healthcare.gov/essential
- Check the Summary of Benefits and Coverage for any plan you are interested in at www.healthcare.gov/sbc
- Learn more about how to pick an insurance plan at www.consumer.gov/howtobuy

Need More?

Insurance is a big decision and can be confusing. To make sure you have the correct health insurance in the coming year, if you change plans make sure you:

- Carefully read the details of any new plan
- Check both the plan’s limitations and any exclusions in both
- Understand your deductibles, copayments and any other out-of-pocket costs

The Importance of Choosing the Right Plan

Choosing the right plan is critical to ensure you are covered for all your care options within your plan network. The time to shop is now, as many people are unaware of the provider options outside of the identified medical services that will be covered under your plan. Consider factors beyond the premium amount when deciding on a health plan. Some out-of-pocket costs related to your plan may include:

- Deductibles
- Co-insurance amounts associated with specific services
- Co-payments, including prescription co-payments

Now What?

Your insurance will not kick in immediately. Before you can submit both your application and first payment, you must have selected both the plan and a doctor. Once both of these occur, expect to receive your insurance card and other documentation related to your plan. This will be your initial guide to understanding what is covered during the plan year.

Finding & Selecting Insurance

- How to Pick an Insurance Plan
- Health Insurance Marketplace – Tips for Choosing a Plan
- How to Pick an Insurance Plan
- Comparing Your Plan Options
- Tips for Choosing a Plan
- Health Insurance Options

Get Started Using Your Insurance Benefits!

- Once enrolled, it’s critical you understand the plan language and benefits as the plan language defines the specific

- Remember that different plans may have different definitions of what is a medical necessity

- Always take your insurance card with you when you make visits to your medical provider, hospital or pharmacy

- Always verify insurance information:
  - Your policy number
  - The expiration date

- Don’t be afraid to use your plan benefits when possible and regular healthcare is especially important to keep you healthy throughout your life.

- Take advantage of annual check ups, including prevented care to help prevent illness.

- Since each plan offers a different range of covered services, it is important to read and understand what is covered under your plan

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