

“Hey, Doc”

Answers to Questions You Never Thought to Ask About the New Health Insurance Marketplace

SEGMENT 2:

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Who Can Enroll, Who Must Enroll, What Happens If You Don't Enroll

Who can enroll?

The marketplace was designed for individuals who are buying their own insurance and who cannot get affordable coverage through their job or other sources. Small businesses also will be able to buy coverage for their employees through the marketplace. To be eligible to buy insurance in the marketplace, you must:

- Live in the marketplace service area (generally a state);
- Be a citizen or national of the United States or be lawfully present; and
- Not be in jail.

If you are uninsured, the marketplace is an online place for you to shop for plans and to see if you are eligible for tax credits toward your monthly premiums or other costs. If you have coverage through your employer, your parents' plan (up to age 26), or on your own but want to switch, you also can shop in the marketplace. Even if you are already sick with a pre-existing condition, insurers cannot deny you coverage or charge you more because of your condition.

But not everyone will need to enroll. You may already be covered by a government insurance program like Medicare or Medicaid, or you might be happy with the plan you have, in which case you don't have to buy anything new if you don't want to.

Who must enroll? What if I don't?

The individual mandate of the Affordable Care Act (ACA) requires most people to have some form of health insurance coverage as of January 2014, or pay a penalty. If you have coverage through one or more of these sources, you will satisfy the mandate:

- Government-sponsored insurance (such as Medicare, Medicaid, the Children's Health Insurance Program, TRICARE, the veterans health program);
- Employer-sponsored coverage;
- Insurance bought on your own in or outside of the marketplace; or
- A grandfathered health plan in existence before the health reform law (March 23, 2010).

If you do not have coverage, the marketplace is a new place to shop for health insurance in addition to the traditional private insurance market. It also can help you determine if you are eligible for financial assistance toward your insurance costs or if you are eligible for a state government health program.

Additionally, the ACA exempts certain uninsured people from having to pay the penalty. Generally, you may qualify for an exception if:

- Coverage is unaffordable based on your household income;

- You don't earn enough income to have to file a tax return;
- You are uninsured for less than three months in a row;
- You are in one of the following groups: incarcerated individuals, undocumented immigrants, American Indians and Alaskan natives, participants of a health care sharing ministry, or members of a recognized religious sect opposed to having health insurance; or
- You experience certain hardships preventing you from obtaining coverage.

If you don't qualify for one of the exemptions, and you don't have insurance coverage next year, you will have to pay a penalty. In 2014, fines begin at \$95 per adult and \$47.50 per child, or 1 percent of family income, whichever is greater. The penalties then increase in 2015, and in 2016 they will be as much as \$695 per adult and \$347 per child, or 2.5 percent of family income, whichever is greater.

If I have insurance through my work or my spouse or my parents, do I have to give that up and buy insurance through the marketplace?

Not necessarily. Generally, if you already have health insurance, you satisfy the ACA's requirement to have coverage. But there are a few things you may want to look into.

- Check with your employer to make sure it will continue providing coverage in 2014 and beyond.
- Check the status of your current plan to make sure it meets the new minimum requirements under the ACA. If you have your own insurance or a job-based plan that existed before the health reform law was enacted in 2010, it may be grandfathered in and nothing needs to change. Check with your insurance company or employer to find out.
- Children under the age of 26 can stay on their parents' plan.
- If you already have coverage, you can still look at your options in the marketplace, but you may not qualify for financial assistance.

Does the individual mandate mean I have to buy health insurance through the marketplace?

No. The individual mandate means you will have to get some form of health insurance, unless you qualify for an exemption. (See "Who must enroll? What if I don't?") But the marketplace is just one option for purchasing it on your own. Insurers do not have to participate in the marketplace, so you still can buy health plans the same way you do today, directly from health insurers, or through your employer if offered. You also can still get public insurance, if you qualify, directly from Medicaid, Medicare, or other government agencies.

You can find this information and more at MeAndMyDoctor.com and HeyDoc.texmed.org.