

# “Hey, Doc”

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

### SEGMENT 3:

Oct. 21, 2013

## All About the Plans

### Who can sell me insurance through the marketplace?

In Texas, you can get to the health insurance marketplace through [Healthcare.gov](http://Healthcare.gov), and that's where you can find out if you can get help paying for your insurance. To sell insurance in the marketplace, insurance companies must first get the government's seal of approval on their plans to become what's called a "qualified health plan." That means they agree to follow the marketplace rules, like providing a specific level of benefits, limiting the amount you have to spend out of your own pocket, and having networks with enough doctors, hospitals, and other health care providers. You can see a list of approved health plans in Texas at [Healthcare.gov](http://Healthcare.gov), where you can buy your insurance directly. You can also get help with enrollment from a certified navigator or counselor, or a licensed insurance agent or broker approved by the government.

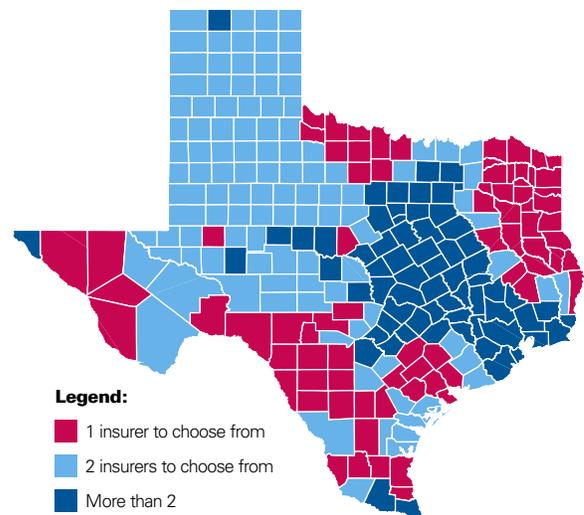
Remember, there is no charge to use [Healthcare.gov](http://Healthcare.gov) or enroll in health plans through the marketplace. Federal and state authorities have warned about scams using phony websites, charges, and emails or phone calls, so know what you are buying and from whom you are buying it.

### How do I pick a plan? How many plans can I pick from?

To pick a plan, visit [Healthcare.gov](http://Healthcare.gov) where you'll fill out an application to see a list of insurance companies and plans participating in your area. Your choices will depend mostly on where you live and the type of plan you want. Keep in mind that one insurance company might sell a bunch of different plans with different levels of coverage and prices. Once you fill out an application, you can see and compare different plans and prices.

### Texans' Choices of Marketplace Health Insurers

Of the 254 counties in Texas, 76 of them had only one health insurer providing benefits through the marketplace when it opened in October. 111 counties had just two insurers offering coverage.



Source: [Healthcare.gov](http://Healthcare.gov). Information current as of Oct. 1, 2013.

So far in Texas, there are about a dozen different insurance companies participating in the marketplace, and they are selling roughly 100 different plans across the state. Again, your choices will depend mostly on where you live. Some areas of the state, especially rural areas, might have fewer insurance options than others.

That might seem like a lot of information to go through. But there are some things you can do ahead of time to figure out what kind of insurance you need. (See “How can I get ready to sign up?” from [heydoc.texmed.org](http://heydoc.texmed.org).) [Healthcare.gov](http://Healthcare.gov) and [BeCoveredTexas.org](http://BeCoveredTexas.org) have some helpful checklists.

### **Can I keep the plan I have now?**

Most likely, yes. You can keep the plan you have now as long as it meets the new rules under the Affordable Care Act (ACA). If you have your own insurance or a job-based plan that existed before the health reform law was passed in 2010, it is possible that nothing needs to change. Check with your insurance company or employer to find out. (See “What if I have insurance through my work or family?” from [heydoc.texmed.org](http://heydoc.texmed.org).)

### **What is covered by this insurance?**

All plans in the marketplace have to offer what’s called “essential health benefits.” This is a basic package covering 10 different categories:

- Doctor visits;
- Hospital visits;
- Prescription drugs;
- Lab tests;
- Emergency room visits;
- Care when you are pregnant and when you have your baby;
- Care for children;
- Preventive services that help you stay healthy, like shots and screenings;
- Mental health care like counseling; and
- Treatments that help you recover from injuries.

Some plans might cover more than that, but that’s the minimum. You can also find dental coverage in the marketplace, either included in a plan you buy, or separately.

Marketplace plans also must cover what are called “preexisting health conditions.” This means even if you are already sick or pregnant, insurance companies can’t turn you away or charge you more for your insurance because of that.

### **What different kinds of insurance can I buy?**

There are different kinds of insurance plans you can buy depending on how much you want to spend, the medical services you need for you and your family, and how many doctors and hospitals you want to choose from. Some plans, for example, only let you use the doctors that are in their networks; otherwise, you pay more. Others might require you to get a referral from your regular doctor before you get other specialized treatments. You can read up on [Healthcare.gov](http://Healthcare.gov) and [BeCoveredTexas.org](http://BeCoveredTexas.org) about the different kinds of insurance plans out there.

The marketplace also puts these different kinds of insurance plans into four categories: bronze, silver, gold, and platinum. The categories are based on the amount of coverage the insurance company provides for your health care, and your portion of the costs. But again, any plan in any of those categories still has to offer essential benefits. The difference is how you and your insurance company share the costs of that care.

There is a fifth option, too, called “catastrophic insurance.” But it’s only for certain people, and it doesn’t cover everything.

### **What is catastrophic insurance?**

Catastrophic insurance is meant to be a sort of safety net that covers you when something like a major accident or serious illness comes up. It only covers three regular doctor visits a year and certain preventive care. So your monthly charge, or premium, might be lower for catastrophic insurance, but you will likely have to pay higher costs out of your own pocket before full coverage kicks in for things like essential benefits. In the marketplace, catastrophic plans are only available to people under 30 years old and certain people who don’t earn much. And if you buy one of these plans, you won’t be eligible for any financial assistance to help pay for it.

## What will it cost me to buy this insurance?

Your insurance costs depend on a lot of things like where you live, your age, how many people are in your family, the services you need, and whether you smoke. And your income determines whether the federal government will help you pay for your insurance.

What you pay also depends on which category of insurance you choose in the marketplace: bronze, silver, gold, or platinum. In bronze and silver plans, you might pay a lower monthly charge, called a “premium,” but you might have to pay a higher cost later when you use the insurance. The opposite happens when you buy gold and platinum plans; they tend to have higher premiums and lower out-of-pocket costs.

Here’s an idea of what those costs might look like, on average:

- In a bronze plan, insurers pay for 60 percent of the charge for medical services; patients, 40 percent.
- In a silver plan, insurers pay for 70 percent; patients, 30 percent.
- In a gold plan, insurers pay for 80 percent; patients, 20 percent.
- In a platinum plan, insurers pay for 90 percent; patients, 10 percent.

You won’t know your costs for sure until you fill out a marketplace application. But until then, you can get a rough idea using this calculator tool created by the [Kaiser Family Foundation](#).

And remember, regardless of whether a plan is bronze, silver, gold, or platinum, don’t forget to check out the other details besides costs, like the kind of insurance and the doctor and hospital networks. Those things are important to keep in mind when comparing your options and choosing a plan that works for you and your family.

## What are the subsidies?

The subsidies are provided by the federal government to help you pay for your insurance in 2014. They are available only when you buy insurance in the marketplace, and they mostly apply to people with lower incomes.

This help comes in two ways: One is a tax credit that you can use right away to reduce your monthly premiums. The other is a break on the portion of costs you are responsible for when you use your insurance. The tax credit applies to any plan you might buy, but the out-of-pocket savings apply only if you buy a silver plan.

## Who gets a subsidy?

The subsidies mostly apply to people with low or middle incomes. Whether you qualify depends on how much money you make, how many people are in your family, and whether you can get coverage through your employer. In general, if you can get insurance through your work, you are probably not eligible for a subsidy. But if your income is below a certain amount, and you can’t afford the insurance through your work, you might be able to get a subsidy to help pay for your insurance.

Here’s a guide provided by the federal government. If this is how much you make in a year, you might be able to get help paying for your insurance. But keep in mind this is just a guide, and it’s based on 2013 numbers. So it could change in 2014. Also, if your income changes during the year, that could affect how much financial aid you get or possibly have to return to the federal government.

You might be able to get a break on the cost of your health insurance through the marketplace, if you make this much each year:

- \$11,490 to \$45,960 for individuals
- \$15,510 to \$62,040 for a family of 2
- \$19,530 to \$78,120 for a family of 3
- \$23,550 to \$94,200 for a family of 4
- \$27,570 to \$110,280 for a family of 5
- \$31,590 to \$126,360 for a family of 6
- \$35,610 to \$142,440 for a family of 7
- \$39,630 to \$158,520 for a family of 8

If you find that you make less than the lowest number for your family size, your marketplace application will help you figure out if you can get free or low-cost insurance through a government health care program like Medicaid.

## How do I apply for a subsidy?

You apply for a subsidy when you fill out an application to buy insurance in the marketplace. And you'll have to be prepared to provide some pretty specific information. You'll have to estimate how much money you and your family will make in 2014, and you'll have to include information on any family members you want to include in your insurance plan. Once you apply, the federal government will figure out first whether you qualify for a subsidy, and second, how much help you can get toward your insurance costs.

That means you'll probably have to gather up things like pay stubs and past tax returns. [Healthcare.gov](http://Healthcare.gov) has a list of things you'll have to include on your application. You can also get in-person help from a marketplace navigator and community enrollment fairs throughout the state. And [BeCoveredTexas.org](http://BeCoveredTexas.org) has a hotline you can call: (866) 427-7492 (M-F, 8 am-5 pm CT).