



FEMINIST MAJORITY FOUNDATION

CHOICES CAMPUS LEADERSHIP PROGRAM

WORLD'S LARGEST PRO-CHOICE STUDENT NETWORK

AFFORDABLE CARE ACT ENROLLMENT

WWW.FEMINISTCAMPUS.ORG

The Affordable Care Act (ACA) allows millions of individuals to access quality, affordable health insurance - sometimes for the first time. Insurance companies will no longer be able to deny coverage because of a pre-existing condition or force women to pay more for coverage than men. Families will no longer have to choose between medical care and college tuition, food, or other necessities. The ACA provides financial assistance to those who qualify, helping to make healthcare an affordable option for all.

The ACA allows individuals to shop for and purchase health insurance in a marketplace – sometimes referred to as an “exchange.” Some states have created their own marketplaces, and some are using ones set up by the federal government. You can access your state’s marketplace by visiting Healthcare.gov. There, you will be able to compare healthcare plans available in your state, learn if you qualify for lower costs, and find out about coverage options.

SIGNING UP

To qualify for insurance coverage in 2014, you must enroll, or sign up, for health insurance by March 31.

You can sign up online at Healthcare.gov or download a form to apply by mail. You can also sign up in-person with a navigator, sometimes called an application assister or certified application counselor, an individual or organization trained to assist with applications. You can find a list of local navigators 24 hours a day at Healthcare.gov or by calling 1-800-318-2596 or TTY 1-855-889-4325. Free expert help is available in over 150 languages both online and by phone.

Insurance plans will be offered in four categories - bronze, silver, gold, and platinum. Young people can remain on their parents’ plan until they are 26 whether or not they are married, in school, employed, or living away from home. All plans must cover the cost of preventive services without co-pays, co-insurance or deductibles and must also cover certain essential benefits.



Individuals and families will be able to browse plans in the marketplace. Health insurance providers must display instant price quotes for their plans and give detailed information about what services the different plans will cover as well as the applicable deductibles, the maximum amount a consumer would pay for medical services.

ESSENTIAL HEALTH BENEFITS

Under the ACA, healthcare plans offered in the marketplace must cover ten essential benefits: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; prevention, wellness, and chronic disease management; and pediatric services including vision and dental care.

Plans must also cover the cost of preventive services, without copays, coinsurance or a deductible. These services include, but are not limited to: annual well-woman visits, contraceptives, HPV testing, HIV counseling and screening, STI counseling, immunizations, screening for gestational diabetes, breastfeeding supplies and support, domestic violence screenings, and mammograms.



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OTHER COVERAGE OPTIONS

Dental and vision coverage are included in some health insurance plans. In some cases, families and individuals may purchase separate, stand-alone dental plans in the marketplaces. Stand-alone vision plans may be available in certain states.

Individuals under 30 years old and those needing lower-cost plans may purchase a “catastrophic plan.” Designed to help cover unexpected, high medical costs in “worst-case scenarios,” these have higher deductibles but lower monthly premiums. These plans will cover three primary care visits per year without any additional costs and provide free preventive benefits even if you have not met your plan deductible, but they will not cover the costs of essential benefits until after the deductible is met.

FINANCIAL ASSISTANCE

The federal government is offering financial assistance to individuals and families within 100% and 400% of the federal poverty level (\$11,490 and \$45,960 for a one person household and \$23,550 and \$94,200 for a household of four) to help cover the cost of insurance plans purchased through the marketplaces. You will find out automatically if you qualify.

Financial assistance is offered in the form of tax credits issued directly by the federal government to the insurance provider of your choice, meaning you will not have to front this cost.

According to one study, nearly 5 in 10 uninsured adults ages 18 to 34, who are eligible to participate in the marketplace and who are living in single-person households, could purchase a bronze health plan for \$50 or less per month. About 7 in 10 of these eligible young adults will be able to purchase a plan for \$100 or less.

MEDICAID EXPANDED

Medicaid is a public health insurance program for low-income families and individuals funded by both the state and federal governments. Medicaid programs differ in each state, but generally Medicaid covers pregnant women, children under 8, the elderly, the differently abled and the blind.

The ACA allows states to expand Medicaid eligibility to low-income adults under 65. People with incomes below 133% of the federal poverty level – \$15,282 for an individual and \$31,322 for a household of four – will qualify for Medicaid, and able-bodied adults will no longer be excluded from the program so long as they meet income eligibility. Under the law, the federal government pays 100% of the cost of the expansion until 2016 and 90% thereafter.

Twenty-six states, including California and New York, are participating in the Medicaid expansion, and two are moving toward participation. An estimated 1 million uninsured young adults may qualify for Medicaid in states that have opted to expand the program. Some states have not yet signed on, including Texas and Florida, but you may still qualify for your state’s existing Medicaid program. Go to Healthcare.gov to find out more.

IF YOU REMAIN UNINSURED

The ACA requires all families and individuals who can afford to purchase healthcare to do so in order to keep costs low for everyone. If you do not purchase insurance you will pay a penalty starting in the 2014 tax year, called an individual shared responsibility payment, of 1% of your yearly income or \$95 - whichever is higher. The penalty will increase every year until 2016, when it will be 2.5% of income or \$695 per person. The penalty for an uninsured child will be \$47.50 per child in 2014, up to a maximum of \$285 per family. More importantly, those who remain uninsured will have to pay 100% of their healthcare expenses.