



Some facts about ACA implementation

The new marketplace

The new health insurance exchanges, created by the Affordable Care Act (ACA), will provide a marketplace that allows families to find coverage that fits their budget and their needs. This online portal, which opens up on Oct. 1, will provide information about the plans that are offering coverage in each state, how much the insurance will cost and whether an individual or family will qualify for subsidies to lower their health insurance premium or out-of-pocket costs. Families can also find out if they qualify for free or low-cost coverage available through Medicaid or the Children's Health Insurance Program (CHIP).

The insurance plan information being offered through the marketplace will be presented in a simplified format so families can easily compare prices, benefits and health plan performance, and decide which option is best for them.

The enrollment period ends on March 31, 2014, and coverage begins as soon as Jan. 1, 2014.

Detailed information about the new Health Insurance Marketplaces can be found at healthcare.gov or at 1-800-318-2596.

Other benefits for patients under the ACA

The ACA offers important benefits and protections for patients who already have health insurance as well as those who need it, including requiring health insurers to follow new rules. The ACA:

- Requires insurance companies to cover patients who have a pre-existing health condition
- Provides preventive care for immunizations, preventive care for children, and additional preventive care and screenings for women at no cost to the patient
- Permits young adults to stay on their parents' plans until age 26

- Makes health insurers accountable by requiring them to spend a certain amount of the premium on actually providing services rather than on administrative costs
- Makes it illegal for health insurance companies to arbitrarily cancel health insurance just because a patient gets sick
- Requires health plans to accept every individual who applies for coverage and renew or continue coverage for all members
- Ends lifetime and yearly dollar limits so that coverage of essential health care services does not "run out"
- Requires health plans to cover participation in clinical trials
- Guarantees the right to appeal a health plan decision

The delay in implementing the "employer mandate": putting it in perspective

The penalties for employers who do not offer health insurance coverage apply only to those who have 50 or more employees—the majority of which already sponsor insurance plans.

The decision to delay implementation of the mandate was made in response to concerns raised by these large employers, who asked for clarification and simplification of the new rules that will apply to them.

The uninsured families who stand to benefit most from the ACA are those with very low incomes who will now qualify for Medicaid, those who work for small companies that do not offer insurance, and those who are self-employed or unemployed and must purchase their own coverage directly from insurance companies.

The ACA provisions that will benefit these individuals and families will take effect on schedule.

The ACA also includes important Medicare benefits

- Provides a 50 percent discount on all brand name drugs in the Medicare Part D coverage gap (the “donut hole”) and begins phasing in additional discounts on brand name and generic drugs until the donut hole is phased out completely in 2020
- Provides an annual wellness visit and personalized prevention plan for Medicare beneficiaries at no cost to the patient

Information on the individual mandate

Beginning in January 2014, the ACA will require most individuals to have minimum health insurance coverage or pay a penalty.

The penalty does not apply to those who already have insurance through their employer, Medicare, Medicaid or other federal programs like TRICARE.

It also does not apply to those who are uninsured for fewer than three months of the year, who have very low incomes or who would qualify under the ACA’s new Medicaid income limits but live in states that have chosen not to expand Medicaid eligibility.

The penalties for failing to purchase insurance in 2014 will amount to 1 percent of a family’s yearly income or \$95 per person, whichever is higher. This amount will increase every year, until it reaches 2.5 percent of income or \$695 per person in 2016 and beyond.