A GUIDE TO GETTING HEALTH INSURANCE THROUGH THE AFFORDABLE CARE ACT FOR YOU AND YOUR FAMILY



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A MESSAGE FROM SENATOR CARDIN

Dear Friends:

In 2010, Congress passed and the President signed a landmark comprehensive health reform law, the Affordable Care Act (ACA). The law is designed to provide American families and employers with access to affordable health insurance coverage, place control of health care decisions in the hands of patients and their doctors rather than insurance companies, and improve the overall quality and value of health care. Many of the law's consumer protections and Medicare improvements are already in place, and as a result, we are seeing positive changes in how health care is delivered in this nation.

On October 1, 2013, the marketplaces where individuals and families can shop for affordable health insurance coverage will open. In Maryland, the marketplace will be run by the state, and it will be called the Maryland Health Connection (MHC). The MHC will provide specific information about the health plan options, benefits, and premiums at that time. An estimated 75 percent of the Marylanders who will purchase coverage through the MHC will be eligible for financial help in the form of federal tax credits.

This guide represents my best effort to provide you with preliminary details about the benefits, plans, and the enrollment process, based on information that been made available from the U.S. Department of Health and Human Services, the State of Maryland, and other sources.

I hope this information is helpful to you.

Sincerely,



IMPORTANT DATES TO REMEMBER

TUESDAY, OCTOBER 1, 2013

This is the date you can start to enroll in health insurance plans offered in the Maryland Health Connection, our state's name for the health insurance exchange, or marketplace. When you complete the application on line, you will learn about the health insurance plans that are available, what they cost, and the types of financial help that you and your family may qualify for.

When you complete the application, you will also learn if you qualify for free or low-cost health coverage through Medicaid or the Children's Health Insurance Program (CHIP). If it appears that anyone in your family is eligible for Medicaid or CHIP, the Health Connection will inform the state of Maryland so that your coverage can begin.

WEDNESDAY, DECEMBER 18, 2013

This is the date by which you must enroll in a plan through the Maryland Health Connection for your coverage to begin on January 1, 2014.

WEDNESDAY, JANUARY 1, 2014

The health insurance coverage you select through the Maryland Health Connection will begin on this date.

MONDAY, MARCH 31, 2014

Open enrollment for health insurance plans offered in the Maryland Health Connection ends on this date, so you must enroll in a plan before this date. After March 31, 2014, you will only be able to get health insurance for 2014 <u>if</u> you have a qualifying life event, such as job loss, a birth, or a divorce.

HOW THE AFFORDABLE CARE ACT PROTECTS YOU AND YOUR FAMILY

Whether you already have health insurance coverage or will be applying for it through the Maryland Health Connection, the Affordable Care Act offers key patient rights and protections that will benefit you and your family.

- Requires insurance companies to cover you, even if you have a pre-existing condition such as heart disease, diabetes, or asthma.
- Provides free preventive care to help keep you and your family healthy.
- Allows young adults under age 26 to stay on their parents' health insurance policies.
- Makes it illegal for health insurance companies to cancel your coverage when you get sick.
- Holds insurance companies accountable by reviewing rate increase and making sure you get more value for the premiums you pay.
- Helps you understand your coverage with a user-friendly *Summary of Benefits* and *Coverage*.
- Guarantees your right to appeal a health plan decision.
- Ensures that you can choose your primary care doctor and pediatrician in your health plan.
- Protects your right to emergency medical services when you believe your health or life is at risk.
- Ends lifetime and yearly dollar limits on coverage of essential health benefits.

"ESSENTIAL HEALTH BENEFITS" THAT EVERY PLAN OFFERED IN THE MARYLAND HEALTH CONNECTION MUST COVER**

Outpatient care in a hospital or doctor's office

Emergency room treatment

Inpatient hospital care

Maternity care

Mental health and substance use disorder services, including behavioral health treatment, counseling, and psychotherapy

Prescription medicines

Services and devices to help you recover if you are injured, or have a disability or chronic condition, including physical and occupational therapy, speech-language pathology, psychiatric rehabilitation, and more

Laboratory tests

Preventive services including counseling, screenings, and vaccines to keep you healthy and care for managing a chronic disease

Pediatric vision care

**Pediatric dental care (the law does not require this benefit to be offered in all comprehensive medical plans, but many medical plans in the Maryland Health Connection will include it.)

COVERED PREVENTIVE SERVICES FOR ADULTS

All plans offered in the Maryland Health Connection and many other plans must cover the following preventive services without charging you a copayment or coinsurance. This is true even if you haven't met your yearly deductible. This applies only when these services are delivered by a network provider.

Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked

Alcohol Misuse screening and counseling

Aspirin use to prevent cardiovascular disease for men and women of certain ages

Blood Pressure screening for all adults

Cholesterol screening for adults of certain ages or at higher risk

Colorectal Cancer screening for adults over 50

Depression screening for adults

Diabetes (Type 2) screening for adults with high blood pressure

Diet counseling for adults at higher risk for chronic disease

HIV screening for everyone ages 15 to 65, and other ages at increased risk

Immunization vaccines for adults—doses, and recommended ages and populations vary

Obesity screening and counseling for all adults

Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk

Syphilis screening for all adults at higher risk

Tobacco Use screening for all adults and cessation interventions for tobacco users

ADDITIONAL COVERED PREVENTIVE SERVICES FOR WOMEN

All plans offered in the Maryland Health Connection and many other plans must cover the following preventive services without charging you a copayment or coinsurance. This is true even if you haven't met your yearly deductible. This applies only when these services are delivered by a network provider.

Anemia screening on a routine basis for pregnant women

Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk

Breast Cancer Mammography screenings every 1 to 2 years for women over 40

Breast Cancer Chemoprevention counseling for women at higher risk

Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women

Cervical Cancer screening for sexually active women

Chlamydia Infection screening for younger women and other women at higher risk

Contraception: FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling. This does not apply to health plans sponsored by certain exempt "religious employers."

Domestic and interpersonal violence screening and counseling for all women

Folic Acid supplements for women who may become pregnant

Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes

Gonorrhea screening for all women at higher risk

Hepatitis B screening for pregnant women at their first prenatal visit

HIV screening and counseling for sexually active women

Human Papillomavirus (HPV) DNA Test every 3 years for women with normal cytology results who are 30 or older

Osteoporosis screening for women over age 60 depending on risk factors

Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk

Sexually Transmitted Infections counseling for sexually active women

Syphilis screening for all pregnant women or other women at increased risk

Tobacco Use screening and interventions for all women

Urinary tract or other infection screening for pregnant women

Well-woman visits to get recommended services for women under 65

COVERED PREVENTIVE SERVICES FOR CHILDREN

All plans offered in the Maryland Health Connection and many other plans must cover the following preventive services without charging you a copayment or coinsurance. This is true even if you haven't met your yearly deductible. This applies only when these services are delivered by a network provider.

Autism screening for children at 18 and 24 months

Behavioral assessments for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.

Blood Pressure screening for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.

Cervical Dysplasia screening for sexually active females

Depression screening for adolescents

Developmental screening for children under age 3

Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.

Fluoride Chemoprevention supplements for children without fluoride in their water source Gonorrhea preventive medication for the eyes of all newborns

Hearing screening for all newborns

Height, Weight and Body Mass Index measurements for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.

Hematocrit or Hemoglobin screening for children

Hemoglobinopathies or sickle cell screening for newborns

HIV screening for adolescents at higher risk

Hypothyroidism screening for newborns

Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary

Iron supplements for children ages 6 to 12 months at risk for anemia

Lead screening for children at risk of exposure

Medical History for all children throughout development at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.

Obesity screening and counseling

Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.

Phenylketonuria (PKU) screening for this genetic disorder in newborns

Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk

Tuberculin testing for children at higher risk of tuberculosis at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.

Vision screening for all children

WHAT PLANS WILL BE OFFERED IN THE MARYLAND HEALTH CONNECTION?

The following companies have announced plans to offer policies for individuals and families:

All Savers Insurance

CareFirst BlueChoice Inc.

CareFirst of Maryland Inc.

Evergreen Health Cooperative

Group Hospitalization and Medical Services Inc.

Kaiser Foundation Health Plan of the Mid-Atlantic

On October 1, 2013, all approved rates for health plans will be posted on the Maryland Health Connection web site.

The ACA requires plans to conform to the following "metal" levels:

Bronze Plans must cover 60% of your expected health care costs (lowest cost plans)
Silver Plans must cover 70% of your expected health care costs (second lowest cost plans)
Gold Plans must cover 80% of your expected health care costs (second highest cost plans)
Platinum Plans must cover 90% of expected health care costs (highest cost plans)

In addition to these four "metal levels," high deductible catastrophic plans will be available for young adults under age 30 and certain other qualifying individuals. In general, the higher the level plan, the more your premium will cost, and the lower your out-of-pocket costs will be. Bronze plans require the most overall "cost-sharing," such as deductibles and co-pays, and platinum plans require the least overall cost-sharing. For example, a bronze plan will likely have a higher deductible than a silver plan, while a platinum plan will likely have a lower deductible than a silver plan. Premiums will also be based on your age and your tobacco use.

THE AFFORDABLE CARE ACT PROVIDES PREMIUM TAX CREDITS TO HELP YOU BUY HEALTH INSURANCE

Who is eligible for a premium tax credit?

Three out of four Marylanders who buy health insurance through the Maryland Health Connection will qualify for a refundable, federal "premium tax credit" to help you play for health insurance, starting in January 2014.

These "premium tax credits" will be available as soon as you enroll so you can choose to receive help right away rather than waiting until you file taxes. Payments of the premium tax credits can go directly to insurers to pay a share of the monthly health insurance premiums charged to individuals and families. You can use your premium tax credit to buy any of the four types of plans: bronze, silver, gold, and platinum.

Premium tax credits are available to Maryland individuals and families with incomes between 138 percent of the federal poverty level and 400 percent of the federal poverty level who purchase coverage in the Maryland Health Connection.

The premium tax credit is also refundable, so if your income taxes are lower than your premium tax credit, you can still receive the credit.

To receive the credits, you must be a U. S. citizen or lawfully present in the United States. If you are eligible for other "minimum essential coverage," such as Medicare or Medicaid, or employer-sponsored coverage that is considered adequate and affordable, you are not eligible for a premium tax credit.

When you apply for health insurance through the Maryland Health Connection, the staff will determine your eligibility for premium tax credits or other health care programs like Medicaid and the Children's Health Insurance Program (CHIP).

How much will your premium tax credit be?

(Benchmark Plan) - (Your Expected Contribution) = Your Premium Tax Credit

Premium tax credits are based on the "benchmark plan," which is the second-lowest cost silver plan offered. Each individual or family is expected to contribute a certain share of their income toward the cost of coverage, and that share is based on a sliding scale. People with lower incomes are expected to contribute a smaller contribution than those with higher incomes. The premium tax credit makes up the difference between the cost of the Benchmark Plan and the amount you are expected to contribute. However, the premium credit *will not* cover the portion of the premium that is due to a tobacco surcharge.

The Kaiser Family Foundation has created a subsidy calculator to help you estimate what the amount of your premium assistance will be. http://kff.org/interactive/subsidy-calculator/

Premium Credits by Income Under Health Reform					
Income		Expected Premium Contr	ibution		
		Remaining After Premium Credit			
% of poverty	Annual dollar amount (2013	Premium contribution as percentage of	Monthly premium		
line	\$)	income	contribution		
Family of four					
100 – 133%	\$23,550 - \$31,322	2%	\$39 – \$52		
133 – 150%	\$31,322 – \$35,325	3 – 4%	\$78 – \$118		
150 – 200%	\$35,325 – \$47,100	4 – 6.3%	\$118 – \$247		
200 – 250%	\$47,100 – \$58,875	6.3 – 8.1%	\$247 – \$395		
250 – 300%	\$58,875 - \$70,650	8.1 – 9.5%	\$395 – \$559		
300 – 350%	\$70,650 - \$82,425	9.5%	\$559 – \$652		
350 – 400%	\$82,425 - \$94,200	9.5%	\$652 – \$745		
Individual					
100 – 133%	\$11,490 - \$15,282	2%	\$19 – \$25		
133 – 150%	\$15,282 – \$17,235	3 – 4%	\$38 – \$57		
150 – 200%	\$17,235 - \$22,980	4 – 6.3%	\$57 – \$121		
200 – 250%	\$22,980 - \$28,725	6.3 – 8.1%	\$121 – \$193		
250 - 300%	\$28,725 - \$34,470	8.1 – 9.5%	\$193 – \$272		
300 – 350%	\$34,470 - \$40,215	9.5%	\$272 – \$318		
350 – 400%	\$40,215 - \$45,960	9.5%	\$318 – \$364		

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Source: Center on Budget and Policy Priorities

What will your premiums cost?

The premiums offered in the Maryland Health Exchange are among the lowest in the nation. You will be able to choose from more than 50 different options from seven insurance companies.

Following are sample rates for some individual policies:

Individual Market, Sample Estimated 2014 Monthly Rates	Bronze Plan, Non -Smoker, Age 25	Silver Plan, Non-Smoker, Age 50
All Savers	\$237	\$470
BlueChoice	\$124	\$298
CFMI	\$144	\$335
Evergreen	\$191	\$405
GHMSI	\$144	\$335
Kaiser	\$177	\$381

The cost of your premiums depends on the plan you choose. You can use your premium tax credit to buy a bronze, silver, gold, or platinum plan. However, the amount of your premium tax credit will be based on the Benchmark Plan (second lowest cost Silver Plan) and will remain the same, regardless of which plan you select.

Source: Maryland Insurance Administration

The Maryland Health Connection will release information about all plans and the rates they will charge on <u>Tuesday October 1, 2013</u>. The information will be available via web site:

www.marylandhealthconnection.gov

and by phone:

1-855-MHC (642)-8572

1-855-MHC (642)-8573 (TTY)

You can also go to www.healthcare.gov, the web site created by the U.S. Department of Health and Human Services, to get additional answers to questions about the health reform law and how it will benefit you and your family.

PREPARING TO SIGN UP FOR HEALTH INSURANCE ON OCTOBER 1, 2013 A CHECKLIST TO HELP YOU GET READY

To prepare to apply for health insurance coverage through the Maryland Health Connection on October 1, 2013, you should collect important information that you will need to provide. The checklist below will help you gather that information so you will be ready to sign up.

 Your Social Security number and the Social Security numbers for your spouse and children. If applicable, have the document numbers for legal immigrants in your household.
 Income information and employer information for yourself and everyone in your household who needs coverage. (W-2 Forms include this information.)
 A list of the health conditions that you and members of your family may have. This will help you determine the type of plan that best meets your and your family's health care needs. Remember that the health care law protects you against being denied coverage due to a health condition that you may have, such as diabetes or hypertension.
A list of all the questions you have about health insurance plans and assistance that you will be able to apply for on October 1, 2013. For example: (1) How much assistance will I get to help me pay for health insurance coverage? (2) What types of benefits are included in the different plans? (3) Are dental benefits included in the coverage my child will get? (4) What doctors will I be able to see with my health insurance plan?

FREQUENTLY USED HEALTH INSURANCE TERMS

When learning about the various health insurance plans that will be offered through the Maryland Health Connection, you may encounter some unfamiliar terms. Following are some frequently used health insurance terms and their definitions. Ask for help either on line, from a health navigator, or from a help line with any concepts you do not understand before choosing coverage for you and your family.

Benchmark plan: The second-lowest cost silver plan offered in the Maryland Health Connection.

Benefits: Services or supplies your health plan agrees to cover. Covered benefits and excluded services differ from plan to plan, but all plans offered through the Maryland Health Connection must include the Essential Health Benefits.

CHIP: The Children's Health Insurance Program is the free or low-cost insurance program for certain uninsured children whose parents have incomes too high for them to qualify for Medicaid.

Claim: A request for payment that you, your doctor, a hospital or another health provider submits to an insurance company for covered items or services.

Co-insurance: A percentage of the charge for medical care that you must pay. If your plan's co-insurance for a given service is 20%, the plan will pay 80% and you'll pay 20%.

Copay: Co-payment or co-pay: A flat dollar amount you pay for a covered service, each time that you use the service. For example, some plans may require a \$20 co-payment for a doctor's visit.

Cost-sharing: the arrangement that defines your insurance company's and your responsibility to pay for covered services or items. Co-insurance, copayment and deductibles are all forms of cost sharing. Premiums, payments for uncovered health care supplies or services or fees paid to out-of-network providers are not forms of cost-sharing.

Deductible: The amount you pay out in a calendar year before your health plan begins to pay. For instance, if your deductible is \$2,000, you must pay that much yourself for covered health services before your insurer begins paying your health care costs.

FREQUENTLY USED HEALTH INSURANCE TERMS

Essential health benefits: Categories of health services that the Affordable Care Act requires certain health insurance plans to cover beginning on January 1, 2014.

Exclusions: Items or services that are not covered under a given health plan and for which the plan won't pay. Exclusions are specified in your contract for insurance. For instance, some plans have excluded coverage for services related to a pre-existing condition. By 2014, the Affordable Care Act mandates that insurers will no longer be able to deny coverage due to pre-existing conditions.

Federal Poverty Line or FPL: The income level that determines your eligibility for premium tax credits in the exchange. For 2013, 100% of FPL is \$23,550 for a family of four; and 400% of FPL is \$94,200 for a family of four.

Formulary: The list of medications that your insurance plan will pay for. A formulary may also include information about how copays or coinsurance for each drug.

Health Insurance Exchange or Marketplace: the state- or federally-run entities established by the Affordable Care Act through which individuals, families, and small businesses may purchase health insurance starting on October 1, 2013.

In-network payment: A discounted fee that insurers negotiate with doctors, hospitals and other healthcare providers in their network. Negotiating charges reduce costs for you and for the insurance company. Many insurers create incentives to use in-network providers and you may be required to pay more when you don't.

Maryland Health Connection: The State of Maryland's health insurance exchange.

Medicaid: The federal-state partnership insurance program for certain low-income Americans and certain Americans with disabilities. Eligibility levels for Medicaid are determined by each state.

Medicare: The federal health insurance program for certain Americans with disabilities and those over age 65.

Monthly Insurance Premium: The amount you pay a health insurer each month for health coverage.

Navigators: Trained workers in every state who will help you understand the different health insurance plan options available to you and answer your questions about coverage. Navigators cannot recommend specific plans to you.

FREQUENTLY USED HEALTH INSURANCE TERMS

Out-of-pocket costs: These are costs that are not covered by the health plan, such as are deductibles, co-insurance, copayments and some supplies or services.

Premium Tax Credit or Subsidy: The amount available to people with incomes up to 400% of the federal poverty line to help purchase coverage in the health insurance exchange (Maryland Health Connection). 75% of Maryland families going into the exchange are expected to qualify for tax credits.

Preventive care: Services that prevent illness or detect illness at an early stage, such as flu shots and screening mammograms. The plan brochure should list covered preventive services. The ACA requires health plans to cover certain preventive services at no cost to you.

Primary care: Primary care doctors perform routine medical exams and other basic medical services. They include internists, OB/GYNs and pediatricians.

Specialist visits: You may require the care of a doctor with specialized training, such as orthopedists, who specialize in musculoskeletal, bone, and joint health, and cardiologists, who specialize in heart health.

HELPFUL WEB SITES AND TELEPHONE NUMBERS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

www.healthcare.gov

1-800-318-2596 TTY: 1-855-889-4325

U.S. SMALL BUSINESS ADMINISTRATION

www.sba.gov/healthcare

MARYLAND HEALTH CONNECTION

www.marylandhealthconnection.gov

1-855-MHC(642)-8572 1-855-MHC(642)-8573 TTY

MARYLAND INSURANCE ADMINISTRATION

www.mdinsurance.state.md.us

1-800-492-6116 TTY: 1-800-735-2258

MARYLAND MEDICAID PROGRAM

For questions about Medical Assistance Eligibility Policy: (410) 767-1463 1-800-492-5231, ext. 1463

For questions about services covered by Maryland Medicaid and other Medicaid questions: www.marylandhealthconnection.gov/individuals/

(410) 767-5800 1-800-492-5231

MARYLAND CHILDREN'S HEALTH PROGRAM

1-800-456-8900

MARYLAND PHARMACY ASSISTANCE PROGRAM

1-800-226-2142