

THE AFFORDABLE CARE ACT

WHAT YOU NEED TO KNOW ABOUT GETTING INSURANCE COVERAGE

Where Do I Start?

To see your health insurance choices, visit www.healthcare.gov. Based on your income and where you live, the Web site will point you to the appropriate marketplace to find and compare available health insurance options. The Federal government fully or partly runs the marketplaces for 34 states, and the remaining 16, as well as the District of Columbia, run their own marketplaces.

Open Enrollment Deadline

Open enrollment—the period during which you may sign up for health insurance—ends **Monday, March 31, 2014**, for all health insurance plans. *Now is the time* to consider your available options and choose the best one.

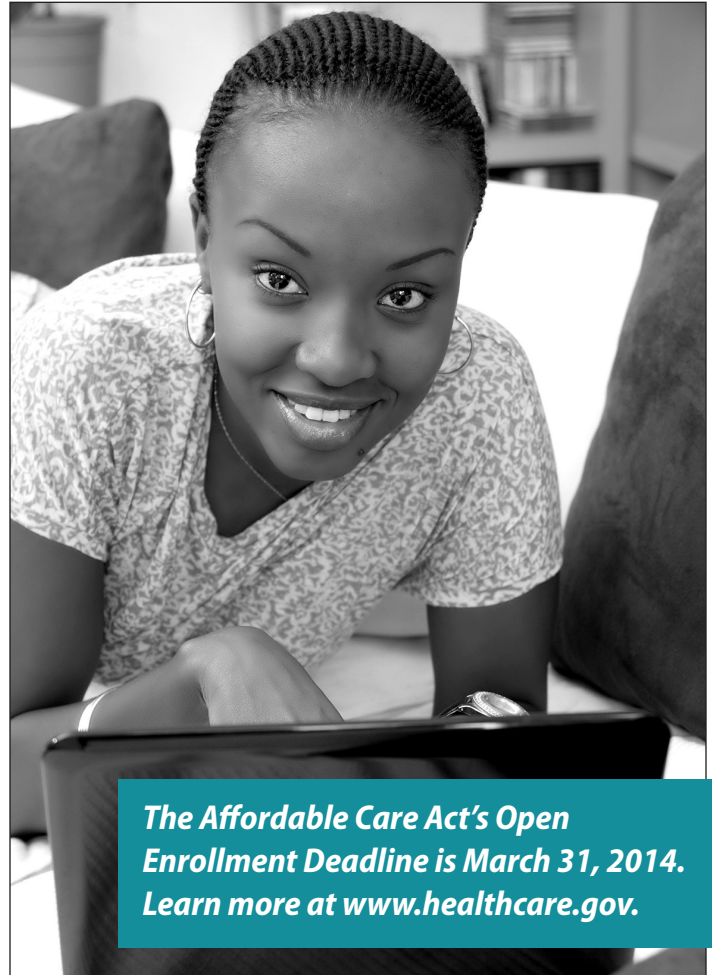
Levels of Coverage

When looking at your health insurance options, be aware of the different levels of coverage and what they mean:

- Bronze = expected to cover 60% of your health care costs
- Silver = expected to cover 70% of your health care costs
- Gold = expected to cover 80% of your health care costs
- Platinum = expected to cover 90% of your health care costs

Premiums vs. Deductibles

Be aware that the premium—the monthly payment you make to your insurance plan to purchase coverage for an individual or family—is NOT the only thing to consider. In order to keep premiums down, many health insurance plans have imposed high deductibles—money you must pay toward your health care costs before you can take advantage of your insurance benefits. Think about what your health care needs are likely to be in the coming year and whether it is best for you to choose a low premium, high deductible plan, or vice versa.



Copayments and Coinsurance

Carefully look at the amount of money each plan requires in copayments and coinsurance for the types of services you expect to need and use. For example, some plans might require you to pay a \$10 or \$20 copayment for every office visit or pay a coinsurance of 20% or 30% of the cost of any hospital admissions. Consider how that might impact you and your family financially.

Network of Providers

Look closely at the list of health care providers you may visit under each plan, also called the plan's provider network.

See if your current health care providers, if you have them, are included in the network. If the online listing of health care providers does not work, you will need to call the health insurance plan directly to find out if your providers are included in the network. If you wish to use a certified nurse-midwife (CNM) or certified midwife (CM) as your women's health care provider, look carefully to see whether the plan covers midwives. If you are pregnant or think you may become pregnant, be sure that the plan covers your preferred place to give birth, a birth center for example. If the plan provider network directory is silent on these questions, you may need to call the plan directly.

Covered Medications

Look at each plan's list of covered drugs. See whether any medications that you take or expect to take are included, or if an acceptable alternative is included. Ask your current health care provider which drugs on the list would work for your condition(s).

When Coverage Begins

If you sign up for a plan in the first half of the month, your health insurance coverage begins on the first day of the next month. For example, if you enroll on March 14, coverage begins April 1. If you sign up in the second half of the month, coverage begins 2 months later. For example, if you enroll on March 20, coverage begins May 1.

Especially for Women

Plans offered through the marketplaces must cover:

1. Maternity and newborn care. Note that the Summary of Benefits and Coverage documents currently available for each plan do not say if they cover the services of CNMs or CMs. They also do not say whether the plans cover birth center or home birth services. Women will need to contact the plans directly to get answers to these questions.
2. All FDA-approved birth control methods, sterilization procedures, and patient education and counseling prescribed by a health care provider at no additional cost to women. Plans may require generics when available.
3. Comprehensive breastfeeding support and counseling by a trained provider during pregnancy and/or after the baby is born, and costs for renting breastfeeding equipment.
4. A wide range of preventive and screening health care tests at no additional cost to women.

No Enrollment Means a Penalty

If you don't sign up for insurance, you may have to pay a penalty: \$95 per adult and \$47.50 per child, up to \$285 for a family, or 1% of household income, whichever is greater. The penalty will increase in later years.

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