# Quick Guide to The Patient Protection and Affordable Care Act

The Patient Protection and Affordable Care Act (ACA) of 2010, also known as health care reform or Obamacare, was passed on March 23, 2010. There are many provisions in the ACA, that have had an impact on the cancer community. This fact sheet discusses some of those provisions. This information changes frequently, so please check www.TriageCancer.org/blog for updates.

## New Health Insurance Options

1. As of 1/1/14, all U.S. citizens, and those lawfully present in the U.S., have the right to purchase individual health insurance even if you have a pre-existing medical condition, such as cancer. You also cannot be charged more for your health insurance because of your medical condition, age, or gender.
2. Young adults may be able to stay on your parent's health insurance plan until they are 26 years old. These young adults do not have to be dependents under IRS standards, can live on their own, be married, and even have their own children. This rule gives young adults additional options and helps to bridge the gap that may occur between leaving school and finding a job that offers health insurance benefits.
3. You may be eligible for Medicaid. Starting 1/1/14, states have the option to expand their Medicaid programs to include adults who have a household income at or below 138% of the federal poverty level (2016 = $16,242). The following chart shows where each state stands with respect to expanding Medicaid as of January 1, 2016; however, this information is subject to change frequently.

| Expanded: 31 | Under Discussion: 3 | Not Expanded: 17 |
|---|---|---|
| AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, IL, IN, KY, MA, MD, MI, MN, MT, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, VT, WA, WV | LA Gov EO – 7/1 start<br>SD Gov proposal<br>VA Gov proposal<br>AK, KY, AR may eliminate the new option | AL, FL, GA, ID, KS, ME, MO, MS, NC, NE, OK, SC, TN, TX, UT, WI, WY |

4. There is a new way for individuals, families, and small businesses to get health insurance: through **State Health Insurance Marketplaces**. Marketplaces may also be referred to as "exchanges" and they provide a one-stop location to find information about health insurance options available to you in your state. The Marketplace is like a health-insurance shopping mall to buy a plan from a private health insurance company, or to find out if you are eligible for Medicaid in your state. The only requirements to get insurance through the Marketplace are that you live in the U.S.; are a U.S. citizen or national (or lawfully present); and are not currently incarcerated. Every state has its own Marketplace, but each state operates differently. This chart shows how Health Insurance Marketplaces will be run in 2016.

| State Marketplace 13 | Federally-Facilitated Marketplace www.HealthCare.gov 27 | Federally-Supported Marketplace www.HealthCare.gov 4 | State-Partnership Marketplace 7 |
|---|---|---|---|
| CA, CO, CT, DC, ID, KY, MA, MD, MN, NY, RI, VT, WA | AK, AL, AZ, FL, GA, IN, KS, LA, ME, MS, MO, MT, ND, NE, NJ, NC, OH, OK, PA, SC, SD, TN, TX, UT, VA, WI, WY | HI, NV, NM, OR | AR, DE, IA, IL, MI, NH, WV |

**When Can I Buy Insurance?**

Open enrollment for 2016 is closed; however, applications for Medicaid are accepted year round. There will also be a Special Enrollment Period of 60 days for individuals who experience a life event that results in them losing their health insurance or who wants to add a new family member. Open enrollment for 2017 will be in the Fall 2016 (HHS has not yet released the exact).

**Can I Get Financial Help to Buy a Plan in the Marketplace?**

When individuals apply for coverage through the Marketplace, they will be screened for eligibility for Medicaid and the Children's Health Insurance Program (CHIP) and enrolled if they are eligible for these programs.

In addition, individuals with incomes between 100% and 400% of the FPL may be eligible for financial assistance to buy health insurance coverage. Premium tax credits reduce the amount of your monthly premiums and cost-sharing subsidies reduce your expenses when you get medical care. The amount of financial assistance you are eligible for depends on your household income. *Cost-sharing subsidies are only available on Silver plans and for people with incomes between 100-138% only in states that are not expanding Medicaid.

Cost-Sharing Subsidies (Silver Plans Only)

| Household Size | 100% (2016) | 138% (2016) | 200% (2015) | 250% (2015) | 400% (2015) |
|---|---|---|---|---|---|
| 1 | $11,880 | $16,394 | $23,540 | $29,540 | 47,080 |
| 2 | 16,020 | 22,107 | 31,860 | 39,825 | 63,720 |
| 3 | 20,160 | 27,820 | 40,180 | 50,225 | 80,360 |
| 4 | 24,300 | 33,534 | 48,500 | 60,625 | 97,000 |
| 5 | 28,440 | 39,247 | 56,820 | 71,025 | 113,600 |
| 6 | 32,580 | 44,960 | 65,140 | 81,425 | 130,280 |

Medicaid | Premium Tax Credits

**What Plans are Available in the Marketplace?**

All health insurance companies that sell their plans through the Marketplace must offer these standardized plan levels: Platinum, Gold, Silver, Bronze, and Catastrophic. The difference between these plan levels is the amount of money that you pay out of pocket when you get health care ("cost-share").

- Platinum: plan pays 90% - you pay 10%
- Gold: plan pays 80% - you pay 20%
- Silver: plan pays 70% - you pay 30%
- Bronze: plan pays 60% - you pay 40%
- Catastrophic plans are only available to those under 30 or who qualify for financial hardship exemption.

**Insurance Reforms**

1. Annual and lifetime limits on insurance plans are prohibited. Health insurance companies are no longer allowed to impose annual or lifetime limits on payments for essential health benefits.
2. Rescissions of health insurance plans are prohibited. Insurers are prohibited from canceling a plan unless you fail to pay the premiums, committed fraud, or made an intentional misrepresentation of a material fact (i.e., lied about something very important) about your medical history on your initial application.
3. Most insurance policies must cover certain preventative services without charging co-pays, co-insurance amounts, or making you first meet their deductible. This rule does NOT apply to grandfathered plans (i.e., plans that existed prior to March 23, 2010, with no substantial changes). Ask your employer or insurance company if your plan is grandfathered. For a list of preventive services, visit www.HealthCare.gov.
4. Health insurance companies must cover the routine costs associated with your participation in a qualified cancer clinical trial.

**For the latest ACA info: http://TriageCancer.org/blog or www.HealthCare.gov**