

Health Insurance Guide: Helping You Get Started

- Determine Eligibility
- Answer Frequently Asked Questions
- Explain Health Insurance Terms
- Contact Information for Local Health Care Navigators

Wondering about your health insurance options?

If you are 19 to 64 years old and are not offered affordable job-based health insurance, you have some new options. Where your incomes falls in relation to the Federal Poverty Level (FPL) is used to see which option you qualify for. To see where you fall on the FPL, use your taxable income and the number of people in your tax household.

Calculate your taxable income and your tax household

What is my taxable income?

Your taxable income is the income that you claim on your taxes

**Total income you should include – tax deductions =
Taxable income**

What income should I include?

- Gross wages, salary, tips
- Unemployment benefits, Social Security
- Alimony received
- Pensions & IRA distributions
- Rental income
- Gambling winnings
- Self-employment profits

What doesn't count?

- Supplemental Social Security (SSI)
- Child support received
- Workers compensation
- TANF or cash assistance
- Veteran Benefits
- Gifts and Loans

What tax deductions can I subtract?

Student loan interest paid, contributions to retirement or health saving account, alimony paid, certain self-employment expenses

Who is in my tax household?

Your tax household is the people you list on your tax form.

**Yourself + your spouse + your dependent(s) =
Tax household**

Who is a dependent?

- Children under 19 (or under 24 if they are full time students) that have lived with you more than half the year.
 - Example: Son, daughter, stepchild, adopted child, foster child, grand child, brother or sister
- Other individuals that lived with you more than half the year and do not earn more than half their own support
 - Example: Mother-in-law

Use your **taxable income and **tax household size** to determine which option is right for you.**

Below 138% of the FPL

Tax Household Size	Taxable Income below the amount listed
1	\$16,243 or \$1353/mo
2	\$21,984 or \$1832/mo
3	\$27,725 or \$2310/mo
4	\$33,465 or \$2788/mo
5	\$39,206 or \$3267/mo
6	\$44,947 or \$3745/mo
7	\$50,688 or \$4224/mo
8	\$56,429 or \$4702/mo

You are eligible for **HealthChoices.**

Between 139% and 400% of the FPL

Tax Household Size	Taxable income between the listed amounts
1	\$16,106 to \$46,680
2	\$21,707 to \$62,920
3	\$27,311 to \$79,160
4	\$32,914 to \$95,400
5	\$38,517 to \$111,640
6	\$44,120 to \$127,880
7	\$49,722 to \$144,120
8	\$55,325 to \$160,360

You are eligible for the **Health Insurance Marketplace** at a **reduced cost.**

Above 400% of the FPL

Tax Household Size	Taxable income Above the listed amount
1	\$46,681
2	\$62,921
3	\$79,161
4	\$95,401
5	\$111,641
6	\$127,881
7	\$144,121
8	\$160,361

You are eligible for the **Health Insurance Market place** at **full price.**

What is HealthChoices?

HealthChoices expands Medicaid which will allow for eligible adults to be placed into one streamlined Adult insurance package. This will increase continuity of care and reduce unnecessary processes to make individuals eligible for uncomplicated health care coverage faster.

What is the Health Insurance Marketplace?

The Health Insurance Marketplace is the federally run system where you can compare health plans, qualify for reduced premiums and out-of-pocket costs and enroll in the plan that is right for you.

What does **HealthChoices** cover?

HealthChoices plan options can include:

- Doctor and hospital visits
- Specialist visits
- Emergency services
- Lab and x-ray services
- Prescription drugs
- Ob/Gyn care for women - pregnancy care, family planning and birth control
- Medical equipment; benefits vary
- Chiropractic care, physical therapy, foot care and home health care
- Dental

Can I keep my doctors with **HealthChoices**?

Contact your doctor to ask with which managed care organizations or commercial insurance carriers they participate.

What is the deadline to enroll in **HealthChoices**?

There is no deadline to apply.

How do I enroll in **HealthChoices**?

Visit compass.state.pa.us or call 1-877-418-1187

Is there a work requirement for **HealthChoices**?

No.

What do plans on the **Health Insurance Marketplace** cover?

All plans on the Health Insurance Marketplace must cover *Essential Health Benefits*, which include:

- Preventive and wellness services and chronic disease management
- Prescription drugs
- Emergency and Ambulatory patient services
- Hospitalization (such as surgery)
- Pregnancy, maternity, and newborn care (care before and after your baby is born)
- Mental health and substance use disorder services, including behavioral health treatment
- Rehabilitative and habilitative services and devices
- Laboratory services
- Pediatric services

How much do plans on the **Health Insurance Marketplace** cost?

Costs are based on where your income falls in relation to the FPL. Those who have a lower income get a larger tax credit to help cover the cost of their insurance.

Can I keep my doctors with plans on the **Health Insurance Marketplace**?

Contact your doctor to ask with which managed care organizations or commercial insurance carriers they participate.

What is the deadline to enroll in a plan on the **Health Insurance Marketplace**?

The open enrollment period for 2016 coverage is November 1, 2015 to January 31, 2016 for 2016 coverage. If you are uninsured and have a qualifying life event you may be eligible for a special enrollment period in 2015.

How do I enroll in a plan on the **Health Insurance Marketplace**?

Visit Healthcare.gov or call 1-800-318-2596

What else do I need to know about **HealthChoices**?

If you are already covered by HealthyPA(Healthy, HealthyPlus, or Private Coverage Option), you will be transitioned without interruption in coverage. If there are changes, you will be notified.

Need help enrolling?

Pittsburgh, Moon, and Bridgeville:

Consumer Health Coalition

Helpline: 412-456-1877 www.GetEnrolledPGH.com

Johnstown, Somerset, and Greensburg:

Pennsylvania Health Access Network

Health Care Helpline: 1-877-570-3642

helpline@pahealthaccess.org

*Patients in any area can find enrollment help by visiting the
Get Covered America Connector Tool
www.getcoveredamerica.org/connector*

What else do I need to know about plans on the **Health Insurance Marketplace**?

As part of your Health Insurance Marketplace plan you will be paying a monthly **premium** and **copays** at the time of service. Once you have paid your **deductible**, your health insurance begins to pay their portion of the medical costs. Once you have reached your **out of pocket maximum** your insurance company pays 100% of your medical costs.

Premium - The monthly amount that you must pay for your health insurance plan.

Copay - A fixed amount (for example, \$15) you pay for a covered health care service, usually when you get the service. The amount can vary by the type of covered health care service.

Deductible - The amount you owe for the health care services your health insurance plan covers before your health insurance plan begins to pay.

Out-of-pocket maximum - The most you pay during a policy period (usually one year) before your health insurance or plan starts to pay 100% for covered essential health benefits. This limit must include deductibles, coinsurance, copayments, or similar charges and any other expenditure required of an individual, which is a qualified medical expense for the essential health benefits. This limit does not count towards premiums, balance billing amounts for non-network providers and other out-of-network cost-sharing, or spending for non-essential health benefits.

The maximum out-of-pocket cost limit for any individual Marketplace plan for 2015 can be **no more than \$6,600** for an individual plan and **\$13,200** for a family plan.