Affordable Care Act (ACA) FAQ:

When does Open Enrollment begin?

You may enroll in the Health Care Marketplace between October 1, 2013 and March 31, 2014. After that you will need to wait till the next enrollment period, October 15 through December 7, 2015. Individuals can also qualify for a Special Enrollment Period if they have a Qualifying Life Event. These qualifying events include moving to a new state, certain changes in income, and changes in your family size (i.e. marriage, divorce, or birth). You can submit an application for health coverage outside of the Marketplace, or apply for Medicaid or CHIP, at any time of the year.

What if I already have insurance through my employer?

If you already have insurance, you are considered covered and are not required to select a marketplace plan. You can, however, fill out the form to see your options and if you can get better coverage/premiums.

Where can I access the Healthcare Marketplace?

New Hampshire is not using a state marketplace, therefore residents will use HealthCare.gov to find marketplace coverage. www.healthcare.gov is the central location where you can:

- Determine your eligibility for health plans
- Discover which tax credits that a person/family may be eligible for
- Find information on Medicaid and Reduced cost sharing

At HealthCare.Gov, people will be able to:

- Create an account (this can be done now)
- Apply (beginning 10/1)
- Pick a plan (beginning 10/1)
- Enroll (beginning 10/1)

Do I have to fill out the form online?

Applications can be completed online or by paper form. The online application is dynamic, meaning that it changes depending on the things that people input into the form. The paper form is streamlined, but it may not indicate that a person is actually eligible for Medicaid at the same speed the online form will.

The library has computers where you can complete the application. We are also able to provide you with information relating to the ACA, but are not able to assist you in filling out the form itself. The estimated time to complete the application process is around 45 minutes.
Where can I go to get help with filling out the form?

Each state has two organizations that have been chosen as Navigators. For New Hampshire, the organizations are Planned Parenthood of Northern New England (assisting in Southern New Hampshire) and Bi-State Primary Care Association (assisting in Northern New Hampshire). There are PPNNE locations in Claremont, Derry, Exeter, Keene, Manchester, and Lebanon. There are representatives available who have undergone specific (30+ hours) of training to become certified to help people actually fill out the forms. Other organizations like AARP or Service Link may offer assistance in filling out forms, but they do not have the official federal approval to serve as unbiased navigators. There is also a toll-free number that can be called to access help directly with filling out the forms. 1-800-318-2596 is the number, and TTY is 1-855-889-4325.

When do benefits begin?

This depends on your plan. You would need to ask a Navigator or your health care provider if you already have one. Coverage can begin as early as January 1, 2014, but the specifics of this depend on the plan you enroll in.

What if I don't have insurance by the end of the open enrollment period (March 31, 2014)?

The fee in 2014 is 1% of your yearly income or $95 per person for the year, whichever is higher. The fee increases every year. In 2016 it is 2.5% of income or $695 per person, whichever is higher. In 2014 the fee for uninsured children is $47.50 per child. The most a family would have to pay in 2014 is $285. It's important to remember that someone who pays the fee won't get any health insurance coverage. They still will be responsible for 100% of the cost of their medical care. For more information on instances when fees would not be applied, please visit [www.healthcare.gov](http://www.healthcare.gov).

What is included in my health benefits?

That depends on the plan you choose. Plans are sold and run by private companies, each required to provide a certain standard coverage. Each company will provide at least one silver level and one gold level plan with cost sharing-options (a percentage of the bill is paid by the insurance and the other percentage by the enrollee).

- Bronze: 60% paid by insurance, 40% paid by enrollee in addition to monthly premium.
- Silver: 70% paid by insurance, 30% paid by enrollee in addition to monthly premium.
- Gold: 80% paid by insurance, 20% paid by enrollee in addition to monthly premium.
- Platinum 90% paid by insurance, 10% paid by enrollee in addition to monthly premium.

Does this include dental and vision?

Dental and vision plans may be included in the plan you choose, or may be purchased as a separate plan. If you choose a separate dental plan, you’ll pay a separate, additional premium for the dental plan. However, stand-alone vision plans may not be offered through some state’s marketplaces. Please contact a Navigator for additional information concerning your options with Dental or Vision plans.

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