



THE AFFORDABLE CARE ACT  
IN WISCONSIN

## WHAT IS THE MARKETPLACE?

### **Health Insurance Marketplace Timeline:**

#### **November 14, 2012**

*Wisconsin decided to pursue a Federally-run Health Insurance Marketplace.*

#### **Now - October 2013**

*Federal government will set up the Health Insurance Marketplace.*

#### **October 1, 2013**

*Wisconsin residents are able to begin enrolling in the Health Insurance Marketplace on their own or with help from Enrollment Assistants.*

#### **January 1, 2014**

*Health care coverage begins for those who enrolled.*

Covering Kids & Families-Wisconsin (CKF) will update and maintain resources on ACA news and developments, and create up-to-date fact sheets. For more information on CKF and ACA, go to: <http://www.ckfwi.org/affordablecareacthome.html>

### **What is the Health Insurance Marketplace?**

Starting this fall, the online Health Insurance Marketplace, also called an Exchange, will be the place to find affordable private insurance plans that meet federal and state standards. *The Marketplace will be on the Website [www.healthcare.gov](http://www.healthcare.gov).* It is a new option for people who have not been able to get affordable insurance through their work or buy it on their own. People will be able to compare insurance options and choose a plan that is right for them.

The application process of the Marketplace also identifies who is eligible for Medicaid (BadgerCare+).

### **Why should I care about the Marketplace?**

The new health reform law requires that everyone who can afford health insurance must buy it, or may have to pay a tax penalty. The Marketplace will help you find and compare plans and make buying that health insurance more affordable.

The definition of an affordable health insurance plan is based on how much of your income the *premium* (cost to buy the plan) requires.

*Premiums* will cost between 2% and 9.5% of your total income in the new Marketplace. A premium that costs more than 9.5% of your income is considered unaffordable and you will not be taxed if you do not buy a plan.

### **Who can buy health insurance on the Marketplace?**

The Marketplace was designed for US citizens or residents who live in the United States, and have no access to affordable employer insurance or to Medicare may buy health insurance on the Marketplace. People in prison may not. If you already have insurance through Medicare, Medicaid or an employer, you may keep your current insurance.

### **How does the Marketplace work?**

The Marketplace will offer four different levels of insurance plans- Bronze, Silver, Gold and Platinum- each requiring different amounts of cost-sharing.

Plans will be different depending on which health care providers you see, what benefits are covered, how much you pay for premiums, and how much you may pay *out-of-pocket* each time you use a service. Platinum plans will cover the most health services and be the most expensive. All plans will cover basic or "essential health benefits" required by the health reform law.

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## WHAT DOES THAT MEAN?

### ***Co-payment***

The set part of the bill (for example, \$10) you must pay for care covered by your insurance plan. The amount can be different for different services.

### ***Health Insurance***

A contract you pay for with “premiums” that requires your health insurer to pay some or all of the costs for care.

### ***Enrollment Assistors***

Trained people who help individuals and small businesses learn about and understand the insurance plans in the Marketplace and how to enroll in them.

### ***Out-of-pocket costs***

The amount of money you pay for services covered under your health plan, including co-payments, co-insurance and deductibles. Plans have a limit to keep your care affordable if you need a lot of care in a year.

### ***Premium***

The amount you pay to buy your health insurance plan.

### ***Provider***

Doctors, nurse specialists, physician assistants, therapists and other healthcare professionals who have a license to provide or arrange care.

### ***Tax credits/Premium subsidies***

A tax credit is available depending on your income. When you sign up for insurance, you can lower the cost right away by having all or part of the tax credit sent to the insurance company to pay part of the premiums. Or, you can get it as a tax refund or lower tax bill. This is available even if you do not pay any taxes.

## What are *Essential Health Benefits*?

These services and items must be included in insurance plans available inside or outside of the Marketplace.

1. doctor or clinic visits
2. emergency department care
3. hospital care
4. maternity and new baby care
5. mental health, behavioral health and substance abuse treatment
6. prescription medicine
7. rehabilitation and habilitation services and devices
8. lab tests
9. prevention and wellness services, and chronic disease management (like asthma and diabetes)
10. children’s care, including dentist visits and eye care (glasses).

## How do I use the Marketplace?

You will be able to look at health insurance plans online and apply for health insurance in the Marketplace in several ways. Applications can be submitted online, by mail or by calling a help center.

You can call a national 24-hour call center for help with understanding the different health insurance plans and your eligibility, 1-800-318-2596.

Local resources called *Enrollment Assistors* will be available to answer questions and provide more in-person information. You can also chat online with Marketplace representatives.

The health insurance will cover health care services received between January 1, 2014, and December 31, 2014. You will be able to sign up for health insurance from October 1, 2013 through March 31, 2014. You must renew your coverage or enroll in a new health insurance plan each year.

## Can I get help paying for premiums and other costs?

If your income is low enough, you may be eligible for lower premium costs, or discounts, through *tax credits* or *premium subsidies*. The discount is automatically calculated when you apply.

You are eligible for this discount if your income is between \$11,490 and \$34,470 for a single person, or \$23,550 and \$92,400 for a family of four. These incomes are based on the federal poverty level, and account for family size.

Also, if your income is low, you may not have to pay the full *co-payment* for care or services.

Learn more at [www.healthcare.gov](http://www.healthcare.gov)