

Do you have health insurance?

We will help you understand how to get, pay for, and use health insurance



This presentation will help you understand how to get health insurance, how to pay for health insurance, and how to actually use it.

Health insurance can be confusing, but it is also really important. We need to be smart shoppers in order to understand what it will cost and what will help our families the most.

Insurance in general

Protects you financially if something bad happens that is expensive to fix or recover from

Car



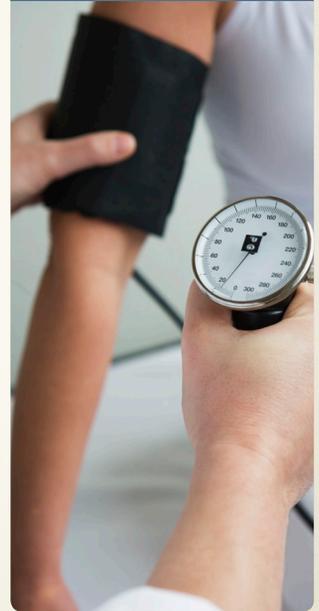
Life



Home



Health



Insurance in general is meant to protect you financially if something bad happens that is expensive to fix or recover from. You might get insurance for your car, life, your apartment, or even your phone. When you have insurance, you pay a little bit each month. If there is an accident, the insurance company will help cover some of the costs for you.

Health insurance does even more

Helps pay for the big events, but also for smaller ones as well

Hospital



Check-Up



Sick



Counseling



Care For Kids



Ambulance



Health insurance does even more. It pays for the big, unexpected events, but also for some of the smaller, more expected things. For example, it helps with the cost if you are in the hospital, and also when you get a routine check-up. This is great because it means you can take care of any small health problem as soon as you notice it, rather than waiting until the problem gets worse and you become really sick.

Health insurance will protect you financially

If there is an accident, the insurance company will help cover some of the costs

Bike Crash



Car Wreck



Serious Fall



If you don't already have health insurance, you may think you don't need it. But what happens if you're in a car accident or your husband falls off of a ladder? What if you are depressed and you didn't seek counseling because it was too expensive? Did you know that a trip to the emergency room can cost more than a month's rent-- over \$1200? Then what happens if you get hospitalized, and you need some medical care for a month or more? It's a gamble that is not worth taking. With insurance, you can manage these events that could affect you or your family. Without insurance, these bills will add up fast, they'll be devastating and they will cost too much.

Essential Health Benefits

Every plan sold in the Marketplace includes these benefits

Outpatient Care



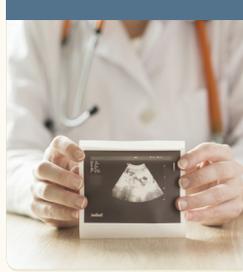
Emergency Services



Hospital



Baby Care



Mental Health Substance Abuse



Prescriptions



Disability Care



Lab Tests



Preventive Services



Dental and Vision for Kids

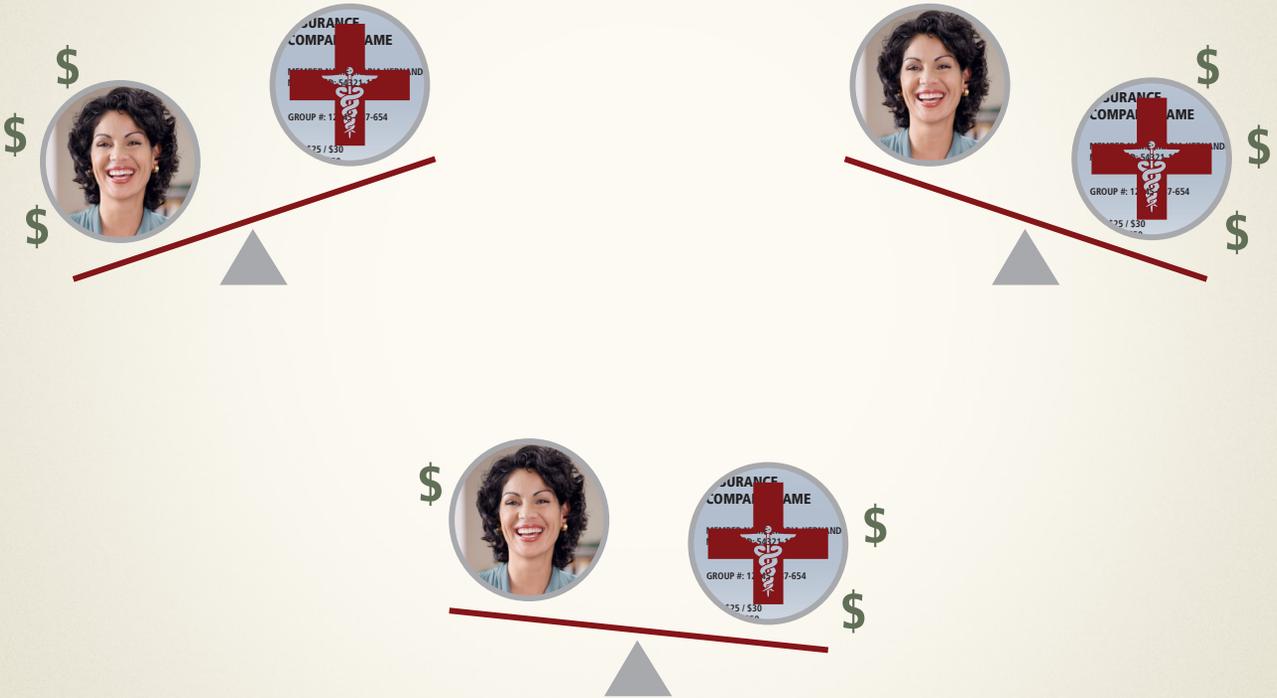


No matter what type of insurance you have, your plan is required to help you pay for 10 important health services. They are called Essential Health Benefits. They include:

1. Outpatient care—the kind you get without being admitted to a hospital
2. Lab tests
3. Prescription medicines
4. Preventive and wellness services and chronic disease management—such as education about how to manage your diabetes
5. Trips to the emergency room—This is for very serious problems that cannot wait, (like broken bones, heart attacks, bad accidents). If you show up in the Emergency Room and it's not that serious, your insurance might not cover it.
6. Hospitalizations (such as surgery) —This is when you are admitted and you get treatment in the hospital for inpatient care.
7. Care before and after your baby is born
8. Help with mental health issues, drug or alcohol abuse, counseling and therapy
9. Services and devices to help you recover if you are injured, or have a disability or chronic condition— things like physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation
10. Dental and vision care for kids—These will be offered but you don't have to buy them.

Cost-sharing

It pays most of the bills, but you will still have to pay some



Health insurance doesn't pay for everything. It usually pays most of the bill, but you will still have to pay some. This is called **cost-sharing**. The amount that you pay depends on the kind of plan you have. Usually, the more you pay per month to have insurance, the less you'll have to pay when you go to the doctor.

Insurance card

Carry your card with you at all times

Every year Maria must pay \$3,000 of her medical bills before her insurance company will pay anything. After she meets her \$3,000 deductible, she will pay 20% of the cost of her bills for covered services. Maria will pay more if she goes out-of-network.

Your insurance company's website

www.insurancecompany.com

For hospital approvals call: 1-800-555-1234
Deductible/co-insurance: In-network \$3000 / 20%

REFERRALS ARE NOT REQUIRED

For customer service call: 1-800-555-1234

Send Medical Claims to:
Insurance Company Name
PO Box 123
City, USA 12345

Address to file a claim

Number to call with questions

How much you pay up front:

PCP: \$25 in-network; \$30 out-of-network

SPC (specialist): \$35 in-network; \$50 out-of-network

HO (hospital stay) DED (deductible) / COINS (co-insurance): For hospital stays and some other services, your deductible and co-insurance apply

ER (emergency room): \$150

If you have to be admitted to the hospital, call your insurance company.

Your Plan Type (HMO, POS, or PPO)

Your ID Number

INSURANCE COMPANY NAME

POS

MEMBER NAME: MARIA HERNANDEZ
MEMBER ID: 54321-123-321

EFFECTIVE DATE: 01-01-2014

GROUP #: 12345-987-654

PRESCRIPTION GROUP #: 23456

PCP: \$25 / \$30
SPC: \$35 / \$50
HO: DED/COINS
ER: \$150

HOSPITAL ADMISSIONS
REQUIRE PRIOR APPROVAL

If you have to be admitted to the hospital, call your insurance company right away.



Once you have insurance, you need to know how to use it. One of the most important things your company will send you is an insurance card. It is an important tool, and it explains what you do have to pay for each time you use different health care services. When you have questions, call the number on your card.

Here is an example. Notice that your card has telephone numbers and other important information like your plan type, your ID number, and the costs you will have to pay for care, both in and out of network. You'll probably notice there are a lot of abbreviations on your card, but these are all things you have probably seen before.

S.P.C. – specialist, H.O. – hospital stay, D.E.D. – deductible, CO-INS – co-insurance

One of the most important abbreviations on your card is P.C.P. or primary care provider. Your PCP will help you plan annual check ups and medical tests to stay healthy. Many types of insurance make you see a PCP before you can go to a specialist (like a heart or skin doctor).

Every time you go to the doctor or specialist, fill a prescription, or see a therapist, you will need your card. Keep it with you all of the time—just like a drivers license. If you have to be admitted to the hospital, call your insurance company right away.

Summary of Benefits and Coverage (SBC)

For details about your plan

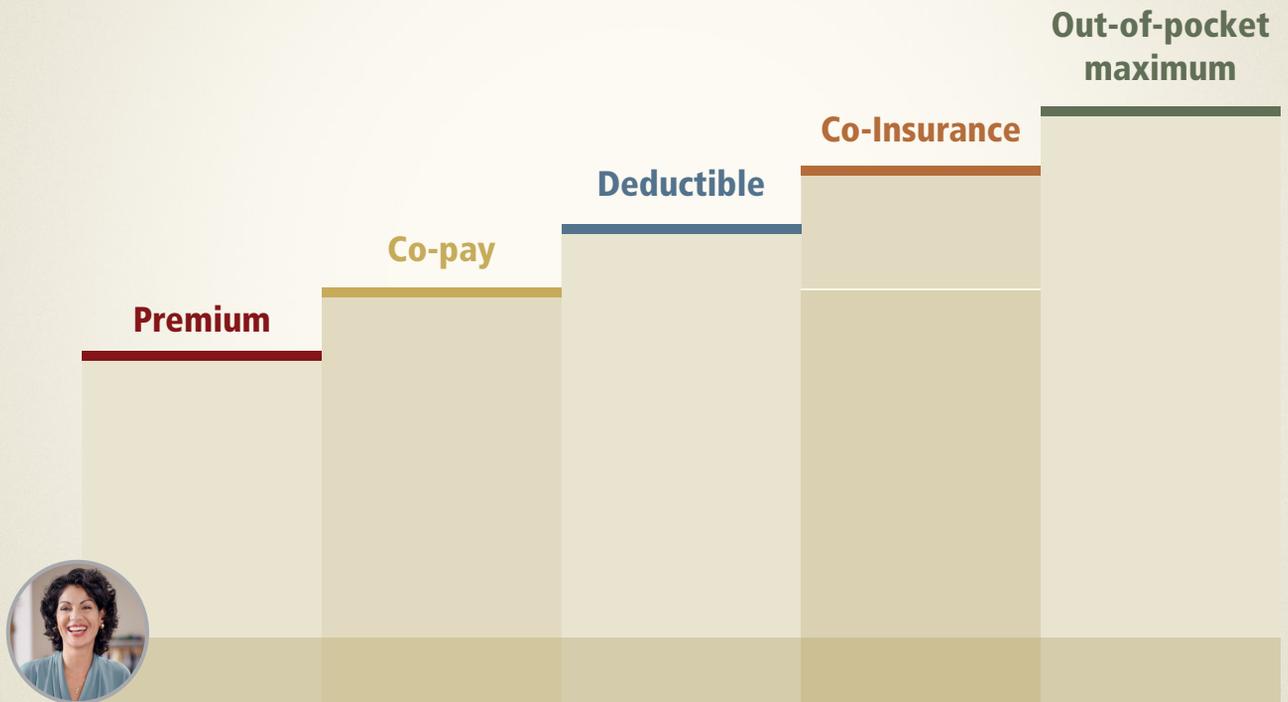
- If you still have questions, your health insurance company is there to help you.
- Call them or go to their website.



For even more details about your plan, take a look at your Summary of Benefits and Coverage (SBC). And if you still have questions, your health insurance company is there to help you. Call them or go to their website.

Health insurance words

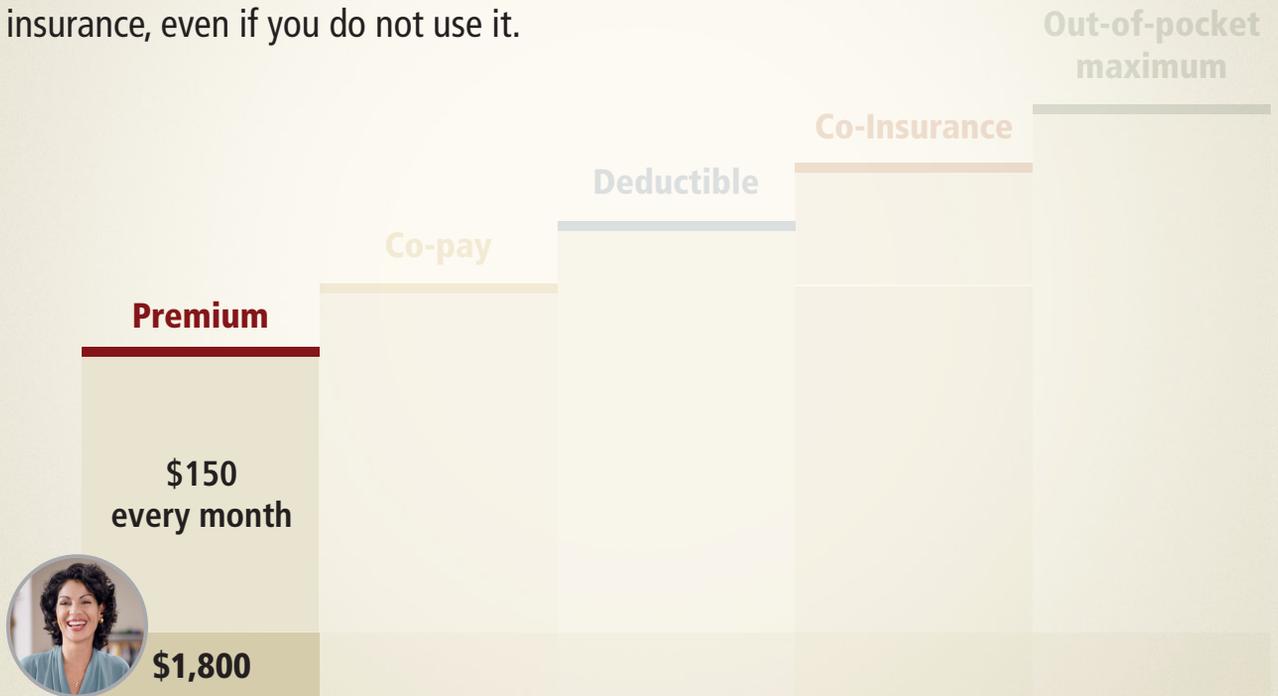
Premium, co-pay, deductible, co-insurance, and out-of-pocket maximum



There are many health insurance words you need to understand when you buy it and use it. The most important ones are **premium**, **co-pay**, **deductible** and **co-insurance**. Let's look at an example of how all of these words work together. Maria is a single waitress who just got health insurance for the very first time.

Premium

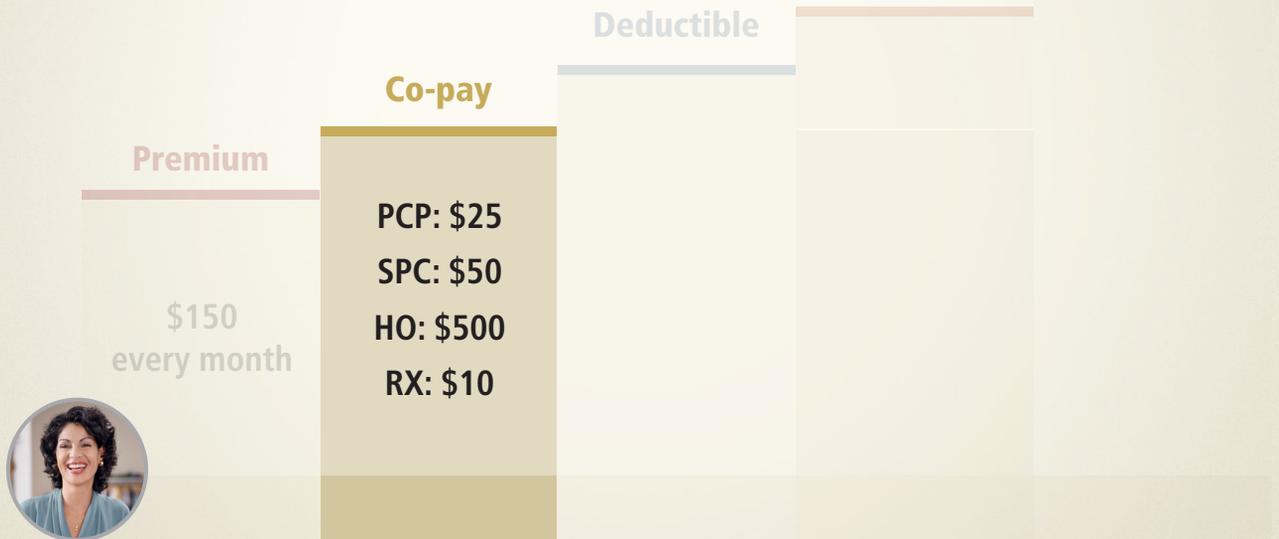
Each month, you pay a **premium** to have health insurance, even if you do not use it.



Each month, Maria pays what's called a **premium** to have health insurance, even if she does not use any health care services. Maria gets help paying for health insurance from the government, and her premium is 150 dollars every month.

Co-pay

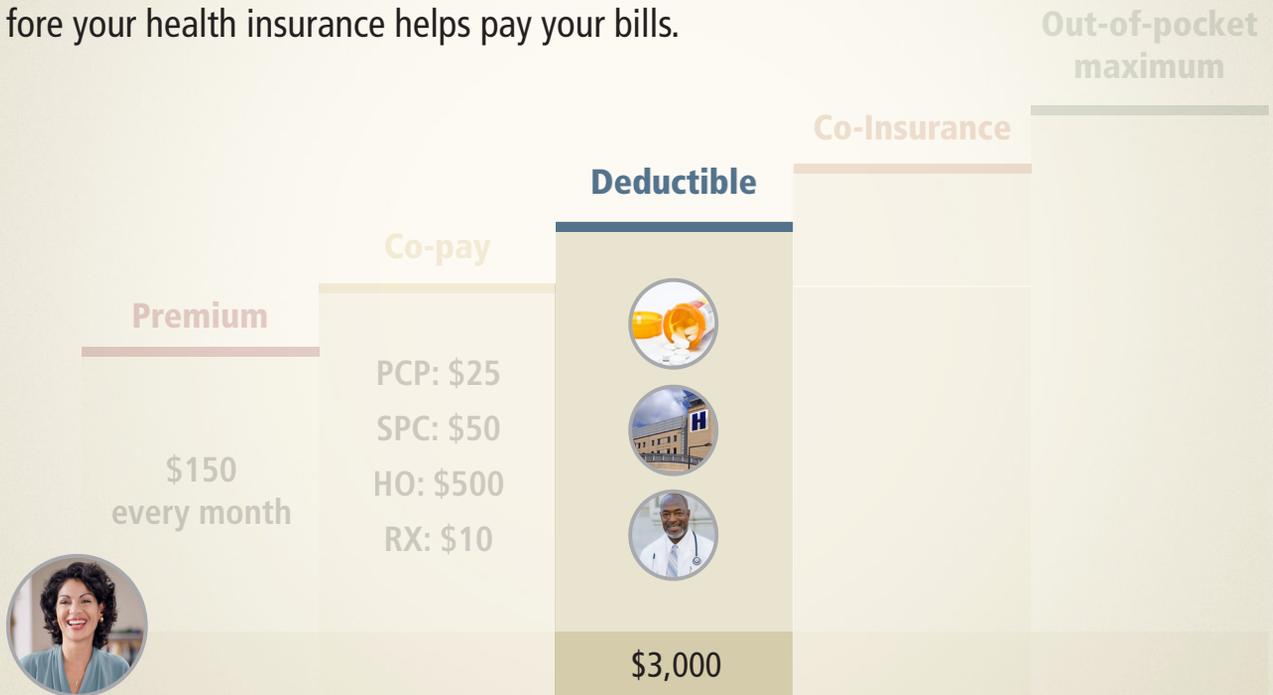
Once you've paid your premium, most plans give you a discount on how much you pay for doctor visits and drugs – only making you pay a small portion or fixed amount, called a **co-pay**.



Once she's paid her premium, Maria's plan gives her a discount on doctor visits and drugs—only making her pay a small amount called a **co-pay** for these things. For example, her insurance plan charges her a \$25 co-pay to see a primary care doctor and a \$50 co-pay to see a specialist, if she stays in the network. Maria pays \$10 for prescriptions, as long as they are covered by her plan. Many other services are now free when you have health insurance, like flu shots, cholesterol screenings and depression screenings. If Maria didn't have insurance, all of these things would cost a lot more money.

Deductible

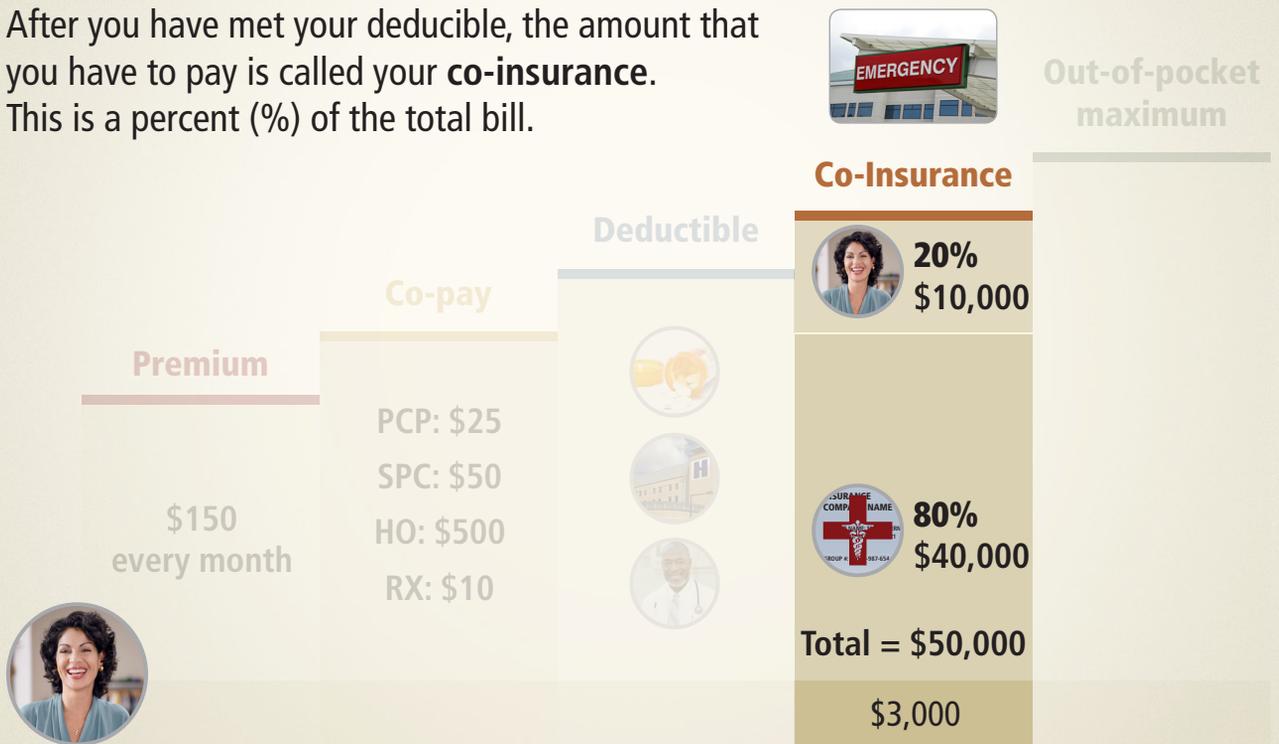
Your **deductible** is the amount you have to pay before your health insurance helps pay your bills.



Even though she gets these discounts if she stays in the network, Maria will have to pay for the full costs of all her other medical expenses—things like MRIs and physical therapy—until she spends enough on health care each year to meet what is called her deductible. Maria’s **deductible** is \$3,000 each year.

Co-insurance

After you have met your deductible, the amount that you have to pay is called your **co-insurance**. This is a percent (%) of the total bill.



After she has spent \$3,000 on co-pays and other health care services, her plan will cover the majority of her costs for the rest of the year, and she will pay a small percentage called **co-insurance**. This amount varies depending on the plan you choose, but Maria's plan covers 80 percent of her health care costs once she meets her deductible, and she only pays 20 percent.

Now, let's say Maria has an accident. It costs \$50,000 to cover all of the medical bills. But because Maria has health insurance and goes to an in-network hospital, her insurance company will pay for 80 percent of the bills, and she will only owe 20 percent. But that means Maria should still owe \$10,000 on her \$50,000 medical bills.

Out-of-pocket maximum per person

Your **out-of-pocket maximum** is the total amount of money you might have to pay in a year if you get all of your care in-network.



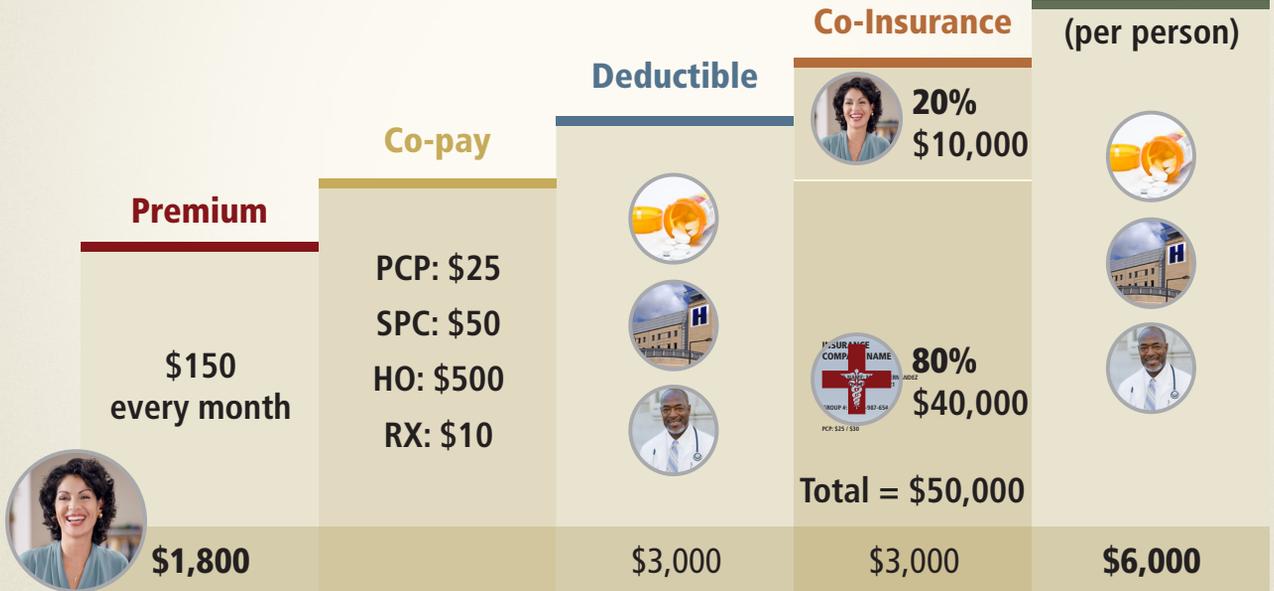
Lucky for her, her plan has what we call a \$6,000 per year **out-of-pocket maximum per person**. Since Maria has already paid her \$3,000 deductible, she will reach her out-of-pocket-maximum after she pays \$3,000 more, for a total of \$6,000. The rest of the bills from the accident are covered by her insurance. Now, if anything else happens to Maria, her insurance company will pay for all of the costs for the rest of the year, and Maria won't pay another penny- as long as she stays in the network.

Maria's total costs with insurance

\$7,800

Accident costs \$50,000

Maria pays \$7,800



If you look at the bold numbers on the bottom, you will see that Maria's total health care costs for the year with health insurance are \$1,800 for all of her monthly premiums and \$6,000 for all of her costs after that. So if Maria has insurance, the most money that she could possibly pay in a year for health care is \$7,800.

How it works

Maria's Plan

Maria's deductible: \$3,000

Co-insurance: 20%

Out-of-pocket maximum: \$6,000

January 1: Beginning of Coverage Period

December 31: End of Coverage Period



Maria has not reached her **\$3,000 deductible**.

Her plan does not pay any of the costs.



Maria reaches her **\$3,000 deductible**, **co-insurance** begins.

Maria has used a lot of health care services and paid \$3,000 in total. Now, her plan pays 80% of the costs.



Maria reaches her **\$6,000 out-of-pocket maximum**.

Maria has paid \$6,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Here is another way to look at Maria's costs. If Maria hasn't met her \$3,000 annual deductible, her plan doesn't pay for any of her health care bills. But it will let her get certain preventive services for free and it will give her discounted rates to see the doctor and buy prescriptions. Once Maria has seen a doctor several times and paid \$3,000 in total, she reaches her deductible, and co-insurance begins. Her plan only makes her pay for 20 percent of the bills after that, and it pays the other 80 percent of the bills. If Maria uses a lot of health care and pays for \$6,000 in total, her plan covers the full cost of her covered health care services for the rest of the year. This means Maria has reached her "out-of-pocket maximum."

There is a fine

If you don't get insurance, you will have to pay a fine when you pay your taxes.

Get help paying

You may be able to get help from the government to pay for your health insurance, but, if you don't enroll by the deadline, you won't be able to get all of the help or financial aid that you may qualify for.

Did you know?

- You can add your kids to your plan until they turn 26.
- You can't be turned away, even if you have a health problem or a "pre-existing condition."
- Preventive services are included.



Now that we've explained how health insurance works, let's review the new law and talk about how it will help you get health insurance that you and your family can afford.

The new law is called the Affordable Care Act, the ACA or you might know it as Obamacare. Now, it's easier than ever to find out what options you and your family have for getting health insurance and how to pay for it.

We need you to help spread the word that "now's the time to get ready." The law says that if you don't get insurance, you will have to pay a fine when you pay your taxes. You may be able to get help from the government to pay for your health insurance, but... If you don't enroll by the deadline, you won't be able to get all of the help or financial aid that you may qualify for.

Here are a few highlights about the new law: Did you know that you can add your kids to your plan, and keep them on it until they turn 26? Also, did you know you can't be turned away—even if you already have a health problem or what we call a 'pre-existing condition'?

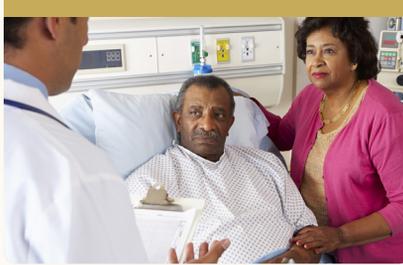
Services your plan covers

Check your summary of benefits

Check-ups



Hospital



Counseling



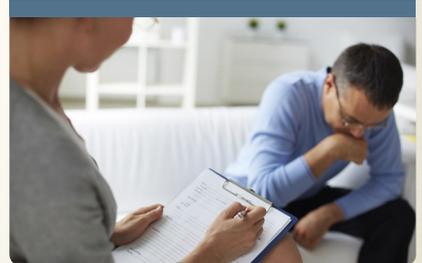
Prescriptions



Flu Shots



Depression Screening



When you get coverage, it also includes things like seeing a doctor for a check-up, going to the hospital, seeing a counselor or therapist, paying for prescriptions, flu shots, depression screening and more! Some services (like shots, well check-ups, cancer screenings and other preventive care) may be paid for by your plan (and free to you), even if you have not met your deductible.

How will you get insurance?

Well... it really depends on a few things



How much money you make



If you file income taxes



How many people are in your family



So, now that you know about the ACA, how will you get insurance for you and your family? Well... it really depends on a few things: how much money you make, if you file income taxes, and how many people are in your family.

With the new law, some people will be getting their health insurance through the government (like Medicaid or CHIP), and a lot of people will buy insurance from private companies.

Application Process

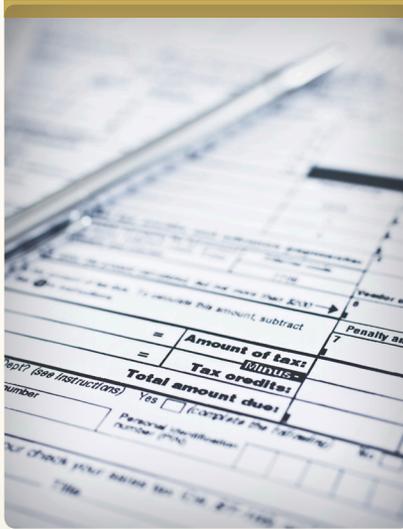
Here is what you will need to sign up

For every person in your house (which is defined by how you file your income tax return) who needs coverage, you **must** have their:

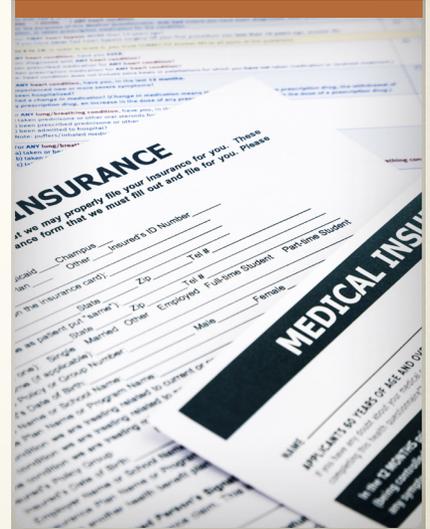
Proof of Residence



Pay Stubs & Tax Forms



Other Insurance



Let's review the application process. Before you begin, you need to get some papers together.

For every person in your house (which is defined by how you file your income tax return) who needs coverage, you must bring their:

1. Social security number or something that proves they are legal US residents (like a Green card, Alien card, or a Permanent Residence Card).
2. You also need to document income. This means you need pay stubs, W-2 forms, income tax returns, letters from Social Security, Supplemental Security Income and the VA for everyone in your house.
3. If anyone in your family has insurance right now, you need their policy number.

Ready to apply

You can do it yourself or have someone help you

Online

Go to **HealthCare.gov**

Mail/Phone

Get a paper form by calling 1-800-318-2596 or go to a WIC office, Health Department, or doctor's office and have them print one for you. Complete it and mail it in.

Get Help

You can also make an appointment. Find an 'assister' at any of these places and schedule an appointment, or call 1-800-318-2596 and ask how to get in-person help.



Now that you have your paperwork—you are ready to apply. You can do it yourself or have someone help you.

Do it yourself by going online to HealthCare.gov or get a paper form and mail it in. To get a paper copy, call the Marketplace Call Center at 1-800-318-2596 or go to a WIC office, the health department or a doctor's office and ask someone to print one for you.

You can also make an appointment to have someone help you at these places. Find an "assister" and schedule an appointment, or call the Marketplace Call Center. Assisters might be called navigators, certified application counselors, agents and brokers.

Health Insurance Marketplace

One-stop shop for health insurance



HealthCare.gov



If you go online to fill out the application yourself or if you get help from an assister, you will go to HealthCare.gov. This is the Health Insurance Marketplace. The Marketplace is where you “shop” for different insurance plans, and it will help you find the best one that fits your budget and your health needs. If you do not qualify for any other type of insurance like Medicare, Medicaid, CHIP or health insurance from your job—or if your job offers insurance but the cheapest option costs more than 9.5 percent of your household income—you should buy insurance from the Marketplace.

Do you qualify?

You need to meet three requirements



You must live in the U.S., be a U.S. citizen, a U.S. national, or a legal U.S. resident.



You can't be in prison or in jail.



Even if your job offers you health insurance, you can still shop on the Marketplace.

In order to get insurance through the Marketplace:

1. You must live in the U.S. be a U.S. citizen, a U.S. national, or a legal U.S. resident.
2. You can't be in prison or jail.
3. Even if your job offers you health insurance, you can still shop on the Marketplace. Again, you will get help paying for it if you qualify.

Enroll in coverage

Let's walk you through 5 steps

- 1** } If you have an email address, sign in. If you don't, call the Marketplace to sign up without one or make an appointment with an assister.
- 2** } Create a Marketplace account on healthcare.gov, or apply over the phone.
- 3** } Find out what kind of plan you can get and see if you qualify for help paying for it.
- 4** } Compare your options by seeing what they cost and what they cover.
- 5** } Pick the plan that fits your budget and meets your needs, and then pay your **first month's premium** to finish enrolling.



If you meet these requirements, there are 5 steps to getting covered. Let's walk through them:

1. If you apply by yourself, you will need a working email address. If you don't know how to use email, apply by calling the Marketplace, making an appointment with an assister or using a paper application.
2. When you sign up online, you will create an account and type in your information. If you do it in person or over the phone, an assister will ask you for your information and sign up for you. Everything is based on how much money you make and the number of people in your family.
3. Once you've applied, the Marketplace will tell you what kind of plan you can get and whether or not you can get help paying for your plan from the government.
4. The Marketplace will show you what options you have, what they cost and what they will cover so you can decide which one is best for you.
5. Finally, you will choose a plan. The Marketplace will send you to your health insurance company's website where you pay your first month's premium (or bill). Now you are enrolled, and you have health insurance.

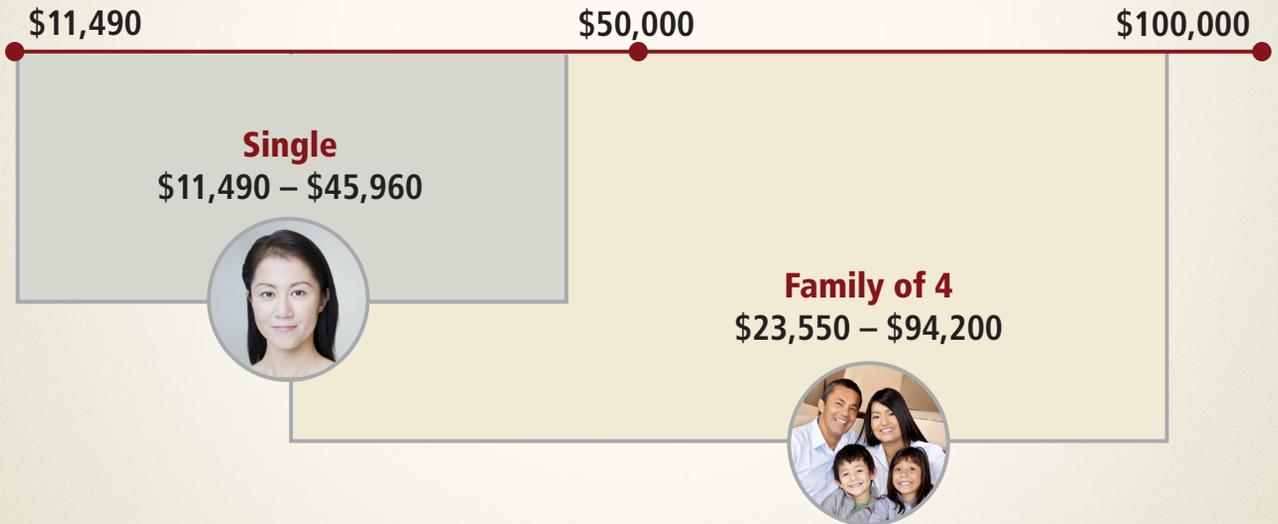
It's important to remember that when you buy health Insurance plans in the Marketplace, you are signing a contract, and you are agreeing to pay the bill every month.

This process is easier than ever because the Marketplace shows you all of your choices in one place. You don't have to do all of the research by yourself.

Get help paying

You might qualify for government help

The amount of **tax credits** and **cost-sharing reductions** you get depends on how much money you make.



When you buy health insurance on the Marketplace, chances are pretty good that the government will help you pay, and the website will tell you how much you get so you know when you are shopping. If you qualify, you might get things like doctor visits, counseling sessions, and prescriptions for less.

This can happen if you qualify for **tax credits** and **cost sharing reductions**. These work like coupons from the government to help you pay for your care. Most people will get help paying for their monthly insurance bill, and some will get even more help paying for care as they use it.

How do you know if you qualify? It depends on how much you make. If you're single, and you make between \$11,490 and \$45,960 or if you have a family of four and make between \$23,550 and \$94,200, you will qualify for help.

If you are an immigrant and you live legally in the US, you should talk to an assister.

Marketplace options

See all your options in one place

The screenshot shows the HealthCare.gov interface. At the top, there are navigation links for 'Learn', 'Get Insurance', and 'Log in'. Below this, there are categories for 'Individuals & Families', 'Small Businesses', and 'All Topics -', along with a search bar. The main content area is titled '45 Health Plans'. On the left, there is a filter menu with options for 'All plans (45)', 'Bronze Plans (16)', 'Silver Plans (16)' (which is selected), 'Gold Plans (11)', and 'Platinum Plans (2)'. Below the filter menu, there is a list of insurance companies: 'CareFirst BlueChoice, Inc.', 'Innovation Health Insurance Company', 'HealthKeepers, Inc.', 'Kaiser Permanente', and 'Group Hospitalization and Medical Services Inc.'. The main plan displayed is 'BlueChoice Plus Silver \$2,500', which is a POS | Silver plan from CareFirst BlueChoice, Inc. The plan details are shown in a table with three columns: 'Monthly premium' at \$274/mo (One enrollee), 'Deductible' at \$2,500/yr (Per individual), and 'Out-of-pocket Maximum' at \$6,350/yr (Per individual). Below the table, there are sections for 'DEDUCTIBLES (PER YEAR):' and 'OUT-OF-POCKET MAXIMUM (PER YEAR):', each with two rows for family total and per individual.

Monthly premium	Deductible	Out-of-pocket Maximum
\$274/mo One enrollee	\$2,500/yr Per individual	\$6,350/yr Per individual

DEDUCTIBLES (PER YEAR):

- Medical deductible (family total)
- Medical deductible (per individual)
- Prescription drug deductible (family total)
- Prescription drug deductible (per individual)

OUT-OF-POCKET MAXIMUM (PER YEAR):

- Out-of-pocket maximum (family total)
- Out-of-pocket maximum (per individual)

Silver POS Marketplace Plan



The Marketplace gives you control over options and it will let you compare plans from each health insurance company. It will break down the costs under each of these plans side-by-side. Usually, you pay a lower monthly premium if you have a higher deductible. So if you think you and your family will use a lot of health care in a given year, you want a plan with a higher monthly cost, because it will have a lower overall cost when you add up all of your treatments and medicines. Make sure you pay attention to the “out-of-pocket maximum.” These can be really high when you choose a plan that has lower premiums and deductibles.

Marketplace options

See all your options in one place

The screenshot shows a website interface for health insurance. At the top, there are navigation links: "Learn", "Get Insurance", and "Log in". Below this is a search bar and a dropdown menu for "All Topics". The main content area displays the details for a "BlueChoice Plus Silver \$2,500" plan, which is a "POS Silver" plan by CareFirst BlueChoice, Inc. A red circle highlights the "POS Silver" text. The plan details are presented in a table with four columns: Monthly premium, Deductible, Out-of-pocket Maximum, and Copayments/Coinsurance. The monthly premium is \$274/mo for one enrollee. The deductible is \$2,500/yr per individual. The out-of-pocket maximum is \$6,350/yr per individual. The copayments/coinsurance section includes: Primary Doctor: \$20; Specialist Doctor: \$40 Copay after deductible; Generic Prescription: \$10; ER Visit: 20% Coinsurance after deductible. A red circle highlights the "Specialist Doctor" and "Generic Prescription" lines. Below the table, there are sections for "DEDUCTIBLES (PER YEAR):" and "OUT-OF-POCKET MAXIMUM (PER YEAR):".

Monthly premium	Deductible	Out-of-pocket Maximum	Copayments/Coinsurance:
\$274/mo One enrollee	\$2,500/yr Per individual	\$6,350/yr Per individual	Primary Doctor: \$20 Specialist Doctor: \$40 Copay after deductible Generic Prescription: \$10 ER Visit: 20% Coinsurance after deductible

DEDUCTIBLES (PER YEAR):

- Medical deductible (family total)
- Medical deductible (per individual)
- Prescription drug deductible (family total)
- Prescription drug deductible (per individual)

OUT-OF-POCKET MAXIMUM (PER YEAR):

In-network costs

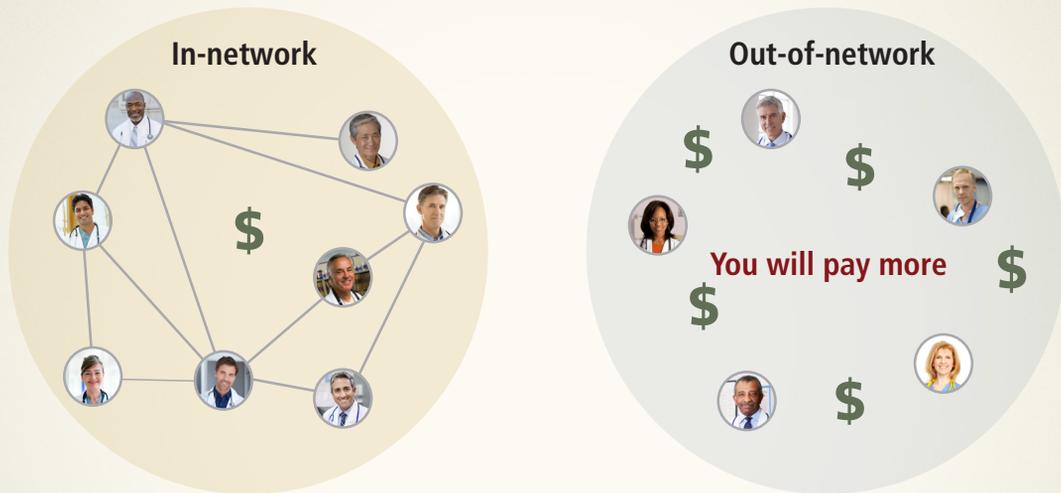
If you go **out-of-network**, it will cost more.



You might have noticed that this plan is a POS plan and it shows fixed costs for seeing a PCP or specialist and getting prescriptions. This is true only if you stay in the network. We mentioned that term before, when we explained other health insurance words with our example of Maria. Let's talk about what these terms **in-network** and **out-of-network** mean.

What is a network?

In-network and out-of-network providers



A **network** is a list of doctors and hospitals that you have to use to get the best price. It's important to understand that you have to use doctors in the network or it's not free. Here we show doctors and specialists that are part of your health insurance company's network. If you choose to see someone in the network, you will pay less money than if you choose to see someone that is out of network, or not a part of your insurance plan.

Here are some of the types of plans that you may be able to choose from. You've probably heard these terms before.

There are usually three types of plans: H.M.O., P.O.S. and P.P.O. H.M.O.s cost less, but you don't have as much freedom as you would with more expensive P.O.S. or P.P.O. plans. Call the Marketplace or ask an assister to get more information when you are choosing a plan.

Don't qualify for the Marketplace?

Here are your options

1. Under 30? Catastrophic Health Plan

- 3 primary care visits
- Preventive services like flu shots
- Very high deductible, usually several thousand dollars
- Meant to cover major medical cost like being hospitalized



2. Hardship Exemption



If you still can't afford insurance after applying on the Marketplace, there are 2 other options. Are you under age 30? Have you had a hardship? Hardships are things like being homeless, getting evicted in the past 6 months, or foreclosing on your home. If this applies to you, you might be able to buy **catastrophic** coverage. A catastrophic plan is meant to cover major medical costs like being hospitalized. It comes with 3 primary care visits per year, and it includes preventive services like flu shots. It has a very high deductible—usually several thousand dollars.

Make an appointment with your PCP

Get a Well Check-Up



- have your insurance card with you
- know your family health history
- bring any medicines, vitamins or herbs you are taking
- write down questions you want to ask your doctor

Here are some general tips for getting the most out of your plan. Use your PCP. Schedule a well check-up with your primary care provider to get started, and then schedule appointments with them during the rest of the year for routine check-ups, preventive care or when you are sick and it is not an emergency.

Before your first appointment, get ready by doing each of these things:

- Have your insurance card with you.
- Know your family health history—for example, does anyone in your family have health problems such as heart disease, cancer or high blood pressure?
- Bring any medicines, vitamins or herbs that you take with you to your appointment.
- And finally, write down any questions you want to ask your doctor and bring them with you so you don't forget.

During your appointment

Take Notes



Bring Family/Friend



This can help you remember what was discussed and what to do.

It's okay to take notes during your appointment—this can help you remember what your doctor told you to do. It might also be a good idea to bring a friend or family member to the appointment with you. This person can help you remember what was discussed and what you need to do afterwards.

After your appointment

1. Do what your doctor told you to do.
2. If you need a follow-up appointment, schedule it.
3. Pay your medical bills. If you have a hard time paying, call the number on the bill. Don't ignore the bill just because you can't pay it.



There are a few important things you need to remember to do after your appointment:

1. Be sure to do what your doctor told you to do.
2. If you need a follow-up appointment, schedule it before you leave.
3. Also, be sure to pay your medical bills. If you have a hard time paying, call the number on the bill. Don't ignore the bill just because you can't pay it.

When can I sign up?



Marketplace

During open enrollment

Medicaid and CHIP

All year long



You might be wondering when you can sign up.

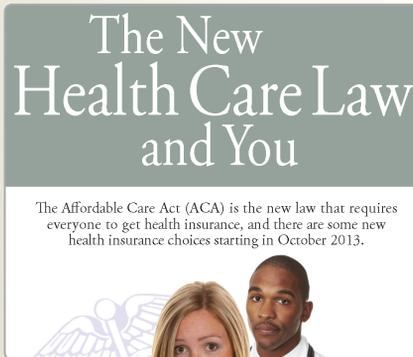
If you qualify for Medicaid or the Children's Health Insurance Program (CHIP), you can apply all year long. Submit an application in your state as soon as you can, because it can take a while for them to get back to you so you can enroll.

You can only buy insurance through the Marketplace during open enrollment. This is a 3-month period, which usually happens in the winter.

Where else can I go for more information?



<http://marketplace.cms.gov/help-us/c2c.html>



<http://www.iom.edu/4questionsGuide>



If you want to know more about how to use health insurance once you get it, go to the Coverage to Care website: <http://marketplace.cms.gov/help-us/c2c.html>

If you think you might qualify for Medicare, Tricare, COBRA or other forms of health insurance that we haven't talked about, visit Let's Ask Four, a guide that will explain all of the different ways you can get health insurance: www.iom.edu/4questionsGuide

Finally, remember you can always call the Marketplace, visit HealthCare.gov or talk to an assister where you get health care if you have any questions.

Help spread the word

Share and review these materials



We hope you now have a better sense of what health insurance is, how you get it, and how to use it. Feel free to review and share these materials as much as possible. Thanks for your help in getting the word out about the Affordable Care Act.

Developed for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Kara Jacobson, MPH, Nicholas Goodwin, and Ruth Parker, MD