

Affordable Care Act enrollment starts Oct. 1

Written by Cierra Duncan Special to the NNPA from The Houston Defender
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HOUSTON – Affordable Care Act enrollment goes into effect Oct. 1, and many uninsured Americans will begin comparing new health insurance rates.

President Barack Obama signed the Patient Protection and Affordable Care Act (ACA) into law in March 2010. It makes preventive care and other types of medical care more accessible and affordable to a larger portion of Americans.

Some provisions of the ACA – dubbed "Obamacare" – have already taken effect while others are still in the works, as federal, state and local agencies continue to fine-tune the process. To inform consumers about the ACA, a forum titled "Healthcare in a Changing Landscape" was recently held at the University of Houston, and sponsored by the Children's Defense Fund, Texas Organizing Project, Get Covered America and the Center for Children, Law & Policy.

Participants included Houston Congresswoman Sheila Jackson Lee, Houston State Rep. Garnet Coleman and Jeness Sherrell, a Change Happens program coordinator. Change Happens is one of eight Texas organizations awarded navigator grants to assist consumers with enrolling in health insurance marketplaces. Coleman worked with the White House on the ACA, and took the lead on behalf of state legislators in favor of the law.

"The Affordable Care Act probably benefits African-Americans more than anyone else," Coleman said. "We have a high rate of being uninsured, and also have a high rate of illnesses,

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such as diabetes, heart disease, hypertension and stroke. If people enroll through the exchanges, they will get a health insurance policy that fits their income. Before, people who had pre-existing conditions would have a hard time getting insurance."

Coleman said the biggest misconception about the ACA is that individuals cannot afford the insurance. "The premiums are actually less for the exchange," he said. Exchanges are another word for state, federal, or jointly run online marketplaces for health insurance. Navigators, who act as customer service representatives, will assist with finding the appropriate insurance based on need and income.

The exchanges will offer plans that fall into one of four categories: bronze, silver, gold or platinum. Bronze plans have the lowest premiums available, and 60 percent of health care costs will be paid for by the insurer. Under silver plans, insurance companies will cover 70 percent of medical costs. Gold plans will cover 80 percent of medical costs. Platinum plans will have the highest premiums and cover 90 percent of costs.

Those with limited incomes and those under 30 can purchase a "catastrophic" health plan, which protects from high medical costs. Catastrophic plans include three primary care doctor visits per year and free preventative care at no cost to the insured. However, cost assistance is not available under the plan. Sherrell noted the role of navigators in the process.

"The navigators will have the responsibility of maintaining expertise in eligibility, enrollment, and program specification, as well as conduct public education activities to raise awareness about the exchange," Sherrell said.

Jackson Lee stressed that under the ACA, insurance companies will no longer be able to deny coverage based on pre-existing medical conditions. In addition, "No insurance company can prevent you from getting preventive care, such as mammograms and [wellness] exams for men."

Jackson Lee reminded consumers to beware of scams. Attempts to defraud consumers have already been reported, as scam artists attempt to illegally gain access to personal information such as Social Security numbers, credit cards and bank accounts.

"Please do not send money to anyone if you are looking for information," she said. "The only money you will pay is to the insurer who has a package that you want."

For more information on enrollment visit healthcare.gov.

Frequently Asked Questions:

The health insurance marketplace, also called a health insurance exchange, is a way to find coverage under the Affordable Care Act.

Open enrollment runs from Oct. 1 through March 31, 2014. Health plans and prices will be available by Oct. 1. Coverage starts as soon as Jan. 1, 2014.

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The Centers for Medicare & Medicaid provide the following questions and answers about the marketplace.

Q. Where can someone go for coverage and enrollment help?

A. You can get help online (healthcare.gov), by phone (1-800-318-2596) or in person. There will be people trained and certified to help you understand your health coverage options. The website and toll-free call center can direct you to the benefit counselors in your area. Insurance agents and brokers can also help you with your application and health plan.

Q. How does someone shop for insurance?

A. You will fill out an application and find out how much you can save on monthly premiums and out-of-pocket costs. Most people who apply will qualify for lower costs of some kind. Specific information about the health plans available in your area will be posted at healthcare.gov by Oct. 1.

Q. Who does the marketplace help?

A. The uninsured. If you have health insurance through either your employer or a government program like Medicare or Medicaid, you needn't concern yourself. The marketplace is meant mainly for individuals who want to buy health care coverage on their own for themselves or their families.

The marketplace simplifies your shopping for coverage by letting you make side-by-side comparisons of health plans. You'll get a clear picture of what benefits you'd get and what premiums and deductibles you'd pay. Then you can enroll in the plan that best fits your needs and budget. It all can be done online.

Q. Can someone with a medical condition buy insurance?

A. Yes. Insurers can't deny you coverage because you have a medical issue, such as cancer or diabetes. Nor can they charge you more than they would someone who's in good health. And once you have insurance, the company can't delay your treatment. Your medical care begins immediately.

Q. What does the marketplace's health insurance cover?

A. All the health plans provide a package of 10 essential benefits, including emergency services, hospital care, lab services, prescription drugs, doctor visits, preventive care, rehab services and maternity care. Some plans offer additional coverage, such as for dental or vision care.

The benefits are similar to what's typically covered in an employer-provided plan. That's a significant point. Until now, individual insurance policies haven't always offered such an array of services.

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Q. How do the health plans vary in cost?

A. Some marketplace plans have lower monthly premiums but charge you more out-of-pocket when you require care. Other plans charge higher premiums but cover more of your medical expenses. You'll decide how you want to balance your premium costs with your out-of-pocket costs.

For example, if you see your doctor often and take a number of prescription drugs, a "platinum" or "gold" plan may work better for you. If you don't, a "silver" or "bronze" plan may be more practical. You'll see the differences in premiums and out-of-pocket costs when you shop for a plan.

Q. What if someone doesn't have coverage in 2014?

A. The new health care law requires people who can afford it to take responsibility for their health insurance by getting coverage or paying a fee. With insurance, you have peace of mind. Without it, you bear the full brunt of any medical bills, which could land you and your family deep in debt.

Source: Centers for Medicare & Medicaid Services