



Overview of the Health Insurance Marketplace

When the Affordable Care Act was signed into law in 2010, it carried with it a promise of expanding access to quality, affordable health coverage for millions of American families and small businesses.

The law is already making health coverage stronger for the majority of Americans who already have it. More than eight out of ten Americans have already begun to experience the benefits of the Affordable Care Act with better coverage, including free wellness and prevention care like mammograms and cancer screenings. More than three million young adults who didn't have coverage before now have stayed on their parents' plans until age 26. But for the nearly two in ten Americans without health insurance, there will be a new easy way to get affordable coverage.

Beginning October 1st, a new Health Insurance Marketplace will open in every state, giving Americans a whole new way to shop for health insurance.

For the first time, consumers in every state will be able to go online to one place to check out their coverage options, get accurate information in easy-to-understand language, and make apples-to-apples comparisons of plans before they make their decision.

The Health Insurance Marketplace will offer Americans lower costs on their monthly premiums—making more affordable coverage a new reality for many hard working Americans and their families, including students.

All plans will be required to cover a comprehensive set of benefits, including physician visits, preventive care, hospital stays, and prescriptions. Discrimination based on gender or pre-existing conditions will be banned. And many families, small businesses, and individuals will qualify for a break on their monthly premiums.

The Marketplace will be available on HealthCare.gov starting on October 1st. For Spanish-speakers, starting in mid-October they can find information and enroll in the Marketplaces at CuidadoDeSalud.gov. Right now, your employees and students can visit these websites to start getting ready for open enrollment. A toll-free call center is also available to help answer questions 24 hours a day, seven days a week (1-800-318-2596).

Whether consumers seek out help through the call center (1-800-318-2596), through the website's live chat feature, or through trained professionals who will be working in their communities, they'll have access to support that is personal, unaffiliated with the insurance industry—and available in more than 150 languages.

The U.S. Department of Health and Human Services (HHS) and partners across the country have already taken important steps to start delivering on the promise of expanding access to quality, affordable health coverage for millions of Americans by ramping up pre-enrollment efforts and launching a new set of educational tools that will help Americans learn about their new options and get signed up for coverage.



Data shows that the Marketplace will give many consumers greater choice. In a majority of states today, for example, a single insurer covers more than half of all individuals enrolled in the private market. But when the Marketplaces open up this fall, consumers will have an average of at least 15 qualified health plans to choose from. A new report released by the Department of Health and Human Services shows that 56 percent, or nearly six in ten of the people who don't have health insurance today may be able to get coverage through the Health Insurance Marketplace for less than \$100 per month.

Currently, 16 percent of U.S. citizens and legal residents do not have health insurance. Among them, 43 percent are young adults between the ages of 18 and 35 (17.8 million). Of these uninsured ages 18 to 35, 95 percent may qualify for either Medicaid coverage or subsidies to purchase coverage through the Health Insurance Marketplace. Without health insurance, the uninsured risk medical or financial hardship that could prevent them from earning a college degree. According to the Centers for Disease Control and Prevention (CDC), while access to care is essential for healthy students, it is also strongly linked to academic performance. With the opening of the Marketplaces, students can access new low-cost health insurance options. These options include: the ability to join a parent's plan until age 26; expanded Medicaid eligibility in some states; tax credits to help pay for health insurance; improved student health insurance plans; and catastrophic plans that provide emergency coverage at a lower upfront cost.

The opening of the Marketplaces will also have an impact on the neighbors and community members surrounding your campuses, allowing for not just a more insured and healthier campus, but entire community.

Unfortunately, many uninsured adults may be unaware of these new options for health coverage, but you can help spread the word. While some institutions offer student health plans, many do not. And although many students work, many also lack access to employer-based insurance coverage.

The promise of the Affordable Care Act is within our grasp. This fall, community health centers and other organizations received funding to help consumers navigate the new Marketplaces, and higher education institutions from across the country are stepping up to help their students and their communities learn about their new options and get signed up for coverage.

Working together, we are on our way to healthier campuses and a healthier America with better health insurance options and better health outcomes.



Frequently Asked Questions from Students, Staff, and Community Members

Starting this fall, on-campus and off-campus community members will be able to visit HealthCare.gov to get all the information they need about the Health Insurance Marketplace. Whether uninsured, or just interested in exploring new options, the Marketplace will give students, staff, and community members more selection and control over their health insurance choices.

Health Insurance Marketplace – General Information for Consumers

Q: WHAT IS THE HEALTH INSURANCE MARKETPLACE?

A: The Marketplace is a competitive marketplace where people and small businesses can shop for and buy private health insurance. With one application, you can find out if you qualify for health plans in the marketplace, and other programs like Medicaid and the Children’s Health Insurance Program (CHIP), tax credits, and cost-sharing reductions.

Q: WHAT IS THE DIFFERENCE BETWEEN THE MARKETPLACE AND THE TRADITIONAL INSURANCE MARKET?

A: The Marketplace will improve today’s broken insurance markets for consumers and small businesses. It will achieve this by:

- **More Choice.** You will have a choice of health plans to fit your needs.
- **More Competition.** The Marketplace will make it easier for you to compare plans on the basis of price, quality and benefits. This gives insurance companies incentives to offer better products at lower prices than their competitors.
- **More Clout.** The Marketplace will give millions of individuals and small businesses the same purchasing power as big businesses by bringing people together, lowering costs by spreading the cost of insurance across a larger group of people and allowing insurance companies to reduce prices.

Q: WHAT DOES THE MARKETPLACE MEAN FOR CONSUMERS?

A: The Marketplace is a single place where consumers, including students, can apply for and enroll in health insurance coverage that’s right for them and their families. Consumers can compare health plans with similar coverage levels and learn if they qualify for help paying for health care costs through tax credits and cost-sharing reductions. The Marketplace makes it easier for consumers to keep their coverage, even if income and employment changes make them ineligible for other programs like employer-sponsored insurance, private insurance tax credits, Medicaid, or the Children’s Health Insurance Program (CHIP).



Q: WHEN WILL I KNOW MY HEALTH INSURANCE OPTIONS?

A: Starting October 1st, consumers will be able to shop for plans on HealthCare.gov, enroll with in-person assisters, or call a toll-free call center.

Q: I'VE HEARD MY HEALTH INSURANCE PREMIUMS ARE GOING TO GO UP.

A: Critics of the law are arguing that premiums will rise by selectively looking only at one part of the law while ignoring critical provisions that lower costs and drive premiums downward. These claims do not take into consideration, for example, the tax credits and competition that can make private health insurance more affordable for millions of Americans.

Q: WHAT IF I CAN'T AFFORD INSURANCE?

A: When you fill out a Marketplace health insurance application, you'll find out if you can get lower costs on monthly premiums or out-of-pocket costs, or get free or low-cost coverage. Most people who apply will qualify for lower costs of some kind. You can save money in the Marketplace in three ways, depending on your income and family size:

1. You may be able to [lower costs on your monthly premiums](#) when you enroll in a private health insurance plan.
2. You may qualify for lower [out-of-pocket costs](#) for [copayments](#), [coinsurance](#), and [deductibles](#).
3. You or your child may get free or low-cost coverage through [Medicaid](#) or the [Children's Health Insurance Program \(CHIP\)](#).

Q: WHAT IF I HAVE A PRE-EXISTING CONDITION?

A: Starting in 2014, being sick won't keep you from getting health coverage. An insurance company can't turn you down or charge you more because of your condition. You can apply for Marketplace insurance when open enrollment starts on October 1st, and coverage starts as soon as January 1, 2014.

Q: I'M YOUNG AND HEALTHY. CAN I BUY A "CATASTROPHIC" PLAN?

A: Yes; people under 30 and some people with limited incomes may buy a "catastrophic" health plan. A catastrophic plan generally requires you to pay all of your medical costs up to a certain amount, usually several thousand dollars. Costs for essential health benefits over that are generally paid by the insurance company. These policies usually have lower premiums than a comprehensive plan, but cover you only if you need a lot of care. In the Marketplace, catastrophic policies cover three primary care visits per year at no cost, and also cover free preventive benefits. If you have a catastrophic plan in the Marketplace, you can't get lower costs on your monthly premiums or on out-of-pocket costs. When you fill out a Marketplace application, you'll see catastrophic plans listed as options if you qualify for them.



Q: CAN I KEEP MY OWN DOCTOR?

A: Depending on the plan you choose in the Marketplace, you may be able to keep your current doctor. When comparing plans in the Marketplace, you will see a link to a list of providers in each plan's network. If staying with your current doctors is important to you, check to see if they are included before choosing a plan.

Q: WHAT DO AMERICAN INDIANS AND ALASKA NATIVES NEED TO KNOW ABOUT THE MARKETPLACE?

A: Members of a federally recognized tribe have certain protections in the Marketplace starting in 2014.

- You don't have to pay a fee if you don't have health coverage.
- You more easily qualify for lower out-of-pocket costs for deductibles, copayments, and coinsurance.
- You get monthly special enrollment periods allowing you to get insurance outside the yearly open enrollment period
- You have special cost and eligibility rules for Medicaid and the Children's Health Insurance Program (CHIP).

For more information, visit healthcare.gov/tribal.

Applying and Enrolling in Coverage

Q: HOW DO I APPLY FOR COVERAGE AND ENROLL IN A HEALTH PLAN THROUGH THE MARKETPLACE?

A: Starting October 1, 2013, you will be able to file a Marketplace application online (HealthCare.gov), by phone (1-800-318-2596), by mail, or in person (with accommodations for people with disabilities). Coverage starts as soon as January 1, 2014. The Marketplace will automatically tell you if you qualify for discounts or qualify to participate in state programs based on your income. Then you can choose the health plan that's right for you through the online plan comparison tool.

Q: HOW DO I USE HEALTHCARE.GOV TO APPLY FOR MARKETPLACE COVERAGE?

A: You can enroll in health coverage in just four steps using HealthCare.gov.

1. **Set up an account.** You'll provide some basic information to get started, like your name, address, and e-mail address.
2. **Fill out the online application.** You'll provide information about you and your family, like household income, household size, current health coverage information, and more. This will help the Marketplace find options that meet your needs.
3. **Compare your options.** You'll be able to see all the options you qualify for, including private insurance plans and free and low-cost coverage through [Medicaid](#) and the [Children's Health Insurance Program \(CHIP\)](#). The Marketplace will tell you



whether you qualify for lower costs on your monthly premiums and out-of-pocket costs on deductibles, copayments, and coinsurance. You'll see details on costs and benefits before you choose a plan.

4. **Enroll.** After you choose a plan, you can enroll online and decide how you pay your premiums to your insurance company. If you or a member of your family qualifies for Medicaid or CHIP, a representative will contact you to enroll.

Q: WHAT IF I DON'T HAVE ACCESS TO A COMPUTER SO THAT I CAN VISIT HEALTHCARE.GOV?

A: There will be people in local communities who can give you personal help with your choices. You can also call a toll-free number, 1-800-318-2596, and talk to a trained customer service representative in 150 languages about the Marketplace.

Q: HOW DO I GET HELP ENROLLING IN THE MARKETPLACE?

A: The Marketplace will offer several kinds of assistance to help you apply for coverage and choose the plan that's right for you, including online questions and answers, online chat, a toll-free call center, as well as people in your community who are trained and certified to help you apply and enroll (starting October 1st).

Coverage for Employees and for Smaller Institutions

Q: I HAVE INSURANCE THROUGH MY EMPLOYER. WHAT DOES THE HEALTH CARE LAW MEAN FOR ME?

A: If you have health insurance through your employer, nothing will change. However, if you're uninsured, purchase insurance on your own, or want to explore new options, the Marketplace will make it easier for you to shop for plans and see if you are eligible for savings that lower your monthly premiums.

Q: WHAT IF I'M LOSING JOB-BASED INSURANCE?

A: If you lose your job and with it your job-based health insurance coverage, you may buy an individual plan through the Marketplace. You may also have the option of keeping your health insurance for a limited time through a program called COBRA continuation coverage. [COBRA](#) is a federal law that may let you pay to keep you and your family on your employee health insurance for a limited time (usually 18 months) after your employment ends or you otherwise lose coverage.

Q: WHAT IF I'M SELF-EMPLOYED?

A: If you're self-employed with no employees, you're not considered an employer. You can use the individual Marketplace to find coverage that meets your needs. You can compare important features of several plans side-by-side, all of them offering a full package of essential health benefits. You can see what your [premium](#), [deductibles](#), and [out-of-pocket costs](#) will be before



you decide to enroll. If you currently have individual insurance—a plan you bought yourself, not the kind you get through an employer—you may be able to [change to a Marketplace plan](#).

Q: WHAT DO HEALTH INSURANCE MARKETPLACES MEAN FOR SMALL BUSINESSES?

A: Starting in 2014, a [Small Business Health Options Program \(SHOP\)](#) Marketplace will be available in each state. SHOP will give small employers and their employees some of the advantages large employers have today, including choices among high quality health plans to meet every budget. Employers who qualify for SHOP must have fewer than 100 employees (states may limit eligibility to employers with 50 or fewer employees for the first 2 years). Employers must also have an office within the service area of the SHOP, and prove that they're offering full-time employees SHOP coverage.

Q: DO I HAVE TO INSURE MY EMPLOYEES?

A: No employer has to offer coverage. Some large businesses, including some higher education institutions, that don't offer coverage meeting certain standards may have to make a shared responsibility payment in 2015.

- If you have **fewer than 50 full-time equivalent (FTE) employees**, you are **not** subject to the [Employer Shared Responsibility](#) parts of the law. You **may** use SHOP to offer coverage for your employees.
- If you have **50 or more FTEs**, you may have to make an [Employer Shared Responsibility Payment](#) if at least 1 of your full-time employees gets lower costs on their monthly premiums when buying insurance in the Marketplace.

Q: WILL MY INSTITUTION GET TAX CREDITS?

A: You may qualify for employer health care tax credits if you have fewer than 25 full-time equivalent (FTE) employees making an average of about \$50,000 a year or less. To qualify for the Small Business Health Care Tax Credit, you must pay at least 50% of your full-time employee's premium costs. The credit is available only if you get coverage through the SHOP Marketplace. You don't have to wait until open enrollment to find out if you qualify for the Small Business Health Care Tax Credit. You can find out now by visiting [IRS.gov](#). For more information and resources, visit [www.HealthCare.gov](#).

Specific Higher Education Inquiries

Q: ARE WE REQUIRED TO NOTIFY OUR STAFF OF THE CHANGES IN THE HEALTH CARE LAW? IS THERE A FINE ASSOCIATED WITH THIS REQUIREMENT? ARE WE ALSO REQUIRED TO INFORM STUDENTS, ADJUNCT PROFESSORS, OR TEMPORARY EMPLOYEES?

A: If your institution is covered by the Fair Labor Standards Act, it must provide a written notice to its employees about the Health Insurance Marketplace by March 1, 2013 (or upon hiring for new employees), but there is no fine or penalty under the law for failing to provide the notice.



The notice should inform employees:

- About the Health Insurance Marketplace;
- That, depending on their income and what coverage may be offered by the employer, they may be able to get lower cost private insurance in the Marketplace; and
- That if they buy insurance through the Marketplace, they may lose the employer contribution (if any) to their health benefits

More information can be found here: <http://www.dol.gov/ebsa/newsroom/tr13-02.html>

Q: WHAT ARE THE REQUIREMENTS FOR INSTITUTIONS WHEN IT COMES TO PART-TIME EMPLOYEES (WORKING LESS THAN 30 HOURS PER WEEK)? WHAT IF THE PART-TIME EMPLOYEES ARE STUDENTS?

A: Under the employer responsibility requirement, which goes into effect in 2015, employers who do not provide coverage to part-time workers are not required to pay a penalty.

More guidance is available here: <http://www.irs.gov/pub/irs-drop/n-12-58.pdf>

Q: WILL INTERNATIONAL STUDENTS HAVE ACCESS TO THE MARKETPLACE?

A: Students that are U.S. citizens or nationals, or non-citizens who are lawfully present in the U.S. for the entire period for which enrollment is sought are eligible for insurance through the Marketplace.

For more information, including a list of immigration statuses that qualify for Marketplace coverage, go to: <https://www.healthcare.gov/immigration-status-and-the-marketplace/>

Q: HOW IS THE HEALTH CARE LAW GOING TO AFFECT THOSE STUDENTS WHO HAVE ALREADY PURCHASED UNIVERSITY SPONSORED HEALTH INSURANCE? IF ALL THE REQUIREMENTS ARE MET, CAN THEY STILL GET SOME SUBSIDY FROM THE FEDERAL GOVERNMENT?

A: Generally, students who have University-sponsored health insurance will have what is considered minimum essential coverage and will not be liable for the individual shared responsibility provision. They can, however, generally opt out of that coverage, go into the Marketplace and then qualify for a tax credit or Medicaid (depending on their income).



Q: IF AN INDIVIDUAL'S INCOME FALLS WITHIN THE GAP BETWEEN 100% FEDERAL POVERTY LEVEL AND THEIR STATE'S LOWER MEDICAID ELIGIBILITY LEVEL, WILL THE INDIVIDUAL BE ABLE TO PURCHASE AN INSURANCE PLAN ON THE EXCHANGE, BUT JUST NOT QUALIFY FOR A TAX CREDIT/PREMIUM DISCOUNT OR COST-SHARING? OR, WILL THEY NOT BE ABLE TO PURCHASE A PLAN ON THE EXCHANGE AT ALL?

A: The former, i.e. the individual can purchase an insurance plan in the Marketplace but will not be eligible for a tax credit or reduced cost-sharing.

Q: WILL THE EMPLOYER SHARED RESPONSIBILITY REQUIREMENTS APPLY TO STUDENTS WORKING MORE THAN 30 HOURS PER WEEK?

A: Yes.

Q: IF A STUDENT ENROLLS IN THE MARKETPLACE AND DOESN'T REALIZE THEIR PARENT HAS ALREADY ENROLLED THEM IN A PLAN, WILL THEY RECEIVE NOTIFICATION OF THE OTHER ENROLLMENT DURING THE APPLICATION PROCESS?

A: The application requires individuals to indicate other coverage for which they are eligible or in which they are enrolled, because it is important to determine their eligibility for tax credits. Students should check this information before applying.

Q: IS IT POSSIBLE FOR MEMBERS OF A FAMILY TO ENROLL IN DIFFERENT INSURANCE PLANS (FROM DIFFERENT INSURANCE COMPANIES)?

A: Yes.

Q: WHAT HAPPENS AFTER MARCH 30 FOR STUDENTS, SUCH AS GRADUATING SENIORS, WHO WANT TO ENROLL?

A: Losing insurance from another source (like job-based insurance or student health insurance) will trigger a special enrollment period for the Marketplace in which students can apply for coverage.

Q: ARE GRADUATE STUDENT DEPENDENTS ELIGIBLE FOR MARKETPLACE COVERAGE?

A: Yes.