

Get Covered, Stay Covered!

Open enrollment in the Health Insurance Marketplace is November 1, 2015 through January 31, 2016.

I am healthy and may not even need insurance. Why should I buy insurance?

- No one plans to get sick or hurt, but most people need medical care at some point. Health care insurance helps pay for these costs and protects you from very high expenses.
- All insurance plans cover doctor visits, hospital stays, prescription medications and check-ups.
- Having insurance also allows you to get free preventive care, such as annual screenings, routine physicals and flu shots.
- It's the law! Just as all drivers are required to have auto insurance, the law now requires health care coverage.
- If you do not have coverage in 2016, you may have to pay a fine: \$695 or 2% of your income, whichever is more.... and you still have to pay all your own health care bills!

What if I miss the open Marketplace enrollment period that ends January 31, 2016?

- This is your chance to sign up. If you are in an accident, or develop a serious illness or condition and want insurance after this enrollment time, you can't buy insurance after the fact in the Marketplace.
- There are special times when someone may sign up, like if they lose insurance, get married or add a child.
- People with very low incomes may apply for BadgerCare Plus at any time, but it is important that people enroll BEFORE they need care.

I've always gotten care for free. Why should I start paying for it now?

- With health care reform, the idea is to get everyone insured. You may have gotten free care in the past, even without insurance, but those free services may not be available in the future. Also, the tax penalties for not having insurance may be fairly low now, but they will be going up every year.
- Although the cost of a monthly premium may seem like a lot, it is far less expensive than what a person would need to pay out-of-pocket, if they need any kind of health care service.

I want to get health care coverage, but just don't think I can afford it.

- Over 90% of people buying insurance in the Health Insurance Marketplace get help paying for insurance. Based on your income, you may get help paying for premiums, and co-payments and deductibles. People with very low incomes can receive free coverage through BadgerCare Plus.
- People without insurance often delay getting care until they are so sick they have to go to the hospital – and that is very expensive. The average cost of a three-day hospital stay is \$30,000!

4 Things to Know about the Health Insurance Marketplace

1. There are low cost and free plans, and you may get a discount, based on how much money you make.
2. You cannot be turned down because of a pre-existing condition like diabetes, asthma or mental illness.
3. All insurance plans will cover doctor visits, hospital stays, mother & baby care, emergency room visits, mental health care, prescription medicines and other essential medical services.
4. There are 3 steps to the process: the application, plan selection and premium payment. And, you can go to *healthcare.gov* to compare plans before applying.

3 Things You'll Need to Sign Up

1. Social Security numbers or document numbers for legal immigrants
2. Employer or income information from pay stubs or W-2 forms
3. Information about any employer sponsored health insurance plans that are available to members of your household, including policy numbers for any current health insurance plans covering members of your household

Important Health Insurance Terms

Premium A premium is a fixed amount you pay to your insurance plan, usually every month. You pay this even if you don't use medical care that month.

Deductible If you need medical care, a deductible is the amount you pay out of your pocket for care before the insurance company starts to pay its share. Once you meet your deductible, your insurance company begins to cover some costs of your care. Some plans have lower deductibles, like \$250. Some have higher deductibles, like \$2000. Many plans provide free preventive services and sometimes other care, before you've met your deductible.

Co-payment A co-payment is a fixed amount you'll pay for a medical service after you've met your deductible. For example, after meeting your deductible you may pay \$25 for a visit to the doctor's office that would cost \$150 if you didn't have coverage. Insurance pays the rest.

Co-insurance Co-insurance is similar to co-payment, except it's a percentage of costs you pay. For instance, you may pay 20% of the cost of a \$100 medical bill. So, you would pay \$20 and the insurance would pay the rest.

Insurance coverage protects you from high medical costs two ways:

- **Out-of-pocket maximum** This is the total amount you'll have to pay if you get sick. For example, if your plan has a \$3000 out-of-pocket maximum, once you pay \$3000 in deductibles, coinsurance, and copayments the plan will pay for any covered care above that amount for the rest of the year.
- **No yearly or lifetime limits** Health plans in the Marketplace can't put dollar limits on how much they will spend each year or over your lifetime for covered health services. After you've reached your out-of-pocket maximum, your insurance company must pay for all of your covered medical care with no limit.