

KNOW YOUR BENEFITS.

HCR



Health Care Reform FAQ: Changes to Other Federal Health Care Programs

If I have Medicare do I need to do anything?

No. Medicare isn't part of the health insurance marketplace, so you don't need to do anything. If you have Medicare, you are considered covered.

The Marketplace won't affect your Medicare choices, and your benefits won't be changing. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan, you'll still have the same benefits and security you have now. You won't have to make any changes.

The Marketplace does not offer Medicare supplement (Medigap) insurance or Part D drug plans. For information on these programs, visit www.medicare.gov.

Do I qualify for Medicaid?

That depends. You qualify for Medicaid based on income and family size. If you're eligible, you get free or low-cost care and don't need to buy a Marketplace plan.

Medicaid programs must follow federal guidelines, but they vary somewhat from state to state. Most states offer coverage for adults with children below a certain income level, including adults with children pregnant women, some seniors, and people with disabilities. Under the health care law, Medicaid eligibility is expanding in most states.

If you didn't qualify for Medicaid in the past, you may qualify under the new rules. To see if you qualify for Medicaid, visit your state's Medicaid website. Check with your state's program to find out what's covered. If you're still not eligible, check again in 2014, when new rules take effect in some states.

Health Insurance Marketplace open enrollment starts Oct. 1, 2013, and ends March 31, 2014. Coverage can begin as early as Jan. 1, 2014.

Are my children eligible for the Children's Health Insurance Program (CHIP)?

It depends. CHIP provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid. In some states, CHIP covers parents and pregnant women. Each state offers CHIP coverage, and works closely with its state Medicaid program.

Each state program has its own rules about who qualifies for CHIP. There are two ways to find out whether your children qualify:

Visit www.insurekidsnow.gov, or call 1-877-543-7669.

Fill out the Marketplace application when enrollment opens on Oct. 1, 2013. When you finish this application, the Marketplace will tell you which programs you and your family qualify for. If it looks like anyone is eligible for CHIP, the Marketplace will notify the CHIP agency so that your coverage can start right away.

What do military veterans need to know about the Marketplace?

If you're enrolled in (or are a beneficiary of) any of the programs listed below, you're considered to have minimum essential coverage under the health care law, and you don't need to get additional coverage.



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Veterans health care program

TRICARE

VA Civilian Health and Medical Program (CHAMPVA)

Spina bifida health care benefits program

If you're a veteran without VA health care, visit the VA health care website. You may learn that you qualify for VA coverage.

If you're not enrolled in VA benefits or other veterans' health coverage, you can get coverage through the health insurance marketplace. You may be able to get lower costs on monthly premiums and out-of-pocket costs. You may also qualify for free or low-cost coverage through Medicaid or CHIP.

If you're a veteran enrolled in (or are a beneficiary of) a VA health care program, your dependents who are not eligible for a VA health care program may use the Marketplace to get coverage.

TRICARE's young adult coverage option is different from the Affordable Care Act's [under-26 rules](#). Eligibility ages, benefits and other details differ.

What do American Indians and Alaska Natives need to know about the Marketplace?

If you're a member of a federally recognized tribe and qualify for a health insurance plan in the Marketplace, you have certain protections, such as the following:

Monthly special enrollment periods

No copayments or other cost-sharing if your yearly income is below a certain level—around \$70,650 for a family of 4 in 2013

(\$88,320 for the same family in Alaska). When you fill out a Marketplace application, you'll find out if you qualify for these lower costs.

If you qualify for Medicaid or CHIP and you're eligible for or have gotten services from the Indian Health Service, tribal health programs or urban Indian health programs, you won't have to pay Medicaid or CHIP premiums, enrollment fees or out-of-pocket costs. Indian trust income isn't counted when determining Medicaid eligibility.

To get special Marketplace protections, you'll need to provide a copy of a document issued by a federally recognized tribe that shows membership in that tribe.

If you're applying for Marketplace coverage, in addition to basic information about household size and income, you'll need to provide information about income from Indian trust land, natural resources and items of cultural significance. This income won't be counted for Medicaid or CHIP eligibility, but may be counted for Marketplace purposes.

What if I need coverage that starts before January 2014?

If you don't have coverage now and need it before the Marketplace is open, you have several options. You can buy directly from an insurance company, with the assistance of a broker or agent, or you can use an online service.

You can also use the federal government's Plan Finder website to get information on available plans in your area and compare costs and benefits. You can then contact the insurance company directly to buy a plan. The Plan Finder is not the health insurance marketplace. The Plan Finder helps you find health insurance that is available outside the Marketplace now, before Marketplace protections and features are available.

Please note that no matter how you buy insurance before the Marketplace opens, some protections and benefits of the health care law are not yet in effect and may not apply to your coverage.

You may be denied coverage, charged more or have certain kinds of care limited or excluded if you have a pre-existing condition. Plans do not have to offer essential health benefits, so it's very important to find out what each plan covers and excludes. You won't be able to get lower costs based on your income, as you might be able to with a Marketplace plan, and women may be charged more than men.

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Where can I get free or low-cost care in my community?

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If you can't afford any health plan, you can get free or low-cost health and dental care at a nearby community health center.

How much you pay depends on your income. Community health centers are located in both urban and rural areas and provide:

Prenatal care

Children's vaccinations

Prescription drugs

General primary care

Specialized care for more serious conditions, including mental health, substance abuse and HIV/AIDS

[Locate a community health center](#) near you.

Source: Healthcare.gov