

How to Enroll in the New Healthcare Marketplace

First, gather these for every member of your household who needs coverage.

This will make it easier to fill out the application.

1. Your social security number	2. Your income	3. (If Applicable) Current policy numbers and employer information
<ul style="list-style-type: none">• And immigration numbers for anyone who is a legal resident	<ul style="list-style-type: none">• Pay stubs <i>or</i> W-2 tax forms <i>or</i> last year's taxes	<ul style="list-style-type: none">• Policy number for current health plans• Information about health plans offered by employers

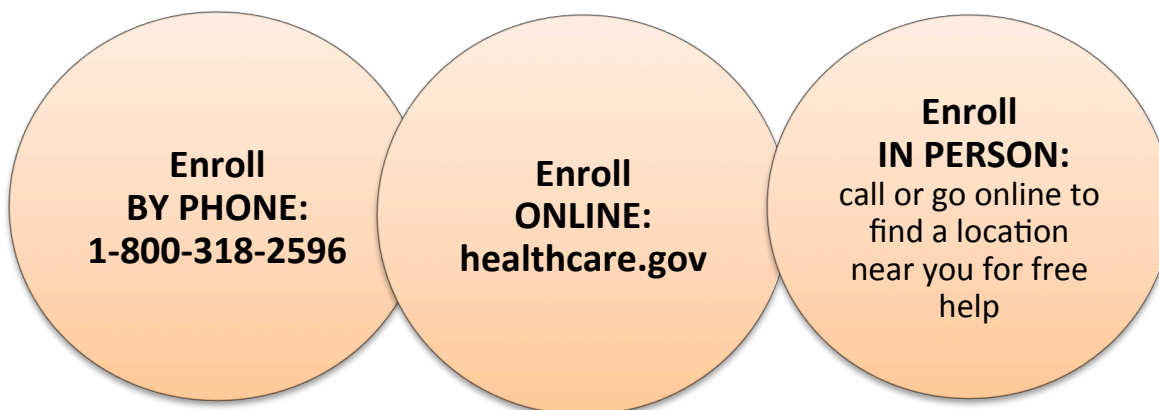
Second, think about what you need.

This will help you pick a plan.

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- Health Care Provider:** Do you already have a health care provider (like a doctor or hospital) that you want to keep seeing?
- Current Care:** How often do you use health care now? How much money do you spend on it?
- Future Care:** Do you expect to use health care in the next year? Do you have money set aside for that?

Third, it's time to enroll!

*(Enrollment is open from now until **March 31, 2014.**)*



What is health insurance?

Great question! Health insurance helps pay for your health care. It helps protect you and your family from going broke due to needed medical expenses like doctor visits, medications, or surgery. Every insurance plan comes with a set of particular doctors and hospitals who will accept that insurance.

Who can get insurance on the new marketplace?

You can apply if you live in the U.S., are here legally, and are not in prison. It doesn't matter if you have a pre-existing condition.

How much will I pay?

If your income is low, you might get Medicaid – which is free or has very low cost. Otherwise, you will pick a health plan on the insurance marketplace. Your cost depends on a few things.

- Your **premium** is the fee you pay every month. Most people will get a tax credit to help pay for this. Your insurance will pay for 100% of the cost of a yearly check-up and preventive care (like cancer screenings and birth control).

If you need other care, here's what you might pay:

- Your **deductible**. If your deductible is \$1000, you will pay \$1000 of your care before your insurance starts paying its share.
- Your **co-pay and co-insurance** are what you pay when you get care. For example, you might pay a \$15 co-pay to see a doctor. Your insurance pays your doctor the rest. Or you might pay a 20% co-insurance, and your insurance pays 80%.
- Your **out-of-pocket maximum**. Every plan on the marketplace has a maximum amount you could pay each year. After that, your insurance will pay for 100% of your care.

The marketplace puts plans in categories so it's easier to figure all of this out. In general, **bronze plans** are better if you use less health care. **Silver plans** have special benefits if you have lower income. **Gold** or **platinum** plans are better if you use more health care.

What if I already have health insurance?

If you have health insurance through Medicare, Medicaid, CHIP, TRICARE, VA, or the Indian Health Service, you do not need to shop on the marketplace.

If you have insurance through your work, you most likely will get a better deal through your work. But you can shop on the marketplace if your current plan is unaffordable or doesn't cover what you need.

If you buy insurance on your own and you got a letter from your insurance saying that they are getting rid of your plan, you should shop for insurance on the marketplace. If you have not gotten a letter from your insurance, you can keep your plan.