



Understanding the Health Insurance Marketplace Marketplace 101

Currently in the United States, there are 129 million Americans with pre-existing conditions who struggled to obtain health insurance and 50 million Americans have no insurance at all. The law has provided new coverage options for American's with pre-existing conditions.

A key component of the new health care law is the Marketplace (or Exchange) that takes effect in 2014. Enrollment starts October 1, 2013 ends March 31, 2014. Coverage begins as early as January 1, 2014 (if a person applies by December 15, 2013).

Every health insurance plan in the new Marketplace will offer comprehensive coverage, from doctors to medications to hospital visits. People will be able to compare all of their insurance options based on price, benefits, quality, and other features that may be important to them, in plain language that makes sense.

The Marketplace offers 3 things:

- 1. It's an easier way to shop for health coverage
- 2. Most people will be able to get a break on costs
- 3. Clear options with apples-to-apples comparisons

Each state can choose to create and run its own marketplace; partner with the Federal government to run some Marketplace functions; or have a Marketplace established and operated by the Federal government. **PA has chosen to have a**

Marketplace established and operated by the Federal government, also known as a federally facilitated marketplace.

A person can apply online, by phone, mail or in person. The toll-free number for federally facilitated and state partnership marketplaces is 1-800-318-2596 with customer service representatives available 24/7 and available in English and Spanish (a language line is available for 150 additional languages).

In person assistance will be available to help prepare electronic and paper applications to establish eligibility and to enroll in coverage through the Marketplace.

MEDICAID in the Marketplace

To date, Pennsylvania has decided not to expand Medicaid. The Medicaid expansion would cover many of those not previously eligible by expanding the income for adults ages 19-64 to 138% (133% with 5% disregard) of federal poverty level (FPL). These are adults who are not a part of a mandatory group (i.e., pregnant women, seniors, children and the disabled) who are already currently eligible for Medicaid.

In states that do not implement Medicaid expansion, people between 100% of the FPL and the state's Medicaid ceiling will not be eligible for Medicaid. However, these individuals will not be subject to the fee (penalty) if they do not obtain coverage through the Marketplace.

Medicaid applications can go through the marketplace or through Medicaid offices and at any time of the year.