

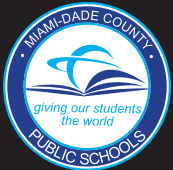
January 15, 2016...

LAST DAY TO ENROLL

or change plans
offered by
the Affordable
Health Care Act
for new coverage to start
February 1, 2016...

...open enrollment ends January 31, 2016...
enrollment or changes between January 15 and
January 31 take effect March 1, 2016.

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HealthCare.gov

For local resources and
information in other languages,
visit...

localhelp.healthcare.gov

The Health Care Law & Your Community: Key Information for Faith and Community Leaders

Millions of Americans lack quality, affordable health care coverage, which is essential for healthy individuals, families and communities. The Health Care law has made health insurance more affordable and accessible through the Health Insurance Marketplace (HealthCare.gov). Faith and community-based organizations can provide the bridge from those who are most vulnerable and hardest-to-reach to the health services they need. Below is some of the key information about health insurance, health benefits and services to help make those connections.

To Enroll in Health Insurance:

Visit www.HealthCare.gov to find out how to enroll in health insurance and compare premiums, deductibles and cost-sharing and coverage of health insurance plans. The website is also available in Spanish at www.CuidadoDeSalud.gov.

- Visit the Health Insurance Marketplace at www.HealthCare.gov
- Call 1-800-318-2596 24 hours a day, seven days a week if you have questions (TTY: 1-855-889-4325)
- Contact for local enrollment assisters at localhelp.HealthCare.gov

Key Dates

November 1, 2015

Open enrollment begins. For those who have existing coverage, it is an opportunity to re-evaluate and re-enroll in the Marketplace. To make sure they get the best deal for January 1, 2016 coverage, they need to take action by December 15, 2015.

December 15, 2015

Last day to complete the process for insurance coverage beginning January 1, 2016.

This is the last day to check health insurance options and re-enroll with changes taking place by January 1, 2016. Starting on December 16, they may be automatically re-enrolled in their existing plan or a similar plan.

January 31, 2016

Open enrollment ends.

Essential Health Benefits

All private insurance plans offered to individuals and small businesses in the Marketplace must provide coverage of the following essential health benefits:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (such as surgery)
- Maternity and newborn care (care before and after your baby is born)
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices (health care services to help you keep, learn or improve skills and functioning for daily living)
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral (dental) and vision care (pediatric oral services may be provided by a stand-alone plan)

Preventive Services

All Marketplace and many other plans cover a broad menu of preventive services without charging a **copayment** or **coinsurance**. This applies only when these services are delivered by a **network provider**. Visit healthfinder.gov to find out what preventive services are recommended for every member of your community.

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Information and Resources

Marketplace:

The website marketplace.cms.gov/ provides the most up-to-date resources and information on the Affordable Care Act and how to help with Marketplace enrollment activity.

Coverage to Care

Once you've signed up for health insurance, www.hhs.gov/coveragetocare provides more information about how to use health care coverage and to connect to health services.. These materials are especially helpful for first-time users of healthcare.

In-Person Assistance:

In-Person Assisters called Navigators and Certified Application Counselors are available to help consumers to enroll in health insurance and to answer questions. In-Person Assisters are listed at localhelp.healthcare.gov.

Medicare

Generally, people who are over age 65 and certain people with disabilities should go to [Medicare.gov](http://www.Medicare.gov) to enroll in the Medicare program. Information about Medicare and the Marketplace is available at <http://go.usa.gov/3ejYJ>

Medicaid

Visit [HealthCare.gov](http://www.HealthCare.gov) or your state's Medicaid agency. Medicaid provides free or low-cost health coverage to millions of Americans, including families with children, pregnant women, the elderly, and people with disabilities and some people with low-incomes.

Children's Health Insurance Program

[InsureKidsNow.gov](http://www.InsureKidsNow.gov) provides information on how children and teens may qualify for no-cost or low-cost health coverage through Medicaid and the Children's Health Insurance Program (CHIP). To learn about health coverage for children and teens in your state, call 1-877-Kids-Now (1-877-543-7669) or [InsureKidsNow.gov](http://www.InsureKidsNow.gov)

Community Health Centers (CHC's)

Community health centers provide high quality comprehensive care to patients regardless of their ability to pay. Services at community health centers may include primary, dental and mental and behavioral health care, as well as nutrition and healthy living services. Find the Community Health Center in your neighborhood at findahealthcenter.hrsa.gov

Affordable Care Act facts

Insurance companies cannot deny coverage or charge more for people because of **pre-existing medical conditions**.

Women may no longer be charged higher rates by most insurance companies due to gender or health status.

Insurers cannot cancel coverage just because you become **sick or make an unintentional mistake** on an application. Insurers also cannot cap the dollar amount they will pay for essential health benefits in a person's lifetime.

If insurers deny care or payment for services, consumers will have a **new independent appeal process**.

States have the opportunity to **expand Medicaid** to cover individuals and families who have incomes less than 138 percent of the federal poverty level. If estimated 2015 household income is less than \$16,243 for an individual, and less than \$33,465 for a family of four, they may qualify for free or low cost coverage through the Medicaid program.