

What immigrants and refugees need to know about the Affordable Care Act (ACA)



Affordable Care Act (ACA)

It is sometimes called Obamacare

Why do you need health insurance coverage?

Are you eligible for health coverage?

How do you enroll in health coverage?



Getting health insurance that you can afford is important. Thanks to the ACA, you can get health coverage to help keep you and your family healthy. The ACA is sometimes called “Obamacare.” If you are an immigrant or refugee, there are some things about the ACA you need to know.

The ACA helps people get health insurance through the Health Insurance Marketplace. We will talk about why you need health insurance coverage, your eligibility for health coverage, and how to enroll in health coverage.

Why is health insurance important?

Having health insurance makes it easier for you and your family to get and stay healthy

Check-up



Hospital



Counseling



Prescriptions



Flu Shots



Depression Screening



Enrolling in quality health insurance for you and your family is critical to your success! Health is important, and emotional and mental wellbeing are part of our overall health. Adults with serious mental health challenges are more likely to have asthma, high blood pressure and diabetes. Having health insurance makes it easier for you and your family to get and stay healthy. If you are physically, emotionally, mentally and spiritually healthy, you can be a positive part of your family, friends and community.

No one plans to get sick or hurt, but most people need medical care at some point. People without health insurance are more likely to use the emergency room. Using the emergency room for non-life threatening issues can be expensive. Health insurance helps cover these costs and protects you from very high expenses.

What does health insurance do?

It helps you get access to quality health care

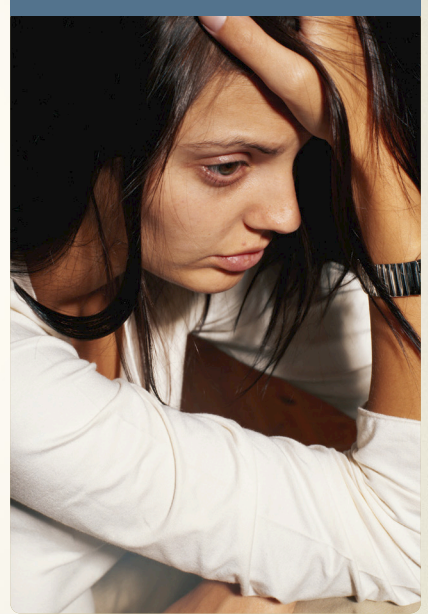
Physical Health



Mental Health



Substance Abuse



Health insurance helps you get access to affordable, quality health care for your physical and mental health needs, and can also help with substance abuse services. Health insurance is a contract between you and your insurance company. You buy a plan, and the company agrees to pay part of your medical costs when you get sick or hurt. You can shop for health insurance plans in the Health Insurance Marketplace, and find a plan that meets the needs of you and your family. Each state is different so depending on where you live, you will have access to different insurance plans.

If you don't have health insurance, you may have to pay a fee. The fee is also called the "penalty," "fine," or "individual shared responsibility payment." The fee is calculated based on a percentage of your household income or a flat rate per person, whichever is higher.

Concerns about enrollment

Major barriers

- Difficulty completing application
- Confusion about eligibility
- Fear about immigration enforcement
- Language and literacy challenges
- Renewing your coverage



You might be worried about enrolling because the application is hard to complete or you might be confused about eligibility. You might also be worried about immigration enforcement, especially if people in your family have different immigration statuses, and if you might expose other family members to the risk of deportation. If you work in seasonal jobs, are paid in cash or travel or move a lot, it might have been hard for you to renew your coverage.

If you don't speak or read English well, the forms and notices might be hard to understand. You might also be unable to enroll online because you don't have a computer or know how to use a computer well. You and your family might have also had a hard time getting health care, because of transportation and language barriers.

To get insurance

You need to meet these requirements

Be a U.S. citizen or be lawfully present in the United States

“Lawfully present” individuals have:

- Qualified non-citizen status without a waiting period
- Humanitarian statuses or circumstances
- Valid non-immigrant visa
- Legal Status conferred by other laws



While there are many barriers for immigrants and refugees and their families, the ACA and Marketplace make it easier to get health insurance and health care. The Marketplace is where you can find private insurance plans and get help paying for insurance.

There are some things you need to know about eligibility. In order to get private health insurance through the Marketplace, you must be a U.S. citizen or be lawfully present in the United States. The term “lawfully present” includes individuals who have “qualified non-citizen” immigration status without a waiting period, humanitarian statuses or circumstances or valid non-immigrant visas. There are other kinds of lawfully present individuals listed above.

Qualified non-citizens

You can get insurance on the Marketplace

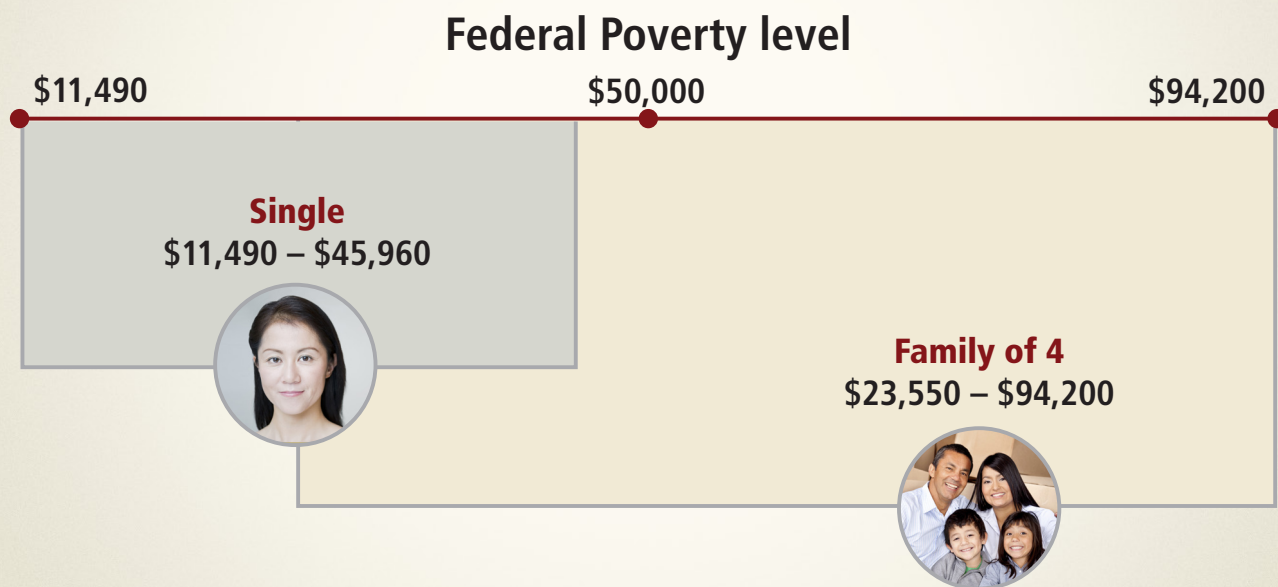
- Lawful Permanent Residents (LPR/Green Card Holder)
- Asylees
- Refugees
- Cuban/Haitian entrants
- Paroled into the U.S. for at least one year
- Conditional entrant granted before 1980
- Battered non-citizens, spouses, children, or parents
- Victims of trafficking
- Granted withholding of deportation
- Member of a federally recognized Indian tribe or American Indian born in Canada

Qualified non-citizens include lawful permanent residents, like green card holders, asylees and refugees. Other qualified non-citizens are listed above.

You may qualify for government help

Paying for health insurance

The amount of **tax credits** and **cost-sharing reductions** you get depends on how much money you make.



If you're a lawfully present individual, you can get private health insurance on the Marketplace. You might be able to get help paying for insurance too. You may be eligible for lower costs on monthly premiums and lower out-of-pocket costs if your annual income is 400% of the federal poverty level or below or if your annual household income is below 100% federal poverty level.

The federal poverty level, or FPL, is a measure of income level issued each year by the Department of Health and Human Services to determine your eligibility for certain programs and benefits.

Lawfully present individuals with estimated household incomes of up to 400% of the FPL in 2014 may be eligible for tax credits. The tax credit can be used immediately to reduce monthly premiums for insurance bought in the Marketplace. 400% of the FPL is about \$45,960 for an individual or \$94,200 for a family of 4 according to the 2013 Poverty Guidelines.

If you are a lawfully present individual with an estimated household income under 100% of the FPL in 2014 and not eligible for Medicaid, you will be eligible for tax credits and lower out-of-pocket costs for private insurance through the Marketplace when all other eligibility requirements are met. 100% of the FPL in 2014 is about \$11,490 for an individual or \$23,550 for a family of 4.

Health insurance words

The most important words are premiums, co-pays, deductibles, co-insurance and out-of-pocket

Premium

Each month, you pay what's called a premium to have health insurance, even if you do not use any health care services.

Co-pay

Once you've paid your premium, most plans help pay for the costs of doctor visits and drugs – only making you pay a small portion or fixed amount.

Deductible

It's the portion you have to pay before the insurance company covers anything.

Co-insurance

After you have met your deductible, the amount or percent that you have - usually 20%.

Out-of-pocket maximum

It's the most you pay during a policy period (usually one year) before your health insurance plan starts to pay.

When you have insurance, you pay some costs and your insurance plan pays some others.

Each month, you pay what's called a premium to have health insurance, even if you do not use any health care services. Once you've paid your premium, most plans help pay for the costs of doctor visits and drugs – you only pay a small portion or fixed amount called a co-pay. Your insurance company won't pay anything until you use enough health care services each year to reach what is called a deductible. After that, your plan will cover most of your costs for you, and you will pay a small percentage called co-insurance.

This amount varies depending on the plan you choose, but a typical plan might cover 80 percent of the costs once you meet a deductible and you will only pay 20 percent. Usually, you pay a lower monthly premium if you have a higher deductible. So if you think you and your family will use a lot of health care in a given year, you want a plan with a higher monthly cost, because it will have a lower overall cost when you add up all of your treatments and medicines.

Out-of-pocket maximum is the most you pay during a policy period, which is usually one year, before your health insurance or plan starts to pay 100% for covered essential health benefits.

The maximum out-of-pocket cost limit for any individual Marketplace plan for 2014 can be no more than \$6,350 for an individual plan and \$12,700 for a family plan.

What does your plan cover?

10 essential health benefits in every Marketplace plan

Outpatient Care



Emergency Services



Hospital



Baby Care



Mental Health Substance Abuse



Prescriptions



Disability Care



Lab Tests



Preventive Services



Dental and Vision for Kids



Each insurance plan sold in the Marketplace offers 10 of the most important health services that you may need. They are called **Essential Health Benefits** and they include:

- Outpatient care—the kind you get without being admitted to a hospital
- Emergency services. This is for life threatening problems only. If you show up in the emergency room and your problem is not that serious, your insurance might not cover it.
- Hospitalization, such as surgery. This is when you are admitted and you get treatment in the hospital for inpatient care.
- Maternity care for you before and after your baby is born, and care for your baby
- Mental health and substance use services, including counseling and psychotherapy
- Prescription medicines
- Health care services that help a person keep, learn or improve skills and functioning for daily living. This may include therapy for a child who isn't walking or talking at the expected age, physical and occupational therapy, speech-language pathology and other services for people with disabilities.
- Lab services, such as having your cholesterol checked or having a tissue biopsy
- Preventive and wellness services and chronic disease management, such as education about how to manage your diabetes
- Dental and vision care for kids

For even more details about your plan, take a look at your Summary of Benefits and Coverage.

Medicaid and CHIP

Other programs available

Medicaid

Medicaid is a health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities, and in some states, other adults

CHIP

The Children's Health Insurance Program, or CHIP, is a health insurance program for children up to age 19



Now let's talk about other health insurance programs offered by the government. If you are a qualified non-citizen, you are generally eligible for Medicaid and Children's Health Insurance Program coverage if you meet your state's income eligibility rules. The Children's Health Insurance Program, or CHIP, is a health insurance program for children up to age 19. Medicaid is a health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities, and in some states, other adults. Medicaid programs vary state by state. Medicaid may have a different name in your state.

To get Medicaid and CHIP coverage, you may have a 5-year waiting period. This means you must wait 5 years after receiving "qualified" immigration status before being eligible for Medicaid and CHIP. Some states have removed the 5-year waiting period. People who don't have eligible immigration status are not eligible for Medicaid. However, they may be able to get limited emergency services through Medicaid if they meet all other Medicaid eligibility criteria in the state.

You can enroll in Medicaid or CHIP any time during the year. If you qualify, you can enroll now.

Your immigration status

It won't be used for immigration enforcement purposes

1

Can't require you to provide information about the citizenship or immigration status of any family or household members who aren't applying for coverage

2

States can't deny you benefits because a family or household member who isn't applying hasn't provided immigration status

3

Applying for health insurance will not affect your chances of becoming a Lawful Permanent Resident or U.S. citizen



Federal and state Marketplaces, and state Medicaid and CHIP agencies can't require you to provide information about the citizenship or immigration status of any family or household members who aren't applying for coverage. States can't deny you benefits because a family or household member who isn't applying hasn't provided his or her citizenship or immigration status. Information that you provide to the Marketplace won't be used for immigration enforcement purposes.

Applying for Medicaid or CHIP, or getting help with health insurance costs in the Marketplace, will not affect your chances of becoming a Lawful Permanent Resident or U.S. citizen. The one exception is for people receiving long-term care in an institution at government expense. These people may face barriers getting a green card.

Special cases

Your eligibility varies depending on your status

Mixed status families

Only lawfully present individuals are eligible

Pregnant women and children

Lawfully residing immigrant children under age 21 and pregnant women are eligible in some states

COFA migrants

Eligible for Marketplace plans, not eligible for Medicaid or CHIP

DACA individuals

Not eligible for Marketplace, Medicaid or CHIP

Undocumented individuals

Not eligible for Marketplace, Medicaid or CHIP



There are some specific things you need to know about the ACA if you are part of a certain group.

A **mixed-status family** is made up of individuals with different citizenship or immigration statuses. For example, an undocumented mother, a lawfully present father, an adolescent granted Deferred Action for Childhood Arrivals, or DACA, program, and a child who is a U.S. citizen because he or she was born in the United States. Remember, you can only get insurance through the Marketplace if you are lawfully present in the United States.

That means undocumented immigrants and DACA recipients generally can't get insurance through the Marketplace, Medicaid and CHIP, but may be eligible for emergency Medicaid or state-funded programs.

Some states have removed the 5-year waiting period and cover **lawfully residing children and/or pregnant women** who are otherwise eligible for Medicaid.

If you are a **Compact of Free Association migrant**, meaning you are from the Federated States of Micronesia, the Republic of the Marshall Islands or the Republic of Palau, you are considered a lawfully present non-citizen and can get private insurance through the Marketplace. However, you are not eligible for Medicaid or CHIP.

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Deferred Action of Childhood Arrivals, or DACA,-eligible individuals are not eligible for insurance coverage through the Marketplace, Medicaid or CHIP. Unless their state has established a state-funded health coverage program, their only opportunity to obtain affordable health insurance may be through employment. DACA-eligible individuals also do not need to pay the penalty if they don't have health insurance.

Undocumented immigrants also can't get insurance through the Marketplace, Medicaid, CHIP, and don't have to pay the penalty if they don't have health insurance.

Undocumented immigrants may continue to buy coverage on their own outside the Marketplace and can get limited services for an emergency medical condition through Medicaid, if they are otherwise eligible for Medicaid in the state.

If you're not eligible for Marketplace coverage or you can't afford a health plan, you can get low-cost health care at a nearby community health center. Community health centers provide primary health care services to all residents, including immigrant families, in the health center's service area. Some states provide insurance coverage to additional immigrant populations. Check with your state Medicaid office to see if you qualify.

How to get health insurance

There are 4 ways to enroll

Online

Go online to **HealthCare.gov**

Phone

Call 1-800-318-2596

Mail

Fill out a paper application and mail it in

Get Help

Find an 'assister' at any of these places and schedule an appointment, or call 1-800-318-2596 and ask how to get in-person help.



Now let's talk about how to get health insurance. Remember, you can enroll in Medicaid or CHIP any time. You can only enroll in a Marketplace plan during open enrollment periods, which are generally 3 months long and begin in the fall.

You can get more information about the ACA and health insurance at **www.healthcare.gov**, the official website of the Health Insurance Marketplace. You can shop for health plans, apply and enroll online at healthcare.gov.

You can also call the toll free number **1-800-318-2596** to start or finish an application, compare plans, enroll or ask a question 24 hours a day, 7 days a week. Assistance is available in more than 150 different languages.

You can also enroll with the help of a person or organization that is certified to help you enroll. These people may be call in-person assisters or navigators. Local state welfare offices, community health centers, local hospitals, mental health centers, immigration centers and consulate offices may also be able to provide information about ACA programs in your state. You can also contact your local church or a faith based agency, local libraries, county health offices, income tax preparation office, Head Start center or school staff for more help about health insurance.

Language assistance

You can get help in your language



cuidadodesalud.gov



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If you need help in another language, you can get it. **HealthCare.gov** is available in English and Spanish. You can go to **CuidadodeSalud.gov**, or click “Español” in the upper right hand corner on the healthcare.gov site.

A representative from the Marketplace Call Center can help you in your language. To talk to an interpreter, call **1-800-318-2596** and say “**Agent**” or press “**0**”. Once an agent is on the line, say the name of the language you need.

Each state also has language assistance, but the way you request language assistance may be different in each state. Any government agency or federally qualified health center has access to language line. This is a translator that is available to help you in your language over the phone.

Application process

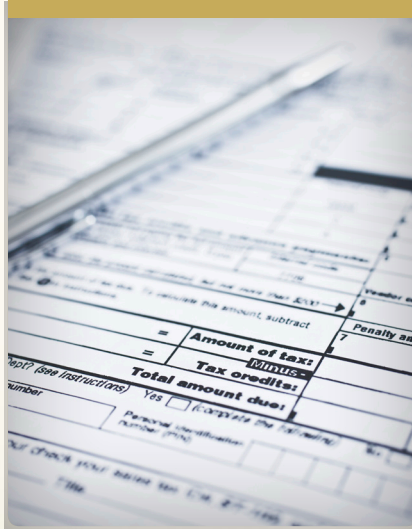
What you will need to apply

For every person in your house (which is defined by how you file your income tax return) who needs coverage, you **must** have their:

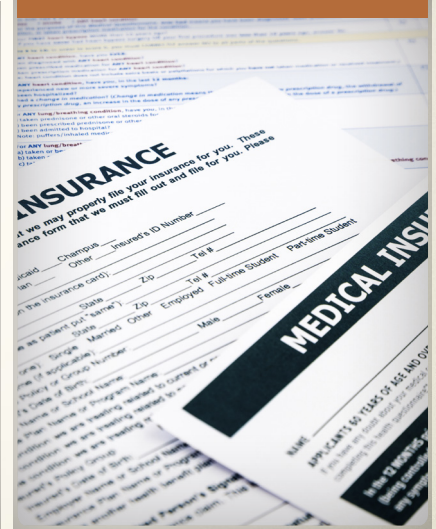
Proof of Residence



Pay Stubs & Tax Forms



Other Insurance



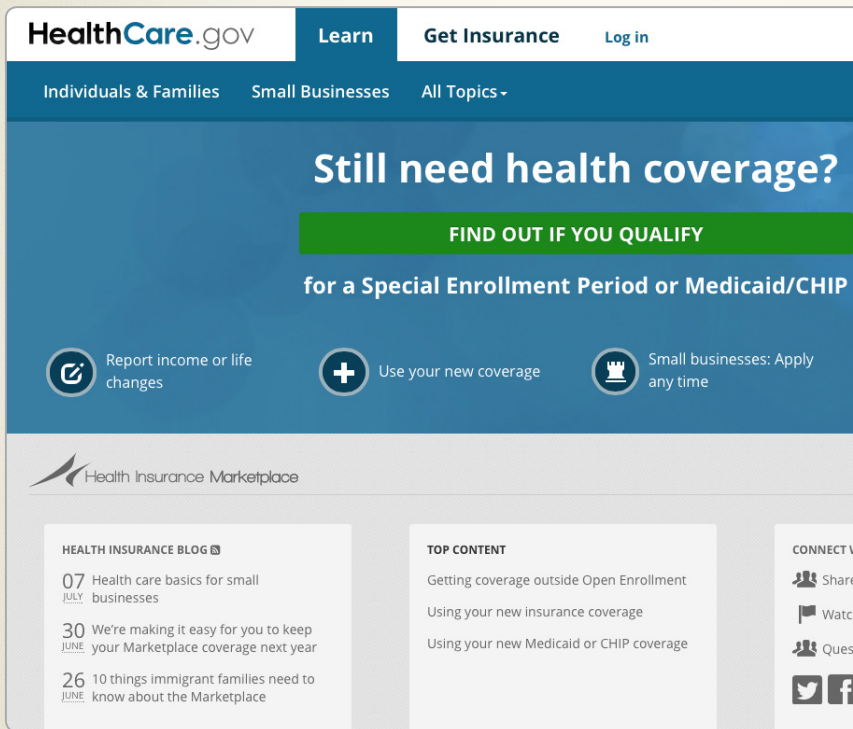
When you are ready to apply, make sure you have social security numbers for everyone in your household who is applying for insurance. You also need income information, so you will need everyone's pay stubs, W-2 forms, income tax returns, or letters from Social Security, Supplemental Security Income, or the U.S. Department of Veteran's Affairs. You will also need documents to show your immigration status, like a green card or refugee travel document. If anyone in your household has health insurance, you will need the policy number.

Remember, Health Insurance Marketplaces and state Medicaid and CHIP agencies can only require Social Security Numbers from applicants, recipients of benefits, and certain people whose income is needed for computing tax credits.

States can ask other non-applicants for a social security number, but only if they clearly indicate that providing this information is voluntary, and if they explain how the information will be used. States can't deny benefits because the applicant doesn't provide the social security numbers of people who aren't applicants for benefits or recipients of Medicaid or CHIP benefits, or those not required to provide social security numbers.

Where can I go for more information?

Health Insurance Marketplace



HealthCare.gov
1-800-318-2596

Information is available in
additional languages



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After you enroll in a health insurance plan, you will receive confirmation by mail or email. You will also receive instructions on next steps, including paying your premium. A premium is the monthly cost of the insurance, IF you have to pay one. Many people will not pay anything and some, just a small amount. You may also be contacted by phone and/or mail by your state Medicaid or CHIP agency. Remember, Medicaid and CHIP may have a different name in your state. Once your premium is paid, if you have one, than your health insurance cards will come in the mail.

If you are not sure if you have enrolled, you can check your account on healthcare.gov if you created one, you can call the insurance company, or you can call the Marketplace Call Center at 1-800-318-2596.

We hope you understand why health insurance is important and what the ACA means for you and your family. Remember, you can find more information about the Affordable Care Act and health insurance at the Health Insurance Marketplace website www.HealthCare.gov. You can also call the Marketplace Call Center at **1-800-318-2596** to ask a question. The call center is open 24 hours a day, 7 days a week.

Thank you.