

Healthcare Reform Q&A

You're likely to hear a lot about healthcare reform in the coming months — in the media and from friends and family members. It raises many questions; some of the most important questions for you and your benefits are included here. For more information on health care reform, visit www.healthcare.gov.

Question

Answer

Colorado Springs School District 11

Does healthcare reform allow people to keep their current health coverage?

Yes. Nothing in the law requires individuals to terminate coverage they have, unless the coverage does not meet the minimum requirements under healthcare reform (is not minimum essential coverage).

I heard part of the health care reform law was delayed. Does this affect me?

The requirement for employers with 50 or more employees to offer coverage or be penalized was delayed by one year, from 2014 to 2015. Because we already plan to offer coverage in 2014, this change does not affect us.

Individual coverage requirement

Are individuals required to have health coverage?

In 2014, most U.S. citizens and legal residents will be subject to the individual mandate. The individual mandate requires individuals to obtain health insurance coverage or become subject to a penalty. If you are eligible and elect coverage through our plan, you will meet this requirement. If you and/or your family decline the coverage and don't have other coverage, you may be subject to a penalty.

We usually sign up for benefits that start on July 1st. Will the coverage requirement still apply to us on January 1, 2014?

The requirement for an individual to have coverage is effective on the first plan year starting January 1, 2014 or later. Because our plan year begins July 1st, the individual mandate will not be effective for you or your family until that date. If you are not currently eligible for coverage under our plan, the individual mandate will become effective on January 1, 2014.

My spouse's employer plan usually makes benefit changes that start later in the year. How will that affect what I should do?

Like every year, you need to read all of the benefits enrollment materials available to you — for both your plan and your spouse's plan. You will need to make your health care coverage decisions based on what you know at the time of our open enrollment period.

I will not be eligible for coverage under the Colorado Springs School District 11 plan in 2014. What should I do?

You should explore your options through the Health Insurance Marketplace (Exchange), spouse's plan, or other federal plans. Because you do not have coverage available through your employer, you may be eligible for credits or subsidies.

Health Insurance Marketplace

I've been hearing a lot about the Health Insurance Marketplace (Exchange) What is it?

The Affordable Care Act requires each state to provide access to a competitive marketplace where individuals will be able to purchase private health insurance coverage, if they don't have it through their employer. Some states set up their own marketplace; other states are using a marketplace maintained by the federal government. If you need insurance because you cannot purchase it through your employer or you want to explore other plans, the Marketplace will help you compare your options. The marketplaces will have their first open enrollment beginning October 1, 2013, with coverage starting on January 1, 2014.

Could I save money by purchasing coverage through the Marketplace?

The cost of coverage under an Insurance Marketplace will be based on your age, zip code, family size, smoking status and household income. If you choose to waive coverage under our plan, you will not be eligible to receive a contribution from our company to purchase through the Marketplace.

Is the Colorado Springs School District 11 plan part of the Health Insurance Marketplace?

No. Employer-sponsored plans are not included in the Marketplace.

Can I receive a subsidy to purchase Marketplace coverage even though Colorado Springs School District 11 offers health coverage?

Because our plan meets requirements for affordability and minimum value, you are not eligible for a subsidy to purchase coverage in the Marketplace, regardless of your household income.

You may be eligible for subsidies and credits in the Marketplace. Visit www.healthcare.gov to explore your options.

My 24-year-old daughter is eligible under my plan, but would it be cheaper for her to buy insurance through the Marketplace?

That might be a possibility. Have your child explore the options available by going to www.healthcare.gov.

Are there other options for health coverage beside my employer plan and the Marketplace?

Individuals with household incomes below 100% of the federal poverty level may be eligible for Medicaid (below 138% of poverty level in states that decided to expand Medicaid eligibility). If you think you might qualify, you can find out more at www.healthcare.gov or through your state's Medicaid office. You can also qualify for Medicare based on your age or consider enrolling in your spouse's plan.

Other questions

Can anyone be denied coverage because of a preexisting condition or if they get sick?

Both insurance companies and group health plans are prohibited from refusing coverage or charging more for someone with a preexisting condition. In addition, plans cannot drop an individual if they get sick, except in cases of fraud or material misrepresentation.

Did the health care reform law eliminate or change COBRA?

No. The health care reform law did not eliminate or change the COBRA rules.

Find out more

Where can I learn more about health care reform and the Health Insurance Marketplace?

The Department of Health and Human Services has established www.healthcare.gov, a website where residents of any state can identify health insurance coverage options in their state and learn more about health care reform.

Where can I learn more about the Colorado Springs School District 11?

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