What is the Health Insurance Marketplace?
The Health Insurance Marketplace (also called an exchange) is a place to find affordable private insurance plans approved by the federal government. You can enroll by paper, in person, or online. That is, the policies exist and the online marketplace is but one way to find them. The online link for the Michigan marketplace is www.healthcare.gov. The marketplace remains an option for people who have not been able to get affordable insurance through their work or to buy it on their own. Through the marketplace, people compare insurance options and choose a plan that is right for them. The marketplace has usual open enrollment periods. The next open enrollment will be Nov. 15 through Feb. 15. (People who qualify for Medicaid or the Healthy Michigan Plan will be identified through this enrollment process. The marketplace is not for people eligible for Medicare.)

Why should I care about the Marketplace?
The new health reform law requires that almost everyone who can afford health insurance must have it. You are insured if you already have employer-sponsored health insurance, a private policy, or have Medicare, Medicaid, Healthy Michigan Plan, TRICARE, VA, or get care through the Indian Health Service (IHS). The marketplace offers an option where people who don’t have insurance otherwise can go shopping for insurance easily. And no one can be turned down to purchase insurance. Anyone who remains uninsured for more than three months in a year will have to pay a fine. That fine of 1 percent will be levied on that amount of annual household income over the tax paying threshold (about $10,000) OR $95, whichever is more. Fines will increase each year.

Who can buy health insurance on the Marketplace?
Only U.S. citizens or legal U.S. residents can buy insurance through the marketplace. Many will not need to because they already have insurance through work, Medicaid, Medicare, TRICARE, VA, or IHS. Many who do purchase through the marketplace will qualify for tax subsidies. The tax subsidies help pay for a plan’s monthly premiums. Some of the subsidies help pay for out-of-pocket expenses.

The marketplace has an open enrollment period every year. Only those who have special qualifying events can enroll in the marketplace outside the regular open enrollment time.

Author: Roberta Riportella, Ph.D., Kansas Health Foundation Professor of Community Health, School of Family Studies and Human Services, Kansas State University

For Michigan State University Extension’s most current ACA news and information, visit aca.msue.msu.edu
**What does that mean?**

**Copayment**
The set part of the bill (for example, $10) you must pay for care covered by your insurance plan. The amount can be different for different services.

**Health Insurance**
A contract you pay for with “premiums” that requires your health insurer to pay some or all of the costs for care.

**Navigators**
Trained people who help people and small businesses learn about and understand the insurance plans in the Marketplace and how to enroll in them.

**Out-of-pocket costs**
The amount of money you pay for services covered under your health plan, including copayments, coinsurance and deductibles. Plans have a limit to keep your care affordable if you need a lot of care in a year.

**Premium**
The amount you pay to buy your health insurance plan.

**Provider**
Doctors, nurse specialists, physician assistants, therapists and other healthcare professionals who have a license to provide or arrange care.

**Tax credits/Premium subsidies**
The tax credit is available depending on your income and whether you have adequate and affordable insurance from your employer. When you sign up for insurance, you can lower the cost right away by having all or part of the tax credit sent to the insurance company to pay part of the premiums, or you can receive it as a tax refund or lower tax bill. This is available even if you do not pay any taxes.

---

**What are Essential Health Benefits?**
These services and items must be included in insurance plans available on the Marketplace:

1. Doctor or clinic visits
2. Emergency department care
3. Hospital care
4. Maternity and new baby care
5. Mental health, behavioral health and substance abuse treatment
6. Prescription medicine
7. Rehabilitation and habilitation services and devices
8. Lab tests
9. Prevention and wellness services, and chronic disease management (like asthma and diabetes)
10. Children’s care, including dentist visits and eye care (glasses)

**How does the Marketplace work?**
Insurance plans differ depending on several factors: which health care providers you see, what benefits are covered, how much you pay for premiums, and how much you are required to pay out of pocket each time you use a service. In the marketplace these plans are ranked using metal tier labels: bronze, silver, gold, and platinum. All plans cover basic, or “essential health benefits,” required by the health reform law but some offer more benefits. Bronze plans cost less in premiums but more in out of pocket payments. Bronze plans also cover fewer health-care services. Platinum plans are considered the most expensive and comprehensive plans. They cover the largest number of health-care services and cost more in monthly premiums, but less in out-of-pocket payments. Silver and gold plans are in between.

Learn more at [www.healthcare.gov](http://www.healthcare.gov)