

Congratulations on buying a health insurance policy through the Federal Marketplace.

Whether you call it Obamacare, Health Insurance, or the Affordable Care Act, you have a very valuable policy, that many people have been fighting for generations to make available to the American public. But what does it really provide, and how should I use it wisely.

If you are within the annual election period then let's check a few things.

- Did you pick the primary care doctor when you enrolled in the plan?
- Is the closest hospital you would likely go to in the plan?
- Do you understand if there are things you need to do to keep the plan?
- Did you work with an agent, work over the phone, via the internet, or via a Navigator.
- Things to think about when working with an agent.

If you just enrolled take a moment and review the Eligibility Document you should have received.

- This is an important document and you will need it when you file taxes for 2015, 2016, 2017 or 2018 if it is during the AEP
- Check the following:
 - Is the income shown on the form correct
 - Is your name and address correctly
 - Does the plan include all the people who are on your income tax return and who needed insurance. (Anyone missing and you'll be subject to a penalty on that person)
 - Does it indicate that you are missing any documentation (income, citizenship, immigration, incarceration status)? If it does you need to correct these as quickly as possible

First, here is what it covers.

Preventative Services - which for men include:

Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked

Alcohol Misuse screening and counseling

Aspirin use to prevent cardiovascular disease for men and women of certain ages

Blood Pressure screening for all adults

Cholesterol screening for adults of certain ages or at higher risk

Colorectal Cancer screening for adults over 50

Depression screening for adults

Diabetes (Type 2) screening for adults with high blood pressure

Diet counseling for adults at higher risk for chronic disease

HIV screening for everyone ages 15 to 65, and other ages at increased risk

Immunization vaccines for adults—doses, recommended ages, and recommended populations vary:

Hepatitis A

Hepatitis B

Herpes Zoster

Human Papillomavirus

Influenza (Flu Shot)

Measles, Mumps, Rubella

Meningococcal

Pneumococcal

Tetanus, Diphtheria, Pertussis

Varicella

Obesity screening and counseling for all adults

Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk

Syphilis screening for all adults at higher risk

Tobacco Use screening for all adults and cessation interventions for tobacco users

Women's Preventive Services ObamaCare

In 2012, women became entitled to benefits under specific provisions of the Affordable Care Act. These provisions include well-woman visits, counseling for domestic violence victims, domestic violence screenings, and contraception counseling and dispensing.

1. **Anemia screening** on a routine basis for pregnant women
2. **Breast Cancer Genetic Test Counseling (BRCA)** for women at higher risk for breast cancer
3. **Breast Cancer Mammography screenings** every 1 to 2 years for women over 40
4. **Breast Cancer Chemoprevention counseling** for women at higher risk
5. **Breastfeeding comprehensive support and counseling** from trained providers, and access to breast feeding supplies, for pregnant and nursing women
6. **Cervical Cancer screening** for sexually active women
7. **Chlamydia Infection screening** for younger women and other women at higher risk
8. **Contraception**: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt “religious employers.”
9. **Domestic and interpersonal violence screening and counseling** for all women
10. **Folic Acid** supplements for women who may become pregnant
11. **Gestational diabetes screening** for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
12. **Gonorrhea screening** for all women at higher risk
13. **Hepatitis B screening** for pregnant women at their first prenatal visit
14. **HIV screening and counseling** for sexually active women
15. **Human Papillomavirus (HPV) DNA Test** every 3 years for women with normal cytology results who are 30 or older
16. **Osteoporosis screening** for women over age 60 depending on risk factors
17. **Rh Incompatibility screening** for all pregnant women and follow-up testing for women at higher risk
18. **Sexually Transmitted Infections counseling** for sexually active women
19. **Syphilis screening** for all pregnant women or other women at increased risk

20. **Tobacco Use screening and interventions** for all women, and expanded counseling for pregnant tobacco users
21. **Urinary tract or other infection screening** for pregnant women
22. **Well-woman visits** to get recommended services for women under 65

Children's Preventive Services ObamaCare

1. **Autism screening** for children at 18 and 24 months
2. **Behavioral assessments** for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
3. **Blood Pressure screening** for children at the following ages: 0 to 11 months, 1 to 4 years , 5 to 10 years, 11 to 14 years, 15 to 17 years.
4. **Cervical Dysplasia screening** for sexually active females
5. **Depression screening** for adolescents
6. **Developmental screening** for children under age 3
7. **Dyslipidemia screening** for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
8. **Fluoride Chemoprevention supplements** for children without fluoride in their water source
9. **Gonorrhea preventive medication** for the eyes of all newborns
10. **Hearing screening** for all newborns
11. **Height, Weight and Body Mass Index measurements** for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
12. **Hematocrit or Hemoglobin screening** for children
13. **Hemoglobinopathies or sickle cell screening** for newborns
14. **HIV screening** for adolescents at higher risk
15. ****Hypothyroidism screening** for newborns
16. **Immunization vaccines** for children from birth to age 18 —doses, recommended ages, and recommended populations vary:
 - Diphtheria, Tetanus, Pertussis
 - Haemophilus influenza type b
 - Hepatitis A

- [Hepatitis B](#)
 - [Human Papillomavirus](#)
 - [Inactivated Poliovirus](#)
 - [Influenza \(Flu Shot\)](#)
 - [Measles, Mumps, Rubella](#)
 - [Meningococcal](#)
 - [Pneumococcal](#)
 - [Rotavirus](#)
 - [Varicella](#)
17. **Iron supplements** for children ages 6 to 12 months at risk for anemia
18. **Lead screening** for children at risk of exposure
19. **Medical History** for all children throughout development at the following ages: [0 to 11 months](#), [1 to 4 years](#), [5 to 10 years](#), [11 to 14 years](#), [15 to 17 years](#).
20. **Obesity screening and counseling**
21. **Oral Health risk assessment** for young children Ages: [0 to 11 months](#), [1 to 4 years](#), [5 to 10 years](#).
22. **Phenylketonuria (PKU) screening** for this genetic disorder in newborns
23. **Sexually Transmitted Infection (STI) prevention counseling and screening** for adolescents at higher risk
24. **Tuberculin testing** for children at higher risk of tuberculosis at the following ages: [0 to 11 months](#), [1 to 4 years](#), [5 to 10 years](#), [11 to 14 years](#), [15 to 17 years](#).
25. **Vision screening** for all children.

Senior's Preventive Services ObamaCare

Medicare Part B (Medical Insurance) covers:

- [Abdominal aortic aneurysm screening](#)
- [Alcohol misuse screenings & counseling](#)
- [Bone mass measurements \(bone density\)](#)
- [Cardiovascular disease screenings](#)
- [Cardiovascular disease \(behavioral therapy\)](#)
- [Cervical & vaginal cancer screening](#)
- [Colorectal cancer screenings](#)

- [Depression screenings](#)
- [Diabetes screenings](#)
- [Diabetes self-management training](#)
- [Glaucoma tests](#)
- [Hepatitis C screening test](#)
- [HIV screening](#)
- [Mammograms \(screening\)](#)
- [Nutrition therapy services](#)
- [Obesity screenings & counseling](#)
- [One-time “Welcome to Medicare” preventive visit](#)
- [Prostate cancer screenings](#)
- [Sexually transmitted infections screening & counseling](#)
- Shots:
 - [Flu shots](#)
 - [Hepatitis B shots](#)
 - [Pneumococcal shots](#)
- [Tobacco use cessation counseling](#)
- [Yearly “Wellness” visit](#)

This isn't Preventive Care: Medical treatment for specific health conditions, on-going care, lab or other tests necessary to manage or treat a medical issue or health condition are considered diagnostic care or treatment, not preventive care.

Hidden issue: Preventative Service may end costing you money if your doctor codes it incorrectly. If you get a bill and you think it should have been free, get help to see if your doctor made a coding mistake. These things happen all the time.

Know some places and people you should know about.

- The Primary Care Doctor

Make sure you have a primary care doctor and make sure your doctor speaks a language and in a way that you can clearly understand. If you don't like the doctor you've been assigned to you have the right to pick a new different. In a similar vein, women should plan choose an OB/GYN that is in network. You may not want a doctor whose English is difficult for you to understand or who doesn't speak French or Creole if you are of Haitian descent.

If you have not seen one in the last twelve months, you should make an appointment. Many serious illnesses can be diagnosed early with just a visit. Knowing about high blood pressure, cholesterol, and diabetes early can make a big difference in the quality of your life, these are all silent killers. A preventative visit annually will not cost you anything with ANY of the new policies set up by the law. For women, an annual visit to your OB/GYN is also a covered no cost part of your insurance. You should care enough about yourself to do this every year as well.

We have written a detailed paper on what preventative services are covered for men, women, children, and Seniors.

- The Urgent Care Center closest to your home

Make sure you know about the Urgent Care Center near you and plan to use it, not the emergency room if something non-life threatening happens to you. They are generally much faster than emergency rooms, and they will end up costing you a fraction of what the emergency room costs you. If you have a bronze plan a visit to the ER will likely cost you as much as \$7,450 while a visit to an Urgent Care Center will likely cost you between \$25 and \$75 with most plans. Even if you have a subsidized Silver Plan the difference will end up being hundreds or perhaps a thousand dollars different.

- Take advantage of all your preventative coverages. If you can get a flu shot, then get it. If you are old enough for a colonoscopy then get that as well. It is much cheaper to catch a disease like pancreatic cancer early and you are much more likely to live as well.
- Know your network. Pick a plan with the hospital that is close to you.

Key Terms you need to understand:

Deductible: The amount you owe for covered health care services before your health insurance or plan begins to pay.

Copayment: An amount you pay as your share of the cost for a medical service or item, like a doctor's visit.

Coinsurance: Your share of the cost for a covered health care service, usually calculated as a percentage (like 20%) of the allowed amount for the service.

Premium: The amount you pay for your health insurance or plan each month.

Network: The doctors, hospitals, and suppliers your health insurer has contracted with to deliver health care services to their members.

Keeping the insurance - Getting the insurance may only be the initial step. There are several items you must do.

First, if a payment is due you must make that first payment within a few days of the start date. If you don't you may find yourself having three problems

1. You will lose your insurance
 2. You will be excluded from buying any other insurance for the remainder of the year.
 3. You will likely have to pay a steep penalty when you file taxes next year.
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1. Second, look at your eligibility report. Does it require you to do anything? If it does, then work with your agent to get it taken care of quickly. Once you think you've taken care of it, then you need to check to make sure it is really taken care of. If you fail to comply the government will take away your subsidy and you may be unable to afford the insurance and you'll likely have very negative consequences even if we can get the policies re-instated.
 - a. You lose your insurance
 - b. You are excluded from buying insurance for the remainder of the year
 - c. You may have to pay a penalty when you file taxes next year.
 - d. You may have a debt to pay for the insurance you had because you didn't provide the paperwork.

The basic rule is don't procrastinate.