



Get Insured. Stay Insured.

ENROLLMENT TOOLKIT.
YOUR GUIDE TO HEALTH INSURANCE.

Welcome!

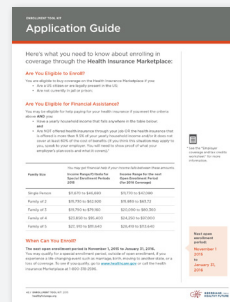
Your **enrollment toolkit** and has important information that will help you learn and understand

- how to get health insurance (enrollment) and
- how to use your health insurance once you have it (post-enrollment)

What's inside?

Enrollment Tools

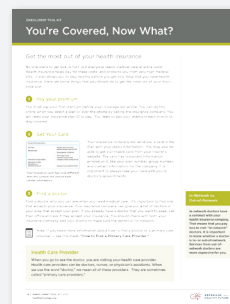
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Information about **enrollment and how to get insurance** uses the **orange color** like this sample.

Post-Enrollment Tools

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Information about **post-enrollment and how to use insurance** uses the **green color** like this sample.

Don't worry if you have questions along the way! We are here to help:

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404-567-5016, Ext. 2

Application Guide

Here’s what you need to know about enrolling in coverage through the **Health Insurance Marketplace**:

Are You Eligible to Enroll?

You are eligible to buy coverage on the Health Insurance Marketplace if you:

- Are a US citizen or are legally present in the US;
- Are not currently in jail or prison;

Are You Eligible for Financial Assistance?

You may be eligible for help paying for your health insurance if you meet the criteria above **AND** you:

- Have a yearly household income that falls anywhere in the table below; **and**
- Are NOT offered health insurance through your job OR the health insurance that is offered is more than 9.5% of your yearly household income and/or it does not cover at least 60% of the cost of benefits (If you think this situation may apply to you, speak to your employer. You will need to show proof of what your employer’s plan costs and what it covers).*

You may get financial help if your income falls between these amounts.

Family Size	Income Range for Advanced Premium Tax Credit (2018)	Income range for APTC and Cost Sharing Reduction (2018)
Single Person	\$12,060 to \$48,240	\$12,060 to \$30,150
Family of 2	\$16,240 to \$64,960	\$16,240 to \$40,600
Family of 3	\$20,420 to \$81,680	\$20,420 to \$51,050
Family of 4	\$24,600 to \$98,400	\$24,600 to \$61,500
Family of 5	\$28,780 to \$115,120	\$28,780 to \$71,950

The Marketplace offers two forms of financial assistance. One is called an Advanced Premium Tax Credit (APTC). Think of the APTC like a coupon that lowers the cost of your monthly health insurance premium. The second form of financial assistance is called Cost Sharing Reductions (CSRs). A CSR is a discount that lowers the amount you have to pay out-of-pocket for deductibles, coinsurance, and copayments. You may qualify for one or both if your income falls in the ranges below.



* See the “Employer coverage and tax credits worksheet” for more information.

When Can You Enroll?

The open enrollment period runs from November 1 to December 15.

You may qualify for a special enrollment period, outside of open enrollment, if you experience a life-changing event such as marriage, birth, moving to another state, or a loss of coverage. To see if you qualify, go to www.healthcare.gov or call the health insurance Marketplace at 1-800-318-2596.

What Do You Need When You're Ready to Enroll?

Income Documents:

W2 or recent pay stubs, Social Security benefit letter, and information on any other income you receive — even if you don't pay taxes on it

Employer's information:

Phone # and address

Citizenship & Immigration Documents:

If you are not a U.S. citizen by birth, you will need a citizenship certificate, immigration documents, refugee travel documents, green card, or other eligible status documents

How to Apply:



Online

- Go to www.healthcare.gov
- Create an account — you will need an email address for this
- You can complete your application and even select a plan online. You may be able to pay your first premium too.



By Phone

- Call 1-800-318-2596
- Complete the application with the phone representative
- The representative will tell you how much, if any, financial assistance you are eligible for and discuss the available plans. You can even select a plan over the phone.



In-Person

- Visit LocalHelp.HealthCare.gov to find free in-person help in your area.
- Schedule an appointment with an enrollment assister, who will help you enroll.
- Bring the documents listed above to your appointment.

Remember to Pay for Your Insurance!

You **MUST** pay your first premium before your coverage will be active.

You can do this online when you select a plan OR over the phone by calling the insurance company.

Open enrollment period:

**November 1
2017**

to

**December 15,
2017**



You will need this information for anyone listed on your tax return, even if you are only seeking coverage for yourself.

Medicaid in Georgia

Are you eligible and how does it work?

Who is Eligible for Medicaid in Georgia?

In general, you should apply for Medicaid if your income is low and you match one of these categories:

- You think you are pregnant
- You are the parent or caretaker of a child or teenager under the age of 19
- You are a child or teenager under the age of 19
- You are age 65 or older
- You are legally blind
- You have a disability
- You need nursing home care

Note: Your child may be eligible for Medicaid if he or she is a U.S. citizen or a legal immigrant — even if you are not. Eligibility for children is based on the child's status, not the parent's; however, the parent's income is counted toward the income limit.

How Do You Apply for Medicaid?



Apply online: (any type of Medicaid)

- www.gateway.ga.gov



In person:

- **Your County Division of Family and Children Services**
(any type of Medicaid)
To find your DFCS office, see <http://dfcs.dhs.georgia.gov/county-offices>
or call 404-656-2000
- **A Right from the Start Medicaid site**
(Medicaid for children, pregnant woman, parent/caretaker, or family planning for women ages 18-44) To find an RSM site, see www.dch.georgia.gov/rsm-contact-information
or call 800-809-7276

If you are aged (65 or older), blind or disabled:

Apply for Supplemental Security Income (SSI) and Medicaid by contacting your local Social Security office. Call 800-772-1213 or visit www.ssa.gov

If you are deaf or hard of hearing call the TTY number 800-325-0778

NOTE

If you apply for Medicaid for your children and learn they are not eligible because of income, ask about **PeachCare for Kids** or call **877-427-3224**. You can also apply online at www.peachcare.org.

Families that earn too much money for Medicaid may be able to enroll their children in PeachCare for Kids. For example, a family of 4 can have an income of up to \$61,110 in 2015 to qualify.

What Happens After You Apply for Medicaid?

- You will find out if you or your child is eligible for Medicaid within 45 days after you apply. Note: If you are applying based on disability and your disability has to be determined, the state has 60 days to notify you.
- A letter will come in the mail telling you whether or not you are eligible. (If the notice says you are not eligible when you think you should be, you can ask for a fair hearing so that an impartial person can make a decision on your case.)
- If you or your child is eligible for Medicaid, you will receive a plastic Medicaid card in the mail.
 - One card will be mailed to each enrolled member in the family.
 - The card will have the enrollee’s name and member identification number on the front.
- Carry your Medicaid card with you at all times, in your purse or in your wallet. Treat it like your driver’s license, so you will have it when you need it. You need to show it to a doctor or pharmacist to get medical care or medicines.



Sample Georgia Medicaid Card

- Since your personal situation may change — for example, if you get a new job or your family size changes — Medicaid will review your situation each year to make sure you are still eligible.
 - If your situation changes you must call Medicaid Eligibility at 404-651-9982 or the Social Security Administration office as soon as you know about any changes.
- Depending on which type of Medicaid you have, you may be able to choose from among several health plans. You make the choice through Georgia Healthy Families. See https://www.georgia-families.com/GASelfService/en_US/home.htm, or call 1-888-423-6765.



If you don't hear anything within

45 days

call 877-423-4746



Your eligibility is reviewed each year after you are enrolled.

NOTE

When you apply for Medicaid or Supplemental Security Income (SSI), let your caseworker know about any medical bills from the last three months. It's possible that Medicaid may help pay for some of them.

CO-PAYS

Unless you are pregnant or under age 21, you may have to make a small co-pay when you receive medical care. You cannot be denied service because you are not able to pay the co-pay. But, your doctor may bill you for the co-pay amount.

What Does Medicaid Pay For?

It's always a good idea to ask your doctor or pharmacist whether the specific service or item you need is covered by Medicaid.

Generally, Medicaid covers these services:

- Doctor and nurse office visits
- Lab tests and x-rays
- Prescription medicine
- Inpatient hospital services
(services you receive in the hospital when you spend the night)
- Outpatient hospital services
(services you receive at the hospital even though you don't spend the night)
- Nursing homes
- Emergency ambulance services
- Preventive dental care for children
- Certain emergency dental care for adults
- Non-emergency transportation to get to and from medical appointments
- Medical equipment and supplies prescribed by a doctor for use in your home
(such as wheelchairs, crutches, or walkers)
- Exams, immunizations (shots), and all necessary treatments for children
- Family planning services (such as exams, birth control, treatment, and counseling)
- Vision care for children
- Hearing services for children

Need help finding a provider in your area that accepts Medicaid or PeachCare for Kids™?

Call the POWERLINE at 1-800-300-9003.

Operated by the Healthy Mothers Healthy Babies Coalition of Georgia, the POWERLINE has the most complete list of available health care resources for every Georgia county. This list includes providers who accept Medicaid/PeachCare patients. It also includes providers who offer low cost/sliding scale fees for services.

Need assistance with Medicaid enrollment?

Fulton, DeKalb, Cobb, Gwinnett, or Clayton counties contact:

Atlanta Legal Aid:

(404) 524-5811 in Fulton County

(770) 528-2565 in Cobb County

(404) 377-0701 in DeKalb County

(678) 376-4545 in Gwinnett County

or (404) 669-0233 in Clayton and South Fulton Counties

For all other counties contact:

Georgia Legal Services Program

1-800-498-9469

HEALTH CHECK

Medicaid pays for most medical services that children or young adults under 21 need.

How much will health insurance cost you?

No one plans to get sick or hurt, but everyone needs medical care at some point. Health insurance helps pay for these costs and protects you from very high medical bills. While each health insurance plan is different, there are common terms that you should know to help you figure out how much you will pay for coverage.

There are 4 different kinds of health insurance costs that you might have to pay.

The amount and type of costs that you will pay depends on the type of plan that you choose.

PREMIUM	DEDUCTIBLE	CO-PAY	CO-INSURANCE
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Common health insurance terms

Premium

A monthly bill you pay to your health insurance company, just like when you pay your electricity or water bill. You have to pay your premium even if you do not receive any medical care that month.

- Write your monthly premium in the box to the right.
- **Pay Monthly:** Write down the due date of your monthly payment in the box to the right.
- Keep records of each payment.

Important Note: Choosing a plan with a low monthly premium could mean that other out-of-pocket costs (such as co-pays and deductibles) will be even higher.

Deductible

The amount of money you must spend on your health care services each year before your health insurance plan starts to pay some of the cost.

- The deductible includes your co-pays, and other costs you have to pay to receive health care. (It does not include your premiums.)
- Write your deductible in the box to the right.
- You can find your deductible amount on your **Summary of Benefits** form. If you can't find this form, you can call the member services line for your health plan. The number is on your insurance card.



If you don't pay this premium every month you may lose your health insurance.

MY MONTHLY PREMIUM IS

\$ _____

DUE ON THE

_____ day
of each month.

MY DEDUCTIBLE IS

\$ _____

Co-pay

The fixed amount you pay when you use health care services. You pay a small amount each time you visit the doctor or fill a prescription. **Different types of health care services have different co-pays.**

- Your co-pays are listed on your health insurance card. For example, it might say PCP for primary care provider or ER for emergency room.
- **Important:** There are no co-pays for preventive care.
- Look at your insurance card and fill in the co-pays in the box to the right.

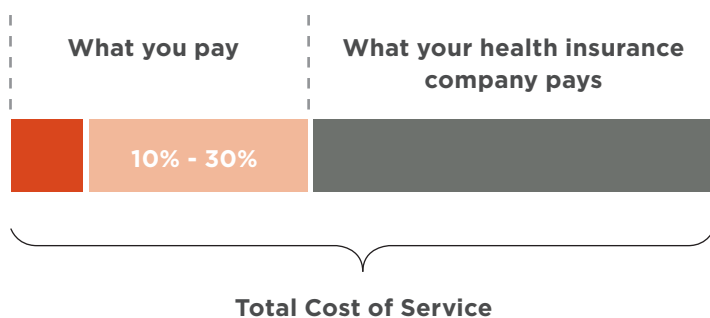


Sample Insurance Card

Co-insurance

Once you have paid the amount of your deductible, you may have to pay “co-insurance” for certain services. This charge is part or a percentage (%) of the total cost of the service. Co-insurance is your share of the costs, usually 10 to 30%.

- To find out if you will have to pay co-insurance, call your health plan’s member services number and ask.



- Deductible** (fixed amount varies on your plan)
- Co-insurance** (10-30% of total cost of service)
- Balance of cost of service** will be paid by your Health Insurance Company

MY CO-PAYS

To see a **Primary care physician** (often listed as “PCP.” You visit this doctor for your yearly check-up or for non-emergency health care.)

\$ _____

To see a **Specialist** (maybe listed as “SPC”):

\$ _____

To go to the **Emergency room** (maybe listed as “ER”):

\$ _____

To go get a **Prescription** filled

Generic brand:
\$ _____

Name brand:
\$ _____

Out-of-pocket maximum

The maximum amount you will have to pay for the year if you get all of your health care “in-network”. Once you have reached this amount, your health insurance pays 100% of your medical costs. The out-of-pocket maximum starts over each year.

- NOTE: The out-of-pocket maximum does not include your monthly premium or “out-of-network” health care.
- You can find your out-of-pocket maximum on the **Summary of Benefits and Coverage (SBC)** form. Check your SBC form and write down your out-of-pocket in the box to the right.

MY OUT-OF-POCKET MAXIMUM

\$ _____

AN EXAMPLE

Jane’s Plan	Deductible: \$1,500 Co-Pay: \$20 Coinsurance: 20% Out-of-Pocket Limit: \$3,000
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Jane must reach her deductible before her plan begins to pay for most of the costs.

Office Visit Costs: \$100
 Jane Pays: \$100
 Her Plan Pays: \$0
 (Note: All plans pay 100% of covered preventive services)



Jane has a service that requires her to pay a co-pay, which will go towards her deductible too.

Office Visit Costs: \$300
 Jane Pays: \$20
 Her Plan Pays: \$280



Jane has reached her \$1,500 deductible, now her co-insurance begins. Jane has paid \$1,500 in doctor’s visits, specialists, and prescription drugs. Now her plan pays some of the costs.

Office Visit Costs: \$100
 Jane Pays 20% of \$100 = \$20
 Her Plan Pays 80% of \$100 = \$80



Jane has reached her \$3,000 out-of-pocket limit. Jane has had to go to the doctor a lot and has paid \$3,000 in total for her health care (plus her monthly premiums). Her plan pays the full cost of her covered medical care for the rest of the year. She continues to pay her monthly premium.

Office Visit Costs: \$200
 Jane Pays: \$0
 Her Plan Pays: \$200





Questions?

If you have questions about how to use your health insurance or about the costs of your coverage, contact:

If you bought your plan from The Marketplace...

Plans sold on healthcare.gov come in four different levels, named for metals: Bronze, Silver, Gold, and Platinum. Which one did you choose?

Bronze plans have the cheapest premiums. Silver plans have higher premiums and gold plans have even higher. Platinum plans have the most expensive premiums. Bronze and Silver plans have the highest deductibles, but have the lowest monthly premiums. Platinum and Gold plans have lower deductibles, but have higher monthly premiums.

	Plans	Premiums	Deductibles
	Platinum	\$ \$ \$ \$	\$
	Gold	\$ \$ \$	\$ \$
	Silver	\$ \$	\$ \$ \$
	Bronze	\$	\$ \$ \$ \$

REMINDER

Premium:
A monthly bill you pay to your health insurance company

Deductible:
The amount of money you must spend on your health care services each year before your health insurance plan starts to pay some of the cost.

Special Enrollment Periods (SEP)

Life changes: Your health insurance can change too
Special Enrollment Periods help you get covered and stay covered, no matter what life throws at you.

What is a Special Enrollment Period (SEP)?

The time, outside of Open Enrollment, when someone can enroll in or switch Marketplace health plans. A special enrollment period (SEP) can occur at any time during the year. You can qualify for an SEP by experiencing a qualifying life event.

When can you get a Special Enrollment Period?

An SEP lasts for 60 days, starting from the date of the qualifying life event. If you do not enroll in health insurance during those 60 days, you will have to wait to enroll until the next open enrollment period.

Do I qualify for a Special Enrollment Period?

If you have experienced any of the following life events, you may qualify for a Special Enrollment Period (SEP):

- Adoption or fostering a child
- Birth of a child
- Marriage
- Divorce
- Moved to another state or a place outside of your plan's coverage area
- Loss of coverage (from loss of job for any reason)
- Loss of Medicaid / PeachCare eligibility
- COBRA coverage has ended
- Turned 26 years of age
- Became a U.S. citizen or legal resident
- Got out of prison
- You are earning more money, you have fewer people in your house, or other change that ends a previously granted hardship exemption

You qualify for a special enrollment period!

You can enroll at [healthcare.gov](https://www.healthcare.gov), by calling 1-800-318-2596, or with free, in person help. Or contact your local office. Their information is listed in the box to the right.

What if I do not qualify for an SEP

If you have not experienced one of the listed life events, you do not qualify for a special enrollment period right now. If things change for you later, check back here or at [healthcare.gov](https://www.healthcare.gov) to see if you qualify.

Special situations may allow you to qualify for a Special Enrollment Period

Sometimes you can qualify for an SEP because of something other than a qualifying life event. You can qualify for an SEP if the Marketplace agrees that:

- You were enrolled (or not enrolled) because of an error by the Marketplace or by enrollment assisters
- A non-Marketplace enrollment assister (like a navigator, insurance broker, or certified application counselor) committed wrongdoing that resulted in either:
 - 1) not being enrolled,
 - 2) not being enrolled in the plan that you selected, or
 - 3) not receiving the financial assistance (tax credits or cost-sharing reductions) that you are eligible for.
- The insurance plan significantly violated their contract.
- Hardship situations, such as domestic violence, medical emergencies, or other hardships that prevented you from enrolling.

These events will NOT allow you to qualify for a Special Enrollment Period

- Choosing to end your current health coverage
- Losing eligibility for coverage when not enrolled in it (i.e. losing your job, but you weren't enrolled in your employer's health plan)
- Becoming newly eligible for Marketplace financial assistance, UNLESS
 - you were already enrolled in Marketplace coverage; OR
 - you have had an increase in income that makes you newly eligible for financial assistance
- You lost your insurance coverage because you did not pay your premiums or committed fraud
- Divorce or death of a family member that does not result in a loss of coverage

If you qualify for a Special Enrollment Period

Remember that SEPs only last for 60 days after your qualifying life event. If you do not enroll within that time period, you will have to wait until the next open enrollment period. Enroll now!

- Online at www.healthcare.gov
- By phone at **1 (800) 318-2596**
- You can get free in-person help by going to localhelp.healthcare.gov, or contact

Each day, thousands of Americans log onto www.healthcare.gov (also called the Health Insurance Marketplace) to find affordable health insurance plans that meet their health needs. Unfortunately, a few dishonest companies and people trick others who want to buy health insurance. Their tricks convince people to buy insurance that they do not need, that is worthless, or that is not approved by the Marketplace.



www.healthcare.gov

There are different names for the Health Insurance Marketplace:

- Health Insurance Marketplace
- the Marketplace
- healthcare.gov

Here are a few scams and concerns that you should look out for when purchasing health insurance.

Uninvited Phone Calls

- No one from the Marketplace will call you or contact you directly unless you have already signed-up with www.healthcare.gov or have asked for a call-back.
- The Marketplace will only ask you for personal information if you contact them directly.
- They will **never** ask for your banking information.

Calls to be careful of:

- Calls from numbers that appear to be from your own phone number. These calls are illegal.
- Calls from agents who claim to sell Obamacare plans. Ask them for their Georgia license number and check that ID with the Department of Insurance.
- Many calls are scams. Many are from agents not registered or licensed in Georgia. These calls should be reported immediately to the Department of Insurance.

Fake Websites

Since the healthcare.gov website opened, other “look-a-like” sites have been created. When you search for key terms such as “government insurance,” “Obamacare,” or even “health insurance marketplace,” these look-a-like sites show up to try to trick you.

Only healthcare.gov can offer you honest information about affordable health plans and if you qualify for financial help.

If you get a call from someone saying they represent the Marketplace, hang up and call the Marketplace directly at 1-800-318-2596.



Beware of fake “look-a-like” sites.

People who charge money to help you enroll

Some scam artists say they will help you enroll in health insurance if you pay them.

Health insurance enrollment is free. Do not pay anyone to help you. If you want to find free, fair help near you, call the Marketplace or visit localhelp.healthcare.gov.

Phishing — You don't want to get caught by this line!

In a “phishing” scam, you get an email from what seems like a trusted source, but it is not. The email may secretly have a computer virus, a web link that will allow identity thieves into your computer, or a request for money.

Here are some “phishy” things to look out for:

- **Bad grammar:** Often there will be a few misspelled words or poorly written sentences in the email.
- **From a Familiar Name:** Scam artists use names you probably know to gain your trust. Instead of saying ‘healthcare.gov’ they might say ‘the Obamacare team’.
- **Message includes Threats:** The email asks you to send personal information or something bad will happen. For example, “if you don't respond with your social security number, your account will be frozen.”
- **Links in the Email:** Many times, there is a link in a phishing email. If you click it, it may take you to a page to enter your personal information or it will free a virus that might let thieves into your computer.

Texting Concerns

- The Marketplace will only text you if you asked them to.
- If you get a text offering prizes that claims to be from the Marketplace, it is a scam.
- Never text your personal information.
- If you are offered a prize, contact the organization directly to check that it is a real contest.

Filing a Complaint

It is important to report it if:

- You are ever asked for your personal information by a company or person you do not trust
- Your identity is stolen because of one of these scams

File a complaint with these agencies:

- **Georgia Department of Insurance**
(404) 656-2056 or oci.ga.gov/ConsumerService/complaintprocess.aspx
- **Office of Inspector General, Department of Health and Human Services**
800) 447-8477 or www.oig.hhs.gov
- **The Federal Trade Commission**
1 (877) FTC-HELP (1-877-382-4357) or ftccomplaintassistant.gov



For more information about filing a complaint, see our **Health Insurance Complaints and Appeals** fact sheet.

Free, unbiased information about health insurance is available.

The Health Insurance Marketplace
www.healthcare.gov
1-800-318-2596

A licensed navigator or certified application counselor. Find someone in your area:
localhelp.healthcare.gov

What is “Personal Information”

Personal Information means any information that can be used to identify you. That includes your

- social security number
- driver's license number
- phone number
- home address
- e-mail address, and
- date of birth.

Personal information can be used by others for to steal your identity or your money. Protect your personal information. Learn more at www.consumer.ftc.gov.

Penalties & Exemptions

Understanding ACA Tax Penalties

The Affordable Care Act (ACA) requires everyone to have health insurance. However, some people may choose not to buy health insurance or may be unable to buy it. If you do not enroll you may be penalized on your taxes UNLESS you qualify for an exemption. A tax penalty means that your refund may be reduced or you could pay more if you owe taxes at the end of the year.

Here is a guide to help you understand if you will have to pay a penalty:

**START
HERE**

Did you have health insurance for the whole year through at least one of the following sources?

- Medicare
- Medicaid (Amerigroup/Wellcare/Peachstate OR PeachCare for Kids)
- VA Benefits
- TRICARE
- A plan offered by your job
- A plan purchased through the Marketplace (healthcare.gov)
- A qualified health plan that you purchased yourself through an agent or broker

YES

You have met the requirement to have health insurance and you will not be penalized.

NO

go to next page

Do any of the following apply to you?

- You went less than 3 months without coverage during last year.
- Your family income is below the amount that is required to file a tax return (about \$10,000 for an individual, \$20,000 for a family).
- You have to pay more than 8% of your income for health insurance (after taking into account any employer contributions or available tax credits).
- You would have qualified for Medicaid if Georgia had expanded its program
- You have had a certain kind of personal, financial, or medical hardship. See the table on the next page to see if your hardship may qualify for an exemption.
- You are part of a religion that is opposed to accepting the benefits from a health insurance policy.
- You are an undocumented immigrant.
- You are in prison.



YES

You will not be penalized if you file for an exemption. Go to the next page to learn how to file for an exemption so you can avoid being penalized for not having health insurance.



NO

You will be penalized for not having health insurance.



Penalty for 2016 and beyond

\$695 per uninsured adult and \$347.50 per uninsured child (up to \$2,085 for a family) OR 2.5 % of family income **whichever is greater.**

Note:
Income is your total annual income minus \$10,000 for an individual or \$20,000 for a family.

For example, if your family's annual income is \$40,000, your penalty would be based on an income of \$20,000 (\$40,000 - \$20,000 = \$20,000).



To estimate your tax penalty, use our Tax Penalty worksheet.

Understanding Exemptions from the Requirement to have Health Insurance

Depending on your circumstances, you may qualify for an exemption to either lower your tax penalty or eliminate it altogether. Many kinds of exemptions can be claimed on your tax return. You may need to apply for some exemptions and get Marketplace approval. See the explanation below to see if you may qualify for an exemption and how to claim it.

Marketplace Exemptions

- **You are a member of a religious group with objections to health insurance**
- OR

- **You experience a hardship including:**

Financial

- Homelessness
- Utility Shut-off
- Eviction/Foreclosure
- Bankruptcy

Medical

- Dependent children without insurance (i.e. you are still claimed as a dependent by your parents and you don't have coverage)
- You have coverage from a Service Organization (AmeriCorps, VISTA, NCCC)
- You would have qualified for Medicaid if your state had expanded, but it has not

Personal

- Caring for an ill, disabled or aging family member
- Experienced a recent death of a family member
- Experienced a disaster causing extensive property damage
- Were a victim of domestic violence
- Experience another hardship in obtaining health insurance
- Unaffordable coverage options (the least expensive premiums would be more than 8% of your annual income)

If you think you might qualify for a Marketplace exemption, call the Marketplace at 1-800-318-2596 or go to healthcare.gov/exemptions-tool.

If you qualify, you will receive an Exemption Certificate Number. The ECN can be found in your eligibility results after you submit your application or ask your Marketplace representative for it. Keep this number in your records.

If you think you might qualify for an exemption that is claimed on your tax return, contact a trusted tax professional.

Note: You can get free and reliable tax preparation!

Exemptions Claimed on Your Tax Return

- Household income falls below tax filing threshold (about \$10,000 for an individual, \$20,000 for a family)
- Not having coverage for less than 3 months in a year.
- Member of a Health Care Sharing Ministry (sometimes these are referred to as "church plans")
- Member of an Indian Tribe or are eligible for Indian Health Services
- In prison for any part of a year (after being charged with a crime)

Both IRS VITA and AARP tax preparers are knowledgeable about the new requirements for tax filing under the Affordable Care Act.

- IRS VITA sites will complete and file tax returns for families with incomes below \$53,000 for free.
- AARP also provides free tax help. There is no maximum income or minimum age. You do not have to be an AARP member. Go to <http://www.georgiawatch.org/taxmap/> for a map of all VITA & AARP sites in Georgia.

The Affordable Care Act (ACA) requires everyone to have health insurance. However, some people may choose not to buy health insurance or may be unable to buy it. Some people will have to pay a penalty for not having health insurance. If you think you may have to pay a penalty for not having insurance, use this worksheet to estimate how much your tax penalty may be.

Estimate your penalty for 2017 using the worksheet below.

Examples are provided to the right.

1	<p>Your yearly income \$ _____</p> <ul style="list-style-type: none"> • do you file taxes as an individual? subtract \$10,000 _____ • do you file taxes as a family? subtract \$20,000 _____ <p style="text-align: right;">= _____ <small>LINE A</small></p> <p>Multiply by 0.025 _____ x 0.025</p> <p style="text-align: right;">= _____ <small>LINE B</small></p>	<p>FOR EXAMPLE</p> <p>For a family with a yearly income of \$50,000</p> <p style="text-align: center;">\$ 50,000</p> <hr/> <p style="text-align: center;">- 20,000</p> <hr/> <p style="text-align: center;">= 30,000</p> <hr/> <p style="text-align: center;">x 0.025</p> <hr/> <p style="text-align: center;">= \$ 750</p>
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2	<p>How many adults are in your family? _____</p> <p>Multiply by \$695 _____ x \$695</p> <p style="text-align: right;">= _____ <small>LINE C</small></p> <p>How many children are in your family? _____</p> <p>Multiply by \$347.50 _____ x \$347.50</p> <p style="text-align: right;">= _____ <small>LINE D</small></p> <p>Add Line C and Line D _____ <small>LINE E</small></p>	<p>For a family of 1 adult and 2 children</p> <p style="text-align: center;">1</p> <hr/> <p style="text-align: center;">x \$695</p> <hr/> <p style="text-align: center;">\$ 695</p> <hr/> <p style="text-align: center;">2</p> <hr/> <p style="text-align: center;">x \$347.50</p> <hr/> <p style="text-align: center;">= \$ 695</p> <hr/> <p style="text-align: center;">= \$ 1,390</p>
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3	<p>Which is bigger?</p> <p>Line B _____ or Line E _____ ?</p> <p>The bigger number is your estimated penalty.</p>	<p>Line B \$ 750</p> <p>Line E <u>\$ 1,390</u></p>
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Note: This worksheet is used to estimate your tax penalty. Your actual penalty may be different. Contact a trusted tax professional to get more information.



Enrollment Assistance Exit Form

Application ID #

Username (your email address)

Password

Security Questions/Answers

1. _____

2. _____

3. _____

Total Reported Income

Application Status

- Verification issues
- Application not completed
- Application completed
- Enrolled
- Other

Health Insurance Marketplace

Phone

1-800-318-2596

Website

www.healthcare.gov

MY ENROLLMENT ASSISTER:

Name: _____

Phone: _____

Email: _____

DETAILS OF YOUR SELECTED PLAN

Health Insurance Plan: _____

Plan I.D. #: _____

Provider's phone #: _____

Out of pocket max./year: _____

Adv. Premium Tax Credit: _____

Monthly Premium: _____

Deductible: _____

Coverage/Co-Insurance: _____

Dental Insurance Plan: _____

Plan I.D. #: _____

Provider's phone #: _____

Monthly Premium: _____

Deductible: _____

Comments

Now that you have health insurance, here are a few important things to keep in mind:

If anything on your application changes, you need to report it to the Marketplace.

This includes a change in income (increase or decrease), a change in family size (birth, death, marriage, or divorce), or moving to another address. In general, if any of the information that you put on your application changes, you need to report it.

Not reporting these changes may result in owing money back when you file your taxes.

To report life changes you can log in to your marketplace account and update your information or call the marketplace at 1-800-318-2596 for assistance.

You MUST file a tax return

If you received financial assistance to help pay for your health insurance, you MUST file a tax return. This is true even if you do not have any taxable income. If you do not file a tax return you will lose your financial assistance.

You're Covered, Now What?

Get the most out of your health insurance

No one plans to get sick or hurt, but everyone needs medical care at some point. Health insurance helps pay for these costs, and protects you from very high medical bills. It also allows you to stay healthy before you get sick. Now that you have health insurance, there are some things that you should do to get the most out of your insurance plan.

1 Pay your premium

You must pay your first premium before your coverage will be active. You can do this online when you select a plan or over the phone by calling the insurance company. You will need your insurance plan ID to pay. You need to pay your premium each month to stay covered.

2 Get Your Card

Insurance Company Name	
Plan Type	Member Name: Jane Doe
Effective Date	Member Number: XXX-XX-XXXX
	Group Number: XXXXX-XX
	PCP Co-Pay \$15.00
Prescription Group # XXXX	Specialist Co-Pay \$25.00
	Emergency Room Co-Pay \$75.00
Prescription Co-Pay	Member Service: 800-XXX-XXXX
\$15.00 Generic	
\$20.00 Name Brand	

Your insurance card may look different than this sample but should have similar information

Your insurance company will send you a card in the mail with your plan's information. You may also be able to get a printable card from your insurer's website. The card has important information printed on it, like your plan number, group number, and contact information for the company. It is important to always take your card with you to doctor's appointments.

3 Find a doctor

Find a doctor who you can see when you need medical care. It's important to find one that accepts your insurance. Your insurance company can give you a list of doctors in your area that accept your plan. If you already have a doctor that you want to keep, call their office and ask if they accept your insurance. You should check with both your insurance company and your doctor to make sure the doctor is "in-network."



Note: If you need more information about how to find a doctor or a primary care provider — see the sheet: **"How to Find a Primary Care Provider."**

In-Network vs. Out-of-Network

In-network doctors have a contract with your health insurance company. That means that you pay less to visit "in-network" doctors. It is important to know whether a doctor is in- or out-of-network. Services from out-of-network doctors are more expensive for you.

Health Care Provider

When you go to see the doctor, you are visiting your health care provider. Health care providers can be doctors, nurses, or physician's assistants. When we use the word "doctor," we mean all of these providers. They are sometimes called "primary care providers."

4 Make an Appointment

You can get a wellness check-up every year for free. During your check-up, your doctor will ask you questions about your health, take your vital signs (like blood pressure and heart rate), and may do some routine tests to check for diseases. When you go to your appointment, make sure you bring:

- Photo ID
- Your health insurance card
- Your family medical history — the doctor will ask about it
- A list of any medications you are taking
- Any questions you have for the doctor — it helps to write them down so you don't forget

5 Stay Well

After your appointment, follow any instructions that your doctor gave you. It's very important to get any prescriptions that you were given. Take your medicine exactly as the doctor told you to. If you get sick or injured throughout the year you can make an appointment to get checked out. Unless it is a life-threatening situation, going to your doctor is much less expensive than going to the emergency room.

Key Terms to Know

Premium

A monthly bill you pay to your health insurance company, just like when you pay your electricity or water bill. You have to pay your premium even if you do not receive any medical care that month. If you don't pay this premium every month you may lose your health insurance.

Deductible

The amount of money you must spend on your health care services each year before your health insurance plan starts to pay for some of the cost.

The deductible includes your co-pays, and other costs you have to pay to receive health care. (It does not include your premiums.)

Co-Pay

The fixed amount you pay when you use health care services — like going to the doctor or getting a lab test done. You pay a small amount each time you visit the doctor or fill a prescription. Different types of health care services have different co-pays.

Note: The amounts of your co-pays are listed on your insurance card.

Questions?

If you have questions about using your health insurance please reach out to:

For example:
Jose has a \$1000 deductible and has to stay in the hospital, which costs \$10,000. He has to pay \$1000 and his insurance pays \$9000.

Co-Insurance

Once you have paid the amount of your deductible, your health insurance company starts sharing the costs of your health care. Co-insurance is your share of the costs, usually 10 to 30%.

Out-of-Pocket Maximum

The maximum amount you will have to pay for health care services for the year if you get all of your health care services “in-network.” Once you have reached this amount, your health insurance pays 100% of your medical costs. The out-of-pocket maximum starts over each year.

NOTE: The out-of-pocket maximum does not include your monthly premium or “out-of-network” health care services.

Prescription Drug Formulary

The list of prescription medicines approved by your health insurance company. Buying medicines that are in your plan’s formulary will save you money. Formularies use a system called “tiering” to categorize medicines by price. This is what tiering looks like:



To get a better idea of what your prescription drug costs will be see the “My drug formulary costs” sheet

For example: Cara needs an x-ray and her co-insurance is 20%. The x-ray costs \$1000, so Cara must pay \$200.

Finding a Primary Care Provider

A Primary Care Provider (PCP) is the doctor, physician's assistant, or nurse practitioner who you visit when you need your yearly check-up, are sick or have a minor injury, or need other routine and preventive medical care.

You can get recommendations for a provider from several different places, including:

- Friends, neighbors, and relatives
- Your dentist, pharmacist, eye doctor, previous provider, or other health professional
- Advocacy groups — these can be an especially good resource if you need to find the best provider for a specific chronic condition or disability

In-Network vs. Out-of-Network

It's important to pick a PCP that is in your insurance plan's network of doctors (known as "in-network"). Usually, you get the best deal when you use doctors in your plan's network because they have contracts to provide you with better rates. Your insurance plan may not pay at all for care from an out-of-network provider, which means you could pay much more.



To find the names of local doctors who are in your insurance plan's network you can:

- Contact your insurance company by phone. The number is on the back of your insurance card
- Look on your health insurance company's website for the "Provider Directory"
- Look in the company's provider brochure or directory to see which providers will accept your plan. (The most up-to-date directory is on your insurance company's website. They may also send it to you in the mail.)
- Call your doctor's office and ask them:
 1. Do you take my insurance?
 2. Are you in my plan's network?

Your health insurance company may assign you a primary care provider. However, if you don't like the person they assigned you, you can usually change. Contact your insurance company to find out how.

HEALTH CARE PROVIDER

When you go to see the doctor, you are visiting your health care provider. Health care providers can be doctors, nurses, or physician assistants. When we use the word "doctor," we mean all of these providers. They are sometimes called "primary care providers."

Cost Tip

If you need to see a specialist, need a specialized treatment, or need a medical device you may need to get approval from your insurance company. This is called prior authorization. Prior authorization means that your health insurance company must decide that the service, treatment, or device is medically necessary before they will pay for it. Before you receive a specialized service, you should contact your health insurance company to see if the service requires prior authorization. This will help you save money in the long run.

When you ask about prior authorization, be sure to also ask:

- How many visits or treatments are you approved for?
- Do you need new approval for each visit or treatment?

Picking a Doctor

Call the doctor's office and ask them questions about the things that are important to you. Some things you might want to ask:

- Are you accepting new patients?
- Does the provider speak your language? If not, is there a staff member that does?
- What are the office hours? Do they work with your schedule?
- How can you get questions answered after hours?
- Is the provider close to you? Is the office easy to get to? How would you get there?
- Does the provider have multiple office locations? If so, are you alright with possibly having to go to a different location?
- Which hospitals does the provider work with and can you get there?
- Keep in mind that it may take more than one visit to find the provider that is right for you.

Need help finding a provider in your area that accepts Medicaid or PeachCare for Kids™?

Call the POWERLINE at 1-800-300-9003.

Operated by the Healthy Mothers Healthy Babies Coalition of Georgia, the POWERLINE has the most complete list of available health care resources for every Georgia county. This list includes providers who accept Medicaid/PeachCare patients. It also includes providers who offer low cost/sliding scale fees for services.

Types of Primary Care Providers

Family Practice Doctor

This type of doctor focuses on treating the general health needs of the whole family. Family practice doctors see all ages, from babies to the elderly.

Internal Medicine Doctor (Internist)

This type doctor focuses on treating specific diseases that occur mainly in adults, such as cardiovascular disease and diabetes. Internists only see adults, usually age 18 and older.

Pediatrician

This type of doctor treats the health needs of children for both preventive health (for example: immunizations and wellness check-ups) and illnesses. Pediatricians see children from newborns up to age 21.

Both Family Practice and Internal Medicine doctors can treat a variety of illnesses and conditions. They can also conduct health screenings and physical exams, and provide primary, wellness, and preventive health care.

Preventive Services

Treat Yourself!

Most preventive health care is FREE to you.

“Preventive care” services are health care services designed to keep you healthy and avoid illness and disease.

Most preventive care is fully covered by your health insurance plan. That means that you do not have to pay anything for it. Keep yourself healthy and ask your doctor which of these preventive services you might need.

Here are some examples of preventive care:

- Annual physical
- Well woman visits (your annual visit to the gynecologist)
- Birth control
- Flu shots & other select vaccines
 - Hepatitis A
 - Hepatitis B
 - Herpes
 - Human papillomavirus (HPV)
 - Meningitis
 - Pneumonia
 - Tetanus, diphtheria, pertussis (Tdap)
 - Chicken pox (Varicella)
- Blood pressure tests
- Mammograms
- Colonoscopies
- Help quitting smoking
- Nutritional counseling and help losing weight
- Breastfeeding support
- STI (Sexually Transmitted Infection) testing
- HIV Screening

You will not have to pay anything for these services as long as they are a part of your well woman exam or your annual check-up. It's important to note, however, that if the preventive service is not the main reason you are at the doctor, you may get a bill for the visit.

Complete List of Free Preventive Care

You can find a complete list of free preventive care at www.healthcare.gov/preventive-care-benefits/.

Health Insurance Complaints & Appeals

You have health insurance to help pay for health care services that you need and to protect you from high medical bills. Sometimes, you and your insurance company may disagree on what you should pay and what they should pay. If your health insurer will not pay for something that you think is covered, you have the right to appeal. Insurers have to tell you why they have denied your claim or ended your coverage. The following information will help you file an appeal with your insurer or file a complaint against them.



Claim is filed to your health insurance company

When you go to the doctor or get medicine from the pharmacy, you or your doctor files a **claim** to your health insurance company. Often, your doctor or pharmacist does this automatically. Sometimes, you will have to file the claim by filling out a form and sending it to your insurer.



Insurance will pay the claim

Most of the time, your insurance company will pay the claim. This means that they will send money to the doctor if they filed the claim, or send money to you if you paid for your medical care already. The end! You don't have to do anything more.

Insurance says "No"

Sometimes, your health insurance company will say "No" to a claim or only pay for part it. If that is the case, you have the right to **appeal**. There are two kinds of appeals—**internal appeal** and **external review**.



Filing an Internal Appeal

(See next page)

CLAIM

A claim is the formal process of asking your insurance company to pay for a health care service that you received.

APPEAL

"Appeal" means you ask the insurance company to reconsider its decision.



Filing an Internal Appeal

If your insurance company will not pay your claim or cancels your insurance coverage, you can file an **internal appeal**.

First, ask your insurance company how to file an internal appeal. Follow the instructions that your insurer gives you. Or you can write a letter to the company. If you write a letter, include your name, claim number, and health insurance ID number. With your forms or letter, include any extra information you want the insurance company to know, like a letter from your doctor.



Insurance changes its mind and pays claim

If your insurer changes its mind and pays the claim, then you don't have to do anything more. Your appeal was successful!

Insurance still says "No"

If your insurance company still says "No" to your claim, you can ask for an external review. If you have an urgent health need, you can ask for an external review at the same time as your internal appeal.



Ask Georgia Department of Insurance (DOI) to do an External Review

You have to ask for a review within 60 days of getting the results of your internal appeal. (Some insurance companies allow you to have more time. Your internal appeal notice should tell you this information.)

To ask for an external review, go to:
www.oci.ga.gov/consumerservice/complaintprocess.aspx.



Georgia Department of Insurance will make a decision

DOI will make a final decision. The decision will either:

1. Support the health insurance company's denial.
If that is the case, you must pay for the claim;

OR

2. Support you and make the company pay your claim.
Your insurer is required by law to accept DOI's decision.

INTERNAL APPEAL

During an internal appeal, your insurance company will review its decision in a fair and complete way. You have up to 6 months (180 days) from finding out your claim was denied to file an internal appeal.

EXTERNAL APPEAL

An external review means that the Georgia Department of Insurance (DOI) looks at your claim and decides if the insurance company should pay for it.

You have other options

File a complaint

It is the job of the Georgia Department of Insurance (DOI) to protect insured Georgians by working with people like you and insurance companies. You can file a complaint with the Department of Insurance (DOI) if you think your insurer is doing something wrong. You may also file a complaint if:

- You are having a problem with your premiums (ex: your premium goes up by a lot very quickly)
- You cannot find a doctor that accepts your insurance
- You think your coverage has been cancelled without reason

If you want to file a complaint, go to oci.ga.gov/ConsumerService/complaintprocess.aspx. After you fill out the online form, here's what will happen:

1. DOI will send a copy of your complaint to the insurance company. DOI will ask for the company to respond to the complaint. The company will have to provide documents and details about your complaint.
2. DOI will look at the documents that the insurance company gives them, and then decide if the insurer acted correctly.
3. DOI will also figure out if the insurance company broke any laws. If so, they will make sure the insurance company fixes the problem.

Here are some tips to help you settle your health insurance issues:

- * Be an active partner in your health insurance claim processing process. Insurance companies often need more medical information or information from you to process a claim. If your insurer asks you for information, send what they ask for. Also, keep a copy of the information that you sent.
- * If your health insurer refuses to pay for a recommended or ongoing treatment because the insurer determined that the treatment was not medically necessary or appropriate, your health insurance policy outlines the appeal process you can follow.
- * It's important when deciding on a health insurance plan to really understand what medical services the plan covers. When you are shopping for insurance, check to make sure the plan covers what you think you will need during the year.

Call us if you need help

If you have questions about how to appeal or file a complaint, you can contact:

Filing Taxes if You Have a Marketplace Health Insurance Plan

When you file your taxes each year, you have to tell the IRS about your health insurance coverage. If you (or anyone in your household) purchased health insurance through the Health Insurance Marketplace (also called healthcare.gov), there is important information that you need to know before you file your income taxes.

Health insurance affects your taxes

If you buy your health insurance through the Marketplace, you may get some financial help. That is called an Advanced Premium Tax Credit (APTC). Think of the APTC like a coupon that you get every month to lower the cost of your health insurance premium. APTCs are only available for plans purchased through the Marketplace and your income must fall within a certain range to qualify.

If you qualify for an APTC, you can decide how much of it you want to use each month. How much of your tax credit that you decide to use will affect your tax return. For example, if you use all of your available tax credit each month, you may get a smaller refund or even owe money back. If you use only part of your available tax credit, you are more likely to get the rest of it back as a tax refund or owe less back.

If you are worried about owing money back, be sure to contact the Marketplace anytime your income changes during the year. That way, they can adjust your APTC to make sure you are getting the right amount.

Family Size	Income Range for 2018 Open Enrollment Period (for 2018 Coverage)
<i>You may get financial help if your income falls between these amounts.</i>	
Single Person	\$12,060 to \$48,240
Family of 2	\$16,240 to \$64,960
Family of 3	\$20,420 to \$81,680
Family of 4	\$24,600 to \$98,400
Family of 5	\$28,780 to \$115,120

Before you file your taxes

Form 1095-A

You will get Form 1095-A in the mail from the Marketplace if you or anyone in your household enrolled in health insurance through the Marketplace. It should arrive by early February. You can also download the form through your Marketplace account. Form 1095-A tells the IRS how much you received from the Marketplace in Advance Premium Tax Credits. You will get a Form 1095-A even if you only had Marketplace coverage for part of any given year.

Important: DO NOT file your taxes until you have your Form 1095-A.

Form 1095-A includes:

- Information about anyone in your household who enrolled in health insurance through the Marketplace for any given year
- Information about the monthly premiums you paid to your health insurance company
- Information about a “**benchmark**” premium used to decide your APTC
- The amount of your APTC

When you get your Form 1095-A, make sure that the information on the form matches your records. Check things like the number of people in your household and the start and end dates of your coverage.

If you haven't received your Form 1095-A by early February OR if you think your Form 1095-A is incorrect, call the Marketplace Call Center at 1-800-318-2596 (TTY users call 1-855-889-4325).

You may get more than one Form 1095-A. This will happen if:

- Anyone in your household switched plans in any given year
- Anyone in your household reported life changes (like getting married or having a baby) after coverage began
- You had more than one health insurance policy covering people in your household in any given year

When you are ready to file your taxes

You will use the information from your Form 1095-A to fill out another form. The second form is called Form 8962. (This is like when you use your W2 form to fill out your income tax return.) Form 8962 tells the IRS the amount of APTC you received.

If your income changed during the year and you did not report it

The amount of your APTC is based on how much money you think you will make. Your APTC amount will be adjusted to match your actual income when you file your taxes.

- If your income is lower than what you thought it would be, you might get money back.
- If your income is higher than what you thought it would be, you might owe some money back. There is a maximum amount of money that you will have to pay back for your APTC.

BENCHMARK PREMIUM

Benchmark Premium
This is the premium of the second lowest cost silver plan available in your area. All you need to know is that the benchmark premium is used to decide the amount of your APTC.

You can get free and reliable tax preparation!

Both IRS VITA and AARP preparers are knowledgeable about the new requirements for tax filing under the Affordable Care Act.

- IRS VITA sites will complete and file tax returns for families with incomes below \$53,000 for free.
- AARP also provides free tax help. There is no maximum income or minimum age. You do not have to be an AARP member.

If you received a premium tax credit you must file a tax return!

This is true even if you receive non-taxable income, such as social security benefits.

Do you owe money to the IRS?

Ask your AARP or IRS VITA tax preparer or certified public accountant (CPA) about tax payment options.

Go to <http://www.georgiawatch.org/taxmap/> for a map of all VITA & AARP sites in Georgia.

Center on Budget and Policy Priorities, Accessed: <http://www.cbpp.org/files/QA-on-Premium-Credits.pdf>

Employer Coverage & Tax Credits Worksheet

Can I get a tax credit for a Marketplace plan if my employer offers coverage?

Only if the premiums for your employer's lowest-cost plan are more than 9.5 percent (%) of your family's income.

1 First figure out 9.5% of your family's income:

My family income \$ _____ LINE A

Multiply my family income by .095 = _____ LINE B

Line B:
9.5% of my family's
income

2 Then figure out your premiums for a year:

The monthly premium for employer coverage \$ _____ LINE C

Multiply the monthly premium by 12 = _____ LINE D

Line D:
Premiums for a year

3 Can I get a tax credit?

Compare **line B** (9.5% of your family's income) and **line D** (your premiums for a year); which number is bigger?

Line B _____ Line D _____

If line B is bigger than line D:

No I can't get a tax credit because my premiums are less than 9.5% of my family income.

If line D is bigger than line B:

Yes I may get a tax credit because my premiums are more than 9.5% of my family income.

4 For more information, call:

