

Test your knowledge

Fill in the blanks from the choices offered to complete the following statements.

- 1) A _____ is one of the financial breaks that is only available through the Health Insurance Marketplace (and state exchanges).
- 2) Visit _____ to purchase insurance or to link to your state’s exchange or Medicaid/CHIP program.
- 3) _____ provide(s) outreach, unbiased information and enrollment assistance for Marketplace and Medicaid coverage.
- 4) Cost-sharing subsidies are only available on a _____ plan purchased through the Marketplace.
- 5) The _____ is the most you could have to pay in a plan year—not including premiums—before your insurance pays 100% of the cost of covered services.
- 6) The _____ is the amount you have to pay for covered services before your insurer pays anything, other than for free preventive services.
- 7) Losing employer-sponsored health insurance qualifies you for _____.
- 8) Generally speaking, the higher your premium, the _____ your out-of-pocket costs.
- 9) Some states still have a(n) _____ —a fine on individuals without health insurance.
- 10) All _____ plans, whether sold through the Marketplace or not, must be ACA-compliant.
- 11) _____ plans are not ACA-compliant, and provide inadequate coverage, particularly for those who are already ill or have a chronic condition.
- 12) The expansion of _____ under the ACA extended coverage to nearly all low-income Americans in most states.
- 13) In general, permanent resident immigrants (green card holders) must have lived in the U.S. for _____ to be eligible for Medicaid and CHIP.
- 14) Families that earn too much money to qualify for Medicaid but not enough to buy private insurance can qualify for _____.
- 15) There’s no _____ for Medicaid or CHIP.
- 16) Hospitals that receive _____ *must* treat patients who need emergency care regardless of their immigration or insurance status.
- 17) Young adults can stay on a parent’s health plan until age _____.
- 18) _____ provide(s) free or discounted prescription drugs.

insurance broker(s)	Open Enrollment	five years	data privacy	year-end rebate(s)
prescription discount	patient assistance program(s)	non-profit hospital(s)	physician discount(s)	out-of-pocket maximum
short-term	CHIP	individual mandate	state exchange(s)	Medicaid
lesser	22	silver	federal funding	health center(s)
bronze	deductible	26	premium tax credit	six months
major medical	lower	fair pricing	copayment	Special Enrollment
HealthInsurance.org	navigator(s)	critical illness	HealthCare.gov	Medicare

Get covered! answer key

The correct answer is in bold, with details about the answer in italics at the end of the statement.

- 1) A **premium tax credit** is one of the financial breaks that is only available through the Health Insurance Marketplace (and state exchanges). *(Tax credits are available on any level of plan purchased through the Marketplace or state exchanges if your income qualifies you. You can apply some or all of the tax credit to your monthly insurance premium payment or you can claim it when you file your taxes.)*
- 2) The Affordable Care Act requires **fair pricing**. *(Among the numerous consumer protections established by the Affordable Care Act is fair pricing and no unreasonable rate hikes.)*
- 3) Visit **HealthCare.gov** to purchase insurance or to link to your state's exchange or Medicaid/CHIP program. *(The federal Health Insurance Marketplace is found at HealthCare.gov. If your state runs its own exchange, or if you qualify for Medicaid or CHIP, you'll be redirected that site.)*
- 4) **Navigators** provide(s) outreach, unbiased information and enrollment assistance for Marketplace and Medicaid coverage. *(Depending on the program, a navigator can provide help by phone, email or in person. Unfortunately, under the Trump administration, funding for navigators has been reduced considerably.)*
- 5) Cost-sharing subsidies are only available on a **silver** plan purchased through the Marketplace. *(These subsidies are paid directly to the insurer by the federal government to reduce out-of-pocket medical expenses—deductibles, copayments and coinsurance—for households with incomes of up to 250 percent of the Federal Poverty Level.)*
- 6) The **out-of-pocket maximum** is the most you could have to pay in a plan year—not including premiums—before your insurance pays 100% of the cost of covered services. *(For 2020, the out-of-pocket limit for a Marketplace plan is \$8,200 for an individual plan and \$16,400 for a family plan.)*
- 7) The **deductible** is the amount you have to pay for covered services before your insurer pays anything, other than for free preventive services. *(Deductibles vary across plans, and can be quite high. In 2019, 54% of those who enrolled in a Marketplace plan qualified for subsidies to reduce their out-of-pocket costs, including the deductible.)*
- 8) Losing employer-sponsored health insurance qualifies you for **Special Enrollment**. *(Job loss is one of the “qualifying life events” that entitles you to enroll in a health care plan outside of Open Enrollment. If you qualify for Special Enrollment, you typically have up to 60 days following the qualifying event to enroll in a plan. If you miss that window, you'll have to wait until the next Open Enrollment Period.)*
- 9) Generally speaking, the higher your premium, the **lower** your out-of-pocket costs. *(Typically, the more you pay upfront, in the form of premiums, the less you'll have to pay out-of-pocket for services. Very healthy people who rarely need medical care can often save money by paying lower premiums, while those who expect to need significant medical care during the year are often better off choosing to pay a higher premium in exchange for more coverage.)*

- 10) Some states still have a(n) **individual mandate**—a fine on individuals without health insurance. *(Although the ACA’s “individual mandate” was eliminated on the federal level as of 2019, some states still impose a financial penalty on anyone who goes uninsured. New Jersey, Massachusetts, Vermont, Washington, D.C., Rhode Island and California have mandates already in effect or starting in 2020. Some other states are considering imposing one.)*
- 11) All **major medical** plans, whether sold through the Marketplace or not, must be ACA-compliant. *(Major medical plans are what you think of as traditional health insurance. These plans must provide all of the minimum essential benefits required under the ACA, including coverage for a broad range of inpatient and outpatient health care services.)*
- 12) **Short-term** plans are not ACA-compliant, and provide inadequate coverage, particularly for those who are already ill or have a chronic condition. *(In mid-2018, the Trump administration made it legal to sell non-ACA-compliant health plans with terms of as much as 364 days—renewable up to 36 months—rather than the previous limit of 90 days. The lower premiums on these plans can be attractive, but they often come with exclusions for pre-existing conditions, offer limited coverage, and result in huge out-of-pocket expenses or denials of coverage when medical care is needed, making them almost worthless.)*
- 13) The expansion of **Medicaid** under the ACA extended coverage to nearly all low-income Americans in most states. *(Most states have expanded coverage to nearly all low-income Americans under the Medicare-eligible age of 65. However, roughly a dozen or so states haven’t, which means that childless adults will have trouble qualifying on income alone.)*
- 14) In general, permanent resident immigrants (green card holders) must have lived in the U.S. for **five years** to be eligible for Medicaid and CHIP. *(According to federal rules, permanent resident immigrants (green card holders) are eligible for Medicaid and CHIP after five years of residence if they also meet all other program requirements. However, some states have different guidelines; check with your state’s Medicaid/CHIP office for its guidelines.)*
- 15) Families that earn too much money to qualify for Medicaid but not enough to buy private insurance can qualify for **CHIP**. *(The Children’s Health Insurance Program provides medical coverage for those under age 19 whose parents earn too much to qualify for Medicaid, but not enough to pay for private coverage. Services include checkup, immunizations, doctor visits, prescriptions, dental and vision care, hospital care, lab tests and X-rays, and ER care. In some states, CHIP covers pregnant women.)*
- 16) There’s no **Open Enrollment** for Medicaid or CHIP. *(You can enroll in both Medicaid and CHIP through the Health Insurance Marketplace (<https://www.healthcare.gov/>) at any time—there’s no Open Enrollment Period—or directly with your state Medicaid agency).*
- 17) **Health centers** do not ask for proof of immigration status. *(Employees of these low-cost community health centers that charge based on income do not ask for proof of immigration status.)*

- 18) Hospitals that receive **federal funding** *must* treat patients who need emergency care regardless of their immigration or insurance status. *(Since most hospitals receive federal funding, this federal law has a wide reach. Your state's laws might provide you with some additional rights.)*
- 19) Young adults can stay on a parent's health plan until age **26**. *(This is true even if the young adult is married, not living with or financially dependent on parents, attending school, or eligible for an employer-sponsored health plan.)*
- 20) **Patient assistance programs** provide(s) free or discounted prescription drugs. *(These programs, offered by pharmaceutical companies, can be found through websites such as RxHope, RxAssist, NeedyMeds and the Medicine Assistance Tool.)*