Questions and Answers about the Affordable Care Act
Provided by the White House and HealthCare.gov

Why should people with insurance pay to cover those who don't have it? They are already paying for the uninsured.

American families with insurance pay a hidden tax of roughly $1000 for the cost of caring for people without insurance. As more Americans become insured, that hidden tax will begin to disappear. In addition, covering everyone will put downward pressure on costs. Bringing younger, healthier people into the system will spread the risk. As more Americans become covered, insurance companies will compete for their business. That will begin to lower costs. And health insurance reform will create stability and security for everyone. If you lose or change jobs you will have the peace of mind of knowing that you will always be able to find an affordable health insurance option for your family.

This legislation is going to cost more than a trillion dollars: how can we afford that?
The majority of the initiatives that would pay for reform will come from cutting waste, fraud, and abuse within existing government health programs; ending big subsidies to insurance companies; and increasing efficiency with such steps as coordinating care and streamlining paperwork. We want to take money that is already being spent on health care and re-allocate it toward reforms that lower costs and assure quality affordable health care for all Americans.
The cuts we are talking about involve spending that currently does not improve care for Americans. For example, we would save $177 billion in unwarranted subsidies to the insurance industry in the next ten years and put that money into actual care for people. These and other reforms will strengthen and stabilize Medicare. Learn more here.

How do I apply for Marketplace coverage?
Use HealthCare.gov to apply for health coverage, compare plans, and enroll online. You can also apply by phone (800-318-2596) or get in-person help (https://localhelp.healthcare.gov/) with your application. Learn more here.

Will I qualify for lower out-of-pocket costs?
When you get coverage through the Marketplace, you may be able to get lower costs on deductibles, copayments, and coinsurance. This will depend on your household size and income. You can get these savings on out-of-pocket costs, known as “cost-sharing reductions,” only if you buy a plan in the Silver category. Learn more here.

Will I qualify for lower costs on monthly premiums?
When you buy health insurance coverage in the Marketplace, you may be able to get a premium tax credit that lowers what you pay in monthly premiums. This will depend on your household size and income. Learn more here.
What factors affect Marketplace health plan premiums?
Five factors can affect Marketplace plan prices: location, age, family size, tobacco use, and plan category. Health status and gender don’t affect pricing. Learn more here.

Do I qualify for Medicaid?
You may qualify for free or low-cost care through Medicaid based on income and family size. Some states [like Ohio] have expanded Medicaid to cover more people. If you have Medicaid coverage, you’re considered covered under the health care law and don’t have to buy a Marketplace plan. Learn more here.

How can I see plans and prices before I apply?
You can preview Marketplace health plans and prices available in your area by using a simple tool. It lets you see plans and estimates of the prices you pay without filling out an application. The prices shown reflect any lower costs you may be eligible for based on your income and household size. Learn more here.

Where can I get low-cost care in my community?
If you can’t afford any health plan, you can get low-cost health care at a nearby community health center. Locate a community health center near you. Learn more here.

What if someone doesn’t have health coverage in 2014?
If someone doesn’t have health coverage in 2014, they may have to pay a fine. They also have to pay for all of their health care. The fine is sometimes called the "penalty," "individual responsibility payment," or "individual mandate." Learn more here.

What if my income is too high to get lower costs on monthly premiums?
If you’re not eligible for lower costs because your income is too high, you can still buy health coverage through the Marketplace. You can also get insurance through a private insurance company, an online insurance seller, or an agent or broker. Learn more here.

What do immigrant families need to know about the Marketplace?
In order to buy private health insurance through the Marketplace, you must be a U.S. citizen or be lawfully present in the United States. Learn more here.

What are my health coverage options if I’m unemployed?
If you’re unemployed you may qualify for Medicaid, the Children’s Health Insurance Program, or lower costs on Marketplace insurance based on your income. Learn more here.

What do military veterans need to know about the Marketplace?
If you’re enrolled in TRICARE or the Veterans health care program, you’re considered covered under the health care law. You don’t need to make any changes. If you’re a veteran who isn’t enrolled in VA
benefits or other veterans' health coverage, you can get coverage through the Health Insurance Marketplace. Learn more here.

If I’m a college student, what do I need to know about the Marketplace?
College students have several choices for health coverage. But there’s no special student exemption from the penalty that people without coverage must pay. Learn more here.

Can I keep my own doctor?
Depending on the plan you choose in the Marketplace, you may be able to keep your current doctor. Learn more here.