Health Care Reform – Qualified Health Plans

Introduction
If you do not have health insurance or your health insurance does not cover the care you need, you may have new options under the Affordable Care Act, the federal health reform law. Our publication called Health Care Reform – General Information has more information.

What is a Qualified Health Plan?
A Qualified Health Plan is a state-approved private health insurance plan that you can buy through Healthplanfinder.

Am I eligible for a Qualified Health Plan?
You can get coverage through a Qualified Health Plan if:

- you are a U.S. citizen or have an eligible immigration status (see “Health Care Reform – Immigrant Eligibility”) AND
- you live in Washington State AND
- you are not in jail AND
- you do not have other “minimum essential coverage” (see below) AND
- your household’s income is above 138% of the Federal Poverty Level

What is “minimum essential coverage?”
Minimum essential coverage is health insurance that should cover different types of medical services and pay for a certain minimum amount of your health care costs.

If you have health insurance through one of the following plans, you already have minimum essential coverage:

- affordable coverage through your job
- Medicaid (including Medicaid Expansion and Apple Health for Kids (CHIP))
- Medicare and Medicare Advantage Plans
- Government-sponsored coverage
- Student health coverage
- Refugee medical assistance
- Health programs through the Veterans Administration
- TRICARE
- Peace Corps Volunteer programs

I can get health insurance from my job. How do I know if it is affordable?
If you can buy health insurance from your job for yourself only for 9.5% or less of your household income, it is “affordable.” If you have affordable coverage through your job and you can also buy health insurance from
your job for your spouse and dependents, the coverage is automatically considered “affordable” for them too (this is called the “family glitch”).

If you do not have affordable health coverage for yourself from your job, you can buy a Qualified Health Plan and you may qualify for help in paying for it.

If you have affordable health coverage for yourself from your job, you cannot buy a Qualified Health Plan. Your spouse and dependents, even if you could buy insurance for them from your job, can choose to buy a Qualified Health Plan instead of getting coverage from your job. They would not qualify for help in paying for the Qualified Health Plan.

Can I get help paying for a Qualified Health Plan?
Yes, if:

- you qualify to get coverage through a Qualified Health Plan (see above) AND
- you do not have other “minimum essential coverage” AND
- your household’s gross income is between 139% and 400% of the Federal Poverty Level (or, if you are a lawfully present immigrant who is not eligible for Medicaid, your income can be between 100% and 400% of the Federal Poverty Level) AND
- you file taxes AND
- if you are married, you file taxes jointly with yours spouse

I qualify to get help paying for a Qualified Health Plan. How does help this help work?

There are two kinds of help to pay for a Qualified Health Plan – subsidies and cost-sharing reductions.

Subsidies (also called “health insurance premium tax credits”) help you pay for your premium. Your premium is the amount you have to pay every month in order to have health insurance. You can get a subsidy if your household income is between 139% and 400% of the Federal Poverty Line (or, if you are a lawfully present immigrant who is not eligible for Medicaid, your income can be between 100% and 400% of the Federal Poverty Level). You can have the subsidy paid each month or in a lump sum at the end of the year.

Cost-sharing reductions help you pay out-of-pocket expenses like co-payments and deductibles. You can get cost-sharing reductions if your household income is between 139% and 250% of the Federal Poverty Line and if you choose a Silver plan (cost-sharing reductions are not available for Bronze or Gold plans). If you qualify for cost-sharing reductions, there will be a cap on the amount of your out-of-pocket payment each year. After you have reached that amount, you will not have to pay any more out-of-pocket expenses.

If you are a descendant or an enrolled member of a federally recognized Indian
**Tribe** and your household income is between 139% and 300% of the Federal Poverty Line, you may qualify for a special subsidy that would reduce your cost sharing to zero. This means you would not pay any out-of-pocket costs after your monthly premium payment.

**How do I apply for a Qualified Health Plan?**

You can apply for a Qualified Health Plan through Healthplanfinder, a new organization whose legal name is the Washington Health Benefit Exchange.

You can apply through Healthplanfinder by visiting the website [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) or calling 1-855-923-4633 (1-855-WAFINDER). You can also request a paper application. If you do not have internet access or if you have trouble with the online application, go to your local DSHS office or call the hotline for help. These places can help you find an In-Person Assister—someone in your community trained to help you.

**Can I apply anytime?**

No. They will only take applications during a period called “open enrollment.” This year, open enrollment will run from October 1, 2013, through March 31, 2014. Starting in 2014, open enrollment will be from October 1 through December 31 each year. If you do not apply during open enrollment, you may not be able to get health care coverage until January 1 of next year unless a special enrollment period applies. (See below for information on special enrollment.)

**If I qualify for a Qualified Health Plan, when will coverage start?**

Coverage will start January 1, 2014, if you apply before December 23, 2013. If you apply after January 1, 2014, you must apply by the 23rd of the month for coverage to start the first of the next month. To get coverage in 2014, you must apply by March 31, 2014.

**Will I get to choose the Qualified Health Plan that I want?**

Yes. After they approve you for a Qualified Health Plan, you will have many options. Different companies will offer you coverage. Each company will offer three different levels of plans (called Bronze, Silver, and Gold).

It is important to consider which plan is right for your budget and health needs. Bronze plans generally have the lowest monthly premiums but the highest out-of-pocket expenses. Gold plans will generally have the highest monthly premiums but the lowest out-of-pocket expenses.

If you are under age 30 or if you do not have to get health coverage (see our publication called [Health Care Reform – Requirement to Get Health Coverage](#)), you can choose a fourth type of coverage: a catastrophic plan. These plans will cost less, but will offer very limited benefits.
What will my Qualified Health Plan cover?

It depends. All Qualified Health Plans have to offer basic coverage, called Essential Health Benefits. This basic coverage includes:

- Doctor visits
- Emergency room care
- Hospitalization
- Prescription drugs
- Maternity care
- Mental health and substance use services
- Rehabilitation and habilitation
- Laboratory services (like X-rays)
- Preventive care
- Chronic disease management

Basic coverage does NOT include adult dental care, adult vision care, most hearing care or some types of long-term care.

Each Qualified Health Plan can also decide to cover more medical services. When you apply through Healthplanfinder, you can compare what each plan offers.

If I have a Qualified Health Plan, can I keep my current doctors?

It depends. When they approve you for a Qualified Health Plan, you will have several plans from which to choose. On the Healthplanfinder website (www.wahealthplanfinder.org), you can search the plans to see if they include your doctor and pharmacy. You can also call the Healthplanfinder at 1-855-923-4633 (1-855-WAFINDER) to ask if a certain Qualified Health Plan will allow you to see your current providers. You can also talk to your doctors to ask which plans they accept.

How much will a Qualified Health Plan cost?

It depends on the Qualified Health Plan that you choose. You may also qualify for help paying for your Qualified Health Plan (see above).

Do I need to report changes?

Yes. You should report changes immediately if you or someone in your household:

- has a change in income
- moves
- gets married or divorced
- gets pregnant or a pregnancy ends
- gives birth or adopts a child
- goes to jail or prison, or gets out of jail or prison
- enters a nursing home
- has a change in immigration or citizenship status
- has a change in health care coverage
- has a change in tax filing situation

These kinds of changes during the year can have serious consequences. You could lose your coverage. They can also affect how much your Qualified Health Plan will cost. If you do not report changes and you should have been paying more for the Qualified Health Plan than you did pay, you will owe the IRS the difference. If you do not report changes and you should have been paying less for the Qualified Health Plan than you did pay, you will be credited the difference.
on your tax return. This process of adjusting your taxes at the end of the year to reflect premium and cost-sharing amounts is “reconciliation.”

Report your changes by going to www.wahealthplanfinder.org or calling 1-855-923-4633 (1-855-WAFINDER).

**How do I pay for my Qualified Health Plan?**

**For your first month of coverage,** you have to pay the premium for your Qualified Health Plan on the Healthplanfinder website with a debit card, credit card, or electronic transfer from your bank account. If you are not able to do this, contact the Healthplanfinder to find an In-Person Assister in your area. These organizations in your community may be able to help you pay in a different way (cash or money order) or to find a sponsor to pay the premium for you. You should also talk to a lawyer right away.

**After your first payment,** you can pay for your Qualified Health Plan in other ways, such as writing a personal check to the plan. You can also set up an automatic debit through the Healthplanfinder.

**What if I miss a payment?**

To keep your Qualified Health Plan and avoid an IRS penalty, you must make your monthly premium payment on time and in full each month. If you miss a premium payment and do not get subsidies, you may lose your health coverage after the first missed payment. If you do get subsidies, there is a three-month “grace period.” If you do not pay the premiums by the end of the grace period, you will lose coverage. You may also be billed for medical services you use during these months.

If you lose coverage, you will not be able to get coverage through a Qualified Health Plan again until the next annual open enrollment period (unless a special enrollment period applies). You may also have an IRS penalty.

If you are having trouble paying your premium due to a loss in income, report this to the Healthplanfinder right away. The income change may mean that you can start paying less for your Qualified Health Plan or that you now qualify for free Medicaid Expansion coverage.

**What if I apply for a Qualified Health Plan and the application is denied?**

You should appeal with the Healthplanfinder as soon as possible, within 90 days of when you get your “Eligibility Decision” packet in the mail from Healthplanfinder. You can ask for an appeal in many different ways, such as going online at www.wahealthplanfinder.org, calling the Healthplanfinder at 1-855-923-4633 (1-855-WAFINDER), and other ways listed in the “Eligibility Decision” packet. You should also talk to a lawyer right away.
I have a Qualified Health Plan. What if I need a medical service that is not covered?

Contact your Qualified Health Plan to file a grievance or appeal right away. You should contact your plan’s customer service hotline to find out more about how to do this. If the plan does not resolve the situation, you have a right to a review by a neutral independent organization. (See the publication called Office of Insurance Commissioner Guide to Appeals.) You should also talk to a lawyer right away.

Do I have to apply for a Qualified Health Plan every year?

Yes. You must renew your coverage during open enrollment each year. After 2013, open enrollment will run from October 1 through December 31 each year. If you do not apply during open enrollment and you do not qualify to apply during a special enrollment period, you will not be able to get a Qualified Health Plan until the following year and you may owe the IRS for failing to get health insurance.

What is a “special enrollment” period for Health Plan Finder?

Generally, you must apply through Healthplanfinder to purchase a Qualified Health Plan during open enrollment each year. If you do not, you will not usually be able to buy a Qualified Health Plan until the next open enrollment period. That means you will not have health coverage for the year. If you do not have coverage, you may also owe the IRS.

“Special enrollment:” This refers to certain times outside of open enrollment when you can apply for a Qualified Health Plan. Special enrollment means that within 60 calendar days of a certain event, you can apply for a Qualified Health Plan. The events that allow you to apply during a special enrollment period include:

- losing a job and the affordable health coverage that you used to get through your job
- a change in income that results in you losing your Medicaid or CHIP (“Washington Apple Health”) coverage
- a divorce that results in losing your health insurance coverage
- gaining citizenship or lawfully present immigration status
- gaining a new dependent (such as a new baby)
- moving into Washington State from another state
- there was an error in your enrollment process or other special circumstances

⚠️ Becoming ill is NOT an event that allows you to apply for a Qualified Health Plan during a special enrollment period.

If you are a descendant or enrolled member of a federally-recognized Indian Tribe, you
can switch plans as often as once a month. The open enrollment and special enrollment periods do not apply to you.

If you missed open enrollment, talk to a lawyer right away to see if you can apply during a special enrollment period. You may qualify for a Medicaid or other health care program through “Washington Apple Health,” which allows you to apply at any time during the year.

What if I think that I am being charged too much for the Qualified Health Plan or that I am not getting the correct subsidy amount?

You should appeal with the Healthplanfinder as soon as possible, within 90 days of when you get your “Eligibility Decision” packet in the mail from Healthplanfinder. You can ask for an appeal in many different ways, such as going online at www.wahealthplanfinder.org, calling the Healthplanfinder at 1-855-923-4633 (1-855-WAFINDER), and other ways listed in the “Eligibility Decision” packet. You should also talk to a lawyer right away.

How can I apply for coverage?

You can apply for coverage through Healthplanfinder online at www.wahealthplanfinder.org, by phone at 1-855-923-4633 (1-855-WAFINDER), or by requesting a paper application from Healthplanfinder or from your local DSHS office. If you go online, be sure to go the correct website (www.wahealthplanfinder.org).

What if I need help applying or understanding my options?

If you need help applying for coverage, call an In-Person Assister for free help. You can find a list of In-Person Assisters at WashingtonLawHelp.org.

What if I need legal help?

- Apply online with CLEAR*Online - http://nwjustice.org/get-legal-help or
- Call CLEAR at 1-888-201-1014

CLEAR is Washington’s toll-free, centralized intake, advice and referral service for low-income people seeking free legal assistance with civil legal problems.

- **Outside King County**: Call 1-888-201-1014 weekdays from 9:10 a.m. until 12:25 p.m. CLEAR works with a language line to provide interpreters as needed at no cost to callers. If you are deaf or hard of hearing, call 1-888-201-1014 using your preferred TTY or Video relay service.

- **King County**: Call 211 for information and referral to an appropriate legal services provider Monday through Friday from 8:00 am – 6:00 pm. You may also call (206) 461-3200, or the toll-free number, 1-877-211-WASH (9274). 211 works with a language line to provide free interpreters as needed to callers. Deaf and hearing-impaired callers can call 1-800-833-6384 or 711 to get a free relay
operator. They will then connect you with 211. You can also get information on legal service providers in King County through 211’s website at www.resourcehouse.com/win211/.

- **Persons 60 and Over**: Persons 60 or over may call CLEAR*Sr at 1-888-387-7111, regardless of income.

This publication provides general information concerning your rights and responsibilities. It is not intended as a substitute for specific legal advice. This information is current as of October 2013.

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