

Consumer FAQ

What are the major changes happening in January 1, 2014?

There are a number of major changes for comprehensive health insurance policies issued on or after January 1, 2014 including:

- Guaranteed issue in the individual market). This means insurance companies are required to accept anyone who applies for coverage regardless of health status.
- Pre-existing condition limitations will no longer be allowed.
- Rates will only be allowed to vary based on family status, geographic rating area, age and tobacco use.
- Plan design changes
 - plans will be required to offer “essential health benefits”
 - plans will be required to meet the standards set forth for a bronze, silver, gold or platinum plan. Consumers will only be able to choose from these optionsBronze level plan will cover roughly 60% of the costs of services it offers. Silver will cover roughly 70%, Gold will cover roughly 80% percent, and Platinum will cover roughly 90% of the costs of the benefits provided.
 - Plans will have more limited cost sharing - vague

What is a health insurance exchange?

Essentially, the exchange is a website that will allow you to obtain health insurance. On this website, you will enter information and the website will check your eligibility for government programs including any subsidies available for private health insurance. If you are purchasing private health insurance, you will then receive quotes from various companies offering health insurance through the exchange. If you decide to purchase a health insurance plan, the exchange will send your information to an insurer for enrollment.

When can I purchase health insurance on the exchange?

Consumers and small businesses with up to 50 employees can enroll in the Exchange starting in October 2013. Health plan coverage begins January 1, 2014.

What is a “SHOP” exchange?

The SHOP exchange is a health insurance exchange for small employers.

Wisconsin will not have a state-run health insurance exchange. What does that mean?

It means the federal government will set up an exchange on behalf of the state.

Will I have to purchase health insurance from an exchange?

No. We expect most insurers to offer coverage to the outside exchange market. From a purchasing standpoint, we expect that market will largely continue to operate as it operates now. Keep in mind that tax credits (advanced premium tax credits) for individual and family buyers can only be obtained if you purchase your health coverage through the exchange. Many agents/brokers will also be able to offer you a plan on the Exchange

If I currently have a health insurance plan, can I change plans during the open enrollment period?

Yes. You can purchase any health insurance plan on or off the exchange.

Can I purchase health insurance at any time of the year?

No. Individuals will have open enrollment periods and special enrollment periods but insurers are only required to offer coverage during those enrollment periods. Small employer plans will have guaranteed issue year round.

For the first year, open enrollment is from October 1 to March 31st.

What happens if I lose my coverage outside of the open enrollment period?

The Affordable Care Act allows “special enrollment” periods for individuals losing their coverage outside of open enrollment

Does everyone have to purchase health insurance?

. Beginning January 1, 2014, all U.S. citizens and legal residents will be required to obtain health insurance coverage. Many will be covered by an employer plan, some will qualify for health programs, and others will purchase it themselves.