

Enrollment Talking Points for Advocates

November 2014

General

Starting on November 15, millions of Americans will be able to enroll, or re-enroll, in affordable insurance, with coverage effective as early as January 1 of next year. If you are currently enrolled in a Marketplace plan, this is an opportunity to go back to the Marketplace and see what new options are available. All insurance plans have to cover doctor visits, hospitalizations, maternity care, emergency room care, and prescription drugs. You can find a plan that fits your budget and get financial help with premiums and cost-sharing if you need it. All insurance plans have to show their costs and what services they cover in simple, easy-to-understand language. And, insurance plans can't refuse to cover you if you have a pre-existing condition.

Coverage in the Marketplace

In each state, you can choose a high quality plan that covers all of the basic care you need, including doctor visits, hospital visits, maternity care, emergency room care, and prescription drugs. All insurance plans will have to show their costs and what services they cover in simple, easy-to-understand language. But, if you need help understanding your options, you can call a designated phone number, or receive one-on-one help from groups in your community.

Security/Peace of mind

You will get the health care you need, when you need it. You no longer have to worry that your health plan could drop you (or your family members) when you get sick. Also, you will have greater access to the care you need, including preventive services with no out-of-pocket expenses like co-pays or deductibles.

Protection from Debt/Medical Bankruptcy

You can choose a quality plan that covers all the basic care you need and fits your budget – and that protects you from the financial risk of serious illness. If a family member gets sick, you don't have to worry about big medical bills or going into bankruptcy. Plus, your insurance would protect you from unexpected costs like a large bill from the emergency room for a broken bone.

Help Enrolling

You can get help in-person through a group in your community, over the phone, online at healthcare.gov, or directly from an insurance company. Trained staff at local organizations can answer questions about the financial help you may be eligible for, and walk you through the coverage details of your plan options.

Subsidies/Tax Credits

You may qualify for financial help with your insurance costs. The government will send these subsidies straight to your insurance plan every month to help cover the cost of your premium. You may also qualify for help with cost-sharing, such as deductibles, copayments, and coinsurance.

Fine/Penalty

Nearly everyone must have health insurance in 2015, or pay a fine. If you have very low income or cannot find an affordable plan, you may be exempted from paying this fine.

Targeted Messages for Moms

Pre-existing conditions

Being a woman no longer means being a pre-existing condition. Insurance companies can no longer deny women health coverage because they have a pre-existing health condition, or if they are a survivor of domestic violence or had a Caesarean section. Similarly, they can no longer charge women more than men for the same health plan, simply for being women.

Role of Mom

Most women would do anything for their loved ones, including making sure they get the care that they need when they need it and protecting them from financial catastrophe if they get sick. But too many young adults believe they don't need health insurance. But who do they listen when it comes to health care? Mom. Talk to your adult kids about why they need health coverage and the health insurance options they have to choose from

General

Starting on November 15, people who need insurance can sign up for insurance plans online at healthcare.gov, over the phone, or in-person through a community group. If your loved ones have been uninsured, have trouble affording their premiums or have a substandard insurance plan, they will be able to choose a quality plan in the Marketplace that works for them. If they already have a plan through the Marketplace, they should visit the Marketplace to update their information and understand any new options that are available this year.

Safety/Security

You will get the health care you need, when you need it. You will no longer have to worry that your family members could be dropped from their insurance coverage when they get sick. Also, you will have greater access to the care you need, including preventive services with no out-of-pocket expenses like co-pays or deductibles.

Messages for Young Women

Financial Help

Before the law, many young women couldn't afford health insurance. Now, millions of people receive financial help to buy a health insurance plan. If you have Marketplace coverage, you can shop for a new plan or choose to stay in your current plan beginning on November 15, with coverage beginning as soon as January 1 next year. Plans must cover important things like preventive services and screenings, birth control and maternity care. You may qualify for financial help with premiums and cost-sharing depending on your income. You may also qualify for free or low-cost health insurance through Medicaid.

Well-Woman Visits

When you sign-up for a new health plan, your plan must cover women's preventive services without any cost-sharing. This includes your well-woman visits, which are an opportunity to receive all your recommended preventive services and talk with your health care professional about how to manage your health. Your plan will cover multiple well-woman visits each year, if you need them. And, if you are pregnant, many of your prenatal visits will be covered without any cost-sharing as part of your well-woman visits.