

Understanding the Health Insurance Marketplace

Under the Affordable Care Act (ACA), Illinois residents can now access a variety of quality, affordable health plans from the top insurance companies in the state all in one place – the Health Insurance Marketplace. Individuals can also access free resources and in-person help from trained professionals through Get Covered Illinois.

What is the Health Insurance Marketplace?

The Health Insurance Marketplace allows users to shop online for private health insurance plans and compare them side-by-side. Marketplace plans are offered both on and off the Marketplace website, HealthCare.gov. However, consumers must purchase a plan through the Marketplace to qualify for financial help to lower the cost of coverage. Financial help is available through advance premium tax credits (APTCs) to lower monthly premium costs and cost-sharing reductions to reduce out-of-pocket costs when consumers use their coverage.

Depending on the person's family size and income, the Marketplace may direct consumers to Medicaid, Moms & Babies or All Kids (the Illinois Children's Health Insurance Program). Health plans offered through the Marketplace, Medicaid, Moms & Babies and All Kids are required to meet coverage standards established under the ACA.

What is Get Covered Illinois?

Get Covered Illinois is a resource center for Illinois residents who want to explore their coverage options and learn how to use their coverage. Get Covered Illinois has a robust network of in-person professionals that provide free help in communities across the state and a comparison tool that will help individuals find the best plan for their budget and needs.

Illinois consumers should visit GetCoveredIllinois.gov to answer a few questions about household size and income for an initial eligibility screening. Consumers are then directed to the Marketplace application for private insurance coverage with financial assistance or to the application for Medicaid, Moms & Babies, and All Kids. Using Get Covered Illinois helps Illinois residents start their coverage application in the right place, making the application process faster.

What types of plans are offered through the Marketplace?

The plans on the Marketplace are private health insurance plans offered by the top insurance companies in the state. The plans are not public coverage, but financial help from the federal

government is available to qualifying consumers to lower their monthly premium and out-of-pocket costs. All plans offered through the Marketplace cover the 10 essential health benefit categories to ensure patients have the coverage they need when they get sick or hurt.

The plans offered on the Marketplace are divided into four categories: Bronze, Silver, Gold and Platinum. Differences between plan tiers are based on the plan's cost-sharing, not the covered benefits. In general, Bronze plans have lower premiums and higher out-of-pocket costs, and Platinum plans have higher premiums and lower out-of-pocket costs.

Catastrophic plans also are available on the Marketplace for individuals under the age of 30 or those with a hardship exemption. Catastrophic plans have lower premiums and cover three primary care visits per year and recommended preventive services without cost-sharing. The federal government does not offer financial help to lower the cost of catastrophic plans.

Who can enroll in coverage through the Marketplace?

Anyone lawfully present in the United States can enroll in coverage through the Marketplace. Patients without an alternative quality, affordable coverage option (e.g., job-based coverage, Medicare or Medicaid) may be able to get financial help through the Marketplace to help lower premiums and cost-sharing. Financial help is available on a sliding income scale.

When can patients get covered through the Marketplace?

Patients can visit the Health Insurance Marketplace during the Open Enrollment Period (OEP) to enroll in a plan. Individuals may also qualify for Special Enrollment Periods (SEPs) outside of the OEP if they experience certain life changes or events, like getting married, having a baby, or losing job-based coverage. Medicaid, Moms & Babies and All Kids do not have OEPs, so patients who are eligible can enroll in those programs year round.

What are premium tax credits?

Premium Tax Credits (PTCs) help make coverage affordable for lower- and middle-income consumers. PTCs are offered based on a sliding income scale. When consumers choose to have their PTC applied each month to lower monthly premium costs, it is known as an Advanced Premium Tax Credit (APTC). If a consumer qualifies for APTC, he or she will be eligible for a set amount of financial help and can choose how much to apply to premiums each month.

Marketplace coverage will not be effective until the consumer makes their first premium payment, and consumers with APTC have a 90-day grace period to pay their premium in full. If a patient in a grace period uses health services, their billing is put on hold until they pay their premium or have been dropped from the plan. If a patient's coverage is terminated, they will be billed directly as if they did not have coverage.

Who issues insurance cards to patients who enroll through the Marketplace?

Consumers receive their insurance cards and bills directly from their insurance company.