

## The Health Care Law & Your Community: Key Information for Faith and Community Leaders

Millions of Americans lack quality, affordable health care coverage, which is essential for healthy individuals, families and communities. The Health Care law has made health insurance more affordable and accessible through the Health Insurance Marketplace ([HealthCare.gov](http://HealthCare.gov)). Faith and community-based organizations can provide the bridge from those who are most vulnerable and hardest-to-reach to the health services they need. Below is some of the key information about health insurance, health benefits and services to help make those connections.

<b>To Enroll in Health Insurance:</b>	<p>Visit <a href="http://www.HealthCare.gov">www.HealthCare.gov</a> to find out how to enroll in health insurance and compare premiums, deductibles and cost-sharing of health insurance plans. The website is also available in Spanish at <a href="http://www.CuidadoDeSalud.gov">www.CuidadoDeSalud.gov</a>.</p> <ul style="list-style-type: none"> <li>• <b>Visit</b> the Health Insurance Marketplace at <a href="http://www.HealthCare.gov">www.HealthCare.gov</a></li> <li>• <b>Call</b> 1-800-318-2596 24 hours a day, seven days a week if you have questions and to enroll (TTY: <b>1-855-889-4325</b>). Help is available in over 240 languages.</li> <li>• <b>Contact</b> local enrollment assisters at <a href="http://localhelp.HealthCare.gov">localhelp.HealthCare.gov</a></li> </ul>
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<b>Key Dates</b>	<b>November 1</b>
	<b>Open enrollment begins.</b> For those who have existing coverage, it is an opportunity to re-evaluate and re-enroll in the Marketplace. To make sure you get the best deal for January 1, 2017 coverage, enroll or re-enroll by December 15, 2016.
	<b>December 15</b>
	<b>The last day to enroll for insurance coverage beginning January 1, 2017.</b> This is the last day to check health insurance options and either enroll or re-enroll with changes taking place by January 1, 2017. Starting on December 16, they may be automatically re-enrolled in their existing plan or a similar plan.
	<b>January 31</b>
	<b>Open enrollment ends.</b>

<b>Essential Health Benefits</b>	<p>All private insurance plans offered to individuals and small businesses in the Marketplace must provide coverage of the following essential health benefits:</p> <ul style="list-style-type: none"> <li>• Ambulatory patient services (outpatient care you get without being admitted to a hospital)</li> <li>• Emergency services</li> <li>• Hospitalization (such as surgery)</li> <li>• Maternity and newborn care (care before and after your baby is born)</li> <li>• Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)</li> <li>• Prescription drugs</li> <li>• Rehabilitative and habilitative services and devices (health care services to help you keep, learn or improve skills and functioning for daily living)</li> <li>• Laboratory services</li> <li>• Preventive and wellness services and chronic disease management</li> <li>• Pediatric services, including oral (dental) and vision care (pediatric oral services may be provided by a stand-alone plan)</li> </ul>
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<b>Preventive Services</b>	<p>All Marketplace and many other plans cover a broad menu of preventive services without charging a <b>copayment</b> or <b>coinsurance</b>. This applies only when these services are delivered by a <b>network provider</b>. Visit <a href="http://healthfinder.gov">healthfinder.gov</a> to find out what preventive services are recommended for you, your loved ones and members of your community.</p>
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### Information and Resources

<b>Marketplace:</b>	The website <a href="http://marketplace.cms.gov/">marketplace.cms.gov/</a> provides the most up-to-date resources and information on the Affordable Care Act and Health Insurance Marketplace outreach and enrollment.
<b>Coverage to Care</b>	Once you've signed up for health insurance, Coverage to Care resources (found here: <a href="http://go.cms.gov/c2c">go.cms.gov/c2c</a> ) provides more information about how to use health care insurance and how to connect to health services. These materials are especially helpful for first-time users of health insurance.
<b>In Person Assistance:</b>	In-Person Assisters called Navigators and Certified Application Counselors are available to help consumers to enroll in health insurance and to answer questions. In-Person Assisters are listed at <a href="http://localhelp.healthcare.gov">localhelp.healthcare.gov</a> .
<b>Medicare</b>	Generally, people who are age 65 and older and certain people with disabilities should go to <a href="http://Medicare.gov">Medicare.gov</a> to enroll in the Medicare program. Information about Medicare and the Marketplace is available at <a href="http://go.usa.gov/3ejYJ">http://go.usa.gov/3ejYJ</a>
<b>Medicaid</b>	Visit <a href="http://HealthCare.gov">HealthCare.gov</a> or your state's Medicaid agency. Medicaid provides free or low-cost health coverage to millions of Americans, including families with children, pregnant women, the elderly, and people with disabilities and some people with low-incomes.
<b>Children's Health Insurance Program</b>	<a href="http://InsureKidsNow.gov">InsureKidsNow.gov</a> provides information on how children and teens may qualify for no-cost or low-cost health coverage through Medicaid and the Children's Health Insurance Program (CHIP). To learn about health coverage for children and teens in your state, call 1-877-Kids-Now (1-877-543-7669) or <a href="http://InsureKidsNow.gov">InsureKidsNow.gov</a>
<b>Community Health Centers (FQHCs)</b>	Community health centers provide high quality comprehensive care to patients regardless of their ability to pay. Services at community health centers may include primary, dental and mental and behavioral health care, as well as nutrition and healthy living services. Find the Federally Qualified Health Center in your neighborhood at <a href="http://findahealthcenter.hrsa.gov/">findahealthcenter.hrsa.gov/</a> .
<b>Affordable Care Act Facts</b>	<p>Insurance companies cannot deny coverage or charge more for people because of <b>pre-existing medical conditions</b>.</p> <p><b>Women</b> may no longer be charged higher rates by most insurance companies due to gender or health status.</p> <p>Insurers cannot cancel coverage just because you become <b>sick or make an unintentional mistake</b> on an application. Insurers also cannot cap the dollar amount they will pay for essential health benefits in a person's lifetime.</p> <p>If insurers deny care or payment for services, consumers will have a <b>new independent appeal process</b>.</p>