

Health Insurance Options in Ohio

How to find health coverage for you and your family



Consumer 1-800-686-1526 Medicare 1-800-686-1578 Fraud & Enforcement 1-800-686-1527

There are different ways in which Ohioans can secure health insurance for themselves and also for their family. Some were brought forth by the Affordable Care Act (ACA), health care overhaul that was signed into federal law in March 2010. The ACA mandates market-wide reforms (both on and off the exchange) in the individual and small group markets.

Some of the key changes that have taken effect since 2010 are: children 19 and under cannot be denied coverage due to pre-existing conditions, lifetime cap on coverage is prohibited, no one can be denied or delayed coverage due to a pre-existing condition, annual limits will be prohibited and premiums will only be allowed to be based on geography, age, tobacco use, and number of people on the policy.

Exchanges

Implemented through the ACA, an exchange is a website where consumers can purchase subsidized health insurance coverage. Open enrollment in the exchange, for 2015 coverage, is November 15, 2014 – February 15, 2015. The website allows individuals and families to compare benefits, costs and enroll in coverage. The website will identify any tax credits or subsidies an enrollee might be eligible. There will also be a separate exchange for small businesses to purchase health insurance. In Ohio, both the small business exchange and the individual exchange are operated by the federal government.

Subsidies

Individuals and families who purchase insurance on the exchange can be eligible to receive financial assistance through something called premium subsidies. Those with incomes between 100-400% of the Federal Poverty Level may be eligible to receive these subsidies to help lower the cost of their premium. The subsidies will vary by income and are structured so that individuals and families will not have to pay more than 9.5% of their household income for their health insurance. In addition to premium assistance, some individuals and families will also receive help with cost-sharing (ex. co-pays, deductibles, etc.).

Individual

Beginning in January 1, 2014, and because of the ACA, most Americans were required to have health insurance or pay a penalty. Generally, if you have government coverage (ex. Medicaid or Medicare), insurance through your employer, individual health coverage, or purchased your health insurance plan after January 1, 2014, you have likely satisfied the mandate and will not have to pay a penalty. The penalty for not having coverage increases each year. There is a three-year phase in of the penalty, from \$95 - \$695 or 1% - 2.5% of income, whichever is greater. For those not eligible for an exchange subsidy, individual coverage can still be purchased off the exchange.

Continued on page 2 ➔



Employer Provided

Many people get their health insurance from their employer, which is sometimes referred to as group health coverage. Employers typically require you to pay a portion of the monthly premium. As a result of the ACA, certain employers are required to either offer health insurance coverage or pay a penalty. Check with your employer to determine whether you are eligible for a employer provided insurance plan.

Special Enrollment in Another Group Plan

If other group health coverage is available such as through a spouse's employer provided plan, special enrollment in that plan should be considered. It allows the individual and his/her family an opportunity to enroll in a plan for which they are otherwise eligible, regardless of enrollment periods. However, to qualify, enrollment must be requested within 30 days of losing eligibility for other coverage. After special enrollment is requested, coverage is required to be made effective no later than the first day of the first month following your request for enrollment.

COBRA

You may be eligible for your employer's Consolidated Omnibus Budget Reconciliation Act (COBRA) plan. You have the right to continuation of individual and family health insurance coverage under special circumstances, such as job loss. COBRA, a federal law, generally applies to employers with more 20 or more employees. COBRA lets you continue the same policy, in some cases up to 36 months. If you have pre-existing health conditions and are eligible, you cannot be turned down or charged more due to your health conditions. Employers should send you a COBRA notice. You then have 60 days to elect the coverage.

Mini COBRA

Ohio law provides those who were employed by companies with two to 19 employees have the right to continue coverage under the employer's group plan for up to 12 months. You have the right to continuation of individual and family health insurance coverage under special circumstances, such as job loss. Employers should send you a notice regarding this type of continuation coverage.

High Deductible Major Medical Policy

When it comes to insurance, higher deductibles usually mean lower premiums. That is because you are taking more responsibility for your own care. You may be able to combine a Major Medical plan with a Health Savings Account (HSA). This will allow you to spend pre-tax money on your smaller health bills and use the Major Medical plan for the catastrophic expenses.

Short Term Insurance

While it won't cover pre-existing conditions, this coverage is better than no coverage at all. You can generally take these out either on a month-to-month basis or on a term of six to 12 months.

Free Clinics

Free clinics assist in providing health services for the underserved and underinsured. Contact the Ohio Association of Free Clinics to find one in your area.

Continued on page 3 ➔

Discount Health Plans

These plans are not insurance products. They instead offer discount services provided by certain physicians, hospitals and pharmacies. If insurance is unaffordable to you, a discount health plan may serve as an option to lower your costs in certain situations. Be certain to read the membership agreement. The Department has limited regulatory authority over these plans.

Professional Organizations and Association Plans

Sometimes local associations such as chambers of commerce and professional groups offer health insurance. Coverage may also be available through a religious or fraternal organization.

Veterans Benefits

The Ohio Department of Veterans Services can outline assistance that maybe available to veterans, such as TRICARE.

Tips

- Talk with an insurance agent.
- Comparison shop, call around and ask questions. Premiums for similar products from different insurers can vary.
- If you are healthy, don't assume you can go without insurance.
- Contact the Ohio Department of Insurance at 1-800-686-1526 with any insurance questions and to request informational materials. Consumer Services representatives can also investigate your complaints about your insurance company or agent. Visit www.insurance.ohio.gov for a list of companies and agents authorized to do business in Ohio. Also consider utilizing the agent locator tool.
- If you have Medicare questions, call the Ohio Department of Insurance Ohio Senior Health Insurance Information Program (OSHIIIP) at 1-800-686-1578.
- Contact the Ohio Department of Job and Family Services at 1-800-324-8680 to determine if you qualify for Medicaid.

If you have any questions, you can call the Ohio Department of Insurance consumer hotline at 1-800-686-1526 for free and unbiased assistance and information. You can also visit us at www.insurance.ohio.gov and follow the Department on Facebook and Twitter. The Department is one of the largest government consumer protection agencies in Ohio.