

Common Questions / FAQ

What is Open Enrollment?

- October 2013: open enrollment begins for health insurance plans through Covered California™
- March 31, 2014: open enrollment for coverage in 2014 ENDS, but throughout the year, you can still enroll if your circumstances change. You can also be found eligible for Medi-Cal year round.

Why do I need health insurance?

In October of 2014, there will be another open enrollment period when consumers cannot be registered by health plans and they can for premium assistance.

Health insurance protects you from high, unexpected costs

The average cost of a 3-day hospital stay is \$30,000. Fixing a broken leg can cost upwards of \$7500. Having health coverage can help protect you from high, unexpected costs like these.

With just one application, you'll find out what you qualify for: free or low cost programs, such as Medi-Cal, or affordable private insurance programs.

Insurance coverage protects you from high medical costs in many ways:

- **Out-of-pocket maximum:** This is the total amount you'll have to pay if you get sick. For example, if your plan has a \$3000 out-of-pocket maximum, once you pay \$3000 in deductibles, coinsurance, and copayments the plan will pay for any covered care above that amount for the rest of the year.
- **Sharing of Costs for Care: Before you reach the out-of-pocket maximum, with insurance you only need to pay a small portion of the actual costs of care. See the background description of 'Health Insurance Benefits' to see what you would be responsible for.**
- **No yearly or lifetime limits: Health plans in the Marketplace can't put dollar limits on how much they will spend each year or over your lifetime to cover essential health benefits. After you've reached your out-of-pocket maximum, your insurance company must pay for all of your covered medical care with no limit.**

People without health coverage are exposed to these costs. This can sometimes lead people without coverage into deep debt or even into bankruptcy.

Through Covered California, you can see if you are eligible for Medi-Cal or premium assistance to lower your costs of insurance.

What do I get for my premium?

Free Preventive Health Care Services

Most health plans must cover a set of preventive services like shots and screening tests at no cost to you. This includes all of the plans offered through Covered California and Medi-Cal.

Preventive care benefits

Preventive care helps you stay healthy. A doctor isn't someone to see only when you're sick. Doctors also provide services that help keep you healthy.

Free preventive services

All Marketplace plans and many other plans must cover the following list of preventive services without charging you a copayment or coinsurance. This is true even if you haven't met your yearly deductible. This applies only when these services are delivered by a network provider.

1. **Abdominal Aortic Aneurysm one-time screening** for men of specified ages who have ever smoked
2. **Alcohol Misuse screening and counseling**
3. **Aspirin use** to prevent cardiovascular disease for men and women of certain ages
4. **Blood Pressure screening** for all adults
5. **Cholesterol screening** for adults of certain ages or at higher risk
6. **Colorectal Cancer screening** for adults over 50
7. **Depression screening** for adults
8. **Diabetes (Type 2) screening** for adults with high blood pressure
9. **Diet counseling** for adults at higher risk for chronic disease
10. **HIV screening** for everyone ages 15 to 65, and other ages at increased risk
11. **Immunization vaccines** for adults--doses, recommended ages, and recommended populations vary:
 - Hepatitis A
 - Hepatitis B
 - Herpes Zoster
 - Human Papillomavirus
 - Influenza (Flu Shot)
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Tetanus, Diphtheria, Pertussis
 - Varicella
12. **Obesity screening and counseling** for all adults

13. **Sexually Transmitted Infection (STI) prevention counseling** for adults at higher risk
14. **Syphilis screening** for all adults at higher risk
15. **Tobacco Use screening** for all adults and cessation interventions for tobacco users

Preventive health services for women

Most health plans must cover additional preventive health services for women, ensuring a comprehensive set of preventive services like breast cancer screenings to meet women's unique health care needs.

This applies only when these services are delivered by an in-network provider.

1. **Anemia screening** on a routine basis for pregnant women
2. **Breast Cancer Genetic Test Counseling (BRCA)** for women at higher risk for breast cancer
3. **Breast Cancer Mammography screenings** every 1 to 2 years for women over 40
4. **Breast Cancer Chemoprevention counseling** for women at higher risk
5. **Breastfeeding comprehensive support and counseling** from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
6. **Cervical Cancer screening** for sexually active women
7. **Chlamydia Infection screening** for younger women and other women at higher risk
8. **Contraception:** Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
9. **Domestic and interpersonal violence screening and counseling** for all women
10. **Folic Acid** supplements for women who may become pregnant
11. **Gestational diabetes screening** for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
12. **Gonorrhea screening** for all women at higher risk
13. **Hepatitis B screening** for pregnant women at their first prenatal visit
14. **HIV screening and counseling** for sexually active women
15. **Human Papillomavirus (HPV) DNA Test** every 3 years for women with normal cytology results who are 30 or older
16. **Osteoporosis screening** for women over age 60 depending on risk factors
17. **Rh Incompatibility screening** for all pregnant women and follow-up testing for women at higher risk
18. **Sexually Transmitted Infections counseling** for sexually active women
19. **Syphilis screening** for all pregnant women or other women at increased risk
20. **Tobacco Use screening and interventions** for all women, and expanded counseling for pregnant tobacco users

21. **Urinary tract or other infection screening** for pregnant women
22. **Well-woman visits** to get recommended services for women under 65

Preventive health services for children

Most health plans must cover a set of preventive health services for children at no cost when delivered by an in-network provider. This includes Marketplace and Medicaid coverage.

1. **Autism screening** for children at 18 and 24 months
2. **Behavioral assessments** for children up to 17 years old
3. **Blood Pressure screening** for children up to 17 years old
4. **Cervical Dysplasia screening** for sexually active females
5. **Depression screening** for adolescents
6. **Developmental screening** for children under age 3
7. **Dyslipidemia screening** for children from 1 to 17 years old at higher risk of lipid disorders
8. **Fluoride Chemoprevention supplements** for children without fluoride in their water source
9. **Gonorrhea preventive medication** for the eyes of all newborns
10. **Hearing screening** for all newborns
11. **Height, Weight and Body Mass Index measurements** for children up to 17 years old
12. **Hematocrit or Hemoglobin screening** for children
13. **Hemoglobinopathies or sickle cell screening** for newborns
14. **HIV screening** for adolescents at higher risk
15. ****Hypothyroidism screening** for newborns
16. **Immunization vaccines** for children from birth to age 18 —doses, recommended ages, and recommended populations vary:
 - Diphtheria, Tetanus, Pertussis
 - Haemophilus influenzae type b
 - Hepatitis A
 - Hepatitis B
 - Human Papillomavirus
 - Inactivated Poliovirus
 - Influenza (Flu Shot)
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Rotavirus

Varicella

17. **Iron supplements** for children ages 6 to 12 months at risk for anemia
18. **Lead screening** for children at risk of exposure
19. **Medical History** for all children up to 17 years old throughout development
20. **Obesity screening and counseling**
21. **Oral Health risk assessment** for young children up to 10 years old
22. **Phenylketonuria (PKU) screening** for this genetic disorder in newborns
23. **Sexually Transmitted Infection (STI) prevention counseling and screening** for adolescents at higher risk
24. **Tuberculin testing** for children up to 17 years old at higher risk of tuberculosis
25. **Vision screening** for all children.

How will Covered California make coverage affordable to me?

Covered California offers a number of options that are based on your specific situation. Depending on your income and family size, you could be eligible for no-cost Medi-Cal or for tax credits to help reduce your monthly premium costs. By using the 'Health Plan Calculator,' you can see what your options are and how much coverage would likely cost you.

Insurance protects you from unexpected, high medical bills that can quickly escalate into financial hardship. More than half of the reported personal bankruptcies were due to unforeseen medical expenses.

What do I do if I'm not ready to make a decision at this time?

It's important to think through this decision carefully and make the right choice. Just remember, to have coverage that starts January 2014, you need to complete enrollment by the middle of December. In addition, open enrollment closes on March 31, 2014. If you do not purchase health insurance during this open-enrollment period, you may not have all the insurance and financial support options available to you.

Why do I need insurance, when I will just pay for my care as the need comes up?

Did you know the average cost of a three-day hospital stay can be \$30,000?

More than half of the reported personal bankruptcies were due to unforeseen medical expenses.

Starting in January 2014, most people will be required to have health insurance or pay a penalty if they don't. In 2014, the penalty will be 1 percent of annual income or \$95 for each family member that does not have insurance, whichever is greater (this means that if your household income is \$45,000, the penalty would be \$450). The penalty will increase in future years.

In addition to covering a portion of the expenses, health plans negotiate discounted rates with providers. You benefit from their discounts on the portion of the bill that you pay.

Can I get insurance even if I have applied for coverage before and I was declined?

The Affordable Care Act changes things. Beginning January 1, 2014, health plans must issue policies to all applicants regardless of health status or other factors. This 'guaranteed coverage' is only assured during the Open Enrollment period.

How can I be sure that I'll get good quality care through the Covered California plans?

Covered California is offering plans that are the same high-quality health plans available on the private market today.

These plans are guaranteed to provide essential levels of coverage and comply with consumer protections set forth in the Affordable Care Act.

I am not sure what my exact income level will be next year. What happens if I estimate wrong?

If your income changes over the year, your tax credit will be adjusted accordingly. If your income increases you will have to pay the difference at tax time or by notifying Covered California, we will adjust your premium assistance. If your income decreases, you can receive additional tax credit.

I can't afford premiums for my entire family, can I just cover my children?

Starting in January 2014, most people will be required to have health insurance or pay a penalty if they don't.

The cost of coverage depends on how much coverage you choose to purchase and whether you qualify for financial assistance. There are programs, like Medi-Cal, that provide coverage for children that can greatly reduce your costs depending on your income.

Take a look at the cost calculator to estimate your annual costs and determine if you are eligible for financial assistance.