

Expanding Health Insurance Access, Benefits and Protections

THE AFFORDABLE CARE ACT (ACA) of 2010 is a law that increases access to health insurance and adds new protections for those who have health insurance. The law is scheduled for full implementation in 2014. Under current provisions of the law, new populations that are eligible for ACA benefits and protections include refugees, asylees, Cuban/Haitian entrants, Iraqi and Afghan Special Immigrant Visa holders, certain Amerasians, and certain foreign victims of human trafficking. This ACA brief by the Refugee Health Technical Assistance Center (RHTAC) is for refugee-serving providers and refugee communities. This brief will be updated as necessary.

Visit finder.healthcare.gov to learn how ACA benefits apply in each state.

BETTER HEALTH INSURANCE ACCESS

STARTING IN 2014:

- **More people will be eligible for Medicaid.** If a state expands its Medicaid program, refugees who are under age 65 and with incomes under 133% of the Federal Poverty Level (FPL) will be eligible for Medicaid. This includes adults without children under the age of 18.
- **More people will be able to buy health insurance.** Refugees will be able to shop for affordable health insurance through the Health Insurance Exchange. People with incomes less than 400% FPL will be eligible for tax credits to pay for insurance.

IMPROVED HEALTH INSURANCE QUALITY

NOW:

- **People pay fewer out-of-pocket costs.** People with employer-based or private health insurance may not have to pay out-of-pocket costs for preventive services, such as screenings, vaccinations, and counseling.

STARTING IN 2014:

- **People will receive more comprehensive coverage.** Health insurance plans must provide a comprehensive package of health services including medical coverage, prescription drug benefits, free preventive services, mental health services, and chronic disease management.

2012 FEDERAL POVERTY LEVEL (FPL)

Persons in Family/ Household	100% FPL	133% FPL	400% FPL
1	\$11,170	\$14,856	\$44,680
2	15,130	20,123	60,520
3	19,090	25,390	76,360
4	23,050	30,657	92,200
5	27,010	35,923	108,040

Visit <http://aspe.hhs.gov/poverty> for the most up-to-date FPL income guidelines. FPL guidelines differ for AK and HI.

STRONGER CONSUMER PROTECTIONS

NOW:

- **More children and adults with pre-existing conditions can access health insurance.** Children under age 19, including refugee children, cannot be denied health insurance coverage because of pre-existing conditions. People with pre-existing conditions who have been uninsured for six or more months can get health insurance through the Pre-Existing Condition Insurance Plan (PCIP).
- **Fewer people have lifetime limits** on their health insurance coverage.
- **Seniors enrolled in Medicare pay less** for prescription drugs.

STRONGER CONSUMER PROTECTIONS

STARTING IN 2014:

- **People cannot be denied coverage or charged more for insurance** because of their health status, medical history, or gender.
- **People will have fewer out-of-pocket costs** from health insurance plans that are in the Health Insurance Exchange.
- **Workers will be enrolled quickly for health insurance.** Employers cannot make their employees wait more than 90 days to sign up for job-related health insurance.



Photo Credit: Carina Winte/UNFPA

RESOURCES

Healthcare.gov

Find insurance options by state, get help using insurance, and understand the rights and protections provided by the ACA.

Medicaid

Medicaid is insurance for people with lower incomes, people with disabilities, and some families and children. Medicaid eligibility requirements differ by state.

Learn more at Medicaid.gov

Pre-Existing Condition Insurance Plan (PCIP)

Affordable health insurance through PCIP is available for people with pre-existing conditions.

Learn more at pcip.gov

Key Words

Full glossary of key words available at www.healthcare.gov/glossary

Federal Poverty Level (FPL): Minimum annual income for an individual or a family to meet basic needs. FPL is calculated by the federal government and helps determine who can enroll in certain state or federal programs.

Health Insurance Exchange: Marketplace of insurance plans where individuals and small businesses can compare health plans, learn if they are eligible for tax credits, and enroll in a health plan. Health Insurance Exchanges are organized by states or by the federal government if a state decides not to set up the exchange.

Lifetime Limit: A cap on health care benefits an individual can get during his/her lifetime. After the lifetime limit is reached, the insurance plan will no longer pay for covered services.

Medicaid: A government-funded health insurance program for people with lower incomes, people with disabilities, and some families and children.

Medicare: A federal government health insurance program for people who are age 65 or older and certain younger people with disabilities.

Out-of-Pocket Costs: Expenses that an individual pays because they are not paid for by the health insurance company. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that are not covered by the health insurance plan.

Pre-Existing Condition: An illness or disability that a person has before getting health insurance. Pre-existing condition is defined under state law and varies significantly by state.

Preventive Services: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Tax Credit: Reduces the amount of tax an individual would otherwise have to pay.