



# AAFP Health Insurance Marketplaces Frequently Asked Questions:

An AAFP Background Brief for Patients

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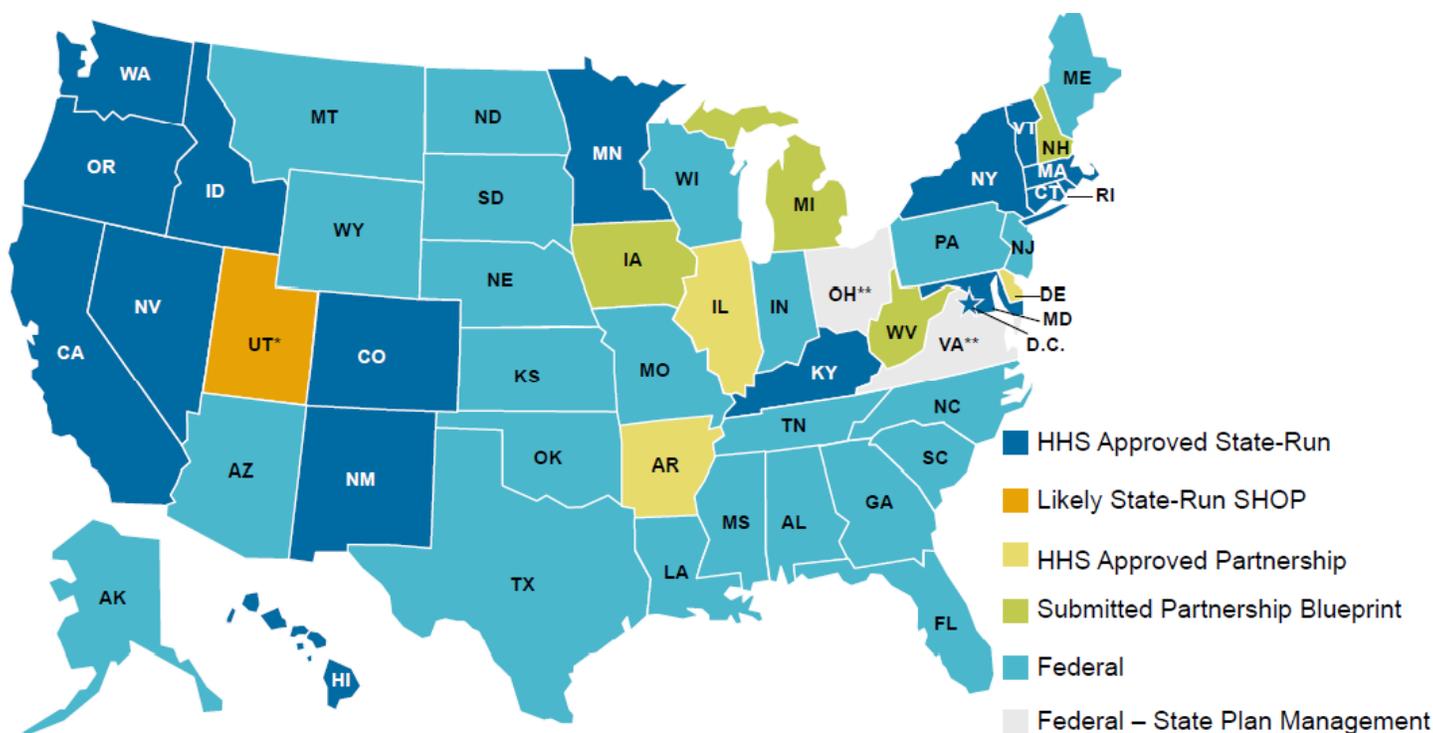


Image: Avalere 'State Reform Insights' February 2013

## What is a Health Insurance Marketplace?

The Affordable Care Act (ACA) creates new tools to ensure greater access to health insurance. *Health Insurance Marketplaces* will provide a comprehensive one-stop resource where consumers can research different insurance plans, access assistance and educational information, and ultimately purchase health insurance coverage. All Health Insurance Marketplaces must meet a series of [minimum requirements](#) established by ACA. Additionally, all insurance plans that participate in Health Insurance Marketplaces will be required to provide a minimum level of coverage known as the [essential health benefits](#). All Health Insurance Marketplaces will deploy individuals called Navigators, who will provide fair and unbiased assistance for consumers as they navigate their state Health Insurance Marketplace.

States will operate their Marketplaces in one of three ways. The majority of states will provide a *Federally-Facilitated Marketplace*. In these Marketplaces, the U.S. Department of Health and Human Services (HHS) will be responsible for all operations, including planning, implementation, health

insurance plan management, and consumer assistance. *State-Based Marketplaces* will be operated entirely by that specific state with little to no assistance from HHS. Finally, some states will work together with HHS to operate *Partnership Marketplaces* where responsibilities will be distributed between both state and federal partners.

### **How Do I Enroll in the Marketplace?**

The Marketplace creates one central hub where consumers can choose the insurance plan that best fits their needs. If you don't have coverage through your work or that of your spouse or parent, you can purchase health insurance through the Marketplace. Open enrollment for Marketplace health insurance plans begins in October 2013 and will end in March 2014. General information on enrollment can be found at [HealthCare.gov](http://HealthCare.gov).

All states are required to operate a website with information on available plans, including costs, network details, and eligibility requirements for tax credits. [INSERT STATE]'s Marketplace information can be found at [INSERT STATE MARKETPLACE WEBSITE LINK]. DHHS has also created a [checklist](#) for individuals and families as they prepare to explore insurance options in the new Marketplace.

### **What If I Can't Afford Health Insurance?**

Marketplaces will work together with public programs to offer coverage to individuals and families that cannot afford health insurance. There are several options for free or low-cost care, including Medicaid, Children's Health Insurance Program (CHIP), and Community Health Centers. [Resources and information](#) on these programs are available through HHS and Marketplace websites.

### **What is a Navigator?**

ACA requires that all Health Insurance Marketplaces establish a *Navigator Program*. Navigators will be deployed by the Marketplace to assist consumers with education, outreach, eligibility, and enrollment issues to facilitate a streamlined transition into new insurance coverage. These Navigators will work with individuals and families to ensure they find an affordable and appropriate health insurance plan. Additionally, Navigators will be able to provide specific assistance for low-income populations, American Indian/Alaska Natives, people with disabilities, and individuals with limited English language proficiency.

### **What is the Timeline for Marketplace Implementation?**

June 2013: Consumer Assistance Resources Become Available

October 2013: Open Enrollment in Health Insurance Marketplaces Begins

January 2014: Health Plan Coverage Begins

March 2014: Open Enrollment Ends

### **Where Can I Get More Information?**

For more information, visit [HealthCare.gov](http://HealthCare.gov) or [INSERT STATE MARKETPLACE WEBSITE LINK].