In March 2010, Congress passed and President Barack Obama signed the Patient Protection and Affordable Care Act into law.\(^1\) The ACA—also known as Obamacare—contains important provisions intended to increase access to health coverage and care, expand our focus on prevention and public health, bolster our health workforce and infrastructure, promote quality and efficiency in our health system and curb health care costs.

Many provisions of the ACA are already in effect, but it is now time to launch the major components that are predicted to expand coverage to 25 million uninsured Americans over the next ten years.\(^2\) The ACA's Health Insurance Marketplace officially opened on Oct. 1, and consumers are now able to shop for and enroll in coverage that will begin as early as Jan. 1. Expansions of Medicaid coverage in many states and new consumer protections will also go into effect on Jan. 1.

Unfortunately, most Americans still don’t understand how the ACA can benefit them or what the marketplace is and how to use it. As one of the Centers for Medicare and Medicaid Services’ Champions for Coverage, APHA is joining the “all-hands-on-deck” effort happening across the U.S. to educate consumers about how the law will impact them in terms of new benefits, options and responsibilities. Many public health practitioners can play an important role in this consumer education effort. This can mean as much as providing enrollment assistance, or be as simple as directing people to the marketplace website and call center. APHA created this document to connect public health practitioners and other partners with information and resources they can use to educate consumers about the Affordable Care Act’s new Health Insurance Marketplace and the importance of obtaining insurance coverage.\(^3\)

This information and resource guide can help public health practitioners and other partners educate consumers about the Affordable Care Act’s new Health Insurance Marketplace and the importance of obtaining insurance coverage.  

**TIP:** Use the hyperlinks throughout the document, or the list of links at the end, to find more information on each topic at [Healthcare.gov](http://Healthcare.gov).
WHAT IS THE HEALTH INSURANCE MARKETPLACE AND WHY IS IT IMPORTANT?

The Health Insurance Marketplace gives Americans who are uninsured, or who buy their own coverage, a new way to shop for coverage.

- **Easier to shop and compare:** For the first time, consumers are able to go to one place to search for health coverage options; to get accurate information in easy-to-understand language on different plans; and to make apples-to-apples comparisons of private insurance plans. Consumers are able to get comprehensive information about plan benefits, quality and price.

- **One application to qualify and enroll:** Consumers only have to fill out one application to learn if they and their family members qualify for programs like Medicaid or the Children’s Health Insurance Program, or to find out if they qualify for lower costs on monthly premiums or out-of-pocket costs on private plans. The single application also allows consumers to enroll themselves and their family members into the plan(s) that best meet their needs, whether Medicaid, CHIP or private insurance.

- **Comprehensive benefits, consumer protections:** All health plans offered in the marketplace must cover a comprehensive set of benefits, including physician visits, preventive care, hospital stays and prescriptions. Plans must also treat everyone fairly; discrimination against individuals with pre-existing conditions and charging higher rates based on gender are banned.

The federal government will manage the Health Insurance Marketplace for some states, while other states will run their own marketplaces and may give them different names like Covered California or Maryland Health Benefit Exchange. Regardless, consumers can find the information they need at Healthcare.gov, or by calling 1-800-318-2596 (or 1-855-889-4325 TTY/TDD). Healthcare.gov has more information about the marketplace, plus information to share with consumers on how insurance works and why it is important. See partner resources above for printable materials on these topics.

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**ESSENTIAL INFORMATION TO SHARE**

**Official marketplace websites:**
Healthcare.gov and Cuidadodesalud.gov

- Information and answers anytime
- Compare plans and enroll starting Oct. 1
- Coverage starts as early as Jan. 1, 2014

**24-hour toll-free marketplace call center:**
1-800-318-2596 (1-855-889-4325 TTY/TDD)

- Information and answers anytime
- Enrollment assistance starting Oct. 1
- Assistance in 150+ languages

**In-person assistance locators:**

- Enter City and State or Zip Code to find local assistors
- New resources will be added regularly

**TIP:** To find this resource guide online, go to http://www.apha.org/advocacy/Health+Reform.
WHAT KEY DATES DO CONSUMERS NEED TO KNOW?

The key dates for marketplace enrollment and coverage are Oct. 1, Jan.1 and March 31. Healthcare.gov has more information on these key dates and a full ACA timeline. See partner resources above for a printable handout.

<table>
<thead>
<tr>
<th>Date</th>
<th>Events PIN</th>
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<tr>
<td>October 1, 2013</td>
<td>• The marketplace officially opened. During the open enrollment period, consumers can submit applications and enroll for coverage.</td>
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| January 1, 2014    | • Marketplace plan coverage begins as early as this date.  
                     • Medicaid expansions begin in many states.  
                     • New insurance protections begin, such as the ban on denying coverage based on pre-existing conditions.  
                     • Minimum essential coverage requirement begins (see below). |
| March 31, 2014     | • The first marketplace open enrollment period ends. After this date, consumers will not be able to get health coverage through the marketplace until the next annual enrollment period (in fall 2014, to enroll for coverage that will begin January 2015), unless they have a qualifying life event like a job loss, birth, or divorce. |

HOW AND WHERE CAN CONSUMERS ACCESS THE MARKETPLACE AND GET ANSWERS TO THEIR QUESTIONS?

There are three ways consumers can access the marketplace and get assistance: online, on the phone or in person. Consumers can submit their marketplace applications online, by mail, or in person. See partner resources above for printable materials explaining these options, including a wallet card with the website and phone number.

The official marketplace websites are Healthcare.gov and Cuidadodesalud.gov. Here, consumers can find plan and pricing information and enroll for coverage, and/or connect with the marketplace in their state. Consumers can also find answers to common questions, sign up for email and text updates and even chat online with marketplace representatives.

There is also a 24-hour toll-free consumer assistance number: 1-800-318-2596 (1-855-889-4325 TTY/TDD).

Trained representatives can provide educational information and enrollment assistance, 24 hours a day. Assistance is available in more than 150 languages. Special assistance for small business owners is available at 1-800-706-7893, Monday through Friday, 9 a.m. to 5 p.m. EST.

In-person assistance is also available in every state.

Depending on whether a state is establishing its own marketplace, defaulting to the federal marketplace or partnering with the federal government to run a marketplace, assistance program options include navigators, non-navigator assistance personnel, certified application counselors, and agents and brokers. CMS created an overview of these assistance programs. Consumers and partners can find assistance locations near them at LocalHelp. healthcare.gov or AyudaLocal.cuidadodesalud.gov. The database will be regularly updated to add new locations as they become available.
CAN AND SHOULD EVERYONE USE THE MARKETPLACE? WHO WILL QUALIFY FOR LOWER COSTS?

Most people without employer or government-provided health insurance can purchase coverage in the marketplace if they want to, and many will get help with costs. Based on income and access to other coverage,19 individuals and families may qualify for lower monthly premiums20 or out-of-pocket costs21 or for public programs such as Medicaid22 or CHIP.23 The marketplace is most important and useful for people who have previously had few or no coverage options, such as individuals with pre-existing conditions24 or those who are self-employed,25 employed part time26 or unemployed.27

Not everyone needs to use the marketplace, and some aren’t eligible to participate. People who already have coverage through their employers28 or through Medicare29 probably won’t need to use the marketplace, although someone paying high costs for employer coverage might want to explore their options in the marketplace. Some populations,30 including non-citizens and incarcerated people, are not eligible to participate in the marketplace.

WHAT DO CONSUMERS NEED TO KNOW ABOUT THE REQUIREMENT TO OBTAIN COVERAGE?

Starting in 2014, the ACA’s minimum essential coverage provision (also known as the “individual mandate”) will require U.S. citizens and legal residents to (1) obtain and maintain “minimum essential coverage” for themselves and their dependents, or (2) to pay a penalty, or (3) to opt out if they qualify for one of numerous exemptions. Healthcare.gov has information about the coverage requirement,31 including what qualifies as minimum essential coverage, the amount of penalty and who is exempt from the requirement.

WHAT OTHER FACTS ABOUT THE ACA CAN PUBLIC HEALTH PRACTITIONERS SHARE WITH CONSUMERS AND THE COMMUNITY?

With so much focus on the major ACA provisions that begin in 2014, many people don’t realize that the health care law is already making a difference in the lives of millions of Americans. Since the law passed in 2010, 3.1 million young adults have gained insurance through their parents’ plans, 105 million Americans have had lifetime limits removed from their insurance coverage, 54 million Americans have access to no-cost preventive services through their insurance plans and nearly 6.3 million seniors have saved more than $6 billion on their prescription drugs.32 Besides affecting the lives of millions of individuals, the ACA is also improving the health of our communities, through the Prevention and Public Health Fund, the National Prevention Strategy and new Community Benefit requirements for hospitals. Together, the ACA’s reforms are beginning to shift our health system from one that focuses on treating the sick to one that prioritizes keeping people healthy. For more information, visit APHA’s health reform website33 or Healthcare.gov.

NOTES AND RESOURCES

1 The Patient Protection and Affordable Care Act (PL. 111-148) was enacted March 23, 2010. The Health Care and Education Reconciliation Act (PL. 111-152), which amends parts of PL. 111-148, was enacted March 30, 2010. Collectively, they are referred to as the Affordable Care Act. Read the ACA: www.hhs.gov/healthcare/rights/law
2 CBO’s May 2013 Estimate of the Effects of the Affordable Care Act on Health Insurance Coverage: www.cbo.gov/sites/default/files/cbofiles/attachments/44190_EffectsAffordableCareActHealthInsuranceCoverage_2.pdf
3 APHA is proud to be recognized by the Centers for Medicare and Medicaid Services as a “Champion for Coverage,” and to share CMS and HHS resources in this document. However the contents of this document are the sole responsibility of APHA.

FIND MORE INFORMATION

4 Accurate information in easy to understand language: www.healthcare.gov/how-does-the-health-care-law-protect-me/#part=4
5 One application: www.healthcare.gov/how-do-i-apply-for-marketplace-coverage
6 Comprehensive set of benefits: www.healthcare.gov/what-does-marketplace-health-insurance-cover
7 Discrimination based on pre-existing conditions: www.healthcare.gov/what-if-i-have-a-pre-existing-health-condition
8 Charging higher rates based on gender: www.healthcare.gov/blog/heres-how-the-health-insurance-marketplace-helps-women
10 How insurance works and why it is important: www.healthcare.gov/why-should-i-have-health-care
11 Key dates: www.healthcare.gov/what-key-dates-do-i-need-to-know/#part=1
14 How the marketplace will work in their state: www.healthcare.gov/what-is-the-marketplace-in-my-state
15 Answers to common questions: www.healthcare.gov/all-topics
16 Sign up for email and text updates: www.healthcare.gov/subscribe
17 Chat online with marketplace representatives: www.healthcare.gov/chat
19 Access to other coverage: www.healthcare.gov/what-if-i-have-job-based-health-insurance
20 Lower monthly premiums: www.healthcare.gov/will-i-qualify-to-save-on-monthly-premiums
21 Lower out-of-pocket costs: www.healthcare.gov/will-i-qualify-to-save-on-out-of-pocket-costs
22 Medicaid: www.healthcare.gov/do-i-qualify-for-medicaid
23 Children’s Health Insurance Program: www.healthcare.gov/are-my-children-eligible-for-chip
24 Individuals with pre-existing conditions: www.healthcare.gov/what-if-i-have-a-pre-existing-health-condition
25 Self-employed individuals: www.healthcare.gov/what-if-im-self-employed
26 Individuals employed part time: www.healthcare.gov/what-if-im-a-part-time-employee-without-health-care
27 Unemployed individuals: www.healthcare.gov/what-are-my-health-care-coverage-options-if-im-unemployed
28 Already have coverage through their employers: www.healthcare.gov/what-if-i-have-job-based-health-insurance
29 Medicare: www.healthcare.gov/if-i-have-medicare-do-i-need-to-do-anything
30 Populations not eligible to participate: www.healthcare.gov/am-i-eligible-for-coverage-in-the-marketplace
32 ACA by the numbers: www.whitehouse.gov/healthreform/healthcare-overview
33 APHA’s health reform website: www.apha.org/advocacy/Health-Reform