

The new Health Insurance Marketplace that may help you find a quality health care plan that fits your needs and your budget is now open. Between Oct 1, 2013-March 31, 2014 you can apply for coverage online at www.healthcare.gov, over the phone (toll free) 1-800-381-2596, or in person. It is advised to call and schedule an appointment beforehand. Additional locations can be found by visiting www.healthcare.gov and entering your zip code.

To better assist you obtaining the best coverage at the lowest cost for you and your family through the Health Insurance Marketplace, please be prepared to give the following information about each member in your household:

- ✓ Name, Social Security Number, Date of Birth (for all household members)
- ✓ Tax filing status (Do you file taxes? If so, do you file them alone or with your spouse? How many dependents do you claim?)
- ✓ The name and address of your current employer
- ✓ Income information (last's year tax returns for everyone in the household, paystubs, W2 forms, or if you are self-employed, a record of last three months' earnings and expenses)
- ✓ Information about any other health insurance you or other family members may have
- ✓ If applicable, immigration ("Alien") number for immigrant family members (e.g. Green Card number, employment authorization number)

Choosing a Health Plan - To help you select the right health insurance plan for you and your family, it will be helpful for you to have the following information about your health care history before enrolling.

- Name of doctors and/or specialist you or your household would like to keep seeing
- Name of any hospital/clinics you or members of your household use
- List of medications you or members of your household take
- Any other medical needs that are important to you or a member of your household

The National Council on Alcoholism and Drug Dependence-New Jersey (NCADD-NJ) works with and on behalf of individuals, families, and communities affected by alcoholism and drug dependence. The organization's role is to advocate and educate the best and most cost effective approach to treatment, recovery and prevention. NCADD-NJ is one of only eight sites across the country selected by Open Society Foundations to generate state and local understanding of the issues of addiction treatment. With knowledge and action, positive change does happen. This is the fifth in a series of brochures on health care reform related to addiction treatment.

To view the source documents for this publication and other information on health care reform, visit NCADDNJ.org.

The content inside this brochure describes the enrollment process under the ACA



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HEALTH CARE ENROLLMENT



ADDICTION IS A DISEASE. ▶ LET'S TREAT IT THAT WAY.



October 1, 2013, officially unveiled the prospect of health to as many as 30 million Americans. While the Affordable Care Act (ACA) was signed into law three years ago, the October opening of the health reform's enrollment presented a variety of health coverage plans to meet the needs and circumstances of those many individuals and families.

In New Jersey, ACA enrollment creates the opportunity to see health insurance provided to approximately 900,000 of its citizens who previously lacked health coverage. This bears greatly on the many in need of treatment for addiction: **Addiction and mental health are joined to form one of the new law's 10 categories of essential care for all participating health plans.** Addiction and mental health coverage under the reform was further bolstered by the November 8 release of new addiction and mental health parity regulations to which insurers must adhere.

The Basics of Enrollment

For the ACA to fulfill its potential, it must have robust enrollment by all segments of the population. The new law has been undermined by misinformation and unrelenting political challenges. The result was evident in a recent Kaiser Foundation survey showing that four in ten Americans did not know the ACA is law, which it most certainly is.

There are two paths to enrollment within the ACA. Depending on income, new enrollees will either enter a health plan through the Health Care Marketplace or NJ FamilyCare (formerly Medicaid). The new eligibles are mainly childless adults.

The initial enrollment period ends March 31, 2014, with future years' enrollment dates to be announced later on. The Health Care Marketplace is for those with incomes above 133 percent of the Federal Poverty Level (FPL) (see chart at right). Those who are directed to the marketplace may be eligible for subsidies to defray the cost of premiums. People whose incomes are 133 percent of the FPL or below will be covered under NJ FamilyCare (for a family of three in the state, the amount for NJ FamilyCare eligibility is \$25,975). To enroll in NJ FamilyCare online, visit: https://fc.dhs.state.nj.us/forms/NJFC_0.aspx to do so by phone, call: 1-800-701-0710.

Signing up for health plans will be done online (www.healthcare.gov), by phone (800-318-2596) or in person. In New Jersey, the online sign-up will be done through a New Jersey's Health marketplace presents the coverage and costs People whose income falls at or below the Federal Poverty Level will be directed to NJ FamilyCare.



Income Levels and Health Coverage

(Chart shows income relative to the Federal Poverty Level, which determines eligibility for NJ FamilyCare and premium subsidies.)

Household Size	100%	133%	138%	150%	200%	300%	400%
1	\$11,490	\$15,282	\$15,856	\$17,235	\$22,980	\$34,470	\$45,960
2	\$15,510	\$20,628	\$21,404	\$23,265	\$31,020	\$46,530	\$62,040
3	\$19,530	\$25,975	\$26,951	\$29,295	\$39,060	\$58,590	\$78,120
4	\$23,550	\$31,322	\$32,499	\$35,325	\$47,100	\$70,650	\$94,200
5	\$27,570	\$36,668	\$38,047	\$41,355	\$55,140	\$82,710	\$110,280
6	\$31,590	\$42,015	\$43,594	\$47,385	\$63,180	\$94,770	\$126,360
7	\$35,610	\$47,361	\$49,142	\$53,415	\$71,220	\$106,830	\$142,440
8	\$39,630	\$52,708	\$54,689	\$59,445	\$79,260	\$118,890	\$158,520
For each additional person, add	\$4,020	\$5,347	\$5,548	\$6,030	\$8,040	\$12,060	\$16,080
Eligible for NJ FamilyCare			Eligible for Health Care Marketplace with Subsidies				

The Health Care Marketplace offers four tiers of coverage: bronze, silver, gold and platinum, ranging from basic to most comprehensive. Bronze level plans cover 60 percent of medical expenses; silver level plans cover 70 percent, gold plans cover 80 percent, and platinum 90. The silver level plan is the benchmark used to calculate subsidies for people earning up to 400 percent of the FPL.

Employer-based Plans will be Status Quo

People who get health coverage through their employers in large companies (at least 50 workers) will continue to be covered in this manner. This population constitutes the large majority of the insured (approximately 95 percent). The remaining 5 percent, however, are still a considerable number.

If an employer has 50 workers or fewer, they will not be required to provide health coverage, and if they choose not to cover their staff, those employees will need to enroll for health coverage through the Health Care Marketplace.

Need Help Enrolling? - It's Available!

To assist with sign-up, New Jersey has five Health Care Navigator organizations:

- Center for Family Services, covering Camden, Burlington, Gloucester, Salem, Atlantic, Cape May and Cumberland (<http://www.centerffs.org>)
- Orange ACA Navigator Project (<http://www.oacanp.com>)
- Public Health Solutions, assisting in Hudson & Essex (<http://www.healthsolutions.org>)
- Urban League of Hudson County, partnering with the Urban Leagues of Bergen, Morris, & Union (<http://www.ulohc.org>)
- Foodbank of Monmouth & Ocean (<http://www.foodbankmoc.org>)

In addition, statewide Certified Application Assistants will help with enrollment.

Enrollment and Addiction Treatment

It is important to recognize other key factors regarding addiction care beyond signing up for a health plan. Massachusetts, whose 2007 health reform law served as a template for national health reform, provides a look at some of these issues. Findings there noted the need for changes in eligibility, services, financing, and system design. Some of these issues are covered under the new parity rule, but others, such as treatment system refinements, must be done at the state level.

