

eHealth®'s



TO UNDERSTANDING
**HEALTH
INSURANCE**
(that you buy yourself)

3

STEPS TO UNDERSTANDING HEALTH INSURANCE (that you buy for yourself)

The rules that determine the health insurance you can buy for yourself continue to change. The Affordable Care Act (ACA or Obamacare) has been modified since President Trump's election. We'll walk you through the changes in three simple steps.

This eBook provides insight into:

STEP 1 *What*
types of insurance you can buy
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STEP 2 *When*
you can buy insurance
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STEP 3 *How*
you can buy it
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**Key Insurance
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What types of health insurance plans can you buy?



Major Medical Health Insurance

Healthcare Sharing Services

Short-Term Health Insurance

Fixed Benefit Plans

Multi-Policy Coverage

No tax penalty in 2018

These plans cover the **10 essential health benefits** mandated by the Affordable Care Act (Obamacare).

- **Qualified Health Plans (QHPs)** can be purchased with a subsidy for those who qualify on private exchanges like eHealth.com or a government-run marketplace.
- **“Off exchange plans”** – Insurers offer additional major medical plans only on marketplaces like eHealth.com.
- **Catastrophic Plans** – These plans provide the bare-minimum ACA-level benefits for people under age 30 (New legislation may extend these all ages under 65).

Healthcare Sharing Services are commonly known as cost-sharing ministries or faith-based cost-sharing services.

- Healthcare sharing services are usually groups of like-minded people that agree to help each other pay medical bills. Most are organized around a common ethical or religious belief.
- Healthcare sharing services are typically cheaper than an ACA plans. Most, however, can decline applicants who don't subscribe the group's belief system.

No tax penalty in 2019, in most states

Short-term health policies have limited benefits and are traditionally used to provide coverage for a fixed period of time.

- Short-term plans provide many key benefits most consumers want, but don't typically cover specific benefits like maternity care, mental health, substance abuse, and pre-existing conditions.
- Short-term plans are typically 80% cheaper than major medical plans.
- The terms of coverage on short-term plans can range from three months to three years.

Fixed Benefit Plans or Fixed Indemnity plans and GAP plans pay a set cash benefit per specified hospital or physician service provided.

- Unlike major medical or short-term coverage, that pay all qualified expenses after the deductible is met, fixed indemnity plans pay a flat fee for each service provided.
- GAP plans are typically used with short-term or major medical plans to pay for out-of-pocket expenses related to an accident or critical illness.



[Life Insurance](#)



[Dental Insurance](#)



[Vision Insurance](#)



[Deductible Protection](#)

Multi-Policy Plans are being offered by a growing number of insurers and brokers and typically include a combined package of insured and non-insured benefits.

- These combinations provide more complete coverage than a non-major medical plan can provide.
- Combinations usually include short-term for medical, GAP for deductible protection and association memberships for Rx discounts and mobile office visits.

What should you KNOW

about these different types of products?

Major
Medical
Health
Insurance

Healthcare
Sharing
Services

Short-Term
Health
Insurance

Fixed Benefit
Plans

Multi-Policy
Coverage

	Major Medical Health Insurance	Healthcare Sharing Services	Short-Term Health Insurance	Fixed Benefit Plans	Multi-Policy Coverage
 When can coverage begin?	Typically 30 to 45 days	Typically within two weeks	Typically within two weeks	Typically within two weeks	Typically within two weeks
 Can I apply any time without a major life event?	No Without a qualifying life event, you can only apply during open enrollment.	Yes	Yes	Yes	Yes
 Do I pay the uninsured tax penalty if I enroll in this plan for more than 3 months?	No	No	Yes, in 2018 No, in 2019 (in most states).	Yes, in 2018 No, in 2019 (in most states).	Yes, in 2018 No, in 2019 (in most states).
 Can I buy it on a government exchange?	Yes QHPs and Catastrophic plans.	No	No	No	No
 Can I buy it at eHealth?	Yes QHPs, Off-exchange plans & Catastrophic plans.	Yes	Yes	Yes	Yes
 Will it cover the ACA's 10 essential benefits?	Yes	No Most do not cover substance abuse treatment.	No	No	No
 Can I buy it with a subsidy?	Yes At eHealth.com & government marketplaces.	No	No	No	No

*The individual mandate required all citizens to have major medical health coverage or face a tax penalty. That penalty was repealed effective after Dec. 31, 2018. States like New Jersey and Massachusetts place a state tax penalty on those without major medical coverage, and other states like Connecticut, Maryland, Hawaii, and Washington D.C.

How Major Medical & Short-Term Health Insurance Coverage Works

Let's assume you have health plan with a \$1,000 deductible, 20% coinsurance, and a \$6,000 out-of-pocket maximum.

If you incur a **\$50,000** medical bill

\$1,000
Deductible

1 Deductible

If you incur a \$50,000 medical bill, you will first need to pay your \$1,000 deductible. That would leave you with \$5,000 left before you reach your \$6,000 out-of-pocket maximum.

20%
Coinsurance

2 Coinsurance

With 20% coinsurance, you would pay \$1,000 for every \$4,000 paid by your insurance company. That means, for the next \$25,000 in covered medical expenses you would pay \$5,000 and your insurer would pay \$20,000.

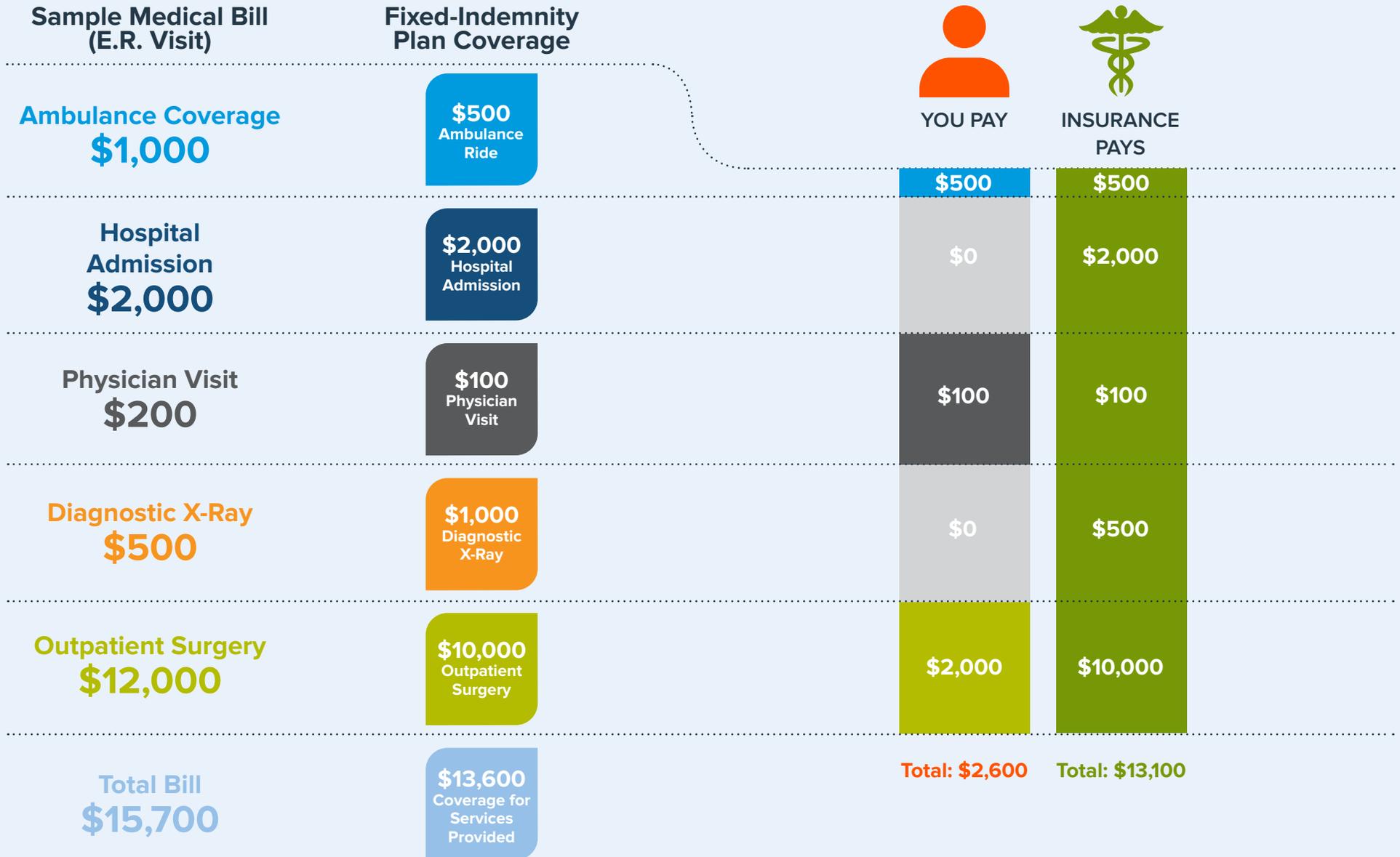
\$6,000
Out-of-Pocket Maximum

3 Out-of-Pocket Maximum

Once you've paid your \$1,000 deductible and \$5,000 in coinsurance, you've reached your \$6,000 out of pocket maximum. Altogether, with this \$50,000 medical bill, you will have paid \$6,000 and your insurer will have paid the remaining \$44,000.



How Fixed-Indemnity Coverage Works



How “Deductible Protection” Plans (GAP coverage) Work with Short-term Health Insurance or Major Medical Coverage.

Let’s assume you have a \$50,000 medical bill, and your health coverage consists of a \$5,000 GAP plan, and a short-term health insurance plan with a \$2,500 deductible, 20% coinsurance and a \$5,000 out of pocket maximum.



Deductible Protection (GAP)
 If you have \$5,000 of GAP coverage, your GAP policy would pay up to \$5,000 of your out-of-pocket costs.

Deductible
 If you incur a \$50,000 medical bill you would pay the first \$2,500 until your deductible is met.

Coinsurance
 With 20% coinsurance, for the next \$12,500 in medical bills, you would pay \$500 for every \$2,000 your insurance company pays until you reach your plan’s \$5,000 out of pocket maximum.

Out-of-Pocket Maximum
 Once you’ve paid your \$2,500 deductible and 20% coinsurance up to your \$5,000 out-of-pocket maximum, your insurance company will pay the remaining \$32,500 in covered medical expenses. In total, your plan would pay \$45,000 and you, or your GAP plan, would pay \$5,000.

STEP
1

WHAT CAN YOU BUY?



Major Medical

(Obamacare/Qualified Health Plans or QHPs), "Off Exchange" and Catastrophic plans

What's covered by Major Medical Health Insurance plans?

Obamacare

ACA or Obamacare policies continue to be available for independent purchasers. Rising costs have put these plans out-of-reach for some middle-class folks who don't qualify for subsidies. But modifications are in the works to create greater price and coverage flexibility going forward.

Changes to Essential Benefits

The ACA will continue to require all major medical health plans to provide 10 Essential Health Benefits (EHBs). However, insurers will be able to assemble coverages around specific EHB categories, such as drug coverage or hospitalization, to lower costs.

The 10 core EHBs include:

Laboratory Services	Emergency Services	Prescription Drugs	Mental Health & Substance Use Disorder Services	Maternity & Newborn Care
Pediatric Services, Including Oral & Vision Care	Rehabilitative & Habilitative Services & Devices	Ambulatory Patient Services	Preventive & Wellness Services & Chronic Disease Management	Hospitalization

How Much Coverage is Provided?

The ACA is maintaining its traditional cost and coverage options via its five trade-mark, "metallic" benefit levels. Cost and coverage for each option is determined by the level's actuarial value, or the percentage of the total average costs for covered benefits that a plan will pay.

These are the metallic designations:

Catastrophic	Bronze	Silver	Gold	Platinum
actuarial value				
60%	60%	70%	80%	90%

How does cost-sharing work?

If your plan has a 60% actuarial value, your insurer would pay an average of 60% of all covered medical costs and you would be responsible for 40%, until and unless you reach your out-of-pocket maximum.

Answers to Common Questions About ACA Health Insurance



“ If I’m uninsured and I get pregnant, can I buy coverage so my labor and delivery will be paid for?”

No. Pregnancy is not considered to be a qualifying life event (QLE). QLEs are specific life changes or circumstances that enable you to buy ACA coverage outside of the fall open enrollment period.

“ If I’m uninsured and I have a baby, can I buy coverage for myself and my child?”

Yes, but the labor and deliver won’t be covered.

“ Can I qualify for a tax credit to buy ACA coverage if I’m married and file my taxes separately?”

No. To qualify for an ACA subsidy, you must file a joint tax return. However, if you filed separately in the past, that doesn’t preclude you from qualifying for a subsidy going forward. You simply need to report that you’ll be filing jointly for the coming year when you apply.

“ If I’m on COBRA, can I drop COBRA at any time and pick up an ACA plan?”

No. You can only drop COBRA and add ACA coverage during the open enrollment period (November 1, 2018, to December 15, 2018). If it is not open enrollment, you’ll need to choose to enroll in COBRA or choose to enroll in an ACA plan. If you accept COBRA, you won’t be able to switch to an ACA plan until the next open enrollment period.

“ What’s a “compliant” help plan?”

Three basic types are insurance are considered compliant with the ACA/ Obamacare regulations.

Major Medical Plans – Under the ACA, consumers who don’t qualify for or want a subsidy can buy major medical health plans that meet ACA coverage standards on or off the government-run state exchanges.

Qualified Health Plans (QHPs) – These are major medical plans that can be bought with an Obamacare subsidy. People who qualify for subsidies will be able to research QHP plan data on private exchanges like eHealth.com and enroll in a plan online in most states. You can also buy a QHP through state or federal health insurance marketplaces.

Catastrophic Plans – Although these plans meet the ACA’s 10 essential benefit standards, they provide the bare-minimum coverage for people under the age of 30 (pending legislation could make them available for people up to age 65). These plans cannot be purchased with an ACA subsidy and they’re only required to cover three primary care visits per year with co-pays. All other care is subject to the plan’s deductible.

STEP
1

WHAT CAN YOU BUY?

Short-Term Health Insurance

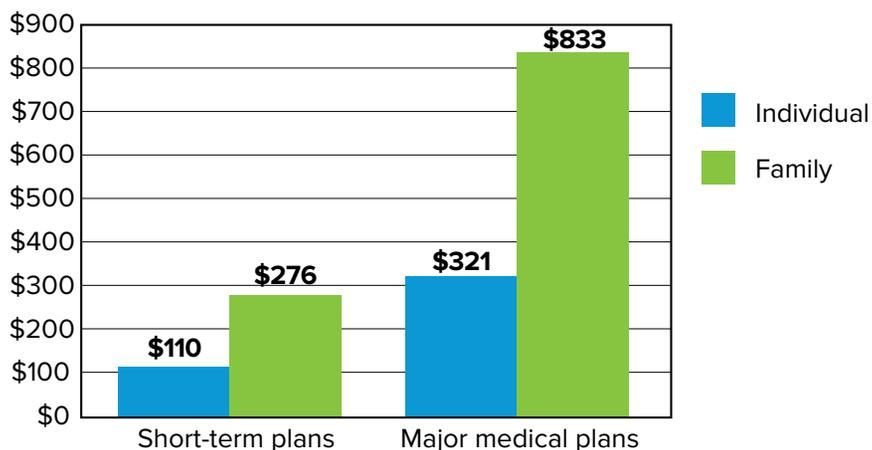
Know what you're buying when it comes to short-term health insurance. In this section, we'll look at some of the key features of short-term health plans and see how they stack up to traditional major medical plans.

Short-term insurance is temporary

Short-term health policies provide coverage for limited durations of time. Typical terms of coverage range from **3 months to 12 months**. Starting in 2019, insurers will have the option to offer short-term health plans for up to three years.



Average Monthly Premiums: Short-Term vs Major Medical Coverage *



Short-term insurance is affordable

Short-term plans are attractive due to their low cost. Typically, short-term policies are 80% less than premiums for health insurance plans that meet ACA coverage criteria, according to a recent eHealth study. Short-term plans are increasingly popular with people who don't qualify for the ACA's subsidies. The subsidies are limited to those with incomes below 400-percent-of-poverty-threshold (\$48,250 for individuals and \$81,640 families of three).

Short-term health insurance plans have limited benefits

Benefits on short-term plans are also limited to key benefits most consumers want, like doctor visits, hospitalization and major illnesses. Specific benefits covered by ACA plans, such as maternity care, mental health, substance abuse, and pre-existing conditions, are typically not covered by short-term plans.

Short-term health insurance isn't guaranteed:

When applying for short-term coverage, it is possible to be declined based on your personal medical history.

Short-term health insurance benefits customers like the most

#1	Price	Plans start under \$100/month for the average individual.
#2	Doctors	Short-term plans typically allow you to see any doctor you want.
#3	Emergency Room Coverage	Short-term plans cover visits to the E.R.
#4	Hospitalization & Surgery	Short-term plans cover trips to the hospital and surgeries.

Answers to Common Questions About Short-Term Health Insurance



“ How do I use my short-term plan? ”

If your plan has a provider network, any doctor in the plan's network should accept your card. Contact the insurer or your eHealth agent if you have a problem. If your plan does not have a provider network, you should be able to see almost any doctor you like. However, you may need to submit your medical bills to the health insurance company for reimbursement. In this case, you may need to set up a payment plan or defer payment with the doctor until your claim is reimbursed.

“ How do I know if my doctor accepts my plan? ”

Some short-term plans limit you to specific doctor networks, but most don't. If you have a preferred doctor, look them up before you apply to see if he or she is part of the plan's network. Call the doctor's office to confirm that they are in-network.

“ How do I cancel my short-term coverage? ”

When you apply for short-term coverage, you will typically indicate how long you want your coverage to continue, after which the policy will cancel automatically. If you need to cancel early, contact the insurance company or your licensed agent and let them know.

“ What if I need to extend my coverage at the end of my term? ”

Usually, you will be required to apply again at the end of your current term if you want to extend your short-term policy. Note that you may be limited to two or three consecutive terms if you want to re-apply for coverage under the same plan.

“ How often can I renew my short-term health insurance plan? ”

Starting in October of 2018, regulatory changes will allow insurance companies to offer short-term health insurance plans that can be renewed for up to three years. But, renewal options will vary by insurance carrier so check your renewal options on a plan before you enroll.

Short-Term Insurance Compared to Traditional Major Medical Insurance

	Major Medical Coverage	Short-Term Coverage
 1. When can coverage start?	Usually within 2 - 6 weeks.	Usually within 1 - 14 days.
 2. Can it protect me from an Obamacare tax penalty?	Tax penalty repealed for 2019.	Tax penalty repealed for 2019.
 3. Can I buy it year-round at any time?	No	Yes
 4. Can my application be declined because of pre-existing conditions?	No	Yes, but some plans will not.
 5. Will it cover maternity care?	Yes	Not usually
 6. Will it cover some Rx drugs?	Yes	70% of plans sold on eHealth cover some Rx drugs.
 7. Will it cover office visits to the doctor?	Yes, typically	Yes, typically
 8. Will it cover things like hospitalization due to injury or serious illness?	Yes	Yes
 9. Can it be purchased with a government subsidy?	Varies by plan. Some plans are renewable up to three years.	Varies by plan. Some plans are renewable up to three years.
 10. Does it have a dollar limit on coverage?	No	Yes
 11. Can I renew it every year, as long as the plan is available?	Yes	No, but you can re-apply up to two or three times.
 12. How much does it cost?	\$347/month (avg. for 40-year-old, no subsidy)	\$60/month (avg. for 40-year-old female)

This chart only provides general information about plan types. The specific details of any particular plan can vary. You should always check the plan details to review any specific plan's benefits, limitations, exclusions, and other terms of coverage.

What else Can You Buy?

Other Coverage Options

In addition to major medical health insurance and short-term health insurance, a variety of other policy types are available to provide alternative and/or supplemental coverage to both short-term and major medical ACA policies.

Most can be purchased year-round through qualified insurance brokers, online or off, as well as directly from insurance companies or sponsoring organizations:

Daily Benefit Plans

Daily Benefit Plans: Also known as fixed-indemnity products, daily benefit plans pay a set cash benefit payout per specified hospital or physician service, as opposed to a share of the total covered costs after a deductible. These policies are often used to supplement regular health insurance, since they help cover out-of-pocket costs.

Per Incident Benefit Plans/ Accident & Critical Illness (GAP) Coverage

Per Incident Benefit Plans/ Accident & Critical Illness (GAP) Coverage: GAP insurance plans typically include accident insurance and critical illness insurance. They are supplemental insurance plans that cover accidents, critical illnesses or cancer on a standalone basis and generally pay for out-of-pocket expense like high deductibles up to a specific dollar amount. In some instances, but not all, applications can be declined for health reasons, and plans won't cover pre-existing conditions.

Healthcare Sharing Services

Healthcare Sharing Services: These policies are commonly known as cost-sharing ministries or faith-based cost-sharing services. Generally speaking, healthcare sharing services are organizations or groups of like-minded individuals that agree to help each other pay medical expenses. Most are organized around groups who share common ethical or religious beliefs. A healthcare sharing ministry can be significantly cheaper than an ACA plan both in terms of monthly premiums (known as sharing amounts) and deductibles. Most, however, do not accept individuals with pre-existing or chronic conditions and applicants can be declined if they don't subscribe to the group's belief system.

Insurance You Can Buy Across State Lines (Association Health Plans)

Insurance You Can Buy Across State Lines (Association Health Plans): Limited medical plans and benefits are available today through associations and these benefits are sold across state lines. In July 2018, the Trump administration created new rules allowing associations to offer major medical plans that don't include some of the requirements mandated by individual states and the ACA. The changes aim to let small companies and sole proprietors reduce their costs by pooling together in large groups.

Multi-Policy Plans

Multi-Policy Plans: You may have noticed advertisements for products called "Medical Insurance Packages" or "Health Benefit Plans." Some brokers and insurers are bundling a combination of benefits to provide more comprehensive coverage than you could get from short-term, indemnity association, or GAP policies alone. Packages often include a short-term medical plan with GAP for deductible protection and an association membership for prescription discounts and 24/7 office visits.

<https://khn.org/news/thinking-about-an-association-health-plan-read-the-fine-print/>

STEP
2 **WHEN**
CAN YOU BUY?

When Can I Buy HEALTH INSURANCE?

ACA policies can purchased during the annual open enrollment period, which runs from November 1 December 15 each year in most states. The ACA also allows individuals to enroll outside of open enrollment if they have a **qualifying life event (QLE)**.

Coverage Type	Open Enrollment Period	Special Enrollment Period
 <p>Major Medical Health Insurance</p>  <p>YEAR November December November 1 - December 15, anyone can apply</p>	 <p>Open Enrollment Period Nov. 1 → Dec. 15</p> <p>Open Enrollment Period In most states open enrollment goes from November 1, through December 15. During open enrollment your application for health insurance cannot be turned down.</p>	 <p>Qualifying Life Events and Special Enrollment Periods When its not open enrollment, the Affordable Care Act (ACA), only allows you to get major medical coverage if you have a qualifying life event, which triggers a 60 day “special enrollment period” when you can apply for major medical and guarantee your application is approved.</p>

Coverage Type	Currently Available Year-Round
 <p>Short-Term & Other Alternative Products: Healthcare Sharing Services, GAP Plans, Indemnity Plans, Insurance Across State Lines, Packages.</p>	 <p>YEAR January December January 1 - December 31, anyone can apply</p> <p>January 1 – December 31 Anyone can apply. With some alternatives, applications can be declined for pre-existing conditions.</p>

STEP
3

HOW

CAN I BUY HEALTH INSURANCE?

If you're uninsured or buy your own health insurance, there are several avenues you can use to buy health insurance.

 <p>Option 1 Enrollment through licensed private channels:</p> <p>You can buy many different types of insurance at non-government marketplaces, eHealth.com, or through a local agent. Broker services are free. Insurers pay brokers to get applications in accurately and on time. eHealth's insurance professionals also provide unlimited support once enrolled.</p>	<p>Major Medical</p> <p>✓</p> <p>Yes</p>	<p>Healthcare Sharing Services</p> <p>✓</p> <p>Yes</p>	<p>Short-Term Health Insurance</p> <p>✓</p> <p>Yes</p>	<p>Fixed Benefit Plans</p> <p>✓</p> <p>Yes</p>	<p>Multi-Policy Coverage</p> <p>✓</p> <p>Yes</p>
 <p>Option 2 Enrollment through government exchanges:</p> <p>ACA coverage can also be purchased through government-run exchanges. Some states have created their own exchanges, while others use the federal government's exchange. Exchanges are generally staffed by enrollment specialists known as navigators. Navigators are typically not required to be licensed insurance agents.</p>	<p>Major Medical</p> <p>✓</p> <p>Yes</p>	<p>Healthcare Sharing Services</p> <p>✗</p> <p>No</p>	<p>Short-Term Health Insurance</p> <p>✗</p> <p>No</p>	<p>Fixed Benefit Plans</p> <p>✗</p> <p>No</p>	<p>Multi-Policy Coverage</p> <p>✗</p> <p>No</p>

STEP 3 HOW

HOW YOU BUY WITH TAX CREDITS

(ACA SUBSIDIES)

How Do Subsidies for Qualified Health Plans Work?

The ACA subsidies, also known as Premium Tax Credits, work on a sliding scale to limit your monthly health insurance premiums to a fixed percentage of your income if you buy the “benchmark plan.”

The benchmark plan is the second least expensive silver plan available in your area. If that benchmark plan costs more than the fixed percentage of your annual income, you can get a subsidy in the amount of the difference. You can use that subsidy to buy any “qualified health plan” (QHP).

You’ll likely qualify for a subsidy if your combined total household income is between 133% and 400% of the Federal Poverty Level or the FPL. (Those with incomes below 133% of FPL will qualify for Medicaid in most states).

Qualifying for Subsidies

The Affordable Care Act determines whether or not you’re eligible for subsidies based on the following criteria:

- 

You live in the United States of America.
- 

You’re a U.S. citizen, U.S. national or otherwise lawfully present in the United States.
- 

You’re not incarcerated.
- 

Your combined total household income is between 133% and 400% of the Federal Poverty Level (FPL). People with incomes below 133% of FPL will qualify for Medicaid in most states.

Income Requirements for the Affordable Care Act (these are the updated numbers)

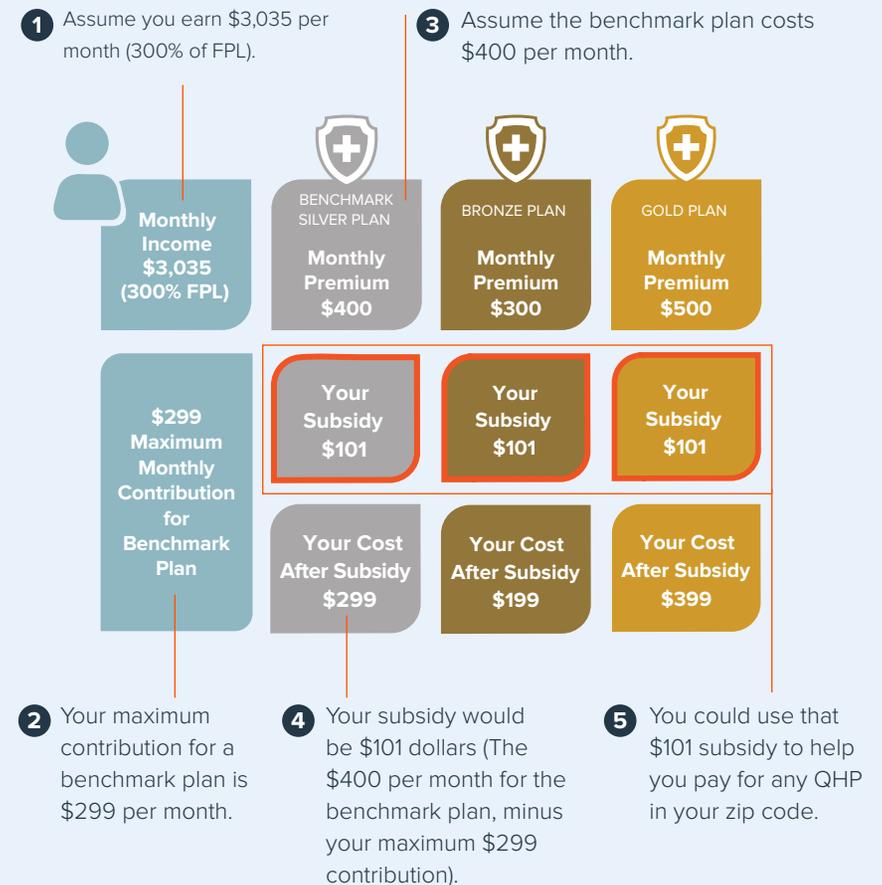
Household Size	2018 Income Required to Qualify for Subsidies As a Percent of the Federal Poverty Level (FPL) (Table A)				
	138% FPL	250%	300%	400%	401% FPL (No subsidy)
1	\$16,753	\$30,350	\$36,420	\$48,560	\$48,681
2	\$22,715	\$41,150	\$49,380	\$65,840	\$66,004
3	\$28,676	\$51,950	\$62,340	\$83,120	\$83,328
4	\$34,638	\$62,750	\$75,300	\$100,400	\$100,651

Household Size	Your Maximum Contribution for “Benchmark” Silver Plan (Table B)				
	138%	250%	300%	400%	401% FPL No maximum
1	\$43 (per month)	\$212 (per month)	\$299 (per month)	\$392 (per month)	No Maximum
2	\$59 (per month)	\$289 (per month)	\$406 (per month)	\$541 (per month)	No Maximum
3	\$74 (per month)	\$362 (per month)	\$512 (per month)	\$683 (per month)	No Maximum
4	\$90 (per month)	\$437 (per month)	\$619 (per month)	\$825 (per month)	No Maximum

Here is the equation that helps you determine your subsidy amount:

1. Determine the monthly cost of the second least expensive “silver” plan (benchmark plan) in your zip code.
2. Determine where your annual income places you on the Federal Poverty Level (FPL) scale using Table A.
3. Determine your maximum contribution toward that monthly cost of the benchmark plan using Table B.
4. Subtract your maximum contribution for the benchmark plan from the actual cost of the benchmark plan.
5. If the actual cost is greater than your maximum contribution, the money left over is your subsidy amount.
6. You can use that subsidy amount to pay for any qualified health plan.

How to determine your subsidy amount



Key Insurance Terminology Definitions



Key Definitions

No matter what type of coverage you choose, the policy likely will incorporate some or all of the following financial components and defined terms:

- **Premium** – The monthly fee charged to keep your policy in-force.
- **Co-pay** – A flat rate you'll pay for a specific service, such as a physician visit or prescription drug benefit.
- **Deductible** – The total amount of money you must pay annually against your medical bill before the insurance coverage kicks in.
- **Coinsurance** – An additional patient expense over and above the deductible that is included with some plans. Coinsurance generally requires the policyholder to pay a percentage of their medical expense after the deductible is met. For example, with 20% coinsurance, you would pay \$1,000 for every \$4,000 paid by your insurance company.
- **Out-of-Pocket Maximum** – The maximum amount an individual or family would be required to pay annually through deductibles and/or coinsurance. In 2018, the ACA out-of-pocket maximums are \$7,900 for individuals and \$15,800 for family coverage.
- **Annual Maximum** – The maximum amount that an insurer will pay out for against an indemnity policy for any one policy and usually within any one policy year.
- **Lifetime Maximum Benefit** – The maximum dollar amount an insurance company will pay out during your lifetime on a short-term insurance plan for non-essential healthcare services.

- **Chronic Conditions** – A chronic condition is a syndrome, physical impairment, disability or disease state that is persistent or otherwise long-lasting in its effects, or a disease that comes with time. Common chronic diseases include arthritis, asthma, cancer, COPD, diabetes, hepatitis C and HIV/AIDS.
- **Pre-Existing Conditions** – A pre-existing condition is any medical condition for which the patient has already received medical advice or treatment prior to enrollment in a new insurance plan.
- **Underwritten Policies** – With underwritten policies, you are subjected to a health background check by the insurance company. Chronic conditions typically exclude you from getting coverage or are not covered by underwritten insurance plans. However, pre-existing conditions that are not chronic (like a knee or back injury that happened years earlier and is no longer a problem) usually won't prevent you from getting covered and often will be covered if the injury reoccurs.
- **Guaranteed Issue ACA Policies** – ACA policies are guaranteed, in that insurers are required to offer coverage to all applicants, regardless of age, sex, economic status or pre-existing conditions. Healthcare Sharing Services are also guaranteed coverage, so long as the applicant confirms that they share the groups beliefs.
- **Guaranteed Issue ACA Alternative Policies** – In most instances, short-term medical, GAP, indemnity and association-based coverage will enroll you even with a pre-existing chronic condition, but the condition likely will not be covered. And in some instances, you may be charged more if you have a pre-existing condition.

<https://analysis.hrservices.conduent.com/2018/05/18/hhs-finalizes-2019-out-of-pocket-maximums/>

Finding the Solution that's Right for You

For individuals and families who don't enjoy the benefit of employer-based health insurance, finding the best coverage can feel like a daunting task. Health insurance is complex and exacting and requires careful assessment before any purchase decision is made. And the stakes couldn't be higher: Not only must you weigh the costs of buying and maintaining insurance, you must also take into account the potentially ruinous expense of being caught without it.

eHealth exists to help you navigate this critical area of life by taking the guesswork out of insurance purchasing. Our unbiased experts can help compare and contrast a wide range of insurance products to determine the solution that most appropriately meets your budget and needs. The good news is that concerted efforts are underway on multiple fronts to provide consumers with a wider range of more cost-effective health insurance options. Contact us today for help in sorting through this expanding universe of products and services to arrive at coverage that works for you.



eHealth is the nation's first and largest health insurance marketplace for individuals, families and small businesses. Through our online marketplace, **eHealthInsurance.com**, we can help you research, compare and enroll in the nation's largest selection of individual and family health insurance products. Our customer care center is staffed with licensed health insurance agents and knowledgeable representatives, ready to assist you.

Individuals & Families:

1-800-977-8860
Mon - Fri, 5am-9pm PST.
Sat - Sun, 7am- 4pm PST.
(excluding holidays)

Small Businesses:

1-877-456-6670
Mon - Fri, 9am-7pm EST.

Medicare:

1-800-299-3116
(TTY User: 711)
Mon - Fri, 8am - 8pm ET
Sat, 9am - 6pm ET

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¹<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2018-Press-releases-items/2018-04-09.html>

²<https://khn.org/news/thinking-about-an-association-health-plan-read-the-fine-print/>

³<https://analysis.hrservices.conduent.com/2018/05/18/hhs-finalizes-2019-out-of-pocket-maximums/>