

1. How has the Affordable Care Act improved private health insurance options for people with disabilities? **Medicaid and Medicare are considered credible coverage under the healthcare law and therefore an individual Marketplace plan does not need to be purchased.**
2. Which state and federal mandates are most important for people with disabilities? **Under the healthcare law, plans must cover treatment for preexisting conditions from the first day of coverage this includes on and off the exchange as well as Medicaid and Medicare. Marketplace plans can't put annual or life time limits on your coverage.**
3. What can I do if my employer stops offering health insurance? **Plans can be purchased on or off the exchange during open enrollment which runs from November 1 through December 15, 2017 for a January 1, 2018 effective date. Special enrollment period or S.E.P. exceptions must be verified. Cobra for up to an additional 18 months or state continuation for an additional 12 months must be made available from the of loss of coverage date. Deadlines apply.**
4. What are the different options for youth and adults with disabilities to remain on parental health insurance in Illinois? **Young adults can remain covered on their parent's health insurance until age 26. They do not have to be claimed as dependents on their parent's income tax to be covered. Disabled adult children can remain on their parent's health insurance past the age of 25 with proper documentation.**
5. Who is eligible to be a "dependent" for purposes of health insurance coverage? **Children that are unmarried can stay on the insurance up to age 26. Parents with dependents who are veterans can stay on insurance until age 30. Neighboring states have no age limit if dependents are incapable of self-sustaining employment due to a disability.**
6. What is a self-insured plan and how does this change insurance coverage for people with disabilities? **A self-insured plan is one that the employer pays claims along with a stop loss insurance limit in addition to an insurance carrier that provides administrative services only or ASO. Some employers can limit inpatient and outpatient procedures (days). State mandated benefits must provide coverage the same as for any other illness.**
7. My adult child, age 35, lives in a group home and has always been covered by my insurance from work. Now, the HR department tells me that he cannot continue on my plan unless I declare him as dependent on my taxes. Is this correct? **It can be correct depending on the definition of dependent or the underwriting rules of the self-funded plan. Answers may vary by carrier and state. Disabled adult and children can remain on their parent's health insurance past the age of 25 if the insurance company is provided with the appropriate documentation.**
8. Who can help me with problems and concerns related to my private health insurance? **Questions can be answered on healthcare.gov through the federal marketplace, through insurance navigators, and licensed insurance brokers such as myself.**

9. What is the difference between private insurance obtained through my work and private insurance purchased on the Marketplace? **Insurance offered through work can be qualified as group and have larger networks, more access to hospitals, multiple plan options and premiums can be deducted on a pre-tax basis. Marketplace insurance are individual policies which have metallic levels of coverage i.e. Gold, Silver, Bronze, and Catastrophic. Premiums are on an after-tax basis. Subsidies may be available. Subsidies are not available when an employer offers a group plan over 50 employees.**
10. Are there any other options for people to get private health insurance? **Other than the following, group insurance on exchange, off exchange individual plans, and/or short-term health insurance, government or Tricare are additional options. Please note that short term plans do not qualify as credible coverage.**
11. What options are available if I am having trouble paying my co-pays, deductible and out-of-pocket expenses? **Subsidies and/or cost sharing benefits may apply depending on income, dependents in a household, and the new the 2018 poverty level limits. Hospitals and physician groups will negotiate and put you on a payment plan depending on the amount of balance owed. States can sometimes offer tax payer assistance for qualified individuals. Extra savings on out-of-pocket costs/sharing reductions are available if you elect a silver plan.**
12. What else do I need to know about private health insurance? **With the uncertainty of the governments replace and repeal bills, 2018 will continue with the following status quo or changes:**
- *Mandatory coverage for eligible insureds must be provided if required when filing Taxes**
 - *Penalties to be assessed based on income, size of family, or failure to provide proof of minimal essential coverage**
 - *Subsidies and cost sharing reduction options will continue to be available**
 - *Shrinking carrier selection**
 - *Shrinking carrier plan options**
 - *Premium increases**
 - *Multiple tier pharmacy**
 - *Higher deductible thresholds**
 - *Increased out-of-pocket maximums**
 - *Increase in Employer Sponsored Voluntary Supplemental Plans**
 - *Small business health options programs will be discontinued in 2018**
 - *Level funded ASO type plans to be available to smaller employers**
 - *Increase of tele-med or tele-doc visits**

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