

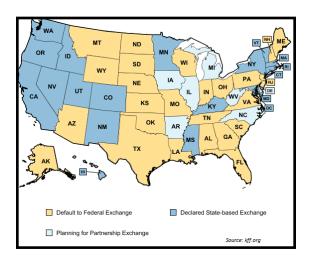
Health Insurance Marketplaces

New Health Insurance Marketplaces created under health care reform will have the feel of an online travel booking site – like Orbitz or Expedia – and will allow people to easily compare and buy insurance. Every state will have its own Marketplace serving individuals and families, as well as a separate one for small businesses.

Who is running the Marketplaces?

Starting in Fall 2013, there will be three types of Marketplaces: those run by states, those run by the federal government, and partnerships between federal and state governments. For consumers, the benefits should be the same no matter who runs the Marketplace.

To find out more about who will be running the Marketplace in your state, please refer to this map, or visit http://www.healthcare.gov/marketplace/about/state-marketplace/index.html.



How do the Marketplaces work?

Consumers will be able to enter income information on a Marketplace application page, and from there, they will be automatically directed toward their coverage options.

Middle-income individuals and families will be able to compare and pick from a range of private insurance plans, and most people will be eligible for help from the government to pay their premiums. Low-income people will be steered to public insurance programs for which they might qualify, such as Medicaid.

All consumers will have access to plain-language explanations of coverage options, as well as to consumer assistance options such as Navigators and consumer assisters. Navigators, consumer assisters, and other consumer assistance available through the Marketplaces will provide unbiased, objective, and nondiscriminatory help to aid LGBT people in enrolling in insurance plans that are best for themselves and their families. To help ensure respectful treatment of LGBT people searching for Marketplace-based coverage, future federal regulations may also require additional LGBT-specific cultural competency training for entities providing consumer assistance. In many communities, LGBT community-based organizations will be able to apply for federal or state funding to serve as Navigators or consumer assisters.

It is also important to know that the Marketplaces, and the plans sold in them, are required to treat LGBT individuals and their families fairly. Federal regulations prohibit the Marketplaces, Marketplace contractors, and the plans sold in the Marketplaces from discriminating on the basis of race, color, national origin, disability, age, sex, sexual orientation, and gender identity. In some states, these LGBT-inclusive protections will be the first of their kind.

How will I know if i can get help with my health insurance costs?

After filling out the income information on the Marketplace application, consumers will be notified if they are eligible for sliding-scale subsidies from the federal government to help them pay the cost of insurance premiums. Individuals and families making up to four times the federal poverty level - about \$44,700 for individuals and \$92,200 for a family of four – will be eligible for assistance.

The Marketplaces and the subsidies will enable thousands of LGBT people to have affordable insurance coverage, sometimes for the first time. Partnered gay and lesbian adults are more than twice as likely as married heterosexuals to be without adequate health insurance coverage, and this number is higher for many transgender and bisexual people. LGBT people are also more likely than the general population to live on lower incomes that will make them eligible for subsidies.

Every Marketplace website will have an easy-to-use calculator to help individuals and families determine whether they are eligible for a subsidy, and if so, how much assistance they can receive. It is important to note that the Defense of Marriage Act prevents same-sex couples from calculating their subsidies as a family, meaning that they will need to determine individually whether they are eligible for assistance. The way that same-sex couples and their children can enroll in family health insurance plans may also vary between Marketplaces in different states.

For more information on the financial assistance available through the Marketplaces, visit http://www.healthcare.gov/marketplace/costs/index.html.

What kind of insurance benefits will be available?

Coverage will be more comprehensive than what's now typically available in the individual health insurance market, which is dominated by bare-bones plans.

Additionally, the plans sold through the Marketplaces, called "Qualified Health Plans," must satisfy uniform quality standards and are subject to fairness rules that provide additional protections for consumers.

Qualified Health Plans sold through the Marketplaces must offer a comprehensive package of benefits called "Essential Health Benefits." Plans sold in the Marketplaces will be held to state-specific standards that define a baseline level of services that must be covered across 10 essential benefits categories. For all LGBT consumers, this means that health insurance coverage must meet new standards for comprehensiveness. Proposed federal regulations would also prohibit discrimination in Essential Health Benefits. This would improve the coverage available to transgender people, who are frequently subjected to discriminatory coverage exclusions for a variety of health care services, as well as other groups of consumers such as women and people living with HIV or AIDS.

When does coverage through the Marketplaces start?

Open enrollment in the Marketplaces starts Oct. 1, 2013, and coverage offered by the plans sold through the Marketplaces will begin on January 1, 2014.