

Important Insurance Terms

Marketplace/Exchange – Forum where individuals and businesses can compare, choose, and purchase health insurance plans.

Deductible – Out-of-pocket healthcare costs for which individuals are responsible, before their insurance plan will pay for health expenses.

Premium – Amount of money charged by the insurance company for coverage, paid in a lump sum or periodic monthly payments.

Co-Insurance – Your share of the costs of a covered healthcare service, calculated as a percent after you have met your deductible.

Co-Pay – A pre-determined amount that you pay for a covered healthcare service, usually at the time of service (ex: Primary Care Visit for \$20).

Formulary – A list of prescription medications your insurance provider will cover.

Step Therapy – When a prescription drug plan requires an individual to try one or more other lower-cost medications before covering the prescribed drug.

Medication Tiers (1-4) – Medications assigned to categories based on drug usage and cost.

Tier 1	Tier 2
The generic version of a brand-name medication; active ingredients are the same.	Brand-name medications that are on a list of preferred drugs.
Tier 3	Tier 4
Brand-name medications with Tier 1 or 2 equivalents or preferred specialty brand-name drugs.	Medications that require special dosing or administration; typically prescribed by a specialist and more expensive.

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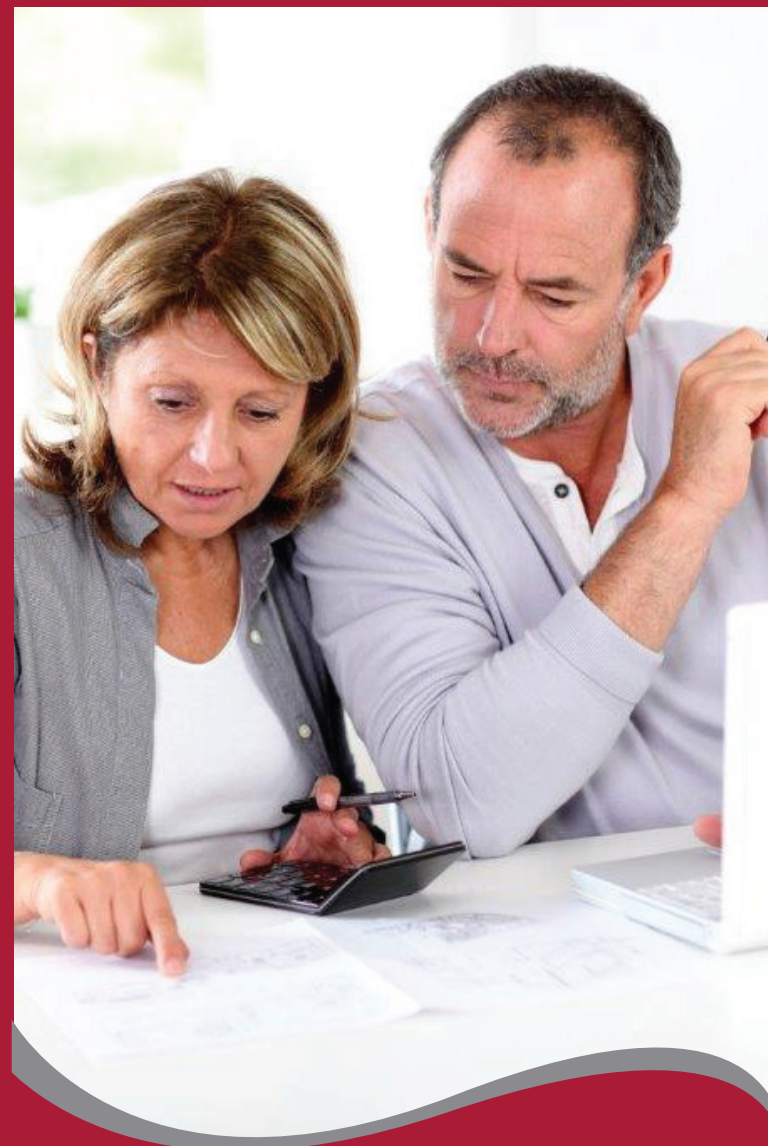
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The Affordable Care Act and Multiple Sclerosis



How the ACA Can Help You

With the passage of the Affordable Care Act (ACA), numerous changes have been made to the entire health-insurance system. This is not only in terms of greater access to insurance, but with minimum standards of coverage and how insurance will be regulated. As a part of the ACA, insurers can no longer deny coverage to those with pre-existing medical conditions, such as multiple sclerosis (MS), or enact lifetime or annual benefit caps to those enrolled in their plans.

Starting in 2014, healthcare plans will now be purchased through a centralized platform known as the Health Insurance Marketplace at www.healthcare.gov. This includes private insurance plans, as well as Medicaid and Children's Health Insurance Program (CHIP). While most Americans with manageable healthcare needs will find sufficient information regarding coverage options, the MS community must be prepared to look deeper into the Marketplace and ask additional questions to ensure proper insurance coverage.

Since multiple sclerosis is a highly individualized and expensive disease to manage, the MS community must consider an extraordinary number of factors when determining healthcare coverage. This brochure provides a general overview of the ACA as well as specific insights into key areas that will significantly impact the MS community. You can also find additional ACA resources on MSAA's website at mymsaa.org/aca.



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Be Ready - **PLAN** Ahead

MCAA recognizes that selecting a healthcare insurance plan can be confusing and, at times, overwhelming. To help lessen confusion and better prepare you for this important decision, MCAA has created a simple acronym that identifies key areas to consider when planning for your health insurance coverage. Prior to making your insurance selection, we encourage you to **PLAN** ahead (Prepare, Look, Analyze, and Name).

PREPARE a budget on how much you can spend on medical expenses each year.

When preparing your budget, you will need to include costs spent on premiums, co-pays, deductibles, and co-insurance. You should check each plan's maximum out-of-pocket limit (please note that the "max out-of-pocket" amount doesn't include premiums) and remember the Marketplace provides different levels of coverage. Coverage levels are:

LEVEL	MEDICAL COVERAGE	PREMIUMS
Bronze	60 percent	Lowest
Silver*	70 percent	Mid-level
Gold	80 percent	High-level
Platinum	90 percent	Highest

*Some Silver level plans may also allow people to qualify for co-pay and deductible assistance

It is also important to know that many people will qualify for premium subsidies, which are based on family income. If you use medical services frequently, in some circumstances, it may cost less to buy a plan that covers a higher percentage of medical costs (with all factors considered).

Questions/Points to Consider:

1. What plans can I afford and what am I eligible for?
2. Can I afford my deductible?
3. What are my expected out-of-pocket costs for items I may need (i.e., durable medical equipment, MRIs, etc.)?

LOOK carefully to determine what each plan covers.

Some plans might cover your medications at a lower dollar amount, or give you more medication choices. You should also consider coverage of providers (doctors, physical therapists, etc.), MRI imaging, and durable medical equipment (wheelchairs, walkers, etc.). If a service is not covered, then you will likely have to pay out of pocket for it. If a provider is not covered, you may have to pay out-of-network fees or the full cost of the visit.

Questions/Points to Consider:

1. Are my needed medications covered and what are the costs?
2. Can I keep my same doctor and are there any restrictions for selecting doctors in my potential new plan?
3. Are there any "step" requirements to access my preferred medications? (see Terms)

ANALYZE your options.

Once you have narrowed your choices to a few options, you will need to prioritize which plans fall within your budget and look at the coverage options side by side. This is where you will make a determination about what matters the most to you: out-of-pocket costs, having your doctor in network, having more medication choices, etc.

Questions/Points to Consider:

1. Which plan offers the most flexibility (access to medications, doctors, etc.)?
2. If I need to change my MS medication, what alternative medications are available to me within each plan?
3. It may be helpful to create a pro/con list when comparing plans as well as some "What If" questions based on your healthcare needs.

NAME your insurance plan by making a selection on the ACA website.

By following this simple, four-step **PLAN**, you should have a better understanding of your insurance options and which coverage to select in the Marketplace. If you have difficulty completing the online application, trained Navigators will provide assistance and help answer your questions. **To select a plan, please visit www.healthcare.gov or call (800) 318-2596.**

Additional Resources

National Association of State Insurance Commissioners
(to locate your state department of insurance)
www.naic.org/state_web_map.htm

The Kaiser Family Foundation's subsidy calculator
(determining an estimate of Premium Assistance eligibility)
<http://kff.org/interactive/subsidy-calculator/>

Centers for Medicare and Medicaid Services
(for those eligible for Medicare)
www.cms.gov

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