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| **Health coverage options for individuals and small employers** | | | | |
| ***Understand how the benefits vary by type of coverage*** | | | | |
| **Types of health coverage for individuals and small employers** | **Affordable Care Act health insurance plans** | **Short-term limited duration medical plans \*\*** | **Health care sharing ministries** | **Association Health**  **Plans (AHPs)** |
| **Is plan regulated by the state?** | **Yes** | **Yes** | **No** | **Yes** |
| **Will this plan pay my provider or do I pay first and get reimbursed?**  ***Applicable only when it’s a covered benefit*** | Plan pays, other than your deductible or costsharing | Plan pays, other than your deductible or cost-sharing | You may have to pay first, and may or may not be reimbursed | Plan pays, other than your deductible or cost-sharing |
| **Can I get covered even if I have a pre-existing condition?** | **Yes** | **No** You could be denied coverage because of a preexisting condition or your condition may not be covered | **No** You could be denied coverage because of a preexisting condition or your condition may not be covered | **Yes** But you and your employer may be charged more in premiums based on employees’ pre-existing conditions |
| **Can the insurance company set annual or lifetime dollar limits on the amount they will pay?** | **No** | **Yes** Possible lifetime and annual limits | **Yes** Possible lifetime and annual limits | **Yes** |
| **Is there a cap on the total amount that I will have to pay out-of-pocket for deductibles, co-insurance and co-pays** | **Yes** | **No** No cap on what you could pay | **No** No cap on what you could pay | **Yes** |

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| **Are all 10 of the ACA Essential Health Benefits required to be covered?** | **Yes** | **No** | **No** | **No** |
| **Which Essential Health Benefits must be covered?** | | | | |
|  **Outpatient Care** | **Yes** | **No** | **No** | **No** |
|  **Emergency Care** | **Yes** | **Yes** | **No** | **Yes** |
|  **Hospitalization** | **Yes** | **Yes** | **No** | **No** |
|  **Maternity and Newborn Care** | **Yes** | **No** | **No** | **No** |
|  **Mental Health & Substance**  **Use Disorder** | **Yes** | **No** | **No** | **No** Only mental health covered |
|  **Rehabilitative/Habilitative** | **Yes** | **No** May be limited to hospital setting | **No** | **No** |
|  **Laboratory Services** | **Yes** | **No** May be limited to hospital setting | **No** | **No** |
|  **Preventive services and**  **Wellness** | **Yes** | **No** | **No** | **Yes** |
|  **Pediatric Oral and Vision**  **Care** | **Yes** | **No** | **No** | **No** |
|  **Prescription drugs** | **Yes** | **No** Can be limited to only RX received while in the hospital | **No** | **No** |
| **Is there a minimum amount of my premium that must be spent on my medical expenses?** | **Yes** | **No** | **No** | **Yes** |
| **If my claim is denied, can I file an appeal to have my claim reconsidered?** | **Yes** | **Yes** | **No** | **Yes** |

\*\* Based upon Short-term Limited Duration Medical Plan rule adopted Oct. 17, 2018 for medical plans sold on and after January 1, 2019.

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