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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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| ***Understand how the benefits vary by type of coverage*** |
| **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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