

## Affordable Care Act: MNsure

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In 2010, the Affordable Care Act (ACA) was signed into law. With its passage, a number of new rules became required for any new insurance plan that is written. Insurance policies that existed before 2010 have been “grandfathered in,” and need to follow some, but not all, of the rules of the ACA.

### **What are some of the changes brought by the ACA?**

One of the rules of the Affordable Care Act, is that each state must set up its own marketplace where insurance can be purchased. In Minnesota, the marketplace is known as MNsure ([MNsure.org](http://MNsure.org)). Here, you can compare the cost and coverage of each plan, and purchase the plan that best meets your needs.

### **The Affordable Care Act states that any new insurance plan must provide coverage for 10 essential benefits:**

- Outpatient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices (to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Laboratory services
- Preventive services and chronic disease management
- Pediatric services, including oral and vision care

### **Additionally, the Affordable Care Act states the following:**

- Young adults can continue to receive health care coverage on their parents’ plan until age 26
  - Children can continue or be added to their parents’ plan even if they are married, have jobs, or have the opportunity to obtain other health insurance
  - In Minnesota, there is also lifetime coverage for individuals with disabilities or those who are dependent on their parents after age 26
- There are no lifetime limits or dollar limits on services that are part of the 10 essential benefits
- If you have an illness or underlying condition, it cannot be used as a reason to deny you coverage or increase how much the insurance company charges you
- There is free preventative care and you cannot be charged a co-pay or deductible when using “in-network” providers
- A summary of benefits must be provided to subscribers in language that can be understood, including a glossary of terms

- Your insurance can be cancelled only if you fail to pay premiums or make a fraudulent claim. It cannot be cancelled if you get sick, “use” your insurance, or make a minor error on your application.
- Between 80 and 85 percent of the money collected for premiums must be spent on health care costs, not administrative costs
- There are new limits on how much premiums can increase. If premiums are increased by more than 10 percent, a rate review will take place.

### **Do all of the changes of the ACA apply to all insurance plans?**

Since the Affordable Care Act passed in 2010, aspects of the law have been gradually introduced into the marketplace. Health care plans created prior to that time (the so-called “grandfathered” plans) are only obligated to provide some of the changes to their enrollees, not all.

There are also some differences between plans that are self-insured or fully insured (see PACER handouts: [“Health Insurance Appeals for Fully Insured Plans”](#) or [“Is Your Health Plan Self-Insured?”](#)). The following table addresses some of these differences.

<b>Provision</b>	<b>Fully insured plans</b>	<b>Self-insured plans</b>	<b>Grandfathered plans</b>
Essential benefits	yes	no	no
Parents insurance until 26	yes	yes	yes
Coverage of preexisting condition	yes	yes	no
Free preventative services	yes	yes	no
No life time limits	yes	yes	yes
Annual limits prohibited	yes	yes	no
Improved claims and appeals process	yes	yes	no
Summary benefits	yes	yes	yes
Rate review	yes	no	no

### **When can I enroll in new health insurance?**

There are several options, depending on each person’s circumstances, that allow for enrollment to take place at different times.

- Open enrollment runs annually from November until January. During this time, anyone can apply for health care coverage or choose to change to a different plan that better meets their needs.
- Children and youth with disabilities can apply and enroll at any time for public assistance, such as medical assistance or Tax Equity and Fiscal Responsibility Act (TEFRA) (medical assistance for children with disabilities).
- Special circumstances such as a birth, adoption, loss of job, loss of coverage through another family member, a change in residence, or the ending of a grandfathered plan are all times when enrollment is permitted. For a complete list of special circumstances, visit [www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period](http://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period).

### **How do I apply for Health Insurance coverage?**

If you are a Minnesota resident, visit [MNsure.org](http://MNsure.org) during open enrollment (November 1—January 31). If you meet one of the criteria above for special enrollment, you can go to the same website and click on “Special Enrollment Period.”

On this website, you can compare and contrast specific insurance plans, enroll for medical assistance, find navigators to assist you in the enrollment process, and find answers to frequently asked questions. PACER Center provides additional information at [www.PACER.org/health/federalreform.asp](http://www.PACER.org/health/federalreform.asp).

### **Resources:**

[www.MNsure.org](http://www.MNsure.org) | [www.healthcare.gov](http://www.healthcare.gov)