



Connecting with Coverage

4 Things LGBT People Need to Know About the Health Insurance Marketplaces

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Health care reform has enormous potential to improve access to health insurance coverage for millions of Americans, including many lesbian, gay, bisexual, and transgender, or LGBT, people and their families. Thanks to the Affordable Care Act, LGBT community members across the country can expect real improvements in the affordability and quality of their coverage—and many LGBT people will gain access to comprehensive and affordable health insurance for the first time.

Out2Enroll is an initiative of the LGBT State Exchanges Project at the Center for American Progress, the Sellers Dorsey Foundation, and the Federal Agencies Project. We're working with advocates and organizations across the country to spread the word about the Affordable Care Act and to help connect people and their families with their new coverage options under the law. One of the biggest opportunities for new coverage under the Affordable Care Act comes from the Health Insurance Marketplaces, which will offer coverage in every state starting January 1, 2014.

Here are the top four facts you need to know about what the Marketplaces mean for LGBT communities.

1. You will be able to shop online, over the phone, or in person for a plan that fits your budget.

Starting in January 2014, almost everyone in the United States will need to have health insurance coverage to protect themselves and their families from big medical bills. Most people already have coverage that satisfies that requirement, including coverage through a job, Medicare, Medicaid, or the military. If you don't have coverage right now or want to get new coverage, you will be able to shop online, over the phone, or in person in your state's Health Insurance Marketplace for a plan that fits your needs. Every state will have a Marketplace that opens for enrollment on October 1, 2013, and coverage through the Marketplaces starts on January 1, 2014.

Your state's Marketplace will help you determine whether you are eligible for tax credits that will make coverage more affordable. If you are eligible for tax credits, you can choose to have the federal government pay part of your premium directly to the insurance company every month, or you can pay the premiums yourself and owe less in taxes at the end of the year. The tax credits are on a sliding scale, so the smaller your income is, the less you will need to pay toward your coverage.

Regardless of where you live, the tax credits are calculated according to your federal tax filing, so if you are legally married to someone of the same sex, you will be able to claim the credits jointly with your spouse. If you are not legally married—if you are in a domestic partnership, a civil union, or another relationship—you will still be able to get these credits. You'll just need to apply for them as an individual instead of as a couple. Depending on your state, you may be able to combine your individual tax credits to purchase family coverage for yourself and your partner.

2. Every plan will have to cover a core set of basic benefits.

Under the health reform law, every insurance plan sold through the Health Insurance Marketplaces will have to cover a core set of basic benefits called the essential health benefits. These benefits include a variety of services and medical procedures across 10 broad categories of care, including doctor visits, hospital stays, preventive screenings, prescription drugs, laboratory services, reproductive health care, and mental and behavioral health services.

3. LGBT people will have the same access to health insurance coverage through the Health Insurance Marketplaces as anyone else.

Nobody who works with the Health Insurance Marketplaces, including employees and insurance companies offering plans for sale, is allowed to discriminate against LGBT people. What's more, insurers can't treat you differently or charge you more if you have a condition such as HIV, cancer, or any pre-existing condition.

If you are a transgender person, you have the right to expect that your plan will cover the services you need as long as those services are covered for other people on your plan. These services include preventive screenings such as mammograms, Pap tests, and prostate exams; hormone therapy; and mental health services. Depending on your plan, these services may also include surgical procedures related to gender transition.

If you feel you've been treated unfairly, you can make a complaint directly to your state's Health Insurance Marketplace or with the Office for Civil Rights at the U.S. Department of Health and Human Services by visiting www.hhs.gov/ocr/civilrights/complaints/index.html. If you receive a denial of coverage for services that should be included under your plan, you have the right to appeal the denial by contacting your insurance company or your state's department of insurance.

4. The Health Insurance Marketplaces will help you navigate your options and enroll in coverage that's right for you.

The health reform law allows various kinds of organizations to apply to become navigators who will help Marketplace customers understand their options and find coverage that works for them. You will be able to get in touch with navigators and other consumer-assistance personnel in your state online, in person, and over the phone.

Navigators are already working in every state, and you will start seeing more information explaining how to learn about your insurance options and how to enroll in coverage through the Marketplaces or determine whether you are eligible for Medicaid coverage. Organizations that may be working as navigators in your state include community health centers, AIDS service organizations, local hospitals, and LGBT community organizations.

Like anyone else working with the Marketplaces, navigators can't discriminate against LGBT people, and federal law requires them to be able to provide appropriate services to diverse groups of people. This means that navigators should be able to understand issues such as whether any plans in the Marketplace offer coverage for domestic partners, how people in same-sex relationships can get the right subsidies and enroll for coverage, and how to work with transgender people to find appropriate coverage options.

Not all health care providers accept every insurance plan, so it's important to talk with consumer-assistance personnel to find plans that include any providers you want to continue seeing. You can also speak with your provider about your plan options. If you are receiving services through the Ryan White Program or your state's AIDS Drug Assistance Program, be sure to speak with consumer-assistance personnel or your case manager to make sure you're considering plans that are right for you.

To learn how to partner with Out2Enroll, please visit www.Out2Enroll.org.

For more information about this fact sheet, please contact Kellan Baker at the Center for American Progress by emailing him at kbaker@americanprogress.org.