



A 10-Minute Guide to Health Reform

What's changing | Who does it affect | What you can do

Health Care: A New Era

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Why did we put this booklet together?

UnitedHealthcare is committed to **helping people live healthier lives.**™ When it comes to health reform, our goal is simple: to help you understand what these changes mean for you.

We put this booklet together to give you the basic facts in an easy-to-read format.

Find more at uhc.com/reform

The **Affordable Care Act** has changed how people get health care, how they get health insurance, what it costs and who pays for it. As a result, people are asking:

- What's changing, and what's staying the same?
- Should I get a different health insurance plan, or keep what I've got?
- If I need a plan, how do I get one?

Making health reform work for you

Health insurance is a valuable benefit for employees, especially because many employers help pay a part of its cost. If you already have a health insurance plan through work, in most cases, it's still your best choice, even with health reform in place.

So, if you have health insurance through your employer – not all that much is changing for you. But if you want to learn more about what's changing and coverage choices under health reform, or know someone who

needs health insurance, then this 10-minute guide can help. It explains the main changes, and shows how people, in different situations, can make health reform work for them.

Sections in This Guide

1

Understand the Basics

How does health reform work, and how might it affect you?

Get started on the next page.

2

Get the Facts

Everybody's talking about health reform. What are the facts?

3

Learn About Different Approaches to Health Insurance

See how nine different people explore their insurance options and make health reform work for them. Which one is most like you – or someone you know?

Understand the Basics

How does reform affect the health care system?

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The Affordable Care Act, the law commonly known as health reform, passed in 2010 and aims to make health care available to all Americans. It's a complex law, but **here's a summary of how it works:**

1 Everyone, with a few exceptions, is required to have health insurance. Health insurance is based on the idea of sharing costs across a large group of insured people.

People who choose not to buy health insurance must pay a penalty, or fee, each year. They must also pay for the costs of all their health care.

2 Most health insurance plans include certain essential benefits, like preventive care with no cost-sharing and coverage for pre-existing conditions.

3 WAYS TO GET A HEALTH INSURANCE PLAN

Large companies (50 or more employees) typically offer health insurance plans to employees. Many also help pay for these plans. For people who work in large companies, getting insurance through their employer is often the easiest way to get a plan and likely the best option.

4 Small businesses (fewer than 50 employees) may also provide health insurance to their employees – and some do this already.

5 Health Insurance Marketplaces, or “Exchanges,” are a way for people to shop for and buy health insurance, which may be referred to as a health plan. Each Marketplace is divided between Individual (for families and individuals) and SHOP (health plans for small employers) Marketplaces.

6 Insurance companies can sell plans through employers or directly to people—just as they have done in the past. They can also sell approved plans through the Marketplaces.

Small employers and individuals can purchase insurance from a health insurer, such as UnitedHealthcare, or through a broker. They also can purchase insurance through a Marketplace with the help of a broker or specially trained people,

called Navigators, who provide helpful information to individuals and small businesses looking for health insurance in the Marketplaces.

7 GETTING HEALTH CARE

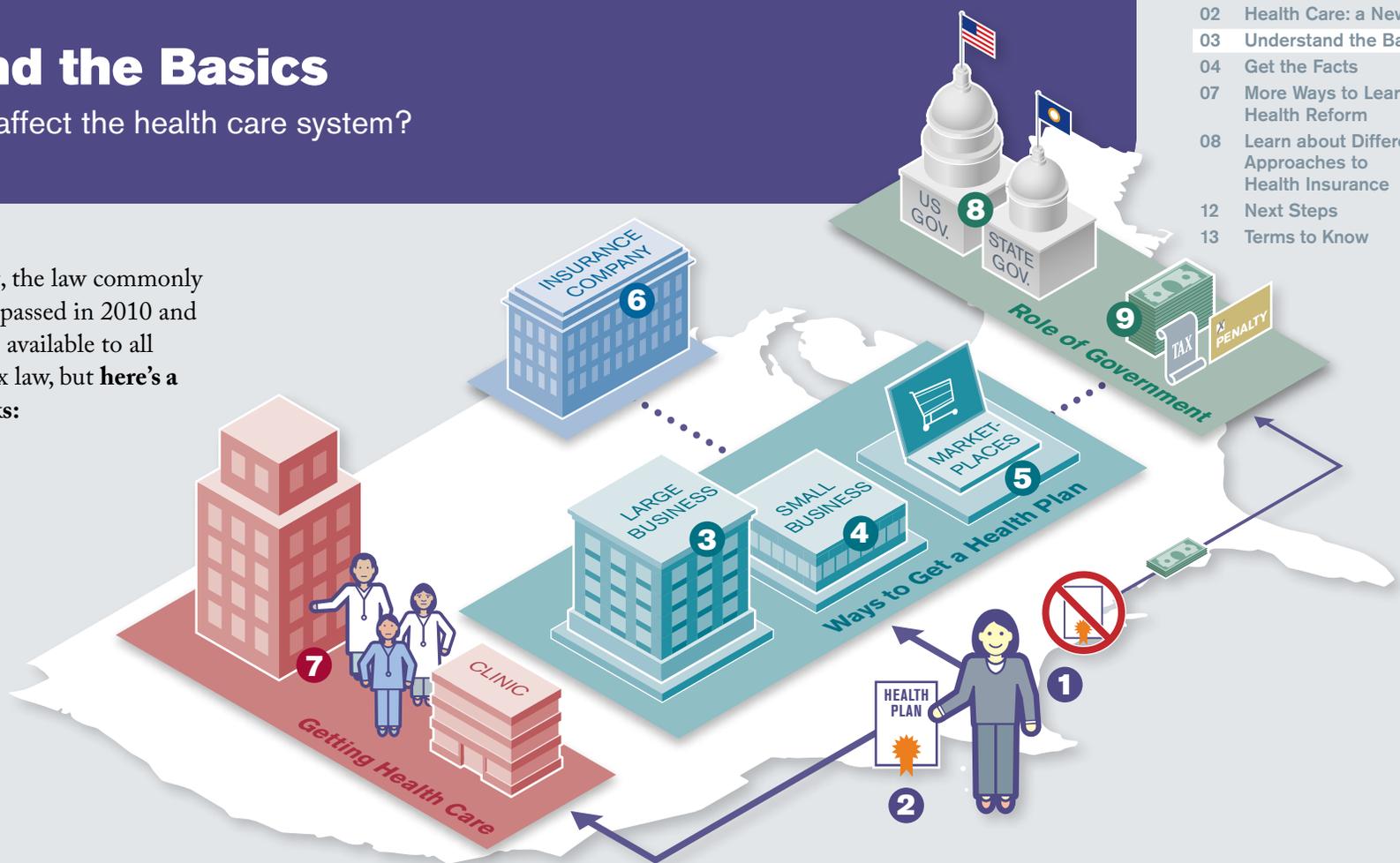
Health care providers such as doctors, hospitals and clinics are encouraged to provide cost-efficient, quality care. These health care providers may get paid more when they provide care that improves patient

health, and less when they don't. As a result, providers are finding ways to become more efficient by adding technology, streamlining processes, and coordinating care more effectively.

8 ROLE OF GOVERNMENT

The Marketplaces are set up and run either by the state, the federal government, or both together.

9 Taxes and fees paid by employers to help offset the costs of health reform. Insurance companies, drug makers, medical device makers, and others also pay taxes and fees to help offset the cost.



Understand the Basics

How could health reform affect you?

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Here are some of the most important changes that could affect you. **These changes improve access to care, expand health insurance benefits, and may help lower costs.**

Improving Access to Health Care

You can choose your doctors, from among any primary care provider (PCP) or pediatrician who's in your plan's network and accepting new patients. A PCP in the network can refer you to specialists. You may pay more if the specialist is not in the network or if you are not referred by your PCP.

You don't need approval in advance for emergency care, and emergency room visits count as network care. However, this applies only to real medical emergencies. People who use the emergency room when they don't need to may have to pay higher costs.

You don't need a referral for OB-GYN services – you can choose an OB-GYN doctor as your primary care physician (PCP).

Most health insurance plans will cover certain preventive care services with no cost-sharing, including blood pressure and other recommended screenings and immunizations based on your age and gender.



Expanding Health Plan Benefits

Health Insurance Marketplaces (also called “Exchanges”) are a new way for people to buy health insurance. There are two types of Marketplaces – the Individual Marketplace and the small business marketplace, called the Small Business Health Options Program (SHOP). The Individual Marketplace is where individuals and families can shop for a plan. The SHOP is where a small business can pick a plan or a range of plans from which its employees can choose. The plans offered in the Marketplaces must meet government requirements for coverage, quality and value.

90 DAYS If you are a new employee, the waiting period for health plan coverage to start can't be longer than 90 days.

Expenses like co-payments, coinsurance and deductibles, count toward your out-of-pocket maximum. However, amounts for non-covered health services, balance billing amounts from non-network providers and premium payments do not count toward the out-of-pocket maximum.

Most health insurance includes coverage for essential health benefits, such as doctor visits, hospital care and prescriptions. (This applies to both individual and small business plans.)

Kids can stay longer on a parent's plan – until age 26. In some states, the age limit may be older.

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Lowering Health Care Costs

Depending on your plan, yearly network out-of-pocket costs for members of high-deductible plans cannot be higher than \$6,350 for an individual and \$12,700 for a family in 2014. In 2015, those yearly limits will rise to \$6,600 for an individual and \$13,200 for a family. Expenses like co-payments, co-insurance and deductibles, count toward your out-of-pocket limit. However, amounts for non-covered health services from non-network providers and premium payments do not count toward the out-of-pocket limit.



There are no lifetime or annual dollar limits on essential health benefits. Your plan cannot put an annual or lifetime dollar limit on the essential health benefits covered by the plan.

Important to know

Employers who have had a health plan in place since March 23, 2010, and have made no changes (or very slight changes) since that time, may not have to make some of the changes required under the Affordable Care Act. This is called a “grandfathered” plan. **Check with your employer to learn if your health plan is grandfathered and, if so, how health reform changes apply.**

1 The individual mandate

Everybody has to have health insurance, or pay a penalty.

There is a federal government penalty for people who don't have health insurance. The penalty is in place to encourage people to have health insurance.

You will not be penalized if you have 'minimum essential coverage' as defined in the law. If you have health insurance through your employer, you won't have to pay the penalty. In fact, most types of health insurance will excuse you from the penalty, including plans from Medicare, Medicaid, CHIP, veteran's health program, the Indian Health Service, TRICARE, or a plan you buy yourself. Not all health plans offer minimum essential coverage. Short-term disability and many other limited medical plans such as accident, critical illness and indemnity do not offer minimum essential coverage. If you truly can't afford a plan, you may qualify for federal subsidy assistance from the government to help pay for one (See next section, Affordability).

If you choose to pay the penalty rather than buy health insurance, you will have to pay for all your health care costs. Paying the penalty does not give anyone free health care or health insurance coverage.

2 Affordability

The government's goal is to make health insurance more affordable for everyone.

If your employer offers a plan that meets government standards and your employer pays part of the cost for your plan, most likely that's the best choice for you.

There are other ways health reform is trying to make health insurance more affordable:

- The government has created standards for what are considered to be essential health benefits (see next page, Expanded Coverage).
- **Individual Marketplaces**
If you can't get a health insurance plan through your employer, you can buy a plan in the Individual Marketplace (see next section, Health Insurance Marketplaces).

• Financial Assistance

If you have a moderate or low income,* you may also be eligible for government financial assistance (subsidy) to help pay for your plan, if purchased through the Individual Marketplace. Government subsidies pay for a portion of the monthly cost you pay for a plan (the premium). Subsidies can be taken as a credit against annual federal taxes, or as a credit against the monthly plan premium.

- People with low incomes can also get subsidies to help with out-of-pocket costs, such as co-payments or co-insurance.

3 Health Insurance Marketplaces

The government has set up markets where people can buy health plans.

The government is not going to sell health insurance – but it has set up Health Insurance Marketplaces where health insurance companies can sell their plans. There are also special Marketplaces, called the SHOP, where small businesses

* The amount of financial help you can get depends on your family size and how much money your household earns.

What's the penalty?

The penalty is either a yearly fee or a percentage of your household income, whichever is more. For people who have a health plan for only part of the year, the penalty is adjusted based on the number of months they went without a plan. If someone went without a plan for three months or less, it doesn't count against him or her. The penalty is collected as part of federal income tax returns. If the penalty isn't paid, the IRS will hold back the amount of the penalty from any future tax refunds.

To learn more about penalties, visit healthcare.gov/glossary/fee.

Want a quick refresher on some of these terms? Check the helpful **Terms to Know** section beginning on page 13.

Get the Facts

CONTINUED

can make plans available for their employees. Some Marketplaces are run by a state, some by the Federal government, and some by both working together.

If your employer offers health insurance and contributes to the cost of coverage, that is likely to be your best choice. But if you aren't eligible for an employer-sponsored plan, or have an employer plan that is not considered "affordable" for you under the government standards, you may benefit from the Individual Marketplace.

Individual Marketplaces

The Individual Marketplaces offer a choice of plans providing different amounts of coverage at different prices. Buyers can review plan benefits, compare their plan options and buy plans. There are different levels of plans to choose from (Bronze, Silver, Gold and Platinum). These plan levels differ based on how you and the plan share the costs of your care. The categories have nothing to do with the amount or quality of care you get.

The Marketplaces have a set time period each year when you can compare and select a plan. The next Open Enrollment period when you can select a plan is November 15, 2014 - February 15, 2015. After the open enrollment period ends, you will not be able to buy a plan through the Marketplace (unless you have a qualifying life event, for example, if you get married or have a baby) until the next annual open enrollment period.

You can shop and apply for a plan through the Marketplace in one of three ways: online, by mail, or in person with help from Navigators, insurance brokers or agents.

4 Expanded Coverage

All plans sold through the Marketplaces are qualified health plans offering 10 kinds of benefits, called "essential health benefits." These include doctor visits and hospital care, prescription drugs, lab tests, maternity care and more. Qualifying plans sold outside the Marketplaces also include these benefits.

To meet standards set by health reform, plans must include certain preventive care services with no cost-sharing. This includes coverage for services such as health screenings and immunizations, and special preventive care for women including pre-natal office visits, breast-feeding supplies, and mammograms.

5 Pre-existing Conditions

Health insurance companies must provide people with coverage even if they've had health problems (often called "pre-existing conditions") in the past.

This is also true for dependents covered under your plan. And, you won't be charged more. The amount you pay each month is the same for people without pre-existing conditions.

Health reform makes it possible for people with serious health conditions to get insurance. And all qualified health plans include coverage for recommended preventive care services to help people maintain their health and keep any conditions under control. This approach can help avoid more problems in the long run.

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How can I get help to buy a plan on the Individual Marketplace?

The federal government determines your eligibility for financial assistance (subsidy). However, you can find a helpful chart on page 7, and at healthcare.gov, that may give you a general idea whether you qualify for a subsidy.

More ways to learn about health reform

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Saving on monthly health insurance premiums

New rules make it possible for many Americans to qualify for a tax credit (also called a subsidy) to help pay insurance premiums. The chart below illustrates the family income ranges that may qualify for a subsidy. The amount of your savings will depend on your household income and family size.

Family Size	Annual Income Range to Be Eligible for a Subsidy
Individual	\$11,490 to \$45,960
Family of 2	\$15,510 to \$62,040
Family of 3	\$19,530 to \$78,120
Family of 4	\$23,550 to \$94,200
Family of 5	\$27,570 to \$110,280
Family of 6	\$31,590 to \$126,360
Family of 7	\$35,610 to \$142,440
Family of 8	\$39,630 to \$158,520

Source: Department of Health and Human Services. 2014. How to save on monthly insurance premiums. Retrieved from www.healthcare.gov/will-i-qualify-to-save-on-monthly-premiums/

We recognize that everyone learns differently. That's why we offer a number of entertaining videos to help you learn about health insurance and the health reform law.

Simply Stated on UHC TVSM (uhc.tv)

Why do I need health insurance? What's an HSA? Why does the cost of health care keep rising? These are just some of the questions addressed on Simply Stated, an original series on UHC TV. Airing on the Health Insurance 101 channel, Simply Stated explains health insurance in the age of health care reform.



Demystifying Health Reform at Health Care Lane[®] (healthcarelane.com)

Watch and enjoy Health Care Lane's quirky expert, U. Horace Cartwright, explain the different provisions of the health reform law using simple facts and straight answers with a bit of fun. Just go to healthcarelane.com and visit the Community Center.



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These nine people want to understand their options for health insurance. **See how they're doing it.**

I **have** insurance



My employer offers health insurance, but...**I want to know my other options.**
—Chris, p9



My employer is offering me health insurance. **How can I get coverage for the rest of my family?**
—Sol, p9



I like the plan I have through my employer. **Is my plan going to change?**
—Jordan, p9

I **need** insurance



I work part-time and I'm not eligible for my employer's health insurance plan. What can I do?
—Desi, p10



I can't afford my employer's health insurance. **How can I get a plan I can afford?**
—Kelly, p10



I'm new to this whole thing! **I don't have any health insurance. Where do I start?**
—Kendi, p10

I'm **in transition**



I'm going to be too old for my parents' health insurance soon. How can I get a plan I can afford?
—Jin, p11



I'm going to be 65 soon. **What are my Medicare options?**
—Pat, p11



I have a health condition that's kept me from getting health insurance. Can I get it now?
—Akia, p11

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Here's how these nine people are making health reform work for them.

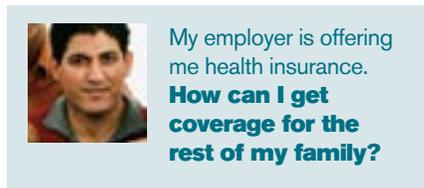
Could one of these approaches work for you – or someone you know? To help put these ideas into action, see the Next Steps starting on **page 12**.

I HAVE INSURANCE



An approach for Chris

Health reform does offer another way to get health insurance: your state's Marketplace. If your employer's plan meets government medical coverage and affordability standards (see Affordability, page 5), it is likely you won't qualify for a subsidy to help you pay for a plan.



An approach for Sol

If your employer does not offer coverage for spouses or children, your spouse and children can buy coverage separately, directly from an insurance company or agent, or in the Individual Marketplace.

The government does provide subsidies for qualified people to help pay the premium costs for a plan purchased in the Individual Marketplace. Subsidies are based on household income and family size, so you'll want to complete an application for the Individual Marketplace to determine whether you or your family qualify for financial help.



An approach for Jordan

In most cases, the best choice is to continue getting coverage through your employer. Many employers pay part of the cost for the plan, and this can be a big help to you.

Under health reform, you can expect your old plan to offer new protections. For example, your plan can't limit the amount it will pay per year or over your lifetime for essential health benefits.

To help control rising health costs, many employers are choosing high-deductible plans. These plans require you to pay a fixed amount of money, called a deductible (for non-preventive care services), before the plan starts to pay for your health care. Depending on the plan, the deductible amount can be a lot of money. To help you pay for health expenses until you meet the deductible, many employers are adding health savings accounts, or HSAs, which let you pay for health expenses with pre-tax money.

Learn About Different Approaches to Health Insurance

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NEED INSURANCE



I work part-time and I'm not eligible for my employer's health insurance plan. What can I do?

An approach for Desi

If your employer doesn't offer you coverage, you can buy a plan in your state's Individual Marketplace. You can also buy insurance directly from a health insurance company or through an insurance agent outside the Marketplace.



I can't afford my employer's health insurance. How can I get a plan I can afford?

An approach for Kelly

Health reform includes some incentives for employers to offer affordable plans to their employees. First, check with your employer to see if they are offering a more affordable plan. If so, their plan may be your best choice, because your employer is likely paying a portion of the cost.

If your employer doesn't offer a plan that is affordable according to government standards, use the helpful chart on page 7, and at healthcare.gov, to see if you might get financial help for a plan through the Individual Marketplace in your state. If you are eligible for a subsidy, the subsidy can only be used to purchase a plan on the Individual Marketplace. It cannot be used to purchase a plan through your employer or a broker. When you complete the online application, the Marketplace will let you know if you qualify for a federal subsidy.



I'm new to this whole thing! I don't have any health insurance. Where do I start?

An approach for Kendi

If you work at a small company, health reform is making it easier for your employer to offer a plan that meets the government standards. Talk with the person in your company who handles benefits to learn what's available.

If you're not working, or your employer doesn't offer an affordable plan, you may be able to get a subsidy to help you buy a plan through the Individual Marketplace in your state.

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What if I own a small business?

If you own a small business with fewer than 50 full-time-equivalent employees who work 30 or more hours per week, you have access to the SHOP Marketplace in your state. You can make insurance coverage available for your employees and you may be eligible for tax credits.

You can also work with a broker or insurance agent to help you find the right plan for your employees, inside or outside of the SHOP Marketplace.

- Employers can enroll in a plan at any time throughout the year.
- An employer can offer one or multiple plans to employees. But in most states, a minimum percentage of your employees must enroll.
- No subsidies are available in the SHOP.

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I'M IN TRANSITION



I'm going to be too old for my parents' health insurance plan soon. How can I get a plan I can afford?

An approach for Jin

If you're like Jin, you're going to be too old to stay on your parents' plan and you'll need to get your own plan. But first, make sure you're too old. Under health reform, you can stay on your parent's plan until age 26, even if you have graduated from college. Some state laws require coverage beyond age 26. Be sure to check the law in your state.

If you are nearing age 26, and you don't have a job that offers health insurance, you can buy a plan through the Individual Marketplace in your state.



I'm going to be 65 soon. What are my Medicare options?

An approach for Pat

If you're turning 65, you can sign up for a Medicare plan. Medicare Parts A and B are considered Original Medicare. Part A pays for hospital care and Part B pays for doctor visits and other outpatient care. Be aware that Original Medicare doesn't cover everything. It helps you get health care coverage, but you should expect to pay some of the costs. You can enroll in a Medicare supplement insurance plan to help pay for costs and benefits that aren't paid by Original Medicare Parts A and B. For example, you can enroll in a stand-alone Medicare Part D plan for help with prescription drug costs. Or, you might consider a Medicare Supplement (Medigap) plan, a Medicare Advantage plan, or your employer's retiree health insurance plan. You can enroll in Medicare during the three months before the month you turn 65, the month of

your birthday and three months after. If you wait to enroll in a plan after this time, you may have to pay more.

If you're working past age 65, the rules are different. If your company has 20 employees or more, you can generally stay on your employer's plan. But be sure to enroll in Part B within eight months after you retire, or you may have to pay a penalty. If you work for a company with fewer than 20 employees, your employer's plan will provide only supplemental coverage after you're eligible for Medicare, so it's important to enroll in Part B as you near age 65.



I have a health condition that's kept me from getting health insurance. Can I get it now?

An approach for Akia

If you don't have health insurance because you couldn't get coverage or you were charged extra because of a health condition, there's good news. Health reform means you can get the same plan as someone

else without a health condition. Your application can't be denied because of your condition, and you can't be charged more because of it. And if you develop a serious condition while you have a plan, your coverage can't be cancelled because of the condition.

This applies whether you get your health insurance through your employer (within or outside of the SHOP Marketplace), through the Individual Marketplace, or directly from a health insurance company.

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Find out if you can get help to buy insurance

If you can get health insurance from your employer, that's often your best choice.

You may be eligible for a subsidy so you can buy a plan in your state's Individual Marketplace if:

- Your income is less than \$45,960 as an individual or \$94,200 for a family of four.*

AND

- Your employer's plan fails to meet the minimum value standard. This means it pays, on average, less than 60 percent of the overall cost of providing essential health benefits to plan members. If the plan falls below the level of 60 percent, its value is below the lowest level plan, called a Bronze plan, offered in state Marketplaces. The person in your company who handles benefits can tell you if your plan meets the minimum value standard.

OR

- Your employer's plan fails to meet the government's affordability standard. It fails if the amount you pay toward your employer's plan for employee-only coverage is more than 9.5 percent of your yearly household income.

Find out what help you could get

If you're eligible for a subsidy to help you buy a plan in your state's Individual Marketplace, you're probably wondering how much you could get. The answer depends on a few things. The federal government determines your eligibility for a subsidy, but this [online calculator](#) may give you a general idea of the amount.

Knowing whether you qualify for help paying for a plan may make the decision about where to buy insurance easier. **Subsidies are only available through the Individual Marketplace.** Online calculators can help you do the research, but remember that only the Individual Marketplace can confirm with the federal government if you are eligible for a subsidy, after you complete an application for coverage through your state's Individual Marketplace.

Shop for a health plan

In most states, you can shop for plans on the website of your state's Marketplace. Enrollment for 2014 ended March 31, 2014. The 2015 open enrollment period starts Nov. 15, 2014 and ends February 15, 2015. You can also shop by mail, phone, or in person with a Navigator – or with insurance brokers or agents. You can:

- choose from a range of plans at different costs and levels of coverage.
- compare plans side by side and use an online calculator to find out what each one will cost.
- complete an application for coverage in your state's Individual Marketplace to find out if you qualify for a subsidy. The subsidy can be used to help pay your premium or out-of-pocket costs.
- enroll in the plan that's right for you. To get a subsidy, you must enroll through the Individual Marketplace. If you are not getting help to pay for your insurance, you can still buy a plan through the Marketplace. An insurance agent or broker can help you find a plan either through or outside of the Marketplace.

To find out about your own state's health insurance marketplace, visit healthcare.gov.

Learn more about your options under Medicare

If you will be turning 65 soon, you'll want to consider your Medicare options. There's a lot to learn and a lot of choices for supplemental coverage. UnitedHealthcare has resources to help you explore choices, using easy-to-follow videos, illustrations, and descriptions. Learn more at MedicareMadeClear.com.

* The amount of help you can get depends on your family size and how much money your family earns.

Terms to Know

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Here are simple definitions for some complex terms used to talk about health reform and health insurance.

You can find more terms at justplainclear.com.

Benefits

The health care items or services covered under a health insurance plan. Covered benefits and services not covered are defined in coverage documents for the health insurance plan. In Medicaid or CHIP, covered benefits and services not covered are defined in state program rules.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20 percent) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20 percent would be \$20. The health insurance plan pays the rest of the allowed amount.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Cost-Sharing

The share of costs covered by your health insurance plan that you pay out of your own pocket. This generally includes deductibles, co-insurance and co-payments, or similar charges, but it doesn't include premiums, balance-billed amounts for non-network providers, or the cost of services not covered.

Deductible

The amount you owe for covered health care services before your health insurance or plan begins to pay. For example, if your deductible is \$1,000 per year, your plan won't pay anything until you've met your \$1,000 deductible for covered health services subject to the deductible for that year. The deductible may not be applied to some services, such as preventive services.

Dependent Coverage

Insurance coverage for family members of the policyholder, such as spouses, children, or partners.

Essential Health Benefits

Benefits that individual and small group health plans must offer under the Affordable Care Act. They include: ambulatory patient 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; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including dental and vision care.

Grandfathered Plan

An individual health insurance plan that is exempt from many changes required under the Affordable Care Act because it was purchased on or before March 23, 2010. Plans may lose their "grandfathered" status if they make certain significant changes that reduce benefits or increase costs to consumers.

Health Insurance Marketplace

A competitive insurance marketplace where individuals and small businesses can buy qualified health insurance plans. Marketplaces offer you a choice of plans that meet certain benefits and cost standards.

Health Savings Account (HSA)

A bank account that lets people put money aside, pre-tax, to save and pay for health care expenses. The IRS limits who can open and put money into an HSA.

Individual Mandate

Under the Affordable Care Act, you must be enrolled in a health insurance plan that meets basic minimum standards. If you aren't, you may be required to pay a penalty. You won't have to pay a penalty if you have very low income and coverage is unaffordable for you, or if you have other reasons, including your religious beliefs. You can apply for a waiver asking not to pay a penalty if you don't qualify for the waiver automatically.

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Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your health insurance plan begins to pay 100 percent of the allowed amount. This limit never includes your premium, balance-billed charges or health care services your health insurance plan doesn't cover. Some health insurance plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Premium

The amount that must be paid for your health insurance plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Preventive Care Services

Covered services that are intended to prevent disease or to identify disease while it is more easily treatable. Examples of preventive care services include screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Qualifying Life Event

An event defined by the IRS that allows an individual to change their benefit selections. Examples of events may include marriage, birth of a child or death of a dependent.

Subsidy

A fixed amount of money or a designated percentage of the premium cost provided to help purchase health insurance through the Individual Marketplace.

Waiting Period

The time that must pass before coverage can become effective for an employee or dependent, who is otherwise eligible for coverage under an employer's health insurance plan.

Learn more at uhc.com/reform



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The content provided is for informational purposes only and does not constitute medical advice. Decisions about medical care should be made by the doctor and patient. Always refer to the plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the back of the ID card.

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