

Helping Consumers Understand and Use Health Insurance in 2014

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Topics Covered in Paper

- Explaining Health Insurance
- Who's who and what's what in health insurance
 - Key definitions
- Paying for Health Care
 - Public insurance
 - Medicare, Medicaid, Children's Health Insurance Program (CHIP) ,etc.
 - Private insurance
 - Changes to private insurance

Example: Buy Health Insurance or pay the tax

Tax for 2014:

\$95 per adult and \$47.50 per child (up to \$285 for a family)

OR

1 percent taxable income



Tax for 2015:

\$325 per adult and \$162.50 per child (up to \$975 for a family)

OR

2 percent taxable income



Tax for 2016 and beyond:

\$695 per adult and \$347.50 per child (up to \$2,085 for a family)

OR

2.5 percent taxable income

Example: Changes to Private Insurance

- New Healthcare Insurance Marketplaces (also known as health insurance exchanges)
 - Insurance companies will have to compete on cost sharing and quality and must meet certain **limits on total cost sharing**. There will be four tiers of plans that offer different level of coverage: platinum, gold, silver, and bronze.

BRONZE

Lower monthly premiums and higher out-of-pocket costs

SILVER

Generally higher premiums than bronze and moderate out-of-pocket costs

GOLD

More likely to have high premiums and low out-of-pocket costs

PLATINUM

Likely to have highest premiums but with generous coverage

- Health Navigators and Consumer Assistants
- Tax Credits and Subsidies

Amplifying the Voice of the Underserved in the Implementation of the Affordable Care Act

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IOM Roundtable on Health Literacy

- Prevailing themes:
 - Amplifying the patient voice
 - Importance of communicating in ways meaningful to a community about new opportunities to invest in its health
- Strong need to not only communicate about coverage options, but also to empower and engage grassroots organizers and communities in the process
- An appraisal of the new health care consumer's needs and expectations must be considered.

Recommendations to Amplify the Voice of the Underserved

1. Aggressive, creative, and widespread dissemination of community-created messages should be used to accurately capture opportunities under the ACA;
2. Messaging to communities should not only address how to obtain health care coverage, but also should educate the public about being responsible, informed, and empowered health care consumers;
3. Community-based organizations that are awarded contracts to conduct community outreach efforts should be grassroots-oriented and provided with adequate training and resources to engage the broadest constituencies possible;
4. The needs of limited-English-speaking communities in being informed about the opportunities of the ACA should be engineered into the core of outreach and dissemination work, as opposed to being an “add-on” and;
5. Levels of trust and confidence among new consumers of health care coverage should be evaluated in the process of enrollment through the marketplaces and Medicaid, and should be incorporated as a measure of performance at the state and federal levels.

To read further please visit:

“Helping Consumers Understand and Use Health Insurance in 2014”

<http://www.iom.edu/~media/Files/Perspectives-Files/2013/Discussion-Papers/BPH-Helping-Consumers-Understand.pdf>

“Amplifying the Voice of the Underserved in the Implementation of the Affordable Care Act”

<http://www.iom.edu/~media/Files/Perspectives-Files/2013/Discussion-Papers/BPH-AmplifyingtheVoice.pdf>