

## Purchasing Insurance for Children with Special Health Care Needs

There are many medical coverage programs available to families; those may include employer- sponsored health coverage, private purchase of health insurance, and state and federally sponsored programs. This fact sheet addresses considerations for purchasing health insurance for children with special health care needs.

With the passage of the Patient Protection and Affordable Care Act (ACA), individuals with special health care needs were granted access to insurance, without fear of denied coverage due to pre-existing conditions, age, or gender. Further, plans must cover essential health benefits, which 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 oral and vision care

### Employer-Sponsored Coverage

Many families have access to health insurance through an employer. When this insurance is affordable *and* adequate, the individual or family is not eligible for Marketplace subsidies. To be considered affordable, the cost of the employer-sponsored health insurance for the employee *only* must be less than 9.5% of the family income. An adequate plan has a minimum value of 60%, which means the plan will cover 60% or more of the costs incurred to cover essential health benefits.

### Marketplace Coverage

In the event that employer-sponsored insurance is not offered, when the coverage does not meet affordability and adequacy standards, or when additional coverage is desired, individuals may purchase health insurance from the Health Insurance Marketplace, available at [www.healthcare.gov](http://www.healthcare.gov). Marketplace plans meet coverage requirements and are rated bronze, silver, gold, and platinum based upon the level of coverage they provide, with bronze plans providing the most limited coverage and platinum the most comprehensive. Generally, the more comprehensive plans have the highest premiums and lowest deductibles whereas the bronze and silver level plans have lower premium costs and higher deductibles.

Marketplace plans must be purchased during open enrollment periods, generally October 1-January 31, unless a qualifying event, such as a marriage, birth, interstate move, or loss of job occur.

Individuals and families whose household income falls at or between 100%-400% federal poverty levels may be eligible for tax credits and those with incomes at or between 100%-250% FPL qualify for cost-sharing reductions, which may reduce premium costs. All individuals purchasing Marketplace plans must file income taxes for the year insurance was purchased.

To purchase Marketplace Insurance, visit [www.healthcare.gov](http://www.healthcare.gov)

For more information about Medicaid programs and eligibility, visit [www.indianamedicaid.com](http://www.indianamedicaid.com)

To learn more about these and other programs, contact Family Voices Indiana. We will assist you as you navigate health care systems and services, especially those available to individuals with special health care needs.  
**317-944-8982**  
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When considering purchase of a health insurance plan, it is important to consider these factors:

- Necessary and desired benefits and coverage, to include prescription coverage, limits on therapy and other services, and available ancillary services
- Network providers offered by the plan
- Costs of premiums and co-pays in relation to coverage
- Eligibility for cost-sharing reductions; to take advantage of this benefit, a silver plan must be purchased.

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Premiums paid guarantee insurance coverage; preventative care services without co-payment (see benefits here: <https://www.healthcare.gov/coverage/preventive-care-benefits/#part=1>); and coverage of essential health benefits. In most cases, deductibles must be met before coverage begins. Annual and lifetime coverage limits have been eliminated, and out-of-pocket limits for covered expenses in 2016 are \$6850 for an individual and \$13,500 for a family.

### **Medicaid**

Individuals and families with low incomes or who are disabled may access state- and federally-sponsored health plans, including Medicaid. Indiana has several Medicaid coverage options, which are discussed further in other fact sheets and at [www.indianamedicaid.com](http://www.indianamedicaid.com). If an individual or family is income-eligible for Medicaid and submits a Marketplace application, the Marketplace will notify the local Medicaid office.

### **Supplemental Programs**

Often, families may have insurance but find it necessary to access additional coverage and services. There are many programs designed to provide services to individuals with special health care needs. The eligibility for those programs and services varies and may be dependent upon diagnosis, family income, and level of care needs. We often encourage families to apply for programs such as Medicaid Waivers (Aged and Disabled, Traumatic Brain Injury, Community Integration and Habilitation, and Family Supports waivers), Medicaid disability coverage (Traditional Medicaid and Care Select), Children's Special Health Care Services, Early Intervention (First Steps), Social Security programs, and others. For more information about these programs, please review our [trainings](#) and webquests as well as the [fact sheets](#) highlighting these programs.