

**Get Covered  
By February 15, 2015  
Or you may pay a fee when  
you file your 2015 taxes!**

The clock is ticking



to get **Health Insurance.**

The Individual Shared Responsibility  
Payment

Starting January 2014, you and your family must either have health insurance coverage throughout each year, qualify for an exemption from coverage, or make a payment when you file your federal income tax return. Many people already have qualifying health insurance coverage and do not need to do anything more than maintain that coverage.

The only time you can purchase an individual or family plan through the Marketplace with the possibility of being eligible for tax credits and cost sharing reductions is during the open enrollment period. The 2015 open enrollment period ends on February 15, 2015.

If you're **uninsured** after this date, you'll have to wait several months to get covered. There are **exceptions**, but few will qualify.

If you choose not to have health insurance, you will face the fees imposed under the Affordable Care Act, which will be due when you file your 2015 taxes. The fees for 2015 are 2% of your household income or \$325.00 per adult/\$162.50 per child—whichever is the higher amount. For example, if your household's taxable income is \$50,000 in 2015, you could pay a \$1,000 fine. .For 2016, the rate will go up to 2.5% of income or \$695 per adult/\$347.50 per child.

**Get Connected!**

Help is just a phone call or click away!



To help you learn about the types of coverage, research your questions, and get you ready to choose a health care plan that gives you the right balance of costs and coverage, contact:

**Eagle View Community Health System  
1204 Highway 164 East  
Oquawka, IL 61469**

**Enrollment Assistance is Confidential  
And Free of Charge**

So that an Eagle View staff member can contact you as soon as possible to answer your questions and/or schedule an enrollment appointment\* at a location convenient to you, sign-in on the Eagle View website [www.eagleviewhealth.org](http://www.eagleviewhealth.org) or call **309-867-2202** or toll free **877-350-2385** or email: [enrollment@eagleviewhealth.org](mailto:enrollment@eagleviewhealth.org).

\*Contact Eagle View for an enrollment location near you. Eagle View staff is currently taking appointments in Aledo, Biggsville, Monmouth, Oquawka, and Stronghurst. Other locations are available to meet your needs.

**Can You Afford  
Not to Have  
Health Insurance?**

No one plans to get sick or hurt, but you will need medical care at some point in your life. An accident or illness can cost thousands of dollars—insurance can protect your family's finances. Did you know....

....1 in 4 people with no insurance lose almost all savings to pay medical bills

....the leading cause (68%) of all personal bankruptcies is medical expenses

....having health coverage can help protect you from high medical costs like these:

- 3-day hospital stay.....\$30,000
- Broken arm with surgery.....\$16,000+
- Broken leg..... up to \$7,500
- Emergency Room visit .. up to \$1,450
- Having a baby.....\$6,000-\$9,000
- Open heart surgery.....\$324,000+

**Most of all, insurance can offer you peace of mind. Investing in insurance means investing in your quality of life.**

## Get Covered!

You may know the new health care law as Obamacare, health reform or the Affordable Care Act. No matter what you call it, the Affordable Care Act (ACA) contains important benefits to improve the health care system and is already making a difference in the lives of millions of Americans.

The Affordable Care Act is for children, individuals and households...

- Who do not have insurance
- Who are underinsured (current coverage does not include essential health benefits.)
- Who have insurance through a job or that you pay for yourself and may be considered “unaffordable.”
- Who may have insurance (even Medicare\*) and may be eligible for tax credits or help paying for premiums and co-payments. (\*You may be eligible for help with premiums and co-payments if your annual income is \$16,105 or lower.)
- Who may be eligible for ACA Adult Medicaid which includes adults ages 19-64 who have no dependent children living with them.

### **Be Smart!**

A health plan is much more economical in the long run than to run the risk of major damage to your family’s finances. If you have a health plan, you’ll also be more likely to get routine checkups and preventive care which helps you stay healthy – and saves money on medical costs in the long run.

## **Quick Check Chart: Do I qualify to save on health insurance coverage?**

To learn if you qualify for lower costs on health insurance coverage, find your estimated 2015 household income and household size on the chart below. The column on the left tells you if you may qualify for health care tax credits, lower out-of-pocket costs, or low cost-health care through Medicaid.

Possible Savings	Number of People in Household & Estimated Annual Household Income					
	1	2	3	4	5	6
You may qualify for lower premiums on a Marketplace insurance plan if your yearly income is between.... Even if you have existing insurance that you pay yourself or through a job or agency, you may qualify for lower premiums or lower out-of-pocket costs depending on your income and whether the insurance is considered “affordable.” (See next row if your income is at the lower end of this range.)	\$16,105- \$45,960	\$21,707- \$62,040	\$27,310- 78,120	\$32,913- \$94,200	\$38,516- \$110,280	\$44,119- \$126,360
You may qualify for lower premiums AND lower-out-of-pocket costs for Marketplace insurance if your yearly income is between....	\$16,105- \$28,725	\$21,707- \$38,775	\$27,310- \$48,825	\$32,913- \$58,875	\$38,516- \$68,925	\$44,119- \$78,975
You may qualify for Medicaid coverage if your yearly (or monthly) income is below...	\$16,105 (\$1,342)	\$21,707 (\$1,808)	\$27,310 (\$2,275)	\$32,913 (\$2,742)	\$38,516 (\$3,209)	\$44,119 (\$3,676)

## **Essential Health Benefits**

The Affordable Care Act guarantees that Americans have access to quality, affordable health insurance. To achieve this goal, the law ensures that health plans offered in the individual and small group markets, both inside and outside of Health Insurance Marketplaces, offer a core package of items and services, known as “essential health benefits” which must include items and services within at least the following 10 categories:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care