

About the Affordable Care Act

Currently Special Enrollment is now Available

What can I do during SEP?

- You can enroll in a plan for 2022 coverage anytime during the year if you have a life changing event (**see page 3**)
- You can change your current ACA plan to a different plan
- You can view/compare plans, cost, subsidies without enrolling and if you find a plan that works for you and your family you can simply complete the application on **HealthSherpa** → [English](#) - [Spanish](#)
- Over **9 million** have signed up through **HealthSherpa**, the #1 certified partner of Healthcare.gov and the marketplace.



To view plans, subsidies, compare and enroll click



About the Affordable Care Act

Preventive Services

HealthSherpa

**You have full coverage
for preventive care – with no costs!**



As long as you get preventive care from an in-network doctor or health care professional, you will not have to pay out of pocket.



Vaccinations

flu, measles,
hepatitis



Cancer screenings

colorectal screenings,
mammograms,
Pap tests



Adult well care

cholesterol,
blood pressure



Newborn care

hearing tests,
blood tests



Children well-visits

obesity, evaluation,
measurements



Pregnancy care

gestational diabetes,
screenings

These are only a few of the services available at no cost to you when you see an in-network doctor or health care professional for well visits.

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Qualifying Life Event

You can enroll anytime

Qualifying Life Event (QLE)

A change in your situation — like getting married, having a baby, or losing health coverage — that can make you eligible for a Special Enrollment Period, allowing you to enroll in health insurance outside the yearly Open Enrollment Period. There are 4 basic types of qualifying life events.

- Loss of health coverage
 - Losing existing health coverage, including job-based, individual, and student plans
 - Losing eligibility for Medicare, Medicaid, or CHIP
 - Turning 26 and losing coverage through a parent's plan
- Changes in household
 - Getting married or divorced
 - Having a baby or adopting a child
 - Death in the family
- Changes in residence
 - Moving to a different ZIP code or county
 - A student moving to or from the place they attend school
 - A seasonal worker moving to or from the place they both live and work
 - Moving to or from a shelter or other transitional housing
- Other qualifying events
 - Changes in your income that affect the coverage you qualify for
 - Gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder
 - Becoming a U.S. citizen
 - Leaving incarceration (jail or prison)
 - AmeriCorps members starting or ending their service
 - 150% or less of the Federal Poverty income

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Open Enrollment Period Nov. 1st – Jan. 15th

HMO – PPO – EPO - HDHP?

HMO stands for Health Maintenance Organization. With an HMO plan, you'll choose a primary care physician (PCP). Your PCP will provide checkups and routine care and issue referrals when you need to see a specialist. You'll need to use doctors and hospitals in the network, the Out-of-network services are covered only for emergencies.

PPO stands for Preferred Provider Organization. With a PPO plan, you can visit any doctor or hospital, both in- and out-of-network, without a referral. You'll pay less when you choose in-network doctors and hospitals and pay more when you choose out-of-network

An **Exclusive Provider Organization (EPO)** is a lesser-known plan type. Like HMOs, EPOs cover only in-network care, but networks are generally larger than for HMOs. They may or may not require referrals from a primary care physician. Premiums are higher than HMOs, but lower than PPOs.

A **High Deductible Health Plan (HDHP)** has low premiums but higher immediate out-of-pocket costs. Employers often pair HDHPs with a Health Savings Account (HSA) funded to cover some or all of your deductible. You may also deposit pre-tax dollars in your account to cover medical expenses, saving you about 30%.



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What are the 4 tiers of ACA?

Standardized Health Plans: Four Tiers of Coverage ... Under the Affordable Care Act (**ACA**) health plans will be required to provide four levels of coverage: **bronze, silver, gold and platinum**. In the exchanges, participating plans must offer, at a minimum, one silver and one gold plan.

Fast, Easy Enrollment

4 out of 5 got help paying
for their health insurance



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Questions? I'm
here to help.

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Hello, we are HealthSherpa

We make it easy to find the health plan that's best for you. So far we've helped 5 million people do just that.

To view plans, subsidies, compare and enroll
click here->[HealthSherpa](#)



Next Open Enrollment is Nov. 1st

**Health Insurance
Marketplace**