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## “OBAMACARE”: THE AFFORDABLE HEALTH CARE ACT A FACTSHEET FOR SOUTH ASIANS

### What is the Affordable Health Care Act?

Over 3.4 million South Asians live in the United States and many face challenges when it comes to health insurance. In fact, one in five South Asians lacks health insurance<sup>1</sup> and almost half of South Asians under the age of 65 reported that they did not have consistent health care access,<sup>2</sup> making a change in the American health care system crucial. Fortunately, the Patient Protection and Affordable Health Care Act ("ACA"), also known as "Obamacare," was passed by Congress and signed into law by President Obama in 2010. The ACA makes health insurance accessible to many more Americans, expands Medicaid and provides some with financial assistance, including tax credits. Through the ACA, consumers can benefit from lower costs and extended coverage, more provider options, and new protections that hold insurance companies accountable for rate increases, prevent denial or cancellation of coverage due to pre-existing conditions or sudden illness, provide due process with regard to denial of claims, and enhance the quality of care.

Under the ACA, many Americans will have access to comprehensive and preventive health insurance regardless of sex, pre-existing conditions, risk factors, or other variables through the "Health Insurance Marketplace" (defined below). These improvements are particularly helpful to our community as South Asians are often at risk for pre-existing conditions like diabetes, cardio-vascular disease, and certain types of cancer. It also prevents insurance providers from charging women (or small businesses with predominately female employees) higher amounts for coverage or unreasonable rates for seniors. South Asian entrepreneurs and small business owners with 50 or less full-time workers will benefit from greater options for coverage through the Small Business Options Program (SHOP) marketplace, and employers with 25 or less full-time employees could qualify for a tax credit to help pay for coverage.

### What is the Health Insurance Marketplace?

Under the ACA, you can purchase insurance through the Health Insurance Marketplace (Marketplace), a state or federally-run exchange which facilitates the purchase of health insurance through an online marketplace. The key advantage of purchasing through the Marketplace is that some individuals and families will be eligible for tax credits\* that can lower their monthly premiums, making health insurance more affordable. While there are other ways to buy health insurance, purchasing through the Marketplace is the only way to get tax credits. Individuals and families who cannot afford to purchase through the Marketplace may qualify for Medicaid.\*

Most states have their own Marketplace where you can learn about the available plans and eligibility requirements, shop for coverage, and find assistance in your area. If your state does not have its own Marketplace, you can access the federal Marketplace for coverage options. For more information visit <https://www.healthcare.gov/what-is-the-health-insurance-marketplace/>.

### Are you eligible to purchase health insurance through the Marketplace?

You and your children (26 years old or younger) are eligible if:

- A. *You are a U.S. citizen, regardless of employment status.* **OR**
- B. *You are a lawful permanent resident (LPR or green card holder) or applicant for adjustment to LPR status with an approved visa petition.* **OR**
  - Note: LPRs with more than five years of residency may also be eligible for Medicaid.

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<sup>1</sup> E. Richard Brown, PhD, Victoria D. Ojela, MPH, Roberta Wyn, PhD & Rebecka Levin, MPH, *Racial & Ethnic Disparities in Access to Health Insurance & Healthcare* (The Kaiser Family Foundation & UCLA Center for Health Policy Research, April 2000) available at <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/racial-and-ethnic-disparities-in-access-to-health-insurance-and-health-care-report.pdf> at 94.

<sup>2</sup> Health Brief: South Asians in the United States (Asian and Pacific Islander American Health Forum, August 2006) available at [http://www.apiahf.org/sites/default/files/APIAHF\\_Healthbrief08g\\_2006.pdf](http://www.apiahf.org/sites/default/files/APIAHF_Healthbrief08g_2006.pdf) at 2.

\* Tax credits and Medicaid eligibility are based on household income and size.

- C. *You are fleeing persecution and fall into one of the following categories:*
- Refugee status recipient
  - Conditional Entrant status recipient (a type of refugee status granted pre-1980)
  - Asylee (physically present and has been granted asylum)
  - Granted Withholding of Deportation/Removal generally and/or under the Convention Against Torture
  - Applying for Asylum or Withholding of Deportation/Removal generally and/or under the Convention Against Torture AND (1) if 14 or younger, the application has been pending for at least 180 days; or, (2) if older than 14, employment authorization has been granted
- D. *You have another qualified type of humanitarian status (e.g. Cuban and Haitian Entrant; individual paroled into the U.S.; Temporary Protected Status recipient (TPS); individual with Deferred Enforced Departure; Deferred Action recipient except for Deferred Action for Childhood Arrivals (DACA)).* **OR**
- E. *You have Special Immigrant Juvenile status (given to abandoned undocumented children under 21).* **OR**
- F. *You are a Survivor of Domestic Violence, Trafficking, or other Crimes.*
- Certain domestic violence survivors with options under the Violence Against Women Act (VAWA) or with pending visa petitions filed by a spouse or parent who is a U.S. citizen or LPR
  - Certain survivors of human trafficking with T-Visa options or who are assisting in the prosecution of a trafficking crime
  - A U-Visa recipient **OR**
- G. *You are a nonimmigrant visa holder (e.g. H-1B or student) (eligible for as long as your visa is valid).* **OR**
- H. *You are a "longtime resident" (you have been in the U.S. for a long time and are either completing the process of securing LPR status or cannot be returned to your home country and are likely to remain in the U.S.)*

### **What if you are not fluent in English?**

You are not alone. One out of every four people applying for health coverage under the ACA is limited in their ability to speak English, also known as Limited English Proficient (LEP).<sup>3</sup> Federal and state agencies might be obligated to provide you with assistance in your preferred language. You can find information in some languages, including Hindi and Gujarati, at <https://www.healthcare.gov/language-resource/> or request a free interpreter in your preferred language by calling the 24-hour Marketplace Helpline at 1-800-318-2596.

### **How do you apply?**

*Enrollment for Health Care Coverage under the Affordable Health Care Act is open now through March 31, 2014 with coverage beginning as early as January 1, 2014. If you do not have insurance and are eligible you must enroll or you may be fined. If you have insurance through your job or through a public program like Medicare, Medicaid or TriCare, you are not required to enroll unless that coverage ends.*

You can apply:

1. Online at <https://www.healthcare.gov>.
2. By phone. Call the 24-hour Marketplace Helpline at 1-800-318-2596 to enroll over the phone.
3. By mail. Call the 24-hour Marketplace Helpline at 1-800-318-2596 to have an application mailed to you.
4. In-person. Find a local government certified counselor and information on organizations providing assistance with non-English language support, Medicaid or the Children's Health Insurance Program (CHIP), and Small Business Health Options Program (SHOP) at <https://localhelp.healthcare.gov/>.

### **Where can I get more help?**

- Asian & Pacific Islander American Health Forum <http://www.apiahf.org>
- South Asian Network <http://southasiannetwork.org>
- National Asian Pacific American Women's Forum <http://napawf.org>
- FamiliesUSA <http://www.familiesusa.org/>

<sup>3</sup> Kaiser Commission on Medicaid and the Uninsured, A Profile of Health Insurance Exchange Enrollees (Washington: Kaiser Family Foundation, March 2011) available at: <http://www.kff.org/healthreform/upload/8147.pdf>.