

Why Should I Get Covered?

Everyone gets sick, and accidents can happen to anyone: that's why it's important to have health insurance to protect yourself and your family from big medical bills. If you don't have coverage right now or want new coverage, there are new ways for you to find the plan that's right for you.

What About Coverage for Behavioral Health Services?

Many health plans in the individual and small group market must cover behavioral health services. Different plans may cover different medications and services, so be sure to ask what is covered before you choose your plan. Some screenings related to behavioral health are preventive services, so you will not need to pay for them.

Health plans consider screenings related to behavioral health to be preventive services. That means that if your health plan covers such screenings, you will not need to pay for them.

What About Privacy?

The Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of your personal health information. This includes information related to sexual orientation and transgender status, as well as information about your behavioral health history.

Information shared between you and your health care provider is also subject to patient-clinician privilege. Substance abuse treatment programs and providers must obtain patient consent before disclosing protected health information, with limited exceptions.

Insurance companies do receive some information about the care that doctors provide to their patients. That information doesn't typically include sexual orientation or gender identity. Be sure to discuss any concerns about the confidentiality of your medical records with your provider.

Quick Reference: Enrollment Resources

These web sites have additional resources that can help you find the best coverage for you:

- Information on the Affordable Care Act: www.HealthCare.Gov and www.cuidadodesalud.gov
- Out2Enroll: Connecting LGBT people with their new coverage options: www.out2enroll.org
- "Where to Start, What to Ask: A Guide for LGBT People Choosing Healthcare Plans": <http://strongfamiliesmovement.org/lgbt-health-care-guide>
- Behavioral health provider associations:
 - » Association of Gay and Lesbian Psychiatrists (www.aglp.org)
 - » Association of Lesbian, Gay, Bisexual, and Transgender Addiction Professionals and Their Allies (www.nalgap.org)
 - » American Psychological Office of LGBT Concerns Office (www.apa.org/pi/lgbt/)
 - » Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (www.algbtic.org/)

Need Health Coverage?

Information for LGBT Individuals with Behavioral Health Needs

What Kind of Coverage Can I Get?

Health plans generally cover a certain percentage of your medical costs. The Marketplace offers health insurance plans in four basic categories that correspond to how much of your medical costs the plan will cover. The percentages the plans will spend, on average, are 60% (Bronze), 70% (Silver), 80% (Gold), and 90% (Platinum). Bronze plans will likely have lower premiums and higher out-of-pocket costs. Platinum plans are likely to have the highest premiums and lowest out-of-pocket costs.

Health plans sold in the Marketplace can't set annual or lifetime limits on coverage. They also need to cover the Essential Health Benefits, which include a variety of services and medical procedures across 10 broad categories of care:

- Outpatient care is the kind you get without being admitted to a hospital
- Trips to the emergency room
- Treatment in a hospital
- Care before and after your baby is born
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Laboratory services
- Behavioral health services
- Service and devices to help you recover if you are injured, or have a disability or chronic condition
- Pediatric services that include oral and vision care

What's more, insurers can't treat you differently or charge you more if you are lesbian, gay, bisexual or transgender (LGBT) or have a pre-existing condition such as a behavioral health condition, HIV, or cancer. Any plan that offers spousal coverage must make this coverage available to legally married same-sex spouses regardless of your state of residence. And if you are a transgender person, you have the right to expect that your plan will cover the same services that are covered for other people on your plan. These services include preventive screenings, hormone therapy, and mental health services.

How Do I Apply for Coverage?

To apply for health insurance coverage, visit www.HealthCare.gov. Each state has a Health Insurance Marketplace, where you can easily compare different plans to find the one that's right for you. You can get help looking for insurance through a Marketplace online, in person, or over the telephone. You can find out whether you qualify for Medicaid coverage by applying through the Marketplace which might provide you free or low-cost coverage in some states, if you make less than about \$15,000 per year.

To find in-person help near you, visit the website <https://localhelp.healthcare.gov> and input your city and state or your ZIP code. You can also get help from HealthCare.Gov by calling 1-800-318-2596 (TTY: 1-855-889-4325). The help line is open 24 hours a day, 7 days a week, and online chat help is also available 24/7. Assistance is available in over 150 languages. Out2Enroll.org has LGBT-specific questions and answers about application and enrollment.

What About Financial Assistance?

Depending on your income and the number of people in your household, you may qualify for one of two types of financial assistance: tax credits or Medicaid coverage.

Tax credits will make your coverage less expensive and help you pay your insurance premium, which is the amount your insurance plan costs per month. When you apply, the Marketplace will calculate the size of your tax credit.

If you are in a same-sex marriage, you can claim the tax credit jointly with your spouse. This is true in every state, even those that don't recognize same-sex marriage. If you have a domestic partner or are in a civil union, you and your partner can still get the tax credits as individuals.

How Do I Find a Health Care Provider?

Not all health care providers accept every health plan. If you want to continue seeing your health care provider, including behavioral health providers, it's important to find out which plans that provider accepts.

Here are some strategies for finding a new provider:

- Ask the insurance company, friends, a local LGBT center, or local community health center whether they have or are familiar with providers experienced in working with people who are LGBT.
- Look for advertisements in local LGBT newspapers and magazines.
- Check out GLMA's online Healthcare Provider Directory or go to www.glma.org and click on Find a Provider.

SAMHSA's Behavioral Health Treatment Services Locator offers a list of behavioral health providers that have special services for people who are lesbian, gay, or bisexual:

- Visit <http://findtreatment.samhsa.gov>
- Enter your ZIP code and filter results by "Services".
- Scroll down and select Special Programs/Groups, lesbian, gay, bisexual, or transgender for a listing of providers with experience working with LGBT populations.

You can also contact the behavioral health provider associations listed on the back of this pamphlet.

What If I Feel Like I'm Not Being Treated Fairly?

If you think you've been unfairly denied coverage, you have the right to appeal by contacting your insurance company. If you feel that the Health Insurance Marketplace has treated you unfairly, you can file a complaint with the Marketplace directly or contact HealthCare.Gov at 1-800-318-2596 (TTY: 1-855-889-4325). You can also file a complaint with the Office for Civil Rights at the U.S. Department of Health and Human Services by visiting www.hhs.gov/ocr/civilrights/complaints/index.html.