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Get the most out of your Obamacare health insurance:

Guide

Getting started for beneficiaries

Enrollment Guidance and the good use of the benefits.

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Welcome Family!

Do **you live in the United States** and are trying to understand how to protect your family within a new and complex system?

This guide is for you. I know that one of the biggest concerns when migrating is health.

That's why we've created this quick step-by-step guide and the fundamental concepts you need to handle to better understand how the world of health insurance works so you can take advantage of your benefits.

I invite you to read these pages carefully.

If you have any questions, feel free to contact us.

We are extremely excited to have you as part of our big family!

Cindy Valette

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Navigating Your Obamacare Coverage

Index

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Understanding Obamacare Health Insurance Coverage

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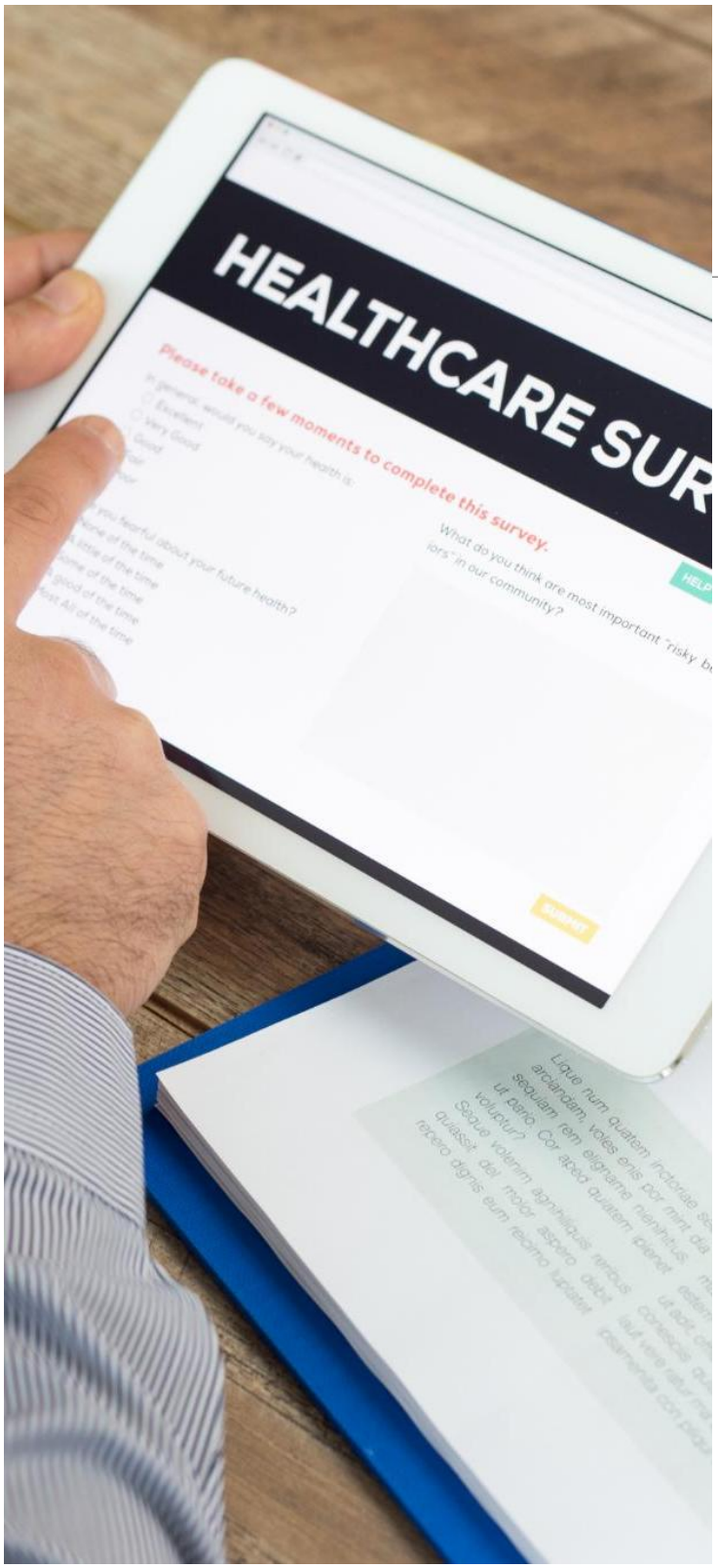

Affordable Care Act (ACA)

Expanding Health Insurance Coverage

The Affordable Care Act (ACA) is a federal law that helps uninsured people get health insurance at a low price and aims to increase health insurance coverage through Medicaid expansion and subsidies.

The ACA established marketplaces to make it easier to buy affordable health insurance plans.

Protection for pre-existing conditions

The ACA prohibits insurers from denying coverage because of pre-existing medical conditions.

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Affordable Care Act (ACA)

Health insurance in the United States is not a luxury. **It is an essential tool to protect your well-being and that of your family.** Every medical service has a high cost if you don't have coverage.

For example:

•A general consultation can cost as little as USD $150.

• An ambulance can exceed USD $2,000.

• A medical emergency can reach $4,000 or more.

When you have health insurance, the insurer bears much of the cost. **You pay only part of it (copays, deductibles), and that makes a big difference.**

Health insurance doesn't cover everything, but it does include many areas that are essential to your health and that of your family.

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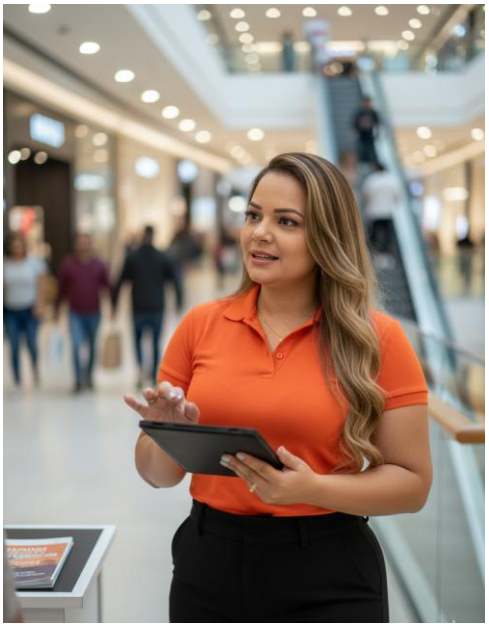
Types of Health Insurance Plans Available



Health insurance plans are divided into Bronze, Silver, Gold, and Platinum categories based on cost and coverage levels.

Plan premiums and out-of-pocket expenses vary across categories, allowing for options based on individual financial needs and health coverage.

Choosing the right plan

Understanding the differences in the plan helps people select the best health insurance plan that suits their personal needs.

A trusted advisor at **DOCARE helps you identify which is the best option for you.**

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Primary Purpose of Benefits

Preventive Services Coverage

Obamacare ensures that preventive services are provided without any cost-sharing, promoting early health interventions.

Pre-Existing Conditions Coverage

The law guarantees coverage for people with pre-existing medical conditions, eliminating discrimination based on health history.

Out-of-pocket limits

Obamacare puts limits on out-of-pocket expenses, protecting consumers from excessive medical costs.

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Benefits of being covered:

- Assigned GP.
- Essential prescription medications.
- Preventive care, such as immunizations, diabetes screenings, and mammograms, at no additional cost.
- Protection in case of emergencies.
- Hospital care, medical services, pregnancy and childbirth.
- Mental health services.
- Limitation of out-of-pocket expenses (Maximum out-of-pocket amount in case of hospitalization).
- Care from specialist doctors.
- Lab tests.
- Radiographs.
- Low deductible.
- Planes EPO o HMO.
- Health, dental, and vision plans.
- Outpatient surgery and surgical services. And other benefits.

CONTACT US FOR MORE DETAILS!

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Relationship Between ACA Health Insurance and Tax Filing

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Health Insurance and Tax Returns

Many people who buy health insurance receive **government subsidies** to help pay the monthly fee.

These subsidies are calculated **based on the estimated household income** for the year. But when you file your tax return, the IRS compares:

- The **estimated income** you used when applying for insurance.
- The **actual** income you report on your tax return.

➢ If you earned **less than** estimated, you could receive **extra money**.

➢ If you earned **more**, you may have **to pay back part of the subsidy**.

If you received subsidies, you're **required to file your return**, even if you normally wouldn't because you had a low income.

If you don't file, you could lose your right to benefits in future years.

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Form 1095-A

Form 1095-A (Health Insurance Marketplace Statement)
If you had a Marketplace plan, you'll receive this form. Contains:

How much you paid and how much the government paid.

The months you had coverage.

You'll typically receive this form in the mail or download it from your Market Place account when tax filing time opens.

You need this form to **fill out Form 8962** and reconcile the tax credit.

You can bring Form 1095-A to your accountant when you file your income tax return for the current period.

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What happens if you declare more income than you estimated?

When you filled out your application for insurance on the **Marketplace**, you said how much you planned to earn that year. Based on that, the government gave you **monthly subsidies** to help you pay for insurance.

If at the end of the year you earned more than estimated, this can happen:

You received too much subsidy

- Since the subsidy depends on your income, if you earned more, **you were entitled to less aid**.
- Then the government will ask you **to pay back some or all of the extra subsidy** when you do your taxes.

How much do you have to pay back?

It depends on your final income and your family situation. Each case is different.

Important: Not doing taxes can cause problems

If **you don't file**, **you can't get subsidies in the future**.

Even if your income is low and you don't normally have to file, **you should do so if you received subsidies**.

Recommendations

Review your income during the year: If your situation changes (new job, raise, marriage), **update your information in the Marketplace**.

This way **you avoid surprises** when making taxes.

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Enrolling in an ACA Health Plan

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Eligibility Determination and Financial Assistance

Eligibility Factors

Eligibility for financial assistance depends on income level, citizenship status, and specific program criteria:

- **Postalcode**
- **Ilovethe home**
- **Age**
- **AndGingresos**

Subsidies and programs help lower health care costs for qualified individuals and families.

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Navigating the Health Insurance Marketplace

The Marketplace allows users to easily compare multiple ACA health insurance plans in one place.

The platform provides tools and resources to help users understand and choose appropriate healthcare plans.

Finding the right plan

Familiarity with the Marketplace helps find a plan that fits your health care needs and budget effectively.

You can contact the CMS at:

800-318-2596

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Complete the enrollment process

Submitting accurate personal and financial information is crucial for successful enrollment and avoiding problems later on.

Basic documents to apply

You must be a U.S. citizen or present at least one or more of the following documents:

- Permanent Resident Card (both sides).
- Readmission permission.
- Refugee travel document.
- Employment Authorization Card (both sides).
- Arrival Record (I-94/I-94A).
- Certificate of eligibility for student status.
- Notice of Action (I-797).
- Social Security card.
- Proof of address.
- Alien Number (A#).
- Document proving membership in a federally recognized Native American tribe or Native American status born in Canada.

CONTACT US FOR MORE INFORMATION!

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Setting up your health insurance effectively

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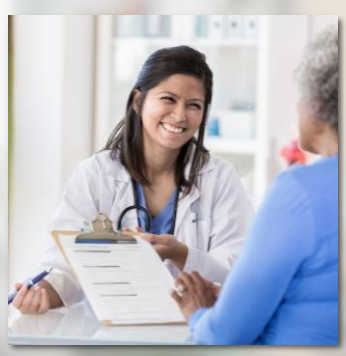
Selecting a Primary Care Provider



Importance of choosing a primary doctor

Selecting a primary care provider is essential. The insurer usually assigns you a primary care physician near your home at the time of enrollment.

Role in preventive care

Your PCP guides preventive care to help maintain health and prevent disease through timely checkups and screenings. This is the main purpose of your insurance.

Referral and condition management

PCPs coordinate referrals to specialists and manage ongoing health conditions to ensure comprehensive care.

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First appointment:

Schedule your first medical appointment

Don't wait until you feel bad. Schedule a routine visit with a primary care physician who is in the plan's network. This allows you to know your coverage in a controlled environment and start creating your medical history in the U.S. At DOCARE we schedule it for you!

Use preventive benefits

Many plans cover checkups, immunizations, and basic exams at no extra cost. These preventive services help catch problems before they become serious or costly.

Always carry your physical or digital Tenla insurance card.

Include your member number, plan name, and contact phone numbers. It's your key to accessing medical services.

Confirm before each appointment

Call the office to confirm if they accept your plan and what the copay will be. This way you avoid surprises when you receive the invoice.

Talk to your agent

A good agent should continue to accompany you after enrollment. Write to them if you have any questions, changes or if you receive an unexpected bill.

Communication with your agent is very important!

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List of concerns for the first appointment:

Be honest about your health
Don't be afraid to talk about everything that worries you: pain, stress, sleeping habits, eating, etc. Your doctor is there to help you, not judge you!

- Talk about any concerns you have about your health.
- Request general lab tests.
- Ask for referrals to see different specialists who are in the same health insurance network.
- Request medications if needed.
- Tell them which pharmacy you want to receive your medications at. (Make sure this pharmacy is in your health insurance network.)
- Question: What can I do to improve my blood pressure/sugar/cholesterol?
- What vaccines do you recommend?
- Leave your next visit scheduled, so you avoid setbacks.

Note: If you're feeling nervous or need help remembering what the doctor says or translating, you can bring a trusted family member or friend.

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Listof doctors near you.

To get a list of health care providers (doctors, specialists, hospitals, pharmacies, etc.) who accept your insurance plan, you can follow these steps:

1. Ask your agent: A good agent should continue to accompany you. Write to him if you have any questions, if you need a list your agent will help you. Communication with your agent is very important!

2. Access your account: Log in to your account in the insurance portal (contact us if you need help finding it). If you do not have an account, you will need to create one and complete the enrollment process. Within your account, look for the option that allows you to view your health plan details, including the provider directory to find doctors, hospitals, and other providers who are in your plan's network.

3. Check your insurance company's website: Find the provider directory: Most insurance companies have a section on their website where you can search for providers in their network. This feature is usually found under "Provider Finder" or "Provider Network."

4. Call the insurance company: Call your insurance company's customer service number, which can be found on your insurance card or on the insurer's website. Request a list of providers: Ask for an up-to-date list of providers in your plan's network. They can provide you with information about available doctors, hospitals, and specialists.

5. Use online tools and apps: Many insurers offer mobile apps that include a provider finder. Some websites offer tools to find in-network providers from different insurance plans.

6. Check with your current doctor: If you already have a doctor or specialist in mind, you can ask them.

Remember, it's important to verify that the provider is in the plan's network to make sure you'll receive all of your insurance benefits and avoid additional costs.

FOR MORE INFORMATION YOU CAN CALL US.

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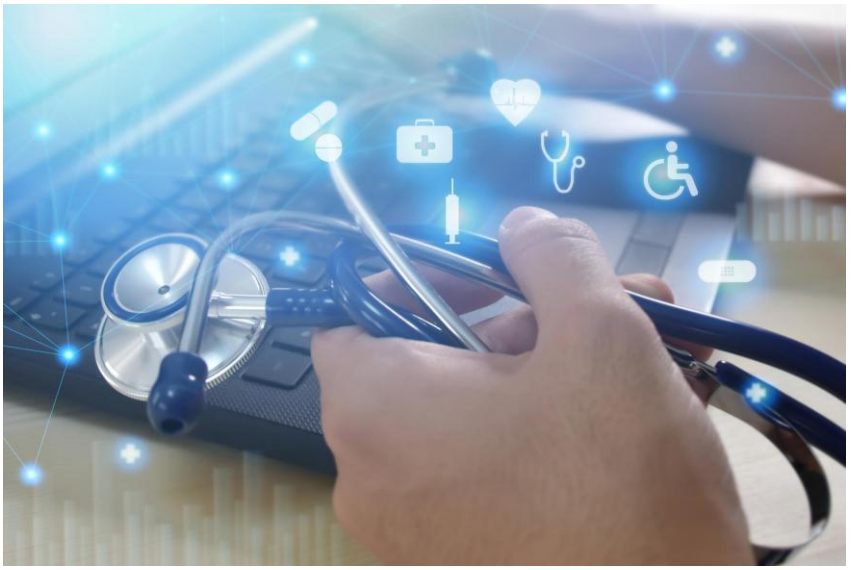
Configuring Online Access and Document Management



Insurers provide portals for claims, billing, and communication, improving user convenience and access.

Setting up an online account is essential to make it easier to manage health insurance activities.

Digital document management

Keeping digital copies of important documents simplifies organizing and accessing health insurance information..

NOTE: If you receive phone calls from unknown persons, **never give them your personal information** such as name, address, date of birth, bank account number, or credit or debit card.

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Shortcuts:

Sure	Pay	Telephone	Recorded	Doctors
ambetter HEALTH	Fast payment	877-687-1169	App	Find
oscar	Fast payment	855-672-2755	Create Account	Find
aetna	Use app	844-365-7373	App	Register first
MOLINA HEALTHCARE	Fast payment	866-472-4585	Create Account	Register first
United Healthcare	Use Account	866-235-4095	Create Account	Register first
Florida Blue	Use Account	800-352-2583	Create Account	Find
healthfirst	Fast payment	855-443-4735	Create Account	Register first
Wellpoint	Fast payment	833-972-1429	Create Account	Register first
AvMed	Fast payment	800-882-8633	Create Account	Register first
Cigna	Use Account	800) 244-6224	Create Account	Register first
Ameritas	Use Account	855-728-7542	Create Account	Register first
Guardian	Use Account	844-561-5600	Create Account	Register first
EMI HEALTH	Use Account	800-662-5851	Create Account	Find

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Differences between "URGENT" AND "EMERGENCY"

⚠ MEDICAL EMERGENCY

It is a situation that requires prompt attention, but does not immediately endanger the patient's life.

- Common examples:
  - Persistent high fever
  - Moderate pain (e.g., abdominal pain)
  - Wounds that bleed little
  - Mild or controlled asthma attack
- Ideal Attention Time: **Within the first few hours.**

MEDICAL EMERGENCY

Critical situation that endangers the patient's life or vital functions and requires immediate attention.

- Common examples:
  - Heart attack (chest pain, shortness of breath)
  - Serious accident with blood loss
  - Loss of consciousness
  - Cardiorespiratory arrest
  - Severe respiratory distress
- Ideal Attention Time: **Immediate, minutes can make a difference.**

Knowing the difference between **urgent** and **medical emergency** is not only important to **act correctly in the face of a health problem**, but also to **avoid misunderstandings and unnecessary costs with health insurance**.

Before you need it, take into account where you can go in each of these cases. The important thing is to be prepared before any unexpected event.

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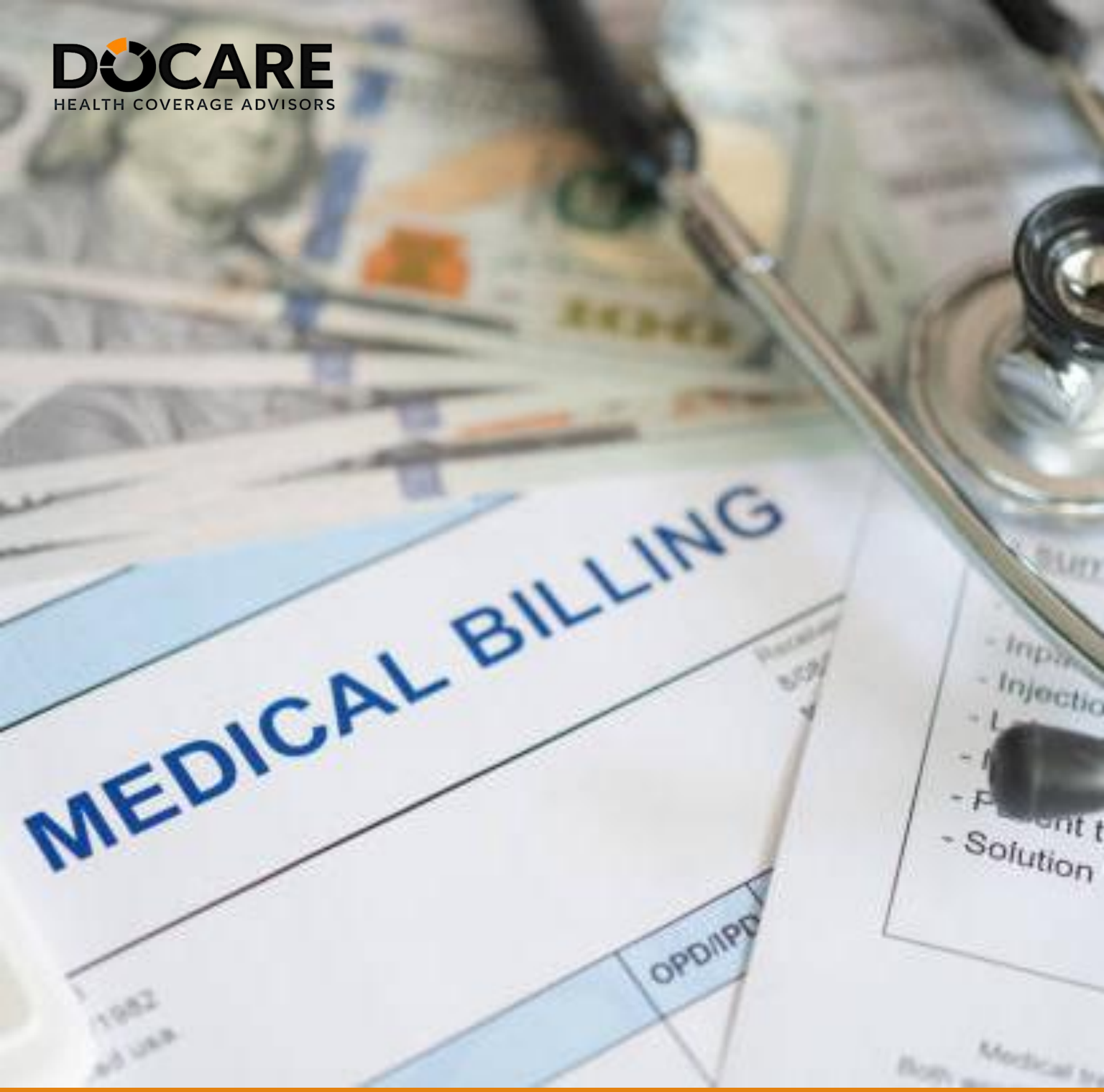

Maximizing Your Benefits and Coverage

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Preventive care scheduling and annual checkups

No-cost preventive services

Under Obamacare, many preventive services **are covered without any cost-sharing for patients.**

Regular health checkups help detect potential health problems **early**, improving treatment outcomes.

Screenings during annual visits **promote wellness** by identifying risks before symptoms appear.

At **DoCare**, our goal is to empower people to take charge of their health, learning how to make good use of their insurance in a preventive way and thus be able to avoid any inconvenience in the future. If you have any questions, call us at 305-788-4040.

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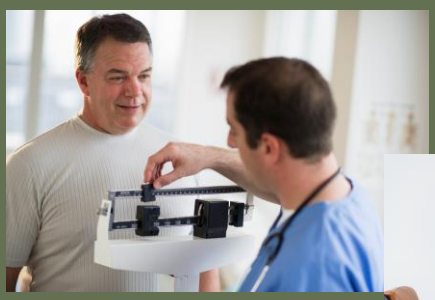
24/7 Virtual Care, Mental Health Maternity Rewards Program

Teladoc HEALTH



Many insurances have **24/7 virtual health care service through Teladoc**, so you can access professional health guidance anytime, anywhere. Whether it's day or night, you'll have the peace of mind of connecting with board-certified doctors without having to leave home, ensuring fast, safe, and reliable care for you and your family.

You can access these services through your secure portal. If you need help, call 305-788-4040.

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Mental Health Coverage

Insurance generally covers mental health services and substance use disorder treatment as essential health benefits. This means that your plan must include coverage for these services in a way that is the same or similar to coverage for other medical conditions.

This includes treatment for a variety of mental health conditions, such as depression and anxiety, and for substance use disorders.

You can access these services in person or virtually, depending on the most comfortable option for you.

Visit a Health Center or Provider:
You can search for health centers or providers that offer mental health services.

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Motherhood

Insurance generally covers prenatal care, childbirth, and postnatal care for the newborn, regardless of pre-existing conditions. It is possible to enroll outside of the regular enrollment period due to pregnancy.

Prenatal care:
It includes regular visits with an OB/GYN, ultrasounds, and lab tests.

Parturition:
The costs of childbirth (natural or cesarean section) and related hospitalization are covered.

Cuidado postnatal:
Medical follow-up for the mother and baby after birth is included.

Nursing:
Some plans may cover breastfeeding counseling and supplies.

Rewards Programs:

Insurers reward members for taking healthy actions, such as getting checked, getting vaccinated, and managing chronic conditions. These rewards can take the form of money, premium credits, or discounts on medical expenses and can help lower the cost of health care.

How do they work?

1. **Registration**:

Generally, the first step is to enroll in the program on the insurer's website and activate the account.

2. **Perform healthy activities**:

Rewards are earned by completing specific activities, such as:

- Initial and annual medical exams.
- Flu shots.
- Prenatal and postpartum visits.
- Breast and cervical cancer screenings.
- Behavioral health monitoring after a hospital stay.
- Comprehensive diabetes care (HbA1c, vision, and kidney function tests).
- Adoption of healthy habits.

3. **Use of rewards**:

Rewards can be used to:

- Pay your insurance premium.
- Cover copays and deductibles.
- Pay other medical bills.
- Pay utility, telecommunications, or child care bills.

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Access to additional wellness and support services

Smoking cessation programs

Many health plans offer programs to help people quit smoking and improve lung health.

Some health plans may cover smoking cessation treatments and programs, sometimes at no extra cost!

You may have access to:

Approved Smoking Cessation Medications
Nicotine replacement therapies (patches, gum, inhalers).
Telephone or face-to-face advice.
Sessions with smoking cessation specialists.
Supporting digital applications or platforms.
And more tools designed to help you get there once and for all.

Quitting smoking can radically improve your health, your energy, your breath, your skin... and even your pocketbook! Contact us and we'll be happy to help you verify if your insurance covers any of these programs, and how you could start the process.

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Terms you should know

I'll explain the most common terms in a simple way, so you can understand and use your insurance with confidence:

Deducible / Deductible

The amount you must pay out of pocket each year before insurance begins to cover certain services. Example: If your deductible is $1,500, you pay that amount for medical services before insurance starts to cover.

Copago / Copay

A fixed amount you pay each time you use a medical service, such as a consultation or study. The amount depends on the plan and the type of service.

Monthly Premium / Premium

Fee you pay each month to keep your insurance active, even if you don't use it. If you stop paying it, you lose coverage.

Provider network

List of doctors, clinics, hospitals, and labs that accept your insurance. If you go to an out-of-network provider, you could pay a lot more or not have coverage at all

Servicios preventivas / Preventive services

Checkups, immunizations, and routine exams that many plans cover at 100%, with no deductible or copay. Using them is key to detecting problems in time.

Out-of-pocket maximum

Maximum amount you will pay in a year. If you reach it, the insurance covers 100% of the rest of the expenses covered by the policy.

Prior authorization

Permission that insurance requires before performing certain procedures. If you don't apply, you may have to pay the full cost.

Provider On/Off Network / In-network / Out-of-network provider

Doctors or clinics that have (or don't have) an agreement with your insurance.

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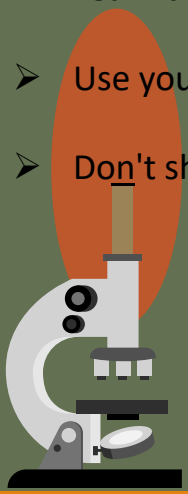
Recommendations

- Stay healthy.
- Contact your agent whenever you need help or have questions.
- Tell your agent to keep you informed of plans with better benefits.
- Ask them to verify your document information and income.
- Create your account on your insurance portal and download the mobile app.
- Recognize your primary care physician and keep their name, phone number, and address handy.
- Stay current with monthly payments. If possible, pay the full year.
- Provide clear, honest, and complete information to your agent.
- Keep coverage active by responding to your insurance requirements.
- Learn about the benefits, exclusions, or limitations of your policy.
- Use your insurance properly.
- Don't share your information with strangers



Important Note:

Yourinsurance will automatically renew at the beginning of November of each year, with an excellent plan that adapts perfectly to your needs.

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Check List

Rapid evaluation. Mark every point you feel confident in.
(Let's confirm if you really understand your coverage)

❑ Do you have a clear understanding of what your insurance covers and what doesn't?

A good insurance should not leave you in doubt. If you don't know if it covers hospitalization, emergencies, studies or medications, you need more information.

❑ Is your trusted doctor in-network?

This is key to avoid additional payments or loss of continuity in your treatments.

❑ Is the co-payment for general consultation affordable for your pocket?

A plan that you can't use regularly because of its cost isn't really taking care of you.

❑ Is the deductible reasonable for your budget?

A deductible that is too high can cause you to end up paying everything out of pocket. It should be balanced according to your income and needs.

❑ Do you have coverage in case of real emergencies or emergencies?

Insurance should protect you at the most critical moments. Check if it includes ambulance, emergency room, hospitalization and studies.

❑ Do you have access to preventive check-ups at no cost?

If your plan doesn't include free annual checkups, immunizations, or basic tests, you miss out on a critical part of prevention.

❑ Do you have a way to contact your agent or advisor easily?

Insurance without human support is not good insurance. You need someone to guide you before, during, and after you use your coverage.

If you marked 4 or more answers with ✓, you're on the right track! Your plan has a solid foundation. If you've scored 3 or less, don't worry—you can still review your plan with your advisor to better guide you based on your needs.

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Template

Having all of your insurance information in one place can save you time, worry, and unnecessary calls.

Personal Information

Full Name:_____ Plan
Member Number: _____ Coverage
Start Date: _____ Renewal Date: _____

Plan Information

Plan Name: _____
Insurance Company: _____
Plan Type (HMO, PPO, etc.): _____
Does Dental Coverage Include?: Yes / No Does Vision Coverage Include?: Yes / No

Key Costs

Monthly premium: $_____ Individual annual deductible: $_____ Family deductible (if applicable): $_____ General Practitioner Visit (PCP) copay: $_____ Specialist copay: $_____
Exam. lab:_____Emergencia:_____Rayos X:_____Farmacia:_____

Important contacts

Name of your agent or advisor: _____
Direct contact telephone number:
_____ Email:
_____ Insurance customer service number: _____

Useful Extras

General practitioner: _____
Preferred clinic or hospital: _____
Usual pharmacy: _____
Urgent Care: _____

Having this sheet complete and up-to-date can make all the difference when you need it most.

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Expertos asesores en cobertura de seguros de salud

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Medicare

ambetter HEALTH

oscar

Wellpoint

MOLINA HEALTHCARE

aetna

healthfirst

Cigna

Ameritas

Florida Blue

United Healthcare

Humana

Guardian

EMI HEALTH

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