

It is also important to know that the Marketplaces, and the plans sold in them, are required to treat LGBT individuals and their families fairly. Federal regulations prohibit the Marketplaces, Marketplace contractors, and the plans sold in the Marketplaces from discriminating on the basis of race, color, national origin, disability, age, sex, sexual orientation, and gender identity. In some states, these LGBT-inclusive protections will be the first of their kind.

How will I know if i can get help with my health insurance costs?

After filling out the income information on the Marketplace application, consumers will be notified if they are eligible for sliding-scale subsidies from the federal government to help them pay the cost of insurance premiums. Individuals and families making up to four times the federal poverty level - about \$44,700 for individuals and \$92,200 for a family of four – will be eligible for assistance.

The Marketplaces and the subsidies will enable thousands of LGBT people to have affordable insurance coverage, sometimes for the first time. Partnered gay and lesbian adults are more than twice as likely as married heterosexuals to be without adequate health insurance coverage, and this number is higher for many transgender and bisexual people. LGBT people are also more likely than the general population to live on lower incomes that will make them eligible for subsidies.

Every Marketplace website will have an easy-to-use calculator to help individuals and families determine whether they are eligible for a subsidy, and if so, how much assistance they can receive. It is important to note that the Defense of Marriage Act prevents same-sex couples from calculating their subsidies as a family, meaning that they will need to determine individually whether they are eligible for assistance. The way that same-sex couples and their children can enroll in family health insurance plans may also vary between Marketplaces in different states.

For more information on the financial assistance available through the Marketplaces, visit <http://www.healthcare.gov/marketplace/costs/index.html>.

What kind of insurance benefits will be available?

Coverage will be more comprehensive than what's now typically available in the individual health insurance market, which is dominated by bare-bones plans.

Additionally, the plans sold through the Marketplaces, called "Qualified Health Plans," must satisfy uniform quality standards and are subject to fairness rules that provide additional protections for consumers.

Qualified Health Plans sold through the Marketplaces must offer a comprehensive package of benefits called "Essential Health Benefits." Plans sold in the Marketplaces will be held to state-specific standards that define a baseline level of services that must be covered across 10 essential benefits categories. For all LGBT consumers, this means that health insurance coverage must meet new standards for comprehensiveness. Proposed federal regulations would also prohibit discrimination in Essential Health Benefits. This would improve the coverage available to transgender people, who are frequently subjected to discriminatory coverage exclusions for a variety of health care services, as well as other groups of consumers such as women and people living with HIV or AIDS.

When does coverage through the Marketplaces start?

Open enrollment in the Marketplaces starts Oct. 1, 2013, and coverage offered by the plans sold through the Marketplaces will begin on January 1, 2014.

For even more information about what health care reform does for LGBT people, visit <http://www.healthcare.gov/news/factsheets/2011/01/new-options-for-lgbt-americans.html>.