Know the Facts
How Dallas, Texas, Benefits from the Affordable Care Act
February 11, 2014

Millions of Americans have been signing up and picking a health plan under the new marketplaces established by the Affordable Care Act, or ACA, including 118,532 enrollees in Texas.¹ Health insurance is not only about getting health care; it’s about peace of mind for you and your family and the security of knowing one illness will not cause you to lose your life savings.

But there are still more Americans who remain uninsured and unaware of the affordable health plans offered under the law. Out of the more than 3,100 counties in the nation, the residents of Dallas County are among those who stand to benefit the most from the Affordable Care Act. Learn the facts so you can pick the right health plan that fits your needs.

Fact: Financial assistance is available and you could pay $74 per month

There is income-based financial assistance available to help pay for the cost of the new health plans. Nearly 6 in 10 people who do not have health insurance and are eligible for

Dallas County, Texas, background statistics

• 661,690 are uninsured. Of the 2,170,834 people in Dallas County under age 65, 30.5 percent are uninsured. That’s the 61st-highest rate of uninsured residents out of the more than 3,100 counties nationwide.³

• 314,700 women are uninsured. In Dallas County, 29 percent of women under age 65 are uninsured, placing it among the worst 2 percent of all counties in the nation.⁴

• 348,388 young people are uninsured. In Dallas County, 44 percent of young people ages 18 to 39 lack health insurance. Out of the more than 3,100 counties in the nation, it’s the 79th-worst county with regard to the rate of uninsured youth.
coverage through the new marketplaces can find coverage for $100 or less per month. In fact, a 27 year old who earns $25,000 annually in the Dallas-Fort Worth area can find a bronze plan that costs $74 per month once tax credits are factored in, and a silver plan for $145 per month factoring in tax credits. A family of four earning $50,000 annually can find a bronze plan that costs $26 per month after tax credits.²

Fact: New plans cover important benefits and cannot deny you coverage for a pre-existing condition

New plans available through the marketplaces must cover essential benefits, including doctor and emergency room visits, hospitalizations, maternity care, and prescriptions. Preventive services such as mammograms and check-ups must be covered at no cost to you. Insurers cannot charge women more than men. And you cannot be denied coverage because you have a pre-existing condition. Those days are over.

Need help?

• Go to www.healthcare.gov to start the application process.
• If you need assistance, you can get free, in-person help from an expert in your community to guide you through the process. Go to localhelp.healthcare.gov to find assistance near you.
• You can sign up over the phone by calling 1.800.318.2596.

Don’t forget: The deadline to sign up is March 31

The deadline to sign up for the marketplaces is Monday, March 31, 2014. And remember: to complete the process, you must pay your first month’s premium to your health insurer.

Endnotes


4 Ibid.

5 Ibid.