

1 (I) has applied for, and been de-
2 termined eligible for, affordability
3 credits under subtitle C;

4 (II) has not opted out from re-
5 ceiving such affordability credit; and

6 (III) does not otherwise enroll in
7 another Exchange-participating health
8 benefits plan.

9 (ii) INDIVIDUALS ENROLLED IN A
10 TERMINATED PLAN.—The individual who
11 is enrolled in an Exchange-participating
12 health benefits plan that is terminated
13 (during or at the end of a plan year) and
14 who does not otherwise enroll in another
15 Exchange-participating health benefits
16 plan.

17 (4) DIRECT PAYMENT OF PREMIUMS TO
18 PLANS.—Under the enrollment process, individuals
19 enrolled in an Exchange-participating health benefits
20 plan shall pay such plans directly, and not through
21 the Commissioner or the Health Insurance Ex-
22 change.

23 (c) COVERAGE INFORMATION AND ASSISTANCE.—

24 (1) COVERAGE INFORMATION.—The Commis-
25 sioner shall provide for the broad dissemination of

1 information on Exchange-participating health bene-
2 fits plans offered under this title. Such information
3 shall be provided in a comparative manner, and shall
4 include information on benefits, premiums, cost-
5 sharing, quality, provider networks, and consumer
6 satisfaction.

7 (2) CONSUMER ASSISTANCE WITH CHOICE.—To
8 provide assistance to Exchange-eligible individuals
9 and employers, the Commissioner shall—

10 (A) provide for the operation of a toll-free
11 telephone hotline to respond to requests for as-
12 sistance and maintain an Internet Web site
13 through which individuals may obtain informa-
14 tion on coverage under Exchange-participating
15 health benefits plans and file complaints;

16 (B) develop and disseminate information to
17 Exchange-eligible enrollees on their rights and
18 responsibilities;

19 (C) assist Exchange-eligible individuals in
20 selecting Exchange-participating health benefits
21 plans and obtaining benefits through such
22 plans; and

23 (D) ensure that the Internet Web site de-
24 scribed in subparagraph (A) and the informa-
25 tion described in subparagraph (B) is developed

1 using plain language (as defined in section
2 233(a)(2)).

3 (3) USE OF OTHER ENTITIES.—In carrying out
4 this subsection, the Commissioner may work with
5 other appropriate entities to facilitate the dissemina-
6 tion of information under this subsection and to pro-
7 vide assistance as described in paragraph (2).

8 (d) COVERAGE FOR CERTAIN NEWBORNS UNDER
9 MEDICAID.—

10 (1) IN GENERAL.—In the case of a child born
11 in the United States who at the time of birth is not
12 otherwise covered under acceptable coverage, for the
13 period of time beginning on the date of birth and
14 ending on the date the child otherwise is covered
15 under acceptable coverage (or, if earlier, the end of
16 the month in which the 60-day period, beginning on
17 the date of birth, ends), the child shall be deemed—

18 (A) to be a Medicaid eligible individual for
19 purposes of this division and Medicaid; and

20 (B) to be automatically enrolled in Med-
21 icaid as a traditional Medicaid eligible indi-
22 vidual (as defined in section 1943(c) of the So-
23 cial Security Act).

24 (2) EXTENDED TREATMENT AS MEDICAID ELI-
25 GIBLE INDIVIDUAL.—In the case of a child described