



Health Insurance Marketplace 101

The Marketplace is open!

Find health care
options that meet your
needs and fit your
budget.



November 2013

The Health Care Law

- In March 2010, President Obama signed the Affordable Care Act into law allowing



- Young adults up to age 26 to stay on their parents' plan
- Additional drug coverage for people with Medicare
- More free preventive services
- Lifetime limits removed from health insurance
- And more starting January 1, 2014

What's new on January 1, 2014?

- Discrimination due to pre-existing conditions or gender is prohibited
- Annual Limits on Insurance Coverage are eliminated
- Advanced Premium Tax Credits are available
- The Small Business Tax Credit will increase
- More people are eligible for Medicaid (in some states)
- **Coverage through the Health Insurance Marketplace begins**
 - As early as January 1, 2014

What is the Health Insurance Marketplace?

- Part of the Affordable Care Act of 2010
 - Where qualified individuals directly compare private health insurance options
 - Known as Qualified Health Plans (QHPs)
 - Can directly compare on the basis of price, benefits, quality, and other factors
 - Also known as Exchanges or Obamacare
- Small Business Health Options Program (SHOP)
 - Marketplace for small businesses

The Marketplace...

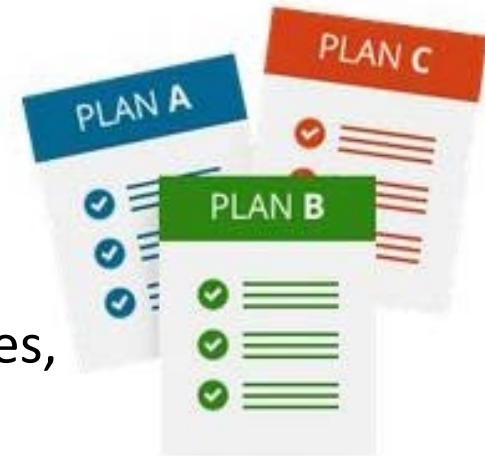
- It's a way to shop for health coverage
 - Simplifies the search
 - With one streamlined application an individual or family can explore every qualified insurance plan in the area
- Most people are able to get a break on costs
 - 90% of people who are currently uninsured will qualify for savings on health insurance
- Clear options with apples-to-apples comparisons
 - All health insurance plans in the Marketplace present their price and benefit information in plain language

Marketplace Establishment

- Each state can choose to
 - Create and run its own Marketplace
 - Partner with the Federal Government to run some Marketplace functions
 - Have a Marketplace established and operated by the Federal Government

Qualified Health Plans Cover Essential Health Benefits

- Essential Health Benefits include at least these 10 categories
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
 - Mental health and substance use disorder services, including behavioral health treatment
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Preventive and wellness services and chronic disease management
 - Pediatric services, including oral and vision care (pediatric oral services may be provided by stand-alone plan)



How Qualified Health Plans Can Vary

- Some plans may cover additional benefits
- You may have to see certain providers or use certain hospitals
- The premiums, copays, and coinsurance are different in different plans
- The quality of care can vary
- The coverage level can vary within each plan
- Some special types of plans are structured differently
 - Like high-deductible (catastrophic) plans

Plan Levels of Coverage

**Lowest Premiums
Highest Out-of-Pocket Costs**

**Highest Premiums
Lowest Out-of-Pocket Costs**

BRONZE
HEALTHCARE
PLAN

SILVER
HEALTHCARE
PLAN

GOLD
HEALTHCARE
PLAN

PLATINUM
HEALTHCARE
PLAN

60%

70%

80%

90%

Covered Percent of Total Cost of Care Covered

Catastrophic Plans

- What is catastrophic coverage?
 - Plans with high deductibles and lower premiums
 - You pay all medical costs up to a certain amount
 - Includes coverage of 3 primary care visits per year and preventive services with no out-of-pocket costs
 - Protects consumers from high out-of-pocket costs
- Who is eligible?
 - Young adults under 30 years of age
 - Those who obtain a hardship exemption from the Marketplace



Small Business Health Options Program (SHOP) Marketplace

- A streamlined way for small businesses to offer health insurance
- Part of the Marketplace
- Offers access to Qualified Health Plans
- Works with new insurance reforms and tax credits to lower barriers to offering health insurance
- SHOP Marketplace Help Desk for **employers**
 - 1-800-706-7893 (TTY 1-800-706-7915)

Eligibility in the Individual Marketplace

- Marketplace eligibility requires you to
 - Live in its service area, and
 - Be a U.S. citizen or national, or
 - Be a non-citizen who is lawfully present in the U.S. for the entire period for which enrollment is sought
 - Not be incarcerated
 - Can apply for Marketplace if pending disposition of charge
 - Can apply for Medicaid/CHIP at any time

Lower Premium Costs

- A refundable or Advanced Premium Tax Credit (APTC) lowers the cost of Qualified Health Plans
- Eligibility is based on
 - Household income, and family size (at end of year)
 - Income between 100% to 400% of the federal poverty level (FPL) (\$23,550 – \$94,200 for a family of four in 2013)
 - Obtaining qualified health insurance through the Marketplace
 - Ineligibility for government-sponsored coverage, affordable employer-sponsored insurance, or certain other minimum essential coverage

Ways to Use a Premium Tax Credit

If you choose to...	Is your monthly premium lower?	Will you get a credit on Federal tax return?	Will you have to pay back money?*
Use all of your premium tax credit	Yes	Not likely	Maybe
Use part of your premium tax credit	Yes	Maybe	Not likely
Use none of your premium tax credit	No	Yes	No

*You should report changes in household size and income as soon as possible to ensure you are getting the right premium tax credit amount and avoid having to pay anything back.

Who is Eligible for a Cost-Sharing Reduction?

- Eligibility for reduced cost sharing is based on
 - Income at or below 250% of the FPL (\$58,875 annually for a family of four in 2013)
 - Receiving the Premium Tax Credit
 - Enrollment in a Marketplace Silver-level plan
- Members of Federally-recognized Indian Tribes
 - No cost sharing if income is <300% FPL

Medicaid Eligibility in 2014

- States have the option to expand Medicaid eligibility to
 - Adults ages 19 – 64 with incomes up to 133% of the federal poverty level (FPL) (\$15,282/year for an individual, \$31,322/year for a family of 4 (2013 amounts))
- Ensures Medicaid coverage for all children
 - With incomes up to 133% of the FPL
- Shifts to simplified way of calculating income to determine Medicaid/CHIP eligibility
 - Known as Modified Adjusted Gross Income (MAGI)-based method

Starting in 2014, everyone must either:

1. Have Minimum Essential Coverage



They are already covered and don't need to do anything.

OR

2. Have a Coverage Exemption



They don't have to get coverage and won't have to pay a fee for not having coverage.

OR

3. Pay a fee (Shared Responsibility Payment)



They should consider getting coverage. If they don't, they will pay a fee.

1. What is Minimum Essential Coverage?

- If you have coverage from any of the following, you are covered and **don't have to do anything**
 - Employer-sponsored, including COBRA and retiree coverage
 - Medicare
 - Medicaid
 - Children's Health Insurance Program (CHIP)
 - Marketplace Coverage
 - Individual Coverage (outside the Marketplace)
 - TRICARE or certain types of VA coverage



About 85% of Americans already have Minimum Essential Coverage.

2. Who can get a coverage exemption and not have to pay a fee?

- You may get a coverage exemption if you
 - Are conscientiously opposed (religious conscience)
 - Are a member of a recognized health care sharing ministry
 - Are a member of a Federally recognized Indian tribe
 - Don't make the minimum income required to file taxes
 - Have a short coverage gap (<3 consecutive months)
 - Suffered a hardship
 - Did not have access to affordable coverage (cost of available coverage >8% of household income)
 - Were incarcerated (unless pending disposition of charges)
 - Were not lawfully present

EXEMPT

3. You May Pay a Fee

- You may pay a fee when you file your 2014 Federal tax return in 2015 (and thereafter)
 - If you don't have minimum essential coverage, and
 - You don't qualify for an exemption
- Paying the fee does not provide health coverage



Less than 2% of Americans are expected to have to pay the fee.

You May Pay a Fee (Continued)

- You pay the greater of the flat dollar amount or the percentage of income

	2014	2015	2016 and beyond
Flat dollar amount (annual)	<ul style="list-style-type: none"> \$95 per adult 50% if under 18 	<ul style="list-style-type: none"> \$325 per adult 50% if under 18 	<ul style="list-style-type: none"> \$695 per adult* 50% if under 18
	Or	Or	Or
Percentage of income (annual)	<ul style="list-style-type: none"> 1% of household income 	<ul style="list-style-type: none"> 2% of household income 	<ul style="list-style-type: none"> 2.5% of household income

* After 2016 - Plus an increase based on cost of living

When You Can Enroll in the Individual Market

- Marketplace Initial Open Enrollment Period
 - October 1, 2013 - March 31, 2014
- Annual Open Enrollment Periods
 - 2014 and beyond, October 15 - December 7
- Special Enrollment Periods
 - Available in certain circumstances during the year

How the Marketplace Works



Create an account

First provide some basic information. Then choose a user name, password, and security questions for added protection.

Apply

Next you'll enter information about you and your family, including your income, household size, other coverage you're eligible for, and more.

Visit HealthCare.gov to get a checklist to help you gather the information you'll need.

Pick a plan

Next you'll see all the plans and programs you're eligible for and compare them side-by-side.

You'll also find out if you can get lower costs on monthly premiums and out-of-pocket costs.

Enroll

Choose a plan that meets your needs and enroll!

Coverage starts as soon as January 1, 2014.



4 Ways to Get Marketplace Coverage

Over the phone

Call the Marketplace Call Center at **1-800-318-2596**. TTY users should call **1-855-889-4325**. A customer service representative can help you apply and enroll over the phone.



Online

Visit **HealthCare.gov** to apply and enroll on the web.



In-person help

Get help from people in your community trained and certified to help you apply and enroll in the Marketplace. Visit **Localhelp.HealthCare.gov**, or call the Marketplace Call Center.



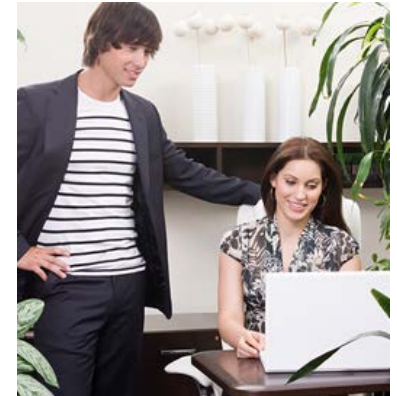
Paper application

If you don't have a computer or time to apply and enroll over the phone, you can fill out a paper application. Call the Marketplace Call Center to get an application or download a copy from **HealthCare.gov**.



In Person Assistance

- Marketplace in person help is available
 - Certified Assisters
 - Navigators
 - Non-Navigator assistance personnel
 - Certified Application Counselors
 - Agents and brokers
 - To find assistance in your area, go to Localhelp.HealthCare.gov



Visit Marketplace.cms.gov for information on your organization becoming a Champion for Coverage

Marketplace and People With...

- Medicare
 - Medicare isn't part of the Marketplace so you don't need to do anything
- COBRA
 - You can drop COBRA and enroll in the Marketplace
 - During the Marketplace Open Enrollment Period
 - Within 60 days of COBRA expiring (Special Enrollment Period)
- Pre-existing Condition Insurance Plan (PCIP)
 - Ends December 31, 2013
 - Need to apply for Marketplace coverage by the deadline, to avoid a break in coverage (no automatic transition)

Key Points to Remember

- The Marketplace is a new way to find and buy health insurance
- Qualified individuals and small businesses can shop for health insurance that fits their budget
- States have flexibility to establish their own Marketplace
- Individuals and families may be eligible for lower costs on their monthly premiums and out-of-pocket costs
- There is assistance available to help you get the best coverage for your needs

Marketplace.cms.gov

Get the latest resources to help people apply, enroll, and get coverage in 2014

Click “Get Training” for helpful videos

Plan Compare (long version)



A screenshot of the CMS.gov Health Insurance Marketplace website. The header includes the CMS.gov logo, 'Health Insurance Marketplace', and 'Centers for Medicare & Medicaid Services'. There is a search bar and a 'Get email updates' link. The main content area features the 'Health Insurance Marketplace' logo and two paragraphs of text: one for professionals and one for consumers. A dark navigation bar at the bottom contains buttons for 'Partner with us', 'Get training' (circled in red), and 'Get consumer information'. Below this are three columns of links: 'Join us to become a Champion for Coverage', 'Apply to be a certified application counselor organization', 'Looking for consumer information?', and 'Have questions?'. The 'Get training' button is highlighted with a red circle.

Want more information about the Marketplace?

- Stay Connected
 - Sign up to get email and text alerts at HealthCare.gov/subscribe
 - CuidadoDeSalud.gov for Spanish
 - Updates and resources for partner organizations are available at Marketplace.cms.gov
 - [Twitter@HealthCareGov](https://twitter.com/HealthCareGov)
 - [Facebook.com/Healthcare.gov](https://facebook.com/Healthcare.gov)