



Health Insurance Marketplace 101



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



October 2015

Objectives

This session will help you

- Explain the Health Insurance Marketplace
- Define who might be eligible
- Define options for those with limited income
- Explain the enrollment process
- Explain available options for people with Medicare
- Locate resources

What Is the Health Insurance Marketplace?

- Created by the Affordable Care Act
- Where qualified individuals and families can 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
- Small Business Health Options Program (SHOP)
 - Marketplace for small employers
 - Provides coverage for their employees

Marketplace Establishment

- Each state can decide to
 - Create and run its own Marketplace
 - Engage actively with the federal government in operating certain Marketplace functions
 - Have a Marketplace established and operated by the federal government

How the Health Insurance Marketplace Works

- It uses one process to determine eligibility for
 - Qualified health plans through the Marketplace
 - Premium tax credits to lower monthly premiums
 - Reduced cost sharing
 - Medicaid
 - Children's Health Insurance Program (CHIP)
- It offers choice of plans and levels of coverage
- Insurance companies compete for business

Qualified Health Plans (QHPs)

- A QHP
 - Is offered through the Marketplace by an issuer that is licensed by the state and in good standing
 - Covers essential health benefits
 - Is offered by an issuer that offers at least one plan at the “Silver” and one at the “Gold” plan category of cost sharing
 - Charges same premium whether offered through the Marketplace or outside the Marketplace

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)



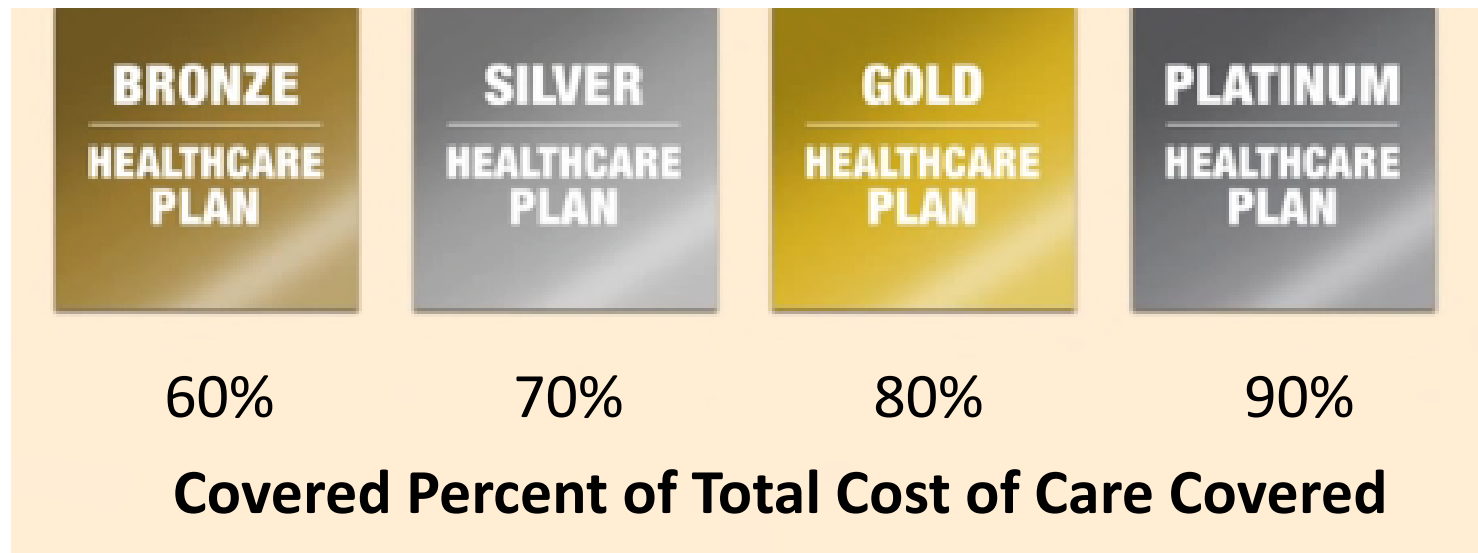
How Qualified Health Plans Can Vary

- Some plans may cover additional benefits
- You may have to see certain providers or use certain hospitals (networks)
- The premiums, copayments, and coinsurance are different
- Quality of care data will be available
- The coverage level can vary within each plan
- Some special types of plans are structured differently
 - Like high-deductible (catastrophic) plans
- Out-of-pocket costs include deductibles, copayments and coinsurance

Health Plan Categories

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

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



Catastrophic Health Plans



- What is catastrophic coverage?
 - Plans with high deductibles and lower premiums
 - You pay all medical costs up to a certain amount
 - Includes 3 primary care visits per year and preventive services with no out-of-pocket costs
 - Protects you from high out-of-pocket costs
- Who is eligible?
 - Young adults under 30
 - Those who qualify for a hardship exemption
 - Those whose plan was cancelled and believe Marketplace plans are unaffordable

Small Business Health Options Program (SHOP) Marketplace

- A streamlined way for small employers to offer health insurance
- A Marketplace for small employers
- 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: 711)

Who Can Purchase SHOP Marketplace Coverage and When?

- Small employers
 - With 1-50 full-time equivalent employees (increases to 1-100 as of 2016)
 - With at least one employee who's not a co-owner or spouse, including tax-exempt and religious employers
 - Who offer coverage to all full-time employees (FTE*)
- Enroll in FF-SHOP coverage
 - Initial group enrollment can occur anytime during the year—no limited Open Enrollment period
 - Before 15th of month for coverage starting next month
 - After 15th of month for coverage starting 2nd following month

**FTE in the FF-SHOP=employees working on average 30 or more hours/week. Visit the SHOP FTE Calculator at HealthCare.gov/shop-calculators-fte/.*

Eligibility in the Individual Marketplace

- Marketplace eligibility requires that you
 - Live in its state or 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 coverage if pending disposition of charge
 - ❑ Can apply for Medicaid/CHIP at any time

Lower Premium Costs

- The premium tax credit may be taken as advance payments to lower monthly premium costs, or as a refundable credit on the tax return you file
- Eligibility is based on
 - Household income and family size
 - Household income between 100% to 400% FPL
 - \$23,850 – \$95,400 for a family of 4 in 2015
 - Obtaining 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

Choose to Get It Now: Advance Payments of the Premium Tax Credit

- All or some of the premium tax credit is paid directly to your plan on a monthly basis
- You pay the difference between the monthly premium and advance payment
- You reconcile when you file a tax return for the coverage year*

Choose to Get It Later

- Don't request any advance payments
- You pay the entire monthly plan premium
- Claim the full amount on the tax return filed for the coverage year

*You should report all changes in the information you provided on your application to avoid owing money after reconciliation on your tax return.

Who's Eligible for Cost-Sharing Reductions?

- Lower costs on deductibles, copayments, and coinsurance
- To be eligible, you must
 - Have income at or below 250% FPL
 - \$59,625 annually for a family of 4 in 2015
 - Receive the premium tax credit
 - Enroll in a Marketplace Silver-level plan
- Members of federally recognized Indian tribes
 - Don't have to pay cost-sharing if household income is at or below 300% of the federal poverty level (FPL)
 - Up to around \$71,550 for a family of 4 (\$89,460 in Alaska) in 2015

Eligibility—Medicaid Expansion

- Affordable Care Act's Eligibility Groups (state option) effective 1/1/2014
 1. Adult group
 - 19-64 with income below 133% of FPL
 2. Former foster care group
 - Under 26 and enrolled in Medicaid while in foster care at 18 or “aged out” of foster care
 3. Optional eligibility group for individuals with income above 133% of FPL
 - Under 65 with income above 133% of FPL

Everyone Must:

1. Have minimum essential coverage



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

OR

2. Have an exemption from the shared responsibility payment (fee)



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'll 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 coverage, including COBRA and retiree
 - Individual coverage (outside the Marketplace)
 - Marketplace coverage
 - Medicare (Part A) and Medicare Advantage Plans
 - Most Medicaid coverage
 - Children's Health Insurance Program (CHIP)
 - Certain Veterans health coverage (from the VA)

About 85% of Americans already have minimum essential coverage.


What is Minimum Essential Coverage? Continued

- If you have coverage from any of the following, you are covered and **don't have to do anything** related to the Marketplace
 - Most types of TRICARE coverage
 - Coverage provided to Peace Corp volunteers
 - Coverage under the Nonappropriated Fund Health Benefit Program
 - Refugee Medical Assistance (ACF)
 - Self-funded health coverage offered to students by universities
 - State high risk pools
 - Other coverage recognized by the Secretary of HHS

2. Who is Eligible for an Exemption?

- You may get a coverage exemption if you 
 - Are a member of a recognized religious sect with religious objections to insurance
 - Are a member of a recognized health care sharing ministry
 - Are a member of a federally recognized tribe or eligible for services through an Indian Health Services provider
 - Don't make the minimum income required to file taxes

Who is Eligible for an Exemption? Continued

- You may get a coverage exemption if you 
 - Had a short coverage gap (less than 3 consecutive months)
 - Suffered a hardship (that affects his or her ability to purchase health insurance coverage)
 - Didn't have access to affordable coverage (cost of available coverage greater than 8% of household income)
 - Were incarcerated (unless pending disposition of charges)
 - Weren't lawfully present in the U.S.
 - Had your health insurance cancelled and the Marketplace plans weren't affordable

3. You May Pay a Fee (Shared Responsibility Payment)

- You may pay a fee when you file your 2015 federal tax return in 2016 (and thereafter)
 - If you don't have minimum essential coverage, and
 - Don't qualify for an exemption
- Paying the fee doesn't provide health coverage



How much is the fee?

You pay the Greater Amount of	Percent of Annual Household Income	A Flat Dollar Amount
For 2015	2%	or \$325 per adult, and \$162.50 per child under 18
For 2016*	2.5%	or \$695 per adult, and \$347.50 per child under 18

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

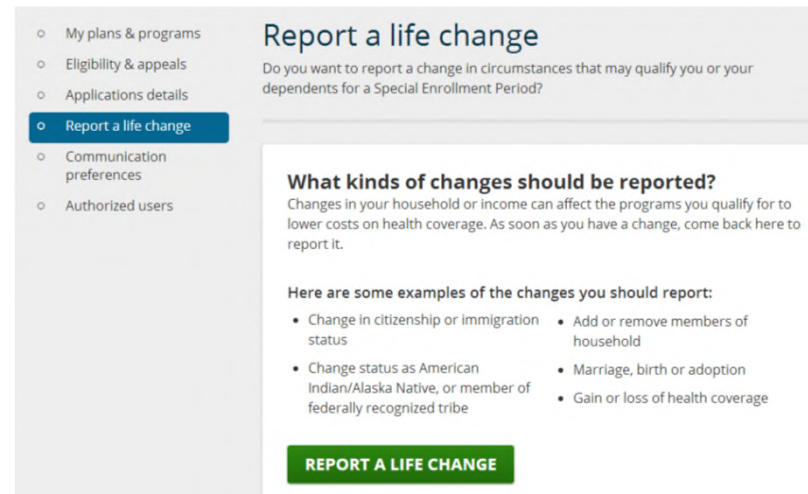
Penalty for noncompliance can't exceed the national average premium for a Bronze level Marketplace QHP (for the relevant family size).

When You Can Enroll in Coverage

- Annual Open Enrollment Period (OEP)
 - The OEP for coverage in 2015 ended February 15
 - For coverage in 2016, the OEP will be November 1, 2015—January 31, 2016
- During a Special Enrollment Period (SEP), if eligible
- Once per month if member of federally recognized Indian tribe or Alaska native shareholder

How to Use a Special Enrollment Period for a Life Change

- If you have a qualifying life change, you can contact the Marketplace
 - Online at [HealthCare.gov](https://www.healthcare.gov)
 - Log into account and click on Report a Life Change
 - By phone
 - Call the Marketplace Call Center at 1-800-318-2596
 - TTY 1-855-889-4325



Gather Important Information

marketplace.cms.gov/outreach-and-education/apply-for-or-renew-coverage.pdf

You should download or print this checklist so you know what information may be needed to apply for coverage



GET READY
to Apply for or Renew Your

**HEALTH INSURANCE
MARKETPLACE
COVERAGE**

You can apply for or renew your Marketplace coverage by visiting HealthCare.gov or by calling the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325.

Before you start your application, there are a few things you should gather to help make the process go quicker and easier. Gather this information **before** you go online or call to start your application, or before you go to a meeting with a navigator, certified application counselor, assister, agent, or broker, if one of these people is helping you. If you don't take the time to gather these things now, you may need to log back in or call back several times before you can complete your application. This can be stressful and take up valuable time.

WHAT DO I NEED?	WHY DO I NEED THIS?	CHECK THIS BOX ONCE YOU HAVE THE INFORMATION READY
Your information	Your Marketplace application will ask you for some basic information, including your name and date of birth.	<input type="checkbox"/>

4 Ways to Get Marketplace Coverage

4 Ways to Get Marketplace Coverage

Online

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



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.



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.



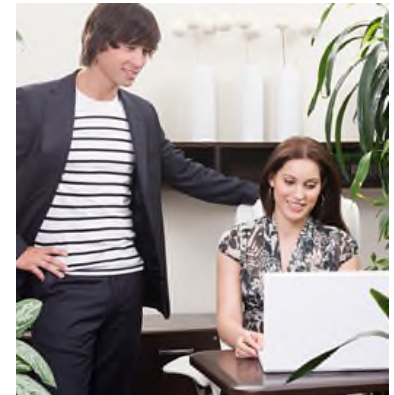
Paper application

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
 - Navigators
 - Non-Navigator assistance personnel
 - Certified application counselors
 - Issuer application assisters
 - Enrollment assistance contractor
 - Agents and brokers
 - To find help 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
- If you have Medicare you don't need to do anything related to the Marketplace
 - Your benefits don't change because of the Marketplace
 - No one can sell you a Marketplace plan
 - Except an employer through the Small Business Health Options Program (SHOP) if you're an active worker or dependent of an active worker
 - The SHOP employer coverage may pay first
 - No late enrollment penalty if you delay Medicare
 - Doesn't include COBRA coverage

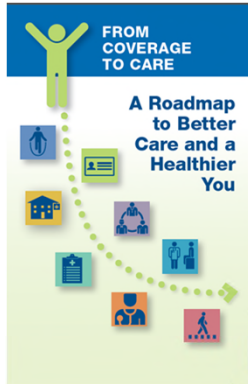
If You Have a Marketplace Plan First and Then Get Medicare Coverage

- You lose eligibility for any premium tax credits and/or reduced cost sharing for your Marketplace plan
- If you choose to drop your Marketplace plan, wait until you're covered by Medicare to avoid a gap in coverage
 - Depending on your income and resources, you may be eligible for help paying your Medicare Part B and Part D premiums and for some reduced cost sharing for Medicare Part D coinsurance/copayments
 - You may also be able to buy a Medigap (Medicare Supplement Insurance) policy or join a Medicare Advantage Plan (like an HMO or PPO)

Marketplace/Medicare Enrollment Considerations

- If you don't enroll in Medicare when you're first eligible (Initial Enrollment Period)
 - A late enrollment penalty may apply (lifetime)
 - You generally can't enroll until the Medicare General Enrollment Period (January 1 to March 31) and coverage won't start until July 1
- If your Marketplace plan isn't through your employer
 - And you must pay a premium for Part A, you would need to drop Part A and Part B to be eligible to get a Marketplace plan
 - However, if you're also receiving Social Security benefits, you would have to drop your Social Security if you drop Medicare

From Coverage to Care



Written materials and videos available in English and Spanish

Guía para su salud

COMIENCE AQUÍ

Your ROADMAP to health

1 Start here

Put your health first

- Staying healthy is important for you and your family.
- Maintain a healthy lifestyle at home, at work, and in the community.
- Get your recommended health screenings and manage chronic conditions.
- Keep all of your health information in one place.

2 Understand your health coverage

- Check with your insurance plan or state Medicaid or CHIP program to see what services are covered.
- Be familiar with your costs (premiums, copayments, deductibles, co-insurance).
- Know the difference between in-network and out-of-network.

3 Know where to go for care

- Use the emergency department for a life-threatening situation.
- Primary care is preferred when it's not an emergency.
- Know the difference between primary care and emergency care.

4 Find a provider

- Ask people you trust and/or do research on the internet.
- Check your plan's list of providers.
- If you're assigned a provider, contact your plan if you want to change.
- If you're enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP program for help.

5 Make an appointment

- Mention if you're a new patient or have been there before.
- Give the name of your insurance plan and ask if they take your insurance.
- Tell them the name of the provider you want to see and why you want an appointment.
- Ask for days or times that work for you.

6 Be prepared for your visit

- Have your insurance card with you.
- Know your family health history and make a list of any medicines you take.
- Bring a list of questions and things to discuss, and take notes during your visit.
- Bring someone with you to help if you need it.

7 Decide if the provider is right for you

- Did you feel comfortable with the provider you saw?
- Were you able to communicate with and understand your provider?
- Did you feel like you and your provider could make good decisions together?
- Remember: it is okay to change to a different provider!

8 Next steps after your appointment

- Follow your provider's instructions.
- Fill any prescriptions you were given, and take them as directed.
- Schedule a follow-up visit if you need one.
- Review your explanation of benefits and pay your medical bills.
- Contact your provider, health plan, or the state Medicaid or CHIP agency with any questions.

Entienc salud

- Comencie con el plan CHIP para su familia.
- Familiarícese con su plan.
- Entienda los proveedores de red.

3. Entienc

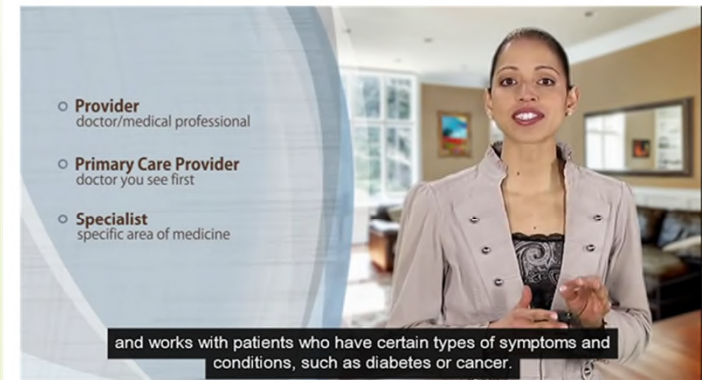
- Vaya al área de emergencias.
- Es su médico primario.
- Entienda cuál es el área de emergencias.

Haga una cita

- Dígales si es un paciente nuevo o si ya ha estado antes allí.
- Dé el nombre de su plan de seguro y pregunte si aceptan su seguro.
- Discuta el nombre del proveedor que desea.

CMR Product No. 11814 June 2014 Visit marketplace.cms.gov/c2c for more information.

Marketplace.cms.gov/c2c.



Marketplace Appeals

- If you don't agree with a decision made by the Health Insurance Marketplace, you may be able to file an appeal.
- You can appeal the following kinds of Marketplace decisions
 - Whether you're eligible to buy a Marketplace plan
 - Whether you can enroll in a Marketplace plan outside the regular open enrollment period
 - Whether you're eligible for lower costs based on their income
 - The amount of savings you're eligible for
 - Whether you're eligible for Medicaid or the Children's Health Insurance Program (CHIP)
 - Whether you're eligible for an exemption from the individual responsibility requirement

Key Points to Remember

- The Marketplace is a way for qualified individuals and families to find and buy health insurance
 - You may enroll or change plans during a Special Enrollment Period if you have certain life changing events
- Small employers can cover their employees through the SHOP
- 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 help available
- If a you don't agree with a decision made by the Marketplace, you may be able to file an appeal

Marketplace.cms.gov

CMS.gov | Health Insurance Marketplace
Centers for Medicare & Medicaid Services

Type search term here

Get email updates

Health Insurance Marketplace

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

Welcome to the official Marketplace information source for assisters and outreach partners.

On this site, you'll find information about assister programs and tools to help existing and new Health Insurance Marketplace consumers.

[Applications & Forms](#) > [Technical Assistance Resources](#) > [Outreach & Education](#) >

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 organizations are available at Marketplace.cms.gov
 - [Twitter@HealthCareGov](https://twitter.com/HealthCareGov)
 - [Facebook.com/Healthcare.gov](https://facebook.com/Healthcare.gov)