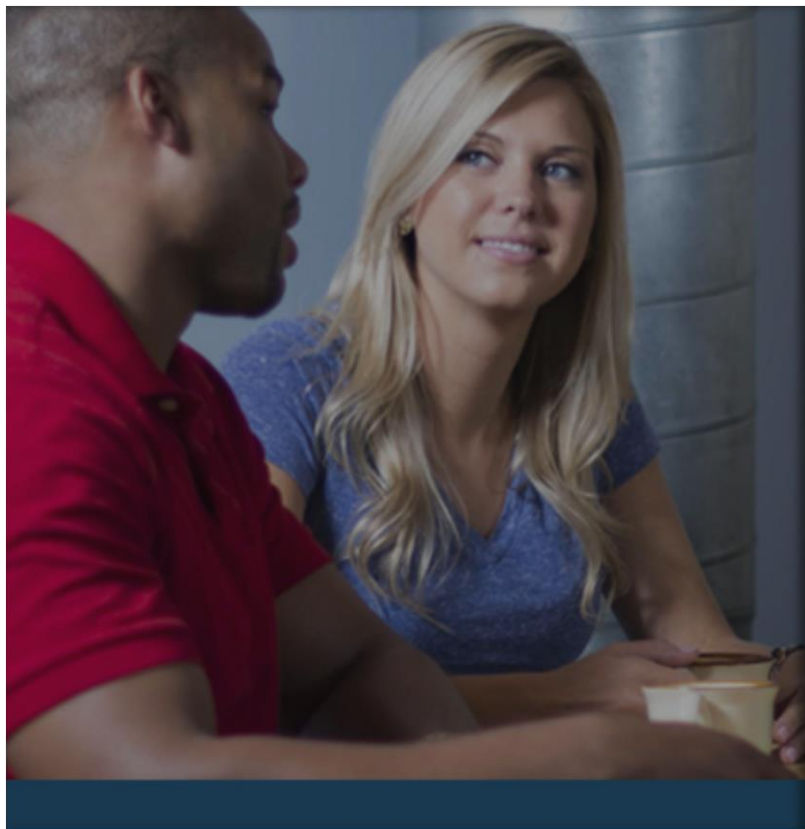


# Marketplace 101



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

# 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 are Health Insurance Marketplaces?

- 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

# How Health Insurance Marketplaces Work

- It uses one process to determine eligibility for
  - Qualified health plans through the Marketplaces
    - 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

# Marketplace Establishment

- Each state can decide to
  - Create and run a State-based Marketplace
  - Have a Marketplace operated by the federal government (Federally-Facilitated Marketplace)
  - Engage actively with the federal government in operating certain Marketplace functions (State-Partnership Marketplace)

# 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 actuarial value
  - Charges same premium whether offered through a Marketplace or outside a 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)



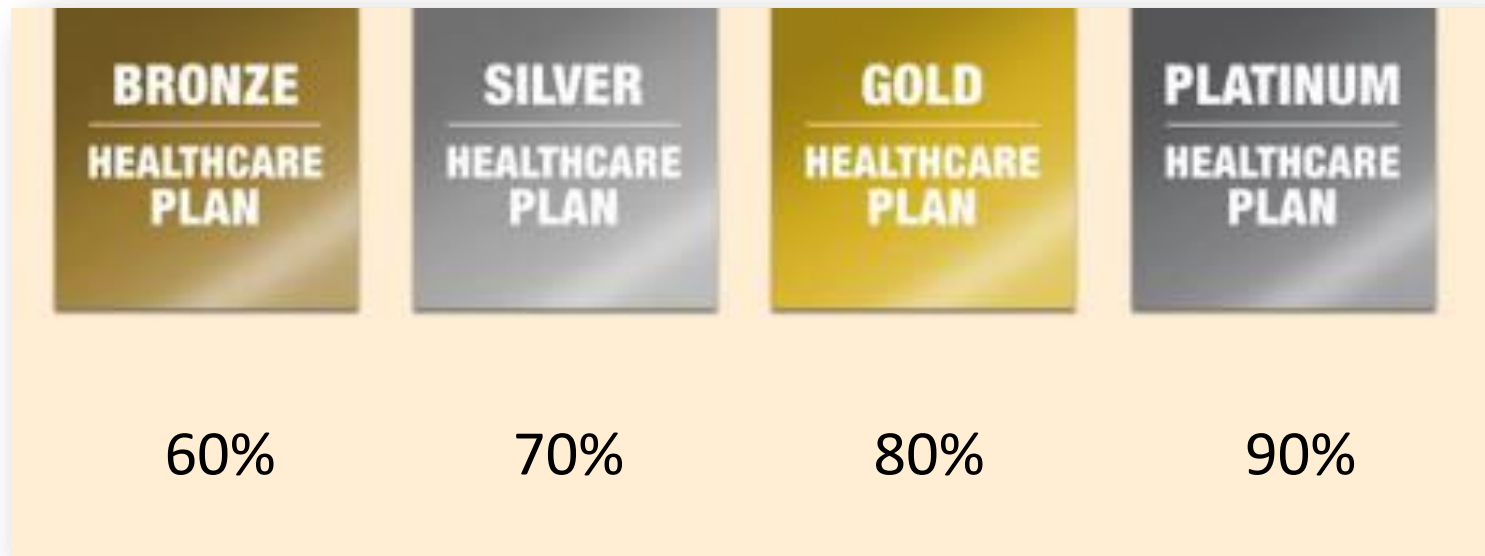
# Health Plan Categories

**Lowest Premiums**

**Highest Out-of-Pocket Costs**

**Highest Premiums**

**Lowest Out-of-Pocket Costs**



Average Percentage of Covered Care Paid By the Plan



# Catastrophic Health Plans

- What is catastrophic coverage?
  - Plans with high deductibles and lower premiums
  - You pay all medical costs for covered care up to the annual limit or cost sharing for the plan year
  - Includes 3 primary care visits per year and certain recommended preventive services with no out-of-pocket costs
  - Protects you from high out-of-pocket costs
- Who is eligible?
  - Young adults under 30 at the time they enroll or those who qualify for a hardship exemption

# Eligibility and Enrollment in the Individual Market

- To be eligible for Marketplace coverage, you must
  - Be a resident of a state served by the Marketplace, and
  - Be a U.S. citizen, U.S. national, or a non-citizen who's lawfully present in the U.S. (and expected to be for the entire time coverage is sought), and
  - Not be incarcerated (other than incarceration pending disposition of charges)

# Lower Premium Costs

- The premium tax credit may be taken as advance payments (APTC) paid directly to issuers to lower monthly premium costs, or as a refundable credit on the tax return you file
- Eligibility for APTC is based on
  - Household income and family size
    - Household income between 100% to 400% FPL
      - \$24,250 – \$97,00 for a family of 4 in 2016 (higher in Alaska and Hawaii)
  - Not being eligible for other minimum essential coverage, and including most government-sponsored coverage, affordable employer-sponsored insurance that meets certain minimum standards, 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 (APTC)

- All or some of the APTC is paid directly to your plan on a monthly basis
- You pay the difference between the monthly premium and APTC
- You reconcile the APTC 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, if you got more PTC than you were eligible for, after reconciliation on your tax return. Or, you could get money back or credited against any tax you may owe if you didn't get all the PTC for which you were eligible.**

# Who's Eligible for Cost-Sharing Reductions?

- Lower out-of-pocket costs on deductibles, copayments, and coinsurance
- To be eligible, you must
  - Have income at or below 250% FPL
    - \$60,625 annually for a family of 4 in 2016 (higher in Alaska and Hawaii)
  - Be eligible for advance payments of the premium tax credit
  - **Enroll in a Marketplace Silver-level plan, unless they're members of a Federally-recognized tribe**
- 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), and they're eligible for advance payment of the premium tax credit
    - Up to around \$72,750 for a family of 4 (\$90,960 in Alaska) in 2016
    - Don't have to enroll in a Silver-level plan

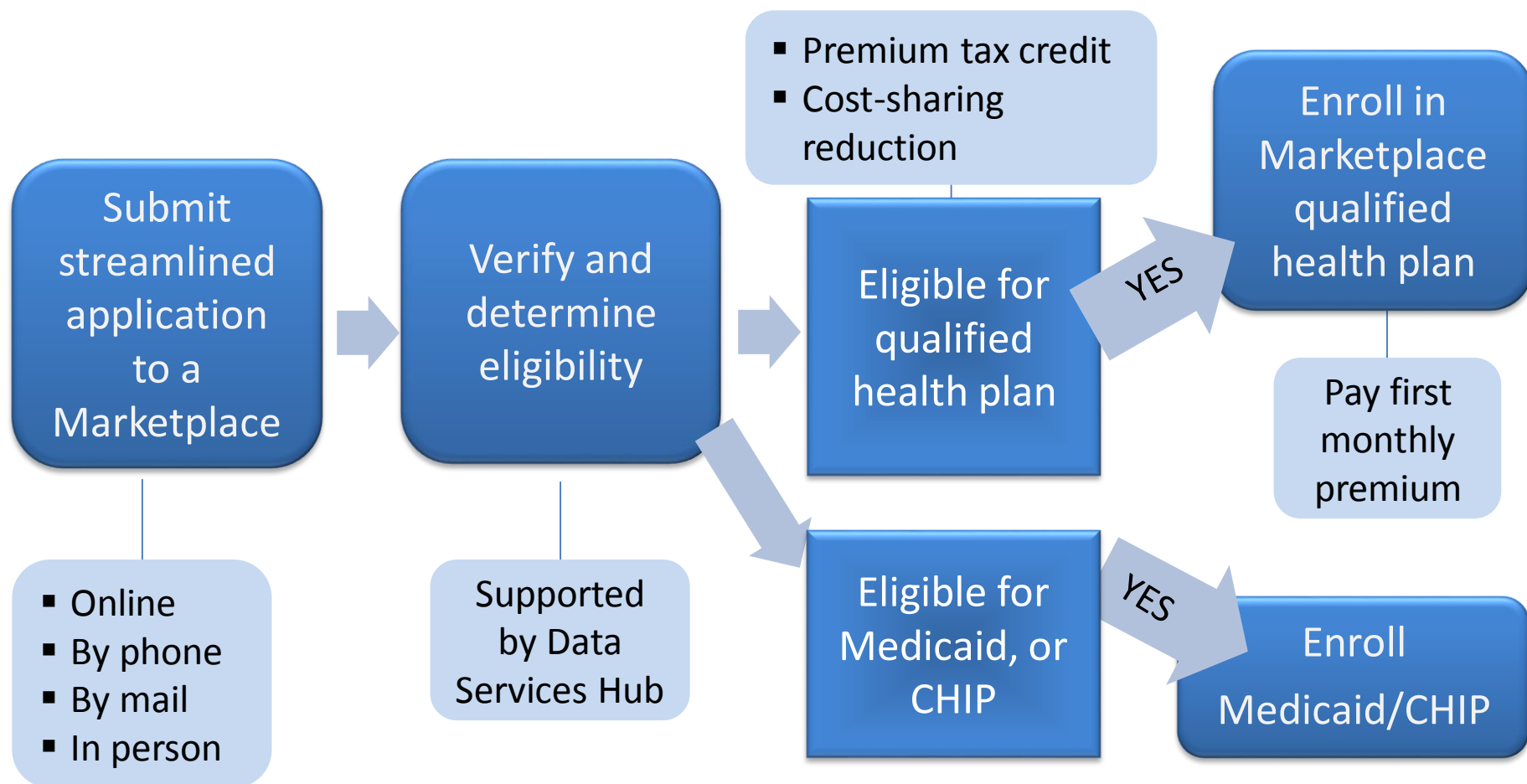
# Medicaid Eligibility

- Eligibility tied to groups specified under the federal Medicaid law
  - Pregnant women
  - Children
  - People with disabilities
  - Seniors
  - Parents and caretaker relatives
- States must cover certain groups, such as children and pregnant women, and have the option to cover other groups, such as childless adults
- Financial and non-financial requirements

# Eligibility—Medicaid Expansion

- Affordable Care Act's Eligibility Groups
  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 (no income test)
  3. Optional eligibility group for individuals with income above 133% of FPL
    - Under 65 with income above 133% of FPL
- 12-month eligibility period for most adults, parents, and children

# Application and Eligibility





# 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)**

**EXEMPT**

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're 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 veteran's health coverage (from the VA)

# What is Minimum Essential Coverage? Continued

- If you have coverage from any of the following, you have minimum essential coverage
  - 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?

EXEMPT

- You are eligible to receive an 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

EXEMPT

- You may be eligible for an 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 8.13% 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?

- If you don't have health insurance in 2016, you'll pay the higher of these two amounts:
  - 2.5% of your yearly household income (Only the amount of income above the tax filing threshold, about \$10,150 for an individual in 2014, is used to calculate the penalty)
    - The maximum penalty is the national average premium for a Bronze plan
  - \$695 per person (\$347.50 per child under 18)
    - The maximum penalty per family using this method is \$2,085
- The penalty for noncompliance can't exceed the national average premium for a Bronze level Marketplace QHP (for the relevant family size)
- After 2016, the amounts increase based on the cost of living

# When You Can Enroll in Coverage

- During the Open Enrollment Period (OEP)
  - For coverage in 2017 and 2018, OEP will be November 1 of the previous year and run through January 31 of the coverage year
  - For coverage in 2019 and beyond, open enrollment will begin on November 1 and end on December 15 of the preceding year
- During a Special Enrollment Period (SEP), if eligible
- Once per month if member of federally recognized Indian tribe or Alaska native shareholder
- Anytime you're eligible for Medicaid or the Children's Health Insurance Program



# How to Enroll During a Special Enrollment Period for a Qualifying Life Event

- If you have a qualifying life event, you can update your information
  - Online at [HealthCare.gov](https://www.healthcare.gov)
    - Log into your 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

The screenshot shows the 'Report a life change' page on HealthCare.gov. On the left is a navigation menu with links: 'My plans & programs', 'Eligibility & appeals', 'Applications details', 'Report a life change' (highlighted in blue), 'Communication preferences', and 'Authorized users'. The main content area has the heading 'Report a life change' followed by the question 'Do you want to report a change in circumstances that may qualify you or your dependents for a Special Enrollment Period?'. Below this is a section titled 'What kinds of changes should be reported?' with a subtext: 'Changes in your household or income can affect the programs you qualify for to lower costs on health coverage. As soon as you have a change, come back here to report it.' This is followed by 'Here are some examples of the changes you should report:' and a list of six examples: 'Change in citizenship or immigration status', 'Add or remove members of household', 'Change status as American Indian/Alaska Native, or member of federally recognized tribe', 'Marriage, birth or adoption', and 'Gain or loss of health coverage'. At the bottom is a green button labeled 'REPORT A LIFE CHANGE'.

My plans & programs

Eligibility & appeals

Applications details

**Report a life change**

Communication preferences

Authorized users

## Report a life change

Do you want to report a change in circumstances that may qualify you or your dependents for a Special Enrollment Period?

### What kinds of changes should be reported?

Changes in your household or income can affect the programs you qualify for to lower costs on health coverage. As soon as you have a change, come back here to report it.

Here are some examples of the changes you should report:

- Change in citizenship or immigration status
- Add or remove members of household
- Change status as American Indian/Alaska Native, or member of federally recognized tribe
- Marriage, birth or adoption
- Gain or loss of health coverage

**REPORT A LIFE CHANGE**

# How the Federally-facilitated and State-Partnership Marketplaces Work



## Create an account

Go to [HealthCare.gov/get-coverage](https://HealthCare.gov/get-coverage) and provide some basic information. Then choose a 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.

## Pick a plan

Next you'll see all the plans and programs you're eligible for. You can compare qualified health plans side-by-side.

You'll also see if you can get lower costs on monthly premiums and other savings based on your income.

## Enroll

Choose a plan that meets your needs, enroll, and pay your first premium.

You're covered!

May apply or change plan during Special Enrollment Period due to certain qualifying events.



# Premium Payment

- You must pay the first month's premium directly to your insurance company by the insurer's deadline
- You must pay the premium each month or you could lose coverage
- Issuers must accept at least these payment methods
  - Paper check
  - Cashier's check
  - Money order
  - Electronic fund transfer (EFT)
  - Pre-paid debit card
- Some issuers may also accept online, credit card, or debit card payments (check with the plan)

# Marketplace Appeals

- If you don't agree with a decision made by a 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 (fee)

# Enrollment Assistance

- Help is available in the Marketplace
  - Marketplace Call Center
  - Marketplace-approved in-person help is available
- Use the Find Local Help tool at [Localhelp.HealthCare.gov/](https://localhelp.healthcare.gov/)
- Language assistance is available through interpreters, Call Center support, and print and web resources
- Help is available to complete application
  - Job aids in 33 languages

# Marketplace Call Center

- Services consumers in Federally-facilitated and State-Partnership Marketplaces
  - 1-800-318-2596 (TTY 1-855-889-4325)
- Customer service representatives available 24/7
- Help with eligibility, enrollment, and referrals
- Assistance in English and Spanish
  - Oral interpretations for 240+ additional languages
- State-based Marketplaces have own Call Centers



# Small Business Health Options Program (SHOP) Call Center

- For questions about SHOP
  - 1-800-706-7893 (TTY 711)
- Customer service representatives available  
Monday – Friday from 9 a.m. to 7 p.m. ET

# Marketplaces and People with Medicare

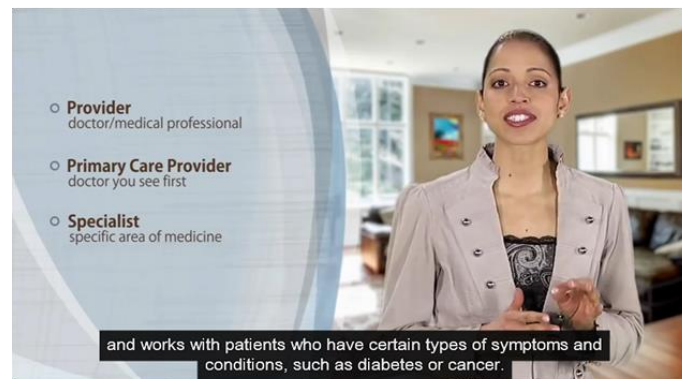
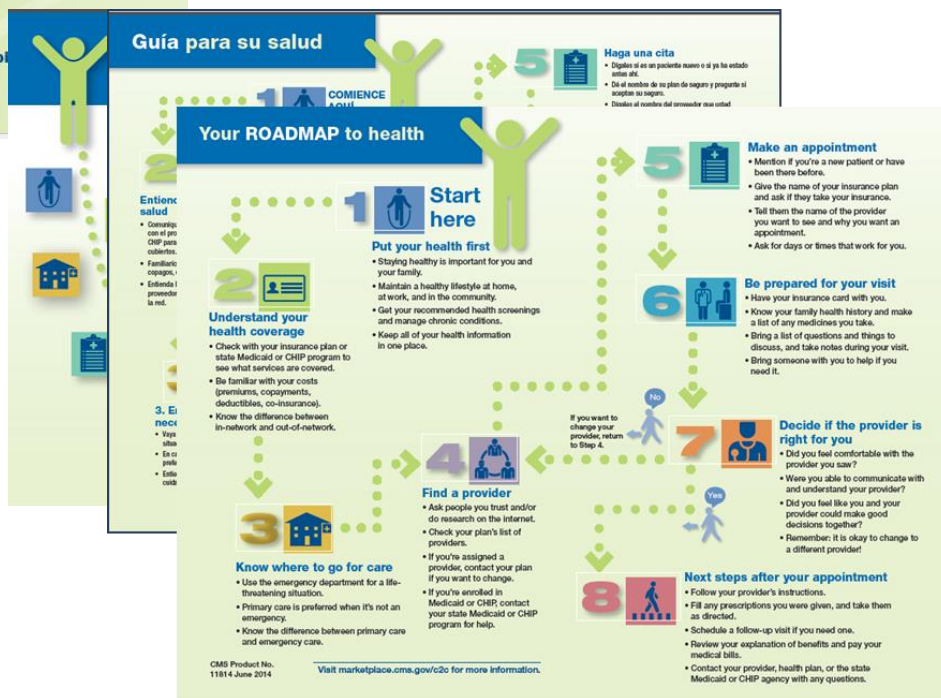
- Medicare isn't part of a Marketplace
- If you have Medicare, you don't need to do anything related to the Marketplaces
  - Your benefits don't change because of the Marketplaces
  - It's illegal to sell you a Marketplace plan
    - Except an employer through the Small Business Health Options Program (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



# From Coverage to Care

Written materials available in English, Spanish, Korean, Chinese, Vietnamese, Haitian, Creole, Arabic, and Russian. There is also a Tribal version.

[Marketplace.cms.gov/technical-assistance-resources/c2c.html#Resources](https://Marketplace.cms.gov/technical-assistance-resources/c2c.html#Resources)



Videos in English and Spanish

# Marketplace.cms.gov

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

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[Get email updates](#)

## Health Insurance Marketplace

**Get the latest resources to help people apply, enroll, and get coverage at Marketplace.cms.gov**

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, & Notices](#)

[Technical Assistance Resources](#)

[Outreach & Education](#)

# Want More Information about the Marketplace?

Stay connected with the Marketplace



- [Twitter@HealthCareGov](https://twitter.com/HealthCareGov)
- [Facebook.com/Healthcare.gov?\\_rdr=p](https://facebook.com/Healthcare.gov?_rdr=p)
- [YouTube.com/playlist?list=PLaV7m2-zFKpgZDNCz7rZ3Xx7q2cDmpAm7](https://YouTube.com/playlist?list=PLaV7m2-zFKpgZDNCz7rZ3Xx7q2cDmpAm7)
- Sign up to get email and text alerts at [HealthCare.gov/subscribe](https://HealthCare.gov/subscribe)
  - [CuidadoDeSalud.gov](https://CuidadoDeSalud.gov) for Spanish
- Updates and resources for organizations are available at [Marketplace.cms.gov](https://Marketplace.cms.gov)

# Key Points to Remember

- A 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 qualifying life events
- Eligible 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 you don't agree with a decision made by a Marketplace, you may be able to file an appeal