



Understanding the Health Insurance Marketplace



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

March 2014

Objectives

This session will help you

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

Session Topics

1. Health Insurance Marketplace (Marketplace)
2. Eligibility and enrollment
3. New ways to lower costs
 - Monthly premiums, and
 - Out-of-pocket costs
4. Medicaid and the Children's Health Insurance Program (CHIP)
5. Assistance with applying and enrolling
6. Key points

The Health Insurance Marketplace

- Part of the Affordable Care Act
- Where qualified individuals and families 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 the Marketplace Works

- It uses one process to determine eligibility for
 - Qualified health plans through the Marketplace
 - New 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 Basics

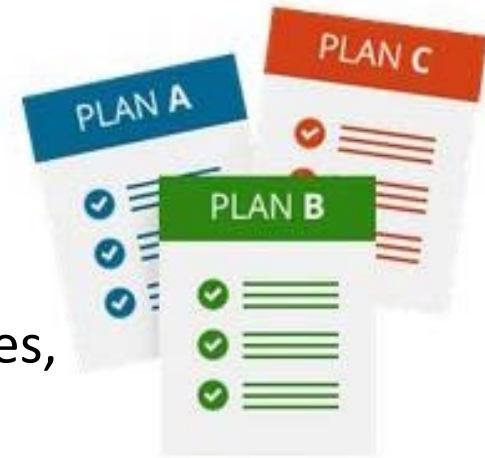
- Offers qualified health plans that provide
 - Essential health benefits
 - Consumer protections
- Allows you to compare costs and coverage among qualified health plans

Qualified Health Plans

- A qualified health plan
 - 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” level and one at the “Gold” level of cost sharing
 - Charges same premium whether offered through the Marketplace or outside the Marketplace

Qualified Health Plans Cover Essential Health Benefits

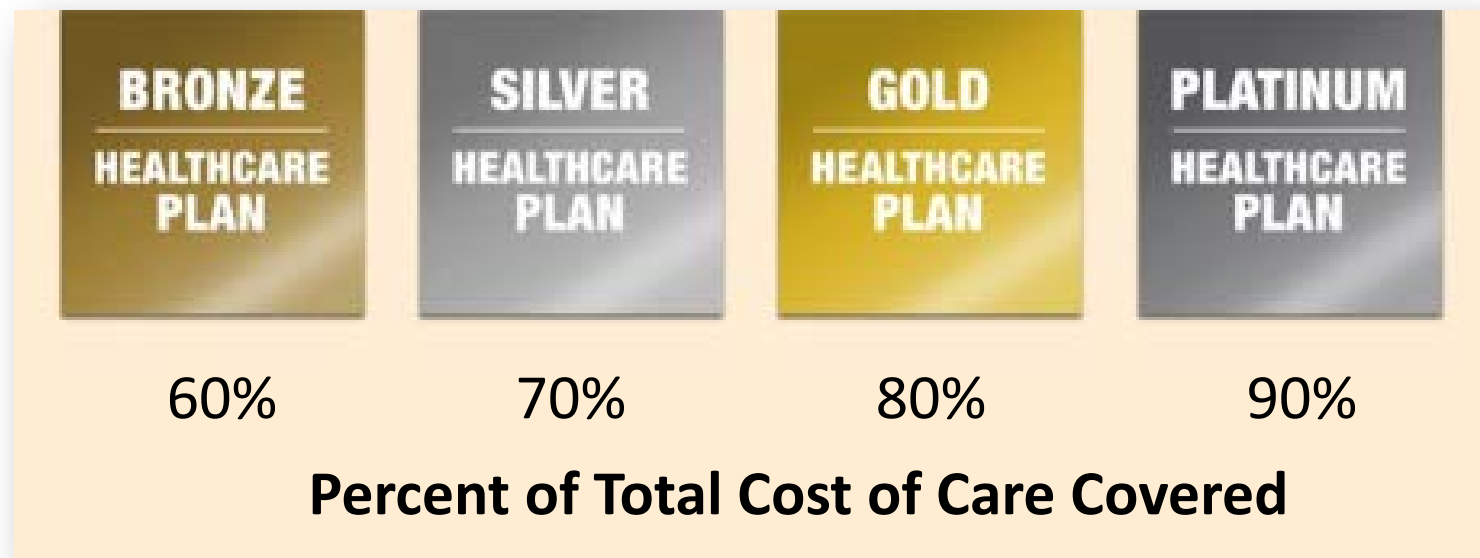
- Essential health benefits include at least these 10 categories
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
 - Mental health and substance use disorder services, including behavioral health treatment
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Preventive and wellness services and chronic disease management
 - Pediatric services, including oral (dental) and vision care (pediatric oral (dental) 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**



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



Starting in 2014, 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. 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
 - Medicare Part A (including Medicare Advantage Plans)
 - 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. Exemption from the fee

- You may qualify for an exemption if 
 - You're uninsured for less than 3 months of the year
 - The lowest-priced coverage available to you would cost more than 8% of your household income
 - You don't have to file a tax return
 - You're a member of a federally recognized Indian tribe or eligible for services from an Indian health provider
 - You're a member of a recognized health care sharing ministry
 - You're a member of a recognized religious sect with religious objections to health insurance
 - You're incarcerated (unless pending disposition of charges)
 - You're not lawfully present in the U.S.

Hardship Exemptions

- You may qualify if you have a circumstance that affects your ability to purchase health coverage
 - You were homeless or evicted in the past 6 months
 - You got a shut-off notice from a utility company
 - You recently experienced domestic violence
 - You recently experienced the death of a close family member
 - You experienced a fire, flood, or other natural disaster
 - You filed for bankruptcy in the last 6 months
 - You had medical expenses you couldn't pay in the last 24 months
 - You were determined ineligible for Medicaid because your state didn't expand eligibility for Medicaid
 - Your individual insurance plan was cancelled and you believe other Marketplace plans are unaffordable

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 **doesn't** provide health coverage



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

Fee Calculation

| | | | |
|---|--------------------------------------|----|--|
| In 2014, you pay the <i>greater</i> amount of | 1% of your annual household income | or | \$95 per adult, and \$47.50 per child under 18 |
| In 2015, you pay the <i>greater</i> amount of | 2% of your annual household income | or | \$325 per adult, and \$162.50 per child under 18 |
| In 2016*, you pay the <i>greater</i> amount of | 2.5% of your annual household income | 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).

The total family penalty is capped at 300% of the annual flat dollar amount.

Small Business Health Options Program (SHOP)

- The SHOP is a Marketplace for small employers and their employees
- SHOP gives small employers more choice and control over health insurance spending
 - Choices among qualified health plans
 - Access to tax credits for eligible employers

How SHOP Works

- Beginning in 2016, small employers with fewer than 100 full-time equivalent (FTE) employees can qualify
 - All states have upper limit of 50 FTEs in 2014
 - Employer must offer coverage to all FTE employees
 - Employer offers coverage through the SHOP in state where its principal business office is located or through its employees' primary work sites
- Sole proprietors must buy through the Individual Marketplace, not SHOP
- SHOP Marketplace Help Desk for **employers**
 - 1-800-706-7893 (TTY 1-800-706-7915)

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
- Federal grant support for state's initial costs to plan for and establish Marketplace

State Establishing a Marketplace

- State-based Marketplace can be operated by
 - Non-profit entity
 - Independent governmental agency
 - Existing state agency
 - State Medicaid agency
 - Department of Insurance
 - Other

State Not Establishing a Marketplace

- If state doesn't establish a Marketplace
 - Marketplace is run by the Federal government
 - States can engage actively with Federal government to perform certain Marketplace functions
 - Plan management, and/or
 - Consumer assistance, education, and outreach
- State may seek approval in subsequent years to operate its own State-based Marketplace

Eligibility and Enrollment in the Individual Market

- To be eligible for Marketplace coverage, you must
 - 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 charges
 - Can apply for Medicaid/CHIP at any time

When You Can Enroll in the Individual Market

- Marketplace initial open enrollment period
 - October 1, 2013 – March 31, 2014
- Next annual open enrollment period
 - November 15 – February 15
- Special enrollment periods available in certain circumstances during the year

Initial Open Enrollment Period for the Individual Market

October 1, 2013 – March 31, 2014

| If you enroll(ed) | Your coverage is/was effective |
|---|---------------------------------------|
| December 24 – 31, 2013 | February 1, 2014 |
| Between the 1 st and 15 th day of January – March | First day of the following month |
| Between the 16 th and the last day of January – March | First day of second following month |

Special Enrollment Periods

Allows qualified individuals to enroll in or change qualified health plan within 60 days in the Individual Marketplace/30 days in the SHOP Marketplace, following one of these triggering events

- | | |
|--|--|
| 1. Loss of minimum essential coverage | 6. Gaining or losing eligibility for premium tax credits or, change in eligibility for cost-sharing reductions |
| 2. Gaining or becoming a dependent | 7. Access to new qualified health plans as the result of a permanent move |
| 3. Gaining lawful presence | 8. Members of Federally recognized Indian tribes have monthly SEP |
| 4. Enrollment errors of the Marketplace | 9. Exceptional circumstances |
| 5. Material contract violations by qualified health plan | 10. Misconduct on the part of a non-Marketplace entity |

Special Marketplace Protections for Members of Federally Recognized Indian Tribes

- Those enrolled in a qualified health plan offered through the Marketplace
 - Don't have to pay cost-sharing if household income is at or below 300% of the Federal poverty level (FPL)
 - Up to around \$70,650 for a family of 4 (\$88,320 in Alaska) in 2013
 - Up to around \$71,550 for a family of 4 (\$89,460 in Alaska) in 2014
 - Don't have to pay cost-sharing for services received directly from IHS, an Indian tribe, tribal or urban Indian organization, or through referral under Contract Health Services
 - Are eligible for monthly special enrollment periods
- If eligible for services from an Indian health care provider, exempt from the fee

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.

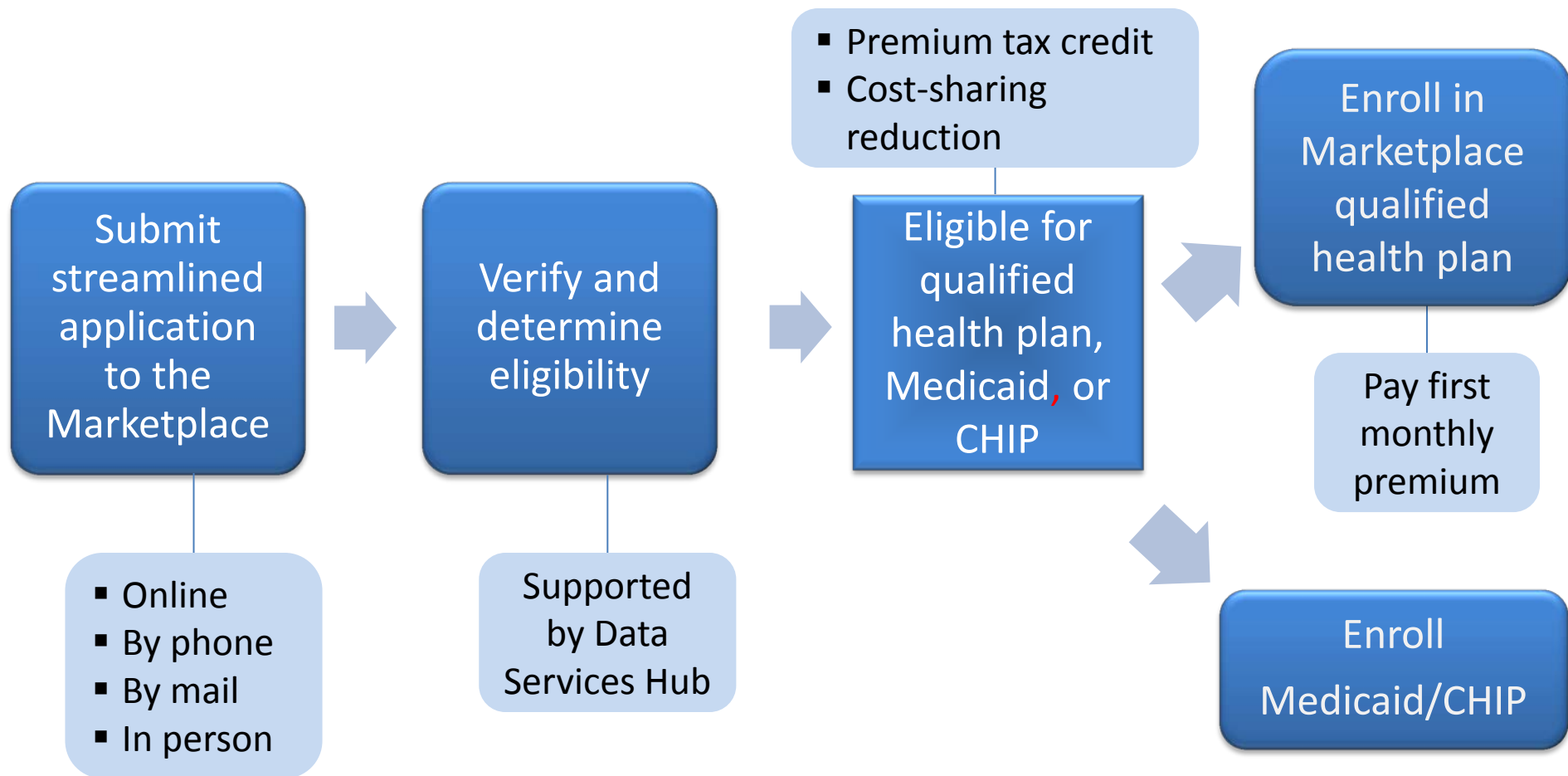
You'll also find out if you can get lower costs on monthly premiums and out-of-pocket costs.

Enroll

Choose a plan that meets your needs and enroll!



Application and Eligibility



The Coverage Application

- Available electronically and on paper in English and Spanish
- Federally Facilitated Marketplace Application form
 - Dynamic online version asks only relevant questions based on your responses
 - Streamlined paper version
- State-based Marketplaces may have own version
- Help is available to complete application

Where to Apply

HealthCare.gov Learn Get Insurance Log in **Español**

Individuals & Families Small Businesses All Topics SEARCH

During times of especially high demand, you may be queued to begin your online Marketplace application to ensure the best possible shopping experience. **HIDE ALERTS**

WELCOME TO THE MARKETPLACE: Find health coverage that meets your needs and budget

Enroll by March 15 for coverage starting April 1

Open enrollment ends March 31

SEE PLANS BEFORE I APPLY

APPLY NOW FOR HEALTH COVERAGE

USE YOUR NEW COVERAGE

Apply and Shop for Coverage

The screenshot shows the HealthCare.gov website interface. At the top, there are navigation tabs for 'Learn' and 'Get Insurance', along with links for 'Miles', 'Logout', and 'Español'. Below this is a progress bar with 'Apply' selected, followed by 'Get Results' and 'Get Coverage'. A 'HELP' button is also visible. On the left side, there is a 'GET STARTED' section with a numbered list: 1. Privacy policy, 2. Contact information, 3. Help applying for coverage, 4. Help paying for coverage, 5. Who needs coverage, and 6. Summary. Below this are sections for 'FAMILY & HOUSEHOLD', 'ADDITIONAL INFORMATION', and 'REVIEW & SIGN'. The main content area features a large blue box titled 'Start your application' with the text: 'You can apply for any of these people on this same application, even if they already have health coverage now.' Below this text are three icons: a person icon labeled 'Yourself', a family icon labeled 'Other family members', and a tax document icon labeled 'Anyone on your same federal income tax return (if you file one)'. Below the icons, it says 'All fields are required unless they're marked optional.' At the bottom of the blue box is a green 'NEXT' button. Below the blue box, there is a section titled 'You may need:' with the text: 'Names, birth dates, and income information for your family' and 'Social Security numbers (if they're available) for the people who want coverage'.

You can also call the National Marketplace Call Center, which services Federally Facilitated and State Partnership Marketplaces

- 1-800-318-2596
- (TTY 1-855-889-4325)

Get Help Paying for Coverage

GET STARTED

[Privacy policy](#)

[Contact information](#)

[Help applying for coverage](#)

4 Help paying for coverage

[5 Who needs coverage](#)

FAMILY & HOUSEHOLD

ADDITIONAL INFORMATION

REVIEW & SIGN

Help paying for coverage

Do you want to find out if you can get help paying for health coverage?

Even working families can pay less for health coverage. You may be eligible for a free or low-cost plan, or a new kind of tax credit that can be used to lower your monthly premiums right away.

| | |
|---|---|
| <input checked="" type="radio"/> Yes | You'll answer questions about your income to see what help you qualify for. |
| <input type="radio"/> No | You'll answer fewer questions, but you won't get help paying for coverage. |
| <input type="radio"/> I'm not sure | Answer 2 questions, and we'll help you figure out your next steps. |

Next, you'll see a summary of the information you've given us so far. Then, we'll ask you questions about your income to see what you qualify for.

SAVE & CONTINUE

Eligibility Results

Eligibility results

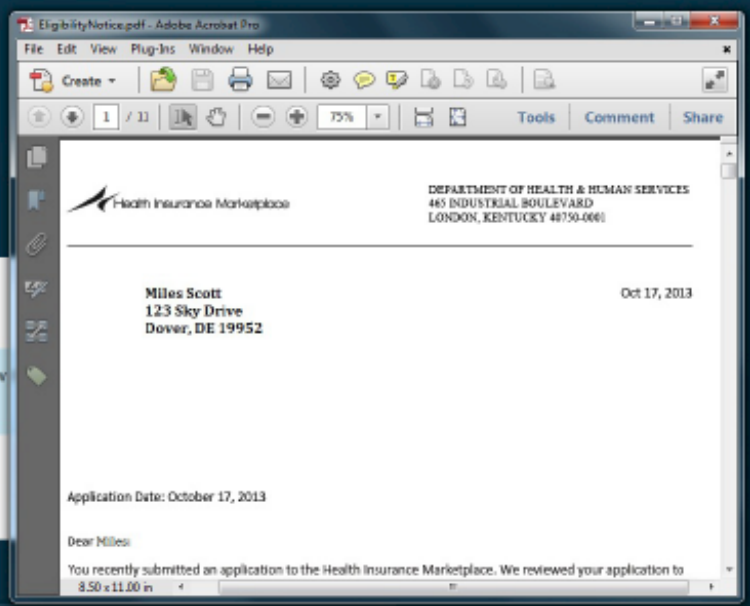
Learn more about your eligibility results
Results based on your application (ID 142662821) submitted on 2013-10-17

Your application was received and has been processed.

Your detailed eligibility results are ready

Important: Read your eligibility results before you enroll. We'll let you know if you'll need to resolve.

VIEW ELIGIBILITY RESULTS



What should I do if I think my eligibility results are wrong?

Enrolling in Coverage

The screenshot shows the HealthCare.gov website interface. At the top, the logo "HealthCare.gov" is on the left, and navigation links "Learn", "Get Insurance", "My Account", "Logout", and "Help" are on the right. A progress bar below the logo shows three steps: "Apply" (checked), "Get Results" (checked), and "Enroll" (checked). A yellow callout box says "You are Now Enrolled". The main heading is "You are Now Enrolled". Below this, a green bar indicates "STATUS: Active". The plan details for "MML INDVL Gold 1" are shown, including the provider "ABC Health" with address and phone number. A "VIEW PLAN DETAILS" button is present. A light blue box displays the premium as "\$689.12 / month", with a start date of "11/01/2014" and an end date of "10/31/2015". Under the "Enrolled" section, three names are listed with checkmarks: "Miles Scott", "Lisa Scott", and "Nicco Scott". The "Not Enrolled" section is empty. A "MANAGE ACCOUNT" button is at the bottom right.

HealthCare.gov

Learn Get Insurance My Account Logout Help

Apply Get Results Enroll

You are Now Enrolled

STATUS: Active

MML INDVL Gold 1

VIEW PLAN DETAILS

ABC Health
23 Main St, Suite 100
Anytown, MI 48154
1-800-555-1212
www.abchealth.com

Premium: \$689.12 / month

Start Date: 11/01/2014 End Date: 10/31/2015

Enrolled

- ✓ Miles Scott
- ✓ Lisa Scott
- ✓ Nicco Scott

Not Enrolled

MANAGE ACCOUNT

Premium Payment

- You must pay the first month's premium by the insurer's deadline
- 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

- Decisions you can appeal
 - Whether you're eligible to buy a Marketplace plan
 - Or buy a Marketplace Catastrophic Plan
 - Whether you can enroll outside of the regular open enrollment period
 - Whether you're eligible for lower costs
 - The level of premium tax credits/cost-sharing reductions for which you're eligible
 - Whether you're eligible for Medicaid or CHIP
 - Whether you're eligible for an exemption

How to Appeal

- Two ways to appeal are explained in your eligibility determination notice
 1. Writing a letter to the Marketplace
 2. Completing and mailing an appeal request form
 - Available at <https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/>
- Expedited appeals available in certain circumstances

Tips Sheets on Using Your Health Coverage

- Visit marketplace.cms.gov/getofficialresources/publications-and-articles

| Topics | CMS Product No. |
|--|-----------------|
| Seeing your doctor | 11767 |
| Using provider networks | 11766 |
| Getting prescription medications | 11769 |
| Getting emergency care | 11770 |
| Appealing your insurer's decision not to pay | 11771 |
| Early renewal | 11764 |

Marketplace Affordability

- Financial help is available for eligible families and individuals, including
 - Tax credits that may be used to lower monthly premiums
 - Refundable premium tax credits
 - Advance payment of premium tax credits
 - Reduced cost sharing to lower out-of-pocket spending for health care costs

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
 - \$23,550 – \$94,200 for a family of 4 in 2013 (higher in AK and HI)
 - Obtaining health insurance through the Marketplace
 - Ineligibility for government-sponsored coverage, affordable employer-sponsored insurance, or certain other minimum essential coverage

How Much Is the Premium Tax Credit?

- Amount of the premium tax credit depends on
 - **Actual** household income as a percentage of the Federal poverty level (FPL) and family size
 - Sliding scale that increases your contribution toward the premium as income as percentage of FPL increases
 - The premium for the second lowest cost Silver-level qualified health plan (QHP) adjusted for age
 - May apply premium tax credit to QHP in any health plan category (i.e., Bronze, Silver, Gold, or Platinum)

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 your 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 you file 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.

Cost-Sharing Reductions

- Lower costs on deductibles, copayments, and coinsurance
- To be eligible, you must
 - Have income at or below 250% FPL
 - \$58,875 annually for a family of 4 in 2013
 - \$59,625 annually for a family of 4 in 2014
 - 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 \$70,650 for a family of 4 (\$88,320 in Alaska) in 2013
 - Up to around \$71,550 for a family of 4 (\$89,460 in Alaska) in 2014

Medicaid and CHIP

- The health care law extends eligibility for coverage under Medicaid
- The law simplifies eligibility for Medicaid and the Children's Health Insurance Program (CHIP)
- It coordinates coverage under Medicaid and CHIP with new qualified health plan coverage available through the Marketplace
 - No wrong door if you apply through the Marketplace
 - Single application for affordability programs

Medicaid Eligibility in 2014

- The health care law offers a new opportunity for states to expand Medicaid to
 - Adults ages 19 – 64 with incomes up to 133% FPL
 - \$15,282 per year for individual (\$15,521 in 2014)
 - \$31,322 per year for family of 4 (\$31,720 in 2014)
- The law ensures Medicaid coverage for children in families with household incomes up to 133% FPL
- A simplified way of calculating income to determine Medicaid/CHIP eligibility
 - Known as Modified Adjusted Gross Income (MAGI)-based method

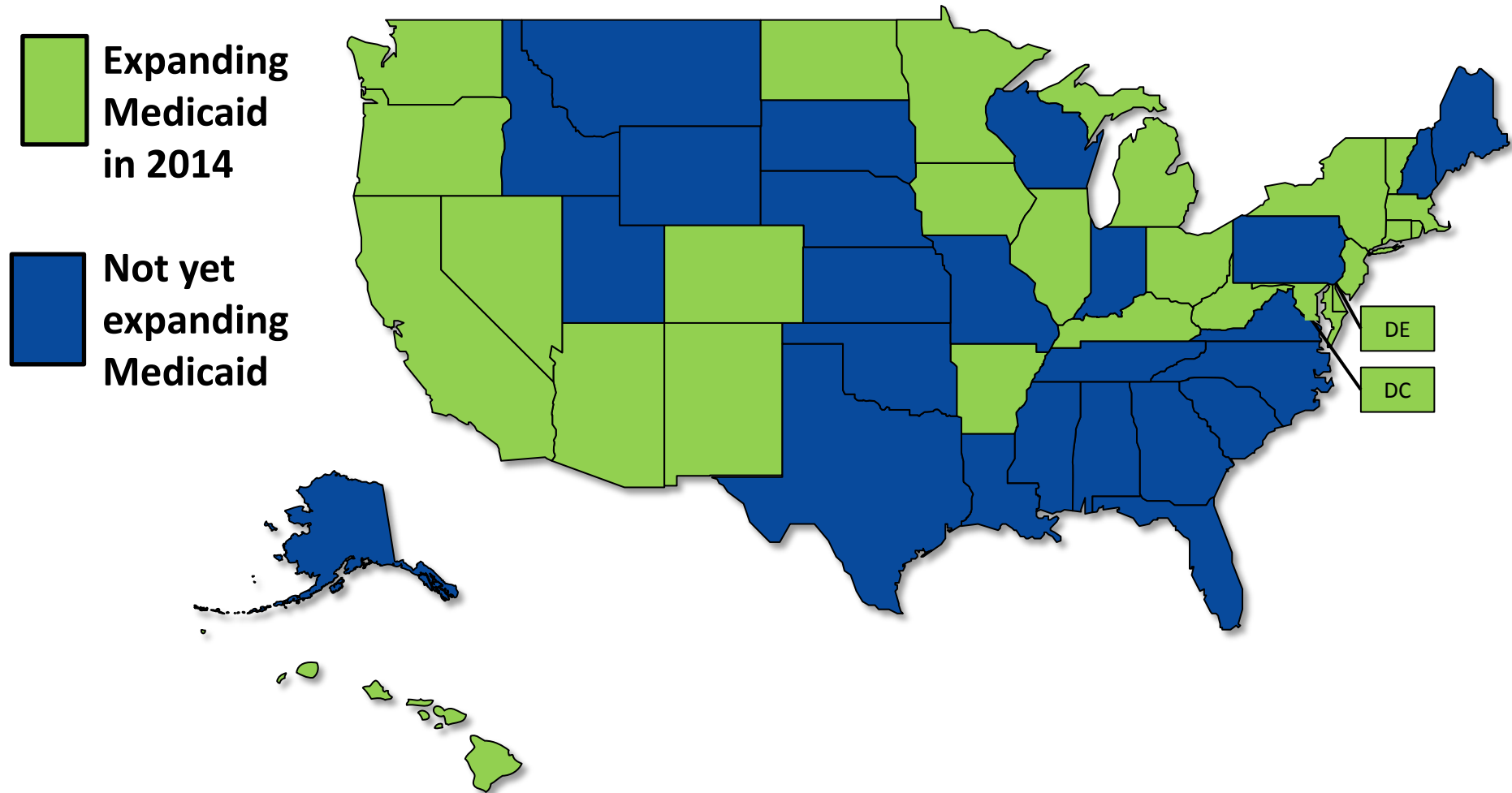
Simplifying Medicaid and CHIP

- Eligibility process has been simplified
 - Relies primarily on electronic data
 - Reduces need for paper documentation
- Apply on-line, by phone, by mail, or in person
- State option for 12-month eligibility period for
 - Adults
 - Parents
 - Children
- Simplified process for renewing coverage



Medicaid Expansion in 2014

25 States + D.C.



Medicaid and the Marketplace

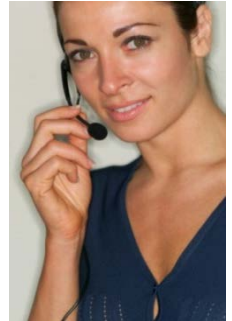
- If you're eligible for Medicaid, you aren't eligible for premium tax credits or Marketplace cost-sharing reductions
- If you live in a state that is NOT expanding Medicaid
 - If your income is **more** than 100% FPL, you may be eligible for a premium tax credit (about \$23,500 for a family of 4 in 2013 and \$23,850 in 2014)
 - If your income is **less** than 100% FPL, you aren't eligible for a premium tax credit
 - May be eligible for Medicaid under state's existing rules
 - Can get hardship exemption and won't have to pay a fee for not obtaining health coverage

Enrollment Assistance

- Help is available in the Marketplace
 - National Marketplace Call Center
 - SHOP Call Center
 - Navigators
 - Non-Navigator assistance personnel
 - Certified application counselors
 - Issuer application assisters
 - Enrollment assistance contractors
 - Agents and brokers
 - Champions for Coverage

National Marketplace Call Center

- Services 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
 - Language line for 150 additional languages
- State-based Marketplaces have own call centers



SHOP Call Center

- For questions about SHOP for small employers with 50 or fewer employees
 - 1-800-706-7893 (TTY 1-800-706-7915)
- Customer service representatives available Monday – Friday from 9 a.m. to 7 p.m. EST
- Small business employees with SHOP questions should call the National Marketplace Call Center

Navigator Program

- Grant program administered by each Marketplace
- Each Navigator must
 - Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities
 - Distribute fair, accurate, and impartial information about enrollment in qualified health plans (QHPs) and other health programs such as Medicaid and CHIP
 - Facilitate selection of a QHP and refer consumers to certain other programs
 - Provide information that is culturally and linguistically appropriate and accessible for people with disabilities and/or limited English proficiency

Navigator Program – Continued

for Federally Facilitated and State Partnership Marketplaces

- Navigators must be trained and certified
 - Initial web-based training
 - Required on-going training
 - Annual recertification
- Must not accept direct or indirect compensation from issuers related to enrollment in qualified health plans (QHPs) or non-QHPs
- Must meet reporting requirements

Non-Navigator Assistance Personnel

- Also known as enrollment assistance personnel or in-person assisters
- Perform generally same functions as Navigators
- Funded through separate grants or contracts administered by a state or (in FFM states) the Centers for Medicare and Medicaid Services
- Can be direct hires of the Marketplace or state in State based Marketplace and State partnership Marketplaces
- Must also complete comprehensive training

Certified Application Counselors (CAC)

- Every Marketplace must have certified application counselors who perform many of the same functions as Navigators and non-Navigator assistance personnel
 - Educating consumers
 - Helping consumers complete applications for coverage
- CMS designates organizations to certify application counselors for Federally Facilitated and State Partnership Marketplaces
 - State-based Marketplaces may designate organizations or certify individuals directly

Examples of Possible Qualified CAC Organizations in the Federally Facilitated Marketplace

- Community health centers, such as federally qualified health centers (FQHCs)
- Hospitals
- Health care providers (including Indian Health Services, Indian tribes, and Urban Indian organizations that provide health care)
- Mental or behavioral health providers
- Ryan White HIV/AIDS providers
- Agencies that have experience providing social services
- Other local governmental agencies that have relevant processes and protections in place such as other health care providers, health departments, and libraries

Agents and Brokers

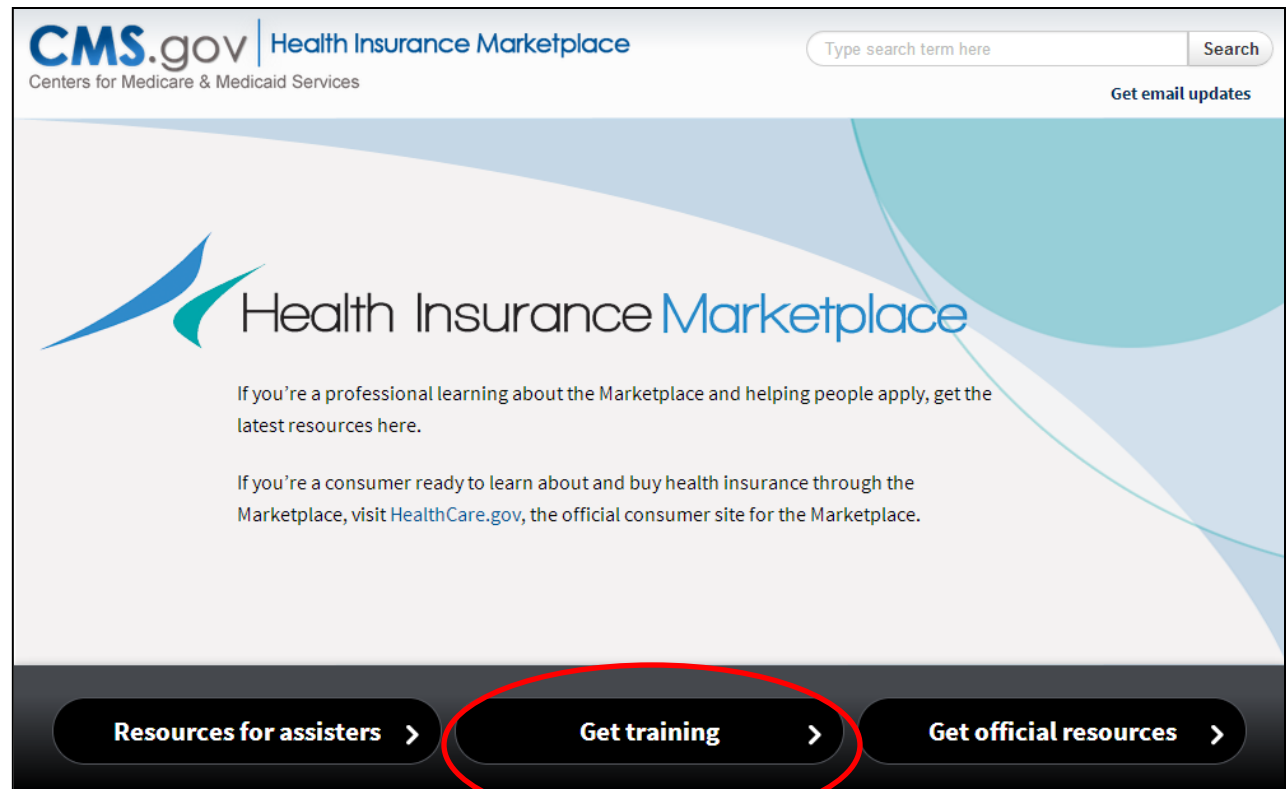
- State licensed agents and brokers may
 - Provide information on qualified health plans
 - Help people review/compare coverage options
- Agents and brokers must be registered and pass training to enroll qualified individuals in the Marketplace
- State Based Marketplaces may have additional standards
- Agents or brokers may be Navigators if all Navigator standards are met
 - Can't receive direct or indirect compensation from an issuer related to enrollment in Qualified Health Plans (QHPs) and non-QHPs

Champions for Coverage

- Champions for Coverage help educate consumers about the Marketplace and refer them to resources where they can get assistance
- Many ways your organization can get involved
 - Email your network about the Marketplace
 - Post the HealthCare.gov widget on your website
 - Hang posters or give out fact sheets and brochures
 - Host a conference call or webinar about the Marketplace
- Visit Marketplace.cms.gov for more information and to apply

Marketplace.cms.gov

Get the latest resources to help people apply, enroll, and get 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
- The Marketplace doesn't offer Medigap or Part D plans
- It's generally against the law for someone who knows you have Medicare to sell you a Marketplace plan
- If you become eligible for Medicare after you join a Marketplace qualified health plan
 - You can cancel the QHP once your Medicare coverage starts, or
 - You can keep the QHP after your Medicare coverage starts
 - Once Part A coverage starts, you lose any premium tax credits/reduced cost sharing you get through the Marketplace stops

Marketplace and People with Medicare

(Continued)

- Exception – Marketplace coverage instead of Medicare
 - If you're eligible for Medicare but haven't enrolled because you'd have to pay a premium, or because you're not collecting Social Security benefits, you may be eligible to get a Marketplace plan
 - If you're paying a premium for Part A, you can drop Part A and Part B and may be eligible to get a Marketplace plan
- Important considerations
 - A late enrollment penalty may apply if you decide to enroll in Medicare later, after your initial enrollment period ends
 - Generally you can enroll **only** during the Medicare general enrollment period (January 1 to March 31)
- Employer coverage through SHOP is treated like any other employer coverage

Marketplace and People with 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

Marketplace and People with PCIP

- The Pre-existing Condition Insurance Plan (PCIP) is a temporary program covering those with pre-existing health conditions
 - The federal PCIP program ends March 31, 2014
- There's no automatic transition from PCIP to Marketplace coverage, so you need to apply by March 15, 2014, to avoid a break in coverage

Reporting Suspected Marketplace Fraud

- You can report suspected Marketplace fraud in 2 ways
 - Call the National Marketplace Call Center
 - 1-800-318-2596
 - TTY 1-855-889-4325
 - If you suspect identity theft
 - Use the Federal Trade Commission's online Complaint Assistant at www.ftccomplaintassistant.gov
 - Contact your local police department

Key Dates

January 1, 2014

- Coverage through Health Insurance Marketplace begins (as early as)
- Discrimination due to pre-existing conditions or gender is generally prohibited
- Annual limits on insurance coverage of essential health benefits are eliminated for most plans
- Advance payments of the premium tax credit are available
- The Small Business Health Care Tax Credit increases
- More people are eligible for Medicaid

March 31, 2014

- Deadline to enroll in coverage during the initial open enrollment period

Key Points to Remember

- ✓ The Marketplace is a new way to find and buy health insurance
- ✓ Qualified individuals and families can shop for health insurance that fits their budget
- ✓ Small employers can shop for health insurance for their employees
- ✓ 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

Key Points to Remember

- ✓ Employer-based coverage will continue
- ✓ Insurance will continue to be sold outside of the Marketplace
 - Purchase from Marketplace not required
- ✓ The Marketplace is the only place to get the
 - Premium tax credits
 - Cost-sharing reductions
- ✓ After you're enrolled, contact your insurer first with questions

Ways to Connect with the Marketplace

1. Sign up for updates at HealthCare.gov/subscribe or CuidadodeSalud.gov/es/subscribe
2. [Twitter.com/HealthCareGov](https://twitter.com/HealthCareGov) – Follow @HealthCareGov
3. [Facebook.com/HealthCareGov](https://facebook.com/HealthCareGov)
4. [Youtube.com/HealthCareGov](https://youtube.com/HealthCareGov)
5. The Health Insurance Blog:
<http://www.HealthCare.gov/blog/>
6. Federal training for agents and brokers, Navigators, in-person assisters, and certified application counselors
<https://marketplace.medicarelearningnetworklms.com>