



A New Way to Get Health Insurance

A Health Insurance Marketplace Overview
For Partners and Stakeholders



Health Insurance Marketplace

The Health Care Law

- The Health Care Law stops insurers from
 - Charging more or denying coverage because of pre-existing conditions
 - Denying coverage due to age, occupation or credit history
 - Charging women more for health insurance
- Variation in price based on age, tobacco use

The Health Insurance Marketplace

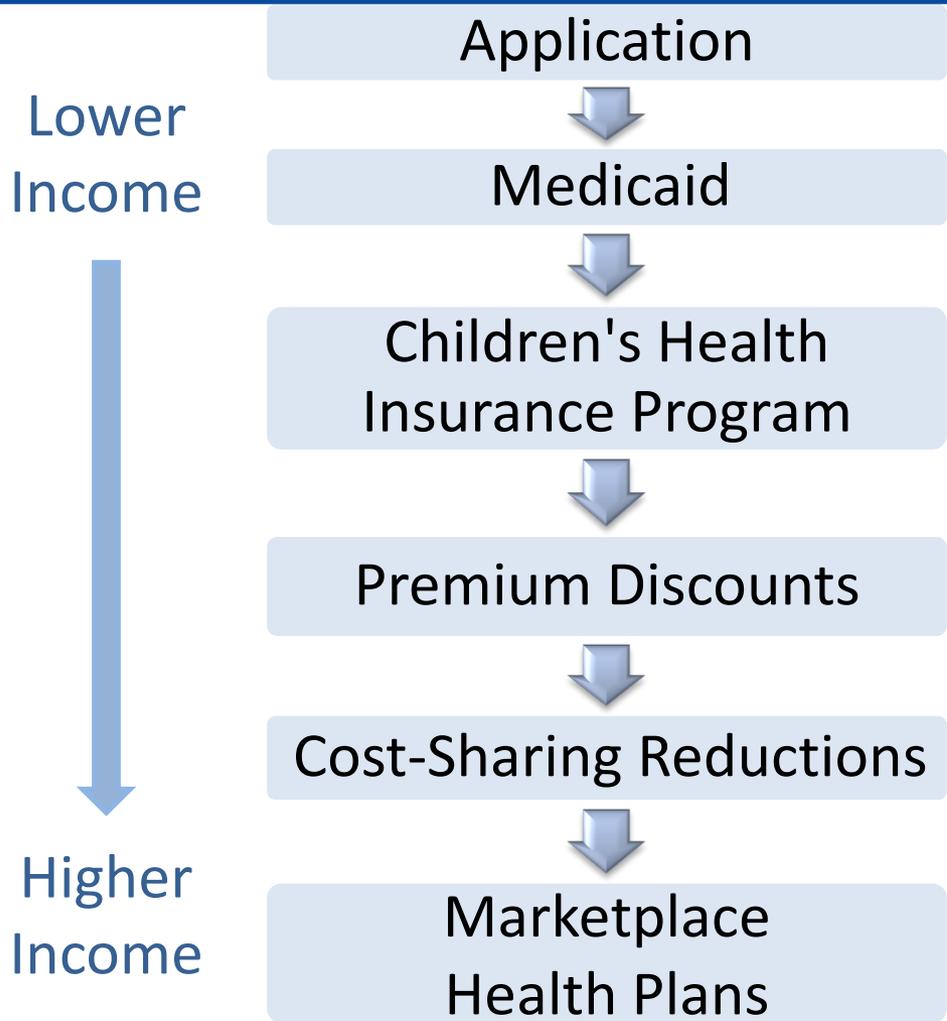
- A new way to get health insurance
 - Enrollment starts October 1, 2013
 - Coverage begins January 1, 2014
- About 25 million Americans will have access to quality health insurance
 - Working families can get help through the Marketplace



Ways to get covered

- Medicaid Expansion
- CHIP
- Private Health Insurance Plans

Streamlined Application



Medicaid Expansion

- Extends option for states to expand Medicaid eligibility to
 - Adults ages 19 – 65 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)

Simplified Rules for Medicaid and CHIP

- Modernized rules to rely on electronic data
 - Reduce need for paper documentation
- Apply on-line, by phone, by mail, or in person
- 12-month eligibility period for
 - Adults
 - Parents
 - Children
- Simplified process for renewing coverage

How does the Marketplace work if purchasing insurance?

- Insurance companies compete for business
- Offers you choices
- Easy to use – plain language
 - Comparing all your options side-by-side
 - Price
 - Quality
 - Benefits



to



Who can purchase from the Marketplace?

- To be eligible to join a plan in Marketplace you must
 - Live in the service area of the plan
 - Be a U.S. citizen or be lawfully present
 - Not be in prison (incarcerated)

Plan Levels of Coverage

Levels of Coverage	Plan Pays On Average	Enrollees Pay On Average* <i>(In addition to the monthly plan premium)</i>
Bronze	60%	40%
Silver	70%	30%
Gold	80%	20%
Platinum	90%	10%

*Based on average cost of an individual under the plan and may not be the same for every enrolled person

Catastrophic Coverage

- Who is eligible?
 - Young adults under 30 years of age
 - Those who can not afford coverage and obtain a hardship waiver from the Marketplace
- What is catastrophic coverage?
 - Plans with high-deductibles and lower premiums
 - Includes coverage of 3 primary care visits and preventive services with no out-of-pocket costs
 - Protects consumers from high out-of-pocket costs

Help to Pay Qualified Health Plan Costs

- Based on family income and size
 - Premium discount
 - Family of four with annual income \$23,550* – \$94,200* or less
 - And not eligible for certain other insurance coverage like Medicaid
 - Lower cost-sharing (like copays)
 - Family of 4 with annual income \$58,875* or less (some other restrictions)



*2013 amounts

Tax Credits

- Eligibility for the new tax credit is based on
 - Household income and family size for the year
 - Income between 100% to 400% of the Federal Poverty Level (FPL) (\$23,550 – \$94,200 for a family of four in 2013)
 - Ineligibility for other health benefits coverage, other than the individual insurance market
- Tax credit amount depends on income as percentage of the Federal Poverty Level (FPL)
 - Based on a sliding scale
 - Based on the cost of the second lowest silver Qualified Health Plan, adjusted for the age and rating area of the covered person
 - Limits premium payments as a percent of income

Sample Premiums

- Individual income btw \$17, 325 and 22, 980
 - Premium between \$57 and \$121/month
- Individual income btw \$22, 980 and \$28, 725
 - Premium between \$121 and \$193/month
- Family of Four with income between \$35, 325 ad \$47, 100
 - Premium btw \$118 and \$247/month

Reduced Cost Sharing

- Eligibility for reduced cost sharing is based on
 - Incomes at or below 250% of the FPL (\$58,875 annually for a family of four in 2013)
 - Receiving the new tax credit
 - Meeting enrollment requirements
 - Enrolling in a Marketplace silver-level plan
- Members of Federally-recognized Indian Tribes
 - No cost sharing if income is <300% FPL

Qualified Health Plans

- A Qualified Health Plan
 - Is offered by an issuer that is licensed by the state and in good standing
 - Covers Essential Health Benefits
 - Offers at least one plan at the “silver” level and one at the “gold” level of cost sharing
 - Agrees to charge the same premium rate whether offered directly through Marketplace or outside the Marketplace

QHP Certification Standards

To participate in an Exchange, a health insurance issuer must meet the following minimum criteria:

Licensure	Licensed and in good standing in each State in which it intends to offer QHPs
Solvency	Meets State financial and solvency standards.
Marketing	Complies with all applicable State law governing marketing of health plans.
Benefit designs	Does not employ benefit designs discouraging enrollment by higher-need consumers.
Rate and benefit reporting	Provides information on rates and covered benefits, and submits a justification for any rate increases.
Network adequacy	Maintains provider networks that are sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay.
Accreditation	Receives accreditation for QHPs within a timeframe specified by the Exchange.
Essential community providers	Includes in the provider network essential community providers, that serve low-income and medically-underserved populations.
Service area	QHP issuers cannot establish service areas that are discriminatory.
General Process	Complies with any additional standards and processes established by an Exchange.

Peace of Mind in 2014

- Protection from Catastrophic Costs
 - \$6350 Maximum out-of-pocket for Individual Policy
 - \$12,700 for Family Coverage

Income Level	Reduction in Out-of-Pocket Maximum
100-200% FPL	Two-thirds of the maximum
200-300% FPL	One-half of the maximum
300-400% FPL	One-third of the maximum

- Medicaid: Minimal Copays

Consumer Protections

Benefit design discrimination not allowed based on:

- Age
 - Expected length of life
 - Disability
 - Medical dependency
 - Quality of life
 - Other health conditions
-
- Allows for reasonable medical management techniques

All Qualified Health Plans Will Cover These Essential Health Benefits

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care

Prescription Drug Benefits

- Plans must cover at least the greater of:
 - One drug in every USP category & class; or
 - The same number of drugs in the EHB-benchmark plan
- Requires an exceptions procedure
- Applies discrimination protections
- Requires plans to report drug lists to the Exchange, state, or OPM

Populations Who Benefit Most

- 90% of Uninsured under 400% of FPL
 - Eligible for Tax Credits
- $\frac{3}{4}$ of Uninsured and Under 250% of FPL
 - Eligible for Medicaid or CHIP or
 - Eligible for Tax Credits and Copayment Assistance

Populations Who Benefit Most

- Individuals with Pre-Existing Conditions
- Self-Employed, Small Businesses
- Not quite Eligible for Medicare
 - Close to 65
 - Awaiting 24 months of Social Security Disability
- Uninsured Legal Residents Not Meeting “5 Year” Requirements
- Young and Healthy Under 30

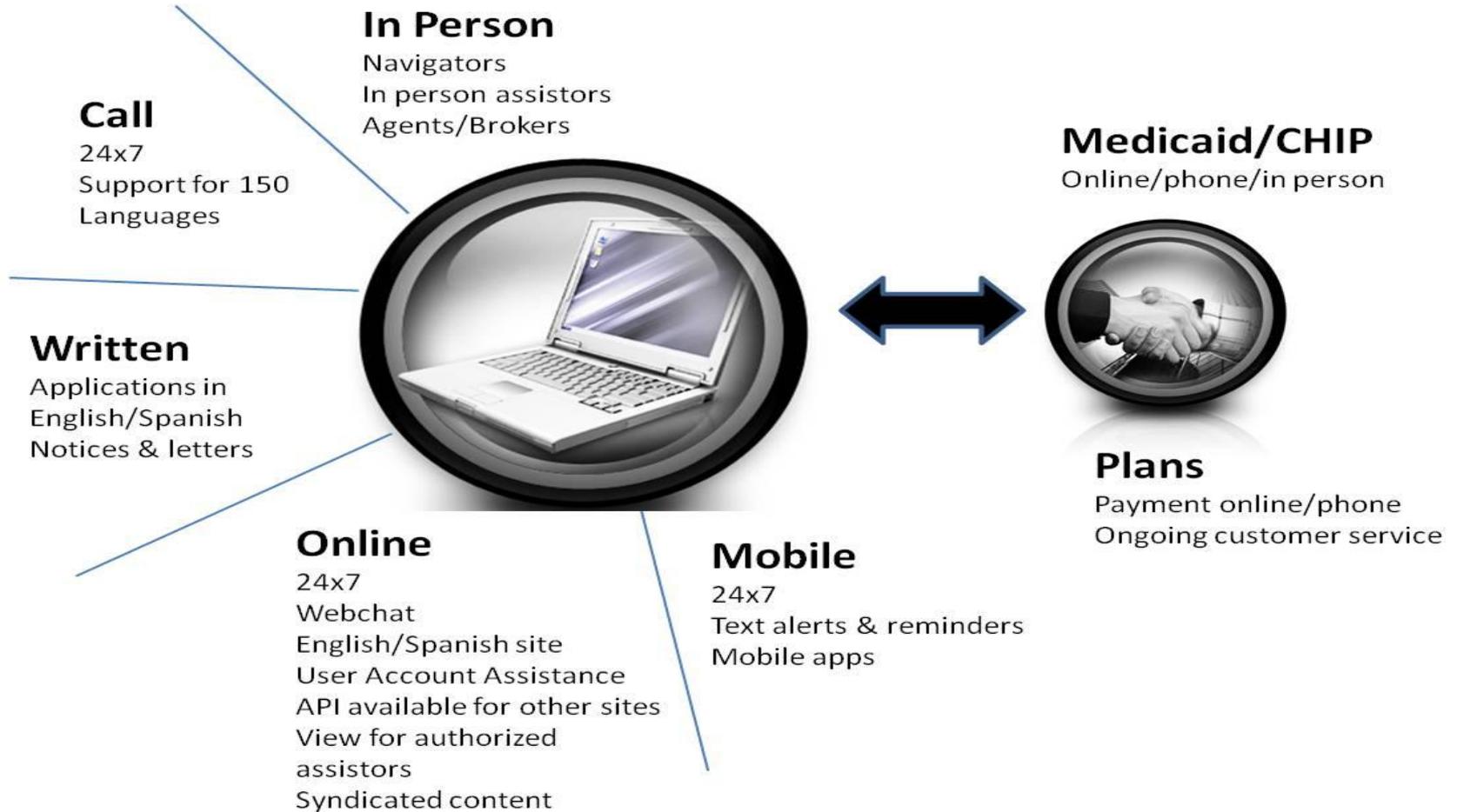
“Unique” Plans

- **Stand-alone dental plans**, provided that they meet the applicable QHP certification standards and cover, at a minimum, a set of pediatric dental benefits called for as part of the essential health benefits.
- –**CO-OP QHPs**, which are member-run private health insurance plans developed with loan funding under the Consumer Operated and Oriented Plan program.
- –**Multi-state Plans**, provided that they are offered under contract with the U.S. Office of Personnel Management.

How Qualified Health Plans Can Vary

- Some may cover additional benefits
- You may have to see certain providers
- The premiums, copays, coinsurance
- Quality of care
- Some special types of plans
 - Like high-deductible plans

Enrollment Assistance



Navigator Program

- Navigators must
 - Be certified
 - Must take initial 20 hour web-based training
 - Must take required on-going training
 - Be recertified annually
 - Not accept direct or indirect consideration from issuers
 - Meet reporting requirements – progress, financial, and performance
- August 18 – Notification of grant approval
- In Federally Facilitated and State-Partnership Marketplaces
 - Find Navigators and other assisters by calling the Call Center or in the future, on HealthCare.gov under “Find Someone Local”

Certified Application Counselors

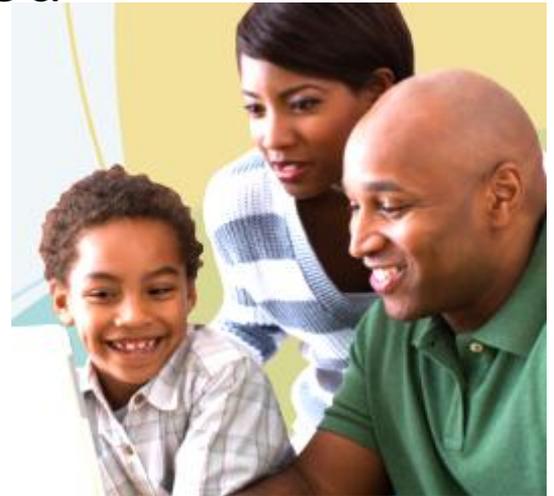
- **Certified application counselors:** The Federally-facilitated Marketplace will designate organizations to certify application counselors who perform many of the same functions as Navigators and non-Navigator assistance. An online application will be available at the end of July 2013.
- To be notified when the online application is available, visit **Marketplace.cms.gov** and sign up for email notifications and updates.

Information to Have on Hand

- Pay stubs, W-2 forms, or “Wage and Tax Statements”
- Birth Dates
- Policy numbers for any current health insurance & Information about any health insurance you or your family could get from your jobs
- Social Security numbers (or document numbers for legal immigrants)
- Current costs, current health care providers

When You Can Enroll

- You can enroll in a Qualified Health Plan during
 1. The Initial Open Enrollment Period
 - October 1, 2013 – March 31, 2014
 2. The Annual Open Enrollment Period
 - Each year starting in 2014
 - October 15 – December 7
 3. A Special Enrollment Period
 - Certain situations
 - Like loss of certain other coverage



Initial Open Enrollment Period

October 1, 2013 – March 31, 2014

Enroll during the Initial Open Enrollment Period	Your coverage is effective*
On or before December 15, 2013	January 1, 2014
Between the 1st and 15th day of January - March	First day of the following month
Between the 16 th and the last day of December - March	First day of second following month

***Some exceptions may allow for earlier effective dates**

Special Enrollment Period

- May enroll or change Qualified Health Plan
 - Within 60 days in individual market and 30 days in small group market from qualifying event

Special Enrollment Period Qualifying Events

Loss of minimum essential coverage	Material contract violations by Qualified Health Plans
Gaining or becoming a dependent	Gaining or losing eligibility for premium tax credits or cost sharing reductions
Gaining lawful presence	Relocation resulting in new or different Qualified Health Plan selection
Enrollment errors of the Marketplace	Exceptional circumstances

The Application

- Available electronically and on paper
 - English and Spanish
- Federal form
 - Three paper versions
 - Short form for single adults
 - Family form
 - Individual without financial assistance

SHOP

- Small Business Health Options Program is a Marketplace for small businesses and their employees
 - Beginning 2014, small businesses will have more choice and control over health insurance spending
 - Choices among Qualified Health Plans to meet every budget
 - Access tax credits for eligible employers
 - New consumer protections

Why SHOP?

- Small businesses currently pay on average 18% more to ensure their employees
- The smallest of small businesses pay even more, and many cannot afford administrative costs of providing insurance or the coverage

Learning More about SHOP

- www.sba.gov/healthcare
- <http://www.cms.gov/cciio/index.html>
- <https://www.healthcare.gov/what-is-the-shop-marketplace>

Employer Requirements

- **An applicable employer must have provided each employee at the time of hiring (or with respect to current employees, not later than March 1, 2013), a written notice:**
- **Informing the employee of the existence of Exchanges including a description of the services provided by the Exchanges.**
- **If the employer plan's share of the total allowed costs of benefits provided under the plan is less than 60 percent of such costs, that the employee may be eligible for a premium tax credit if the employee purchases a plan through an Exchange; and**
- **If the employee purchases a plan through an Exchange, the employee may lose the employer contribution (if any) to any health benefits plan offered by the employer**

Working Medicare Beneficiaries

Currently enrolled in Medicare and working for small business that offers QHP through SHOP

- Can enroll in QHP through SHOP
- Medicare primary
 - If less than 20 employees
 - Fewer than 100 if disabled employee
- Can delay enrolling in Medicare Part B

Personal Responsibility Payments

- In 2014
 - If you don't have a certain level of health coverage (employer coverage, Medicare, Medicaid, CHIP, TRICARE, certain VA coverage, an individual policy, or a plan in the Marketplace) you may have to make a payment with your tax return
 - Starting when you file your 2014 Federal tax return in 2015
 - Some people may qualify for an exemption

www.HealthCare.gov

- Consumer Focused
- In Plain Language

Now - Sign up for Email and Text Alerts and Get Ready



Starting October 1, 2013, you will be able to apply through this site

Demos will be available later this Summer

The screenshot shows the top navigation bar of HealthCare.gov with links for Home, Discuss & Share, Blog, Newsroom, Glossary, Email Updates, and En Español. Below the navigation is a search bar and a row of five buttons: Find Insurance Options Now, Prepare for the Health Insurance Marketplace, Health Insurance Basics, The Health Care Law & You, and Prevention, Wellness & Comparing Providers. The main banner features a woman's face on the right and a sign-up form on the left. The sign-up form is titled "Need health insurance?" and includes an "Email Address" input field, a "Get Email or Text Updates >" button, and a link for "Already a subscriber? Manage your account settings". A "Privacy Policy" link is at the bottom of the form. The banner text reads "A New Way to Get Coverage" and "Coming soon: More control over your insurance choices."

The screenshot shows the main content area of HealthCare.gov. It features a "Current Topics" section with three articles: "Get a Break on Costs Starting in 2014", "Why it's Important to Have Health Insurance", and "How the Health Care Law Benefits You". To the right is a "HealthCare Blog" section with two articles: "The FY2014 Budget: Strengthening Health and Opportunity for all Americans" and "A Healthy Choice For America's Small Businesses". At the bottom is a "Featured Videos" section with four video thumbnails and a "See all topics" link.

Assistance – It's Available If You Need It

- Help will be available in the Marketplace
 - Toll-free call center 1-800-318-2596 TTY/TDD can dial 1-855-889-4325 for assistance
 - Website
 - www.healthcare.gov
 - www.CuidadoDeSalud.gov
 - Help in-person
 - Navigators and other trained assisters
 - Agents and brokers (state's decision)



Marketplace.cms.gov

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

The screenshot shows the homepage of the Health Insurance Marketplace. At the top left is the CMS.gov logo and the text "Health Insurance Marketplace" and "Centers for Medicare & Medicaid Services". To the right is a search bar with the placeholder "Type search term here" and a "Search" button. Further right are links for "About CMS", "FAQs", "Print", and "Share". Below the search bar is a link that says "Learn about health care options". The main banner features the "Health Insurance Marketplace" logo and a message: "Starting this fall, there'll be a new way for people to buy health insurance - the Health Insurance Marketplace. Get the latest resources to help people apply, enroll, and get coverage in 2014." Below this message is a blue button that says "Get updates >". A dark navigation bar contains two buttons: "Get official resources >" and "Explore research >". Below the navigation bar are three content sections. The first is a "Resource spotlight" with an image of a document titled "PLEASE COMPLETE APPLICATION" and "OTHER HEALTH INSURANCE" and a "Get presentation" button. The second is "Looking for consumer information?" with a "Get consumer information >" button. The third is "Have questions?" with a "Get answers >" button. At the bottom, there is a "Stay connected with the Marketplace" section with social media icons for Twitter and YouTube, and a Facebook icon.

CMS.gov | About CMS | FAQs | Print | Share

Health Insurance Marketplace
Centers for Medicare & Medicaid Services

Type search term here Search

Learn about health care options

Health Insurance Marketplace

Starting this fall, there'll be a new way for people to buy health insurance - the Health Insurance Marketplace. Get the latest resources to help people apply, enroll, and get coverage in 2014.

Get updates >

Get official resources > Explore research >

Resource spotlight

Get the Overview of the Health Insurance Marketplace presentation to help you teach others about health insurance and the Marketplace.

Get presentation >

Looking for consumer information?

Visit HealthCare.gov, the official consumer site for the Marketplace.

Get consumer information >

Have questions?

Find the right answers to your questions about the Marketplace.

Get answers >

Stay connected with the Marketplace

CMS.gov | Health Insurance Marketplace

Key Points to Remember

- ✓ The Marketplace is a new way to find health insurance
- ✓ There is assistance available to help you get the best coverage for your needs
- ✓ Insurance will continue to be sold outside of the Marketplace
 - Purchase from Marketplace not required
- ✓ The Marketplace is the only place to get the
 - New premium discounts and cost-sharing reductions

Want more information about the Marketplace?

- Stay Connected
 - Sign up to get email and text alerts at signup.healthcare.gov
 - Updates and resources for partner organizations are available at Marketplace.cms.gov
 - Twitter@HealthCareGov @HHSRegion2
 - Facebook.com/Healthcare.gov

Thank You!

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