Marketplace Benefits

Presented by:
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A Marketplace or Exchange is a Technology Platform for Comparing and Purchasing Insurance and Determining Eligibility for Enrollment and Insurance Affordability Programs

- **Individual** – defines benefit design tiers and products by state; eligible for individual subsidies (<400% FPL)
- **SHOP (Small Business Health Options Program)** – participation driven by employer with less than 100 FTE (50 FTEs for OH through 2016); no individual subsidies
Marketplace Functions

• Marketplace or Exchange duties include:
  – Providing website, navigators and other enrollment assistance to individuals
  – Determining eligibility for premium subsidies
    • Determination is made based on information provided by individual
  – Certifying and overseeing qualified plans (may accept all interested or negotiate terms)
• Each state has its own marketplace or exchange
  – If state doesn’t create one, federal government will run it for them (FFM)
    • Ohio uses a federally run marketplace
• Provide coverage at metal levels
  • Platinum (90% actuarial value), gold (80%), silver (70%), bronze (60%), catastrophic
  • Plus or minus 2%
  • Bronze = 60% = minimum value
• Must Offer Essential Benefits Including:
  – 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, as well as pediatric services, including oral and vision care

• Benchmark Plan Approach to Largely Define These Services. States Have the Option to Define the Benchmark Using One of Four Methods:
  – Any of the three largest small group plans by enrollment
  – Any of the three largest state employee plan health plans by enrollment
  – Any of the three largest federal employee health plans by enrollment
  – The largest insured commercial HMO in the state by enrollment

• If a State Does Not Choose a Benchmark Plan, the Default Will be the Largest Small Group Plan by Enrollment in the State
Premium Subsidies

• Those with household incomes of 100 - 400% of FPL are eligible for premium subsidies

<table>
<thead>
<tr>
<th>Family Size</th>
<th>100%</th>
<th>200%</th>
<th>300%</th>
<th>400%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,880</td>
<td>$23,760</td>
<td>$35,640</td>
<td>$47,520</td>
</tr>
<tr>
<td>2</td>
<td>16,020</td>
<td>32,040</td>
<td>48,060</td>
<td>64,080</td>
</tr>
<tr>
<td>3</td>
<td>20,160</td>
<td>40,320</td>
<td>60,480</td>
<td>80,640</td>
</tr>
<tr>
<td>4</td>
<td>24,300</td>
<td>48,600</td>
<td>72,900</td>
<td>97,200</td>
</tr>
<tr>
<td>5</td>
<td>28,440</td>
<td>56,880</td>
<td>85,320</td>
<td>113,760</td>
</tr>
<tr>
<td>6</td>
<td>32,580</td>
<td>65,160</td>
<td>97,740</td>
<td>130,320</td>
</tr>
<tr>
<td>7</td>
<td>36,730</td>
<td>73,460</td>
<td>110,190</td>
<td>146,920</td>
</tr>
<tr>
<td>8</td>
<td>40,890</td>
<td>81,780</td>
<td>122,670</td>
<td>163,560</td>
</tr>
</tbody>
</table>

• Subsidies are actually a tax credit you can get in advance
• Based on Adjusted Gross Income (AGI)

*48 Contiguous States and the District of Columbia
• Can only get subsidy if buy coverage through a public exchange/marketplace and do not have *affordable, minimum value* coverage
• Subsidy is based on the cost of the second least expensive silver plan in the exchange/marketplace
• Subsidy amount declines as income increases:

**Income Level  Premium as a Percent of Income**

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Premium as a Percent of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 133% FPL</td>
<td>2% of income</td>
</tr>
<tr>
<td>133-150% FPL</td>
<td>3 – 4% of income</td>
</tr>
<tr>
<td>150-200% FPL</td>
<td>4 – 6.4% of income</td>
</tr>
<tr>
<td>200-250% FPL</td>
<td>6.4 – 8.1% of income</td>
</tr>
<tr>
<td>250-300% FPL</td>
<td>8.1 – 9.6% of income</td>
</tr>
<tr>
<td>300-400% FPL</td>
<td>9.6% of income</td>
</tr>
</tbody>
</table>

• It is the responsibility of the individual receiving the subsidy to communicate any changes in eligibility for subsidies
Cost Sharing Subsidies

• Eligibility
  – Number of people in your household
  – State of residence
• Assists with Deductibles, Copays and Coinsurance
• Must choose a plan in the Silver category
Marketplace Considerations

• Enrollment Dates
  – Open Enrollment November 1 – January 31
  – Special Enrollment Period
    • Have a child, adopt or place for foster care
    • Get married
    • Lose coverage
    • Move to a new state

• No Pre-existing condition provisions

• No limits on annual dollar value of benefits

• Required coverage of clinical trials for life-threatening conditions

• Out of Pocket limits will be capped at High Deductible Health Plan limits (currently $6,850 single and $13,700 family) in the large employer and self-funded market

• Plans offered can be similar to employer sponsored benefits
  – Narrow Networks
  – Prescription Formularies
Reconciling Tax Premium Credits

• Form 1095-A (Health Insurance Marketplace Statement)
  – Information to assist individual to confirm tax credit
• Form 8962 (Premium Tax Credit)
  – Form to be filed with federal tax return
• Comparison of estimated AGI to actual AGI
  – If more/less tax qualification applies this will affect the refund or taxes due
• Form 1095 & 1094 Forms
  – Sent to individual and IRS to report employee and dependent enrollment in employer sponsored coverage
  – Sent to individual and IRS to report offer of affordable, minimum value benefits
Questions?