

HEALTH COVERAGE OPTIONS

The ACA Marketplace

Information Current as of April 2021



DUPAGE FEDERATION ON HUMAN SERVICES REFORM

MEET THE PRESENTER

- What is the DuPage Federation?
 - Non-profit, non-governmental planning organization
 - Community Planning and Data Analysis
 - Training & Technical Assistance
 - Language Access Resource Center



Kristin Hartsaw, MPH, MCHES
Program Director
Training & Technical Assistance



AGENDA

- Marketplace Overview
- Who is Eligible?
- Financial Help to Buy a Plan
 - Increased subsidies through American Rescue Plan
- What to Look for in a Plan



GLOSSARY

- ACA – Affordable Care Act
- ARPA – American Rescue Plan Act
- PTC (or APTC) – Advanced Premium Tax Credit
- SEP – Special Enrollment Period



HEALTH INSURANCE – TERMS TO KNOW

- Premium
- Copay vs Coinsurance
- Deductible
- Provider Networks
- Out of Pocket Maximum



HEALTH COVERAGE OPTIONS

- Employer Based Plans
 - Group Coverage
 - Self-Insured?
- Individual Plans
- COBRA
- Short Term Plans
 - Not comprehensive
 - Read the fine print!
- ACA Marketplace
 - Offers financial help to purchase plans
- Medicaid
 - Must meet income req.
- Medicare
 - Available through work history (self, spouse, parent)



ACA KEY COMPONENTS

- Affordable Care Act (ACA) passed 2010
 - Marketplace coverage offered beginning 2014
- Required health insurance
 - *2018 tax bill removed penalty if uninsured*
- Consumer Health Protections
- Essential Health Benefits



ESSENTIAL HEALTH BENEFITS



ACA Mandates coverage of Essential Health Benefits *if* plan rated “Qualified Health Plan”

- *Does not apply to Self-Insured or grandfathered plans*



WHAT IS THE MARKETPLACE?

www.healthcare.gov

- A way to shop for health insurance
- Financial help available (aka “subsidies”)
- Six-week Open Enrollment Period Each Year
 - November 1 – December 15
 - *Current COVID related Special Enrollment Period through August 15, 2021*



COVID SPECIAL ENROLLMENT PERIOD (SEP)

- Available to new and existing enrollees through Healthcare.gov
- Existing enrollees may change plans if desired
 - Note: if change plans, any \$\$ paid toward old plan's deductible won't count toward new plan
- COVID SEP lasts from February 15 – August 15



WHO SHOULD USE THE MARKETPLACE?

- Meant for those who do not have another source of health coverage
- Only “requirements”
 - Reside in state where purchasing plan
 - Live in the U.S.
 - U.S. citizen or “lawfully present” non-citizen



WHO CANNOT USE THE MARKETPLACE

- Medicaid eligible
- Medicare eligible
- Undocumented non-citizens
- Incarcerated (convicted & sentenced)
- Have an offer of affordable coverage from an employer



WHAT IF MY EMPLOYER OFFERS HEALTH COVERAGE?

- An offer of health insurance from an employer usually means you cannot access the financial help to buy a Marketplace plan
 - Affordable if employee premium meets minimum value requirement
 - No more than 9.5% of household income
 - “Family Glitch”



MARKETPLACE APPLICATION

HealthCare.gov

Español

Log in

Get Coverage

Keep or Update Your Plan

See Topics ▾

Get Answers

Search

SEARCH

New, lower costs are here! Find health coverage now

You can enroll in or change plans due to the COVID-19 emergency through August 15, or see if you qualify for Medicaid or CHIP.

[TAKE THE FIRST STEP TO APPLY](#)

[UPDATE/CHANGE PLANS TO SAVE](#)

Looking for coverage for a small business? [Learn more](#)

MARKETPLACE COVERAGE AND CORONAVIRUS

[LEARN MORE](#)



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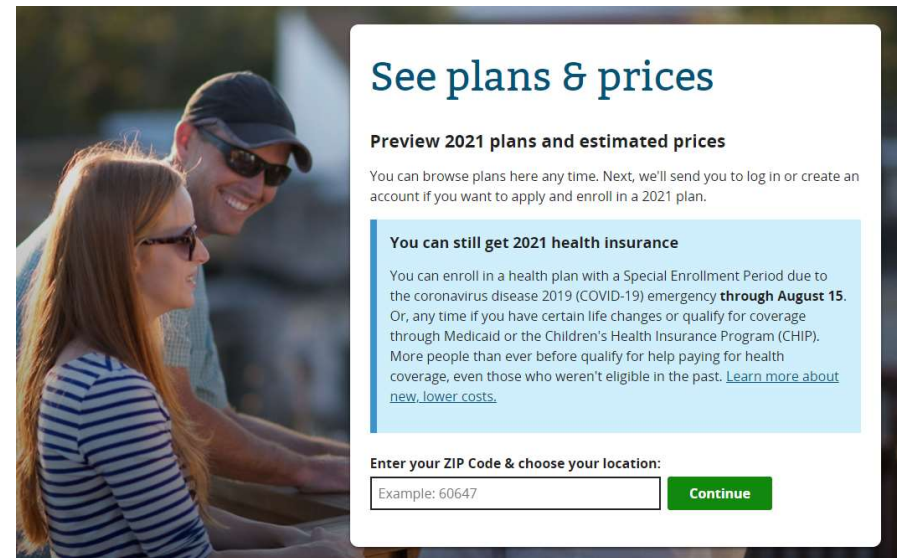
MARKETPLACE APPLICATION

- Create an account on healthcare.gov
- Applying for financial help
- Eligibility Determination Notice will explain amount and type of subsidy
- Shop for health plans offered by insurance companies



ILLINOIS MARKETPLACE PLANS

- Can estimate costs and see plans without submitting full application
 - <https://www.healthcare.gov/see-plans/#/>



FINANCIAL HELP - MARKETPLACE (SUBSIDIES)



- Help people pay the monthly cost to have a plan
- Available to households with income up to 400% FPL*

NOTE: Only plans purchased on the Marketplace (Healthcare.gov) are eligible for financial help



- Decrease the charges people pay when receiving health care services covered by the plan (~*lower deductibles, coinsurance*)

* The American Rescue Plan expands income limit through 2022



EXAMPLE

Olivia (age 52) is married to Pat (age 54) and has one adult daughter (age 21).

Olivia files taxes jointly with her spouse and they claim their daughter as a dependent.

The family lives in DuPage County, IL (zip code 60532).

Olivia works part-time at two jobs, earning \$50,000/year. Pat does not work and has no income

The daughter works and earns about \$12,00/year.

All three need health coverage. They are not offered coverage through jobs.



2021 ESTIMATED TAX CREDIT

Estimated savings overview

May be eligible for a **premium tax credit**:

You (age: 52)
Your spouse (age: 54)
Dependent 1 (age: 21)

Based on the income and household information you provided, your household may qualify for an estimated premium tax credit of:

\$1,285 per month
This is an estimate.

A premium tax credit is the amount you can use to lower your monthly premium each month. It's not the premium itself. When you view plans, the premium will be reduced by this amount.

You'll get your exact premium tax credit amount when you complete an application.

[View Plans](#)

- Olivia can apply the tax credit when she shops for plans
- Prices will show discounted amount after tax credit
- There are 49 plans available in O's zip code.



EXAMPLES

These are estimates only.
Full application needed to see actual costs & new provisions through American Rescue Plan.

Estimated monthly premium
\$104.81

Including a \$1,284.69 tax credit
Was \$1,389.50

Cigna Healthcare

[Cigna Connect 8550](#)

Bronze | HMO | Plan ID: 53882IL0040017



Compare

Deductible ⓘ

\$17,100

Family Total

Out-of-pocket maximum ⓘ

\$17,100

Family Total

Estimated total yearly costs ⓘ

Copayments / Coinsurance ⓘ

Emergency room care

No Charge After Deductible

Generic drugs

No Charge After Deductible

Primary doctor

No Charge After Deductible

Specialist doctor

No Charge After Deductible

Plan features

- Adult Dental
- Child Dental

Add your medical providers and we'll show you which plans cover them

Add your prescription drugs and we'll show you which plans cover them

Important to look at other costs beyond monthly premium

Estimated monthly premium

\$283.07

Including a \$1,284.69 tax credit
Was \$1,567.76

Ambetter of Illinois

[Ambetter Balanced Care 11 \(2021\)](#)

Silver | HMO | Plan ID: 27833IL0140011



Compare

Deductible ⓘ

\$12,000

Family Total

Out-of-pocket maximum ⓘ

\$17,000

Family Total

Estimated total yearly costs ⓘ

Copayments / Coinsurance ⓘ

Emergency room care

40% Coinsurance after deductible

Generic drugs

\$20

Primary doctor

\$30

Specialist doctor

\$60

Plan features

- Adult Dental
- Child Dental

Add your medical providers and we'll show you which plans cover them

Add your prescription drugs and we'll show you which plans cover them



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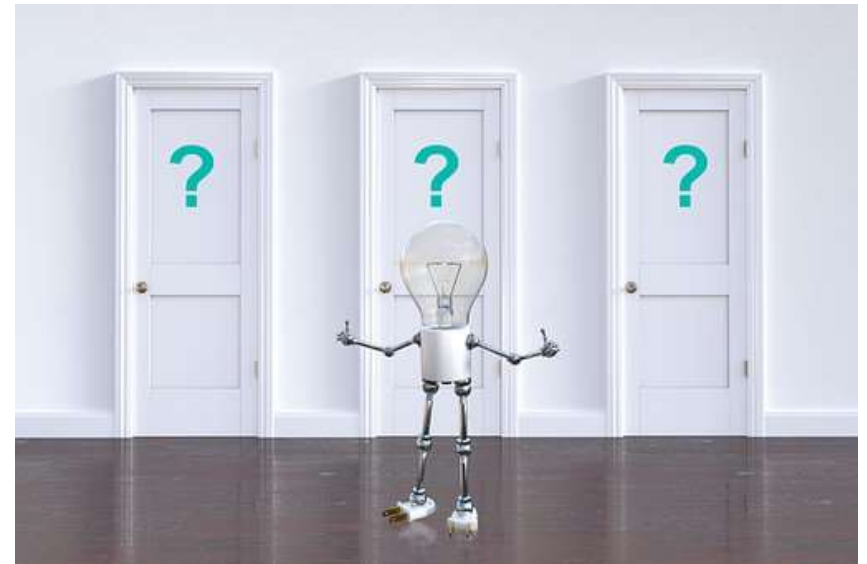
WHAT TO LOOK FOR

What are some things to consider when choosing a plan?



CHOOSING A PLAN

- Total costs
- Plan type (HMO, PPO, etc.)
- Provider networks
- Prescription coverage



<https://www.healthcare.gov/choose-a-plan/comparing-plans/>



MORE ABOUT MARKETPLACE PLANS

- Plans are classified at different metal levels
 - Bronze, Silver, Gold
 - Cost sharing reductions (lower deductibles) apply only to Silver level
- When shopping on Healthcare.gov, check out plan documents and tools:
 - Summary of Benefits
 - Plan brochure
 - Provider directory
 - List of covered drugs



SUMMARY OF BENEFITS COVERAGE



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-866-494-2111 or visit us at <https://www.cigna.com/individuals-families/policy>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-866-494-2111 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$6,750 person/ \$13,500 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care , office visits subject to a copayment , Urgent care and eye exam/glasses for children are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$8,550 person/ \$17,100 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges, penalties for failure to obtain preauthorization for services and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .



SAMPLE PROVIDER DIRECTORY SEARCH



- Audiologist
- Autism Applied Behavioral Analysis Provider
- Autism Social Skills Group Provider
- Autism Testing Provider
- Autism Treatment Provider
- Back Doctor
- Behavioral Health Counselor
- Behavioral Health Nurse Practitioner
- Biochemical Genetics Doctor
- Biofeedback Counselor

For Autism Applied Behavioral Analysis Provider
What type of care are you looking for?



Licensed Therapists

Licensed therapists can diagnose and treat mental health or substance use concerns. They can help you develop coping skills in addition to providing other care and services. Includes psychologists, counselors, and social workers.

[View 59 Results](#)



Psychiatrists & Nurse Practitioners

Psychiatrists and mental health nurse practitioners can diagnose and treat mental health or substance use concerns, typically by prescribing and monitoring medication, in addition to other care and services.

[View 92 Results](#)

Health Subsidies through the American Rescue Plan Act



AMERICAN RESCUE PLAN ACT (ARPA) PROVISIONS

- Higher Premium Tax Credits = Lower Premiums
 - Higher tax credits for nearly everyone (2021 & 2022)
 - People with income over 400% FPL newly eligible for tax credits (2021 & 2022)



HOW ARE TAX CREDITS CALCULATED

- Based on premium cost for the second lowest cost silver plan in your area
- Consumers have an expected contribution toward premium costs
 - A percentage based on income
 - ARPA lowers that expected contribution



HOW TO ACCESS ARPA PROVISIONS

- If you already have a Marketplace plan:
 - Log back into Healthcare.gov – premium changes are not automatic
 - Go to the *Report a life change* section of the application
 - Earliest the lower premium can take effect is May
 - If someone does not revisit their plan, they will see the additional tax credit on their next tax return



HOW TO ACCESS ARPA PROVISIONS, CONT.

- New Enrollees:
 - Apply through Healthcare.gov during the current special enrollment period (ending August 15, 2021)
 - Eligibility notice will show immediate up-front savings



EXAMPLE – LOWER CONTRIBUTION

Jamie & Claire (age 40) have two children ages 5 and 10. They do not have an offer of affordable coverage from their employers. The children are enrolled in AllKids. Jamie and Claire are enrolling in Marketplace coverage.

Pre-ARPA	vs.	With ARPA
Income: \$60,000 (229% FPL)		Income: \$60,000 (229% FPL)
Expected Contribution: \$379/mo (7.57% of income)		Expected Contribution: \$158/mo (3.16% of income)
APTC: \$1,063/mo		APTC: \$1,283/mo



TAX CREDIT FOR INCOME OVER 400% FPL

Felipe is 60 years old. He has no offer of affordable coverage from his employer. He earns \$60,000/year.

Pre-ARPA	vs.	With ARPA
Income: \$60,000 (470% FPL)		Income: \$60,000 (470% FPL)
Expected Contribution: \$957/mo (19% of income)		Expected Contribution: \$425/mo (8.5% of income)
APTC: \$0		APTC: \$532/mo



MORE ABOUT ARPA CHANGES

- Changes are temporary unless further legislation passes
- ARPA did not expand cost-sharing subsidies
- ARPA did not change PTC eligibility for those offered employer coverage, “including family glitch”



OTHER ARPA PROVISIONS

People who receive Unemployment will be eligible for zero-premium plan (2021 only)

100% COBRA premium subsidy (April 1 – September 30 only)

Premium Tax Credit repayment forgiveness (2020 tax year only)



WHO CAN HELP?

- Certified Application Counselors, ACA Navigators
- Insurance Brokers and/or Agents
 - Make sure comprehensive coverage – not short term plans
 - Can only get financial help through Healthcare.gov
- Get Covered Illinois – www.getcovered.illinois.gov
- <https://localhelp.healthcare.gov/#/>



RESOURCES

<https://getcareillinois.org/>

<https://www.healthcare.gov/>

<https://www.healthcare.gov/choose-a-plan/comparing-plans/>

<https://www.irs.gov/affordable-care-act/individuals-and-families>



THANK YOU!



www.dupagefederation.org



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