

HEALTH CARE REFORM & YOU

Your Guide to the Affordable Care Act



AFFORDABLE CARE ACT Health Insurance Marketplace

The Affordable Care Act was signed into law in March 2010. The Patient Protection and Affordable Care Act (PPACA), which was signed into law on March 23, 2010, was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name “Affordable Care Act” is used to refer to the final amended version of the law.

One of the first changes created by the Affordable Care Act is in the way health insurance is provided and paid for in the United States by introducing the Health Insurance Marketplace for individuals and small businesses.

Eligibility

An individual must:

- Live in the geographic area where the plan has been approved to operate
- Be a U.S. citizen or national; or
- Be a non-citizen lawfully present in the U.S.
- Not be incarcerated

OPEN ENROLLMENT !

Enrollment

Open enrollment is from November 1 to January 15. For coverage to be effective starting January 1, you must enroll on or before December 15. Enrollment between December 16 and January 15 will have a February 1 effective date.

Enrollment Process

The enrollment process requires one application and will determine your eligibility for Qualified Health Plans through the Marketplace as well as qualification for premium tax credits and reduced cost sharing. You will be able to compare plans with an online comparison tool.

Re-enrollment

For those individuals who have already purchased a health insurance plan, it is important to verify your personal information on your Health Insurance Marketplace Account. While you may not be required to take action, it is a good idea to verify all information to maximize any potential affordability assistance you may receive. Also, make sure to compare all options to find the plan that best suits your individual needs. While the premium is an important factor in choosing your plan, make sure to also compare the cost-sharing, provider network and drug formulary. Drug formulary is a list of prescription drugs that are preferred by your health plan.

Navigators

Navigators are registered and trained individuals who can help consumers prepare applications to establish eligibility and enroll in coverage through the Marketplace. They also provide outreach and education about the Marketplace and can refer individuals to consumer assistance programs when necessary.

Tax Credit

Eligibility for a tax credit is based on household income and family size for that year. People who qualify can take the tax credits in the form of an advanced payment to lower the monthly plan premium. The tax credit will be applied upon enrollment in a Qualified Health Plan through the Marketplace and payment will go directly to the insurance company.

Cost Sharing Reduction

A cost sharing reduction is available to applicants who meet enrollment requirements, are receiving premium assistance tax credit, are enrolled in a “Silver” plan, and whose income is at or below 250% of the Federal Poverty Level. Cost sharing reductions can lower how much the consumer will pay in out-of-pocket costs such as deductibles, co-payments and co-insurance.

Qualified Health Plans

Qualified Health Plans must be offered by an insurer who is licensed and in good standing with the state, cover the 10 essential health benefits, offer at least one “Silver” plan and one “Gold” plan, and must agree to charge the same premium whether offered through or outside of the Marketplace.

10 Essential Health Benefits

Ambulatory patient services	Prescription drugs
Emergency services	Rehabilitative and habilitative services and devices
Hospitalization	Laboratory services
Mental health and substance use disorder services, including behavioral health treatment	Preventive and wellness services and chronic disease management
Maternity and newborn care	Pediatric services

Health Plans in the Marketplace and “Metal Tiers”

Level of Coverage	Plan Pays On Average	Enrollees Pay on Average*
Bronze	60 percent	40 percent
Silver	70 percent	30 percent
Gold	80 percent	20 percent
Platinum	90 percent	10 percent

*in addition to the monthly plan premium



SMALL BUSINESS

Marketplace

Employers with 1-50 full time equivalent employees will have the option of obtaining coverage through the Small Business Health Options Program (SHOP).

Enrollment/Requirements

An employer must have their primary place of business, or an employee worksite, in the SHOP service area, must have at least one employee who is eligible for participation in the Marketplace, must have 50 or fewer full time equivalent employees, and must offer SHOP coverage to all full time employees.

Tax Credits

Tax credits are available for qualifying employers who: have fewer than 25 full time equivalent employees, pay average annual wages of \$50,000, and contribute at least 50% toward the employees’ premium.

Penalties

It is not required that any employer offer health coverage. However, certain employers with 100 or more full time equivalent employees will pay penalties if at least one full time employee receives an Advanced Premium Tax Credit from the Marketplace, if they choose to not offer coverage, or if coverage is determined to not be affordable for employees.

Remember to Verify

Be sure to verify that you are purchasing health insurance coverage through a licensed insurer. If you have any questions regarding agents, companies or navigators please contact The Department of Financial Services’ Division of Consumer Services Helpline at 1-877-MY-FL-CFO, 1-877-693-5236 or visit: www.MyFloridaCFO.com/Division/Consumers/PurchasingInsurance.

For additional information and assistance please visit
www.MyFloridaCFO.com
or call 1-877-MY-FL-CFO
1-877-693-5236

Health Insurance Reform & You
www.MyFloridaCFO.com/Division/Consumers/HealthReform.htm

Additional Resources
Healthcare.gov
1-800-318-2596



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