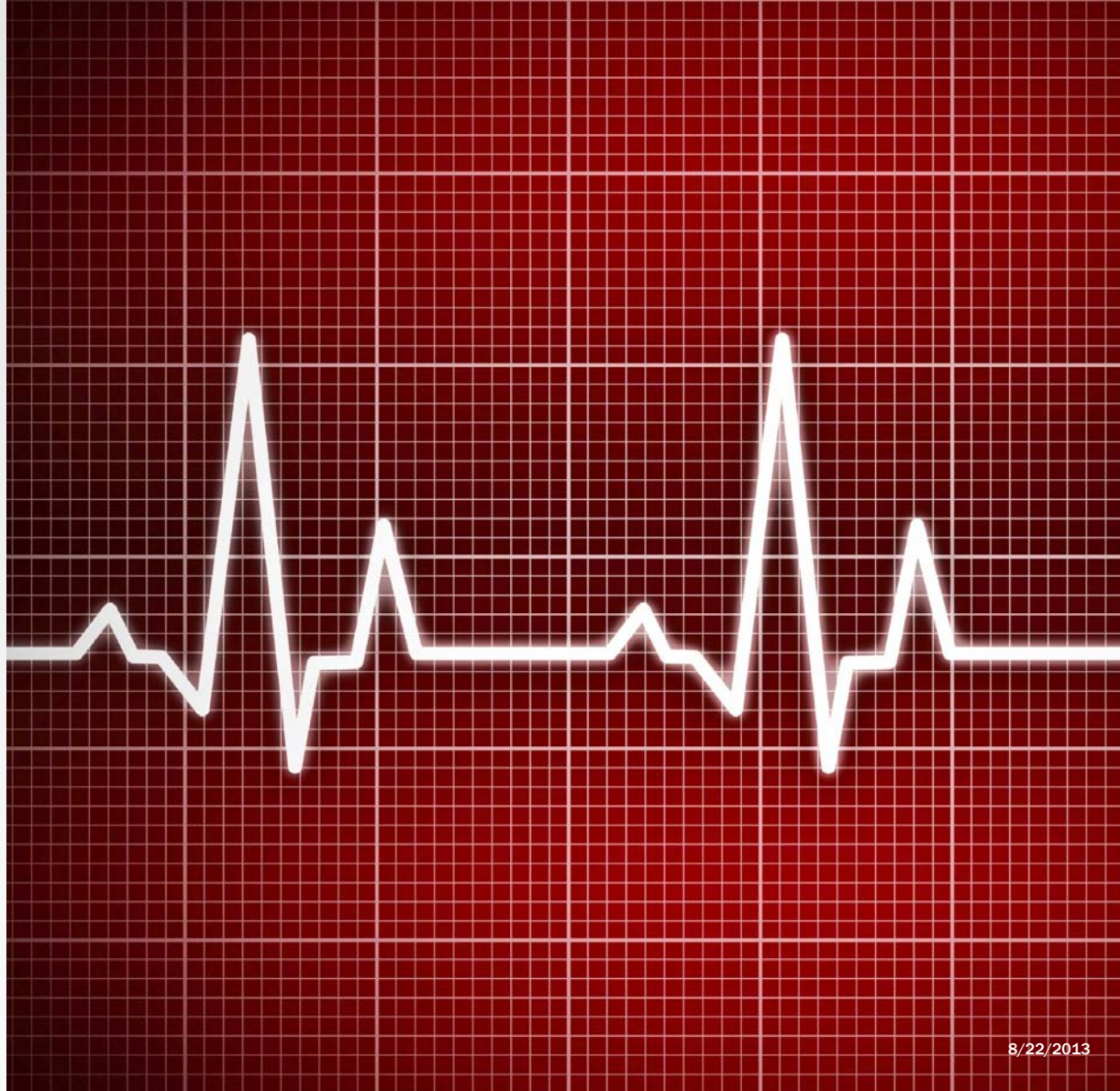




# PPACA

Patient Protection and  
Affordable Care Act



# Open Enrollment Timeline

- If you enroll in a private health insurance plan between **October 1, 2013** and **December 15, 2013** and make your first premium payment, your new health coverage starts **January 1, 2014**.
- During the rest of open enrollment, if you enroll between the **1st** and **15th** day of the month and pay your premium, your coverage begins the first day of the next month. So if you enroll on **February 10, 2014**, your coverage begins **March 1, 2014**.
- If you enroll between the **16th** and the last day of the month and pay your premium, your effective date of coverage will be the first day of the **second following month**. So if you enroll on **February 16, 2014**, your coverage starts on **April 1, 2014**.

# Who is Eligible?

## To Be Eligible for Health Coverage You:

- Must live in the United States
- Cannot be currently Incarcerated
- Must be a U.S. Citizen or National (or \* *Lawfully Present*)

# *Lawfully Present*

\***Lawful Permanent Resident** (LPR/Green Card holder),

Asylee,

Refugee,

Cuban/Haitian Entrant,

Paroled into the U.S.,

Conditional Entrant Granted before 1980,

Battered Spouse, Child and Parent,

Victim of Trafficking and his/her Spouse, Child, Sibling or Parent,

Granted Withholding of Deportation or Withholding of Removal,

under the immigration laws or under the Convention against Torture (CAT),

Individual with Non-immigrant Status (includes worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau),

Temporary Protected Status (TPS),

Deferred Enforced Departure (DED),

Deferred Action Status (Deferred Action for Childhood Arrivals (DACA) is not an eligible immigration status for applying for health insurance),

# *Lawfully Present (cont)*

Lawful Temporary Resident,  
Administrative order staying removal issued by the Department of Homeland Security,  
Member of a federally-recognized Indian tribe or American Indian Born in Canada,  
Resident of American Samoa

## **Applicant for any of these statuses:**

Temporary Protected Status with Employment Authorization,  
Special Immigrant Juvenile Status,  
Victim of Trafficking Visa,  
Adjustment to LPR Status,  
Asylum\*,  
Withholding of Deportation or Withholding of Removal,  
under the immigration laws or under the Convention against Torture (CAT)\*,

\*Only those who have been granted employment authorization or are under the age of 14 and have had an application pending for at least 180 days are eligible

**With Employment Authorization:** Registry Applicants, Order of Supervision, Applicant for Cancellation of Removal or Suspension of Deportation, Applicant for Legalization under IRCA, Legalization under the LIFE Act

# Why Should I Enroll?

## Coverage is Mandatory and If You Do Not Enroll

- You **WILL NOT** have Medical Coverage
- You **WILL** be fined
- You **WILL** have to pay for 100% of all of your medical bills
- You **CANNOT** Enroll until Next October

# Penalties (Fines)

- **2014 is 1% of your yearly income or \$95 per person for the year, whichever is higher.**
- **2015 is 2% of your Income or \$350 per person for the year, whichever is higher.**
- **2016 it is 2.5% of income or \$695 per person, whichever is higher.**

In 2014 the fee for uninsured children is \$47.50 per child. The most a family would have to pay in 2014 is \$285.

# What Government Agency is overseeing and Managing the Affordable Care Act?





What Government Agency is overseeing and  
Managing the Affordable Care Act?

IRS

Internal Revenue Service

# Can I Enroll Outside the Enrollment Period?

**A change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage.**

**Examples of qualifying life changing events:**

- **Moving to a new state**
- **Changes in your income**
- **Changes in your family size (e.g., marriage, divorce, pregnancy)**
- **Loss of Employer Health Coverage**

# Four Plans Available Referred to as “The Metals”

- **Platinum (90%)**
  - **Gold (80%)**
  - **Silver (70%)**
  - **Bronze (60%)**
- Each one has an actuarial value assigned to it. The actuarial value denotes what percentage the plan will pay toward your medical expenses

# Subsides

If one qualifies for a subsidy they pay less premium and the Government makes up the difference. These lower costs are handled with a tax credit called the **Advance Premium Tax Credit**. These tax credits can be applied directly to your monthly premiums, so you get the lower costs immediately.

Each plan will cover a certain amount of your expenses up to a maximum amount of out of pocket expenses.

The amount you save depends on your family size and annual income. The lower your income, the higher your savings.

Health Insurance companies offering coverage through the Marketplace must lower the amount you pay out of pocket for Essential Health benefits and deductibles if your household income is below designated amounts

# Subsides (cont.)

**If you qualify for out-of-pocket savings, you must choose a Silver plan to get the savings.** If you qualify for these savings, you'll get the out-of-pocket savings benefits of a Gold or Platinum plan for a Silver plan price. You can choose any category of plan, but you'll get the out-of-pocket savings only if you enroll in a Silver plan.

The Deductible on the Silver Plan is **\$2,000**.

Generally those with incomes below **250% of the poverty level** will receive Premium, Deductible and Co-Insurance subsidies.

Generally those with incomes between **251% and 400% of the Federal Poverty Level** (FPL) will receive Premium subsidies only.

# Premium Tax Credit

**The Affordable Care Act** provides a new tax credit to help you afford health coverage purchased through the Marketplace. Advance payments of the tax credit can be used right away to lower your monthly premium costs.

**If you qualify**, you may choose how much advance credit payments to apply to your premiums each month, up to a maximum amount. If the amount of advance credit payments for the year is less than the tax credit you are due, you will get the difference as a **refundable credit** when you file your federal income tax return.

If your advance payments for the year are more than the amount of your credit, you must **repay the excess advance payments** with your tax return.

# Estimating Your Income

To estimate your income, add the following items for each person in your household, based on income projections for 2014:

**Wages–Salaries–Tips—Net Income (self-employment or business)--Dividends  
Unemployment--Social Security--Rental Income–Interest--Capital Gains--  
Alimony  
Annuities, and Some Pensions**

When you fill out the Marketplace application, a number called “Modified Adjusted Gross Income” (MAGI) will be used. Modified Adjusted Gross Income is generally your household’s adjusted gross income plus any tax-exempt Social Security, interest, and foreign income you have. It’s used to determine your eligibility for lower costs on Marketplace coverage, and for Medicaid and the Children’s Health Insurance Program (CHIP).

You don’t have to figure out this income yourself. The math will be done for you when you apply through the Marketplace or your state agency.

# Cost Chart (based on the 2013 FPL – 2014 should be slightly higher)

Persons in Family	Poverty Level	Up to 133% FPL	133-150% FPL	150-200% FPL	200-250% FPL	250-300% FPL	300-400% FPL	Over FPL
1	\$ 11,490	\$ 15,281	\$ 17,235	\$ 22,980	\$ 28,725	\$ 34,470	\$ 45,960	\$ 45,961 +
2	\$ 15,510	\$ 20,628	\$ 23,265	\$ 31,020	\$ 38,775	\$ 46,530	\$ 62,040	\$ 62,041 +
3	\$ 19,530	\$ 25,974	\$ 29,295	\$ 39,060	\$ 48,825	\$ 58,590	\$ 78,120	\$ 78,121 +
4	\$ 23,550	\$ 31,321	\$ 35,325	\$ 47,100	\$ 58,875	\$ 70,650	\$ 94,200	\$ 94,201 +
5	\$ 27,570	\$ 36,668	\$ 41,355	\$ 55,140	\$ 68,925	\$ 82,710	\$ 110,280	\$ 110,281 +
6	\$ 31,590	\$ 42,014	\$ 47,385	\$ 63,180	\$ 78,975	\$ 94,770	\$ 126,360	\$ 126,361 +
7	\$ 35,610	\$ 47,361	\$ 53,415	\$ 71,220	\$ 89,025	\$ 106,830	\$ 142,440	\$ 142,441 +
8	\$ 39,630	\$ 52,707	\$ 59,445	\$ 79,260	\$ 99,075	\$ 118,890	\$ 158,520	\$ 158,521 +
Your Cost	May be Eligible for Other Gov. Programs	2% of Income w/ deductible Subsidies	3-4% of Income w/ deductible Subsidies	4-6.3% of Income w/ deductible Subsidies	6.3-8.05% of Income w/ deductible Subsidies	8.05-9.5% of Income	9.5% of Income	Entire Cost



# Cost Example (Based on Family of 4, Silver Plan, National Average Ref: KFF.org)

Annual Income	% of Poverty Level	Unsubsidized health Premium (cost of the plan)	Maximum % of income you may have to pay	You could receive a Gov. tax Credit	Your Approx. Monthly premium
\$30,000	127%	\$11,209	2.00%	\$10,609	\$ 50
\$40,000	170%	\$11,209	4.91%	\$ 9,244	\$ 164
\$50,000	212%	\$11,209	6.73%	\$ 7,844	\$ 280
\$60,000	255%	\$11,209	8.19%	\$ 6,296	\$ 410
\$70,000	297%	\$11,209	9.42%	\$ 4,615	\$ 550
\$80,000	340%	\$11,209	9.50%	\$ 3,609	\$ 634
\$90,000	382%	\$11,209	9.50%	\$ 2,659	\$ 712
\$100,000	425%	\$11,209	N/A	\$ 0	\$ 941

# Essential Benefits (Must be Included in All Plans)

- **Ambulatory patient services** (outpatient care you get without being admitted to a hospital)
- **Emergency services**
- **Hospitalization**
- **Maternity and newborn care** (care before and after your baby is born)
- **Mental health and substance use disorder services, including behavioral health treatment**  
(including counseling and psychotherapy)
- **Prescription drugs**
- **Rehabilitative services and devices** (i.e., *those which help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills*)
- **Laboratory services**
- **Preventive and Wellness services and chronic disease management**
- **Pediatric services**

# Free Preventative Benefits

- **Abdominal Aortic Aneurysm** one-time screening for men of specified ages who have ever smoked
- **Alcohol Misuse** screening and counseling
- **Aspirin use** to prevent cardiovascular disease for men and women of certain ages
- **Blood Pressure screening** for all adults
- **Cholesterol screening** for adults of certain ages or at higher risk
- **Colorectal Cancer screening** for adults over 50
- **Depression screening** for adults
- **Diabetes (Type 2) screening** for adults with high blood pressure

# Free Preventative Benefits (cont)

- **Diet counseling** for adults at higher risk for chronic disease
- **HIV screening** for everyone ages 15 to 65, and other ages at increased risk
- **Immunization vaccines** for adults--doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
- **Obesity screening and counseling** for all adults
- **Sexually Transmitted Infection (STI) prevention counseling** for adults at higher risk
- **Syphilis screening** for all adults at higher risk
- **Tobacco Use screening** for all adults and cessation

# Preventative Health Services for Women

- **Anemia screening** on a routine basis for pregnant women
- **Breast Cancer Genetic Test Counseling (BRCA)** for women at higher risk for breast cancer
- **Breast Cancer Mammography screenings** every 1 to 2 years for women over 40
- **Breast Cancer Chemoprevention counseling** for women at higher risk
- **Breastfeeding comprehensive support and counseling** from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- **Cervical Cancer screening** for sexually active women
- **Chlamydia Infection screening** for younger women and other women at higher risk
- **Contraception:** Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt “religious employers.”
- **Domestic and interpersonal violence screening and counseling** for all women
- **Folic Acid** supplements for women who may become pregnant
- **Gestational diabetes screening** for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes

# Preventative Health Services for Women (cont.)

- **Gonorrhea screening** for all women at higher risk
- **Hepatitis B screening** for pregnant women at their first prenatal visit
- **HIV screening and counseling** for sexually active women
- **Human Papillomavirus (HPV) DNA Test** every 3 years for women with normal cytology results who are 30 or older
- **Osteoporosis screening** for women over age 60 depending on risk factors
- **Rh Incompatibility screening** for all pregnant women and follow-up testing for women at higher risk
- **Sexually Transmitted Infections counseling** for sexually active women
- **Syphilis screening** for all pregnant women or other women at increased risk
- **Tobacco Use screening and interventions** for all women, and expanded counseling for pregnant tobacco users
- **Urinary tract or other infection screening** for pregnant women
- **Well-woman visits** to get recommended services for women under 65

# Some Common Questions

<b>COBRA</b>	Losing your COBRA coverage qualifies you to buy health insurance in the Marketplace, even if it's not during open enrollment. This is true whether the coverage runs out or you choose to end it
<b>Children</b>	If a plan covers children, they can be added or kept on the health insurance policy until they turn 26 years old. Children can join or remain on a plan even if they are: married, not living with their parents, attending school, not financially dependent on their parents or eligible to enroll in their employer's plan
<b>CHIP</b>	If your children need health coverage, they may be eligible for the Children's Health Insurance Program (CHIP). If they qualify, you won't need to buy a Marketplace plan to cover them. CHIP provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid.
<b>Unemployed</b>	Your household size and income, not your employment status, will determine what health coverage options you're eligible for and how much help you get paying for coverage. When you apply for Marketplace coverage you will report your current income and estimate your income for 2014.
<b>Doctors</b>	Depending on the type of policy you buy, care may be covered only when you get it from a network provider.
<b>Self Employed</b>	If you're self-employed with no employees, you're not considered an employer
<b>Medicaid</b>	More people than ever will qualify for Medicaid starting in 2014. Even if you were told you didn't qualify for Medicaid in the past, you may qualify under the new rules. <b>Visit your state's Medicaid website.</b> If you submit an application in October 2013 or later, the state will check the new rules when you apply.
<b>Pre-existing conditions</b>	Starting in 2014, being sick won't keep you from getting health coverage. An insurance company can't turn you down or charge you more because of your condition. Once you have insurance, it can't refuse to cover treatment for pre-existing conditions. Coverage for your pre-existing conditions begins immediately. This is true even if you have been turned down or refused coverage due to a pre-existing condition in the past

# How Should I Enroll?

## Only Four ways to Enroll

**Remember!!! You will be giving to whoever enrolls you your SSI#, DOB, Address, Bank Account Info, and Information on your spouse and all of your Children?**

- Telephone
  - Online
  - Navigator with “certified enroller”
  - Licensed Insurance Agent
- 
- **Important – You cannot enroll until 10/01/2014**
  - **DO NOT give your information to anyone at this time**



# The Only Way to Enroll

## In your best interests the only way you should Enroll is with a Licensed Insurance Agent

- 1) No extra cost regardless of any way you enroll.
- 2) Licensed insurance Agents have:
  - A. Taken a 40 Hour Life and Health class (and have to take and pass 24 CE credits every two years).
  - B. To a 173 Question exam to be Licensed
  - C. Been Fingerprinted
  - D. Run through a National Database and assigned a National Produce Number (NPN)
  - E. Have had a background and Credit Check
- 3) Also, A licensed Agent is the only one who can give you advice on products, plans and ancillary benefits. Note; ancillary benefits are a key in lowering costs.

Why would you give your personal information to a volunteer with no knowledge of the products?

# Small Business Health Care Tax Credits

**You may qualify for employer health care tax credits if You:**

- **Have fewer than 25 full-time equivalent employees making an average of about \$50,000 a year or less.**
- **Pay at least 50% of your full-time employees' premium costs.**

**\*\*\*An Employer does not have to offer coverage to part-time employees or dependents (29 hours or less)**

**Starting in 2014, the tax credit is worth up to 50% of your contribution toward employees' premium costs and up to 35% for tax-exempt employers.**

**The credit is available only if you get coverage through the SHOP Marketplace.**

**Higher benefits for smaller businesses - The tax credit is highest for companies with fewer than 10 employees who are paid an average of \$25,000 or less. The smaller the business, the bigger the credit.**

# Information Contained in this Presentation

**The information that was used in this presentation was taken directly from:**

- **<https://www.healthcare.gov/>**
- **<http://kff.org/health-reform/>**

# In Conclusion

We are able to provide Licensed Insurance Agents that will come will help enroll, educate and guide each client into the individual plan that fits their needs, budget and goals.

Call Today!

**[www.divineinsurancegroup.com](http://www.divineinsurancegroup.com)**

**1 (888) 591 - 4430**

**[info@divineinsurancegroup.com](mailto:info@divineinsurancegroup.com)**