The Chamber
Manitowoc County

Federal Health Care Reform
What are your next steps?

June 3, 2013

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Introductions

WPS Staff
  – Jeanne Wittig
Why Are We Here?

A Simplified View of a Complex Problem that Leads to Actionable Items that can be Implemented Today
How did we get here?
Six Shifts in Federal Government Health Care Financing

1. A Chicken for Services

2. 1930’s Health Insurance from Employment, Wage Controls, Taft Hartley Act

3. 1960’s Medicare & Medicaid

4. 1970’s Federal fostering of HMOs

5. 2000’s Consumer Directed Benefits, H.S.A.

6. 2010 PPACA…… 2018
The Secretary’s List

- “the Secretary shall establish”
- “the Secretary shall promulgate regulations”
- “the Secretary shall develop standards”
- “the Secretary shall periodically review”
- “as the Secretary deems are important”
- “the Secretary may develop and impose appropriate penalties”
- “the Secretary may adjust the rates”
- “if the Secretary determines necessary”
- “the Secretary has the authority”
- “the Secretary will”
What Are You Doing Now?

1. Determine Your Size
   + or - 50

2. Play of Pay Calculation
   Cost to Play + and – 50 employers
     Eligibility 2014
     Benefit Levels 2014
     Contribution 2014
     Cadillac Tax 2018
   Cost to Pay +50 Employers
     $2000 after the 30 person deductible

3. Actuarial Value Calculation
   Know your metal (Section 36B…)

4. Exchange Notification
   Department of Labor May 8, 2013
WHO are YOU

1. What is your Size?

   Department of Labor December 28, 2012 Guidance

   - Less than 50 employees
     - Play – offer coverage
     - Federal Tax Credit – groups less than 25
     - Drop Coverage
     - The Calculation

   - In Between
     - 2013 is the first “base” period
     - Counts part-time employees
     - The Worksheet

   - More than 50 employees
     - Play – offer coverage
     - Pay – the tax (30 employee deductible)
     - The Decision
WHO are YOU

2. What is a full-time employee? **Must offer Coverage**
   - 30 hours per week, 120 days
   - Waiting period for coverage no more than 90 days

3. Part-time?
   - Total hours divided by 120
   - Only used for the + / - 50 calculation
   - Do not have to offer benefits
## PPACA Full Time equivalent Employee Work Sheet

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<th>Full-time Employee</th>
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WHO are YOU

3. What is your needed skill level

4. What is your compensation

5. What is your peer group doing?
   - Industry
   - Geography

6. What is your structure, corporation, LLC, Sub S, not for profit, government agency .....
## What You Need To Plan For?

<table>
<thead>
<tr>
<th>Groups Under 50</th>
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<tbody>
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<td><strong>THE CALCULATION</strong></td>
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<td><strong>The WIDGET Company</strong></td>
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<td><strong>Insurance Cost</strong></td>
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<td><strong>Employees</strong></td>
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<td><strong>Gross per month Health Insurance Cost</strong></td>
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<td><strong>Employee Share, 15%</strong></td>
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<td><strong>Employer net cost</strong></td>
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<td><strong>Monthly net Employer cost</strong></td>
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<td><strong>Annual net Employer cost</strong></td>
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$367,200 Gross Savings
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<th>Who are you</th>
<th>$367,200 Gross Savings</th>
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<td>Well paid</td>
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<td>$10-$15 per hour</td>
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Drop Coverage, give employees $200 per month

| $10-$15 people, 22*$200*12          | $ 52,800                | $314,400 Adjusted Savings |
|-------------------------------------|------------------------|

What about the employees? $180 + $200

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<th>Annual</th>
<th>$4,560</th>
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Well paid, $1500 per month

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<th>What about the employees? $1500 + $180</th>
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<td>Annual</td>
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What You Need To Plan For?

PLAY OR PAY

• Tax is effective beginning in 2014

• Applies to employers that employ 50 or more full-time equivalent employees in 2013 (Applicable Large Employers)

• Employers who “do not” offer coverage or offer “unaffordable” coverage, taxes may apply ($2,000, $3,000)

• 30 employee deductible
What You Need To Plan For?

Non Offering Employer

– Tax will be triggered in any month that:

• The employer does not offer coverage to their full-time employees (and their dependents), and

• At least one full-time employee is verified as receiving subsidized coverage through an exchange
What You Need To Plan For?

Offering Employer

– Tax will be triggered in any month that:
  
  • The employer offers coverage to their full-time employees (and their dependents), and
  
  • At least one full-time employee is verified as receiving subsidized coverage through an exchange because the employer-sponsored coverage is deemed “unaffordable”
What You Need To Plan For?

Unaffordable Coverage

– Coverage will be considered “unaffordable” in two scenarios

• (1) if the plan’s share of the total allowed costs of benefits provided under the plan is less than 60% of those costs (Bronze Plan), or

• (2) the cost of employee only coverage costs more than 9.5% of the employees compensation
Figure 2: Play or Pay – Offering Employer

Applicable Large Employer

Does the employer offer coverage?

Yes.

No.

See Figure 1.

Exchange

Employee is eligible for premium tax credit through the exchange. If the employee obtains coverage, the tax is triggered.

Yes.

No.

Employee is not eligible for a premium tax credit, but can still obtain coverage through the exchange. If the employee obtains coverage, the tax is not triggered.

Is the employee’s household income between 133% and 400% of the Federal Poverty Level?

Yes.

Yes.

Employee can receive an affordability waiver from the exchange to become eligible for a premium tax credit.

No.

Employee is eligible for coverage through an exchange but will not be eligible for a premium tax credit.

No.

Does the employer-sponsored coverage meet either of the following criteria?

- The employer’s share of the coverage is less than 60%, or
- The employee’s required contribution is more than 9.5% of the employee’s household income.
What You Need To Plan For

Other Thoughts

• Penalty Tax is Not Deductible

• Employees that are offered coverage are initially ineligible for exchange subsidies (unless coverage is found to be “unaffordable”, either by Benefit Design or Premium Contribution)

• Tax is applied on a monthly basis ($167, $250 Not to Exceed $2,000)

• Significant factors beyond the penalty amount to consider include:
  – Employee turnover, retention, and recruitment
  – Employee productivity and morale
  – Payroll taxes; employer, employee
What You Need To Plan For

• Coverage Mandate
  – Pay or Play – calculator, ask your Agent, Broker, Consultant

• If you Play
  – Benefit Modifications – Affordable Coverage 2014
    • AV calculator
  – Employee Premium Cost Structure – 9.5% of Wages 2014
  – Cadillac Tax - 2018

• If you Pay
  – Exchange Tax, $2,000
Individual – Coverage Mandate

- Who
- Where
- What
The Requirement to Buy Coverage Under the Affordable Care Act Beginning in 2014

Do any of the following apply?
- You are part of a religion opposed to acceptance of benefits from a health insurance policy.
- You are an undocumented immigrant.
- You are incarcerated.
- You are a member of an Indian tribe.
- Your family income is below the threshold requiring you to file a tax return ($9,350 for an individual, $18,700 for a family in 2010).
- You have to pay more than 8% of your income for health insurance, after taking into account any employer contributions or tax credits.

Start here.

Yes

There is no penalty for being without health insurance.

No
Were you insured for the whole year through a combination of any of the following sources?

- Medicare.
- Medicaid or the Children’s Health Insurance Program (CHIP).
- TRICARE (for service members, retirees, and their families).
- The veteran’s health program.
- A plan offered by an employer.
- Insurance bought on your own that is at least at the Bronze level.
- A grandfathered health plan in existence before the health reform law was enacted.

The requirement to have health insurance is satisfied and no penalty is assessed.
There is a penalty for being without health insurance.

2014: Penalty is $95 per adult and $47.50 per child (up to $285 for a family) or 1.0% of family income, whichever is greater.

2015: Penalty is $325 per adult and $162.50 per child (up to $975 for a family) or 2.0% of family income, whichever is greater.

2016 and Beyond: Penalty is $695 per adult and $347.50 per child (up to $2,085 for a family) or 2.5% of family income, whichever is greater.

The penalty is pro-rated by the number of months without coverage, though there is no penalty for a single gap in coverage of less than 3 months in a year. The penalty cannot be greater than the national average premium for Bronze level coverage in an Exchange. After 2016, penalty amounts are increased annually by the cost of living.

Key Facts:

- Premiums for health insurance bought through Exchanges would vary by age. The Congressional Budget Office estimates that the national average annual premium in an Exchange in 2016 would be $4,500-5,000 for an individual and $12,000-12,500 for a family for Bronze coverage (the lowest of the four tiers of coverage that will be available).

- In 2010 employees paid $899 on average towards the cost of individual coverage in an employer plan and $3,997 for a family of four.

## Family of 4

### Subsidy Amounts

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# Single Subsidy Amounts

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<td>525%</td>
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Direct Taxes

- Effective 1/1/2014
  - Health Insurer Tax 2.5% of Premium
  - Reinsurance Fee $5.25 PMPM
  - PCORI (2013 - $1.00) $2 PMPY

- Other than these factors, PPACA has somewhat limited impact on large group plans

- Note: Health Insurer tax does not apply to self-funded employers
Direct Taxes

- Pay or Play Tax
  - Pay Tax, $2000 per employee less 30
  - Due if member’s coverage is below 60% AV or cost of coverage is too high relative to income, the tax is $3000
  - Large groups need to be aware of which employees the federal government will consider to be full-time
    - Health Insurer Tax grows to 3.5% (2015)
    - Reinsurance Fee decreases in 2015
    - Cadillac Tax effective 2018
Hidden Taxes

- The Investment Tax
  3.8% interest, dividends, capital gains, AGI + $200,000, $250,000

- The Big Medical Expense Tax
  7.5% AGI to 10% AGI Itemized Medical Deductions

- The Payroll Tax
  Medicare Payroll tax to 2.35% from 1.45% AGI +
Hidden Taxes

- The Medical Device Tax
  2.3% on Medical Devices

- The Medicine Cabinet Tax
  OTC Medicine

- The H.S.A. Withdrawal Tax
  Penalty From 10% to 20%

- Annual Fees on Health Insurers
  $8 Billion 2014……$14 Billion 2018
Penalties for Employers Not Offering Affordable Coverage Under the Affordable Care Act Beginning in 2004

Start here.

Does the employer have at least 50 full-time equivalent employees?

Yes

Does the employer offer coverage to its workers?

Yes

Did at least one employee receive a premium tax credit or cost sharing subsidy in an Exchange?

Yes

The employer must pay a penalty for not offering coverage.

No

Penalties do not apply to small employers.

If the employer has 25 or fewer employees and average wage up to $50,000, it may be eligible for a health insurance tax credit.

No

The penalty is $2,000 annually times the number of full-time employees minus 30. The penalty is increased each year by the growth in insurance premiums.
Penalties for Employers Not Offering Affordable Coverage Under the Affordable Care Act Beginning in 2004

- **Yes**
  - Does the insurance pay for at least 60% of covered health care expenses for a typical population?
    - **Yes**
      - Do any employees have to pay more than 9.5% of family income for the employer coverage?
        - **Yes**
          - Those employees can choose to buy coverage in an Exchange and receive a premium tax credit.
          - The employer must pay a penalty for not offering affordable coverage.
        - **No**
          - Employees can choose to buy coverage in an Exchange and receive a premium tax credit.
    - **No**
      - There is no penalty payment required of the employer since it offers affordable coverage.

- **No**
  - The penalty is $3,000 annually for each full-time employee receiving a tax credit, up to a maximum of $2,000 times the number of full-time employees minus 30. The penalty is increased each year by the growth in insurance premiums.

healthreform.kff.org
The PPACA Marketplace Landscape

• The BIG Question
  – Which Insurers will be on/in the Exchange/Marketplace
  – What geography will each insurer cover
  – How much will the mandated insurance cost
    • Additional benefits, “value” of the policy
    • No underwriting
    • Rate compression
    • Taxes
The PPACA Insurance Landscape

WHAT is Changing

– Insured Products
  • Pool Rated, the BIG pool;
    – Individual
    – Small Group
  • Rate Compression, 1 to 3, M/F
  • Non Pool Rated, Large Group

– Self Funded/Administrative Services (ASO)
  • Lower Group Size
The PPACA Insurance Landscape

WHERE are we going to find Products

- **On** Exchange / *Health Insurance Marketplace*
  - Individuals, to get premium tax subsidy
  - Small Group, to get premium tax subsidy

- **Off** Exchange / Marketplace
  - Individual, non subsidy
  - Small Group, non subsidy
  - Large Group
The PPACA Insurance Landscape

• WHEN
  – Coverage effective January 1, 2014
  – Enrollment period begins October 1, 2013
  • Employers will need to be ready for the questions
    – Appendix A/Employer Coverage Tool
On Exchange/Marketplace

• Individual
  – No;
    • Underwriting
    • Preexisting conditions limitations
  – Federal subsidy up to 400% of poverty
  – Increased Benefits
  – 4 Plans
    • Bronze 58% - 62%
    • Silver 68% - 72%
    • Gold 78% - 82%
    • Platinum 88% - 92%
On Exchange/Marketplace

- Small Employer
  - SHOP exchange
    - Multiple carriers
    - Multiple benefit designs
    - Employee level choice
    - Individually rated
    - Single group bill
    - DELAYED UNTIL JAN 1, 2015
  - No;
    - Underwriting
    - Preexisting conditions limitations
  - 4 Plans
    - Bronze 58% - 62%
    - Silver 68% - 72%
    - Gold 78% - 82%
    - Platinum 88% - 92%
  - Employer Federal Tax Subsidy
Off Exchange/Marketplace

• Individual (Identical Twin Product) for Carriers on the Exchange
  – No;
    • Underwriting,
    • Preexisting conditions limitations

Increased Benefits
  – 4 Plans
    • Bronze 58% - 62%
    • Silver 68% - 72%
    • Gold 78% - 82%
    • Platinum 88% - 92%
Off Exchange/Marketplace

- Individual non exchange insurers
  - No;
    - **Premium Subsidy**
    - Underwriting,
    - Preexisting conditions limitations

**Increased Benefits**

- 4 Plans
  - Bronze 58% - 62%
  - Silver 68% - 72%
  - Gold 78% - 82%
  - Platinum 88% - 92%
Off Exchange/Marketplace

• Small Employer*
  – No;
    • Underwriting
    • Preexisting conditions limitations
  – 4 Plans
    • Bronze 58% - 62%
    • Silver 68% - 72%
    • Gold 78% - 82%
    • Platinum 88% - 92%
  – Other Options
    • Self Funded/ASO (Administrative Services Only) with Low Level Stop Loss
    • Drop Coverage, NO PENALTY
Off Exchange/Marketplace

• Large Employer*
  – Maximum employee Out of Pocket cost
    • Single Accumulator
      – Deductible
      – Co-insurance
      – Co-Pay
  – Maximum employee Premium contribution
    • 9.5% of employee wage based on single coverage
  – Compliant Benefits
    • Essential Benefits, Preventative…
Employer PPACA Issue List

• Full Time Benefit Eligibility, 30 hours, 120 days in the year
• Part Time Employee calculation (count to 50)
• Maximum 90 day wait for benefits
• Employee Premium Contribution, less than 9.5% of single employee income
Employer PPACA Issue List

- Benefits must equal the “Bronze” plan (large Employers) **Minimum Value**
- Benefits must include all 10 “Essential Health Benefits” *(April 30, 2013 IRS Proposed, “Need not Cover every EHB”)*
- Employee on Exchange
- Out of Pocket Maximum, includes deductible, co-insurance, copays (medical, RX)
- Retiree Benefits?
• How do you count to 50?, seasonal exception
• Actuarial Value of your plan, current, Jan 1, 2014
• Pay or Play calculation, +50 employers
  – Minimum employee contribution for single plan, 9.5% of employees W2 wages
  – Cost to pay is not just the tax
# Application for Health Coverage

## Who can use this application?
Anyone who needs health coverage can use this application. If someone is helping you fill out this application, you may need to complete Appendix C.

## Apply faster online
Apply faster online at [HealthCare.gov](http://HealthCare.gov).

## What happens next?
Send your complete, signed application to the address on page 3. (If you don’t have all the information we ask for, sign and submit your application anyway.)
We’ll follow up with you within 1–2 weeks to let you know how to join a health plan.
Filling out this application doesn’t mean you have to buy health coverage.

## Get help with costs
You need to use a different application to get help with costs. You could qualify for:
- A new tax credit that can immediately help pay your premiums for health coverage
- Free or low-cost coverage from Medicaid or the Children’s Health Insurance Program (CHIP)

You may qualify for a free or low-cost program even if you earn as much as $94,000 a year (for a family of 4). Visit [HealthCare.gov](http://HealthCare.gov) or call 1-800-XXX-XXXX to learn more.

## Get help with this application
- **Online:** [HealthCare.gov](http://HealthCare.gov).
- **Phone:** Call our Help Center at 1-800-XXX-XXXX.
- **In person:** There may be counselors in your area who can help. Visit [HealthCare.gov](http://HealthCare.gov) or call 1-800-XXX-XXXX for more information.
- **En Español:** Llame a nuestro centro de ayuda gratis al 1-800-XXX-XXXX.
Individual
Short Form

Application for Health Coverage & Help Paying Costs (Short Form)

Use this application to see what coverage you qualify for

- Affordable private health insurance plans that offer comprehensive coverage to help you stay well
- A new tax credit that can immediately help pay your premiums for health coverage
- Free or low-cost insurance from Medicaid or the Children's Health Insurance Program (CHIP)

Who can use this application?

Single adults who:
- Aren’t offered health coverage from their employer
- Don’t have any dependents and can’t be claimed as a dependent on someone else’s tax return

**NOTE:** If any of the following apply, you need to fill out a different form to make sure you get the most benefits possible:
- You’re married or have dependent children.
- You were in the foster care system, and you’re under age 26.
- You have items that can be deducted from your income. If your only deduction is student loan interest, you can use this form.
- You’re American Indian or Alaska Native.

THINGS TO KNOW

Apply faster online

Apply faster online at [HealthCare.gov](http://HealthCare.gov).

What you may need to apply

- Your Social Security number (or document number if you’re a legal immigrant)
- Employer and Income Information (for example, from paystubs, W-2 forms, or wage and tax statements)

Why do we ask for this information?

We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. We’ll keep all the information you provide private, as required by law.

What happens next?

Send your complete, signed application to the address on page 3. If you don’t have all the information we ask for, sign and submit your application anyway. We’ll follow up with you within 1-2 weeks. Filling out this application doesn’t mean you have to buy health coverage.

Get help with this application

- Online: [HealthCare.gov](http://HealthCare.gov).
- Phone: Call our Help Center at 1-800-XXX-XXXX.
- In person: There may be counselors in your area who can help. Visit [HealthCare.gov](http://HealthCare.gov) or call 1-800-XXX-XXXX for more information.
- En Español: Llame a nuestro centro de ayuda gratis al 1-800-XXX-XXXX.
STEP 2 Current Job & Income Information

☐ Employed – If you’re currently employed, tell us about your income. Start with question 1.
☐ Not Employed – Skip to question 11.

☐ Self Employed – Skip to question 10.

CURRENT JOB 1:

1. Employer name and address
2. Employer phone number
3. Average hours worked each week ( )

4. Wages/tips (before taxes) □ Hourly □ Weekly □ Every 2 weeks □ Twice a month □ Monthly □ Yearly

$ ______________________

CURRENT JOB 2: (If you have more jobs and need more space, attach another sheet of paper.)

5. Employer name and address
6. Employer phone number
7. Average hours worked each week ( )

8. Wages/tips (before taxes) □ Hourly □ Weekly □ Every 2 weeks □ Twice a month □ Monthly □ Yearly

$ ______________________

9. In the past year, did you: □ Change jobs □ Stop working □ Start working fewer hours □ None of these

10. If self-employed, answer the following questions:
    a. Type of work ______________________
    b. How much net income (profits once business expenses are paid) will you get from this self-employment this month? $ ______________________

OTHER INCOME THIS MONTH: Check all that apply, and give the amount and how often you get it.

NOTE: You don’t need to tell us about child support, veteran’s payment, or Supplemental Security Income (SSI).

☐ None
☐ Unemployment $ _______ How often? __________
☐ Retirement accounts $ _______ How often? __________
☐ Unemployment $ _______ How often? __________
☐ Allimony received $ _______ How often? __________
☐ Pensions $ _______ How often? __________
☐ Net farming/fishing $ _______ How often? __________
☐ Social Security $ _______ How often? __________
☐ Other income $ _______ How often? __________

11. OTHER INCOME THIS MONTH:

☐ Yes. If yes, how much $ _______ How often? __________
☐ No. $ ______________________

12. Do you pay student loan interest (not the amount of the loan) that can be deducted on a federal income tax return? 

☐ YES. If yes, how much $ _______ How often? __________
☐ No. $ ______________________

13. YEARLY INCOME: Complete only if your income changes from month to month. If you don’t expect changes to your monthly income, skip to step 3.

Your total income this year $ ______________________

Your total income next year (if you think it will be different) $ ______________________

STEP 3 Your Health Coverage

1. Are you enrolled in health coverage now from any of the following?

☐ Yes. If yes, check which coverage you have. ☐ No.

☐ Medicaid
☐ CHIP
☐ Medicare
☐ TRICARE (don’t check if you have Direct Care or Line of Duty)
☐ Peace Corps

☐ VA health care programs
☐ Other

Name of health insurance ________________

Policy number ______________________

NEED HELP WITH YOUR APPLICATION? Visit HealthCare.gov or call us at 1-800-XXX-XXXX. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX. If you need help in a language other than English, call 1-800-XXX-XXXX and tell the customer service representative the language you need. We’ll get you help at no cost to you. TTY users should call 1-800-XXX-XXXX.
Application for Health Coverage & Help Paying Costs

Use this application to see what coverage choices you qualify for

- Affordable private health insurance plans that offer comprehensive coverage to help you stay well
- A new tax credit that can immediately help pay your premiums for health coverage
- Free or low-cost insurance from Medicaid or the Children's Health Insurance Program (CHIP)
  You may qualify for a free or low-cost program even if you earn as much as $94,000 a year (for a family of 4).

Who can use this application?

- Use this application to apply for anyone in your family.
- Apply even if you or your child already has health coverage. You could be eligible for lower-cost or free coverage.
- If you're single, you may be able to use a short form.
  Visit HealthCare.gov.
- Families that include immigrants can apply. You can apply for your child even if you aren't eligible for coverage. Applying won't affect your immigration status or chances of becoming a permanent resident or citizen.
- If someone is helping you fill out this application, you may need to complete Appendix C.

Apply faster online

Apply faster online at HealthCare.gov.

What you may need to apply

- Social Security Numbers (or document numbers for any legal immigrants who need insurance)
- Employer and income information for everyone in your family (for example, from pay stubs, W-2 forms, or wage and tax statements)
- Policy numbers for any current health insurance
- Information about any job-related health insurance available to your family

Why do we ask for this information?

We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. We'll keep all the information you provide private and secure, as required by law.

What happens next?

Send your complete, signed application to the address on page 7.
If you don’t have all the information we ask for, sign and submit your application anyway. We’ll follow-up with you within 1–2 weeks.
You’ll get instructions on the next steps to complete your health coverage. If you don’t hear from us, visit HealthCare.gov or call 1-800-XXX-XXX.
Filling out this application doesn’t mean you have to buy health coverage.

Get help with this application

- Online: HealthCare.gov
- Phone: Call our Help Center at 1-800-XXX-XXX.
- In person: There may be counselors in your area who can help. Visit our website or call 1-800-XXX-XXX for more information.
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STEP 3  American Indian or Alaska Native (AI/AN) family member(s)

1. Are you or is anyone in your family American Indian or Alaska Native?
   - [ ] If No, skip to Step 4.
   - [ ] Yes. If yes, go to Appendix B.

STEP 4  Your Family’s Health Coverage

Answer these questions for anyone who needs health coverage.

1. Is anyone enrolled in health coverage now from the following?
   - [ ] YES. If yes, check the type of coverage and write the person(s)' name(s) next to the coverage they have.  [ ] NO.
     - Medicaid
     - CHIP
     - Medicare
     - TRICARE (Don’t check if you have direct care or Line of Duty)
     - VA health care programs
     - Peace Corps
     - Employer insurance

Name of health insurance:
Policy number:
Is this COBRA coverage?  [ ] Yes  [ ] No
Is this a retiree health plan?  [ ] Yes  [ ] No
Other
Name of health insurance:
Policy number:
Is this a limited-benefit plan (like a school accident policy)?  [ ] Yes  [ ] No

2. Is anyone listed on this application offered health coverage from a job? Check yes even if the coverage is from someone else's job, such as a parent or spouse.
   - [ ] YES. If yes, you'll need to complete and include Appendix A. Is this a state employee benefit plan?  [ ] Yes  [ ] No
   - [ ] NO. If no, continue to Step 5.
**APPENDIX A**

**Health Coverage from Jobs**

You DON'T need to answer these questions unless someone in the household is eligible for health coverage from a job. Attach a copy of this page for each job that offers coverage.

Tell us about the job that offers coverage.

Take the Employer Coverage Tool on the next page to the employer who offers coverage to help you answer these questions. You only need to include this page when you send in your application, not the Employer Coverage Tool.

### EMPLOYEE Information
1. Employee name (First, Middle, Last)

### EMPLOYER Information
3. Employer name
4. Employer Identification Number (EIN) ___-___-___-___-___
5. Employer address
6. Employer phone number ( ) -
7. City
8. State
9. ZIP code

10. Who can we contact about employee health coverage at this job?

11. Phone number (if different from above) ( ) -
12. Email address

13. Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months?
   - Yes (Continue)
     13a. If you're in a waiting or probationary period, when can you enroll in coverage? (mm/dd/yyyy)
     List the names of anyone else who is eligible for coverage from this job.
     Name: ____________________________  Name: ____________________________  Name: ____________________________
   - No (Stop here and go to Step 5 in the application)

Tell us about the health plan offered by this employer.

14. Does the employer offer a health plan that meets the minimum value standard?  □ Yes  □ No

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans):
   If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and did not receive any other discounts based on wellness programs.
   a. How much would the employee have to pay in premiums for this plan? $ __________
   b. How often? □ Weekly  □ Every 2 weeks  □ Twice a month  □ Quarterly  □ Yearly

16. What change will the employer make for the new plan year (if known)?
   □ Employer won't offer health coverage
   □ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
   a. How much will the employee have to pay in premiums for that plan? $ __________
   b. How often? □ Weekly  □ Every 2 weeks  □ Twice a month  □ Quarterly  □ Yearly
   Date of change (mm/dd/yyyy): __________

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

**NEED HELP WITH YOUR APPLICATION?** Visit [HealthCare.gov](https://HealthCare.gov) or call us at 1-800-XXX-XXXX. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX. If you need help in a language other than English, call 1-800-XXX-XXXX and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-800-XXX-XXXX.
EMPLOYER COVERAGE TOOL

Use this tool to help answer questions in Appendix A about any employer health coverage that you're eligible for (even if it's from another person's job, like a parent or spouse). The information in the numbered boxes below match the boxes on Appendix A. For example, the answer to question 14 on this page should match question 14 on Appendix A.

Write your name and Social Security number in boxes 1 and 2 and ask the employer to fill out the rest of the form. Complete one tool for each employer that offers health coverage.

**EMPLOYEE Information**

The employee needs to fill out this section.

<table>
<thead>
<tr>
<th>1. Employee name (First, Middle, Last)</th>
<th>2. Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_________________________</td>
</tr>
</tbody>
</table>

**EMPLOYER Information**

Ask the employer for this information.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__________ - __________ - __________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Employer address (the Marketplace will send notices to this address)</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>( ) -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
<th>9. ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Who can we contact about employee health coverage at this job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes (Continue)</td>
</tr>
<tr>
<td>□ No (STOP and return this form to employee)</td>
</tr>
</tbody>
</table>

Tell us about the health plan offered by this employer.

Does the employer offer a health plan that covers an employee's spouse or dependent?

□ Yes, Which people? □ Spouse □ Dependent(s)
□ No

(As of question 14)

<table>
<thead>
<tr>
<th>14. Does the employer offer a health plan that meets the minimum value standard?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes (Go to question 15) □ No (STOP and return form to employee)</td>
</tr>
</tbody>
</table>

For the lowest-cost plan that meets the minimum value standard offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium for the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

<table>
<thead>
<tr>
<th>15. How much would the employee have to pay in premiums for this plan? $</th>
<th>16. How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Weekly</td>
</tr>
<tr>
<td>$</td>
<td>Every 2 weeks</td>
</tr>
<tr>
<td>$</td>
<td>Twice a month</td>
</tr>
<tr>
<td>$</td>
<td>Quarterly</td>
</tr>
<tr>
<td>$</td>
<td>Yearly</td>
</tr>
</tbody>
</table>

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

□ Employer won't offer health coverage
□ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

<table>
<thead>
<tr>
<th>a. How much will the employee have to pay in premiums for that plan? $</th>
<th>b. How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Weekly</td>
</tr>
<tr>
<td>$</td>
<td>Every 2 weeks</td>
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<td>Quarterly</td>
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<tr>
<td>$</td>
<td>Yearly</td>
</tr>
</tbody>
</table>

Date of change (mm/dd/yyyy): ______________________

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(i) of the Internal Revenue Code of 1986).

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Resources

Internal Revenue Service

United States Department of Labor
• http://www.dol.gov/ebsa/healthreform/

Centers for Medicare & Medicaid Services
• http://cciio.cms.gov/resources/regulations/index.html

U.S. Department of Health & Human Services
• http://www.healthcare.gov/

The Henry J Kaiser Family Foundation Health Reform Source
• http://healthreform.kff.org/

Center for Study Health System Change
• http://www.hschange.com/
The Take A-ways

• The **COST** of health care is ultimately financed either directly or indirectly by each of us.

• The **VOLUME** of health care that we use, can be controlled by us as individuals or it will be controlled by someone else.
The Take A-ways

• “Don’t just stand there, do something, even if it is wrong” Alexander Janonis

• “If not now, when” Golda Meir / Hillel