

# The Affordable Care Act (ACA): *The Health Insurance Marketplace and Medicaid*

---

---

**Presentation by:  
Champaign County Health Care  
Consumers (CCHCC)**

**November 2022**

***Welcome!***

# Goals of the Affordable Care Act (ACA)

- Expand health insurance coverage
- Improve coverage for those with health insurance
- Improve access to, and quality of, care
- Control rising health care costs

# Health Reform Implementation Timeline

2010

- Adult dependent coverage until age 26
- No lifetime caps
- No rescinding of coverage
- Pre-existing condition insurance plan
- Children cannot be denied based on pre-existing conditions
- Small business tax credits
- Premium review

2011-2013

- No cost-sharing for preventive services in Medicare and Medicaid
- Increased payments for primary care
- New delivery system models in Medicare and Medicaid
- Navigators and IPC groups are funded

2014

- Medicaid expansion
- Health Insurance Marketplaces
- Premium subsidies
- Insurance market rules—prohibition on denying coverage or charging more to those who are sick, standardized benefits
- Individual mandate
- Employer requirements (2015)

# Benefits & Protections as a Result of Health Reform

## Benefits

- Allows adult children to remain on their parents' health insurance policy until age 26
- Certain preventive services are covered at no cost including well-care visits
- Contraceptive coverage and STI testing/counseling with no co-pays

## Protections

- No lifetime caps or limits
- Insurance companies cannot drop coverage because of illness
- People with pre-existing conditions cannot be denied insurance or charged more (*2010 for children and 2014 for adults*)
- Medical loss ratio (80-85% of premium must go to pay medical claims)

# Making Insurance Affordable

Insurance is made more affordable in 3 ways:

- Providing financial assistance in the form of “Advanced Premium Tax Credits” to those with incomes between 139% and 400% FPL; *(Those over this level are now eligible for some assistance due to the American Rescue Act 2021)*
- Providing out-of-pocket Cost-Sharing to those with incomes between 139% and 250% FPL, when purchasing Silver plans; and,
- Expanding Medicaid (public insurance) to those with incomes up to 138% Federal Poverty Level (FPL).

*You can apply and qualify for all of these through the Marketplace.*

The Health Insurance Marketplace

HEALTHCARE.GOV

HealthCare.gov

[Get Coverage](#)

[Keep or Update Your Plan](#)

[See Topics](#) ▾

[Get Answers](#)

# Preview 2023 plans & prices now!

Check out plans now. Enroll or renew from November 1 to December 15 for coverage to start January 1.

[Preview health plans & prices](#)

# What You Need to Know About the Marketplace

- ✓ There are new, affordable options available for people without insurance.
- ✓ All plans have to cover doctor visits, hospitalizations, maternity care, emergency room care, and prescriptions.
- ✓ Financial help is available so you can find a plan that fits your budget.
- ✓ All insurance plans have to show the costs in simple language with no fine print.

# The Health Insurance Marketplace

- In Illinois, it is officially called **Get Covered Illinois**.



- The Health Insurance Marketplace (Healthcare.gov) is a “one stop shop” where people can enroll or find out if they are eligible for private health insurance plans and Medicaid.
- In Illinois, we have a State Partnership Marketplace: this means that our Marketplace is both federally and state run.



# The Health Insurance Marketplace, *cont'd.*

- People can enroll through the Marketplace online at **healthcare.gov**, over the phone (800-318-2596), or using a paper version.
- Open enrollment in the Health Insurance Marketplace is from November 1, 2022, through January 15, 2023.
- For health insurance to start January 1, 2023, you must enroll by December 15, 2022.
- People will find out if they are eligible for Medicaid, premium subsidies (Advance Premium Tax Credits), and cost-sharing subsidies *through one application.*

# Special Enrollment Periods

- People can enroll outside of the Open Enrollment Period within 60 days of certain circumstances:
  - Losing insurance from a job
  - Having a baby
  - Moving to a new zip code
  - Change in tax household
  - Turning 26 and losing dependent coverage
  - And more!

# Who can shop in the Marketplace?

- Uninsured individuals
- People on individual health insurance plans
- People who purchase dependent coverage
- People with COBRA health insurance
- Self-employed people with no employees
- Families
- Small businesses
- People whose health insurance is unaffordable (more than 9.12% of their annual income-self only)
- Must be U.S. citizen, visa holder, or permanent resident (green card)

# Who CANNOT shop in the Marketplace?

- People with Medicare
- People with Medicaid
- Individuals who are currently incarcerated and are serving a sentence
- Undocumented individuals

# What Will Marketplace Plans Cover?

Plans through the Marketplace will be considered Qualified Health Plans (QHPs) and must include **10 Essential Health Benefits** at a minimum:

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

# What Will Marketplace Plans Cover?

## *Cont'd.*

### **About dental coverage in the Marketplace:**

- Under the health care law, dental insurance is treated differently for adults and children 18 and under.
- Dental coverage for children is an essential health benefit. This means it must be available to you as part of a health plan or as a free-standing plan.
- This is not the case for adults. Insurers don't have to offer adult dental coverage.
- Some plans may offer dental coverage. You can also purchase stand-alone dental insurance, but only if you are also purchasing a health insurance plan through the Marketplace.

# Levels of Coverage in Health Plans

- There will be 5 different levels of coverage:
  - Catastrophic (limited)
  - Bronze (60%)
  - Silver (70%)
  - Gold (80%)
  - Platinum (90%)

CATASTROPHIC	less than <b>60%</b>	of the total average costs of care
BRONZE	<b>60%</b>	of the total average costs of care
SILVER	<b>70%</b>	of the total average costs of care
GOLD	<b>80%</b>	of the total average costs of care
PLATINUM	<b>90%</b>	of the total average costs of care

The % refers to how much of the total cost of medical services that the plan is designed to pay for, on average (also known as the actuarial value).

# Levels of Coverage in Health Plans, *continued*

- The benefits between levels will be the same but the cost-sharing (deductibles, copays, coinsurance) will vary.
- The lower the level of the plan, the lower the monthly premiums, but the higher your out-of-pocket costs might be.
- All plans will have a maximum out-of-pocket limit for your protection. If you reach that limit, the health plan has to cover all your costs for the rest of the year.
- All levels will have to cover all 10 Essential Health Benefits.



# Catastrophic Health Plans

- These plans are available to individuals under the age of 30.
- Individuals age 30 and over, who have received a hardship exemption, may be able to buy a catastrophic plan.
- In the Marketplace, catastrophic policies will have a deductible of \$9,100. They also cover free preventive benefits.
- If you buy a catastrophic plan in the Marketplace, you cannot get financial assistance based on income.

# Plans Offered in Champaign County

- In 2023, plans will be offered by 2 companies:
  - Health Alliance Medical Plans
  - Blue Cross Blue Shield of Illinois
- For most individuals and families, who did not qualify for Medicaid, there will be between 25 plans in the Marketplace offered locally.
- The premium increases for the plans are estimated to be around 3%-16% (2023)

# Making Insurance Affordable

Insurance is made more affordable in 3 ways:

- Providing financial assistance in the form of “Advanced Premium Tax Credits” to those with incomes between 139% and 400% FPL; *(Those over this level are now eligible for some assistance due to the American Rescue Act 2021)*
- Providing out-of-pocket Cost-Sharing to those with incomes between 139% and 250% FPL, when purchasing Silver plans; and,
- Expanding Medicaid (public insurance) to those with incomes up to 138% Federal Poverty Level (FPL).

*You can apply and qualify for all of these through the Marketplace.*

# Advanced Premium Tax Credit (subsidies)

- A **Premium Tax Credit** is a refundable credit that helps reduce premiums for health insurance purchased through the Health Insurance Marketplace (about 80% of those buying Marketplace plans qualify for Premium Tax Credit).
- The tax credit can be taken in advance and paid to the health insurance company to reduce your premium or at the end of the year in a lump sum.
- Changes every year with the Federal Poverty Level
- Can only be received through [Healthcare.gov](https://www.healthcare.gov)

# Cost Sharing Reduction (CSR)

- Cost sharing is consumer's portion of healthcare costs (deductibles, copay, coinsurance).
- Cost sharing reduction is a discount on deductibles, copays, and coinsurance on Silver plans and it is still available.

# Income Guidelines

Household Size	100% FPL	133% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL
1	\$13,590	\$18,075	<b>\$18,754</b>	\$20,385	\$27,180	<b>\$32,200</b>	\$40,770	<b>\$54,360</b>
2	\$18,310	\$24,352	<b>\$25,268</b>	\$27,465	\$36,620	<b>\$43,550</b>	\$54,930	<b>\$73,240</b>
3	\$23,030	\$30,630	<b>\$31,781</b>	\$34,545	\$46,060	<b>\$54,900</b>	\$69,090	<b>\$92,120</b>
4	\$27,750	\$36,908	<b>\$38,295</b>	\$41,625	\$55,500	<b>\$66,250</b>	\$83,250	<b>\$111,000</b>
5	\$32,470	\$43,185	<b>\$44,809</b>	\$48,705	\$64,940	<b>\$77,600</b>	\$97,410	<b>\$129,880</b>
6	\$37,190	\$49,463	<b>\$51,322</b>	\$55,785	\$74,380	<b>\$88,950</b>	\$111,570	<b>\$148,760</b>
7	\$41,910	\$55,740	<b>\$57,836</b>	\$62,865	\$83,820	<b>\$100,300</b>	\$125,730	<b>\$167,640</b>
8	\$46,630	\$62,018	<b>\$64,349</b>	\$69,945	\$93,260	<b>\$111,650</b>	\$139,890	<b>\$186,520</b>
<i>For each add'l person, add:</i>	<i>\$4,720</i>	<i>\$6,277</i>	<i>\$6,514</i>	<i>\$7,080</i>	<i>\$9,440</i>	<i>\$11,800</i>	<i>\$14,160</i>	<i>\$18,880</i>
Assistance Through the Marketplace	Expanded Medicaid ( <i>below 139% of FPL</i> )	Premium Subsidies (Advanced Premium Tax Credits) ( <i>139-400% FPL</i> )						
		Cost-Sharing Subsidies (for Silver plans) ( <i>139-250% FPL</i> )						

# What Counts as Income?

## What Counts

- Wages, salaries and tips
- **Net** income from any self-employment or business (*generally the amount of money you take in minus your business expenses*)
- Unemployment compensation
- Social Security payments, including disability payments
- Alimony
- Retirement income, investment income, pension income, rental income, and other taxable income

## What Doesn't Count:

- Child support
- Gifts
- Supplemental Security Income (SSI)
- Veterans' disability payments
- Workers' compensation
- Proceeds from loans

# About Expanded Medicaid

- As mentioned earlier, one way insurance has been made more affordable is by expanding Medicaid.
- It is often called the medical card or public aid.
- Medicaid is health insurance that is offered by the government and it will cover the 10 Essential Health Benefits *just like the private plans* offered in the Marketplace.
- Expanded Medicaid for adults has no monthly premiums.



# About Expanded Medicaid, *continued*

- Medicaid expanded in 2014. The income limit went up slightly and categorical requirements were removed to allow more individuals to qualify.
- Also, Medicaid will not be looking at assets (just the types of income we mentioned earlier) for individuals under age 65.
- Illinois Medicaid application: [abe.illinois.gov](http://abe.illinois.gov)

**GETTING READY TO  
ENROLL!**

# Getting Ready & Tips

- **Gather information** for you and your family, like birthdates, Social Security Numbers, and household income.
- The applications may need **documentation** such as birth certificates, state ID/driver's license, Social Security cards, immigration documents, and paystubs.
- If you have a preference on **where you get your care**, or you already established doctors, research what insurances companies are accepted by those providers.
- If you believe you may qualify for **Medicaid**, go directly to the Medicaid application at [abe.illinois.gov](http://abe.illinois.gov).
- If you need help, **set up an appointment** for in-person assistance.
- Be patient!

# Getting Ready & Tips: Glossary

- **Premium:** The amount paid, often on a monthly basis, for health insurance.
- **Cost-Sharing:** A feature of health plans where beneficiaries are required to pay a portion of the costs of their care. Examples of costs include co-payments, coinsurance and annual deductibles.
- **Advanced Premium Tax Credits:** A tax credit you can take in advance to lower your monthly health insurance payment.
- **Deductible:** A feature of health plans in which consumers are responsible for health care costs up to a specified dollar amount.
- **Out-of-pocket Maximum:** A yearly cap on the amount of money individuals are required to pay for health care costs, excluding the premium cost.

# How To Apply

## 1. Online

- **Healthcare.gov** for the Marketplace
- **Abe.illinois.gov** for the Medicaid application
- If you are unsure what you qualify for, you can use the lower costs tool on Healthcare.gov  
<https://www.healthcare.gov/lower-costs/>

## 2. By phone

- National Call Center: 1 (800) 318-2596

## 3. By paper

## 4. In person at Enrollment Locations

# Where Can You Get Help To Enroll?

- People will need help applying for private insurance and Medicaid through the Illinois Health Insurance Marketplace.
- There are local agencies that have received state and federal funding to provide In-Person assistance, enrollment and outreach as well as volunteer Certified Application Counselor (CAC) organizations like CCHCC.  
*\*Note: CCHCC is doing limited in-person appointments at this time.*
- Open enrollment: November 1, 2022 – January 15, 2023, for insurance to start as early as January 1, 2023.

# 5 Steps to Renew Your Coverage

*Do you already have health insurance through the Marketplace?*

To stay covered through the Marketplace for 2023, you'll need to follow 5 Steps during Open Enrollment:

**1. Review** your current plan's 2023 health coverage and costs.

- *You should have received two notices about your coverage -- one from your health insurance company about 2023 rates, and one from the Health Insurance Marketplace about your tax credit for 2023.*

# 5 Steps to Renew Your Coverage

## *continued*

- 2. Update** your Marketplace application, starting November 1.
  - *You may be eligible for more tax credits!*
- 3. Compare** the health plans available to you in 2023.
  - *There will be different plan options!*
- 4. Choose** the plan that best meets your needs.
- 2. Enroll** in the health plan you want for 2023 coverage, by December 15, 2022.



# Appealing a Decision

- If you disagree with the eligibility determination made by the Health Insurance Marketplace, you CAN appeal.
- Appeals are made by mail:
  - Health Insurance Marketplace
  - 465 Industrial Blvd.
  - London, KY 40750-0061
- You can download the Appeal Request Form online at [healthcare.gov](https://healthcare.gov) or write your own letter.
- Be sure to include your application ID number and any supporting documents to make your case.

# UPDATES FOR 2023

# Family Glitch

- For plan year 2023, if a consumer has an offer of employer coverage that extends to their family members, the affordability of employer coverage for those family members will be based on the **family premium amount**, not the self-only employee premium cost.
- This means that if your coverage offered by an employer is unaffordable (for you **and** your dependents), you can qualify for financial assistance to buy a plan on the Marketplace.

# Individual Responsibility Payment

- Although still a part of the ACA law the Individual Responsibility Payment has been reduced to \$0 therefore in 2019 and going forward it will **NOT** be enforced.

**Questions?**

# Resources

Illinois Health Insurance Marketplace – “Get Covered Illinois”  
[www.GetCoveredIllinois.gov](http://www.GetCoveredIllinois.gov)

Marketplace Application Website: <http://healthcare.gov/>

Illinois Medicaid Website: <http://abe.illinois.gov/>

Premium and Tax Credit Estimates:  
<http://www.healthcare.gov/see-plans/>

CCHCC website: <http://www.healthcareconsumers.org>

**Champaign County Health Care Consumers**

**(217) 352-6533 | [cchcc@cchcc-il.org](mailto:cchcc@cchcc-il.org)**

# Thank You!

Champaign County Health Care  
Consumers (CCHCC)

(217) 352-6533

[healthcareconsumers.org](http://healthcareconsumers.org)

[facebook.com/healthcareconsumers](https://facebook.com/healthcareconsumers)