

FOR YOUR BENEFIT

WORKPLACE BENEFIT INFORMATION SOURCE FOR BROWARD HEALTH EMPLOYEES

FAQs
Health Insurance
Marketplace

Frequently Asked Questions Regarding the Health Insurance Marketplace

I'm uninsured. Am I required to get health insurance?

Everyone is required to have health insurance coverage – or more precisely, “minimum essential coverage” – or else pay a tax penalty, unless they qualify for an exemption. This requirement is called the individual responsibility requirement, or sometimes called the individual mandate.

What kinds of coverage count as Minimum Essential Coverage to satisfy the requirement to have health insurance?

Most people with health coverage today have a plan that will count as minimum essential coverage. The following types of health coverage count as minimum essential coverage:

- Employer-sponsored group health plans (including the Broward Health Preventive Care Plan through TCA)
- Union plans
- COBRA coverage
- Retiree health plans
- Non-group health insurance that you buy on your own, for example, through the Health Insurance Marketplace
- Student health insurance plans
- Grandfathered health plans
- Medicare
- Medicaid
- The Children’s Health Insurance Program (CHIP)
- TRICARE (military health coverage)
- Veterans’ health care programs
- Peace Corps Volunteer plans

What’s the penalty if I don’t have coverage?

The penalty for not having minimum essential coverage is either a flat amount, or a percentage of household income, whichever is greater.

In 2017, the penalty is the greater of:

- \$695 for each adult and \$347.50 for each child, up to \$2,085 per family, or
- 2.5% of family income above the Federal tax filing threshold.

The penalty is assessed based on “coverage months.” This means that each month you are uninsured, you may owe 1/12th of the annual penalty. However, short gaps in coverage may not be subject to a penalty.

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Are there exemptions to the penalty? What are they?

Yes. You may be eligible for an exemption if you:

- Cannot afford coverage (defined as those who would pay more than 8.16 percent of their household income for the lowest cost bronze plan available to them through the Marketplace in 2017, the most recent tax year available)
- Are not a U.S. citizen, a U.S. national, or a resident alien lawfully present in the U.S.
- Had a gap in coverage for less than three consecutive months during the year
- Won't file a tax return because your income is below the tax filing threshold
- Are unable to qualify for Medicaid because your state has chosen not to expand the program
- Participate in a health care sharing ministry or are a member of a recognized religious sect with objections to health insurance
- Are a member of a Federally recognized Indian tribe
- Are incarcerated
- Others who do not qualify through these categories but have experienced a hardship that makes it difficult to purchase insurance may apply through the Health Insurance Marketplace for an exemption to the individual responsibility requirement.

What is the Health Insurance Marketplace?

The Health Insurance Marketplace (also known as the Exchange) is an organization set up to create more organized and competitive markets for buying health insurance. It offers a choice of different health plans, certifying plans that participate and providing information to help consumers better understand their options. Through the Marketplace, individuals and families will be able to shop for coverage if they need to buy health insurance on their own. Premium and cost sharing subsidies will be available through the Marketplace to reduce the cost of coverage for individuals and families, based on their income. Individuals and families with very low incomes will also be able to find out at the Marketplace if they are eligible for coverage through Medicaid and CHIP.

Who can buy coverage in the Marketplace?

Most people can shop for coverage in the Marketplace. To be eligible you must live in the state where your Marketplace is, you must be a citizen of the U.S. or be lawfully present in the U.S., and you must not currently be incarcerated.

Not everybody who is eligible to purchase coverage in the Marketplace will be eligible for subsidies, however. To qualify for subsidies (also called premium tax credits) people will have to meet additional requirements having to do with their income and their eligibility for other coverage.

When can I enroll in health plan coverage through the Marketplace?

The Open Enrollment period will begin in October 2018. However, if you experience certain changes in circumstances during the year, you will have a special 60-day opportunity to enroll in Marketplace health plans, outside of the Open Enrollment period.

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What health plans are offered through the Marketplace?

All health plans offered through the Marketplace must meet the requirements of “qualified health plans.” This means they will cover essential health benefits, limit the amount of cost sharing (such as deductibles and co-pays) for covered benefits, and satisfy all other consumer protections required under the Affordable Care Act. Health plans may vary somewhat in the benefits they cover. Health plans also will vary based on the level of cost sharing required. Plans will be labeled Bronze, Silver, Gold, and Platinum to indicate the overall amount of cost sharing they require. Bronze plans will have the highest deductibles and other cost sharing, while Platinum plans will have the lowest. Health plans will also vary based on the networks of hospitals and other health care providers they offer. Some plans will require you to get all non-emergency care in-network, while others will provide some coverage when you receive out-of-network care.

How can I apply to the Health Insurance Marketplace?

If you apply this way...	You'll do this
Online	Get started: Visit the Get Coverage page , select your state, and take your next steps.
By Phone	A customer service representative helps you fill out an application, review your choices immediately, and enroll in coverage. Get started: Contact the Marketplace Call Center at 1-800-318-2596. They are open 24 hours a day, 7 days a week.
With In-Person Help	Trained people in your community – like Navigators, assisters, agents, and brokers – help you fill out an application and enroll in coverage. Get started: Enter your ZIP code to see a list of groups and people near you.
By Mail	Fill out and mail in a paper application. You'll get eligibility results in the mail within two weeks. Create an online account or use the Marketplace Call Center to enroll. Get started: Download a Marketplace application (PDF) and instructions (PDF) .

Are there additional local resources to help me decide what coverage is best for me?

Yes, please see further information below.

Online coveringflorida.org
Email Info@CoveringFlorida.org
Phone 877-813-9115