



**INSURANCE BENEFIT
NAVIGATORS**

Frequently Asked Questions

Individual and Family plans – Marketplace ACA

Q. What does it cost to use our services?

A. At IBN there is no cost to you associated with using our services and allowing us to be the Agent of Record to service your policy.

Q. What are the qualifications for a subsidy to help pay for my Health Insurance?

A. To be eligible for a subsidy to subsidize your monthly premium in all states, your household income must be between 100% and 400% of the Federal Poverty Level and you must attest to filing a tax return to qualify for a premium tax credit that can lower your insurance costs.

Q. When is the Open Enrollment Period for Individuals and families to enroll with the Health Insurance Marketplace?



A. The Open Enrollment Period starts November 1st and runs through December 15th of each year for a plan effective date of January 1st. Although in previous years the enrollment period has been extended through January 15th.

Q. Are preexisting conditions covered?

A. YES! The Health Insurance Marketplace does not exclude preexisting conditions. The policy is a guaranteed issue plan.

Q. Is there a Special Enrollment Period (SEP) available for individuals with income below a certain limit?

A. YES! If your income falls below 150% of the Federal Poverty Level (FPL) you can qualify to enroll through a Special Enrollment Period (SEP) which would allow you to enroll outside of the traditional Open Enrollment Period (OEP).

Q. What changes should I report to the Health Insurance Marketplace?

A. You should always report any life changes to assure your application is as up to date as possible. Examples would include:

- Income changes
- Marriage, divorce
- Had a baby, removing a dependent
- Move



Q. If I have Medicaid can I still enroll into a plan through the Health Insurance Marketplace?

A. No. You can't have eligibility for both forms of coverage. If at any time you lose your eligibility for Medicaid, you will then qualify for a Special Enrollment Period (SEP) and be able to enroll into a Marketplace health plan.

Q. How long do I have after losing my current health plan to enroll into a new plan and qualify for a Special Enrollment Period?

A. Generally, as a rule you have 60 days from the day you lose coverage to make an election into a new plan. This allows you to enroll now during a Special Enrollment Period (SEP). After the 60-day window, chances are you will have to wait until the Open Enrollment Period (OEP) to enroll.

Q. Can I get health coverage outside of the Open Enrollment Period?

A. Outside Open Enrollment, you can only get health insurance 2 ways:

- With a Special Enrollment Period. You can qualify if you've had certain life events, like losing job-based coverage, having a baby, or getting married, or based on estimated household income.
- Through Medicaid or the Children's Health Insurance Program (CHIP). You can apply any time and can enroll immediately if you're eligible.

Think you qualify for a Special Enrollment Period? Give us a call to check. 727-491-7260

Q. How do I pay my monthly Health plan premium?

A. When you have Marketplace insurance, you'll pay your premiums directly to the insurance company — not to the Health Insurance Marketplace®. Your coverage won't start until you pay your first premium. Contact us for assistance. 727-491-7260.

Q. What if my income has changed from what I put on my application?

A. Update your application as soon as possible. Premium tax credits and other savings are based on your income information on your application. Contact us for assistance. 727-491-7260.

Q. How can I change Marketplace plans?

A. Outside Open Enrollment, you can change plans only if you qualify for a Special Enrollment Period (SEP) due to a life event — like changing jobs, getting married, or having a baby. You usually have 60 days from the life event to enroll in a new plan. Contact us for assistance. 727-491-7260.

Q. Who do I include in my household when estimating my income for Marketplace financial assistance?

A. Most households include:

- The person applying for coverage
- Their spouse if married
- Anybody they claim as a tax dependent — including those who don't need health coverage. When you apply, you can say who needs coverage and who doesn't.

Q. How do I set up a time to talk over the phone or come into the office for an appointment to talk with an agent?

A. There are 3 ways to get you connected:

- Walk-ins always welcomed
- Use our scheduling link: <https://calendly.com/kpearlibn>
- Call the office 727-791-7260

Q. What if I have coverage through my employer? Can I still get Marketplace coverage?

A. If you have job-based coverage, you might be able to change to a Marketplace plan. But you probably won't qualify for financial assistance or other savings. As long as the job-based plan is considered affordable and meets minimum standards, you won't qualify for savings. Most job-based plans meet these standards. See examples below which outline the examples of "affordable" job-based premiums and what circumstances would allow you to enroll with the Marketplace and get financial assistance instead:

A job-based health plan covering only the employee that costs 9.61% or less of the employee's household income. If a job-based plan is "affordable," and meets the "minimum value" standard, you're not eligible for a premium tax credit if you buy a Marketplace insurance plan instead.

- The plan used to define affordability is the lowest priced "self-only" plan the employer offers — meaning a plan covering only the employee, not dependents. This is true even if you're enrolled in a plan that costs more or covers dependents.
- The cost is the amount the employee would pay for the insurance, not the plan's total premium.
- The employee's total household income is used. Total household income includes income from everybody in the household who's required to file a tax return.

Example 1

- Employee's monthly household income = \$4,083 (about \$49,000 per year)
- 9.61% of the employee's monthly household income = \$392
- Monthly cost to the employee of the lowest-priced plan the employer offers for self-only coverage = \$300

- Is the plan affordable? YES. The employee's share of the lowest cost self-only plan (\$300) is less than 9.61% of the employee's household income (\$392).

Example 2

- Employee's monthly household income = \$2,333 (about \$28,000 per year)
- 9.61% of the employee's monthly household income = \$224
- Monthly cost to the employee of the lowest-priced plan the employer offers for self-only coverage = \$275
- Is the plan affordable? NO. The employee's share of the lowest-cost self-only plan (\$275) is more than 9.61% of the employee's household income (\$224).

Q. Can I look at quotes on my own without contacting you directly? (Marketplace plans only)

Yes. You can use this link to get a quote:

https://www.healthsherpa.com/?_agent_id=katlain-pearl-hje05g

How do I apply for Medicaid?

A. Medicaid can be applied for year-round. Please use the link below to apply for the applicable state:

- Florida: www.myflorida.com/accessflorida/
1-850-300-4323
- Georgia: www.gateway.ga.gov
1-877-423-4746

Q. What is a 1095-A form?

A. If anyone in your household had a Marketplace plan in 2021, you should get Form 1095-A, Health Insurance Marketplace® Statement, by mail no later than mid-February. It may be available as soon as mid-January.

IMPORTANT: You must have your 1095-A before you file.

Don't file your taxes until you have an accurate 1095-A.

- Your 1095-A includes information about Marketplace plans anyone in your household had.
- It comes from the Marketplace, not the IRS.
- Keep your 1095-As with your important tax information, like W-2 forms and other records.