

Federally-facilitated Marketplace Assister Curriculum: SHOP Marketplace Assistance

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight

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SHOP Marketplace Assistance Course

Course Introduction Module

The screenshot shows a course introduction page titled "SHOP Marketplace Assistance". The title is at the top left, and there's an "Exit" link at the top right. Below the title, the page header includes "Course Introduction" on the left and "Page 1 of 4" on the right. The main content area features a large blue rectangular placeholder or image area. In the center of this area, the text "WELCOME TO THE SHOP MARKETPLACE ASSISTANCE COURSE" is displayed in a serif font. At the bottom of the page, there's a footer bar with links for "Menu", "Help", "Glossary", and "Resources", followed by a "NEXT >" button.

Text Description of Image or Animation:

WELCOME TO THE
SHOP MARKETPLACE ASSISTANCE
COURSE

Menu Help Glossary Resources

NEXT >

Course Title

Welcome to the SHOP Marketplace Assistance Course

The screenshot shows a web-based course introduction for the SHOP Marketplace Assistance. At the top, it says "SHOP Marketplace Assistance" and has "Exit" and "Page 2 of 4" buttons. Below that is a "Course Introduction" section with a "Course Overview" heading. The overview text explains the course's purpose: to provide information on how small employers and their employees can participate in the SHOP Marketplace on HealthCare.gov. It specifies that the course applies to Federally-facilitated SHOPS (FF-SHOPS) and will be referred to as the SHOP Marketplace. The course covers topics like eligibility, enrollment, and how to help employers and employees. A "NEXT" button at the bottom indicates this is part of a series.

Welcome to the course on SHOP Marketplace on HealthCare.gov Assistance! The Small Business Health Options Program (SHOP) Marketplace on HealthCare.gov helps eligible small employers offer health and dental insurance to their employees, former employees, and dependents of employees and former employees. This course provides you with information on how to talk to small employers and their employees about the requirements for participation in a SHOP Marketplace on HealthCare.gov (SHOP Marketplace) and how to help them with the application and enrollment process. Unless otherwise noted, this course applies to Federally-facilitated SHOPS (FF-SHOPS) and will be referred to as the SHOP Marketplace.

The course covers:

- An overview of SHOP Marketplace eligibility and enrollment, including important Affordable Care Act provisions, SHOP Marketplace plan features, plan selection, and premiums
- How to assess the needs of small employers and their employees who are interested in getting SHOP Marketplace coverage
- The steps small employers need to take to apply to offer coverage through a SHOP Marketplace, to estimate their eligibility for the Small Business Health Care Tax Credit, and to offer qualified health plans (QHPs) and qualified dental plans (QDPs) to their employees and, if applicable, to former employees and the dependents of employees and former employees
- The steps employees need to take to apply for coverage through the SHOP Marketplace, complete their eligibility determinations, and enroll in coverage

Click **NEXT** to continue.

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Course Overview

Welcome to the course on SHOP Marketplace on HealthCare.gov Assistance! The Small Business Health Options Program (SHOP) Marketplace on HealthCare.gov helps eligible small employers offer health and dental insurance to their employees, former employees, and dependents of employees and former employees. This course provides you with information on how to talk to small employers and their employees about the requirements for participation in a SHOP Marketplace on HealthCare.gov (SHOP Marketplace) and how to help them with the application and enrollment process. Unless otherwise noted, this course applies to Federally-facilitated SHOPS (FF-SHOPS) and will be referred to as the SHOP Marketplace.

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- The steps employees need to take to apply for coverage through the SHOP Marketplace, complete their eligibility determinations, and enroll in coverage

The screenshot shows a web-based course introduction for the SHOP Marketplace Assistance. At the top, it says "SHOP Marketplace Assistance" and "Course Introduction". In the top right corner, there are links for "Exit" and "Page 3 of 4". The main content area is titled "Course Overview (cont.)". It contains a note about who "you" refers to, a bulleted list of assisters, and a note about small employers. Below this is a paragraph about Navigators and EAPs, followed by a "Click NEXT to begin." button. At the bottom, there are navigation buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Course Overview (cont.)

In this lesson, "you" refers to the following types of assisters:

- Navigators in the Federally-facilitated Marketplace, including State Partnership Marketplaces and FFMs where the state performs plan management functions
- Non-Navigator assistance personnel in the Federally-facilitated Marketplace, including State Partnership Marketplaces and FFMs where the state performs plan management functions
- Non-Navigator assistance personnel in State-based Marketplaces and State Partnership Marketplaces that are funded with Marketplace Establishment Grant funds.
- Certified application counselor designated organizations (also referred to as CAC organizations) and certified application counselors in the Federally-facilitated Marketplace, including State Partnership Marketplaces and FFMs where the state performs plan management functions

Note: In some cases, "you" is also used to refer to a consumer, but it should be clear when this is the intended meaning.

However, the requirements that apply to providing assistance to small employers are different, and depend on whether you are a Navigator, enrollment application personnel (EAP), or a CAC. While we expect that most small employers will rely on SHOP-registered agents and brokers for enrollment, Navigators and EAPs are required to provide SHOP assistance to small employers and employees (and others offered coverage by a small employer through a SHOP) who seek out their assistance. CACs, on the other hand, are not required to provide SHOP assistance to small employers, although they can choose to do so at their own option.

While Navigators and EAPs are expected to help all small businesses that come to them for assistance, they are not expected to seek out small employers to assist, unless that is the community they are intending to target as part of their service delivery. In addition, under some circumstances, a Navigator or EAP may fulfill its obligation to provide SHOP assistance to a small employer by providing an appropriate referral to the SHOP call center, or to another Navigator or EAP who has the capacity to serve the small employer more effectively. The course concludes with an exam.

Click **NEXT** to begin.

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Course Overview (cont.)

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- Non-Navigator assistance personnel in the Federally-facilitated Marketplace, including State Partnership Marketplaces and FFMs where the state performs plan management functions
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SHOP Marketplace Eligibility and Enrollment Overview Module

SHOP Marketplace Assistance

SHOP Marketplace Eligibility and Enrollment Overview

Introduction

In previous trainings, you learned about helping consumers with the eligibility and enrollment process for health coverage through the federally-facilitated Health Insurance Marketplace. This training will build on what you've learned to help you assist small employers and their employees with the eligibility and enrollment process for group health coverage through the Small Business Health Options Program (SHOP) Marketplace on HealthCare.gov.

This training will provide you with the skills to:

- Identify the SHOP Marketplace eligibility requirements for small employers and their employees (and if applicable, employee dependents and/or former employees)
- Describe the tools and resources available to small employers to help them determine SHOP Marketplace eligibility, research, and compare plans, and enroll in SHOP Marketplace coverage through HealthCare.gov
- Identify Affordable Care Act provisions critical to small employers, including the eligibility requirements to claim the Small Business Health Care Tax Credit
- Explain the basics of the employer and employee eligibility and enrollment processes for the SHOP Marketplace on HealthCare.gov, such as billing and payment processes, terminations of coverage or enrollment through the SHOP Marketplace and qualifying for a Special Enrollment Period (SEP)

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- Explain the basics of the employer and employee eligibility and enrollment processes for the SHOP Marketplace on HealthCare.gov, such as billing and payment processes, terminations of coverage or enrollment through the SHOP Marketplace and qualifying for a Special Enrollment Period (SEP)

SHOP Marketplace Assistance

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SHOP Marketplace Eligibility and Enrollment Overview

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Meet Eda and Dominique

Do you remember Eda and Dominique, the two Assisters you met earlier in the training?

Dominique is an experienced Assister, and Eda is new to the job. Dominique is helping Eda understand the SHOP Marketplace on HealthCare.gov, as Eda prepares for meetings with small employers and their employees.



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Dominique is an experienced Assister, and Eda is new to the job. Dominique is helping Eda understand the SHOP Marketplace on HealthCare.gov, as Eda prepares for meetings with small employers and their employees.

The screenshot shows a web-based application titled "SHOP Marketplace Assistance". At the top, there's a header bar with the title and a "Exit" link. Below the header is a sub-header "SHOP Marketplace Eligibility and Enrollment Overview" and a page number "Page 3 of 23". The main content area is titled "What is the SHOP Marketplace?". It contains a paragraph about small employers and a bulleted list of requirements. There are also "Note on small employers.", "Eda" and "Dominique" dialogues, and a "Click the BLUE link(s) to enable NEXT button" instruction at the bottom.

What is the SHOP Marketplace?

Eda recalls from her certification training that the SHOP Marketplace helps eligible small employers provide health and dental coverage to their employees. The SHOP Marketplace is currently open to small employers. Generally, this means they:

- Had from 1 to 50 full-time and full-time-equivalent (FTE) employees, on average, on business days during the preceding calendar year, or (in some states, depending on the state's definition of "small employer") from 1 to 100 full-time and FTE employees, on average, on business days during the preceding calendar year. If an employer was not in existence throughout the preceding calendar year, the count of full-time and FTE employees is based on the average number of employees that the employer is reasonably expected to employ on business days in the current calendar year.
- Will have at least one employee on the first day of the plan year.
- Please note: The rules around determining employer size are complex and assisters should refer to official HHS and IRS rules and guidance before advising employers regarding their size.
- Have their principal business address in the state where they're applying and offering SHOP coverage OR apply and offer coverage through the SHOP Marketplace where each eligible employee's primary worksite is located.
- Will offer coverage through a SHOP Marketplace to all full-time employees.

Note on small employers.

Eda: Dominique, why would small employers decide to participate in the SHOP Marketplace? What benefits would they get?

Dominique: Good question! The SHOP Marketplace offers employers health coverage options that include the [essential health benefits \(EHB\)](#) package. Among these coverage options, employers can choose from four [coverage levels](#) to find a plan or plans that meet the needs of their business and employees. The SHOP Marketplace offers employers flexibility to decide what choice of plans they will offer and how much they will pay toward employee premiums. Additionally, in all states (for plan years beginning on or after January 1, 2016), employers may offer employees a single plan, or a choice of plans within an employer-selected coverage level. For plan years beginning on or after January 1, 2017, many states will allow employers to offer employees all plans offered through the SHOP Marketplace by a single issuer across all available coverage levels.

Eda: Thanks, Dominique. This information will help me to better explain why small employers may want to use the SHOP Marketplace to offer coverage to their employees.

Click the [BLUE](#) link(s) to enable NEXT button

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- Please note: The rules around determining employer size are complex and assisters should refer to official HHS and IRS rules and guidance before advising employers regarding their size.

- Have their principal business address in the state where they're applying and offering SHOP coverage OR apply and offer coverage through the SHOP Marketplace where each eligible employee's primary worksite is located.
- Will offer coverage through a SHOP Marketplace to all full-time employees.

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Eda: Thanks, Dominique. This information will help me to better explain why small employers may want to use the SHOP Marketplace to offer coverage to their employees.

More Information on Qualified Dental Plans (QDPs)

The SHOP Marketplace also offers employers a choice of Qualified Dental Plans (QDPs). Employers have the option to offer solely dental coverage (without medical coverage) to their employees. Also, if an employee enrolls in both medical and dental coverage, his or her dependents will be able to enroll in dental coverage without also having to enroll in medical coverage, and vice versa, but dependents may only enroll in the coverage in which the employee is also enrolled.

More Information on Small Employers

Small employers with fewer than 50 full time and FTE employees aren't required to offer health insurance to their employees, and there's no penalty if they choose not to do so. Furthermore, small employers with fewer than 25 FTE employees (based on a 40-hour work week) may qualify for a Small Business Health Care Tax Credit. Assistors should be aware that the method for counting employees to determine an employer's size for purposes of the Small Business Health Care Tax Credit is different from the method for counting employees to determine an employer's size for purposes of SHOP Marketplace eligibility.

More Information on Essential Health Benefits (EHB)

EHB is a core comprehensive package of benefits that must be covered by all non-grandfathered individual and small group health insurance plans. These plans must base coverage on a package of items and services specified by the State and coverage must include at least the following 10 categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

More Information on Marketplace Insurance Categories

SHOP Marketplace plans are available at 4 levels of coverage:

- Bronze
- Silver
- Gold
- Platinum

The coverage levels describe the way consumers and the health plan can expect to share out-of-pocket health care costs after premiums are paid. The percentages the plans will spend on consumers' health care expenses, on average, are 60% (Bronze), 70% (Silver), 80% (Gold), and 90% (Platinum). The coverage level has nothing to do with the quality of care a plan provides. All plans offered through the SHOP Marketplace must provide a core comprehensive set of benefits called EHBs. All plans are prohibited from excluding pre-existing conditions and are required to cover some preventive services without imposing cost-sharing obligations.

SHOP Marketplace Assistance

Exit

SHOP Marketplace Eligibility and Enrollment Overview

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SHOP Marketplace Eligibility: Determining Employer Size

Eda: Dominique, you said that small employers might be eligible to participate in an FF-SHOP Marketplace. Generally, a small employer is an employer that has at least one employee on the first day of the plan year, and that had from 1 to 50 (100 in some states, depending on the state's definition of small employer) full-time and FTE employees, on average, on business days in the preceding calendar year. If an employer was not in existence throughout the preceding calendar year, the count of full-time and FTE employees is based on the average number of employees that the employer is reasonably expected to employ on business days in the current calendar year. What about businesses that employ part-time employees? Will these part-time employees be included in the calculation of employer size?

Dominique: Yes! For example, one FTE employee could be two employees in a business where each employee works four hours or a combined eight hours in an eight-hour work day or even eight employees who each work one hour each eight-hour work day.

You can tell employers to visit HealthCare.gov and use the SHOP Full-time Equivalent Employee (FTE) Calculator as a quick way to see if they might qualify to offer SHOP Marketplace coverage; this tool is especially if they have a mix of full-time and part-time employees. Just remember, to qualify to participate in the SHOP Marketplace, employers must offer coverage to all of their full-time employees.

When helping an employer apply to offer SHOP Marketplace coverage, here's a [key tip](#) that you should remember about calculating FTE employees.



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SHOP Marketplace Eligibility: Determining Number of FTE Employees

Eda: Dominique, you said that small employers might be eligible to participate in an FF-SHOP Marketplace. Generally, a small employer is an employer that has at least one employee on the first day of the plan year, and that had from 1 to 50 (100 in some states, depending on the state's definition of small employer) full-time and FTE employees, on average, on business days in the preceding calendar year. If an employer was not in existence throughout the preceding calendar year, the count of full-time and FTE employees is based on the average number of employees that the employer is reasonably expected to employ on business days in the current calendar year. What about businesses that employ part-time employees? Will these part-time employees be included in the calculation of employer size?

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You can tell employers to visit HealthCare.gov and use the SHOP Full-time Equivalent Employee (FTE) Calculator as a quick way to see if they might qualify to offer SHOP Marketplace coverage; this tool is especially if they have a mix of full-time and part-time employees. Just remember, to qualify to participate in the SHOP Marketplace, employers must offer coverage to all of their full-time employees.

When helping an employer apply to offer SHOP Marketplace coverage, here's a key tip that you should remember about calculating FTE employees.

More Information on Full-time Employees

To calculate the number of full-time and FTE employees when helping an employer to assess its eligibility to participate in the SHOP Marketplace on HealthCare.gov.

Key Tip

To calculate the number of FTE employees when helping an employer to determine eligibility to participate in the SHOP Marketplace:

- Generally, exclude sole proprietors, partners in a partnership, corporation shareholders, and leased employees, as they aren't considered employees for the purpose of counting full-time and FTE employees to determine employer size (although owners may purchase coverage through the SHOP Marketplace if at least one employee enrolls in coverage through the SHOP Marketplace).
- Count the number of people who worked an average of 30 or more hours a week.
- Add to this amount the number of hours worked per month by employees who worked fewer than 30 hours per week on average, divided by 120. Even if you have the correct number of employees, you're not considered a small employer for purposes of SHOP Marketplace eligibility unless you can establish and maintain group health coverage. To do this, you must have at least one common-law employee* covered under a group health plan. This doesn't include a sole proprietor or their spouse, or a partner in a partnership or their spouse.

*For the definition of a common-law employee, visit <http://irs.gov/Businesses/Small-Businesses-& Self-Employed/Employee-Common-Law-Employee>.

SHOP Marketplace Assistance

Exit

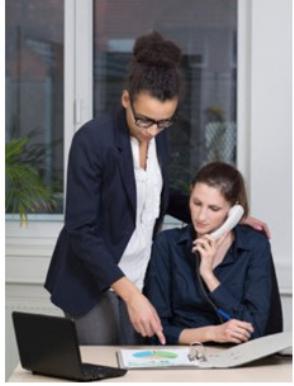
SHOP Marketplace Eligibility and Enrollment Overview

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SHOP Marketplace Eligibility

For plan years beginning on or after January 1, 2016, in most states using the SHOP Marketplace on HealthCare.gov, at least 70% of full-time employees of a participating small employer must enroll in the health coverage offered by the employer through the SHOP Marketplace, or be enrolled in coverage through another group health plan, governmental coverage (such as Medicare, Medicaid, or TRICARE), coverage sold through the individual market, or in other minimum essential coverage. Otherwise, the employer group cannot enroll in coverage through the SHOP Marketplace. This is called the Minimum Participation Rate requirement. However, employer groups can enroll in SHOP Marketplace coverage between November 15 and December 15 of each year without meeting this requirement. The minimum participation rate is only calculated upon initial enrollments and renewals that occur outside of this one month window, to accommodate fluctuations in group size throughout the plan year.

The Minimum Participation Rate may be different depending on the state in which the employer is enrolling in SHOP Marketplace coverage. Several states using the SHOP Marketplace on HealthCare.gov (for example, Arizona, Iowa, Nevada, New Hampshire, New Jersey, South Dakota, and Texas) have a 75% minimum participation rate. Tennessee has a 50% minimum participation rate.



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SHOP Marketplace Eligibility

For plan years beginning on or after January 1, 2016, in most states using the SHOP Marketplace on HealthCare.gov, at least 70% of full-time employees of a participating small employer must enroll in the health coverage offered by the employer through the SHOP Marketplace, or be enrolled in coverage through another group health plan, governmental coverage (such as Medicare, Medicaid, or TRICARE), coverage sold through the individual market, or in other minimum essential coverage. Otherwise, the employer group cannot enroll in coverage through the SHOP Marketplace. This is called the Minimum Participation Rate requirement. However, employer groups can enroll in SHOP Marketplace coverage between November 15 and December 15 of each year without meeting this requirement. The minimum participation rate is only calculated upon initial enrollments and renewals that occur outside of this one month window, to accommodate fluctuations in group size throughout the plan year.

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The screenshot shows a knowledge check interface titled "SHOP Marketplace Assistance". At the top right is an "Exit" link. Below it, the title "SHOP Marketplace Eligibility and Enrollment Overview" is displayed next to "Page 6 of 23". The main content area is titled "Knowledge Check". A text box describes a scenario where Eda is helping Imogen understand participation requirements for the SHOP Marketplace. Imogen owns a chain of gyms with various employees and office staff. The question asks for advice on eligibility and enrollment requirements. Below the question, a note says "Select all that apply and then click Check Your Answer." A list of four options follows, each preceded by a checkbox:

- A. Imogen is a small employer as defined by her state, since she will have at least one employee on the first day of her plan year, had from 1 to 50 full-time and FTE employees, on average, on business days in the preceding calendar year, and has at least one common-law employee. She might qualify to participate in the SHOP Marketplace, as long as she meets the other eligibility requirements.
- B. To participate in the SHOP Marketplace, Imogen must offer coverage to all full-time employees – generally those working 30 or more hours per week on average.
- C. Imogen must ensure that 40% of her employees sign up for her SHOP Marketplace coverage, including those employees who are enrolled in coverage through another employer's group health plan or a government health care program.
- D. If Imogen wants to offer SHOP Marketplace coverage, she must offer it through the SHOP Marketplace where she has her principal business address OR in the SHOP Marketplace where her employees' primary worksites are located.

A blue button labeled "Check Your Answer" is visible. Below the list, a note says "Complete the Knowledge Check to enable NEXT button". At the bottom are links for "Menu", "Help", "Glossary", and "Resources", along with "BACK" and "NEXT" buttons.

Knowledge Check

Eda is helping Imogen understand the participation requirements for the SHOP Marketplace in her state. Imogen owns a chain of gyms, all of which are located in one state. On business days in the preceding calendar year, she employed, on average, 37 instructors who are common-law employees, each of whom taught, on average, at least 30 hours a week at various locations, plus 15 part-time office staff, whose average monthly hours combined are counted as 10 full-time equivalent (FTE) employees. Imogen will have at least one employee on the first day of the plan year. The average income of Imogen's employees is \$38,000 per year. The state where Imogen will offer coverage through the SHOP Marketplace defines a small employer as employing from 1 to 50 employees on average, on business days in the preceding calendar year, and the minimum participation rate in this state is 70%.

What advice should Eda give Imogen about SHOP Marketplace eligibility and enrollment requirements?

Select all that apply.

- A. Imogen is a small employer as defined by her state, since she will have at least one employee on the first day of her plan year, had from 1 to 50 full-time and FTE employees, on average, on business days in the preceding calendar year, and has at

least one common-law employee. She might qualify to participate in the SHOP Marketplace, as long as she meets the other eligibility requirements.

- B. To participate in the SHOP Marketplace, Imogen must offer coverage to all full-time employees – generally those working 30 or more hours per week on average.
- C. Imogen must ensure that 40% of her employees sign up for her SHOP Marketplace coverage, including those employees who are enrolled in coverage through another employer's group health plan or a government health care program.
- D. If Imogen wants to offer SHOP Marketplace coverage, she must offer it through the SHOP Marketplace where she has her principal business address OR in the SHOP Marketplace where her employees' primary worksites are located.

Feedback: The correct answer choices are A, B, and D. The SHOP Marketplace is open to eligible small employers. Generally, in Imogen's state, small employers are those that have at least one common-law employee on the first day of the plan year, and that had from 1 to 50 full-time and FTE employees, on average, on business days in the preceding calendar year.

To participate in the SHOP Marketplace, small employers like Imogen must offer coverage to all of their full-time employees – generally those working 30 or more hours per week on average – through the SHOP Marketplace, and must offer coverage through the SHOP Marketplace where they have their principal business address or in the SHOP Marketplaces where her employees' primary worksites are located.

Eda should not tell Imogen that 40% of her employees, including employees enrolled in other coverage) must enroll in SHOP Marketplace coverage for her small business to qualify for SHOP Marketplace coverage, because that is incorrect. In most states with a SHOP Marketplace, employer groups must meet a minimum participation rate of 70%, but some states may require a higher or lower participation rate.

The screenshot shows a software application window titled "SHOP Marketplace Assistance". At the top right are "Exit" and "Page 7 of 23" buttons. Below the title is a sub-header "SHOP Marketplace Eligibility and Enrollment Overview". A large text box contains a conversation:

Features of SHOP Plans: Health Plans Available in the SHOP Marketplace

Eda: I anticipate that employees will be concerned about the quality and affordability of the health or dental coverage they're offered by their employers. Can you remind me of the requirements a health plan must meet to be considered a qualified health plan (QHP)?

Dominique: Yes! All health plans offered in the SHOP Marketplace must be QHPs and must meet the following requirements:

- Be certified by the SHOP Marketplace in the state where they will be offered
- Comply with cost sharing and out-of-pocket cost limits, and a prohibition of dollar limits on EHB coverage.
- Provide EHB

Eda: That's helpful, thank you!

At the bottom of the window, there is a message: "Click the BLUE link(s) to enable NEXT button". Below this are navigation buttons: "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT >".

Features of SHOP Plans: Health Plans Available in the SHOP Marketplace

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- Comply with cost sharing and out-of-pocket cost limits, and a prohibition of dollar limits on EHB coverage.
- Provide EHB

Eda: That's helpful, thank you!

More Information on Cost Sharing

Cost sharing is the share of costs of health care services that consumers pay out of their own pockets. This term generally includes deductibles, coinsurance and copayments, or similar charges, but it doesn't include premiums, balance billing amounts for out-of-network providers, or the cost of non-covered services.

SHOP Marketplace Assistance

Exit

SHOP Marketplace Eligibility and Enrollment Overview

Page 8 of 23

Features of SHOP Plans: Wellness Programs

Dominique provides Eda with the important information she needs to know about health coverage, the Affordable Care Act, and the SHOP Marketplace.

Select each side of the image, beginning with the one on the right, and then alternating your clicks to read the conversation between Eda and Dominique. You must read through the entire conversation before advancing to the next page. Select the Close button of this window to begin reading the conversation. Once you have clicked through all parts of the conversations, click NEXT at the bottom of the page to continue.

CLOSE

[Text Description of Image or Animation](#)

Click through the activity to enable the NEXT button

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Features of SHOP Plans: Wellness Programs

Dominique provides Eda with the important information she needs to know about health coverage, the Affordable Care Act, and the SHOP Marketplace.

Dominique: Now, let's talk about premium rates. You might remember from earlier training that premium rates for enrollees in a plan can only vary based on age, family size, geographic area, and tobacco use. You should also be aware that employee participation in tobacco-related wellness programs can reduce premiums for employees who use tobacco legally.

Eda: That's good to know. Can you provide an example of how the premium reduction for participation in a tobacco-related wellness program works?

Dominique: Definitely. Say your employer, Bob, offers a group health plan to you and his other employees, and you're a smoker. The insurance company of the group health plan may apply up to an additional 50% surcharge to your premium. If the insurance company applies a tobacco surcharge, then you will be offered an opportunity to participate in a tobacco cessation wellness program. These types of wellness programs are designed to prevent or reduce tobacco use. If you choose to participate at the time of enrollment, the additional 50% tobacco surcharge must be removed for the plan year.

Eda: Can the SHOP Marketplace charge the employer different premiums for different employees?

Dominique: Yes, within certain limits. Premiums may vary for different employees based on family size, geographic location of the employer, age, and tobacco use.

Eda: This is very helpful to know!

The screenshot shows a knowledge check interface. At the top, it says "SHOP Marketplace Assistance" and "Exit". Below that is a header bar with "SHOP Marketplace Eligibility and Enrollment Overview" on the left and "Page 9 of 23" on the right. The main content area is titled "Knowledge Check". It contains a scenario about Tony, a small employer, and a question asking for allowable factors for premium variations. A note says to select all that apply. There is a list of four options (A, B, C, D) each preceded by an unchecked checkbox. Below the list is a blue button labeled "Check Your Answer". A note above the button says "Complete the Knowledge Check to enable NEXT button". At the bottom, there are links for "Menu", "Help", "Glossary", and "Resources", along with "BACK" and "NEXT" buttons.

TONY IS A SMALL EMPLOYER WHO OFFERS A GROUP HEALTH PLAN TO HIS FOUR EMPLOYEES. TONY HAS SELECTED A HEALTH PLAN AND ASKS YOU WHAT FACTORS WILL AFFECT THE PREMIUM RATES FOR HIS EMPLOYEES.

WHICH OF THE FOLLOWING ARE ALLOWABLE FACTORS FOR PREMIUM VARIATIONS IN HEALTH PLANS OFFERED THROUGH THE SHOP MARKETPLACE?

SELECT ALL THAT APPLY AND THEN CLICK CHECK YOUR ANSWER.

A. Income
B. Family size
C. Age
D. Gender

Check Your Answer

Complete the Knowledge Check to enable NEXT button

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Knowledge Check

Tony is a small employer who offers a group health plan to his four employees. Tony has selected a health plan and asks you what factors will affect the premium rates for his employees.

Which of the following are allowable factors for premium variations in health plans offered through the SHOP Marketplace?

Select all that apply

- A. Income
- B. Family size
- C. Age
- D. Gender

Feedback: The correct answers are B and C. Premiums may vary by family size, geographic location of the employer, age, and tobacco use. Income and gender aren't allowable premium variation factors, although in some cases if its average employee salary is low enough, the small employer may be eligible, if it meets certain other requirements, to receive a tax credit to help pay for the cost of its employees' coverage.

SHOP Marketplace Assistance

Exit

SHOP Marketplace Eligibility and Enrollment Overview

Page 10 of 23

Plan Selection: Choosing a Reference Plan

Dominique: Eda, remember that for plan years beginning on or after January 1, 2016, there will be two ways employers can offer health coverage through the SHOP Marketplace on HealthCare.gov. For plan years beginning on or after January 1, 2017, in some states, there will be three ways for employers to offer coverage.

Eda: I remember. For plan years beginning on or after January 1, 2016, employers will be able to choose to offer a single plan or opt to offer a choice among all available health plans within the same coverage level, like all Silver plans. For plan years beginning on or after January 1, 2017, in many states, employers can also opt to offer employees all plans offered through the SHOP Marketplace by a single insurance company across all available coverage levels.

Dominique: Correct. You should also understand the concept of a reference plan. If employers offer a choice of plans, they may choose between two methods for contributing to the premium costs for enrollees. They can contribute a fixed percentage of the plan's premium for each qualified employee, and, if applicable, for each dependent of a qualified employee. (This is the only contribution method available to employers that offer only one plan. We'll talk more about this fixed contribution method later). Alternatively, the employer can pick one plan among the plans they've offered as a "reference plan." For example, if the employer is offering a choice of all available Silver plans, the employer will choose one Silver plan as the "reference plan." The reference plan is used as a benchmark for how much employers will contribute toward each enrollee's premium cost.

Eda: I see.



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Plan Selection: Choosing a Reference Plan

Dominique: Eda, remember that for plan years beginning on or after January 1, 2016, there will be two ways employers can offer health coverage through the SHOP Marketplace on HealthCare.gov. For plan years beginning on or after January 1, 2017, in some states, there will be three ways for employers to offer coverage.

Eda: I remember. For plan years beginning on or after January 1, 2016, employers will be able to choose to offer a single plan or opt to offer a choice among all available health plans within the same coverage level, like all Silver plans. For plan years beginning on or after January 1, 2017, in many states, employers can also opt to offer employees all plans offered through the SHOP Marketplace by a single insurance company across all available coverage levels.

Dominique: Correct. You should also understand the concept of a reference plan. If employers offer a choice of plans, they may choose between two methods for contributing to the premium costs for enrollees. They can contribute a fixed percentage of the plan's premium for each qualified employee, and, if applicable, for each dependent of a qualified employee. (This is the only contribution method available to employers that offer only one plan. We'll talk more about this fixed contribution method later). Alternatively, the employer can pick one plan among the plans they've offered as a "reference plan." For example, if the employer is offering a choice of all available Silver plans, the employer will choose one Silver plan as the "reference

plan." The reference plan is used as a benchmark for how much employers will contribute toward each enrollee's premium cost.

Eda: I see.

SHOP Marketplace Assistance

Exit

SHOP Marketplace Eligibility and Enrollment Overview

Page 11 of 23

Premium Variations

Dominique: Employers can also decide what percentage of the reference plan premium to contribute toward employee-only and dependent coverage. The percentage of the reference plan premium the employer chooses will translate into a dollar amount that will go toward the cost of each enrollee's premium. The amounts enrollees pay may vary based on their age, geographic location, tobacco use, and family size. The employer's contribution is calculated based on an enrollee's premium before any applicable tobacco surcharge, based on the total premium owed for the enrollee, is applied. When qualified employees are offered a choice of plans, they will choose a plan from among the plans offered and pay the difference between the price of the selected plan and the employer's premium contribution amount.

Eda: I think I understand. What if the employer's premium contribution is less than the plan premium the enrollee chooses?

Dominique: In that case, the enrollee's share of the premium contribution will be more than \$0.

On the other hand, if the employer's premium contribution is equal to or more than the plan premium the employee chooses, the enrollee's share of the premium contribution will be \$0. However, the enrollee won't be reimbursed the difference between the employer's premium contribution and the enrollee's premium for choosing a plan with a premium lower than the employer's contribution amount.

Won't be Reimbursed

The employer's contribution is capped at the total amount of the premium for the enrollee before the application of any tobacco surcharge, if applicable. It's important to note that this means that an enrollee won't get to keep the difference if the less expensive plan results in the employer's premium contribution exceeding the plan's premium costs.

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Premium Variations

Dominique: Employers can also decide what percentage of the reference plan premium to contribute toward employee-only and dependent coverage. The percentage of the reference plan premium the employer chooses will translate into a dollar amount that will go toward the cost of each enrollee's premium. The amounts enrollees pay may vary based on their age, geographic location, tobacco use, and family size. The employer's contribution is calculated based on an enrollee's premium before any applicable tobacco surcharge, based on the total premium owed for the enrollee, is applied. When qualified employees are offered a choice of plans, they will choose a plan from among the plans offered and pay the difference between the price of the selected plan and the employer's premium contribution amount.

Eda: I think I understand. What if the employer's premium contribution is less than the plan premium the enrollee chooses?

Dominique: In that case, the enrollee's share of the premium contribution will be more than \$0. On the other hand, if the employer's premium contribution is equal to or more than the plan premium the employee chooses, the enrollee's share of the premium contribution will be \$0. However, the enrollee won't be reimbursed the difference between the employer's premium contribution and the enrollee's premium for choosing a plan with a premium lower than the employer's contribution amount.

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The employer's contribution is capped at the total amount of the premium for the enrollee before the application of any tobacco surcharge, if applicable. It's important to note that this means that an enrollee won't get to keep the difference if the less expensive plan results in the employer's premium contribution exceeding the plan's premium costs.

The screenshot shows a web-based application titled "SHOP Marketplace Assistance". At the top, there's a header bar with the title and a "Exit" link. Below the header is a sub-header "SHOP Marketplace Eligibility and Enrollment Overview" and a page number "Page 12 of 23". The main content area has a title "Selecting Employer Contribution Amount". It contains two paragraphs of text explaining how employers can contribute a fixed percentage of premiums for employees and dependents across all plans. It also provides an example of how contributions would be calculated for two employees with different premiums if a 50% contribution rate is chosen. At the bottom of the content area are links for "Menu", "Help", "Glossary", and "Resources". To the right, there are navigation buttons: "BACK" with a left arrow, "NEXT" with a right arrow, and a double-headed arrow between them.

Selecting Employer Contribution Amount

When selecting a contribution amount to put towards enrollee premiums, employers offering a choice of plans can, as an alternative to selecting the reference plan contribution method, contribute a fixed percentage toward the premiums for each qualified employee, and if applicable, for each dependent of a qualified employee, across all plans in which any qualified employee and if applicable, dependent of a qualified employee is enrolled through the SHOP Marketplace. Again, the employer contribution is calculated based on an enrollee's premium before any applicable tobacco surcharge, based on the total premium owed for the enrollee, is applied, and is capped at the total amount of the premium for the enrollee before the application of any tobacco surcharge, if applicable. The fixed contribution method must be chosen if the employer is offering only a single plan).

For example, if an employer offering a choice of plans chooses to contribute a fixed percentage of the premium amount for each employee, the dollar amount of the contribution for each employee will vary based on which plan is chosen. If employee A's premium would be \$250 and employee B's premium would be \$200, and the employer chooses to contribute 50% of the cost of the employee's premium, the employer would pay \$125 toward employee A's premium and \$100 toward employee B's premium.

The screenshot shows a knowledge check interface. At the top, it says "SHOP Marketplace Eligibility and Enrollment Overview" and "Page 13 of 23". Below that, a section titled "Knowledge Check" asks a question about Tony's employees choosing Silver plans. It includes a list of four options, a "Check Your Answer" button, and a note that the button is inactive until the knowledge check is completed. At the bottom, there are links for "Menu", "Help", "Glossary", and "Resources", along with "BACK" and "NEXT" buttons.

If Tony, an employer with four employees, chooses to offer his employees a choice of Silver plans in 2016, which one of the following statements is true?

Select the **correct answer** and then click **Check Your Answer**.

A. Each of Tony's employees offered coverage may choose a Silver plan that best fits their individual or family needs.
 B. Tony must cover the entire premium cost for any Silver plan his employees choose.
 C. Tony's employees must enroll in the Silver plan Tony has chosen as the reference plan.
 D. Tony's employees may enroll in any Silver plan, but must pay the entire premium cost if they don't enroll in the plan Tony has chosen as his reference plan.

Check Your Answer

Complete the Knowledge Check to enable NEXT button

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Knowledge Check

If Tony, an employer with four employees, chooses to offer his employees a choice of Silver plans in 2016, which one of the following statements is true?

Select the **correct answer**.

- A. Each of Tony's employees offered coverage may choose a Silver plan that best fits their individual or family needs.
- B. Tony must cover the entire premium cost for any Silver plan his employees choose.
- C. Tony's employees must enroll in the Silver plan Tony has chosen as the reference plan.
- D. Tony's employees may enroll in any Silver plan, but must pay the entire premium cost if they don't enroll in the plan Tony has chosen as his reference plan.

Feedback: The correct answer is A. In 2016, Tony may offer his employees a choice of plans available through the SHOP Marketplace in his state at the coverage level he chooses, which allows his employees to choose the plan that best fits their individual or family needs. If Tony selects the reference plan contribution method, he will cover a percentage of the premium costs associated with the reference plan, which may be higher or lower than the premium costs

of other plans offered at that coverage level. Employees can enroll in any plan in the coverage level. It doesn't have to be the reference plan.

SHOP Marketplace Assistance

Exit

SHOP Marketplace Eligibility and Enrollment Overview

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ACA Provisions Affecting Small Employers: Small Business Health Care Tax Credit Changes

Eda: Let's talk about the Small Business Health Care Tax Credit. The tax credit was available prior to 2014, but is there anything employers need to know that has changed for tax years beginning in 2014 and beyond?

Dominique: Great question. Employers who claimed the Small Business Health Care Tax Credit for tax years prior to 2014 will need to be aware of new information and follow different procedures to get this credit:



- The tax credit may be worth up to 50% of employer contributions toward health insurance premiums (up to 35% for tax-exempt employers).
- [Eligible employers can get the tax credit for only two consecutive tax years beginning in tax year 2014 \(or any later year\).](#)
- Generally, employers must offer coverage through a SHOP Marketplace to be eligible for the credit.
- The tax credit is available to employers with fewer than 25 FTE employees who pay average annual wages of \$50,000 or less (as adjusted for inflation). Note that the method for calculating FTEs for purposes of the tax credit varies somewhat from the method for calculating FTEs for purposes of determining employer size.
- The tax credit is available to employers who contribute at least 50% of employees' self-only premium cost.
- Employers may visit HealthCare.gov to use the SHOP Tax Credit Estimator to help evaluate if they might be eligible, and to see how much the tax credit might be worth.
- I cannot provide tax advice within my capacity as an assister.

Click the [BLUE](#) link(s) to enable NEXT button

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ACA Provisions Affecting Small Employers: Small Business Health Care Tax Credit Changes

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- Eligible employers can get the tax credit for only two consecutive tax years beginning in tax year 2014 (or any later year).
- Generally, employers must offer coverage through a SHOP Marketplace to be eligible for the credit.

- The tax credit is available to employers with fewer than 25 FTE employees who pay average annual wages of \$50,000 or less (as adjusted for inflation). Note that the method for calculating FTEs for purposes of the tax credit varies somewhat from the method for calculating FTEs for purposes of determining employer size.
- The tax credit is available to employers who contribute at least 50% of employees' self-only premium cost.
- Employers may visit HealthCare.gov to use the SHOP Tax Credit Estimator to help evaluate if they might be eligible, and to see how much the tax credit might be worth.
- I cannot provide tax advice within my capacity as an assister.

More Information about the Tax Credit: Two Consecutive Tax Years

Employers who claimed the credit for tax years 2010 through 2013 should be aware that those years do not count toward the two consecutive taxable year period.

The screenshot shows a web-based knowledge check interface. At the top, a blue header bar reads "SHOP Marketplace Assistance" on the left and "Exit" on the right. Below this is a dark blue navigation bar with the text "SHOP Marketplace Eligibility and Enrollment Overview" on the left and "Page 15 of 23" on the right. The main content area has a white background. It starts with a section titled "Knowledge Check" which contains a paragraph about Tony's tax year 2014 and his eligibility for a Small Business Health Care Tax Credit. Below this is a question: "Which of the following statements are correct regarding Tony's tax credit?". It instructs the user to "Select all that apply" and then click "Check Your Answer". A list of four statements follows, each preceded by a checkbox:

- A. The tax credit amount depends on the tax status of the employer (tax-exempt or not), number of employees he has this year, their current average wages, and his contributions toward their health care premiums.
- B. The tax credit amount could be up to 20% of his contribution toward monthly premiums.
- C. The tax credit amount is equal to up to 100% of his contribution toward monthly premiums.
- D. Beginning in 2014, the tax credit can only be claimed for two consecutive taxable years.

At the bottom of the content area is a blue button labeled "Check Your Answer". Below the content area is a grey footer bar with links for "Menu", "Help", "Glossary", and "Resources". On the right side of the footer are navigation buttons: "< BACK" and "NEXT >". A note above the footer says "Complete the Knowledge Check to enable NEXT button".

Knowledge Check

In tax year 2014, Tony was eligible for and claimed a Small Business Health Care Tax Credit, and you're helping him determine the tax credit amount he might be able to claim for 2015.

Which of the following statements are correct regarding Tony's tax credit?

Select **all that apply**.

- A. The tax credit amount depends on the tax status of the employer (tax-exempt or not), number of employees he has this year, their current average wages, and his contributions toward their health care premiums.
- B. The tax credit amount is equal to up to 20% of his contribution toward monthly premiums.
- C. The tax credit amount is equal to up to 100% of his contribution toward monthly premiums.
- D. Beginning in 2014, the tax credit can only be claimed for two consecutive taxable years.

Feedback: The correct answers are A and D. The amount of Tony's Small Business Health Care Tax Credit depends on the tax status of the employer (tax-exempt or not), number of employees he has this year, their current average wages, and his contributions toward their health care premiums. Beginning in 2014, Tony and other qualifying small employers can only get the tax credit for two consecutive taxable years. The tax credit could be up to 50% of employer contributions toward health insurance premiums for self-only coverage (up to 35% for tax-exempt employers).

SHOP Marketplace Assistance

Exit

SHOP Marketplace Eligibility and Enrollment Overview

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Additional Policies Affecting Small Employers

Dominique: Eda, now that you're comfortable with several aspects of the SHOP Marketplaces on HealthCare.gov and the Small Business Health Care Tax Credit, you should also be aware of several legal and regulatory provisions that affect small employers and their options for offering health coverage to their employees through the SHOP Marketplaces.

You should be aware of the following policies:

- A small employer that becomes a large employer after the SHOP Marketplace coverage takes effect will continue to be treated as a small employer for purposes of SHOP Marketplace eligibility for as long as the employer continues to participate in the SHOP Marketplace and meet all other eligibility requirements. If the size of a small employer increases beyond 50 full-time and FTE employees, or beyond 100 full-time and FTE employees, depending on the state's definition of small employer, it may continue to participate in SHOP Marketplace as long as it continues to meet all other eligibility requirements.
- All enrollments in SHOP Marketplace coverage must take place through HealthCare.gov or by calling the SHOP Call Center; employers may not work directly with a health insurance company to enroll SHOP Marketplace coverage.



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Additional Policies Affecting Small Employers

Dominique: Eda, now that you're comfortable with several aspects of the SHOP Marketplaces on HealthCare.gov and the Small Business Health Care Tax Credit, you should also be aware of several legal and regulatory provisions that affect small employers and their options for offering health coverage to their employees through the SHOP Marketplaces.

You should be aware of the following policies:

- A small employer that becomes a large employer after the SHOP Marketplace coverage takes effect will continue to be treated as a small employer for purposes of SHOP Marketplace eligibility for as long as the employer continues to participate in the SHOP Marketplace and meet all other eligibility requirements. If the size of a small employer increases beyond 50 full-time and FTE employees, or beyond 100 full-time and FTE employees, depending on the state's definition of small employer, it may continue to participate in SHOP Marketplace as long as it continues to meet all other eligibility requirements.
- All enrollments in SHOP Marketplace coverage must take place through HealthCare.gov or by calling the SHOP Call Center; employers may not work directly with a health insurance company to enroll SHOP Marketplace coverage.

SHOP Marketplace Assistance

Exit

SHOP Marketplace Eligibility and Enrollment Overview

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Employer Premium Payments

Eda: I'm developing a really solid understanding of the SHOP Marketplace. Can you explain how billing and premium payments work on HealthCare.gov?

Dominique: The SHOP Marketplaces on HealthCare.gov provide premium aggregation services to employers. This means that regardless of what plans employees choose, employers who offer coverage through the SHOP Marketplace get one bill each month per state where they have employees enrolled in coverage, and submit a single payment to the SHOP Marketplace in each state where they have employees enrolled in coverage, even if they're offering employees a choice of plans. The applicable SHOP Marketplace then transmits the employer's payments to each of the applicable health and dental insurance companies.



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SHOP Marketplace Assistance

Exit

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SHOP Marketplace Eligibility and Enrollment Overview

Employer Group Termination for Non-Payment of Premium

Eda: What happens if an employer doesn't pay the billed premiums?

Dominique: If an employer doesn't pay the billed premiums within the guidelines set by the SHOP Marketplaces, its coverage could be terminated. The SHOP Marketplaces have set uniform policies on termination for non-payment of premiums, including due dates for payment of premiums to the SHOP Marketplace, grace periods, employer and employee notices, and reinstatement. Terminations due to non-payment of premiums are effective on the last day of the month for which the SHOP Marketplace received full payment. A qualified employer whose coverage was terminated for non-payment of premiums could have their coverage reinstated only once per calendar year.

Eda: Can you explain a little more about how the grace period works?

Dominique: In the SHOP Marketplace, premium payments for months subsequent to the first month of coverage are due by the first day of the coverage month. The SHOP Marketplace may terminate coverage if the employer doesn't pay premiums before the end of the payment grace period of 31 days from the date that payment was due.



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Dominique: If an employer doesn't pay the billed premiums within the guidelines set by the SHOP Marketplaces, its coverage could be terminated. The SHOP Marketplaces have set uniform policies on termination for non-payment of premiums, including due dates for payment of premiums to the SHOP Marketplace, grace periods, employer and employee notices, and reinstatement. Terminations due to non-payment of premiums are effective on the last day of the month for which the SHOP Marketplace received full payment. A qualified employer whose coverage was terminated for non-payment of premiums could have their coverage reinstated only once per calendar year.

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The screenshot shows a slide titled "SHOP Marketplace Assistance" with a blue header bar. The main content area has a white background and a dark blue border. At the top left is the title "SHOP Marketplace Eligibility and Enrollment Overview". At the top right are links for "Exit" and "Page 19 of 23". Below the title, a section is titled "Renewing an Offer of Coverage: Annual Employer Election Period and Employee Open Enrollment Period". A text box contains the following information: "Eda recalls from her notes the process for renewing an employer offer of coverage through the SHOP Marketplace. She remembers that, as an employer's plan year draws to a close, employers and employees will have a number of decisions to make." Three bullet points follow:

- The SHOP Marketplace on HealthCare.gov will provide employers with a standard annual election period prior to the completion of the employer's plan year and before an annual employee open enrollment period, and will notify employers in advance of this period. This election period will begin when rate and plan information becomes available for the quarter in which coverage would end, but generally not more than two months before the date an enrollment must be submitted to avoid a gap in coverage.
- The health insurance company will send a new Summary of Benefits and Coverage to the employer, in addition to other written materials, summarizing what the terms of coverage are if the employer elects to renew coverage into the current plan or plans it has offered to employees (if applicable).
- During the annual employer election period, the employer can decide whether to continue offering coverage or change any of the following: whether employee choice is offered; if so, the employee choice option selected; the amount the employer contributes to premiums; and the plan or plans the employer offers to employees.

At the bottom of the slide are navigation buttons: "Menu", "Help", "Glossary", "Resources", "< BACK", and "NEXT >".

Renewing an Offer of Coverage:

Annual Employer Election Period and Employee Open Enrollment Period

Eda recalls from her notes the process for renewing an employer offer of coverage through the SHOP Marketplace.

She remembers that, as an employer's plan year draws to a close, employers and employees will have a number of decisions to make:

- The SHOP Marketplace on HealthCare.gov will provide employers with a standard annual election period prior to the completion of the employer's plan year and before an annual employee open enrollment period, and will notify employers in advance of this period. This election period will begin when rate and plan information becomes available for the quarter in which coverage would end, but generally not more than two months before the date an enrollment must be submitted to avoid a gap in coverage.
- The health insurance company will send a new Summary of Benefits and Coverage to the employer, in addition to other written materials, summarizing what the terms of coverage are if the employer elects to renew coverage into the current plan or plans it has offered to employees (if applicable).

- During the annual employer election period, the employer can decide whether to continue offering coverage or change any of the following: whether employee choice is offered; if so, the employee choice option selected; the amount the employer contributes to premiums; and the plan or plans the employer offers to employees.

The screenshot shows a web page titled "SHOP Marketplace Assistance". At the top right are "Exit" and "Page 20 of 23" buttons. Below the title is a sub-header "SHOP Marketplace Eligibility and Enrollment Overview". The main content area has a blue header "Renewing an Offer of Coverage: (Cont.)" and a sub-sub-header "Annual Employer Election Period and Employee Open Enrollment Period". A bulleted list follows:

- Employers may renew an offer of coverage through the SHOP Marketplace on HealthCare.gov when their annual election period begins, generally 60 days before the end of the current plan.
- The SHOP Marketplace will provide employees with a standardized annual open enrollment period prior to the completion of the applicable plan year and after their employer's annual election period, and will notify employees in advance of this period. Employers must provide their employees with an annual open enrollment period of at least one week to decide whether to accept the coverage offer. The employer's election period should therefore end at least one week prior to the deadline for completing a group renewal that would take effect at the end of the employer's prior plan year.
- Employees will decide whether to continue coverage, make changes, sign up for the first time, or add dependents (if dependent coverage is offered).

To avoid any gap in coverage, employees should enroll by the 15th of the month prior to the desired coverage effective date.

After all employees have submitted their decisions to renew or waive their renewal offer, the employer must then submit the renewal online at HealthCare.gov. To avoid any gap in coverage, the group renewal should be completed no later than the 15th of the month prior to the desired coverage effective date.

At the bottom are "Menu", "Help", "Glossary", and "Resources" buttons, along with "BACK" and "NEXT" navigation buttons.

Renewing an Offer of Coverage: (Cont.)

Annual Employer Election Period and Employee Open Enrollment Period

- Employers may renew an offer of coverage through the SHOP Marketplace on HealthCare.gov when their annual election period begins, generally 60 days before the end of the current plan.
- The SHOP Marketplace will provide employees with a standardized annual open enrollment period prior to the completion of the applicable plan year and after their employer's annual election period, and will notify employees in advance of this period. Employers must provide their employees with an annual open enrollment period of at least one week to decide whether to accept the coverage offer. The employer's election period should therefore end at least one week prior to the deadline for completing a group renewal that would take effect at the end of the employer's prior plan year.
- Employees will decide whether to continue coverage, make changes, sign up for the first time, or add dependents (if dependent coverage is offered).

To avoid any gap in coverage, employees should enroll by the 15th of the month prior to the desired coverage effective date.

After all employees have submitted their decisions to renew or waive their renewal offer, the employer must then submit the renewal online at HealthCare.gov. To avoid any gap in coverage, the group renewal should be completed no later than the 15th of the month prior to the desired coverage effective date.

SHOP Marketplace Assistance

Exit

SHOP Marketplace Eligibility and Enrollment Overview

Page 21 of 23

Special Enrollment Periods for Employees

As Eda reads through her notes, she remembers to ask a question about special enrollment periods (SEPs).

Eda: I know that, under certain circumstances, employees and their dependents may enroll in or change QHPs outside of the annual open enrollment period that takes place near the end of the employer's plan year. These SEPs are based on certain triggering events. However, are these triggering events in the SHOP Marketplace different from the triggering events that result in SEPs in the Health Insurance Marketplace for Individuals and Families?

Dominique: Many of the same triggering events that will result in SEPs in the Health Insurance Marketplace for Individuals and Families will also result in SEPs in the SHOP Marketplace. The exception is that changes that aren't relevant to the SHOP Marketplace, such as changes in citizenship status or eligibility for the premium tax credit or cost-sharing reductions, won't trigger a SEP in the SHOP Marketplace. Additionally, the SHOP Marketplace will provide a SEP when a person gains or loses eligibility for Medicaid or CHIP coverage. Finally, SEPs aren't available for dependents if the employer doesn't offer dependent coverage. Provided that the employer group meets the applicable minimum participation rate, eligible employers can complete a group enrollment in the SHOP Marketplace in any month, any time of the year. Unless the employer group fails to meet the applicable minimum participation rate there's no restricted enrollment period when employers can start offering SHOP Marketplace coverage.

Eda: How long do employee and dependent SEPs last?

Dominique: In most cases, the SHOP Marketplace SEPs last for 30 days from the date of the triggering event. The exception is that there's a 60-day period for SEPs triggered by a gain or loss in eligibility for Medicaid or CHIP coverage. Employees who don't inform the SHOP Marketplace of applicable triggering events by these deadlines have to wait until the annual open enrollment period at the end of the employer's plan year to make changes to their coverage.

Menu Help Glossary Resources

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Special Enrollment Periods for Employees

As Eda reads through her notes, she remembers to ask a question about special enrollment periods (SEPs).

Eda: I know that, under certain circumstances, employees and their dependents may enroll in or change QHPs outside of the annual open enrollment period that takes place near the end of the employer's plan year. These SEPs are based on certain triggering events. However, are these triggering events in the SHOP Marketplace different from the triggering events that result in SEPs in the Health Insurance Marketplace for Individuals and Families?

Dominique: Many of the same triggering events that will result in SEPs in the Health Insurance Marketplace for Individuals and Families will also result in SEPs in the SHOP Marketplace. The exception is that changes that aren't relevant to the SHOP Marketplace, such as changes in citizenship status or eligibility for the premium tax credit or cost-sharing reductions, won't trigger a SEP in the SHOP Marketplace. Additionally, the SHOP Marketplace will provide a SEP when a person gains or loses eligibility for Medicaid or CHIP coverage. Finally, SEPs aren't available for dependents if the employer doesn't offer dependent coverage. Provided that the employer group meets the applicable minimum participation rate, eligible employers can complete a group enrollment in the SHOP Marketplace in any month, any time of the year.

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Eda: How long do employee and dependent SEPs last?

Dominique: In most cases, the SHOP Marketplace SEPs last for 30 days from the date of the triggering event. The exception is that there's a 60-day period for SEPs triggered by a gain or loss in eligibility for Medicaid or CHIP coverage. Employees who don't inform the SHOP Marketplace of applicable triggering events by these deadlines have to wait until the annual open enrollment period at the end of the employer's plan year to make changes to their coverage.

The screenshot shows a knowledge check section titled "Knowledge Check". The question asks for situations where an employee or their dependents would enroll in the SHOP Marketplace coverage outside of a regular open enrollment period. The user is instructed to select all that apply. The options are:

- A. A qualified employee who recently became ineligible for Medicaid
- B. A qualified employee who has a change in citizenship status
- C. A qualified employee whose child is no longer eligible for the Children's Health Insurance Program (CHIP)
- D. A qualified employee who gains or becomes a dependent

A "Check Your Answer" button is visible at the bottom left. At the bottom right, there are links for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT". A note says "Complete the Knowledge Check to enable NEXT button".

Knowledge Check

Tony asks you for examples of triggering events that would result in a qualified employee enrolling in coverage through the SHOP Marketplace or changing SHOP Marketplace coverage outside of the initial or annual open enrollment period. Tony offers dependent coverage to his employee.

Which of the following situations would result in the employee (or their dependents) enrolling in the SHOP Marketplace coverage outside of a regular open enrollment period?

Select all that apply.

- A. A full-time qualified employee who recently became ineligible for Medicaid
- B. A qualified employee who has a change in citizenship status
- C. A qualified employee whose child is no longer eligible for the Children's Health Insurance Program (CHIP)
- D. A qualified employee who gains or becomes a dependent

Feedback: The correct answers are A, C, and D. A qualified employee who recently became ineligible for Medicaid, whose child loses CHIP coverage, or who gains or becomes a dependent, can enroll in or change plans through the SHOP Marketplace outside of the open enrollment

period. A change in citizenship status is not relevant for SHOP Marketplace coverage and will therefore not trigger a special enrollment period (SEP) in the SHOP Marketplace.

SHOP Marketplace Assistance

Exit

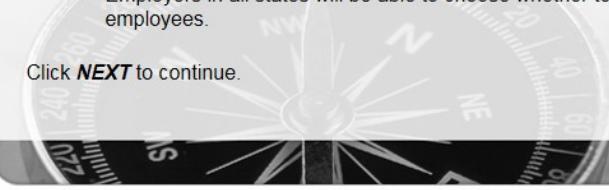
SHOP Marketplace Eligibility and Enrollment Overview

Page 23 of 23

Key Points

- In 2016, the SHOP Marketplace is open to eligible small employers- generally, in most states, those that had from 1 to 50 full-time and FTE employees, on average, on business days in the preceding calendar year and at least one employee on the first day of the plan year.
- All health plans offered through the SHOP Marketplace must be QHPs and must meet strict requirements like inclusion of EHB, restrictions on premium variation based on whether the sale is made through or outside the SHOP Marketplace, and limitations on cost sharing for covered benefits. Dental plans are only required to meet QHP requirements, except for those that cannot be met because the plan only covers limited scope dental benefits (e.g., they do not have to comply with EHB requirements other than those that apply to the EHB pediatric dental benefit).
- Employers in all states will be able to choose whether to offer a single QHP or a choice of plans to their employees.

Click **NEXT** to continue.

A compass rose graphic is centered on the page, featuring a circular design with cardinal and intercardinal directions (N, NE, E, SE, S, SW, W, NW) and numerical markings for 20, 40, 60, 80, and 100 degrees. The background of the slide features a faint watermark of a compass rose.

Menu Help Glossary Resources

◀ BACK **NEXT** ▶

Key Points

- In 2016, the SHOP Marketplace is open to eligible small employers- generally, in most states, those that had from 1 to 50 full-time and FTE employees, on average, on business days in the preceding calendar year and at least one employee on the first day of the plan year.
- All health plans offered through the SHOP Marketplace must be QHPs and must meet strict requirements like inclusion of EHB, restrictions on premium variation based on whether the sale is made through or outside the SHOP Marketplace, and limitations on cost sharing for covered benefits. Dental plans are only required to meet QHP requirements, except for those that cannot be met because the plan only covers limited scope dental benefits (e.g., they do not have to comply with EHB requirements other than those that apply to the EHB pediatric dental benefit).
- Employers in all states will be able to choose whether to offer a single QHP or a choice of plans to their employees.

Assisting a SHOP Marketplace Employer with the Application Process Module

SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

Exit

Introduction

You've already learned about the Affordable Care Act, the basics of eligibility and enrollment in the Small Business Health Options Program (SHOP) Marketplaces, and the requirements for small employers and their qualified employees to participate in the SHOP Marketplace. This training will build on what you've learned, so that you can help small employers with the application process.

This training will provide you with the skills to:

- Describe how small employers compare and select qualified health plans (QHPs) for their qualified employees and determine employer contributions
- Help small employers estimate whether they might be eligible for the Small Business Health Care Tax Credit
- Explain the online account creation process for employers

Click **NEXT** to continue.



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Introduction

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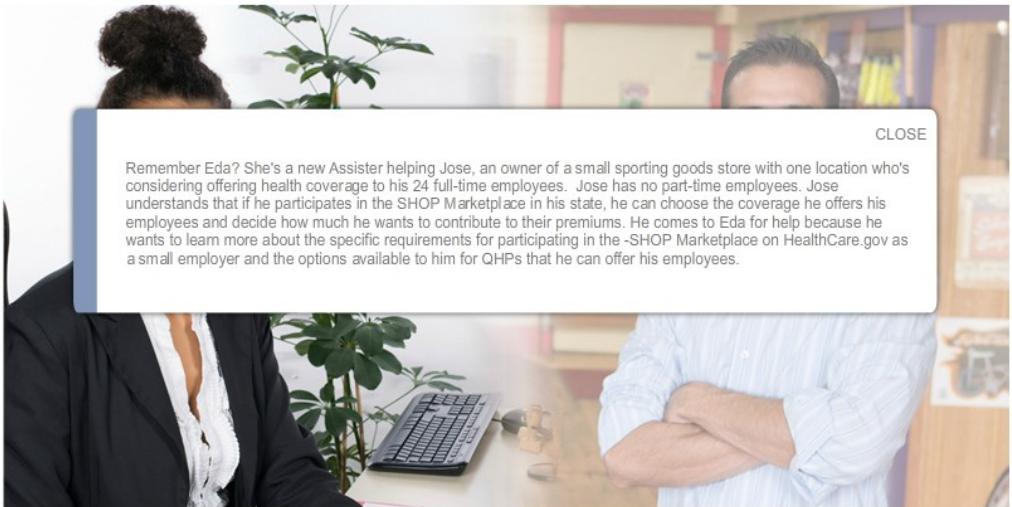
- Describe how small employers compare and select qualified health plans (QHPs) for their qualified employees and determine employer contributions
- Help small employers estimate whether they might be eligible for the Small Business Health Care Tax Credit
- Explain the online account creation process for employers

SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

Page 2 of 28

Assessing Employer Needs



Remember Eda? She's a new Assister helping Jose, an owner of a small sporting goods store with one location who's considering offering health coverage to his 24 full-time employees. Jose has no part-time employees. Jose understands that if he participates in the SHOP Marketplace in his state, he can choose the coverage he offers his employees and decide how much he wants to contribute to their premiums. He comes to Eda for help because he wants to learn more about the specific requirements for participating in the -SHOP Marketplace on HealthCare.gov as a small employer and the options available to him for QHPs that he can offer his employees.

[Text Description of Image or Animation](#)

Click through the activity to enable the NEXT button

Menu Help Glossary Resources < BACK NEXT >

Assessing Employer Needs

Remember Eda? She's a new Assister helping Jose, an owner of a small sporting goods store who's considering offering health coverage to his 24 full-time employees. Jose understands that if he participates in the SHOP Marketplace he can choose the coverage he offers his employees and decide how much he wants to contribute to their premiums. He comes to Eda for help because he wants to learn more about the specific requirements for participating in the -SHOP Marketplace on HealthCare.gov as a small employer and the options available to him for QHPs that he can offer his employees.

Eda: Hello Jose. I am looking forward to helping you determine whether you want to offer health coverage to your employees through the SHOP Marketplace on HealthCare.gov. First, I'm hoping to ask you a few general questions so that I understand exactly how I can best help you.

Eda starts to assess Jose's needs by asking:

- Which parts of the Affordable Care Act are you interested in learning more about?
- What do you hope to gain from using the SHOP Marketplace?
- Can you estimate how many of your employees would be interested in enrolling in the SHOP Marketplace coverage that you're planning to offer?

Jose: It's nice to meet you Eda. To address some of your questions, I'm familiar with the SHOP Marketplace but I have one important question. I know I'm not required to offer coverage to my employees since I only have 24 full-time employees, but I anticipate expanding my sporting goods store in the near future to more than 100 full-time employees. If I offer my employees health coverage through the SHOP Marketplace now, will still be able to participate in the SHOP Marketplace when that happens?

Eda: Provided that a few conditions are met, you can continue to participate in a SHOP Marketplace even after your business grows in size to the point that you would not be considered a small employer. Once you're determined eligible to participate in the SHOP Marketplace, you can continue to participate for as long as you continue offering coverage through the SHOP Marketplace and continue to meet all other eligibility criteria, even if your business grows to be larger than a small employer.

Jose: Great. I look forward to learning more about my options for offering coverage to my employees through the SHOP Marketplace. I'm expecting nearly all of my employees to enroll in the coverage that I offer through the SHOP Marketplace.

The screenshot shows a software application window titled "SHOP Marketplace Assistance". At the top, it says "Assisting a SHOP Marketplace Employer with the Application Process" and "Page 3 of 28". A sub-section title "Assessing Employer Eligibility" is displayed. Below it, a text block states: "Next, Eda and Jose discuss whether Jose is likely to meet the eligibility criteria to participate in the SHOP Marketplace." It then asks: "Eda: Jose, to recap our discussion, you've explained that you expect to meet the following eligibility requirements to participate in the SHOP Marketplace:". A bulleted list follows:

- Your business's principal address, or the worksite(s) of eligible employee(s) is located in a SHOP Marketplace service area or areas.
- You'll offer health coverage through the SHOP Marketplace where your business's principal address is located, or through the SHOP Marketplace where your eligible employees have a worksite
- You'll offer health coverage through a SHOP to all full-time employees, defined as those working an average of 30 or more hours per week.
- You have at least one employee on your payroll.
- You had on average [1 to 50 or full-time and full-time-equivalent \(FTE\) employees](#) on your payroll on business days during the preceding calendar year (or, 1 to 100 full-time and FTE employees, depending on the state's definition of small employer).

Below this, another text block says: "Additionally, in order for your group to enroll, unless you will complete your group's enrollment between November 15 and December 15, at least 70% of your full-time employees must enroll in the coverage you offer through the SHOP Marketplace or in certain other types of coverage. (The 70% participation rate requirement may vary by state.)"

At the bottom of the window, there are buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT >". A note above the "NEXT" button says: "Click the [BLUE](#) link(s) to enable NEXT button".

Assessing Employer Eligibility

Next, Eda and Jose discuss whether Jose is likely to meet the eligibility criteria to participate in the SHOP Marketplace.

Eda: Jose, to recap our discussion, you've explained that you expect to meet the following eligibility requirements to participate in the SHOP Marketplace:

- Your business's principal address, or the worksite(s) of eligible employee(s) is located in a SHOP Marketplace service area or areas.
- You'll offer health coverage through the SHOP Marketplace where your business's principal address is located, or through the SHOP Marketplace where your eligible employees have a worksite
- You'll offer health coverage through a SHOP to all full-time employees, defined as those working an average of 30 or more hours per week.
- You have at least one employee on your payroll.
- For plan years beginning in 2015, you had on average 1 to 50 or full-time and full-time-equivalent (FTE) employees on your payroll on business days during the preceding calendar year (1 to 100 FTEs depending on the state's definition of small employer).

Additionally, in order for your group to enroll, unless you will complete your group's enrollment between November 15 and December 15, at least 70% of your full-time employees must enroll in the coverage you offer through the SHOP Marketplace or in certain other types of coverage. (The 70% participation rate requirement may vary by state.)

More Information on Full Time Equivalent (FTE) Employees

SHOP Marketplace coverage in some states may be available to otherwise eligible employers who had on average from 1 to 100 full-time and FTE employees on business days in the preceding calendar year, depending upon how the state has defined "small employer".

SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

Page 4 of 28

Assessing Employer Eligibility (cont.)

Jose: Great! So does this mean I'm likely to meet the eligibility criteria to offer health coverage through the SHOP Marketplace?

Eda: You're likely to meet the eligibility criteria, but you should be aware of the minimum participation rate requirement in the SHOPS.

For plan years beginning on or after January 1, 2016, at least 70% (or the percentage applicable to Jose's state) of your full-time employees must accept your offer of coverage through the SHOP Marketplace or be enrolled in another group health plan, governmental coverage (such as Medicare, Medicaid, or TRICARE), coverage sold through the individual market, or in other minimum essential coverage. Otherwise, you can't complete your initial group enrollment or renewal unless it is between November 15 and December 15.



Menu Help Glossary Resources < BACK NEXT >

Assessing Employer Eligibility (cont.)

Jose: Great! So does this mean I'm likely to meet the eligibility criteria to offer health coverage through the SHOP Marketplace?

Eda: You're likely to meet the eligibility criteria, but you should be aware of the minimum participation rate requirement in the SHOPS.

For plan years beginning on or after January 1, 2016, at least 70% (or the percentage applicable to Jose's state) of your full-time employees must accept your offer of coverage through the SHOP Marketplace or be enrolled in another group health plan, governmental coverage (such as Medicare, Medicaid, or TRICARE), coverage sold through the individual market, or in other minimum essential coverage. Otherwise, you can't complete your initial group enrollment or renewal unless it is between November 15 and December 15.

The screenshot shows a knowledge check interface for assisting a SHOP Marketplace Employer with the application process. At the top, it says "Assisting a SHOP Marketplace Employer with the Application Process" and "Page 5 of 28". On the right, there's an "Exit" link. The main section is titled "Knowledge Check" and asks: "Which of the following are eligibility requirements that Jose must meet to participate in the Federally-facilitated Small Business Health Options Program (SHOP) Marketplace? Select all that apply and then click Check Your Answer." Below this, there are four options with checkboxes:

- A. Jose must not have more than 50 (or in some states, 100) full-time and full-time-equivalent (FTE) employees, on average, on business days in the calendar year preceding the year when he initially applies to participate in the SHOP Marketplace.
- B. Jose must offer health coverage through a SHOP to all full-time employees, defined as those working an average of 30 or more hours per week.
- C. Jose must have at least one employee to participate in the SHOP Marketplace.
- D. Jose must offer health coverage to all full-time and part-time employees.

A "Check Your Answer" button is located at the bottom left of the main area. At the bottom, there are links for "Menu", "Help", "Glossary", and "Resources", along with "BACK" and "NEXT >" buttons. A note says "Complete the Knowledge Check to enable NEXT button".

Knowledge Check

Which of the following are eligibility requirements that Jose must meet to participate in the Federally-facilitated Small Business Health Options Program (SHOP) Marketplace?

Select **all that apply**.

- A. Jose must not have more than 50 (or in some states, 100) full-time and full-time-equivalent (FTE) employees, on average, on business days in the calendar year preceding the year when he initially applies to participate in the SHOP Marketplace.
- B. Jose must offer health coverage through a SHOP to all full-time employees, defined as those working an average of 30 or more hours per week.
- C. Jose must have at least one employee to participate in the SHOP Marketplace.
- D. Jose must offer health coverage to all full-time and part-time employees.

Feedback: The correct answers are A, B and C. To participate in the SHOP Marketplace, Jose must offer health coverage through the SHOP Marketplace to all full-time employees, defined as those working an average of 30 or more hours per week. Jose must also have at least one employee on the first day of the plan year. Jose doesn't have to offer health coverage to his part-time employees. Jose won't lose SHOP Marketplace eligibility if he continues to offer

coverage through the SHOP Marketplace, solely because his business grows to more than 50 (or in some states, 100, depending on the state's definition of small employer) FTE and full-time employees, so long as he remains otherwise eligible.

SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

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Considering Affordability of Coverage and Options for Employers

Eda continues to help Jose with offering health coverage through the SHOP Marketplace.

CLOSE

Text Description of Image or Animation

Click through the activity to enable the NEXT button

Menu Help Glossary Resources < BACK NEXT >

Considering Affordability of Coverage and Options for Employers

Eda continues to help Jose with offering health coverage through the SHOP Marketplace.

Jose: I understand that I might be eligible to offer health coverage through the SHOP Marketplace, but how do I figure out what plan is affordable for my employees?

Eda: Coverage that you offer through the SHOP Marketplace is considered affordable if the enrollee's share of the premium for self-only coverage of the lowest cost plan offered by the employer is less than 9.5% of their yearly household income.

Jose: Okay, so it sounds like what is affordable for one employee might not be affordable for another. What happens if coverage isn't affordable for just a few of my eligible employees?

Eda: These employees can decline your offer and choose to get coverage through the Individual Marketplace, where they may be eligible for the premium tax credit or cost-sharing reductions.

Jose: Okay, thank you. Now, if I choose to offer coverage, do I have to offer coverage to my employees' dependents or my part-time employees?

Eda: If you are subject to the employer shared responsibility provisions, you have to offer coverage to full-time employees' dependents, but not to your part-time employees. If you choose to offer coverage to your part-time employees, you can contribute differently to their

premiums after January 1, 2015, but you must contribute to premiums for all full-time employees at the same percentage.

SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

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Reviewing Employer Coverage Options

Eda: Jose, now that we've discussed your eligibility and the affordability of coverage, our next step is to talk about the health coverage options you can make available through the SHOP Marketplace. Through the SHOP Marketplace on HealthCare.gov, you are able to offer employees a single plan, or a choice of plans at your chosen level of coverage. For plan years beginning on or after January 1, 2017, employers in some states will also have the option of offering employees all plans offered through the SHOP Marketplace by a single health insurance company across all available coverage levels. You should think through or discuss with your employees the factors that are important to them when deciding which coverage options to offer, such as the cost of premiums, coverage for certain illnesses, or specific doctors that participate in a health plan's network.

Jose: That makes sense. What options will I have?

Eda: All plans offered through the SHOP Marketplace cover benefits in the same ten categories of essential health benefits (EHB), which include ambulatory care (such as doctor visits), preventive care, hospitalization, and prescription drugs. Some plans offer additional benefits, and special condition management programs. Although all of these plans must cover services in each EHB category, the individual services covered will vary by plan. The SHOP Marketplaces offer plans in four levels of coverage based on how enrollees and the plan expect to share the costs for health care. So, the level of coverage you choose affects the total amount enrollees will likely spend getting health coverage and on health care services during the year.



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Reviewing Employer Coverage Options

Eda: Jose, now that we've discussed your eligibility and the affordability of coverage, our next step is to talk about the health coverage options you can make available through the SHOP Marketplace. Through the SHOP Marketplace on HealthCare.gov, you are able to offer employees a single plan, or a choice of plans at your chosen level of coverage. For plan years beginning on or after January 1, 2017, employers in some states will also have the option of offering employees all plans offered through the SHOP Marketplace by a single health insurance company across all available coverage levels. You should think through or discuss with your employees the factors that are important to them when deciding which coverage options to offer, such as the cost of premiums, coverage for certain illnesses, or specific doctors that participate in a health plan's network.

Jose: That makes sense. What options will I have?

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SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

Exit

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Creating an Employer Account



Jose: Now that I understand my options and the affordability of coverage, I'd like to understand more about the process for offering coverage through a SHOP Marketplace. Can you help me do this?

Please select this dialogue window to continue the conversation.

[Text Description of Image or Animation](#)

Click through the activity to enable the NEXT button

Menu Help Glossary Resources < BACK NEXT >

Creating an Employer Account

Jose: Now that I understand my options and the affordability of coverage, I'd like to understand more about the process for offering coverage through a SHOP Marketplace. Can you help me do this?

Eda: Jose, the first step will be for you to create an online account with HealthCare.gov, which is where you submit an application to the SHOP Marketplace to determine if you're eligible to participate. I can help you create an account now.

Jose: Okay, thank you.

Eda: Great, let's get started. Having an online account is convenient. You can get near "real-time" eligibility results. Once you have an account, you can easily make changes or updates to it, if needed; review your account history; and much more.

Jose: Having an online account does seem convenient. What information will I need to provide to set-up my account?

Eda: To create a HealthCare.gov account to seek participation in the –SHOP Marketplace, the official contact person for your business (whether that is you or someone else) will have to

provide the following personal information: first name, last name, e-mail, username, password, and answers to three security questions. That's all you'll need to create an account.

SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

Exit

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Verifying Employer Contact Identity

Text Description of Image or Animation

Click through the activity to enable the NEXT button

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Verifying Employer Contact Identity

Eda: Jose, I want to tell you a little more about what happens once you or your designee creates an account. The system will verify your identity to ensure you're who you say you are. The questions will be asked in real-time and will be based on publicly available information and records. These questions will help resolve any discrepancies between the information you've submitted and information that's on file with databases the Marketplace uses to verify your identity. For example, based on your name and date of birth, the system may generate an old address where you lived previously and have you confirm the address.

Jose: What are the ways I can prove my identity?

Eda: Great question. You can prove your identity through any of the following ways:

- Successfully answering a series of real-time questions through the online application
- Successfully answering a series of real-time questions through the Marketplace Call Center
- Mailing in copies of paper documentation

Necessary Consumer Information

Includes First Name, Last Name, E-Mail, Username, Password, 3 Security Questions.

The screenshot shows a web-based application titled "SHOP Marketplace Assistance". At the top, it says "Assisting a SHOP Marketplace Employer with the Application Process" and "Page 10 of 28". On the right, there's an "Exit" link. Below the title, a section titled "Knowledge Check" asks: "What are the minimum required items Jose must supply to create his online account and verify his identity?". It instructs the user to "Select the correct answer and then click Check Your Answer.". Four options are listed:

- A. First name, last name, e-mail, and the answers to three security questions
- B. First name, last name, e-mail, username, password, and the answers to three security questions
- C. First name, last name, address, and the answers to three security questions
- D. E-mail, first name, last name, and address

A blue button labeled "Check Your Answer" is visible. At the bottom, a note says "Complete the Knowledge Check to enable NEXT button". Navigation links include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Knowledge Check

What are the minimum required items Jose must supply to create his online account and verify his identity?

Select the correct answer.

- A. First name, last name, e-mail, and the answers to three security questions
- B. First name, last name, e-mail, username, password, and the answers to three security questions
- C. First name, last name, address, and the answers to three security questions
- D. E-mail, first name, last name, and address

Feedback: The correct answer is B. To create an online account and verify his identity, Jose needs to supply the following information: first name, last name, e-mail, username, password, and the answers to three security questions..

SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

Exit

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Employer Application and Enrollment Information

Let's get back to the conversation between Eda and Jose regarding his SHOP Marketplace application. The SHOP Marketplace application must be submitted online through HealthCare.gov.

Eda: Now let's review the information you'll need to provide as part of the application and enrollment process in the SHOP Marketplace.

Jose: Great. What information will I need to provide?

Eda: Once you've created your account and verified your identity, the Federally-facilitated SHOP Marketplace eligibility application asks for the following information:

- Employer information, including your federal employer identification number (EIN), employer name, business address or addresses, the number of employees that you have, and contact information
- Information about the point of contact for the application
- Information about whether you're working with an Assister or agent or broker to help you with completing the application
- Information about all of your employees (and former employees, if applicable) who'll get an offer of coverage, even if they might not enroll



Menu Help Glossary Resources < BACK NEXT >

Employer Application and Enrollment Information

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- Employer information, including your federal employer identification number (EIN), employer name, business address or addresses, the number of employees that you have, and contact information
- Information about the point of contact for the application
- Information about whether you're working with an Assister or agent or broker to help you with completing the application

- Information about all of your employees (and former employees, if applicable) who'll get an offer of coverage, even if they might not enroll

The screenshot shows a software application window titled "SHOP Marketplace Assistance". At the top, it says "Assisting a SHOP Marketplace Employer with the Application Process" and "Page 12 of 28". On the right, there are "Exit" and "NEXT >" buttons. Below the title, a section header reads "Collecting Employer Application and Enrollment Information". A conversation log follows:

Jose: Okay, I've input all of the basic information about my sporting goods store. What other information is needed?

Eda: Great, we're almost done. The last part of the application process includes providing information about your employees. Remember, you need to provide the requested information for all employees (and, if applicable, former employees) who are offered coverage, and that must include all full-time employees (those working on average of 30 or more hours per week), regardless of whether or not they decide to enroll.

The required information you need to provide for each qualified employee offered coverage is:

- Qualified Employee name (first, middle, last, and suffix)
- Date of birth
- Social Security Number (SSN) or other tax identification number (TIN)
- E-mail address
- Employment status (full-time, part-time, or other)
- Date of hire

On the right side of the screen, there is a sidebar titled "Employee Information" with the following list:

- Employee name (first, middle, last, and suffix)
- Date of birth
- Social Security number (SSN) or other tax identification number (TIN)
- E-mail address (if available)
- Employment status (full-time, part-time, or other)
- Date of hire

At the bottom of the window, there are buttons for "Menu", "Help", "Glossary", and "Resources".

Collecting Employer Application and Enrollment Information

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SHOP Marketplace Assistance

Exit

Assisting a SHOP Marketplace Employer with the Application Process

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Reassuring Employers of Privacy and Security Standards

Jose: It sounds like I have to provide a lot of information about my employees. I don't feel comfortable sharing all of their personal details. What if the information got into the wrong hands? I want to maintain my employees' trust.

Eda: Jose, I understand your concerns. I take my responsibility to protect you and your employees' personal information very seriously. As I explained when describing my functions and responsibilities to you and asking for your authorization to access your personally identifiable information, I follow strict privacy and security standards, so that any information you share with me will be shared or used for authorized purposes only, such as helping you apply for an eligibility determination and offer health coverage to your employees. Our conversations are confidential, and I don't share the information we discuss with anyone, unless I need to do so to carry out my authorized assister functions, or you give me specific permission to do so. The SHOP Marketplace will also protect your information, and are not permitted to collect information on a SHOP Marketplace application unless that information is necessary for determining SHOP Marketplace eligibility or effectuating enrollment through the SHOP Marketplace. The SHOP Marketplace on HealthCare.gov also can't give you any information from your employees' applications about their spouses or dependents, other than their names, addresses, and birth dates.

Jose: Okay, but I plan to tell my employees I shared that information with you and will tell them how you and the SHOP Marketplace on HealthCare.gov protects it.



Menu Help Glossary Resources < BACK NEXT >

Reassuring Employers of Privacy and Security Standards

Jose: It sounds like I have to provide a lot of information about my employees. I don't feel comfortable sharing all of their personal details. What if the information got into the wrong hands? I want to maintain my employees' trust.

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SHOP Marketplace Assistance

Exit

Assisting a SHOP Marketplace Employer with the Application Process

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Submitting the Application

Jose: Once I complete all of this information, how do I submit the application?

Eda: Once the application is complete, you'll submit it online.

Jose: Great! When will I hear back?

Eda: The SHOP Marketplace will generate an eligibility determination in real time.



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Submitting the Application

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SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

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Addressing Next Steps for Employers Found Ineligible for SHOP

Jose: What happens if the SHOP Marketplace determines that I'm ineligible for participation?

Eda: If you're deemed ineligible to participate in the SHOP Marketplace based on your application, you can reapply at any time, or request an appeal of the decision within 90 days of getting your notification.

Jose: Thank you, Eda. I appreciate the information you provided today. I'm going to go back to my office and complete my application.



Menu Help Glossary Resources

< BACK **NEXT >**

Addressing Next Steps for Employers Found Ineligible for SHOP

Jose: What happens if the SHOP Marketplace determines that I'm ineligible for participation?

Eda: If you're deemed ineligible to participate in the SHOP Marketplace based on your application, you can reapply at any time, or request an appeal of the decision within 90 days of getting your notification.

Jose: Thank you, Eda. I appreciate the information you provided today. I'm going to go back to my office and complete my application.

SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

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Addressing Employer Concerns and Questions

Jose: I'll submit my application and hope that the SHOP Marketplace in my state finds me eligible. In the meantime, I'm also a little concerned about my staff having the right coverage options because my employees have different medical needs. What if I pick a health plan that doesn't meet their needs?

Eda: I understand your concern, Jose. As we discussed earlier, all medical QHPs in the SHOP Marketplaces offer coverage of services in ten categories of essential health benefits, or EHB, which is a core comprehensive package of health care services. Although all QHPs must cover services in each EHB category, the individual services covered will vary by plan. In addition, for plan years beginning in 2016 and beyond, you are able to select a level of coverage and allow your qualified employees to select the plan from that level that best meets their specific health needs. For plan years beginning on or after January 1, 2017, some states will allow employer to offer employees all plans offered through the SHOP Marketplace by a single insurance company across all available coverage levels.



Essential Health Benefits

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Addressing Employer Concerns and Questions

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SHOP Marketplace Assistance

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Assisting a SHOP Marketplace Employer with the Application Process

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Updating Employer Account Profile Information

Jose: Thanks for reassuring me! I feel better now. I also have some questions about my online account. What happens if I want to change my e-mail address or password? Can I do that or is that only a one-time deal?

Eda: Absolutely! You can update your account profile at any time. Small changes that don't affect your eligibility to participate in the SHOP Marketplace are considered account profile updates.

Jose: I have a few other concerns. Right now I'm not sure if all of my employees will continue to work full-time. Will I be able to change which qualified employees I list on my SHOP Marketplace employee roster?

Eda: Yes, you can change the qualified employees you list on your SHOP Marketplace employee roster. This is called roster management. You can also update your account based on changes in circumstance, for example, cases where your work location, qualified employee information, and/or qualified employee coverage changes.



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Jose: Thanks for reassuring me! I feel better now. I also have some questions about my online account. What happens if I want to change my e-mail address or password? Can I do that or is that only a one-time deal?

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The screenshot shows a knowledge check section titled "Assisting a SHOP Marketplace Employer with the Application Process". The main heading is "Knowledge Check". A text box asks about Jose's concern regarding plan choice for qualified employees with health issues. Below is a question: "What should you tell Jose about plans offered in the Small Business Health Options Program (SHOP) Marketplaces?". It instructs to select all that apply and click "Check Your Answer". To the right is a list of four options (A-D) with checkboxes. At the bottom left is a "Check Your Answer" button. A note says "Complete the Knowledge Check to enable NEXT button". Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Knowledge Check

Jose is concerned that he must choose which plan or level of coverage to offer his qualified employees, and that some of his qualified employees with health issues won't be able to get the health coverage that's best for them.

What should you tell Jose about plans offered in the Small Business Health Options Program (SHOP) Marketplaces?

Select all that apply and then click **Check Your Answer**.

A. All plans cover services in a minimum set of benefit categories, known as essential health benefits (EHB), to ensure consumers have access to a core comprehensive package of health services.

B. Employers in all states are able to offer employees a choice of all available health plans within a single level of coverage.

C. Since some of Jose's qualified employees have health issues, you should ask for their names and personal information so you can help Jose select the best plan for his qualified employees.

D. Since Jose won't know what the premium cost of a plan is until his group enrolls, he should select the plan that best suits his own financial needs.

Check Your Answer

Complete the Knowledge Check to enable NEXT button

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Knowledge Check

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- D. Since Jose won't know what the premium cost of a plan is until his group enrolls, he should select the plan that best suits his own financial needs.

Feedback: The correct answers are A and B. All plans in the SHOP Marketplace on HealthCare.gov must cover services in a minimum set of benefit categories, known as EHB. Employers in all are able to offer employees a choice of all available plans within a single level of coverage. Additionally, for plan years beginning on or after January 1, 2017, some states will allow employer to offer employees all plans offered through the -SHOP Marketplace by a single insurance company across all available coverage levels.

You should also always consider the privacy of the consumers you work with in your Assister role and avoid asking an employer participating in the SHOP Marketplace, such as Jose, for personal information about their employees beyond what is requested on the SHOP Marketplace application on HealthCare.gov. As Jose selects which coverage to offer, you should advise him to use the premium estimation calculator so he can get an idea of how much he and his qualified employees will pay for coverage.

SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

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Receiving an Employer Eligibility Determination

Jose completes his application and gets his eligibility determination notice. It indicates his business meets the requirements to participate in the SHOP Marketplace. He comes to see Eda to help him review the eligibility summary.

His eligibility determination notice lists:

- The name of the qualified small employer
- The names of all eligible qualified employees
- The timeframe within which qualified employees must enroll in order for coverage to take effect by the employer's desired coverage effective date

Eda: Congratulations, Jose! You're eligible to participate in the SHOP Marketplace. Your next steps are to compare levels of coverage and prices, and select a plan or level of coverage that you think will meet your needs and the needs of your employees.

Jose: Great! How do I compare plans, levels of coverage, and prices?



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SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

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Using Plan Compare and Selection Tools

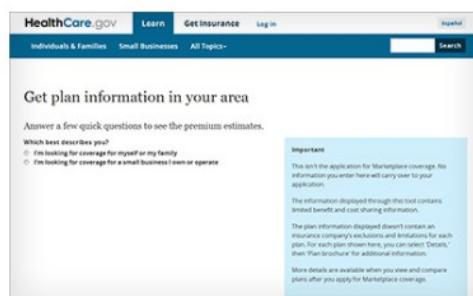
Eda knows that her role is to provide fair, accurate, and impartial plan comparison help to small employers like Jose. She's prepared to show Jose all available QHP options and then help Jose use the online tool to compare plans and tailor the health plans displayed, based on his preferences.

Jose: This is a really helpful tool to compare QHPs. Can you show me how to filter and sort plans?

Eda: Sure. You can filter QHPs based on many factors, including:

- Premium price range
- Health insurance company
- Geographic availability
- Plan type
- Level of coverage (i.e., Bronze, Silver, Gold, Platinum)

Eda: Jose, you can also sort the list of QHPs to view plans from lowest to highest average premiums or the reverse, highest to lowest. You don't have to do your plan comparison all in one sitting though. You can use your SHOP Marketplace account to save your plan comparisons and refer back to them later. You also have the option to print your plan comparisons and review them offline.



HealthCare.gov Learn Get Insurance Log In

Individuals & Families Small Businesses All Topics Search

Get plan information in your area

Answer a few quick questions to see the premium estimates.

Which best describes you?

I'm looking for coverage for myself or my family
 I'm looking for coverage for a small business I own or operate

Important

The info in the application for Marketplace coverage. No information you enter here will carry over to your application.

The information displayed through this tool contains limited benefit and cost sharing information.

The plan information displayed doesn't contain an enrollment link. To get an enrollment link for each plan, for each plan shown here, you can select "Details," then "Plan brochure" for additional information.

More details are available when you view and compare plans after you apply for Marketplace coverage.

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The screenshot shows a knowledge check interface titled "Assisting a SHOP Marketplace Employer with the Application Process". The main content area is labeled "Knowledge Check". It contains a scenario about Jose and Eda, followed by a question asking which filters are best for narrowing down plan choices. A list of four options (A, B, C, D) is provided, each preceded by a checkbox. Below the question, instructions say to "Select all that apply" and click "Check Your Answer". A "Check Your Answer" button is visible at the bottom left. At the bottom right, there are links for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT". A note above the "NEXT" button says "Complete the Knowledge Check to enable NEXT button".

Knowledge Check

Jose told Eda it's important to him to provide comprehensive coverage to his qualified employees, because several of his qualified employees might have chronic health conditions that they might need to manage with medication. While Jose wants to make sure his qualified employees don't have to pay too much out-of-pocket for their care, he's also concerned about keeping his employer contributions affordable.

Based on what you know about what's important to Jose, which filters are the best ones to help him narrow down his plan choices?

Select all that apply and then click **Check Your Answer**.

Check Your Answer

Complete the Knowledge Check to enable NEXT button

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Knowledge Check

Jose told Eda it's important to him to provide comprehensive coverage to his qualified employees, because several of his qualified employees might have chronic health conditions that they might need to manage with medication. While Jose wants to make sure his qualified employees don't have to pay too much out-of-pocket for their care, he's also concerned about keeping his employer contributions affordable.

Based on what you know about what's important to Jose, which filters are the best ones to help him narrow down his plan choices?

Select all that apply.

- A. Premium price range
- B. Levels of coverage (Bronze, Silver, Gold, Platinum)
- C. Health insurance company
- D. Geographic availability

Feedback: The correct answers are A and B. Since Jose wants to provide affordable, comprehensive coverage to his qualified employees, it's best to focus on the cost of the premiums and levels of coverage that limit cost sharing. Since Jose hasn't expressed that his

qualified employees have a specific interest in the health insurance company he chooses, nor has he indicated a need to find a plan in a particular geographic area, these filters may be less useful.

SHOP Marketplace Assistance

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Assisting a SHOP Marketplace Employer with the Application Process

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Using Plan Compare and Selection Tools

Jose asks Eda for help choosing a plan for his qualified employees, but Eda isn't allowed to influence Jose's decision regarding which plan to choose to offer to his qualified employees. She must remain impartial at all times.

Let's review their conversation to see how Eda handles the situation:

Jose: Thanks for helping me compare health plans, but I'm still not 100% sure which one to choose for my qualified employees. What do you recommend?

Eda: I'd be happy to help you find more information about the differences between plans and answer any remaining questions that you may have, but I can't choose a plan for you. You have to make the plan selection on your own. If you'd like additional assistance while logged into your account, you can find local agents and brokers in your area who've completed the SHOP Marketplace registration requirements by clicking on the Find Assistance tab within your application.



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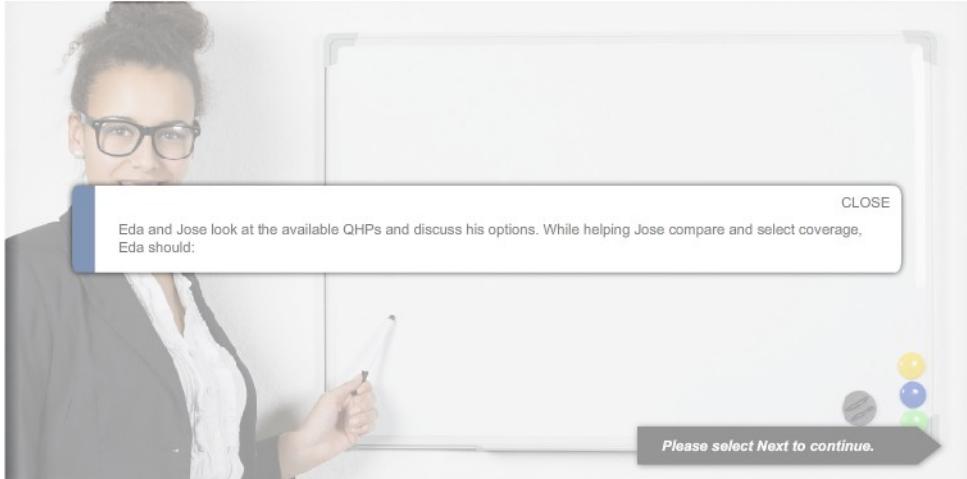
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SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

Exit

Plan Selection



Eda and Jose look at the available QHPs and discuss his options. While helping Jose compare and select coverage, Eda should:

CLOSE

Note: As a general industry practice, the employer contribution is 50%. Lack of an employer contribution may impact affordability of coverage for the employee

Please select Next to continue.

Text Description of Image or Animation

Click through the activity to enable the NEXT button

Menu Help Glossary Resources

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Plan Selection

Eda and Jose look at the available QHPs and discuss his options. While helping Jose compare and select coverage, Eda should:

- Get Jose's consent before obtaining access to his personally identifiable information.
- Let Jose know that he can set his premium contribution level from 0% (no employer contribution) to 100%
- Let Jose know that, if he doesn't set a contribution percentage, the default percentage is set to 0%*
- Notify Jose that his qualified employees will be able to view his contribution percentage when they select coverage through the SHOP Marketplace
- Advise Jose to review the dollar amount of his contribution to enrollees' monthly premiums
- Conduct a final review and confirm Jose's coverage election
- Help Jose to review plan information
- Help Jose update his information if necessary

*As a general industry practice, the employer contribution is 50%. Lack of an employer contribution may impact affordability of coverage for the employee.

SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

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Enrollment Timeline and Annual Renewal

Jose: Thanks for helping me submit the SHOP Marketplace eligibility application and explaining the plan selection and group enrollment process. When will my group coverage start?

Eda: If all of your qualified employees who are enrolling in offered coverage made their plan selections, you submit your group's enrollment by the 15th of the month, your first month's premium payment is received by the SHOP Marketplace by the 20th of the month, and you meet any applicable minimum participation rate, then your coverage will start the 1st of the following month.

Jose: When will I be able to renew coverage?

Eda: You can make decisions about next year's coverage during the employer election period that will occur near the end of your plan year. As a reminder, your plan year will end 12 months from the first coverage effective date, except if your state has elected to merge its individual and small group risk pools and your initial plan year did not align with the calendar year, or if you terminate your enrollment earlier. The SHOP Marketplace will provide you with information about your employer election period before the plan year ends. The SHOP Marketplace will also provide your qualified employees with information about the annual employee open enrollment period, which will take place after your election period. Once both your election period and your qualified employees' open enrollment period have ended, coverage for your group will be renewed (or changed, if that was your and/or your qualified employees' choice). Employers should renew or change their SHOP Marketplace coverage online through HealthCare.gov.

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22					
28	29					

Employer submits application and first month's premium by the 15th of the month.

SUN	MON	TUE	WED			
1	2	3	4			
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Coverage begins the 1st of the following month.

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Enrollment Timeline and Annual Renewal

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your election period and your qualified employees' open enrollment period have ended, coverage for your group will be renewed (or changed, if that was your and/or your qualified employees' choice). Employers should renew or change their SHOP Marketplace coverage online through HealthCare.gov.

The screenshot shows a knowledge check section titled "Assisting a SHOP Marketplace Employer with the Application Process". The question asks for the correct steps in order of operation to help small employers like Jose with the enrollment process. Four options are provided, each starting with a radio button. Below the options is a "Check Your Answer" button. At the bottom, there are links for Menu, Help, Glossary, and Resources, along with navigation buttons for BACK and NEXT. A note at the bottom indicates that completing the knowledge check enables the NEXT button.

Knowledge Check

Which one of the following responses lists the correct steps, in order of operation, to help small employers like Jose with the enrollment process?

Select the correct answer and then click Check Your Answer.

A. Create an online account, review and compare qualified health plans (QHPs), fill out an online application, and select coverage to offer qualified employees

B. Fill out an online application, create an online account, review and compare QHPs, and select coverage to offer qualified employees

C. Create an online account, fill out an application, review and compare QHPs, and select coverage to offer qualified employees

D. Fill out an online application, review and compare QHPs, create an online account, and select coverage to offer qualified employees

Check Your Answer

Complete the Knowledge Check to enable NEXT button

Menu Help Glossary Resources < BACK NEXT >

Knowledge Check

The correct steps, in order of operation, to help small employers like Jose with the enrollment process?

Select the correct answer.

- A. Create an online account, review and compare qualified health plans (QHPs), fill out an online application, and select coverage to offer qualified employees
- B. Fill out an online application, create an online account, review and compare QHPs, and select coverage to offer qualified employees
- C. Create an online account, fill out an application, review and compare QHPs, and select coverage to offer qualified employees
- D. Fill out an online application, review and compare QHPs, create an online account, and select coverage to offer qualified employees

Feedback: The correct answer is C. When helping small employers like Jose, you should help them create an online account, fill out an application, review and compare QHPs, and then select coverage to offer qualified employees.

SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

Page 26 of 28

Special Enrollment Periods for Employees

After Jose completes his group's SHOP Marketplace enrollment and makes his first month's premium payment, he contacts Eda again for help assessing whether he's likely to qualify for the Small Business Health Care Tax Credit. He explains that he thinks he meets the four qualifications for the tax credit:

1. He currently has fewer than 25 FTE employees.
2. His employees have average annual wages of less than \$50,000 (as adjusted for inflation beginning in 2014).
3. He's paying at least 50% of his full-time employees' premium costs.
4. Jose's premium contributions are toward his employees' QHPs through the SHOP Marketplace (or Jose qualifies for an exception to the requirement that the coverage be through the SHOP Marketplace).

Eda: Jose, you might qualify for the Small Business Health Care Tax Credit. If you're eligible, you'll claim the tax credit when you submit your federal income tax returns for your business. If you're not eligible to offer coverage through the SHOP Marketplace, you can continue to offer your employees coverage, but you may not get the Small Business Health Care Tax Credit.

Eda should also tell Jose he can use the Small Business Health Care Tax Credit Estimator tool online to find out an estimate of how much he may claim.

Menu Help Glossary Resources < BACK NEXT >

Special Enrollment Periods for Employees

After Jose completes his group's SHOP Marketplace enrollment and makes his first month's premium payment, he contacts Eda again for help assessing whether he's likely to qualify for the Small Business Health Care Tax Credit. He explains that he thinks he meets the four qualifications for the tax credit:

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4. Jose's premium contributions are toward his employees' QHPs through the SHOP Marketplace (or Jose qualifies for an exception to the requirement that the coverage be through the SHOP Marketplace).

Eda: Jose, you might qualify for the Small Business Health Care Tax Credit. If you're eligible, you'll claim the tax credit when you submit your federal income tax returns for your business. If you're not eligible to offer coverage through the SHOP Marketplace, you can continue to offer your employees coverage, but you may not get the Small Business Health Care Tax Credit.

Eda should also tell Jose he can use the Small Business Health Care Tax Credit Estimator tool online to find out an estimate of how much he may claim.

SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

Page 27 of 28

Knowledge Check

Which of the following must Jose do to qualify for the Small Business Health Care Tax Credit for tax years beginning in 2014?

Select all that apply and then click **Check Your Answer**.

A. Contribute at least 50% of employee health insurance premiums under a qualifying arrangement, and offer coverage through a SHOP Marketplace (either on HealthCare.gov or through a state-based SHOP Marketplace), unless he qualifies for an exception to the requirement to offer coverage through a SHOP

B. Have fewer than 25 full-time equivalent (FTE) employees

C. Provide evidence in the form of tax returns of positive financial earnings in the prior year

D. Have employees with average wages of less than \$50,000 per year (as adjusted for inflation beginning in 2014)

Check Your Answer

Complete the Knowledge Check to enable NEXT button

Menu Help Glossary Resources < BACK **NEXT >**

Knowledge Check

Which of the following must Jose do to qualify for the Small Business Health Care Tax Credit for tax years beginning in 2014?

Select all that apply.

- A. Contribute at least 50% of employee health insurance premiums under a qualifying arrangement, and offer coverage through a SHOP Marketplace (either on HealthCare.gov or through a state-based SHOP Marketplace), unless he qualifies for an exception to the requirement to offer coverage through a SHOP
- B. Have fewer than 25 full-time equivalent (FTE) employees
- C. Provide evidence in the form of tax returns of positive financial earnings in the prior year
- D. Have employees with average wages of less than \$50,000 per year (as adjusted for inflation beginning in 2014)

Feedback: The correct answers are A, B and D. Jose could be eligible for the Small Business Health Care Tax Credit if he contributes at least 50% of employee health insurance premiums under a qualifying arrangement, and offers coverage through a SHOP Marketplace (either through

HealthCare.gov or state-based SHOP Marketplace), unless he qualifies for an exception to the requirement to offer the coverage through a SHOP Marketplace; and has fewer than 25 FTE employees (based on a 40-hour work week) with average yearly wages of less than \$50,000 per FTE (as adjusted for inflation beginning in 2014). Positive financial earnings in the form of tax returns aren't required to be eligible for the Small Business Health Care Tax Credit.

SHOP Marketplace Assistance

Assisting a SHOP Marketplace Employer with the Application Process

Exit

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Key Points

- Employers can easily create an online account with the -SHOP Marketplace on HealthCare.gov, which will allow them to get near real-time eligibility results, review their account history, make changes or updates to their account, and much more.
- Employers will be able to get a sense for what plans are available in their area.
- Employers can use the Small Business Health Care Tax Credit Estimator to estimate how much they might be able to claim in tax credits by offering health coverage through the SHOP Marketplace.

Click **NEXT** to return to the main menu.



Menu Help Glossary Resources < BACK **NEXT** >

Key Points

- Employers can easily create an online account with the -SHOP Marketplace on HealthCare.gov, which will allow them to get near real-time eligibility results, review their account history, make changes or updates to their account, and much more.
- Employers will be able to get a sense for what plans are available in their area.
- Employers can use the Small Business Health Care Tax Credit Estimator to estimate how much they might be able to claim in tax credits by offering health coverage through the SHOP Marketplace.

Assisting the SHOP Marketplace Qualified Employee with the Application Process Module

SHOP Marketplace Assistance

Assisting the SHOP Marketplace Qualified Employee with the Application Process

Exit

Page 1 of 19

Introduction

In the previous training, you learned about how to help employers participate in the Small Business Health Options Program (SHOP) Marketplace on HealthCare.gov. This training gives you the knowledge and skills to help qualified employees with the enrollment process through the SHOP Marketplace.

This training will provide you with the skills to:

- Describe how qualified employees can gain job-based health coverage through the SHOP Marketplace
- Describe coverage options, affordability of coverage, and the enrollment process for qualified employees using the SHOP Marketplace
- Describe the online account creation process for qualified employees through the SHOP Marketplace on HealthCare.gov.

Click **NEXT** to continue.



Menu Help Glossary Resources < BACK **NEXT** >

Introduction

In the previous training, you learned about how to help employers participate in the Small Business Health Options Program (SHOP) Marketplace on HealthCare.gov. This training gives you the knowledge and skills to help qualified employees with the enrollment process through the SHOP Marketplace.

This training will provide you with the skills to:

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- Describe coverage options, affordability of coverage, and the enrollment process for qualified employees using the SHOP Marketplace
- Describe the online account creation process for qualified employees through the SHOP Marketplace on HealthCare.gov.

SHOP Marketplace Assistance

Assisting the SHOP Marketplace Qualified Employee with the Application Process

Page 2 of 19

Assessing Qualified Employee Needs

After helping Jose, Eda is now helping Catie. Catie is a beautician who works at a nail salon and makes \$30,000 a year. She contacts Eda for help with getting coverage offered by her employer through a SHOP Marketplace.

Similar to Jose, Eda discusses Catie's general understanding of the SHOP Marketplace and confirms that she's interested in coverage available through a SHOP Marketplace.



Menu Help Glossary Resources < BACK NEXT >

Assessing Qualified Employee Needs

After helping Jose, Eda is now helping Catie. Catie is a beautician who works at a nail salon and makes \$30,000 a year. She contacts Eda for help with getting coverage offered by her employer through a SHOP Marketplace.

Similar to Jose, Eda discusses Catie's general understanding of the SHOP Marketplace and confirms that she's interested in coverage available through a SHOP Marketplace.

SHOP Marketplace Assistance

Assisting the SHOP Marketplace Qualified Employee with the Application Process

Exit

Page 3 of 19

Explaining Qualified Employee Coverage Options

Eda: Catie, from our discussion, it appears as though your employer has elected to participate in SHOP Marketplace on HealthCare.gov and is offering you coverage in a qualified health plan, or QHP. I want to share some basic information about the plans that your employer has selected for his qualified employees:

- Your employer may offer you a single plan. Your employer may instead decide to offer a choice of available plans within one level of coverage or, and depending on your state, offer you all plans offered through the SHOP Marketplace by a single health insurance company across all levels of coverage.
- The type of health plan or level of coverage your employer selects will determine on average how much the health insurance company will pay for covered benefits and services and how much you can expect to pay out-of-pocket.
- Your portion of the premium may vary depending on your age, family size, where your employer is located, the amount your employer contributes to premiums, and whether you or your enrolled dependents smoke.
- Lastly, you can choose to accept or decline the offer of coverage through the SHOP Marketplace on HealthCare.gov.



Menu Help Glossary Resources < BACK NEXT >

Explaining Qualified Employee Coverage Options

Eda: Catie, from our discussion, it appears as though your employer has elected to participate in SHOP Marketplace on HealthCare.gov and is offering you coverage in a qualified health plan, or QHP. I want to share some basic information about the plans that your employer has selected for his qualified employees:

- Your employer may offer you a single plan. Your employer may instead decide to offer a choice of available plans within one level of coverage or, and depending on your state, offer you all plans offered through the SHOP Marketplace by a single health insurance company across all levels of coverage.
- The type of health plan or level of coverage your employer selects will determine on average how much the health insurance company will pay for covered benefits and services and how much you can expect to pay out-of-pocket.
- Your portion of the premium may vary depending on your age, family size, where your employer is located, the amount your employer contributes to premiums, and whether you or your enrolled dependents smoke.
- Lastly, you can choose to accept or decline the offer of coverage through the SHOP Marketplace on HealthCare.gov.

SHOP Marketplace Assistance

Assisting the SHOP Marketplace Qualified Employee with the Application Process

Page 4 of 19

Educating Qualified Employees on Affordability of Coverage Available through a SHOP Marketplace

Catie: What if I can't afford the health coverage offered by my employer through the SHOP Marketplace?

Eda: You can choose to buy coverage through the Health Insurance Marketplace for Individuals and Families where you may be eligible to receive advance payments of the premium tax credit and cost-sharing reductions if the plan your employer offers you isn't affordable or doesn't meet minimum value. Coverage offered by your employer is considered affordable if the yearly premiums for the lowest cost self- only plan costs less than 9.66% of your household's yearly adjusted gross income. In addition to affordability, job-based coverage must meet minimum value standards. This means a health insurance company pays, on average, 60% of allowed costs for benefits provided under the health plan offered by your employer.

Catie: I'm still not sure if this is the right decision. If I decline the health coverage offered by my employer and it's both affordable and meets minimum value, how will that impact me in the Individual Marketplace?

Eda: Under those conditions, you won't qualify for programs to help lower your costs, like the premium tax credit and cost-sharing reductions. But, if the health coverage offered by your employer turns out to be unaffordable or doesn't meet minimum value standards, you may qualify for these programs to help lower your costs if you buy coverage through the Health Insurance Marketplace for Individuals and Families.



Menu Help Glossary Resources < BACK NEXT >

Educating Qualified Employees on Affordability of Coverage Available through a SHOP Marketplace

Catie: What if I can't afford the health coverage offered by my employer through the SHOP Marketplace?

Eda: You can choose to buy coverage through the Health Insurance Marketplace for Individuals and Families where you may be eligible to receive advance payments of the premium tax credit and cost-sharing reductions if the plan your employer offers you isn't affordable or doesn't meet minimum value. Coverage offered by your employer is considered affordable if the yearly premiums for the lowest cost self- only plan costs less than 9.66% of your household's yearly adjusted gross income. In addition to affordability, job-based coverage must meet minimum value standards. This means a health insurance company pays, on average, 60% of allowed costs for benefits provided under the health plan offered by your employer.

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employer turns out to be unaffordable or doesn't meet minimum value standards, you may qualify for these programs to help lower your costs if you buy coverage through the Health Insurance Marketplace for Individuals and Families.

SHOP Marketplace Assistance

Assisting the SHOP Marketplace Qualified Employee with the Application Process

Exit

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Knowledge Check

After more thought, Catie decided to evaluate her health coverage options through an Individual Marketplace. Her employer is offering coverage through a SHOP Marketplace that meets minimum value standards and Catie's actual monthly premiums are 5% of her yearly income. She's confident this is too much money for her to spend on health coverage. She asks you for information on qualifying for programs to help lower her costs if she enrolls in coverage through an Individual Marketplace.

Which one of the following statements is correct?

Select the correct answer and then click **Check Your Answer**.

- A. Because Catie's employer offers health coverage though the SHOP Marketplace, she's ineligible for coverage through an Individual Marketplace.
- B. Catie won't qualify for programs to help lower her costs in an Individual Marketplace because the coverage offered by her employer is considered affordable.
- C. While Catie doesn't qualify for programs to help lower her costs in an Individual Marketplace, her employer will help pay for her Individual Marketplace plan premium.
- D. Catie may qualify for programs to help lower her costs in an Individual Marketplace because her job-based coverage is considered unaffordable at 5% of her yearly adjusted gross income.

Check Your Answer

Health Insurance Marketplace Menu Help Glossary Resources BACK NEXT

Knowledge Check

After more thought, Catie decided to evaluate her health coverage options through the Health Insurance Marketplace for Individuals and Families. Her employer is offering self-only coverage through the SHOP Marketplace on HealthCare.gov that meets minimum value standards and Catie's actual monthly premiums are 5% of her yearly income. She's confident this is too much money for her to spend on health coverage. She asks you for information on qualifying for programs to help lower her costs if she enrolls in coverage through the Health Insurance Marketplace for Individuals and Families.

Which one of the following statements is correct?

Select the correct answer.

- A. Because Catie's employer offers health coverage though the SHOP Marketplace, she's ineligible for coverage through the Health Insurance Marketplace for Individuals and Families.
- B. Catie won't qualify for programs to help lower her costs in a Health Insurance Marketplace for Individuals and Families because the coverage offered by her employer is considered affordable and meets minimum value.

- C. While Catie doesn't qualify for programs to help lower her costs through the Health Insurance Marketplace for Individuals and Families, her employer will help pay for her plan premium.
- D. Catie may qualify for programs to help lower her costs in the Health Insurance Marketplace for Individuals and Families because her job-based coverage is considered unaffordable at 5% of her yearly adjusted gross income.

Feedback: The correct answer is B. Catie won't qualify for programs to lower her costs in an Individual Marketplace. The health coverage offered by her employer is considered affordable because it costs less than 9.5% of her adjusted gross household income for a self-only plan.

SHOP Marketplace Assistance

Assisting the SHOP Marketplace Qualified Employee with the Application Process

Page 6 of 19

Addressing Qualified Employee Questions and Concerns

Catie: I want to make sure that the QHP my employer has selected will meet my needs. Can you walk me through the details of the QHP my employer selected?

Eda: Absolutely. It's also important to know that all medical QHPs in the SHOP Marketplace offer coverage of services in ten essential health benefits categories, or EHB, which is a core comprehensive package of items and health care services. All of the health plans your employer offers provide coverage for certain preventive and wellness services because these services are EHB. You can use the online Plan Compare Tool to find the plan details and information regarding specific plan benefits if your employer offered you a choice of QHPs within a level of coverage. The enrollment portal will also contain the Summary of Benefits and Coverage for each plan. It's important for you to fully explore and understand your options before making coverage decisions.

Catie: That makes me feel so much better. I think I'll proceed with enrolling in the health plan offered by my employer. What do I do next?



Menu Help Glossary Resources < BACK NEXT >

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Eda: Absolutely. It's also important to know that all medical QHPs in the SHOP Marketplace offer coverage of services in ten essential health benefits categories, or EHB, which is a core comprehensive package of items and health care services. All of the health plans your employer offers provide coverage for certain preventive and wellness services because these services are EHB. You can use the online Plan Compare Tool to find the plan details and information regarding specific plan benefits if your employer offered you a choice of QHPs within a level of coverage. The enrollment portal will also contain the Summary of Benefits and Coverage for each plan. It's important for you to fully explore and understand your options before making coverage decisions.

Catie: That makes me feel so much better. I think I'll proceed with enrolling in the health plan offered by my employer. What do I do next?

SHOP Marketplace Assistance

Assisting the SHOP Marketplace Qualified Employee with the Application Process

Page 7 of 19

Creating a Qualified Employee Account

Eda: Once the employer selects a plan, or plans to offer qualified employees, he/she should notify qualified employees about the process for enrolling. In addition, the SHOP Marketplace will send a notice to the qualified employees via email, based on the addressed provided by the employer to log into their account and also provides a unique qualified employee participation code. The first step is to create an account on HealthCare.gov and fill out an application.

Catie: Why do my employees need to create an account on HealthCare.gov?

Eda: Qualified employees will view, accept, or waive their employer's offer of SHOP Marketplace coverage through their account on HealthCare.gov. The employer will determine how much time an employee has to accept or waive their offer of SHOP Marketplace coverage. Employers can monitor their employees progress through the employers account on HealthCare.gov.

Catie: Thank you for explaining.



Menu Help Glossary Resources < BACK NEXT >

Creating a Qualified Employee Account

Eda: Once the employer selects a plan, or plans to offer qualified employees, he/she should notify qualified employees about the process for enrolling. In addition, the SHOP Marketplace will send a notice to the qualified employees via email, based on the addressed provided by the employer to log into their account and also provides a unique qualified employee participation code. The first step is to create an account on HealthCare.gov and fill out an application.

Catie: Why do my employees need to create an account on HealthCare.gov?

Eda: Qualified employees will view, accept, or waive their employer's offer of SHOP Marketplace coverage through their account on HealthCare.gov. The employer will determine how much time an employee has to accept or waive their offer of SHOP Marketplace coverage. Employers can monitor their employees progress through the employers account on HealthCare.gov.

Catie: Thank you for explaining.

The screenshot shows a knowledge check interface for the SHOP Marketplace. At the top, it says "SHOP Marketplace Assistance" and "Assisting the SHOP Marketplace Qualified Employee with the Application Process". On the right, there are "Exit" and "Page 8 of 19" buttons. The main content area is titled "Knowledge Check" and contains the following text: "Catie's application is complete and in the process of being reviewed by a SHOP Marketplace." Below this is a question: "Which one of the following statements is true about Catie's qualified employee account on HealthCare.gov?". It asks the user to select the correct answer and click "Check Your Answer". There are four options:

- A. Catie can't return to her SHOP Marketplace application on HealthCare.gov and finish her application later. Once she starts the application process, she must complete it in one sitting.
- B. If Catie wants to come back to her SHOP Marketplace application on HealthCare.gov to finish her application later, she'll have to print it out and complete a paper copy.
- C. Catie may get notices from the SHOP Marketplace through her e-mail account or by accessing her qualified employee account on HealthCare.gov.
- D. Catie doesn't need to finish her application right away, but she must return to her qualified employee account on HealthCare.gov and complete it within two hours of starting it.

A blue button labeled "Check Your Answer" is visible. Below the question, a note says "Complete the Knowledge Check to enable NEXT button". At the bottom, there are "Menu", "Help", "Glossary", and "Resources" links, along with "BACK" and "NEXT" buttons.

Knowledge Check

Catie's application is complete and in the process of being reviewed by a SHOP Marketplace.

Which one of the following statements is true about Catie's qualified employee account on HealthCare.gov?

Select the correct answer.

- A. Catie can't return to her qualified employee account on HealthCare.gov and finish her application later. Once she starts the application process, she must complete it in one sitting.
- B. If Catie wants to come back to her qualified employee account on HealthCare.gov to finish her application later, she'll have to print it out and complete a paper copy.
- C. Catie may get notices from the SHOP Marketplace through her e-mail account or by accessing her qualified employee account on HealthCare.gov.
- D. Catie doesn't need to finish her application right away, but she must return to her qualified employee account on HealthCare.gov and complete it within two hours of starting it.

Feedback: The correct answer is C. Catie may get notices from the FF-SHOP Marketplace through her e-mail account or through her account on HealthCare.gov.

The screenshot shows a slide titled "SHOP Marketplace Assistance" with a sub-section "Assisting the SHOP Marketplace Qualified Employee with the Application Process". The main content is titled "Collecting Qualified Employee Application Information". It includes a list of required information and a transcript of a conversation between Eda and Catie.

Eda: Now that you're ready to start the account creation and application process, you should know that the SHOP Marketplace on HealthCare.gov will collect the following information on your application:

- E-mail (required)
- Username (required)
- Password (required)
- Answers to three security questions (required)
- First name (required)
- Last name (required)
- Physical address (i.e., street name, apartment number, city, state, and ZIP code) (required)
- Date of birth (required)
- Phone number (required)
- Employer contact information (required)
- Middle name
- Suffix (e.g., Jr., III)
- Mailing address
- Information for dependents, if applicable

Catie: Okay, I can enter this information now. Is that all I have to provide?

At the bottom, there are links for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Collecting Qualified Employee Application Information

Eda: Now that you're ready to start the account creation and application process, you should know that the SHOP Marketplace on HealthCare.gov will collect the following information on your application:

- E-mail (required)
- Username (required)
- Password (required)
- Answers to three security questions (required)
- First name (required)
- Last name (required)
- Physical address (i.e., street name, apartment number, city, state, and ZIP code) (required)
- Date of birth (required)
- Phone number (required)

- Employer contact information (required)
- Middle name
- Suffix (e.g., Jr., III)
- Mailing address
- Information for dependents, if applicable

Catie: Okay, I can enter this information now. Is that all I have to provide?

SHOP Marketplace Assistance

Assisting the SHOP Marketplace Qualified Employee with the Application Process

Exit

Page 10 of 19

Verifying Qualified Employee Identity

Eda: Almost. When you set up your account, you'll be asked to complete the identity validation process by answering a series of real-time questions. The personally identifiable information, or PII, you'll enter and your answers to the system's questions will be used to confirm your identity.

These questions are the same types of questions that may be used when consumers apply for a loan, request a copy of their credit report, or create an account to view their Social Security statement.

They're based on information available in public records, and may include items like previous addresses, phone numbers, or financial institutions where you have a loan. Once this information is validated by the SHOP Marketplace on HealthCare.gov, your account will become active. Follow the system prompts to complete the identity validation process.

Catie: Sure, I can answer the verification questions now.



Menu Help Glossary Resources

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Verifying Qualified Employee Identity

Eda: Almost. When you set up your account, you'll be asked to complete the identity validation process by answering a series of real-time questions. The personally identifiable information, or PII, you'll enter and your answers to the system's questions will be used to confirm your identity.

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Catie: Sure, I can answer the verification questions now.

The screenshot shows a knowledge check section titled "Assisting the SHOP Marketplace Qualified Employee with the Application Process". It includes a "Knowledge Check" heading, a text block about Catie's account status, a question asking to select all applicable items, a list of four options with checkboxes, a "Check Your Answer" button, and navigation links at the bottom.

Knowledge Check

Catie is about to complete her online account and has provided her first and last name, username and password, e-mail, employer contact information, physical address, and phone number. She realizes she still has to submit the following information:

Select **all that apply** and then click **Check Your Answer**.

A. Answers to three security questions
 B. Her spouse's employer information
 C. Her full mailing address
 D. Her date of birth

Check Your Answer

Complete the Knowledge Check to enable NEXT button

Menu Help Glossary Resources < BACK NEXT >

Knowledge Check

Catie is about to complete her online account and has provided her first and last name, username and password, e-mail, employer contact information, physical address, and phone number. She realizes she still has to submit the following information:

Select **all that apply**.

- A. Answers to three security questions
- B. Her spouse's employer information
- C. Her full mailing address
- D. Her date of birth

Feedback: The correct answers are A, C, and D. Answers to three security questions, her mailing address, and her date of birth are included in Catie's application information. Catie isn't required to submit her spouse's employer information..

SHOP Marketplace Assistance

Assisting the SHOP Marketplace Qualified Employee with the Application Process

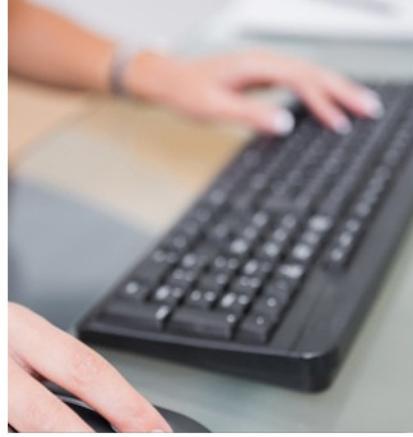
Page 12 of 19

Completing the Eligibility Application

Eda: Okay, Catie, once you've created your account and verified your identity, the next step is to fill out the eligibility application through your new account. The system will prompt you to complete required data fields.

Catie: I think I understand. How will the SHOP Marketplace on HealthCare.gov verify my information?

Eda: Unlike the Health Insurance Marketplace for Individuals and Families the SHOP Marketplace doesn't access any external federal databases to make eligibility determinations for qualified employees. If you're listed on the roster submitted by your employer, you'll be determined eligible and assigned a unique identification code that you'll need to enroll into a QHP through the SHOP Marketplace.



Menu Help Glossary Resources < BACK NEXT >

Completing the Eligibility Application

Eda: Okay, Catie, once you've created your account and verified your identity, the next step is to fill out the eligibility application through your new account. The system will prompt you to complete required data fields.

Catie: I think I understand. How will the SHOP Marketplace on HealthCare.gov verify my information?

Eda: Unlike the Health Insurance Marketplace for Individuals and Families the SHOP Marketplace doesn't access any external federal databases to make eligibility determinations for qualified employees. If you're listed on the roster submitted by your employer, you'll be determined eligible and assigned a unique identification code that you'll need to enroll into a QHP through the SHOP Marketplace.

SHOP Marketplace Assistance

Assisting the SHOP Marketplace Qualified Employee with the Application Process

Employees Determined Ineligible to Participate in the SHOP Marketplace

Catie asks Eda about her eligibility to enroll in coverage through the SHOP Marketplace.

[Text Description of Image or Animation](#)

Click through the activity to enable the NEXT button

Menu Help Glossary Resources < BACK **NEXT >**

Employees Determined Ineligible to Participate in the SHOP Marketplace

Catie asks Eda about her eligibility to enroll in coverage through the SHOP Marketplace.

Catie: What if I'm determined ineligible for participation in the SHOP Marketplace on HealthCare.gov?

Eda: The SHOP Marketplace may find you ineligible if:

- You weren't included on your employer's roster of qualified employees
- The identification code you were assigned can't link you to your employer's offer of coverage
- Your employer reported a change to your employment status that affects your eligibility. (For example, this could happen if your employer doesn't offer health coverage to part-time employees and your status was changed to part-time.)

Catie: Yikes, I hope my employer submitted all of the correct information for me!

Eda: Don't worry, even if you're found ineligible initially, you do have options if you think your ineligibility is due to an error. I can help you:

- Update your account information
- Learn how to request an eligibility appeal by:
 - Calling 1-800-706-7893
 - Completing the SHOP appeal request form and mailing it to the SHOP Marketplace at:

Health Insurance Marketplace
465 Industrial Blvd.
London, KY 40750-0001

The screenshot shows a knowledge check section titled "Assisting the SHOP Marketplace Qualified Employee with the Application Process". It includes a question about Howard's eligibility application, a list of four multiple-choice options, and a "Check Your Answer" button. The page also features navigation buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Knowledge Check

Howard is a qualified employee listed on his employer's employee roster. He submitted an eligibility application through the SHOP Marketplace on HealthCare.gov, but got a notice saying he's ineligible for his employer's qualified health plan (QHP).

How can Eda help Howard with his eligibility application so he can get coverage?

Select all that apply and then click **Check Your Answer**.

A. Eda can help Howard double check that he's submitted all necessary information and supporting documents to the SHOP Marketplace on HealthCare.gov.

B. Eda can help Howard check that his personal information is accurate and up-to-date in his online account and eligibility application.

C. Eda can tell Howard that there's nothing she can do about his eligibility determination.

D. Eda can tell Howard that he can request an eligibility appeal through the Federally-facilitated SHOP Marketplace if he's unhappy with the eligibility determination.

Check Your Answer

Complete the Knowledge Check to enable NEXT button

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Knowledge Check

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How can Eda help Howard with his eligibility application so he can get coverage?

Select all that apply.

- A. Eda can help Howard double check that he's submitted all necessary information and supporting documents to the SHOP Marketplace on HealthCare.gov.
- B. Eda can help Howard check that his personal information is accurate and up-to-date in his online account and eligibility application.
- C. Eda can tell Howard that there's nothing she can do about his eligibility determination.
- D. Eda can tell Howard that he can request an eligibility appeal through the Federally-facilitated SHOP Marketplace if he's unhappy with the eligibility determination.

Feedback: The correct answers are A, B, and D. Eda can help Howard make sure he submitted a complete eligibility application with all of the appropriate documents and help him double-check that his personal information is accurate and up-to-date in his online account. If he's unhappy with his eligibility determination, Howard can request an eligibility appeal through the SHOP Marketplace.

SHOP Marketplace Assistance

Assisting the SHOP Marketplace Qualified Employee with the Application Process

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Receiving an Eligibility Determination

After getting her eligibility determination, Catie discusses it with Eda to help her understand what it means.

Catie: Hello Eda! I got my eligibility determination and I'd like you to help me understand what it means.

Eda: Sure! There are a few key things we should look at:

- Make sure your name is listed as a qualified employee.
- Review your eligibility summary page.
- Figure out what the deadline is for enrolling in coverage.
- Assess whether the cost of an employer-based QHP offered through the SHOP Marketplace meets your budget.

Remember, coverage is considered "unaffordable" if the premium for the lowest cost self-only plan offered by your employer -- a plan that covers only you (the employee), and not your family members -- is more than 9.66% of your adjusted gross household income for your household. If the employer-based plan is unaffordable by this definition, you may qualify for the premium tax credit and cost-sharing reductions if you purchase coverage through the Health Insurance Marketplacesm for Individuals and Families.



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Receiving an Eligibility Determination

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sharing reductions if you purchase coverage through the Health Insurance Marketplacesm for Individuals and Families.

SHOP Marketplace Assistance

Assisting the SHOP Marketplace Qualified Employee with the Application Process

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Submitting Premium Payments

Next, Catie asks Eda about her premium contributions. Eda explains that qualified employee premium contributions are generally deducted from qualified employees' paychecks to cover their share of the cost of health coverage. The employer might also contribute to the cost of premiums.

Catie: Eda, what should I know about premium contributions?

Eda: Here's what's important to know:

- Premiums for qualified employees can vary based on age, geographic location of their employer, family size, and tobacco use.
- Employers participating in one or more SHOP Marketplace are responsible for making a single payment (per each state) to the SHOP Marketplace for the full premium cost of the coverage they offer through the SHOP Marketplaces. The SHOP Marketplaces will remit this payment to the individual insurance companies. This is known as premium aggregation.

In all cases, your employer will collect your portion of the premium payment and will make the full premium payment to the SHOP Marketplace. You therefore do not have to make any payments to the SHOP Marketplace.



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The screenshot shows a knowledge check interface titled "Assisting the SHOP Marketplace Qualified Employee with the Application Process". The page header includes "Exit" and "Page 17 of 19". The main content area is titled "Knowledge Check" and contains the following text: "You've reviewed Catie's eligibility determination with her, and it turns out she's eligible to enroll in the qualified health plan (QHP) offered by her employer. Based on your initial meeting with Catie, you also know that her employer's plan is considered affordable and meets minimum value standards." Below this is a question: "Which one of the following statements is the best way to proceed with helping Catie?". It asks to select the correct answer and click "Check Your Answer". A list of four options follows:

- A. Tell Catie to apply for an exemption from getting health coverage.
- B. Tell Catie that, to enroll in her employer's plan, she must submit her SHOP Marketplace application on Healthcare.gov to enroll in coverage during the initial enrollment window set by her employer.
- C. Review and compare the QHPs available across all categories of Marketplace coverage to help Catie make a selection.
- D. Tell Catie she may qualify for programs to lower the costs of her premiums if she enrolls in a QHP through the Individual Marketplace.

A blue button labeled "Check Your Answer" is visible. At the bottom, a note says "Complete the Knowledge Check to enable NEXT button". Navigation buttons include "Menu", "Help", "Glossary", "Resources", "< BACK", and "NEXT >".

Knowledge Check

You've reviewed Catie's eligibility determination with her, and it turns out she's eligible to enroll in the qualified health plan (QHP) offered by her employer. Based on your initial meeting with Catie, you also know that her employer's plan is considered affordable and meets minimum value standards.

Which one of the following statements is the best way to proceed with helping Catie?

Select the correct answer.

- A. Tell Catie to apply for an exemption from getting health coverage.
- B. Tell Catie that, to enroll in her employer's plan, she must submit her Marketplace application and enroll in coverage during the initial enrollment window set by her employer.
- C. Review and compare the QHPs available across all categories of Marketplace coverage to help Catie make a selection.
- D. Tell Catie she may qualify for programs to lower the costs of her premiums if she enrolls in a QHP through the Individual Marketplace.

Feedback: The correct answer is B. Catie must submit her SHOP Marketplace application on HealthCare.gov to enroll in coverage during the initial enrollment window set by her employer. She may only have one QHP option in the SHOP Marketplace, depending on whether her employer offers employee choice. Her employer's plan is considered affordable, so she won't qualify for programs to lower her health care costs if she declines her employer coverage and elects to enroll in a plan through the Health Insurance Marketplace for Individuals and Families instead.

SHOP Marketplace Assistance

Assisting the SHOP Marketplace Qualified Employee with the Application Process

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Special Enrollment Periods (SEPs)

Eda provides information to Catie about Special Enrollment Periods (SEPs).

CLOSE

Text Description of Image or Animation

Click through the activity to enable the NEXT button

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Special Enrollment Periods (SEPs)

Eda provides information to Catie about special enrollment periods (SEPs).

Catie: Thanks for your help. If I decide not to enroll before the end of the initial enrollment period, can I change my mind later?

Eda: Generally, no. You'll have to wait until the next employee open enrollment period, which will typically occur near the end of your employer's plan year. Unless, of course, you have a life event like a marriage, birth of a child, or adoption that may qualify you for a special enrollment period, even if you've already missed the initial open enrollment period.

Catie: Thanks for your help. I'll make my decision soon. Now that I know I'm eligible, is

Eda: Catie, you should know there may be circumstances that could affect your eligibility for health coverage. For example, if your employment status changes, it can trigger a change in health coverage options. For you to maintain health coverage

through the SHOP Marketplace, you must continue to be listed on your employer's roster of eligible employees.

Catie: Who should I inform if I have a change that I think could affect my eligibility for health coverage through a SHOP Marketplace?

Eda: You should inform your employer.

Catie: This is very helpful. Thank you.

The screenshot shows a course completion page for the "SHOP Marketplace Assistance" course. At the top, it says "Assisting the SHOP Marketplace Qualified Employee with the Application Process" and "Page 19 of 19". On the right, there is an "Exit" link. Below this, a large box contains the heading "Key Points" followed by a bulleted list of requirements for employers. At the bottom of the box, it says "You've successfully completed this course." and provides instructions for exiting or taking the exam. Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", and a "BACK" button.

Key Points

- Employers in all states have the option to offer employees a choice of all available plans at a level of coverage selected by the employer. For plan years beginning on or after January 1, 2017, employers in many states can also offer their employees a choice of plans, by health insurance company. This means, the employer will select one health insurance company, and employees will be able to pick any plan offered by that insurance company, across all coverage levels.
- If a QHP offered by an employer is considered unaffordable (employees' contributions to pay for the lowest cost self-only plan are more than 9.66% of their annual adjusted gross household income), then employees may be eligible for programs to help lower their costs through Health Insurance Marketplace™ for Individuals and Families.
- Employees won't qualify for programs to help lower costs in the Health Insurance Marketplace™ for Individuals and Families if the coverage offered by their employer is considered affordable.
- If employers offer their qualified employees health coverage through the SHOP Marketplace on HealthCare.gov, the qualified employees must create an account on HealthCare.gov to view, accept or waive their employer's offer of SHOP Marketplace coverage.

You've successfully completed this course.

Click **EXIT** to leave the course and take the SHOP Marketplace Assistance exam. Once you've started an exam, you must complete it. If you need to stop and return to it later, your progress won't be saved. You'll need to start the exam over from the beginning.

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Key Points

- Employers in all states have the option to offer employees a choice of all available plans at a level of coverage selected by the employer. For plan years beginning on or after January 1, 2017, employers in many states can also offer their employees a choice of plans, by health insurance company. This means, the employer will select one health insurance company, and employees will be able to pick any plan offered by that insurance company, across all coverage levels.
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- If employers offer their qualified employees health coverage through the SHOP Marketplace on HealthCare.gov, the qualified employees must create an account on

HealthCare.gov to view, accept or waive their employer's offer of SHOP Marketplace coverage.

You've successfully completed this course.

SHOP Marketplace Assistance Resources

SHOP Full-time Equivalent Employee (FTE) Calculator

A tool that helps small employers determine how many full-time equivalent employees to record when applying for coverage through the SHOP Marketplace.

<https://www.healthcare.gov/fte-calculator/>

Small Business Health Care Tax Credit Estimator

A tool that helps small employers estimate the amount of small business health care tax credit they may be eligible for if they provide health coverage to their eligible employees through the SHOP Marketplace.

<https://www.healthcare.gov/shop-calculators-taxcredit/>

SHOP Marketplace Plan Selection Tools

A tool that helps estimate the premium costs for plans offered through the SHOP Marketplace in a particular state.

<https://www.healthcare.gov/find-premium-estimates/>

What You Need to Know About the Small Business Health Care Tax Credit

Detailed information for small employers interested in offering coverage through the SHOP Marketplace and qualifying for the small business health care tax credit.

<https://www.irs.gov/Affordable-Care-Act/Employers/Small-Business-Health-Care-Tax-Credit-and-the-SHOP-Marketplace>