

Federally-facilitated Marketplace Assister Curriculum: Affordable Care Act Basics

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Center for Consumer Information & Insurance
Oversight

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Affordable Care Act Basics Course

Course Introduction Module

The screenshot shows a course introduction module titled "Affordable Care Act Basics". The main content area displays a welcome message: "WELCOME TO THE AFFORDABLE CARE ACT BASICS COURSE". Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", and "NEXT >". A text link "Text Description of Image or Animation" is located near the bottom left of the main content area.

Course Title

Welcome to the Affordable Care Act Basics Course

The screenshot shows a web-based course introduction for 'Affordable Care Act Basics'. At the top, it says 'Course Introduction' and 'Page 2 of 3'. On the right, there's an 'Exit' link. Below that, the title 'Affordable Care Act Basics' is displayed. A 'Course Overview' section starts with a welcome message: 'Welcome to the course on the Affordable Care Act Basics! This course provides you with an overview of the Affordable Care Act, including its major features and provisions.' It then lists what the course includes: 'The course includes information on:' followed by a bulleted list: '• The Affordable Care Act
• Consumer rights and protections
• Medicaid expansion
• The Health Insurance MarketplaceSM
• Responsibilities of consumers, including individuals and employers'. It continues with a note about the term 'you': 'In this lesson, "you" refers to the following types of assisters:' followed by another bulleted list: '• 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.' A note at the bottom states: 'Note: In some cases, "you" is also used to refer to a consumer, but it should be clear when this is the intended meaning.' Below this, it says: 'This lesson is not a required lesson for certified application counselors in the Federally-facilitated Marketplace or State Partnership Marketplaces. However, the basic health insurance information included in this lesson will be useful for certified application counselors to know as they help consumers enroll in health coverage through the Marketplace. This course concludes with an exam.' At the bottom, there are links for 'Menu', 'Help', 'Glossary', 'Resources', and navigation buttons: '< BACK' and 'NEXT >'.

Course Overview

Welcome to the course on the Affordable Care Act Basics! This course provides you with an overview of the Affordable Care Act, including its major features and provisions.

The course includes information on:

- The Affordable Care Act
- Consumer rights and protections
- Medicaid expansion
- The Health Insurance MarketplaceSM
- Responsibilities of consumers, including individuals and employers

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

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

This lesson is not a required lesson for certified application counselors in the Federally-facilitated Marketplace or State Partnership Marketplaces. However, the basic health insurance information included in this lesson will be useful for certified application counselors to know as they help consumers enroll in health coverage through the Marketplace. This course concludes with an exam.

Overview and Goals Module

Affordable Care Act Basics

[Overview and Goals](#) Exit

Introduction

To help consumers understand their options and responsibilities in the Marketplace, you must understand and be able to respond to questions about the Affordable Care Act, such as:

- What's the Affordable Care Act?
- How does the Affordable Care Act help me?
- Where can I learn more about the Affordable Care Act if I need additional information?

This training will provide you with the skills to:

- Identify key features of the Affordable Care Act
- Recognize how the Affordable Care Act helps consumers

Click **NEXT** to continue.

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Introduction

To help consumers understand their options and responsibilities in the Marketplace, you must understand and be able to respond to questions about the Affordable Care Act, such as:

- What's the Affordable Care Act?
- How does the Affordable Care Act help me?
- Where can I learn more about the Affordable Care Act if I need additional information?

This training will provide you with the skills to:

- Identify key features of the Affordable Care Act
- Recognize how the Affordable Care Act helps consumers

Affordable Care Act Basics

Exit

Overview and Goals

Page 2 of 10

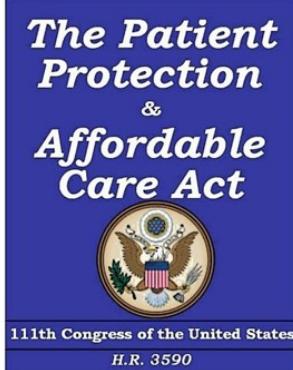
Major Provisions of the Affordable Care Act

Congress enacted the Patient Protection and Affordable Care Act on March 23, 2010, and the Health Care and Education Reconciliation Act of 2010 on March 31, 2010. Together, these two laws are referred to as the Affordable Care Act.

The Affordable Care Act increases consumers' access to, and use of, health coverage.

The law also provides:

- Options for consumers — including individuals, families, small employers, and their employees — to buy health coverage
- Consumer protections that help people get coverage, even if they're sick



111th Congress of the United States
H.R. 3590

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- Consumer protections that help people get coverage, even if they're sick.

Affordable Care Act Basics

Overview and Goals

Features and Consumer Protections of the Affordable Care Act

The Affordable Care Act provides coverage options, gives consumers the tools they need to make informed choices about their health care coverage, and puts strong consumer protections in place that make coverage fairer and easier to understand.

Under the Affordable Care Act, consumers, are generally able to:

- Get coverage of certain preventive services, at no additional cost
- Get health coverage regardless of pre-existing conditions
- Renew the policy regardless of health status
- Access health coverage through the Marketplace
 - Open Enrollment for plan year 2017 begins November 1, 2016, and coverage can begin as soon as January 1, 2017 (for consumers who enroll by December 15, 2016), for eligible individuals and employees
- Keep their health coverage under a parent's health plan up to age 26, as long as the plan covers dependent children

Major features of the Affordable Care Act require most health insurance companies and the plans they offer to:

- Help consumers understand their health coverage benefits and financial responsibilities
- Refrain from terminating health coverage after they've already agreed to cover consumers, as long as any premiums are paid, unless certain exceptions apply
- Offer a core comprehensive set of benefits known as essential health benefits (EHB).
- Prohibit annual and lifetime dollar limits on coverage of EHB.

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

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Features and Consumer Protections of the Affordable Care Act

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Definition of Open Enrollment

Marketplace Open Enrollment is the period of time during which eligible consumers can enroll in a qualified health plan (QHP). For coverage starting in 2017, the Open Enrollment period is November 1, 2016 – January 31, 2017. Consumers may also qualify for special enrollment periods (SEPs) outside of Open Enrollment, if they experience certain life events.

*Note: Consumers may apply for, and be found eligible for, Medicaid and the Children's Health Insurance Program (CHIP) at any time of the year. For small employers and their employees applying for Small Business Health Options Program (SHOP) Marketplace coverage, the employer determines the group's annual Open Enrollment period, and the employer can begin offering coverage at any point throughout the year.

The screenshot shows a web-based knowledge check interface. At the top, a blue header bar reads "Affordable Care Act Basics". On the right side of the header are "Exit" and "Page 4 of 10" buttons. Below the header is a dark blue navigation bar with "Overview and Goals" on the left and "Knowledge Check" on the right. The main content area has a white background. It starts with a question: "Susan, a freelance beautician, came to you to find out how the Affordable Care Act can help her enroll in health coverage." Below the question is a bolded heading "Which of the following do you tell her?". A note below the heading says "Select all that apply and then click Check Your Answer." To the right of this note is a list of four multiple-choice options, each preceded by a checkbox:

- A. The Affordable Care Act may give Susan access to health coverage through the Marketplace, if she is eligible.
- B. The Affordable Care Act provides Susan with consumer protections and health coverage options.
- C. The Affordable Care Act requires plans to charge for all preventive services.
- D. Susan can only sign up for health coverage through the Marketplace during the Open Enrollment period, even if she experiences a qualifying life event.

At the bottom of the content area is a blue button labeled "Check Your Answer". Below the content area is a thin blue footer bar containing links for "Menu", "Help", "Glossary", and "Resources". On the right side of the footer are "BACK" and "NEXT" buttons.

Knowledge Check

Susan, a freelance beautician, came to you to find out how the Affordable Care Act can help her enroll in health coverage.

Which of the following do you tell her?

Select all that apply.

- A. The Affordable Care Act may give Susan access to health coverage through the Marketplace, if she is eligible.
- B. The Affordable Care Act provides Susan with consumer protections and health coverage options.
- C. The Affordable Care Act requires plans to charge for all preventive services.
- D. Susan can only sign up for health coverage through the Marketplace during the Open Enrollment period, even if she experiences a qualifying life event.

Feedback: The correct answers are A and B. The Affordable Care Act provides consumers with protections and coverage options, access to coverage of certain preventive health services at no additional cost, and, for those who are eligible, a way to enroll in health coverage through the Marketplaces. Marketplace plans generally must offer a core comprehensive set of benefits. For Marketplace coverage starting in 2017, Open Enrollment is November 1, 2016 – January 31, 2017. Individuals may qualify for special enrollment periods (SEPs) if they experience certain life-changing events.

Affordable Care Act Basics

Exit

Overview and Goals Page 5 of 10

Features and Consumer Protections of the Affordable Care Act

The Affordable Care Act increases access to health coverage for consumers through:

(Select each item below for more information.)

[Coverage of certain preventive services, at no additional cost](#)

[Health coverage regardless of pre-existing conditions](#)

[Access to health coverage through Medicaid and the Marketplace, including through the Small Business Health Options Program \(SHOP\) Marketplace](#)

[Health insurance coverage for young adults up to age 26 under a parent's plan, if that plan offers dependent coverage](#)



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

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Features and Consumer Protections of the Affordable Care Act

The Affordable Care Act increases access to health coverage for consumers through:

Coverage of certain preventive services, at no additional out-of-pocket cost

Previously, in order to get common preventive health care services, consumers with health coverage generally paid a copayment (a fixed amount — for example, \$15 — that can vary by the type of service) or other cost sharing for covered health care services. Now, most health plans, whether offered inside or outside of the Marketplace, must cover certain recommended preventive services, such as annual physicals, vaccines, and mammograms, at no additional cost to consumers.

Health insurance coverage regardless of pre-existing conditions

Previously, federal law didn't prohibit health insurance companies from denying health insurance coverage to consumers based on pre-existing conditions. Pre-existing conditions are health problems (e.g., diabetes or cancer) that consumers had before the date their health insurance coverage started. The Affordable Care Act guarantees that consumers with pre-existing conditions, like diabetes or cancer, can't be sold health insurance coverage that excludes coverage of those conditions just because they are pre-existing conditions.

Access to health coverage through Medicaid and the Marketplace, including through the Small Business Health Options Program (SHOP) Marketplace

The Affordable Care Act expands Medicaid to consumers with incomes below 133% of the federal poverty level (FPL). (Because of the way this is calculated, it turns out to be 138% of the federal poverty level. A few states use a different income limit.) Not all states have implemented the Medicaid expansion to date.

The Marketplaces are a way to find, apply for, and get health coverage that best fits consumers' needs and budgets. Depending on consumers' income and other eligibility factors, health coverage through a Marketplace may be available at a reduced cost.

Similarly, the SHOP Marketplaces help qualified small employers provide health insurance coverage to their employees, former employees, and dependents of employees and former employees. Certain small employers might qualify for the Small Business Health Care Tax Credit if their employees enroll in insurance offered through a SHOP Marketplace.

Health insurance coverage for young adults up to age 26 under a parent's plan, if that plan offers dependent coverage

Previously, states could limit how long young adults were allowed to remain enrolled in health insurance coverage through their parents' health plans. The Affordable Care Act changes this by allowing children up to age 26 to stay on their parents' health plan, if the plan includes coverage for dependent children.

Affordable Care Act Basics

Exit

Overview and Goals Page 6 of 10

Features and Consumer Protections of the Affordable Care Act (cont.)

The Affordable Care Act protects consumers by changing requirements for health insurance companies.

Health insurance companies must:

(Select each item below for more information.)

[Help consumers understand their health insurance coverage](#)

[Provide coverage to consumers regardless of pre-existing conditions](#)

[Refrain from canceling consumers' health insurance coverage unless an exception applies](#)

[Offer a core comprehensive set of benefits known as essential health benefits \(EHB\)](#)

[Prohibit annual and lifetime dollar limits on coverage of essential health benefits \(EHB\)](#)

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

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Features and Consumer Protections of the Affordable Care Act (cont.)

The Affordable Care Act protects consumers by changing requirements for health insurance companies.

Health insurance companies must:

Help consumers understand their health insurance coverage

Previously, health insurance companies weren't required by federal law to explain the benefits and cost of coverage to consumers in ways that were clear and easy to understand. Health insurance companies are now required to provide clear, consistent, and comparable information about consumers' health benefits and coverage through the Summary of Benefits and Coverage form.

The Summary of Benefits and Coverage form for each plan allows consumers to compare plans easily, because they're written and presented in a standard format and use basic terms. Health insurance companies must also provide consumers with a uniform glossary of commonly used terms.

Provide coverage to consumers regardless of pre-existing conditions

Pre-existing conditions are medical conditions (such as asthma, back pain, diabetes, or cancer) that consumers had before coverage became effective. Insurance companies can no longer refuse to sell coverage or charge more for that coverage because of pre-existing conditions.

Refrain from canceling consumers' health insurance coverage unless an exception applies

Previously, federal law didn't prohibit health insurance companies from retroactively canceling consumers' health insurance coverage because of mistakes on their applications. Under the Affordable Care Act, insurers can only retroactively cancel consumers' health insurance coverage for fraud, or if they made an intentional misrepresentation of material fact.

Offer a core comprehensive set of benefits known as essential health benefits (EHB)

Previously, health insurance companies could sell health plans with different sets of benefits. Now, nearly all health insurance plans sold to individuals or small employers must cover a core comprehensive package of items and services known as Essential Health Benefits, or EHB.

Prohibit annual and lifetime dollar limits on coverage of essential health benefits (EHB)

Previously, federal law didn't prohibit health insurance companies from putting lifetime or annual dollar limits on the benefits they covered under their plans. Lifetime limits were dollar limits on what plans would pay for covered benefits during the entire time consumers were enrolled in the plans. Annual limits were dollar limits on what the plans would pay for covered benefits over the course of the plan year. After the specified annual or lifetime dollar limit was reached, plans would no longer pay for covered services. Now, health insurance companies generally can't set dollar limits on what they spend for coverage of EHB, either during the course of the plan year or over the entire period of time that consumers are enrolled in the plans. Health insurance companies can still put lifetime or annual dollar limits on what they spend on covered benefits that aren't part of EHB.

Affordable Care Act Basics

Overview and Goals

Common Misconceptions about the Affordable Care Act

There are some common misconceptions about the Affordable Care Act. To set the record straight, you should be able to provide consumers with accurate information to clarify that:

- The Affordable Care Act doesn't reduce Medicare benefits, but it does make prescription drug coverage for Medicare beneficiaries more affordable.
- The Affordable Care Act doesn't affect all employers, but it does set new requirements for many employers to offer health insurance coverage to their full-time employees and their dependents.
- The Affordable Care Act requires most individuals to have minimum essential coverage (MEC) or pay a fee, but it also offers consumer protections and makes coverage more affordable for eligible consumers through premium tax credits and cost-sharing reductions, which are based on household income and family size.

Exit

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Common Misconceptions about the Affordable Care Act

There are some common misconceptions about the Affordable Care Act. To set the record straight, you should be able to provide consumers with accurate information to clarify that:

- The Affordable Care Act doesn't reduce Medicare benefits, but it does make prescription drug coverage for Medicare beneficiaries more affordable.
- The Affordable Care Act doesn't affect all employers, but it does set new requirements for many employers to offer health insurance coverage to their full-time employees and their dependents.
- The Affordable Care Act requires most individuals to have minimum essential coverage (MEC) or pay a fee, but it also offers consumer protections and makes coverage more affordable for eligible consumers through premium tax credits and cost-sharing reductions, which are based on household income and family size.

The screenshot shows a web-based knowledge check for the Affordable Care Act Basics. At the top, it says "Affordable Care Act Basics" and "Exit". Below that, "Overview and Goals" is on the left and "Page 8 of 10" is on the right. A section titled "Knowledge Check" asks: "Which of the following is NOT a right or protection included in the Affordable Care Act?" It instructs users to select the correct answer and click "Check Your Answer". Below this, there is a list of four options (A, B, C, D) each preceded by a radio button. At the bottom of the main content area is a blue button labeled "Check Your Answer". Below the main content area, a note says "Complete the Knowledge Check to enable NEXT button". At the very bottom are links for "Menu", "Help", "Glossary", and "Resources", along with "BACK" and "NEXT" buttons.

Affordable Care Act Basics

Exit

Overview and Goals

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Knowledge Check

The Affordable Care Act provides consumers with several rights and protections.

Which of the following is NOT a right or protection included in the Affordable Care Act?

Select the **correct answer**.

A. Health plans may not refuse to sell coverage to consumers because they have pre-existing conditions.
B. Children may be covered under their parents' plan only up to age 18.
C. Qualified health plans (QHPs) may not impose lifetime dollar limits on what they spend on coverage for essential health benefits (EHB).
D. Most health plans must cover certain preventive health services at no additional charge.

Check Your Answer

Complete the Knowledge Check to enable NEXT button

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Knowledge Check

The Affordable Care Act provides consumers with several rights and protections.

Which of the following is NOT a right or protection included in the Affordable Care Act?

Select the **correct answer**.

- A. Health plans may not refuse to sell coverage to consumers because they have pre-existing conditions.
- B. Children may be covered under their parents' plan only up to age 18.
- C. Qualified health plans (QHPs) may not impose lifetime dollar limits on what they spend on coverage for essential health benefits (EHB).
- D. Most health plans must cover certain preventive health services at no additional charge.

Feedback: The correct answer is B. Under the Affordable Care Act, consumers who have pre-existing conditions can't be sold health insurance coverage that excludes their pre-existing conditions. The Affordable Care Act also prohibits most health plans from setting either annual or lifetime dollar limits on what they spend for coverage of EHB. In addition, the law requires most health plans to cover certain preventive health services at no additional charge to consumers. The Affordable Care Act requires most plans that offer dependent coverage to allow children or dependents to be covered under their parents' plans up to age 26.

The screenshot shows a training module titled "Affordable Care Act Basics". The main content area is titled "Available Resources". It contains text about trusted websites for learning about the Affordable Care Act and the Marketplace, a link to HealthCare.gov, and a bulleted list of topics covered by HealthCare.gov. To the right, there is a preview of the HealthCare.gov website with sections for Small Businesses and Individuals & Families, along with their respective phone numbers. Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Available Resources

There are trusted websites that you and consumers can visit to learn more about the Affordable Care Act and the Marketplace.

[HealthCare.gov](#) is designed to educate consumers and provide information on the following topics:

- Types of health coverage available to consumers
- Preventive services that many health insurance companies are required to cover at no additional cost
- Consumer protections and benefits

The websites provided in the "Resources" section of this training are trusted sites that you can reference when helping consumers. CMS is offering this link for informational purposes only, and this fact should not be construed as an endorsement of the host organization's programs or activities.

Affordable Care Act Basics

Exit

Overview and Goals

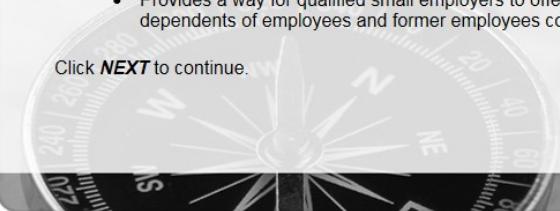
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Key Points

The Affordable Care Act:

- Gives consumers the tools they need to make informed choices about their health coverage
- Provides consumer protections and coverage options
- Provides a way for qualified individual consumers to get health insurance coverage through the Marketplace
- Provides a way for eligible individual consumers in some states to get health coverage through Medicaid
- Provides a way for qualified small employers to offer their employees, former employees, and dependents of employees and former employees coverage through the SHOP Marketplace

Click **NEXT** to continue.



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Key Points

The Affordable Care Act:

- Gives consumers the tools they need to make informed choices about their health coverage
- Provides consumer protections and coverage options
- Provides a way for qualified individual consumers to get health insurance coverage through the Marketplace
- Provides a way for eligible individual consumers in some states to get health coverage through Medicaid
- Provides a way for qualified small employers to offer their employees, former employees, and dependents of employees and former employees coverage through the SHOP Marketplace

Major Provisions of the Affordable Care Act Module

The screenshot shows a training module titled "Affordable Care Act Basics". At the top right are "Exit" and "Page 1 of 17" buttons. Below the title is a sub-section header "Major Provisions of the Affordable Care Act" and its sub-section "Introduction to Major Provisions of the Affordable Care Act". A descriptive text states: "You're responsible for explaining to consumers how the Affordable Care Act expands their access to affordable health coverage and adds additional consumer protections." It also says: "This training will provide you with the skills to:" followed by a bulleted list: "• List the major provisions of the Affordable Care Act", "• Identify the provisions in the Affordable Care Act that can help eligible consumers lower their health coverage costs", and "• Describe how consumers can qualify for exemptions from the individual shared responsibility payment". At the bottom are "Menu", "Help", "Glossary", and "Resources" buttons, along with navigation arrows for "BACK" and "NEXT".

Introduction to Major Provisions of the Affordable Care Act

You're responsible for explaining to consumers how the Affordable Care Act expands their access to affordable health coverage and adds additional consumer protections.

This training will provide you with the skills to:

- List the major provisions of the Affordable Care Act
- Identify the provisions in the Affordable Care Act that can help eligible consumers lower their health coverage costs
- Describe how consumers can qualify for exemptions from the individual shared responsibility payment

Affordable Care Act Basics

Major Provisions of the Affordable Care Act

The Affordable Care Act includes provisions that help consumers access affordable health coverage. The law establishes the Marketplace, where eligible consumers and small employers can purchase health insurance coverage.

This training provides details on some of the provisions of the Affordable Care Act, including:

- The [Marketplace](#)
- Medicaid expansion
- Responsibilities of consumers, including individuals and employers



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

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Major Provisions of the Affordable Care Act

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This training provides details on some of the provisions of the Affordable Care Act, including:

- The Marketplace
- Medicaid expansion
- Responsibilities of consumers, including individuals and employers

Marketplace

To be eligible for health insurance coverage through a Marketplace, consumers:

- Must live in the United States (U.S.) (in a state served by the Marketplace where they are applying)
- Must be a U.S. citizen or U.S. national (or be lawfully present)
- Can't be [incarcerated](#) (other than pending disposition of charges)

Learn about [eligible immigration statuses](#).

The screenshot shows a web-based curriculum titled "Affordable Care Act Basics". The main title is at the top left, and there's an "Exit" link at the top right. Below the title, a header bar includes "Major Provisions of the Affordable Care Act" on the left and "Page 3 of 17" on the right. The main content area is titled "Description of the Medicaid Expansion". It contains several paragraphs of text explaining how the Affordable Care Act aims to increase health coverage by expanding Medicaid to low-income non-disabled, non-elderly adults. It also discusses subsidies for Marketplace plans and consumer resources. At the bottom of the content area, there are links for "Menu", "Help", "Glossary", and "Resources". To the right of the content area, there are navigation buttons: "< BACK" and "NEXT >".

Description of the Medicaid Expansion

The Affordable Care Act aims to increase the number of consumers who have health coverage. To do this, the law gives states new opportunities to expand their Medicaid programs, which generally cover low-income consumers.

In states expanding Medicaid, low-income non-disabled, non-elderly adults, who have household incomes up to 133% of the federal poverty level (FPL), may now qualify for Medicaid. (Because of the way this is calculated, it turns out to be 138% of the federal poverty level. A few states use a different income limit.) FPL is based on consumers' income and family size. In 2016, 138% of the FPL is \$16,394 for an individual and \$33,534 for a family of four.

Consumers with incomes between 100% and 133% of the FPL, who live in states that have yet to expand Medicaid or who have been determined ineligible for Medicaid for other reasons, may be eligible for subsidies to cover the costs of their Marketplace plans.

Consumers in states that have not yet expanded Medicaid with incomes below 100% of the FPL who have been determined ineligible for Medicaid won't be eligible for these subsidies and may remain without coverage and may apply for an exemption from the Individual Shared Responsibility Payment.

If your state has expanded its Medicaid program to cover low-income adults, you can help consumers apply for Medicaid through the Marketplace application process. If your state hasn't expanded Medicaid, consumers may still be eligible for programs to help lower their costs through its Marketplace.

For the latest information on state plans for Medicaid expansion, refer to the "Resources" section.

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Consumers with incomes between 100% and 133% of the FPL, who live in states that have yet to expand Medicaid or who have been determined ineligible for Medicaid for other reasons, may be eligible for subsidies to cover the costs of their Marketplace plans.

Consumers in states that have not yet expanded Medicaid with incomes below 100% of the FPL who have been determined ineligible for Medicaid won't be eligible for these subsidies and may remain without coverage and may apply for an exemption from the Individual Shared Responsibility Payment.

If your state has expanded its Medicaid program to cover low-income adults, you can help consumers apply for Medicaid through the Marketplace application process. If your state hasn't expanded Medicaid, consumers may still be eligible for programs to help lower their costs through its Marketplace.

For the latest information on state plans for Medicaid expansion, refer to the "Resources" section.

Affordable Care Act Basics

Major Provisions of the Affordable Care Act

Description of the Health Insurance MarketplaceSM

One important element of the Affordable Care Act is the establishment of Health Insurance Marketplaces, which:

- Use a single, streamlined application to help consumers shop for health coverage and find out if they're eligible for programs to help lower their costs
- Allow for an apples-to-apples comparisons of [qualified health plans \(QHPs\)](#)

Your responsibilities as an assister include providing fair, accurate, and impartial advice when helping consumers:

- Apply for health coverage through a Marketplace, including QHPs and public coverage programs, such as Medicaid and the Children's Health Insurance Program (CHIP)
- Compare QHPs
- Apply for programs to help lower their costs

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

Menu Help Glossary Resources < BACK [NEXT >](#)



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- Compare QHPs
- Apply for programs to help lower their costs

Definition of Qualified Health Plan

Under the Affordable Care Act, an insurance plan that is certified by a Health Insurance Marketplace is called a QHP and provides essential health benefits, follows established limits on cost sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. QHPs will have a certification by each Marketplace in which they are sold.

The screenshot shows a web-based knowledge check for the Affordable Care Act. At the top, it says "Affordable Care Act Basics". Below that, a header bar includes "Major Provisions of the Affordable Care Act" on the left and "Page 5 of 17" on the right. A blue navigation bar at the bottom has links for "Menu", "Help", "Glossary", and "Resources". On the far right of the navigation bar are "BACK" and "NEXT" buttons. The main content area is titled "Knowledge Check" and contains a scenario about meeting with Easton, a 30-year-old songwriter. It asks which statements are accurate and provides four options (A, B, C, D) with checkboxes. A "Check Your Answer" button is at the bottom left of the content area, and a note says "Complete the Knowledge Check to enable NEXT button".

Knowledge Check

You're meeting with Easton, a 30-year-old songwriter who lives with a roommate in a Medicaid expanded state, has no dependents, and makes \$60,000 a year. Easton is interested in learning more about the Affordable Care Act.

Which of the following are accurate statements that you should tell to Easton about the law and its key provisions?

Select all that apply.

- A. The Affordable Care Act created the Marketplace, which are an easy way for Easton to shop for health coverage.
- B. Easton can apply for health coverage through the Marketplace to find out if he's eligible for programs to lower the costs of his health coverage.
- C. Easton may be eligible for Medicaid if his state expanded its Medicaid program to cover low-income adults.
- D. The Affordable Care Act lets Easton make apples-to-apples comparisons of qualified health plans (QHPs).

Feedback: The correct answers are A, B, and D. Easton can only be eligible for Medicaid if his household income is less than 138% of the federal poverty level (FPL), which is \$16,394 for a household of one in 2016.

Affordable Care Act Basics

Major Provisions of the Affordable Care Act

Page 6 of 17

Lowering Consumers' Health Coverage Costs

When consumers get health coverage through a Marketplace, they may be able to save money on monthly premiums, lower their out-of-pocket costs, or get free or low-cost coverage.

Consumers can save money in a Marketplace in three ways, all of which depend on consumers' household income and family size:

- Consumers may be able to save money on their monthly premiums when they enroll in QHPs through a Marketplace.
- Consumers may also qualify for cost-sharing reductions to lower their out-of-pocket costs for copayments, coinsurance, and deductibles.
- Consumers and/or their children may be eligible for coverage through Medicaid or CHIP.

When consumers fill out their Marketplace application, they can find out how much they can save or whether they qualify for Medicaid or CHIP. Many consumers who apply for coverage through a Marketplace will qualify for some kind of savings.



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Affordable Care Act Basics

Major Provisions of the Affordable Care Act

Premium Tax Credits

In a Marketplace, some consumers may be able to lower the costs of their monthly premiums through advance payments of the premium tax credit.

If consumers apply for programs to lower their costs and meet eligibility requirements when applying for health coverage, they'll immediately see the amount of savings for which they're eligible reflected in the premium costs shown for available QHPs. These are called advance payments of the premium tax credit.

Consumers who receive help lowering their costs of coverage are required to report changes in household income over the course of the year to the Marketplace. Advance payments of the premium tax credit will be reconciled on consumers' federal income tax returns.

Consumers whose household size decreases, or whose income increases over the course of the year and whose income at the end of the tax year is more than what the consumer projected at the time they applied for advance payments of the premium tax credit, may be required to repay the extra advance payment of the tax credit they received when they file their federal income tax return.

Consumers whose household size increases or who have less household income than what the consumer projected at the time they applied for advance payments of the premium tax credit may receive an additional tax credit on their federal income tax return.



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Exit

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The screenshot shows a training module titled "Affordable Care Act Basics". The main content area is titled "Major Provisions of the Affordable Care Act" and specifically focuses on "Premium Tax Credit Calculation". It includes text about income eligibility, a list of tax credit amounts for different household sizes, and a note about lawfully residing immigrants. Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Premium Tax Credit Calculation

The amount consumers are eligible to save through advance payments of the premium tax credit depends on consumers' household income and family size. For example, a family of two with a yearly income of \$35,000 generally would receive a larger premium tax credit than a family of two with a yearly income of \$45,000.

Premium tax credits are available to eligible consumers with household income between 100 - 400% of the FPL. In 2016, this is:

- Up to \$47,080 for an individual
- Up to \$63,720 for a family of two
- Up to \$97,000 for a family of four

Premium tax credits also may be available to lawfully residing immigrants with incomes below 100% of the FPL who aren't eligible for Medicaid because of their immigration status.

More information about premium tax credits is included later in the training.

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The screenshot shows a web-based curriculum page titled "Affordable Care Act Basics". At the top, there's a header bar with "Major Provisions of the Affordable Care Act" on the left and "Page 9 of 17" on the right. Below the header is a section titled "Cost-Sharing Reductions". The text explains that consumers can reduce their out-of-pocket expenses through cost-sharing reductions, which are based on household income and family size. To be eligible, consumers must have a household income between 100% and 250% of the FPL, be eligible for premium tax credits, and enroll in a Silver plan. At the bottom of the page, there's a note: "Click the BLUE link(s) to enable NEXT button". Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "< BACK", and "NEXT >".

Cost-Sharing Reductions

When consumers get coverage through a Marketplace, they may also be able to reduce how much they pay for deductibles, copayments, and coinsurance through cost-sharing reductions.

Similar to premium tax credits, eligibility for cost-sharing reductions is based in part on consumers' household income and family size.

To be eligible for cost-sharing reductions, consumers must:

- Have a household income between 100 - 250% of the FPL
- Be eligible to receive the premium tax credit
- Enroll in a Silver plan through the Marketplace

More Information about the Silver Plan

Silver Plans are designed so that the plan will typically pay an average of 70% of the cost of providing EHB and consumers pay on average 30%, in the form of out-of-pocket expenses such as deductibles, co-payments, or co-insurance.

The screenshot shows a knowledge check section titled "Knowledge Check". The question asks which programs George will likely be eligible for when he submits his application through a Marketplace. The options are A. Premium tax credits, B. Cost-sharing reductions, C. Children's Health Insurance Program (CHIP), and D. Medicaid. A "Check Your Answer" button is present, and 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

George works at a local coffee shop and his employer doesn't offer health insurance. He comes to you to get help applying for health coverage through a Marketplace. He's single with no dependents and currently makes \$20,000 a year (between 150% and 200% of the federal poverty level [FPL]).

Which programs will George likely be eligible for when he submits his application through a Marketplace?

Select **all that apply**.

- A. Premium tax credits
- B. Cost-sharing reductions
- C. Children's Health Insurance Program (CHIP)
- D. Medicaid

Feedback: The correct answer is A and B. George is likely above the income levels for Medicaid but within the income range for assistance through a Marketplace. George's Marketplace application is likely to result in an eligibility determination for a premium tax credit and cost-sharing reductions. CHIP is generally only available for children up to age 19.

Affordable Care Act Basics

Major Provisions of the Affordable Care Act

Responsibilities of Consumers

Most people in the United States (U.S.) are now required to have minimum essential coverage (MEC) or pay a fee on their federal income tax returns.

The following consumer responsibilities will be discussed in this training:

- Individual responsibilities
- Maintaining MEC
- Individual shared responsibility payment
- Exemptions
- Fees
- Employer responsibilities
- Employer shared responsibility payment

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Affordable Care Act Basics

Exit

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Major Provisions of the Affordable Care Act

Minimum Essential Coverage (MEC)

The Affordable Care Act requires consumers to have health coverage that is considered Minimum Essential Coverage, or MEC. Most private health insurance plans are considered MEC. Consumers are required to have coverage that qualifies as MEC or pay a fee, unless they qualify for an [exemption](#).

Consumers can meet MEC requirements in several ways, including but not limited to:

- Applying for coverage through a Marketplace and enrolling in an available QHP, if eligible
- Qualifying for and enrolling in public coverage programs like Medicaid
- Being covered by programs such as TRICARE
- Being covered by job-based health insurance coverage (including retiree or Consolidated Omnibus Budget Reconciliation Act [COBRA] coverage)



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

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Definition of Exemption

Under the Affordable Care Act, most people must pay a fee called the individual shared responsibility payment if they don't have health coverage that qualifies as MEC. Under certain circumstances, a consumer won't have to make the individual shared responsibility payment. This is called an "exemption."

Affordable Care Act Basics

Major Provisions of the Affordable Care Act

Exit

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Minimum Essential Coverage (MEC)

If consumers do not enroll in health coverage, they may have to make an individual shared responsibility payment (pay a penalty) to the federal government. This fee is collected when consumers file their taxes.

Consumers will owe a fee for any month in which they don't have coverage that qualifies as MEC and don't qualify for an exemption from the individual shared responsibility payment.

Consumers will owe 1/12 of the applicable annual fee for any month in which they did not have minimum essential coverage or an exemption. Having minimum essential coverage for 1 day in a month counts as coverage in the applicable month.

The penalty for the 2016 tax year is 2.5% of a consumer's excess yearly income, or a dollar amount of \$695 per adult consumer and \$347.50 per child under 18 for the year, whichever is higher. The maximum penalty amount is \$2,085 for tax year 2016 or the national average bronze plan cost to cover the applicable family, whichever is higher. Excess yearly income means the income amount that is over the federal tax filing threshold.

In tax year 2014, all uninsured consumers with incomes above the tax-filing threshold of \$10,000 for a single consumer and \$20,000 for a family paid the individual shared responsibility payment. The penalty was \$95 per uninsured adult and \$47.50 per uninsured, dependent child under 18. For the 2014 tax year, the most a family had to pay was \$285.



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In tax year 2014, all uninsured consumers with incomes above the tax-filing threshold of \$10,000 for a single consumer and \$20,000 for a family paid the individual shared responsibility payment. The penalty was \$95 per uninsured adult and \$47.50 per uninsured, dependent child under 18. For the 2014 tax year, the most a family had to pay

was \$285, or 1% of yearly income, whichever was higher. Consumers who had to pay a fee paid it when they filed their 2014 taxes in 2015.

The penalty has increased every year. For the 2015 tax year, it was \$325 per adult and \$162.50 per child under 18 (up to \$975 for a family), or 2% of the family income, whichever is higher. For 2016 and later tax years, the fee is now 2.5% of income (up to \$2,085) or \$695 per person, whichever is higher. Consumers must reconcile past tax years and pay any applicable penalties to be eligible for enrollment in 2017.

Affordable Care Act Basics

Major Provisions of the Affordable Care Act

Exemptions from the Individual Shared Responsibility Payment

There are exemptions available only from the Marketplace or, only from the IRS through the tax-filing process, and exemptions that are available from either the Marketplace or the IRS. If you are a Navigator in an FFM, you are permitted to help consumers understand and apply for exemptions from the individual shared responsibility payment that are granted through the FFM. You may also help consumers understand the availability of exemptions from the requirement to maintain MEC and from the individual shared responsibility payment that are claimed through the tax filing process and how to claim them, and may help consumers understand the availability of IRS resources on this topic. You should always keep in mind, and must inform consumers, that you cannot provide tax advice within your capacity as an Assister.

Consumers won't have to make an individual shared responsibility payment (pay a fee) if they receive an exemption based on:

- Hardship, including lack of affordable coverage using projected income
- Short coverage gap: Lack of insurance coverage for continuous period of less than three months
- Lack of affordable coverage based on actual income
- Income below the tax filing threshold
- Unlawful presence in the U.S.
- Membership in a health care sharing ministry
- Membership in a federally recognized tribe, or eligibility for services through an Indian health care provider or Indian Health Service
- Membership in a recognized religious sect that objects to health insurance coverage
- Incarceration not pending disposition of charges

EXEMPT

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- Incarceration not pending disposition of charges

The screenshot shows a web-based curriculum page titled "Affordable Care Act Basics". At the top, there's a blue header bar with the title and a "Exit" link. Below the header, a dark blue navigation bar contains the text "Major Provisions of the Affordable Care Act" on the left and "Page 15 of 17" on the right. The main content area has a white background and features a section titled "Employer Shared Responsibility Payment". This section contains two paragraphs of text. Below the text is a note: "Click the [BLUE](#) link(s) to enable NEXT button". At the bottom of the page, there's a grey footer bar with links for "Menu", "Help", "Glossary", and "Resources". To the right of these links are "BACK" and "NEXT" buttons.

Employer Shared Responsibility Payment

The Affordable Care Act also requires large employers, defined for purposes of the employer shared responsibility payment as employers with 50 or more full-time employees, including full-time equivalent (FTE) employees, to offer qualifying health insurance coverage to their full-time employees and their dependents or, if one or more of their full-time employees qualifies for a premium tax credit or cost-sharing reduction on the individual Marketplace, pay a fee to the federal government. This is called the employer shared responsibility payment.

Employers with fewer than 50 full-time employees, including FTE employees, are not liable for this fee. Starting in 2016, the employer shared responsibility payment applies to employers that have between 50 and 100 full-time employees, including FTE employees.

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Employers with fewer than 50 full-time employees, including FTE employees, are not liable for this fee. Starting in 2016, the employer shared responsibility payment applies to employers that have between 50 and 100 full-time employees, including FTE employees.

The screenshot shows a web-based knowledge check for the Affordable Care Act. At the top, it says "Affordable Care Act Basics" and "Major Provisions of the Affordable Care Act". In the top right corner, there is an "Exit" link and a page number "Page 16 of 17". Below the header, a section titled "Knowledge Check" contains a scenario about Jackie, a 28-year-old freelance writer who is scheduled to earn over \$50,000 in 2015. She didn't enroll in a health insurance plan or obtain other minimum essential coverage (MEC) for the year. She is now concerned because she heard that she'll have to pay a fee. A question follows: "What should you tell Jackie?". It asks to select all that apply and click "Check Your Answer". Below this, there is a list of four options, each preceded by a checkbox:

- A. Under certain circumstances, consumers may qualify for an exemption which means they won't have to pay a fee for not having coverage that meets MEC. Refer to HealthCare.gov to get information about types of exemptions, to see if Jackie qualifies, and to learn about applying for an exemption.
- B. Since Jackie is self-employed and isn't offered job-based coverage, she doesn't have to get affordable health insurance coverage and won't have to pay a fee.
- C. Since Jackie didn't enroll in a health insurance plan or obtain other MEC in 2015, she may have to pay a fee when she files her 2015 tax return in 2016.
- D. If Jackie doesn't want coverage she doesn't need to do anything and will not have to pay a fee.

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, there are links for "Menu", "Help", "Glossary", and "Resources", along with "BACK" and "NEXT" buttons.

Knowledge Check

Jackie is a 28-year-old freelance writer who is scheduled to earn over \$50,000 in 2015. However, she didn't enroll in a health insurance plan or obtain other minimum essential coverage (MEC) for the year. She is now concerned because she heard that she'll have to pay a fee.

What should you tell Jackie?

Select all that apply.

- A. Under certain circumstances, consumers may qualify for an exemption which means they won't have to pay a fee for not having coverage that meets MEC. Refer to HealthCare.gov to get information about types of exemptions, to see if Jackie qualifies, and to learn about applying for an exemption.
- B. Since Jackie is self-employed and isn't offered job-based coverage, she doesn't have to get affordable health insurance coverage and won't have to pay a fee.
- C. Since Jackie didn't enroll in a health insurance plan or obtain other MEC in 2015, she may have to pay a fee when she files her 2015 tax return in 2016.
- D. If Jackie doesn't want coverage she doesn't need to do anything and will not have to pay a fee.

Feedback: The correct answers are A and C. Even if self-employed and not offered job-based coverage, Jackie is still required to get affordable health coverage or pay a fee. Since Jackie didn't enroll in a health insurance plan or obtain other MEC in 2015, she may have to pay a fee when she files her tax return in 2016, unless she qualifies for an exemption from the individual shared responsibility payment.

Affordable Care Act Basics

Major Provisions of the Affordable Care Act

Exit

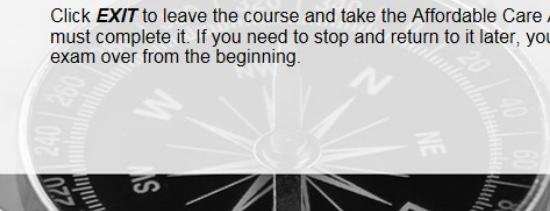
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Key Points

- Major provisions of the Affordable Care Act include the Marketplace, the Medicaid expansion, the requirement to maintain MEC, the individual shared responsibility payment, and the employer shared responsibility payment.
- Eligible consumers can lower their costs for QHPs through the Marketplace through premium tax credits and cost-sharing reductions. Eligible consumers can qualify for several types of exemptions to avoid paying the individual shared responsibility payment.

You've successfully completed this course.

Click **EXIT** to leave the course and take the Affordable Care Act Basics 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

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- Eligible consumers can lower their costs for QHPs through the Marketplace through premium tax credits and cost-sharing reductions. Eligible consumers can qualify for several types of exemptions to avoid paying the individual shared responsibility payment.

You've successfully completed this course.

Affordable Care Act Resources

More Information on Immigration Status

Provides information on immigration status requirements for consumers in the Marketplace.

<https://www.healthcare.gov/immigration-status-and-the-marketplace/>

Incarcerated Consumers

Explanation of incarceration status in relation to eligibility for coverage through the Marketplace.

<https://www.healthcare.gov/incarceration/>

Medicaid Expansion

Official HealthCare.gov resource that provides information for consumers who live in states that did not expand Medicaid.

<https://www.healthcare.gov/what-if-my-state-is-not-expanding-medicaid/>

More Information on the Affordable Care Act

The text of the Affordable Care Act and Reconciliation Act can be accessed through this link on HealthCare.gov.

<https://www.healthcare.gov/where-can-i-read-the-affordable-care-act/>