

Health Care Reform At-A-Glance

Individual mandate – The Health care Reform law requires most individuals to have health care insurance by January 1, 2014. This requirement is sometimes called the individual mandate. If you do not have health care coverage, you may be subject to a tax penalty.

If you are enrolled in an Employer's health care coverage in 2014, you will meet the requirements of the individual mandate and you will not be subject to a tax penalty.

If you are not eligible for the group medical plans or do not wish to enroll in a group sponsored medical plan, you can also meet the individual mandate requirement by getting health insurance through:

Your spouse's/domestic partner's employer's plan.

Your parent's employer's plan (if you are under age 26)

A public exchange available in your state (which may also be referred to as a "health insurance marketplace")

Other coverage options that may be available to you, including an insurance plan outside the public exchange or through government programs such as Medicare and Medicaid.

Health insurance exchanges – An exchange is an organized marketplace where individuals can shop for and buy health insurance based on their budget and health care needs. As required under the ACA, you will receive a notice from your employer with more details about the state exchanges in the coming weeks.

Medicaid eligibility expanded in some states – Medicaid eligibility is being extended to cover low-income adults and children with incomes up to 133% of the Federal Poverty Level – (\$15,000 for an individual/\$31,000 for a family of four) but only for those states that agree to adopt this expanded Medicaid eligibility standard. To learn more about Medicaid, go to [HYPERLINK "http://www.medicaid.gov"](http://www.medicaid.gov) www.medicaid.gov.

Federal assistance for low and middle income individuals – Some individuals with low to middle incomes – up to 400% of the Federal Poverty Level (\$45,000 for an individual/\$94,000 for a family of four) – may be eligible for tax credits and cost-sharing subsidies that will reduce the cost of medical coverage purchased through a health insurance exchange. It's important to know that because the group-sponsored medical plans meet the government's standards for "minimum value" and "affordability," most employees eligible for group benefits will probably not qualify for federal assistance.

The Dungan Group will continue to monitor the changes that Health Care Reform brings about and communicate the impact, if any, on you and your family.

Resources:

Visit <https://www.healthcare.gov/> for more information on Health Care Reform

Frequently Asked Questions about Health Care Reform

Individual Mandate

What is the individual mandate?

The individual mandate means that most individual have to have health insurance by January 1, 2013 or pay a penalty

Didn't the Health care Reform Law get delayed until 2015?

Although some provisions of the law have been temporarily delayed including the requirement for employers to offer coverage to employees deemed to be full tie, the Individual Mandate still takes effect as of January 1, 2014.

What happens if I don't have health insurance on January 1, 2014?

If you don't have medical coverage by that time, you may owe a tax penalty to the federal government. It will apply for every month you don't have coverage on and after January 2014, and you will be required to pay this penalty when you file your federal income tax return.

If I'm covered by a group medical plan, does that take care of the individual mandate for me?

Yes, if you're covered under an employee-sponsored medical plan in 2014, you'll meet the requirements for the individual mandate. If you are eligible and not currently enrolled in a group plan, you can enroll during the 2014 Open Enrollment period.

Healthcare Coverage through Other Sources

What is an "exchange"?

An exchange is a place where people can go to buy individual health insurance coverage when they don't have or don't want health coverage through their employer or from another source (like a parent's or a spouse's/domestic partner's health plan). Each state will have its own exchange. The exchange (sometimes called public health insurance marketplace) will offer a choice of health plan options, so people who live in a state can choose the type of plan that works best for them.

If I want to get my coverage through the exchange in the state where I live, what's the process?

The federal government expects health insurance marketplaces will begin open enrollment on October 1, 2013, and will offer health plans that start providing coverage on January 1, 2014. See question 15 for how to get information about your state exchange.

Help with Paying for Health Insurance Costs

Is it true the government will give some people money to help pay for health insurance?

Yes. For certain low-and middle-income people who cannot get health coverage at work at a price the health care reform law calls “affordable.” Or who are not eligible for comprehensive, affordable health coverage from their or their spouse/domestic partner’s employer, the federal government will offer financial help in paying for health insurance purchased through an exchange. It’s important to know that because the employer sponsored medical plans meet the government’s standards for minimum value and affordability, most employees will not qualify for this help.

How much help is the government providing?

The amount of the financial assistance provided will depend on the person’s household income. Generally, if you are eligible for coverage through a group medical plan, you probably will not be eligible for any assistance. Starting in October 2013, you can contact the public exchange in your state to see if you qualify for help. Check <https://www.healthcare.gov/>, the website sponsored by the Department of Health and Human Services, to get contact information for the public exchange in your state.