

Group Health Insurance Using ACA: What You Need to Know

For Business Owners, HR Managers, and Employees

If you're considering offering health insurance to your employees—or are just trying to understand how group health works under the Affordable Care Act (ACA)—this guide is for you.

What is Group Health Insurance? Group health insurance is a single policy issued to a group—typically a business—that covers all eligible employees and often their dependents. It's often more cost-effective and offers better coverage options than individual plans.

What Does “Using ACA” Mean? The ACA (Affordable Care Act) sets minimum standards for all health insurance plans—whether they’re individual or group. That means any group plan that is ACA-compliant must:

- Cover essential health benefits (hospital, doctor visits, maternity, prescriptions, etc.)
 - Not discriminate based on pre-existing conditions
 - Offer free preventive services (like annual check-ups and screenings)
 - Have no lifetime or annual benefit caps
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Benefits of ACA Group Health Plans

- **Comprehensive Coverage:** Meets ACA standards with robust benefits.
 - **Potential Tax Credits:** Small businesses (under 25 full-time employees) may qualify for tax credits under the ACA.
 - **Lower Premiums:** Employers often pay a portion of the cost, reducing employee premiums.
 - **Attract and Retain Talent:** Offering health insurance makes your company more competitive.
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Who is it For?

- Businesses with 1 to 50 employees
- Family businesses, sole proprietors (with proper entity setup)
- Companies seeking to provide affordable, high-quality coverage

Group Health vs. Medicare If you're over 65 and still working, you may be eligible for both Medicare and your group health plan. Depending on the cost and benefits, one may be more advantageous.

Let's Talk! Have questions about how a group health plan could work for your business? As a licensed insurance agent with experience in both Medicare and ACA plans, I can walk you through your options.

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