THE AFFORDABLE CARE ACT 2025

What is the ACA and what does it cover?

Health insurance through the Marketplace, also known as the Affordable Care Act (ACA) or Obamacare, is a full-coverage health insurance option for those who do not have insurance through their employer, spouse, or the federal or state government. ACA plans cover pre-existing conditions, preventative health, doctor & specialist visits, urgent care, hospitalizations, and prescription drugs. You do not need to medically qualify to get a Marketplace plan – everyone is approved regardless of health. Marketplace plans have networks, and you must use in-network doctors, specialists, urgent care clinics, hospitals, and pharmacies to avoid out-of-pocket costs. In the event of a life-threatening emergency, you can go to any ER in the United States and be covered.

Each plan has a list of covered prescription drugs called a formulary. Only drugs listed on the plan's formulary are covered. If you have difficulty getting your prescriptions covered, you may consider using mobile coupon apps like GoodRx or contacting the manufacturer for discounts. Your doctor might also help with a Formulary Exception - this is the process of your doctors asking the insurance plan for an "exception" to get your prescription covered due to medical necessity.

All Marketplace plans are active from January 1st through December 31st, and you must actively renew your coverage during Open Enrollment. Here are the dates for Open Enrollment (OEP):

- November 1st-December 15th for plans that start January 1st of the following year
- December 16th-January 15th for plans that start February 1st

If you miss Open Enrollment, you may enroll into the Marketplace only if you have a valid Special Enrollment Period (SEP).

Tax Credits and the Role of the IRS

Many individuals and families qualify for tax credits. For those who qualify, the federal government pays for a portion or all of the monthly premiums. Tax credits are based on the zip code and county of your permanent address (no P.O. boxes), the number of people in your tax family, the birthdates of those applying, and your tax family's estimated income *for the year you're applying for coverage*. This income must be what you expect to report to the IRS, and the IRS verifies all information listed in your Marketplace health insurance application. It's *extremely important to communicate any income and household changes* (like moves, marriages, divorces, birth of a newborn, or dependents filing taxes on their own) *throughout the year to your broker*. If you fail to report household changes, you may have a tax liability. If you are used to getting a tax refund, your refund may be reduced to $0, and you may owe the IRS hundreds to thousands of dollars.

What is the IRS Family Glitch?

The Family Glitch pertains to those who are offered employer insurance. The IRS Family Glitch Affordability Calculation must be done before enrolling into the Marketplace or you could have a tax liability. Read "How the Family Glitch Affects Employer Coverage" on my website roslynins.com.

What are Monthly Premiums, Copays, and Coinsurance?

Monthly premiums are the monthly payments you must make to keep your plan active. Copays are a *flat dollar amount* you pay for a covered service or prescription drug. Some services and prescription drugs have coinsurance instead of copays. Coinsurance is a *percentage* of the cost you will pay. For example, if a test costs $100 and your coinsurance is 40% you'll pay $40. The insurance company will pay the remaining 60%, which is $60.

What are the Deductible, Maximum Out of Pocket, and the Summary of Benefits and Coverage?

The deductible is how much you need to pay before the plan covers specific services. Deductibles need to be met under certain circumstances like having a test, procedure, surgery, or being prescribed high-cost medications. You usually do not need to meet the deductible for regular primary care doctor visits and annual checkups. Refer to your plan's Summary of Benefits and Coverage (SBC) to understand when you'd need to meet the deductible.

The Maximum Out of Pocket limit is the amount you *could be* responsible for in-network services from January 1st through December 31st. For example, if you have $100,000 in medical bills for in-network services, you'd be responsible for the Max Out of Pocket amount, then your plan would pay all your costs through December 31st. You will no longer have copays or coinsurance for the rest of the year because you've met your Maximum Out of Pocket limit. You would still need to pay the monthly premium to keep your policy active.

Each plan has a document called the Summary of Benefits and Coverage (SBC). It's a detailed summary of your plan's copays, coinsurance, deductible, and Max Out of Pocket limit. It also lists coverage exclusions. Because it's only a summary, it's not an exclusive list. Keep in mind that because all Marketplace plans cancel on December 31st, new deductibles and Maximum Out of Pocket amounts reset on January 1st at the new year's rates.

What if I live in a state with a state exchange?

If you live in one of the states that have a state exchange, your state may have different rules and regulations. I offer Marketplace plans in Texas and Tennessee, and they follow the rules and regulations specified in this document.

What I need for Quotes

- Your consent to work as your dedicated broker. This is a federal requirement.
- Call your current doctors and ask which Marketplace plans they accept. Say exactly this: “I’m a current patient and want to verify which Marketplace plans you accept. Can you please check?” Use this exact phrasing or the receptionist is going to assume you’re asking about employer plans or Medicare - the Marketplace works differently than other types of health insurance. Do not rely on what’s listed on your doctor’s website as that information may be inaccurate. Do not ask for NPI numbers as they are not used in the enrollment process.
- Your completed Client Intake Form. Do not skip any sections. The information on this form is what’s asked on the health insurance application. Be sure to include all of the prescription medications you need covered. The Client Intake Form link will be emailed to you after you schedule an appointment via Calendly.
- Dental & vision are covered separately for most Marketplace plans. If you need dental & vision, please let me know.