



Affordable Care Act (ACA) and Exchange Learning Series

Massachusetts Health Care Training Forum (MTF)

Employer Sponsored Insurance Conference Call FAQs

- 1. In the scenario where an employee is offered a single plan and not a family plan, would the other parent (father in this scenario) and the children be eligible to shop on the Marketplace (MAhealthconnector.org)?**

Yes, if the employer offered just an employee only plan and it was not more than 9.5% of the employee's household income, then the mother in this scenario would have to take that ESI coverage (in this referenced scenario the mother is the employee). The father and the children could shop on the MAhealthconnector.org and possibly be eligible for Premium Tax Credits and subsidies.

- 2. Will the online application (HIX system) ask about the amount of the employer's contribution to the health plan premium?**

The online application (HIX) does not ask what the Employer contributes to the plan, but rather is the person offered affordable health insurance. There is a question regarding the cost of the lowest self-only plan offered through a particular employer to the employee. The lowest cost plan might not be the plan that the family would want, but if the employer offers it, and it's the lowest cost plan, then we would go by that information when determining whether or not they are offered affordable ESI. If that meets the 9.5% threshold you have to go by what that is because some employers might possibly offer more.

- 3. Does an individual have to be currently enrolled in the Insurance Partnership in order to avail themselves of the Small Business Employee Premium Assistance Program? Would there be a penalty if somebody was to drop coverage and then come back in and reapply?**

No, an individual does not need to be previously eligible for IP benefits to be eligible for the SBEP program. To be eligible for SBEP an individual must be uninsured and have access to employer sponsored coverage that costs less than 9.5% of their income making them ineligible for subsidized QHP benefits. There is currently no penalty for dropping coverage; however individuals are subject to open enrollment periods and may find themselves without health coverage for a period of time.

If someone is in between 133% and 300% FPL why would they not be eligible for a subsidized QHP Health Connector Plan? Can you give me an example?

An individual would not be eligible for a subsidized QHP Health Connector plan for the following reasons:

- They do not meet QHP participation factors such as filing taxes, incarceration, immigration etc.;
- They have access to an ESI plan that MassHealth is requiring that they enroll in and will likely help pay for due to the MassHealth eligibility of other family members;
- They have access to an ESI employee-only plan costing less than 9.5% of their income.

Just to clarify, if a family wanted to shop for unsubsidized coverage under a Qualified Health Plan, the access to coverage through an employer question is not asked. It's not relevant to that eligibility. If a family thinks that the ESI family plan is too expensive for them, they could look at the unsubsidized premiums on the Marketplace and if there is a plan that's less than what the employer's offering they can choose to enroll in that.

4. If the employee is currently receiving MassHealth Premium Assistance for Employer Sponsored Insurance; what do they have to do?

If you're currently receiving a MassHealth Premium Assistance benefit there are no plan changes to any of the current MassHealth Premium Assistance Programs with the exception of Insurance Partnership.

5. My understanding is that anyone applying who is employed will have to answer this question: "Is the minimum value of my employer insurance more or less than 60%?" You said this information would be on the summary of coverage and benefits and I just wanted to check if you meant literally the summary coverage would say the minimum value is 60%, 70%, 80%.

Yes, the Summary of Benefits and Coverage provided by the employer should indicate whether the plan meets the minimum value standard of 60% AV. If an employee has questions, we have developed a worksheet that they can bring to their employer that would gather all the information around the employer's policy that the individual would need to complete their application for help paying for health insurance. Click here for [worksheet](#).

6. On the Small Business Premium Assistance Program. It refers to the amount that MassHealth would expect them to pay. Are those figures coming from the Connector Care plans that they would pay if they were under one of those?

MassHealth is using the 2013 CCA Affordability Schedule to determine the member required contribution amount.

7. What does the SBEPA give in monetary value for the example of Mike on page – on Slide 22? It says \$78.00, would his contribution be \$78.00 instead of \$188.00 and how did they come up with that figure?

In this example, Mike would receive a Premium Assistance payment of \$110. Mike would be responsible for the first \$78 of the monthly cost of his ESI coverage.

8. Regarding MassHealth Premium Assistance. I understand families with children below 300% can apply for Premium Assistance. An individual who has employer sponsored insurance and are below 133% and they get Premium Assistance would they also have MassHealth as a secondary?

MassHealth investigates members who have (or have access to) health insurance to determine if they are eligible for Premium Assistance benefits as part of the MassHealth eligibility and enrollment process. Any MassHealth eligible Member can contact the Premium Assistance unit directly to have their health insurance reviewed.

All MassHealth Standard, CommonHealth and CarePlus members who have health insurance (whether it meets the criteria for premium assistance benefits or not) will receive MassHealth coverage that will be secondary to their primary insurance.

The following Family Assistance members who have health insurance (whether it meets the criteria for premium assistance benefits or not) will receive MassHealth coverage that will be secondary to their primary insurance

- Family Assistance eligible children (whose MassHealth MAGI income is below 150% FPL)
- Family Assistance eligible adults (whose MassHealth MAGI income is below 100 % FPL)
- Family Assistance HIV eligible members (whose MassHealth MAGI income is below 200% FPL)

9. In regards to the Family Assistance Premium Assistance. My understanding is it's up to 300% FPL, however individuals who are not insured will get premium assistance if they enroll in their ESI, but if they're already enrolled in their ESI folks between 200% and 300% are excluded from that. Is that correct?

Effective January 2014, MassHealth no longer crowds out insured children above 200% FPL.

10. Regarding Small Business Employee Premium Assistance. Is there any criteria related to cost effectiveness, minimum employer contribution, scope of benefits, meeting minimum credible coverage or anything like that for this program?

In order to be eligible for SBEPA benefits the health plan must meet the Basic Benefit Level and the cost of the employee only coverage must be below 9.5% of the individuals income but above 2013 CCA affordability schedule. There is not a requirement for minimum employer contribution.

11. I have a question regarding whether or not a family would have a tax penalty? So for instance in the case of the Reyes family. If they didn't qualify for premium reimbursements, let's say it's only a family of two. The husband in that situation elects not to sign up for any insurance through the employer. When it comes to tax time will they be looking at the household income to determine whether or not there was affordable insurance? Or will they look at his income?

In this scenario, Mr. Reyes decided not to enroll in health insurance. At tax time, the household income would be considered when determining if he would be subject to a tax penalty.

12. If an employer offered health insurance to an individual employee who decided not to take the insurance at the time it was offered because it was not affordable (did not meet the 9.5% criteria) and the open enrollment period for the employer coverage has past would he be eligible to apply through the HIX?

If it's an individual and the plan being offered by their employer is more than 9.5% of that individual's income then yes they would be able to shop during this open enrollment if they meet all the eligibility criteria.

13. If an employee has family insurance through their employer and they still feel it's too expensive although it meets the 9.5% affordability guidelines for an employee only plan, can they drop their employer's insurance plan and shop for less expensive insurance in the Marketplace?

If the employee only plan meets that 9.5% threshold it means the employee's family plan in that employer package is deemed affordable and thus they would not be able to shop for a QHP with subsidies. If they decide to shop for unsubsidized coverage, they could go on and shop the Health Connector website, and possibly find a QHP without

subsidies that's a little more affordable than their employer sponsored plan. If they enrolled in the unsubsidized QHP and dropped their ESI they would not be penalized.