The project described was supported by Funding Opportunity Number CA-NAV – 15-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.
Much of the law was implemented immediately...

- Eliminated exclusions for pre-existing health conditions.
- Allowed children to remain on parents’ plans until age 26.
- Increased efforts to eliminate health insurance fraud.
- Increased services for preventive cares at no cost.
- Eliminated lifetime limits on essential medical benefits.
- Increased care and prescription benefits for Medicare recipients.
- Capped annual out of pocket medical & drug expense to $7,150 per Individual/$14,300 per Family (2017)
- Prohibited dropped coverage if a consumer gets sick.
March 2014

Everybody Needs to Get Covered!
You’re Covered if You Have...

- Medicare
- Medicaid
- CHIP
- A job-based plan
- A plan you bought yourself
- COBRA
- Retiree coverage
- VA health Coverage

...and some other types of health coverage

Plans must contain minimum essential coverage as required by federal law.
• Plans are offered by private health insurance companies.

Consumers choose coverage to fit their individual needs.

• Help may be available to pay a portion of premiums and reduce out of pocket costs (advance premium tax credits and/or cost reductions).

• Premium Tax Credits and other cost saving reductions may not be available if the consumer has another offer of qualifying coverage.

• Unbiased help and customer support provided (Navigators and CACs).

• One application determines the assistance that is available to your family...tax credits, cost savings, or Medicaid/CHIP.
Since 2014....

• **24 Million** people have gained coverage as a result of the Affordable Care Act.
• The **national** uninsured rate has dropped to **9.1%**...the lowest level on record.

• **South Dakota** has seen a very significant decline in its uninsured rate, which has fallen **49%** between 2013 and 2015. That's the 11th fastest drop in the country — and it's happened without expanding Medicaid.

• As of March 31, 2016, effectuated enrollment in the **South Dakota** exchange stood at **24,578**. An increase of **29%** from the previous year.

• **89%** of people enrolled in the South Dakota Exchange receive premium subsidies to offset the cost of their coverage. The **subsidies** average **$306** per month...making the average cost of **premiums** just **$110** per month.

*Sources: Vox Media - January 2016 and Health Insurance.Org - August 15, 2016*
Meanwhile, In North Dakota...

- In 2013, there were about 70,000 uninsured residents in North Dakota, 39% of them became eligible for expanded Medicaid. Another 31% were eligible for subsidies on the Marketplace.

- The Peace Garden State has seen the 8th largest reduction in its uninsured population between 2013 and 2015, dropping 8.1 percentage points... from 15% percent to 6.9 %. The national uninsured rate fell to 11.7 % in the same time period.

- At the end of 2015, only nine states had uninsured rates below 7%, and North Dakota was among them.

- As of March 31, 2016, effectuated enrollment in the North Dakota Exchange stood at 20,536. That was a 19% increase from 2015.

- Nearly 86% of the effectuated enrollees are receiving premium subsidies to offset the cost of their coverage. In North Dakota, the average premium subsidy is $262 per month, and the average after-subsidy premium is $142 per month.

A Changing Landscape for the Uninsured

Percentage Uninsured, by County, 2013 to 2015

In 2013, there were only 10 states where the percentage of residents who lacked health insurance was lower than 9 percent.

In 2014, the Affordable Care Act was rolled out, reducing the number of Americans without health insurance. States that expanded Medicaid, outlined in black, saw the biggest changes.

In 2015, Pennsylvania and Indiana also expanded their Medicaid programs. Now states with the highest rates of uninsured residents are in the South and Southwest.

Source: New York Times
Current Status of State Medicaid Expansion Decisions

NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. *AR, IA, IN, MI, MT, and NH have approved Section 1115 waivers. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.
Who is Eligible to Enroll in the Health Insurance Marketplace?

Marketplace eligibility requires that a consumer...

• Live in its service area, and..
• Be a U.S. citizen or national or...
• Be a non-citizen who is lawfully present in the U.S. for the entire period for which enrollment is sought
• Not be incarcerated

  can apply for Marketplace if pending disposition of charge
  can apply for Medicaid or CHIP at any time
### Plan Levels of Coverage

<table>
<thead>
<tr>
<th>Level of Coverage</th>
<th>Plan Pays On Average</th>
<th>Enrollees Pay on Average (In addition to the monthly premium)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Silver</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Gold</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Platinum</td>
<td>90%</td>
<td>10%</td>
</tr>
</tbody>
</table>

- In South Dakota, plans are currently offered by Avera & Sanford
- In North Dakota, plans are offered by Medica, Sanford, Blue Cross/Blue Shield

- Plans with more generous cost-sharing tend to have higher monthly premiums.
- Silver level plans are used for calculating the reductions in cost sharing and premium tax credits for eligible individuals.
Essential Health Benefits Included in All Plans

Qualified Health Plans cover Essential Health Benefits which include at least these 10 categories

<table>
<thead>
<tr>
<th>Ambulatory patient services</th>
<th>Prescription drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency services</td>
<td>Rehabilitative and habilitative services and devices</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>Laboratory services</td>
</tr>
<tr>
<td>Maternity and Newborn Care</td>
<td>Preventive and wellness services and chronic disease management</td>
</tr>
<tr>
<td>Mental health and substance use disorder services, including behavioral health treatment</td>
<td>Pediatric services, including oral and vision care (pediatric oral services may be provided by stand-alone plan)</td>
</tr>
</tbody>
</table>
### Incomes that Qualify for Lower Costs in 2017

<table>
<thead>
<tr>
<th>FPL</th>
<th>People in Household</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% - 400%</td>
<td>You may qualify for <strong>lower premiums</strong> on a Marketplace insurance plan if your annual household income is ...</td>
<td>$11,880</td>
<td>$16,020</td>
<td>$20,160</td>
<td>$24,300</td>
<td>$28,440</td>
<td>$32,580</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to</td>
<td>to</td>
<td>to</td>
<td>to</td>
<td>to</td>
<td>to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$47,520</td>
<td>$64,080</td>
<td>$80,640</td>
<td>$97,200</td>
<td>$113,760</td>
<td>$130,320</td>
</tr>
<tr>
<td>100% - 250%</td>
<td>You may qualify for <strong>lower premiums AND lower out-of-pocket costs</strong> for Marketplace insurance if your annual household income is...</td>
<td>$11,880</td>
<td>$16,020</td>
<td>$20,160</td>
<td>$24,300</td>
<td>$28,440</td>
<td>$32,580</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to</td>
<td>to</td>
<td>to</td>
<td>to</td>
<td>to</td>
<td>to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$29,700</td>
<td>$40,050</td>
<td>$50,400</td>
<td>$60,750</td>
<td>$71,100</td>
<td>$81,450</td>
</tr>
<tr>
<td>100% - 300%</td>
<td>If you are a member of a <strong>federally-recognized Indian Tribe</strong>, you may qualify for a <strong>Zero Cost Sharing</strong> Plan if your household income is...</td>
<td>$11,880</td>
<td>$16,020</td>
<td>$20,160</td>
<td>$24,300</td>
<td>$28,440</td>
<td>$32,580</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to</td>
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<td>to</td>
<td>to</td>
<td>to</td>
<td>to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$35,640</td>
<td>$48,060</td>
<td>$60,480</td>
<td>$72,900</td>
<td>$85,320</td>
<td>$97,740</td>
</tr>
<tr>
<td>Under 138%</td>
<td>North Dakota has <strong>expanded Medicaid</strong>: You may qualify for <strong>Medicaid coverage</strong> if your yearly income is below...</td>
<td>$16,394</td>
<td>$22,108</td>
<td>$27,821</td>
<td>$33,534</td>
<td>$39,247</td>
<td>$44,960</td>
</tr>
<tr>
<td>Under 100%</td>
<td>South Dakota has <strong>not</strong> expanded Medicaid; You may not qualify for any Marketplace savings programs if your annual income is below...</td>
<td>$11,880</td>
<td>$16,020</td>
<td>$20,160</td>
<td>$24,300</td>
<td>$28,440</td>
<td>$32,580</td>
</tr>
</tbody>
</table>
What is Counted as Income?

Include These Sources...
- Income from a job...salary, wages, tips
- Retirement income (including pensions)
- Rental or royalty income
- Net income from any self-employment
- Farming or fishing income (after deductions)
- Social Security benefits, including disability payments. Supplemental Security Income (SSI) should not be counted.
- Investment income (including capital gains)
- Alimony received
- Unemployment benefits
- Any other taxable income like prizes, awards, and gambling winnings

Don’t Include...
- Child support payments received
- Supplemental Security Income (SSI)
- Gifts
- Veterans’ disability payments
- Worker’s Compensation
- Proceeds from loans such as student loans
- American Indian income from sources such as trust funds, tribal per-capita payments from natural resources, or sales of traditional/cultural Native American items.
Lawfully present immigrants can buy private health insurance on the Marketplace.

If annual income is 100% - 400% of the Federal Poverty Level, they may be eligible for premium tax credits and other savings on Marketplace plans.

Lawfully present immigrants can buy private health insurance on the Marketplace.

If annual income is 100% - 400% of the Federal Poverty Level, they may be eligible for premium tax credits and other savings on Marketplace plans.

Special provisions for lawfully present immigrants with incomes below 100% FPL who are denied Medicaid solely due to immigration status.

May be eligible to receive tax credits and cost sharing reductions.

All other eligibility requirements must be met.

Immigrants Under 100% FPL

If a person is a lawfully present immigrant with income under 100% of the federal poverty level (FPL), and their immigration status makes them ineligible for Medicaid, they are eligible for Advance Premium Tax Credits and Cost-Sharing Reductions. It doesn’t matter if they would have been ineligible based on other factors, such as income. This is true regardless of whether the person is in a state that expanded Medicaid or not.

In this situation, the consumer would have to apply to Medicaid and get denied, so they could answer the Medicaid block question on the Marketplace application.
**Medicaid vs Pregnancy-Only Medicaid**

- **Full Medicaid** = Full Coverage for all medical events.

- **Pregnancy-Only Medicaid** = Coverage for pregnancy, delivery and post-partum events only.

Women receiving **Pregnancy-Only Medicaid** may also have a Marketplace Plan with subsidies, if they qualify.

In the past, some of these women have received a notification from the Marketplace telling them that they should cancel their Marketplace plan. *This was not true.*

Those who receive a letter from the Marketplace should consult an Assister **before** canceling their Marketplace plan.
A job-based health plan is considered “affordable” if the employee’s share of monthly premiums for the lowest-cost self-only coverage that meets the minimum value standard is less than 9.69% of their family’s income.

The employee may pay more than 9.69% of his/her income on monthly premiums for spouse or family coverage, but “affordability” is determined only by the amount the employee pays for self-only coverage from the employer.

If job-based coverage is offered to an employee’s family members, and if the cost for the self-only coverage is considered “affordable”, the family will not receive Tax Credits or Cost Sharing Reductions from the Marketplace. They can, however, enroll in a Marketplace Plan at full cost.
Consumers may enroll in or change a Qualified Health Plan within 60 days of a triggering life event.

Members of federally recognized Indian tribes may enroll in a Marketplace plan (or change from one plan to another) one time per month.

Tribal members can enroll in plans without Deductibles or Cost Sharing if income is below 300% FPL.

<table>
<thead>
<tr>
<th>Special Enrollment Qualifying Events</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outside of Open Enrollment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Loss of minimum essential coverage</strong></td>
<td><strong>Material contract violations by Qualified Health Plans</strong></td>
</tr>
<tr>
<td>(Employer based, Medicaid, or other)</td>
<td></td>
</tr>
<tr>
<td><strong>Gaining or becoming a dependent</strong></td>
<td><strong>Gaining or losing eligibility for premium tax credits or cost sharing reductions (change in income)</strong></td>
</tr>
<tr>
<td><strong>Gaining lawful presence</strong></td>
<td><strong>Relocation resulting in new or different Qualified Health Plan selection</strong></td>
</tr>
<tr>
<td><strong>Enrollment errors of the Marketplace</strong></td>
<td><strong>Exceptional circumstances</strong></td>
</tr>
</tbody>
</table>
Penalties and Exemptions

People who don’t have health coverage for the following reasons may be exempt from penalties:

• Member of a recognized health care sharing ministry.
• Reasons of religious conscience.
• Member of a federally recognized Indian tribe.
• Incarceration
• Income below the tax filing threshold.
• Short coverage gap (less than 3 consecutive months during the year).
• Not lawfully present in the U.S.
• Lowest coverage option is unaffordable (more than 8.13% of household income).
• Hardship Exemption (several situations qualify for this exemption).

In 2016, the penalty for non-coverage will be $695 per person, or 2.5% of their household’s Modified Adjusted Gross income...whichever is greater.
A Tale of Two Consumers...

Both consumers are the same age, non-smokers, and live in the same geographic area.

One consumer is a tribal member...the other is not.

Each consumer earns about 127% of the FPL.
Tax credit subsidy paid directly to insurance company on consumer's behalf. Reduces the cost of monthly premium for both consumers.

Your household may be eligible for a premium tax credit

Your monthly premium costs could be lowered by

$223 per month

A **premium tax credit** is a tax break you can use immediately to lower the amount you pay for a health insurance plan each month.

Based on the information you provided, it looks like your household qualifies for this tax credit.

Your household may also be eligible for savings on out-of-pocket health care costs

You also may be eligible to pay less out of your own pocket each time you get care -- for things like deductibles, copayments, and coinsurance. To get these savings, you must pick a plan in the Silver category.

Added cost sharing reductions on co-pays, deductibles and coinsurance if consumer chooses a **Silver Plan**.
## Marketplace Coverage Options for Non-Tribal Member

**Male, Age 25, non-smoker, $15,000 annual income.**

<table>
<thead>
<tr>
<th>Avera Health Plans · Avera MyPlan $6,500</th>
<th>Avera Health Plans · Avera MyPlan $2,500 / $6,350 Out-of-Pocket</th>
<th>Avera Health Plans · Avera MyPlan $1,500 / 20% Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estimated monthly premium</strong></td>
<td><strong>Estimated monthly premium</strong></td>
<td><strong>Estimated monthly premium</strong></td>
</tr>
<tr>
<td>$0</td>
<td>$25</td>
<td>$87</td>
</tr>
<tr>
<td>Premium before tax credit: $195</td>
<td><strong>Premium before tax credit: $248</strong></td>
<td><strong>Premium before tax credit: $310</strong></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td><strong>Deductible</strong></td>
<td><strong>Deductible</strong></td>
</tr>
<tr>
<td>$6,500</td>
<td>$350</td>
<td>$1,500</td>
</tr>
<tr>
<td>Estimated Individual Total</td>
<td>Estimated Individual Total</td>
<td>Estimated Individual Total</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong></td>
<td><strong>Out-of-pocket maximum</strong></td>
<td><strong>Out-of-pocket maximum</strong></td>
</tr>
<tr>
<td>$6,500</td>
<td>$700</td>
<td>$3,000</td>
</tr>
<tr>
<td>Estimated Individual Total</td>
<td>Estimated Individual Total</td>
<td>Estimated Individual Total</td>
</tr>
<tr>
<td><strong>Copayments / Coinsurance</strong></td>
<td><strong>Copayments / Coinsurance</strong></td>
<td><strong>Copayments / Coinsurance</strong></td>
</tr>
<tr>
<td>Emergency room care: No Charge After Deductible</td>
<td>Emergency room care: 30% Coinsurance after deductible</td>
<td>Emergency room care: 20% Coinsurance after deductible</td>
</tr>
<tr>
<td>Generic drugs: No Charge After Deductible</td>
<td>Generic drugs: $1</td>
<td>Generic drugs: $25</td>
</tr>
<tr>
<td>Primary doctor: No Charge After Deductible</td>
<td>Primary doctor: $5</td>
<td>Primary doctor: $20</td>
</tr>
<tr>
<td>Specialized doctor: No Charge After Deductible</td>
<td>Specialized doctor: $5</td>
<td>Specialized doctor: $20</td>
</tr>
<tr>
<td><strong>People covered</strong></td>
<td><strong>People covered</strong></td>
<td><strong>People covered</strong></td>
</tr>
<tr>
<td>You (age 25)</td>
<td>You (age 25)</td>
<td>You (age 25)</td>
</tr>
</tbody>
</table>

**Coinsurance:**

- **60%/40%**
- **70%/30%** (CSR on Silver Plan)
- **80%/20%**

*The OOP maximum includes the yearly deductible and any cost-sharing obligations enrollees have after the deductible is met. It does not count premiums, billing amounts for out-of-network cost-sharing or spending for nonessential health benefits, and OOP maximums do not apply to grandfathered or retiree-only plans.*
<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Plan Description</th>
<th>Monthly Premium</th>
<th>Estimated Ind. Total</th>
<th>Out-of-Pocket Max</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze HMO</td>
<td>Avera Health Plans · Avera MyPlan $6,500</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Silver PPO</td>
<td>Avera Health Plans · Avera MyPlan $2,500 / $6,350 Out-of-Pocket</td>
<td>$25</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Gold PPO</td>
<td>Avera Health Plans · Avera MyPlan $1,500 / 20% Coinsurance</td>
<td>$87</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
Assisters from Navigator Grantee Agencies and Health Centers are experts in Marketplace enrollment.

- Help consumers to understand their enrollment options.
- Provide non-biased enrollment assistance at no cost.
- Help with exemptions, appeals, & grievances.
- Provide *post-enrollment* assistance with health insurance literacy that includes provider networks/formularies/billing (Coverage to Care).

“Data has shown that people who received in-person assistance were 60 percent likelier to *successfully* enroll in coverage.”  Source: Kaiser Family Foundation Survey August 2015
North Dakota Assister Locations

State-wide Navigator Assistance Available:
Great Plains Tribal Chairmen’s Health Board
Minot State University, NDCPD
Open Enrollment for 2017 coverage will be **November 1, 2016 through January 31, 2017.**

Financial help is often available to help pay for Marketplace coverage.

Local in-person assistance is available at no cost. Locate us at “Find Local Help” on [www.healthcare.gov](http://www.healthcare.gov)
[www.getcoveredsouthdakota.org](http://www.getcoveredsouthdakota.org)
[www.getcoverednorthdakota.org](http://www.getcoverednorthdakota.org)

Financial penalties may be incurred for non-coverage.
**Websites:**

- [www.healthcare.gov](http://www.healthcare.gov)
- [www.getcoveredsouthdakota.org](http://www.getcoveredsouthdakota.org)
- [www.getcoverednorthdakota.org](http://www.getcoverednorthdakota.org)

**Marketplace Call Center:** 1-800-318-2596

Customer Representatives 24/7
- English and Spanish
- Language Line for 150 additional Languages
  (Ask for the Language Line when operator answers!)