Open enrollment for individual health insurance is between November 15th and February 15th of each year. If one of these “Qualifying Life Events” occurs between February 16th and November 14th, you or your dependent(s) will be eligible to enroll in a health plan, with your effective date no more than 60 days from the termination date of your previous plan. This means if you wait until the 59th day to enroll after your previous policy has terminated, your enrollment date can be backdated with premium to the day after termination due to the life event.

**Qualifying Life Events**

1. I gained a dependent due to marriage.
2. I gained a dependent due to birth, adoption, or placement for adoption.
3. I am no longer eligible as a dependent under my prior health insurance due to reaching the maximum age, legal separation, divorce or death of policyholder.
4. I am no longer eligible for my prior health insurance plan due to termination of employment, reduction in number of hours of employment, loss of employer contribution toward my premiums, or I have exhausted my COBRA benefits.
5. I gained access to new health plan option because of a permanent move.
6. I am newly ineligible for payments of the advance premium tax credit.
7. I am no longer residing or living in my prior health insurance plan’s HMO service area.
8. I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me.
9. I and/or my dependent(s) lost minimum essential coverage (Due to reasons other than non-payment of premiums or rescission.
10. Other qualifying event (as required or permitted by applicable laws).

**Premium Credit Table**

Under the Affordable Care Act, you may be able to get help paying for your monthly premium depending on your family size and income. The amount of premium credit will depend on your family size and family income. If your family makes less than the yearly income below, you may qualify.

|  |  |
| --- | --- |
| **Family Size** | **Family Income** |
| 1 | $45,960.00 |
| 2 | $62,040.00 |
| 3 | $78,120.00 |
| 4 | $94,200.00 |
| 5 | $110,280.00 |
| 6 | $126,360.00 |

This chart is used for estimating purposes only.

**Medicaid Kicks in at 133% *BELOW* the Federal Poverty Level (FPL)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Household Size** | **100%** | **133%** | **150%** | **200%** | **300%** | **400%** |
| 1 | $11,490 | $15,282 | $17,235 | $22,980 | $34,470 | $45,960 |
| 2 | 15,510 | 20,628 | 23,265 | 31,020 | 46,530 | 62,040 |
| 3 | 19,530 | 25,975 | 29,295 | 39,060 | 58,590 | 78,120 |
| 4 | 23,550 | 31,322 | 35,325 | 47,100 | 70,650 | 94,200 |
| 5 | 27,570 | 36,668 | 41,355 | 55,140 | 82,710 | 110,280 |
| 6 | 31,590 | 42,015 | 47,385 | 63,180 | 94,770 | 126,360 |
| 7 | 35,610 | 47,361 | 53,415 | 71,220 | 106,830 | 142,440 |
| 8 | 39,630 | 52,708 | 59,445 | 79,260 | 118,890 | 158,520 |
| For each additional person, add | $4,020 | $5,347 | $6,030 | $8,040 | $12,060 | $16,080 |

**Coverage Limits of the ACA**

The Out Of Pocket (OOP) Maximum which includes the deductible for an individual is **$6350** and for a family is **$12,700**. All co-payments such as doctor’s office visits now go toward the OOP.

In 2014, the maximum allowable payments to a HSA are $3300 for an individual and $6550 for a family.

**The Ten Essential Health Benefits (EHBs) of the ACA**

1. Hospitalization
2. Prescription Drugs
3. Emergency Services
4. Laboratory Services
5. Ambulatory Patient Services
6. Maternity and Newborn Care
7. Pediatric Dental and Vision Care
8. Rehab and Facilitative Services & Devices
9. Preventative, Wellness & Chronic Disease Management
10. Mental Health, Substance Abuse and Behavioral Health Treatment

**Other Mandates of the ACA**

1. No annual or lifetime dollar limits on EHBs.
2. Adult children may remain on a parents plan until age 26.
3. Plans obtained before March 23rd, 2010 may be “Grandfathered Plans”.

**Excluded Benefits**

1. Non-pediatric dental services.
2. Routine non-pediatric eye exam services.
3. Long term custodial nursing home care.
4. Non-medically necessary orthodontia.
5. A plan is NOT required to cover abortion services.