

The Affordable Care Act, the Marketplace, and the A&M Care Medical Plans

If you are interested in learning more about the Marketplace, visit HealthCare.gov. Create an account with basic information, and then enter information about you, your family, income, household size, etc.

A checklist is available to help with information you may need to collect for this process. Then you'll be able to see the plans and programs in which you're eligible to enroll. You will also find out if you qualify for lower costs on your monthly premiums and out-of-pocket costs based on your income.

Frequently Asked Questions

1. What is the Marketplace?

The Marketplace is a new source of health coverage, which may offer lower costs based on your income.

2. Will Texas A&M System employees and retirees continue to have their choice of A&M Care plans in the future?

Yes, the A&M Care plans are, and will continue to be, available to benefit-eligible employees, retirees, and their dependents.

3. If I am currently enrolled in an A&M Care plan, may I keep my medical coverage?

Yes, all benefits-eligible employees, retirees and their dependents may continue their A&M Care plan coverage.

4. What are my monthly premiums for my A&M Care plan?

Employees may view their premiums online at:

<http://assets.system.tamus.edu/files/benefits/pdf/ae/FY20/aepages/PremiumsFTPT12.pdf>

Retirees may view their premiums online at:

<http://assets.system.tamus.edu/files/benefits/pdf/ae/FY20/aepages.RetireePremiums.pdf>

5. Will I be able to see my same doctor if I purchase coverage through the Marketplace?

It depends on whether you select a plan that has your doctor in its network. HMO plans generally have their own primary care doctors and you must get a referral to see a specialist. Preferred Provider Organizations (PPO) and Point-of-Service plans (POS) give you more choice to see in-network or out-of-network doctors. And PPOs allow you to use any doctor without a referral.

6. Will I be eligible for a subsidy if I purchase medical coverage through the Marketplace?

You may not qualify for lower costs on your monthly premiums and out-of-pocket costs, even if your income would qualify you otherwise. You won't be able to get lower costs if your job-based coverage is considered affordable and meets minimum value.

A job-based health plan is considered "affordable" if the employee's share of premiums for the **lowest self-only** coverage that meets the minimum value standard is less than 9.5% of their family's income.

Most A&M System employees and working retirees will not be eligible for these subsidies because we offer substantial employer contributions toward your coverage. Texas A&M System employees who purchase health insurance coverage through the Marketplace will no longer be eligible for employer contribution toward your medical premium and your premiums will no longer be paid pre-tax, they will be paid after-tax, meaning you must pay tax on your premiums.

7. What kinds of health insurance options are available through the Exchanges/ Marketplaces?

There is a menu of plan designs based on levels of benefits offered through the Marketplace. These plans are called: Bronze, Silver, Gold and Platinum.

Individuals with low and moderate incomes may be eligible for an upfront premium tax credit (subsidy) when purchasing insurance through the Marketplaces in order to reduce their monthly premiums. Premium tax credits (subsidies) will be based on the lowest cost “Silver Plan”. That amount can be used to purchase a lesser or greater plan, however, the individual will be responsible for any additional premium.

Once enrolled in a Marketplace plan, you must continue enrollment in the same plan throughout the policy year unless a qualifying life event occurs, such as moving to a new state, certain changes in income, or changes in family size (i.e., marriage, divorce, or birth of a child).

8. Who is eligible for a premium tax credit, or subsidy, through the Marketplace?

Eligibility for premium tax credit (subsidy) is based on the Tax Filing and Social Security data provided by the applicant to verify household income. Therefore, if a student is considered a dependent on their parents’ tax return, their eligibility for a subsidy is based on their parents’ income.

To qualify for a premium tax credit (subsidy) to purchase insurance through the Marketplace in a State that has not expanded Medicaid (Texas), one must be a member of a household with earnings between 100% and 400% of the Federal Poverty Level, with no access to affordable employer-sponsored coverage.

To determine your eligibility for a premium tax credit (subsidy) go to www.healthcare.gov or call the Customer Service Center at 1-800-318-2596.

9. How can I calculate the premium tax credit, or subsidy, I may be eligible for through the Marketplace?

The Kaiser Family Foundation has created a Subsidy Calculator, located at: <http://kff.org/interactive/subsidy-calculator/>. You may also go to www.healthcare.gov, select your State, and complete the application process to determine your qualifications for a subsidized premium through the Marketplace.

10. If I purchase medical coverage for myself or my dependents through the Marketplace, can I drop the A&M Care plan?

You cannot drop A&M System coverage until the next Annual Enrollment period. Changing to Marketplace coverage is not considered a change of status, which is necessary to make changes in your A&M Care plan during the year. Remember that if you elect to enroll in medical coverage through the Marketplace instead of remaining enrolled in the A&M Care plan, you will no longer receive the employer contribution currently being applied towards your A&M Care coverage. And your premiums will no longer be paid pre-tax, they will be paid after-tax.

11. If I want to re-enroll in the A&M Care plan, after being enrolled in the Marketplace, is that possible?

You will not be able to re-enroll until the next Annual Enrollment period in July.

12. What health insurance options are available to college students?

College students may be eligible for the following health insurance options:

- Coverage as a dependent on parents' health insurance plan to the age of 26
- Coverage through Medicaid based on expanded eligibility requirements in some States
- Coverage through the Exchange/Marketplace; with premium tax credit, or subsidy, if income requirements are met
- Catastrophic Plan offered through the Exchange/Marketplace
- School-Sponsored Student Health Insurance Plan
- Coverage through an Individual Health Plan offered outside of the Exchange/ Marketplace

13. Does coverage under a Student Health Insurance Plan satisfy the "Individual Mandate" requirement of Minimum Essential Coverage?

The Individual Mandate goes into effect in 2014 and will require documentation of Minimum Essential Coverage on Federal Tax returns. Coverage under a Student Health Insurance Plan does satisfy this requirement because it meets the Department of Health and Human Services (HHS) definition of providing Minimum Essential Coverage. Student Health Insurance Plans and plans offered through the Exchanges/Marketplaces cover Essential Health Benefits which include: Ambulatory Patient Services, Emergency Services, Hospitalization, Maternity & Newborn Care, Mental Health / Substance Abuse Disorder Services, Rehabilitative Services, Durable Medical Equipment / Devices, Prescription Drugs, Diagnostic Tests, and Wellness/Preventive Care. In the 2014-2015 policy year, in addition to the coverage currently in place, fully-insured Student Health Insurance Plans will provide unlimited benefits and coverage for pre-existing conditions. In addition, pediatric dental and vision benefits will be covered up to the age of 19.

14. Are International students eligible to purchase a plan through the Exchange/ Marketplace? If so, are they eligible for a premium tax credit or subsidy?

International students who are legally in the United States are eligible to purchase a plan through the Exchange/Marketplace, but are not eligible for a premium tax credit (subsidy).

15. Is there a penalty for not having Minimum Essential Coverage?

No. There was previously a penalty but it has since been removed. The initial amount of the penalty was \$95.00 or 1% of individual's income, whichever was greater on the individual's tax return. This could change in the future.

16. Is anyone exempt from the Individual Mandate and subsequent penalty?

Individuals NOT subject to penalty are:

- Undocumented Immigrants
- Those with individual income below the Internal Revenue Service (IRS) tax filing threshold (\$10,000 for individuals/ \$20,000 for families in 2013)
- Those that would be required to spend 8% of their income on health insurance
- Incarcerated individuals
- Members of a federally-recognized Native American tribe
- Members of a religion who oppose benefits from a health insurance policy