

CITY OF PHOENIX- PRE-65 RETIREES HEALTHCARE MARKETPLACE EDUCATIONAL SESSION

June 24, 2025



FOSTER & FOSTER
ACTUARIES AND CONSULTANTS

Agenda Items

- ✓ Marketplace and Eligibility
- ✓ Health Insurance Companies and Essential Health Benefits
- ✓ Comparing the 4 Health Plan Categories / Metals
- ✓ Affordability Programs
- ✓ When to Enroll & How to Apply
- ✓ Steps for Applying on HealthCare.gov & How to Get Help
- ✓ Marketplace Call Center
- ✓ Information to Gather to Apply and Enroll
- ✓ Medicaid / CHIP Information
- ✓ Key Points to Remember
- ✓ Acronyms

This presentation shall help you:

- Understand the Marketplace options available
- Understand Marketplace coverage eligibility and income requirements
- Understand the enrollment process
- Find resources and assistance
- PLEASE DO NOT UNENROLL FROM CITY COVERAGE UNTIL YOU HAVE OR PURCHASE NEW COVERAGE DURING OPEN ENROLLMENT FOR A JANUARY 1, 2026, EFFECTIVE DATE

Marketplace and Eligibility



A service that helps people shop for and enroll in health insurance online, over the phone or with in-person help



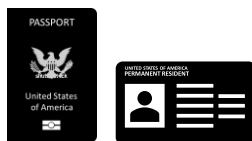
Allows you to compare private health plans on the basis of price, benefits, quality, and other factors

- States that manage all Marketplace functions are state-based Marketplaces (SBM)
- Some states have a SBM that uses the federal platform (SBM-FPs)
- States that choose to have the federal government manage all Marketplace functions are federally-facilitated Marketplaces (FFM)
- Arizona is an FFM

To be eligible, you must:



Live in the U.S. in a state served by the Marketplace where you're applying, and the required income level to receive financial assistance



Be a U.S. citizen, U.S. national, or lawfully-present immigrant for the entire time you plan to have coverage



Not be incarcerated (unless pending disposition of charges)

- NOTE: Some people who apply for coverage through the Marketplace qualify for coverage through Medicaid or the Children's Health Insurance Program (CHIP). If they qualify, their state will enroll them.

Health Insurance Companies and Essential Health Benefits

Marketplace health insurance companies must:

- Be licensed by the state and in good standing
- Offer health plans that meet the Marketplace plan requirements to:
 - Provide qualifying health coverage with at least the essential health benefits,
 - Follow cost-sharing requirements, and
 - Meet certain requirements for nondiscrimination and network adequacy
- Offer at least one Silver plan and one Gold plan
- Charge the same premium whether offered through a Marketplace or outside a Marketplace

All Marketplace plans must cover these 10 essential health benefits:

1. Ambulatory patient services, like doctor and clinic visits
2. Emergency services, like ambulance, first aid, and rescue squad
3. Hospitalization, like surgery and overnight stays
4. Pregnancy, maternity, and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices, like therapy sessions, wheelchairs, and oxygen
8. Laboratory services
9. Preventive and wellness services and chronic disease management, like blood pressure screenings, and immunizations
10. Pediatric services, including dental and vision care

Comparing the 4 Health Plan Categories / Metals

How you and your insurance plan pay for your care (% the plan pays, and you pay, are broad estimates)	Bronze	Silver	Gold	Platinum
Deductible is generally	High	Moderate	Low	Low
Plan pays	60%	70%	80%	90%
You pay	40%	30%	20%	10%

NOTE: Congress is still deliberating on the future of cost-sharing reductions (CSR's) in 2026. In 2025, if you qualify for CSR's, you **must** pick a Silver plan to get the extra savings.

- There are Catastrophic Health Plans available that offer coverage lower than Bronze that have the have higher deductibles and lower premiums, but eligibility ends at age 30 unless you qualify for a hardship or affordability exemption

Affordability Programs: Premium Tax Credit

- The premium tax credit is a credit based on income and household size that can lower your monthly insurance payment when you enroll in a plan through the Health Insurance Marketplace
- Originally under the PPACA, Marketplace plans offered premium credits if the enrollee had household income for the coverage year between 100%–400% of the Federal Poverty Level (FPL) (if you met other eligibility criteria).
 - **In expanded Medicaid states including Arizona, enrollees must earn 138% or more of the FPL to be eligible for ACA coverage/credits (financial assistance)**
- Expiring in 2026, the American Rescue Plan (ARPA) and Inflation Reduction Act (IRA) allowed many consumers to qualify for additional “enhanced” premium credits in excess of those authorized through the original PPACA
 - ARPA/IRA capped premiums at 8.5% of household income for the benchmark plan (second lowest cost silver plan) based on household size which benefitted most participants, even those making over 400% of the FPL
 - On average, the expiration of these credits in 2026 is projected to result in a +75% increase in net premium payments for many enrollees as compared to 2025 (Peterson Center on Healthcare & Kaiser Family Foundation)
- Some in Congress have indicated their willingness to extend the enhanced premium tax credits but it has not as of yet been included in the current budget reconciliation process

Affordability Programs: Premium Tax Credit (table format)

Feature	APTC (Original ACA Tax Credit)	Enhanced PTC (Current Law under IRA & ARPA)
Income Cap	Available for incomes between 100% and 400% of the Federal Poverty Level (FPL)	Removes the 400% FPL cap, allowing middle-income individuals to qualify
Subsidy Amount	Based on a sliding scale; lower-income enrollees receive larger subsidies	Lowers the percentage of income required to purchase a benchmark Silver plan
Zero-Premium Plans	No enrollee is eligible for zero-premium benchmark plans	Those earning up to 150% FPL qualify for \$0 premium Silver benchmark plans (second-lowest-cost Silver plans)
Expiration Date	Permanent under the ACA	Set to expire after 2025, unless Congress extends it

- To get an estimate of 2025 premium tax credits, visit <https://www.kff.org/interactive/subsidy-calculator/>
- **Premium amounts and credits for 2026 will not be available until the enrollment period begins**

Affordability Programs: Cost-Sharing Reductions (CSRs)

- The ACA requires insurers to offer plans with reduced patient cost-sharing (e.g., deductibles and copays) to marketplace enrollees with incomes between 100 and 250% of the poverty level
 - The budget reconciliation bill passed by the House in May 2025 appropriates funding for cost-sharing reductions or CSR's
- If you qualify for the premium tax credit, you might also qualify for cost-sharing reductions (CSRs), called "extra savings."
 - The amount you'll save on out-of-pocket costs depends on your specific income estimate. The lower your income within the range, the more you'll save.
 - You'll find out exactly how much you'll save only after you apply and shop for Silver plans in the Marketplace.
- If you qualify for savings on out-of-pocket costs and enroll in a Silver plan, you'll have a lower deductible, copayments or coinsurance and a lower out-of-pocket maximum
- To get an estimate, visit [HealthCare.gov/lower-costs/qualifying-for-lower-costs](https://www.healthcare.gov/lower-costs/qualifying-for-lower-costs), or for more information, visit [HealthCare.gov/lower-costs/save-on-out-of-pocket-costs](https://www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs)

To be eligible for CSR based on income, you must:



Have a household income under 250% of the FPL



Be eligible for the premium tax credit



Enroll in a Silver plan through the Marketplace

When to Enroll & How to Apply

You can enroll in or change Marketplace plans during the annual Open Enrollment Period (OEP) or during a Special Enrollment Period (SEP):

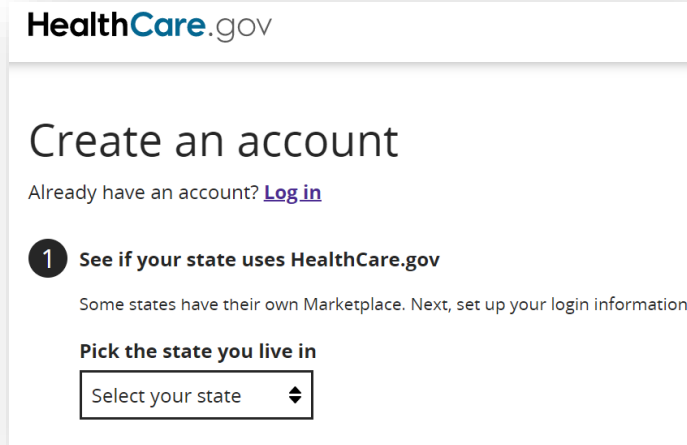
- You can enroll in Medicaid and CHIP any time of the year
- In the federally-facilitated Marketplace (FFM), the OEP is **November 1 – December 15, 2025**, for a January 1, 2026, coverage begin date
- You may enroll between **December 16 – January 15, 2026**, for a February 1, 2026, coverage begin date but then the OEP is finished
- Certain life events may qualify you for an SEP
 - Losing health coverage
 - Moving
 - Getting married
 - Having a baby/adopting a child

You can apply for Marketplace coverage through:

- [HealthCare.gov](https://www.healthcare.gov) (English) and [CuidadoDeSalud.gov](https://www.cuidadoDESALUD.gov) (Spanish)
- Some Marketplace plan issuers (direct to carrier)
- Marketplace Call Center: [\(800\) 318-2596](tel:8003182596)
- State-based Marketplaces (SBM) by visiting [HealthCare.gov/marketplace-in-your-state](https://www.healthcare.gov/marketplace-in-your-state)
- Marketplace enrollment assisters (navigators)
- Marketplace-registered agents and brokers, or web-broker sites
- Paper application

Steps for Applying on HealthCare.gov & How to Get Help

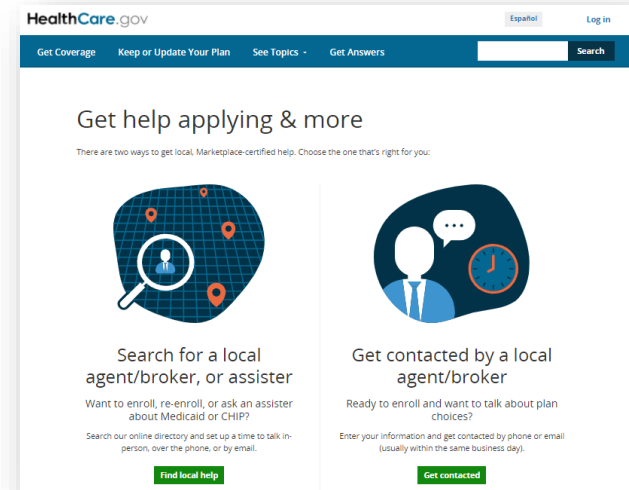
Applying for marketplace coverage starts by creating an account and getting familiar with the tools/resources



The screenshot shows the 'Create an account' page on HealthCare.gov. At the top, it says 'HealthCare.gov'. Below that, the heading 'Create an account' is followed by the text 'Already have an account? [Log in](#)'. A numbered step '1' indicates 'See if your state uses HealthCare.gov'. Below this, it says 'Some states have their own Marketplace. Next, set up your login information.' and 'Pick the state you live in'. There is a dropdown menu labeled 'Select your state'.

1. Create a Marketplace account on [Healthcare.gov](https://www.healthcare.gov)
2. Get ready to apply by gathering all the necessary information (see following slide)
3. On or after November 1, get “Eligibility Results” right away
4. Enroll in health coverage

There are several ways to get help applying and enrolling in health insurance

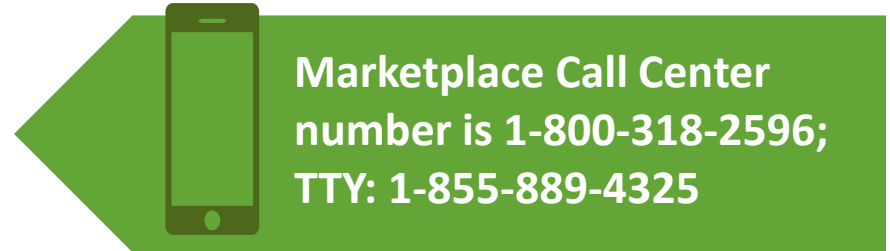


The screenshot shows the 'Get help applying & more' page on HealthCare.gov. At the top, it says 'HealthCare.gov' and 'Español Log in'. Below the navigation bar, the heading 'Get help applying & more' is followed by the text 'There are two ways to get local, Marketplace-certified help. Choose the one that's right for you:'. There are two main options: 'Search for a local agent/broker, or assister' and 'Get contacted by a local agent/broker'. Each option has a brief description and a 'Find local help' or 'Get contacted' button.

- Navigators
- Certified Application Counselors
- Enrollment Assistance Personnel
- Agents and Brokers
- Go to [Healthcare.gov/find-assistance](https://www.healthcare.gov/find-assistance) for more information or [localhelp.HealthCare.gov/get-contacted](https://localhelp.healthcare.gov/get-contacted) and an agent/broker will contact you

Marketplace Call Center

- Helps you in federally-facilitated Marketplaces (FFMs) or state-based Marketplace on the federal platform (SBM-FP)
- Customer service representatives are available 24/7
- Help with eligibility, enrollment, and referrals
- Assistance in English and Spanish
- Oral interpretations in over 240 additional languages



Information to Gather to Apply and Enroll

1. Household information including your current doctors, facilities and prescribed drugs

Before purchasing a plan, we recommend verifying that your current medical providers are in-network and your current prescription drugs are covered. Do not assume that providers and prescription drugs will be covered in the selected plan. Both can be verified through any of the methods to apply.

2. Home and/or mailing addresses for everyone applying for coverage
3. Information about everyone applying for coverage
4. A social security number for each person
5. Information about the professional helping you apply
6. Immigration document information for each lawfully present immigrant
7. Information on how you'll file your taxes
8. Employer and income information for everyone in your household
9. Your best estimate of your household income
10. Current health coverage information
11. Employer information
12. Health Reimbursement Arrangement (HRA) notice (if anyone's offered an HRA through their employer)
13. Detailed information regarding all the necessary information to gather can be found here:
<https://www.healthcare.gov/downloads/apply-for-or-renew-coverage.pdf>

Get Ready to Apply or Re-Enroll in Your Health Insurance Marketplace® Coverage

To apply for or re-enroll in your Marketplace coverage, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

Have this information ready before you start your application. It will help you fill out your application faster.

Health Insurance Marketplace

What do I need?	Why do I need this?	Is it ready?
Your information	Your Marketplace application will ask for basic information, including your name and date of birth.	<input type="checkbox"/>
Information about your household	Your Marketplace application will ask about each person in your household, even those not applying for coverage. For the Marketplace, your household usually includes the tax filers and their tax dependents, but there are exceptions. Sometimes it includes people you live with who aren't in your tax household. Include yourself on your application. As you fill out your application, you may be asked questions about the following people: <ul style="list-style-type: none"> Your spouse Your children who live with you, even if they make enough money to file a tax return themselves Anyone you include on your tax return as a dependent, even if they don't live with you Anyone else under 21 who you take care of and lives with you Your unmarried partner, only if one or both of these apply: <ul style="list-style-type: none"> They're your dependent for tax purposes They're the parent of your child For more information, visit HealthCare.gov/income-and-household-information/ or call the Marketplace Call Center.	<input type="checkbox"/>
Home and/or mailing addresses for everyone applying for coverage	Where you live can affect what health coverage you're eligible for. You'll select your state at the beginning of the application. You'll enter your home address to show if you're a resident of the state where you're looking for coverage. You'll be asked for your mailing address. This is usually the same as your home address. If it's not, provide a mailing address in the state you live in. If anyone on your application has a different home or mailing address, you'll need to have it also.	<input type="checkbox"/>
Information about everyone applying for coverage	Your Marketplace application will ask for basic information about everyone applying for coverage, including their relationship to you.	<input type="checkbox"/>
	Security income (SSI) <ul style="list-style-type: none"> Alimony for divorce and separations finalized before January 1, 2019 Retirement or pension income, including most IRA or 401k withdrawals Investment income, like dividends or interest Rental income Other taxable income For more information on income or what income sources to include, visit HealthCare.gov/income-and-household-information/income .	<input type="checkbox"/>
	disability payments (but not Supplemental Security Income (SSI)) <ul style="list-style-type: none"> Alimony for divorce and separations finalized before January 1, 2019 Retirement or pension income, including most IRA or 401k withdrawals Investment income, like dividends or interest Rental income Other taxable income For more information on income or what income sources to include, visit HealthCare.gov/income-and-household-information/income .	<input type="checkbox"/>
	Your best estimate of your household income Your Marketplace application may ask for an estimate of what your household's income will be in the year you're applying for coverage. If you're not sure, it's okay to make your best estimate. If your income changes, or is different than what you estimated, you'll need to update this information later. For more information, visit HealthCare.gov/reporting-changes/why-report-changes . To help you calculate your household income, visit HealthCare.gov/income-calculator .	<input type="checkbox"/>

need this?

need this?	Is it ready?
each person's 9-digit SSN, even those who will confirm the SSNs with Social Security at the start of your application. If you don't have more information at a later time.	<input type="checkbox"/>
if application, you'll enter their names, addresses, certified application numbers, agents, and brokers.	<input type="checkbox"/>
recent immigrant who needs coverage, from their immigration documents.	<input type="checkbox"/>
married, the Marketplace needs to know to be asked about who you claim as a tax dependent.	<input type="checkbox"/>
about the income and expenses of each person's W-2 form and pay stubs	<input type="checkbox"/>
ent or business	<input type="checkbox"/>

Information

cash, gifts, or other perks. Marketplace insurance.

Apply online or contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) for help with your application, choices, and enrollment.

Visit [HealthCare.gov/protect-from-fraud-and-scams](https://www.healthcare.gov/protect-from-fraud-and-scams) for more tips on protecting yourself from fraud and what to do if you suspect something suspicious.

You have the right to get your information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against.

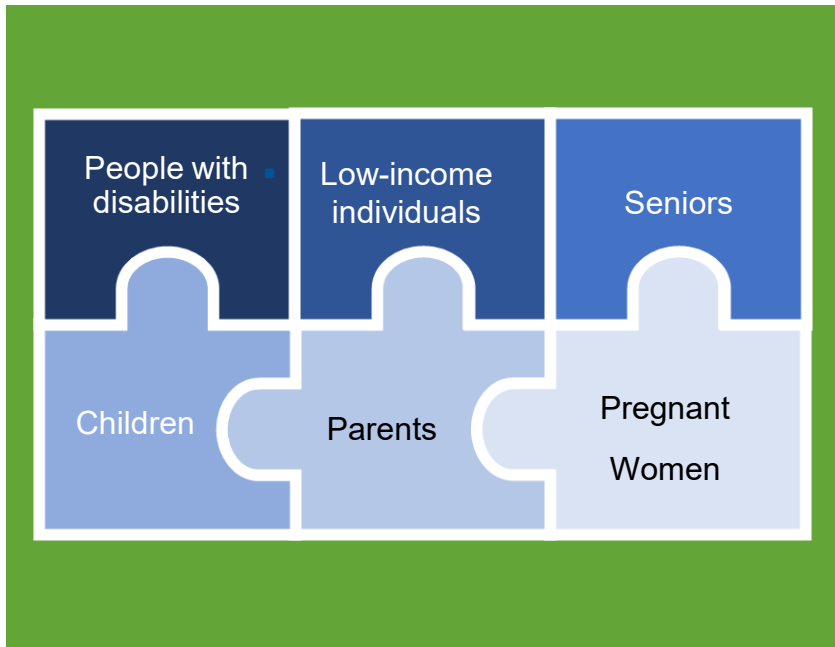
Visit [CMS.gov/About-CMS/About-Web-Policies/Important-Links/Accessibility-Notice](https://www.cms.gov/About-CMS/About-Web-Policies/Important-Links/Accessibility-Notice) or call 1-800-318-2596. TTY users can call 1-855-889-4325.

Health Insurance Marketplace
CMS Product No. 11896
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This product was produced at U.S. Department of Health and Human Services as part of the U.S. Department of Health and Human Services' commitment to transparency and accountability.

HealthCare.gov

Medicaid/CHIP

Medicaid provides health coverage to over 80 million people – if you're eligible for Medicaid/CHIP then financial assistance through a Marketplace plan will probably not be available



- Medicaid is a joint federal and state program
- Helps pay health care costs for people with limited income and resources, or whose medical expenses exceed their available income
- Some people qualify for Medicare and Medicaid
- May cover services that Medicare may not or may partially cover, like nursing home care, personal care, and home- and community-based services
- If you are eligible for Medicaid/CHIP coverage, you're generally not eligible for financial assistance for a Marketplace plan

Marketplace & Medicaid/CHIP Assessment or Determination

- When you fill out a Marketplace application, the Marketplace will assess or determine your eligibility for Medicaid and CHIP (depending on your state's process).
- If you're assessed or determined eligible for Medicaid/CHIP, your application information will be sent by secure, electronic transfer to your state Medicaid/CHIP Agency.
- In certain states, the Marketplace doesn't provide the final decision on Medicaid eligibility. Instead, the Marketplace conducts an assessment and passes the application to the State Medicaid agency to conduct a final eligibility determination. If you're referred to your state with a:
 - Medicaid/CHIP assessment, you'll get information about next steps, including a request for any information needed to complete the eligibility determination.
 - Medicaid/CHIP determination, you'll get enrollment/coverage information, or a notice requesting information needed to complete the eligibility determination/enrollment, as applicable.
- If you aren't eligible for Medicaid/CHIP, you'll be evaluated for eligibility for Marketplace coverage that may include financial help.

Key Points to Remember

- PLEASE DO NOT UNENROLL FROM CITY COVERAGE UNTIL YOU HAVE OR PURCHASE NEW COVERAGE DURING OPEN ENROLLMENT FOR A JANUARY 1, 2026, EFFECTIVE DATE
- A Marketplace is a way for you, if you qualify, to find and buy health insurance.
- The Marketplace OEP runs from November 1 – January 15 and coverage begins either January 1 or February 1, based on when you enroll (enrollment period dates in state-based Marketplaces (SBMs) may differ).
- You may enroll in or change plans during a Special Enrollment Period (SEP), if you qualify.
- You can enroll in Medicaid or the Children's Health Insurance Program (CHIP) anytime.
- States may operate their own Marketplace. You can find more information on whether your state has its own Marketplace at [HealthCare.gov/marketplace-in-your-state](https://www.healthcare.gov/marketplace-in-your-state).

Acronyms

ACA Affordable Care Act

AI/AN American Indian/Alaska Natives

APTC Advance Payments of the Premium Tax Credit

ARP American Rescue Plan Act

AV Actuarial Value

CHIP Children's Health Insurance Program

CMS Centers for Medicare and Medicaid Services

CSR Cost-sharing Reductions

EFT Electronic Fund Transfer

FFM Federally-facilitated Marketplaces

FPL Federal Poverty Level

HHS Department of Health & Human Services

HRA Health Reimbursement Arrangement

IEP Initial Enrollment Period

OEP Open Enrollment Period

QSEHRA Explain Qualified Small Employer Health Reimbursement Arrangement

SBM State-based Marketplaces

SBM-FP State-based Marketplaces-Federal Platform

SEP Special Enrollment Period

SHOP Small Business Health Options Program

STDLI Short-term, Limited-Duration Insurance