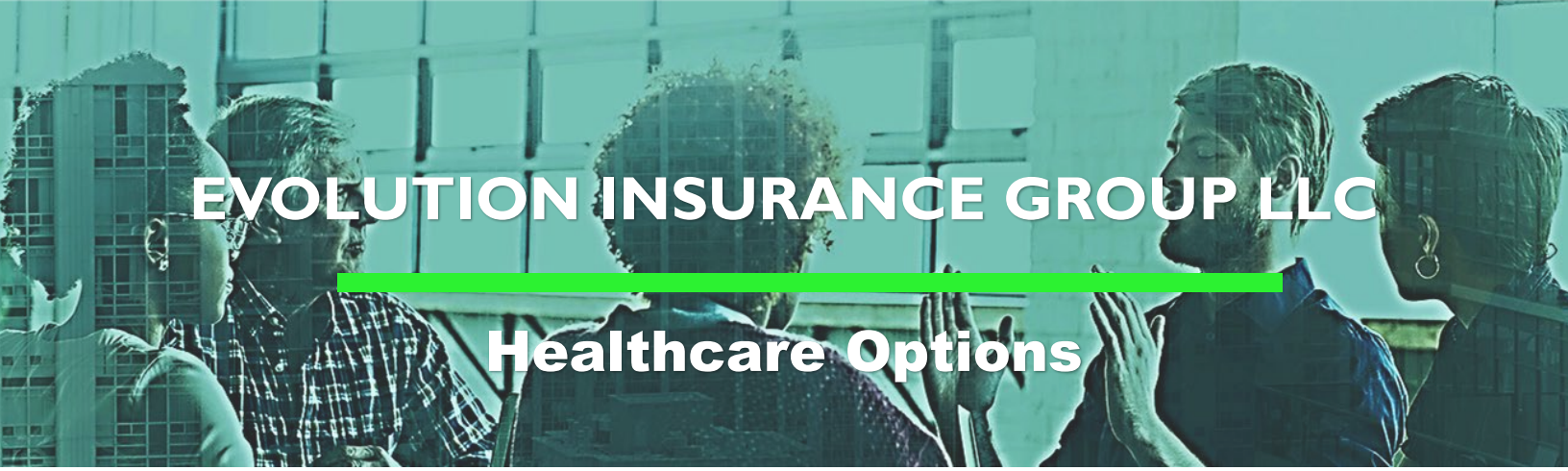

Frequently Asked Questions

Marketplace Eligibility

1. What is the Health Insurance Marketplace?

Health Insurance Marketplaces (also known as Exchanges) are organizations set up to create more organized and competitive markets for buying health insurance. They offer a choice of different health plans, certify plans that participate, and provide information and in-person assistance to help consumers understand their options and apply for coverage. Through the Marketplace, individuals and families can shop for coverage if they need to buy health insurance on their own. Premium and cost sharing subsidies based on income are available through the Marketplace to make coverage affordable for individuals and families. People with very low incomes can also find out at the Marketplace if they are eligible for coverage through Medicaid and CHIP. Evolution Insurance Group is a national insurance call center that has certified and license web-brokers available to assist with Marketplace plans and options.

2. Who can buy coverage in the Marketplace?

Most people can shop for coverage in the Marketplace. To be eligible you must live in the state where your Marketplace is, you must be a citizen of the U.S. or be lawfully present in the U.S., and you must not currently be incarcerated.

Not everybody who is eligible to purchase coverage in the Marketplace will be eligible for subsidies, however. To qualify for subsidies (also called premium tax credits) people will have to meet additional requirements having to do with their income and their eligibility for other coverage.

3. What documents or information will I need to enroll?

- Information about your household size. Figure out who in your household will apply together before you start your application.
- Home and/mailing address addresses for everyone applying for coverage.
- Information about everyone applying for coverage, including dependents who live in your household who are not applying, like Social Security Numbers, date of birth, and their income.
- Information on how you plan on filing your taxes in 2021.
- Employer and income information for every member in your household (for example, from pay stubs or W-2s).
- Your best estimate of what your income will be.
- Policy numbers for any current health plans covering members of your household.
- Notices from your current plan that include your plan ID.
- Document information for legal immigrants and naturalized citizens.

4. Can I buy a plan in the Marketplace if I do not have a green card?

If you are not a U.S. citizen, a U.S. national, or an alien lawfully present in the U.S., you are not eligible to buy a plan on the health insurance Marketplace. However, you can shop for health insurance outside of the Marketplace in the non-group market. Insurers outside of the Marketplace are prohibited from turning you down based on your health status or your immigration status and must follow generally the same rules as plans in

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the Marketplace. To obtain coverage, contact a state-licensed health insurance company or a licensed agent or broker. Your state Department of Insurance can help you find one.

5. **I live in a different state during the year. My summer home is in a northern state; my winter home is in a southern state. Where do I sign up for health coverage? And if I sign up for plan in one state, how do I find in-network health providers in the other state?**

   You should buy coverage in the state where you officially reside. Most states consider you a resident if you intend to make that state your permanent home. So-called "snowbirds" may own a second home and live part of the year in another state, but their official state of residence is where they spend most of the year, where they pay taxes, where they register their cars, or are registered to vote.

   If you are buying coverage in your state of residency but spend a significant amount of time in a different state, you may want to explore plans offered by insurers that use a national provider network so that you could find participating providers in more than one state.

6. **We buy health coverage in our state Marketplace and our son or daughter attends college in a different state. We want to cover him or her on our policy. Can we do that?**

   Yes, you can. One key consideration, though, will be whether he can access in-network services while he is away at school. Some insurers sell coverage in many states and offer a regional or national provider network. In addition, some health plans may have agreements with insurers in other states to cover their providers as though they were in-network. If you cannot find a plan that offers network providers in both states, you could

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consider buying a separate plan for your son or daughter. You could also evaluate what out-of-network coverage, if any, your plan offers.

Marketplace Enrollment Periods

7. **When can I enroll for a private health plan coverage through the Marketplace?**

In general, you can only enroll in non-group health plan coverage during the Open Enrollment period.

For 2021 coverage, the Open Enrollment period in HealthCare.gov states begin November 1, 2020 and extends through December 15, 2020 at 12:00 am ET. If you plan to sign up, be sure to complete your application and select your plan before 12:00 am on December 15, 2020.

Once the Open Enrollment period is over, individuals and families will not be able to enroll in Marketplace health plans until the next Open Enrollment period. However, if you experience certain changes in circumstances during the year, you will have a special 60-day opportunity to enroll in Marketplace health plans, outside of the Open Enrollment period.

For individuals and families buying non-group coverage on their own, outside of the Marketplace, you can only enroll in coverage during Open Enrollment periods and special enrollment opportunities, as well.

American Indians and Alaska Natives can enroll in Marketplace coverage throughout the year, not just during Open Enrollment.

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In response to the COVID-19 crisis, most state-run Marketplaces have opened a special Open Enrollment period when people uninsured for any reason can sign up for coverage. The state websites and new deadlines are:

California	July 31, 2020
Colorado	April 30, 2020
Connecticut	April 17, 2020
District of Columbia	September 15, 2020
Maryland	July 15, 2020
Massachusetts	July 23, 2020
Minnesota	April 21, 2020
Nevada	May 15, 2020
New York	July 15, 2020
Rhode Island	April 30, 2020
Vermont	August 14, 2020
Washington	May 8, 2020

8. How long after I enroll in a plan will coverage take effect?

In most states if you enroll in a private health insurance plan any time between November 1 and 12:00 am ET on December 15 and make your first premium payment by the due date specified by your plan, your new health coverage starts January 1. However, a time outside the yearly Open Enrollment Period when you can sign up for health insurance. You qualify for a Special Enrollment Period if you have had certain life events, including losing health coverage, moving, getting married, having a baby, or adopting a child.

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Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the event to enroll in a plan. If you miss your Special Enrollment Period window, you may have to wait until the next Open Enrollment Period to apply.

You can enroll in Medicaid or the Children's Health Insurance Program (CHIP) any time of year, if you are eligible, whether you qualify for a Special Enrollment Period or not.

Job-based plans must provide a Special Enrollment Period of at least 30 days.

9. **I signed up for a Bronze plan with a high deductible during Open Enrollment. Now six months later, I need surgery and would rather be in a different plan with a lower deductible. Can I change plans?**

No, in general, once you sign up for a plan, you are locked into that coverage for 12 months, or until the next Open Enrollment period. A change in health status does not make you eligible for a special enrollment opportunity.

10. **What happens if I want to quit a Marketplace health plan during the year or I return to work and choose to enroll back into my employer sponsored plan?**

It is important that you contact both Evolution Insurance Group or the Marketplace and the health plan and let them know you no longer need coverage. In HealthCare.gov states, you can log into your Marketplace account, select the "terminate coverage" option, and enter the required information.

If you have a family policy and want to remove one person from the policy but keep coverage in effect for others, in HealthCare.gov states, log in to your Marketplace account, select the "reporting a life change" option, and enter the required information.

If you have questions about these changes, seek help from Evolution Insurance Group LLC, call **678-915-2982** for assistance. We are open 24/7 during Open Enrollment

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Period. Our normal business hours outside of Open Enrollment Period is Monday – Friday, 8AM – 8PM EST (effective 8/1/2020).

Making these changes through your Marketplace account will create a written record that you tried to end coverage.

Do not simply stop paying the premium for your Marketplace health plan to terminate coverage. Nonpayment will eventually cause your coverage to end, but in the future, if you try to enroll in coverage again with that insurer, you might be prevented from doing so until you repay the missed premium.

11. Do I have to prove eligibility for a special enrollment period?

Yes, in most states. The federal Marketplace (HealthCare.gov) requires people to provide documentation of eligibility for special enrollment before you can enroll in coverage. You can **FAX** documents to Evolution Insurance Group LLC's secure and dedicated line, **678-550-7250**. Our call center web-brokers can assist you with uploading or sending documents. Pre-enrollment verification is required for the following qualifying events:

- Loss of minimum essential coverage
- Permanent move
- Marriage
- Adoption, placement for adoption, placement for foster care, or child support or other court order, and

If you experience one of these qualifying events and apply for coverage in a federal Marketplace state, HealthCare.gov will let you select a health plan, but will delay the effective date of coverage while it verifies your eligibility for the SEP.

HealthCare.gov will tell you what documents are acceptable to verify your eligibility for the SEP and how to submit them. Once you apply for the SEP and select a health plan, you will have 30 days to provide documentation to the Marketplace. Once the Marketplace verifies your eligibility, you will be able to complete enrollment in the plan you selected.

It is very important to act quickly to complete this verification process. If you do not submit the required documentation within 30 days, your plan selection will be cancelled, and you will no longer be eligible for the SEP.

If you submit documentation on time but the Marketplace determines it to be insufficient, you can apply for an extension of the 30-day review period to submit additional documentation. However, you cannot apply for an extension of your special enrollment period. If your eligibility is not verified by the end of your 60-day SEP, your plan selection will be cancelled, and you will not be able to enroll until the next open enrollment period.

12. I am leaving my job and will be eligible for COBRA. Can I shop for coverage and subsidies on the Marketplace instead?

Yes, leaving your job and losing eligibility for job-based health coverage will trigger a special enrollment opportunity that lasts for 60 days. You can apply for Marketplace health plans and (depending on your income) for premium tax credits and cost sharing reductions during that period. If you enroll in COBRA coverage through your former

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employer, however, you will need to wait to the next Marketplace Open Enrollment period if you want to switch to a Marketplace plan.

13. I have COBRA and am finding it difficult to afford, but Open Enrollment is over. Can I drop my COBRA and apply for a non-group coverage outside of Open Enrollment?

No, voluntarily dropping your COBRA coverage or ceasing to pay your COBRA premiums will not trigger a special enrollment opportunity. You will have to wait until you exhaust your COBRA coverage or until the next Open Enrollment (whichever comes first) to sign up for other non-group coverage.

14. I am eligible for COBRA but have not elected it yet. Does that affect my eligibility for Marketplace subsidies?

No, just being eligible for COBRA does not affect your eligibility for premium tax credits or cost-sharing assistance if you enroll in a Marketplace plan.

15. I am enrolled in COBRA now, but I want to drop it. Does that affect my Marketplace eligibility for Marketplace subsidies?

No, having COBRA does not affect your eligibility for premium tax credits. However, you can only drop COBRA and sign up for a Marketplace plan and premium tax credits during Open Enrollment. You will have to drop your COBRA coverage effective on the date your new Marketplace plan coverage begins. After Open Enrollment ends, however, if you voluntarily drop your COBRA coverage or stop paying premiums, you will not be eligible for a special enrollment opportunity and will have to wait until the next Open Enrollment period.

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16. Can I buy or change private health plan coverage outside of Open Enrollment Period?

In general, you can have a special enrollment opportunity to sign up for private, non-group coverage during the year, other than during Open Enrollment period, if you have a qualifying life event. Events that trigger a special enrollment period (SEP) are:

- Loss of eligibility for other coverage (for example if you quit your job or were laid off or if your hours were reduced, or if you lose student health coverage when you graduate) Note that loss of eligibility for other coverage because you didn't pay premiums does not trigger a special enrollment opportunity
- Marriage (limitations apply)
- Gaining a dependent (for example, if you give birth to or adopt a child). Note that pregnancy does NOT trigger a special enrollment opportunity in most states
- Loss of coverage due to loss of dependent status (for example, because of divorce, legal separation, death, or "aging off" a parent's plan when you turn 26)
- A permanent move to another state or within a state if you move outside of your health plan service area (limitations apply)
- Exhaustion of COBRA coverage
- Losing eligibility for Medicaid or the Children's Health Insurance Program
- Income increases or decreases enough to change your eligibility for Marketplace subsidies
- Change in immigration status
- Enrollment or eligibility error made by the Marketplace or another government agency or somebody, such as an assister, acting on their behalf.

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Note that some triggering events will only qualify you for a SEP in the health insurance Marketplace; they do not apply in the outside market. For example, if you gain citizenship or lawfully present status, the Marketplace must provide you with a special enrollment opportunity.

When you experience a qualifying event, your SEP will last 60 days from the date of that triggering event. If you can foresee loss of other coverage (for example, you know the date when you will graduate and lose student health coverage) you can ask the Marketplace for a SEP up to 60 days in advance so new coverage will take effect right after your old coverage runs out. However, in HealthCare.gov states, you cannot ask for an advance SEP if you anticipate coverage loss due to a permanent move.

States have flexibility to expand special enrollment opportunities for consumers. Check with your State Marketplace for more information.

17. I am covered as a young adult dependent on my parent's policy now, but my 26th birthday in next summer, at which I will not be eligible for dependent coverage any longer. Should I apply for Marketplace health plans and subsidies now, during Open Enrollment?

You can remain covered as a dependent on your parent's policy until you turn 26. Once you lose eligibility as a dependent, you will qualify for a special enrollment opportunity. At that point, you will also be able to apply for health coverage and assistance through the Marketplace, even though it will not be during a regular Open Enrollment period. In addition, if your parent's policy is a group plan offered by an employer with at least 20 workers, you would also be able to continue coverage under the policy through COBRA for up to 3 years. However, the employer contribution to the premium would end and Marketplace subsidies cannot be applied to the COBRA coverage.

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18. My 26th birthday is next week, and I will lose coverage under my parent's plan at the end of this month. Open Enrollment is closed. What do I do now?

You should act now to review your coverage options and sign up for new coverage. You may have more than one option.

If your parent's plan was offered by an employer with more than 20 workers, you will probably be offered COBRA. This is an option to continue coverage under the plan for up to 36 months. COBRA coverage is typically an expensive option because your parent's employer is no longer required to contribute to the premium, but it may be important option for some young adults, for example, if you are currently in treatment for a condition and prefer not to change coverage now.

You should have or will soon receive a notice from your parent's plan that your dependent status is about to end and informing you of your right to elect COBRA. You have 60 days from the latter of that notice, or the date dependent coverage ends to elect or decline COBRA coverage. If you elect COBRA, you have up to 45 days to pay the first premium (COBRA coverage will be effective on the first day after your dependent coverage ended, so the first premium will cover the time retroactive to that date.) If you do not make the first payment on time, your COBRA election will not take effect.

Once you elect COBRA and pay the first premium, you will not be eligible to apply for a Marketplace plan with tax credits until the next Open Enrollment period. Even though COBRA lasts 36 months, you do have the option during each Open Enrollment period to drop COBRA and apply instead for subsidized Marketplace coverage.

The Marketplace is another option to consider. Premium tax credits subsidize the cost of Marketplace coverage if your income is between 100% and 400% of the federal poverty level, so for many young adults, this option may be more affordable. Generally, people can only apply for Marketplace coverage during Open Enrollment. However,

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loss of dependent status under your parent's plan is a qualifying event that makes you eligible for a special enrollment period (SEP). Your SEP lasts 60 days from the date of your qualifying event (the day your parent's coverage ends) but when the coverage loss can be anticipated, you can also apply for new coverage up to 60 days before your qualifying event. Acting early makes it more likely you won't have a gap in coverage.

You can apply for Marketplace coverage on your own or ask for help from a Navigator or other Marketplace assister program. Indicate on the Marketplace website that you are applying for coverage during a SEP and make your plan selection. In federal Marketplace states, you will be required to provide proof of your qualifying event before your new coverage will take effect. For example, if you were also eligible for COBRA under your parent's plan, submitting a copy of your COBRA notice can document your eligibility for the SEP. Healthcare.gov will give you 30 days from the date you select your new plan to provide proof of your other coverage loss. It is very important to act quickly to complete this verification process. If you do not submit the required documentation within 30 days, your plan selection will be cancelled, and you will no longer be eligible for the SEP.

Finally, if your income is very low, you might qualify for Medicaid. Medicaid is open for enrollment year-round and, in more than half of the states, will cover adults with income up to 138% of the poverty level ($17,236 for a single person in 2020.) You can also apply for Medicaid through the Marketplace and can get help with your application from a Navigator or other in-person assistance program.

19. Does my eligibility for COBRA or other continuation coverage affect my eligibility for premium tax credits or cost-sharing assistance in the Marketplace?

No, just being eligible for COBRA does not affect your eligibility for premium tax credits or cost-sharing assistance if you enroll in a Marketplace plan.

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Marketplace Health Plans and Premiums

20. What health insurance plans are offered through the Marketplace?

All health plans offered through the Marketplace must meet the requirements of "qualified health plans." This means they will cover essential health benefits, limit the amount of cost sharing (such as deductibles and co-pays) for covered benefits, and satisfy all other consumer protections required under the Affordable Care Act.

Health plans may vary somewhat in the benefits they cover. Health plans also will vary based on the level of cost sharing required. Plans will be labeled Bronze, Silver, Gold, and Platinum to indicate the overall amount of cost sharing they require. Bronze plans will have the highest deductibles and other cost sharing, while Platinum plans will have the lowest. Health plans will also vary based on the networks of hospitals and other health care providers they offer. Some plans will require you to get all non-emergency care in-network, while others will provide some coverage when you receive out-of-network care.

21. What health benefits are covered under Marketplace plans?

All qualified health plans offered in the Marketplace will cover essential health benefits. Categories of essential health benefits include:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization
- Maternity and newborn care (care before and after your baby is born)

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- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including dental and vision care

In addition, all plans must cover testing for COVID-19 with no cost sharing.

The precise details of what is covered within these categories may vary somewhat from plan to plan.

22. Will covered benefits under all Marketplace plans be the same? How can I compare?

Not necessarily. All Marketplace health plans are required to cover the ten categories of essential health benefits. However, insurers in many states will have flexibility to modify coverage for some of the specific services within each category. Any modifications must be approved by the Marketplace before plans can be offered. All health plans must provide consumers with a Summary of Benefits and Coverage (SBC). This is a brief, understandable description of what a plan covers and how it works. The SBC will also be posted for each plan on the Marketplace web site. The SBC will make it easier for you to compare differences in health plan benefits and cost sharing.

Plans might differ in other ways, too. For example, the network of health providers might be different from plan to plan.

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23. How can I find out if my doctor is in my health plan's network?

Each plan sold in the Marketplace must provide a link on the Marketplace web site to its health provider directory so consumers can find out if their health providers are included.

The provider network information that insurance companies provide may or may not tell you whether a provider is accepting new patients, or whether a provider speaks your language. It is up to your Marketplace to require insurers to provide you with this information.

24. What happens if I need care from a doctor who is not in my plan's network?

Plans are not required to cover any care received from a non-network provider, though some Marketplace plans do, at least to some extent. If you do receive care out of network, it could be costly to you. Generally, plans that provide an out-of-network option cover such care at a lower rate (e.g., 80% of in-network costs might be reimbursed but only 60% of non-network care.) In addition, when you get care out of network, insurers may apply a separate deductible and are not required to apply your costs to the annual out-of-pocket limit on cost sharing. Non-network providers also are not contracted to limit their charges to an amount the insurer says is reasonable, so you might also owe "balance billing" expenses.

If you went out of network because you felt it was medically necessary to receive care from a specific professional or facility – for example, if you felt your plan's network did not include providers able to provide the care you need – or if you inadvertently got non network care while hospitalized if the anesthesiologist or other physicians working in the hospital do not participate in your plan network – you can appeal the insurer's decision.

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If there is a Consumer Assistance Program in your state, staff in this program can help you file your appeal.

25. I noticed Marketplace plans are labeled “Bronze”, “Silver”, “Gold”, and “Platinum”. What does that mean?

Plans in the Marketplace are separated into categories — Bronze, Silver, Gold, or Platinum — based on the amount of cost sharing they require. Cost sharing refers to health plan deductibles, co-pays and co-insurance. For most covered services, you will have to pay (or share) some of the cost, at least until you reach the annual out of pocket limit on cost sharing. The exception is for preventive health services, which health plans must cover entirely.

In the Marketplace, Bronze plans will have the highest deductibles and other cost sharing. Silver plans will require somewhat lower cost sharing. Gold plans will have even lower cost sharing. And Platinum plans will have the lowest deductibles, co-pays and other cost sharing. In general, plans with lower cost sharing will have higher premiums, and vice versa. Evolution Insurance Group LLC is contracted with carriers and offer plans outside of the Marketplace.

26. I also notice “Catastrophic Plan” that look cheaper. What are those and can buy one if I want?

Insurers can also offer “Catastrophic” plans. Catastrophic plans have the highest cost sharing. In 2020, Catastrophic plans will have an annual deductible of $8,150 ($16,300 in family plans). You will have to pay the entire cost of covered services (other than preventive care) until you’ve spent $8,150 out of pocket; after that your plan will pay 100 percent of covered in-network services for the rest of the year. Not everybody will be allowed to buy Catastrophic plans. They are only for adults up to age 30, and for older

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people who cannot find any other Marketplace policy that costs less than 8.24 percent of their income.

27. How can I find out if a health plan covers the prescription drugs that I take?

Health plans in the Marketplace must include a link to their prescription drug "formulary" with other on-line information about the plan. The "formulary" is a list of prescription drugs the plan will cover. If you do not find your drug on the formulary but your doctor says it is medically necessary for you to take that specific drug, you can appeal for an exception to the plan formulary. If there is a Consumer Assistance Program in your state, staff in this program can help you file your appeal.

28. Is dental coverage an essential health benefit?

Under the health care law, dental insurance is treated differently for adults and children 18 and under.

Dental coverage for children is an essential health benefit. This means it must be available to you, either as a covered benefit under your health plan or as a free-standing plan. This is not the case for adults. Insurers do not have to offer adult dental coverage.

29. I am buying coverage on the Marketplace for my family. I noticed many health plans do not cover pediatric dental care, but there are also stand-alone dental plans for sale. Is that allowed?

Each health insurance Marketplace can decide whether to require all insurers to cover pediatric dental benefits or whether to allow the sale of stand-alone dental policies. When stand-alone dental policies are allowed, health insurers in the Marketplace might not be required to cover pediatric dental benefits. If your health plan covers dental

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benefits, you will pay one premium for everything. If you get dental benefits through a stand-alone plan, you will have to pay a separate premium for the dental benefits.

30. It looks like pediatric dental benefits are only offered through stand-alone plans in my state Marketplace. Will my tax credit premium cover the cost of the stand-alone dental plan?

No, the premium tax credit will not be increased to also cover the cost of a stand-alone dental plan.

31. Can I be charged more if I have a pre-existing condition?

No. Marketplace health plans are not allowed to charge you more based on your health status or pre-existing condition. However, some plans, such as short-term policies, that are sold off the Marketplace might turn you down or charge you more based on your health status or pre-existing condition.

32. Can you be charged because of my age?

Yes, in most states you can, within limits. Federal rules allow insurers to charge older adults (e.g., in their sixties) up to three times the premium they would charge younger adults (e.g., in their early twenties). This limit on age rating applies to all non-group and small-group health insurance policies, whether sold in the Marketplace or outside of the Marketplace. Some states prohibit insurers from adjusting premiums for age or limit the age adjustment to less than three-to-one.

33. I am 59, my spouse is 55, and our kids are 24, 17, 15, and 13. What age will premium will be charged for health insurance in the Marketplace?

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Family premiums will reflect the composition of family members, their ages, and their tobacco use. To compute a "family premium," insurers will add together a separate premium for each adult age 21 and older. In addition, insurers can charge a separate premium for up to three children under age 21. In your example, your family premium will reflect three adult premiums and three child premiums.

34. I smoke cigarettes and I buy my own health insurance. Can I charged more because I smoke?

Yes, in most states you can. Insurers can increase premiums by up to 50% more for people who use tobacco, although many insurers apply a lower surcharge for tobacco use. If you qualify for premium tax credits, this tobacco surcharge will not be covered by the tax credit. States can limit tobacco surcharges, and a few have decided to prohibit tobacco rating by health insurers.

35. I have picked the plan I want. Now do I send my premiums to the Marketplace?

No, in most states you will make your premium payments directly to the health insurance company. Once you have selected your plan, the Marketplace will direct you to your insurance company's website to make the initial premium payment. Insurance companies must accept different forms of payment and they cannot discriminate against consumers who do not have credit cards or bank accounts. The insurance company must receive and process your payment at least one day before coverage begins. Make sure you understand your insurance company's payment requirements and deadlines and follow them, so your coverage begins on time. Your enrollment in the health plan is not complete until the insurance company receives your first premium payment.

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Note that if you have qualified to receive an advanced premium tax credit, the government will pay the credit directly to your insurer and you will pay the remainder of the premium directly to the insurer.

36. Can my family member (or my church or another third party) pay my portion of the monthly health insurance premium for me?

Possibly. Federal rules *require* health plans offered through the Marketplace to accept premium and cost-sharing payments made on behalf of enrollees by the Ryan White HIV/AIDS Program, other Federal and State government programs that provide premium and cost-sharing support for specific individuals, and Indian tribes and tribal organizations. Federal rules *discourage* Marketplace plans from accepting third-party payments from hospitals, other healthcare providers, and other commercial entities. Check with your health plan for more information.

Finally, if you are a patient with end-stage renal disease undergoing kidney dialysis, you are eligible to enroll in Medicare. However, some dialysis facilities have offered to pay premiums for patients who elect Marketplace coverage instead of Medicare. If a dialysis facility offers to pay your Marketplace premium, directly or through a charity, it is required to first check with the Marketplace insurer to verify that it will accept this third-party payment. In addition, the dialysis facility must disclose other important information to you, including about the potential for gaps in coverage and penalties if Medicare enrollment is delayed. Dialysis patients should contact a Marketplace navigator program or your state's Senior Health Insurance Assistance Program, which provides information, counseling, and enrollment assistance for people eligible for Medicare.

37. What happens if I am late with a monthly health insurance premium payment?

The answer depends on whether you are receiving advanced premium tax credits. For people receiving advanced premium tax credits, if a payment due date is missed,

insurers must provide a 90-day grace period during which consumers can bring their premium payments up to date and avoid having their coverage terminated. However, the grace period only applies if an individual has paid at least one month's premium.

If, by the end of the 90-day grace period, the amount owed for all outstanding premium payments is not paid in full, the insurer can terminate coverage.

In addition, during the first 30 days of the grace period, the insurer must continue to pay claims. However, after the first 30 days of the grace period, the insurer can hold off paying any health care claims for care received *during* the grace period, which means the enrollee may be responsible to cover any health care services they receive during the second and third months if they fail to catch up on the amounts they owe before the end of the grace period. Insurers are supposed to inform health care providers when someone's claims are being held. This could mean that providers will not provide care until the premiums are paid up so that they know they will be paid. People not receiving advanced premium tax credits are expected to get a much shorter grace period; currently, the general practice is 31 days, but it may vary in each state.

Whether or not you are receiving premium tax credits, if you have coverage terminated for non-payment, this could affect your ability to buy coverage from that health insurer in the future. Insurers can require people who owe back-due premiums from the past 12 months to repay the premium debt before they will renew or sell your new coverage for the year.

States can prohibit or limit this practice by insurers. Contact the Marketplace and your state insurance regulator for more information.

38. If my income changes, I cannot afford my premiums. What will I need to do to keep my plan active?

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You can call 678-915-2982 to update your income. Your premium is subject to change.

39. My income is very low, so I am only required to pay about $30/month for my health insurance premium. The tax credit picks up the rest, which is more than 90 percent of the total premium. I have missed 4 premium payments in row. Can the insurance company cancel my coverage even though 90 percent of the payment on time from the IRS?

Yes. A person receiving an advanced premium tax credit has a 90-day grace period to pay all premiums that are owed. If the amount owed for all outstanding premium payments is not paid in full by the end of the grace period, the insurer can terminate coverage. The insurer will be allowed to keep the premium tax credit paid on your behalf for the first month of the grace period, but will have to repay the federal government for tax credit amounts it received on your behalf for the second and third months of the grace period.

Marketplace Alternatives

40. Can I apply for Marketplace plans and subsidies on other private websites?

Yes, in some cases. The Trump Administration permits, and now promotes, the sale of Marketplace plans through private websites. These are sometimes described as “direct enrollment” sites or “certified enrollment partner” sites. Private websites may be operated by a health insurance company, such as Blue Cross, Ambetter, or Molina. Other private enrollment websites are operated by web brokers. Evolution Insurance Group LLC can assist with other plan alternatives.

41. Are private enrollment websites an option in every state?

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No. Currently, private enrollment websites are an option in healthcare.gov states, but state-run Marketplaces generally do not allow them as an alternative way to enroll in Marketplace qualified health plans and financial assistance.

In every state, however, private insurers can and do sell major medical health insurance directly to consumers outside of the Marketplace. These policies meet all standards of the Affordable Care Act – for example, they cover essential benefits and do not exclude pre-existing conditions – but because they are sold outside of the Marketplace, premium tax credits and cost sharing subsidies do not apply.

42. Can I apply for financial assistance through private websites?

It depends. Some websites will connect you back to healthcare.gov to complete an application for financial assistance. Other websites designated as "full-service partners" have features that let you apply for financial assistance on that site. However, experts who have spent time testing these sites online and with 'secret shoppers' have raised some concerns. For example, when tested, several sites did not correctly identify children in low-income families who might be eligible for Medicaid or CHIP.

Not all certified enrollment partner websites have such problems. If you have questions or concerns about information, you can check the call Evolution Insurance Group LLC to be sure.

43. Will private enrollment websites sell plans other than qualified health plans?

Yes. Several private enrollment websites will also sell short-term health insurance and other products that do not cover all the benefits and provide all the protections of Marketplace plans. These plans can turn you down or charge you more if you have a pre-existing condition. Some private sites are designed to steer consumers toward short-term policies and other plans that do not meet Marketplace standards.

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If you are interested in major medical insurance through a qualified health plan, you can call Evolution Group LLC to find a complete listing of all such plans offered in your area.

44. In what other ways might private enrollment websites work differently than the Marketplace?

Some private enrollment websites will ask you questions about your health status (for example, your height, weight, and whether you have pre-existing conditions). Some ask whether you are seeking short-term or long-term coverage. Some sites will display certain plan options – such as those paying higher commissions to the web broker – more prominently or with more complete information compared to other plans that pay lower commissions. And some sites will use personal and health information that you provide to call or send you recorded messages or texts about other products they sell; some will share information with their business partners so they can send you promotional and marketing information.

Finally, in the past, some consumers who enrolled in Marketplace plans through private enrollment websites encountered problems if the Marketplace later needed to communicate with them, but the consumer did not have a healthcare.gov account.

Renewing Marketplace Coverage

45. I signed up for a Marketplace health plan this year in the summer after I lost my job. Does my coverage get renewed in January or at the anniversary date next summer?

All Marketplace health plans provide coverage based on a calendar year. Even if you signed up mid-year, coverage under your current plan continues through December. Open Enrollment is the time to renew coverage for next year. You can return to the Marketplace website or contact the Marketplace call center to renew coverage yourself so that it continues next year. Generally, if you don't act to renew your coverage by 12:00 am ET on December 15, the Marketplace will **automatically**

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renew coverage for you in most cases. In states that use HealthCare.gov, 12:00 am ET on December 15 is also the deadline for Open Enrollment, so if your coverage is automatically renewed or assigned by the Marketplace, you will not be able to change plans again until the next Open Enrollment period.

46. I like my health insurance plan just the way it is. Will it stay the same next year?

It depends. Insurers can make changes to policies each year. Most likely, the premium for your current policy will change next year. There may be other changes as well, for example, changes in the deductible or copays for some services. In some cases, an insurer may stop offering a policy and offer you new choices, instead. Shortly before Open Enrollment begins, you should receive a notice from your insurance company describing any changes to your policy and the new monthly premium. If you want to continue the policy, you can renew coverage for another year. If you prefer to shop for other coverage, you can do that during Open Enrollment. Call **678-915-2982** to renew coverage during Open Enrollment.

47. I signed up for Marketplace coverage last year and I want to continue in this plan for another year. Do I need to do anything during Open Enrollment?

Your coverage may automatically be renewed; even so, you may want to take steps to renew it yourself during Open Enrollment. If you are receiving a premium tax credit, it is wise to go through the process so that you can update your income and family information and see how much tax credit you may be eligible for based on the new premiums for the coming year. In most states, Open Enrollment for 2021 plans begins on November 1, 2020 and continues through 12:00 am ET on December 15, 2020.

The process for renewing coverage may be a little different depending on where you live. In states that use **www.HealthCare.gov**, if you are currently enrolled in a Marketplace policy and you don't take any action before 12:00 am ET on December 15, in most cases the Marketplace will automatically renew your coverage under that policy

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for the coming year. Insurers may not offer all the same plans next year that they offered this year. If your health plan will no longer be offered next year and you do nothing, your insurance company will automatically enroll you in another policy that is similar to the one you have currently.

48. I intended to shop for new coverage for next year but did not get around to it until after January. Meanwhile, the Marketplace automatically renewed my current policy for another year. Can I still make a change?

In most states, no. If you live in a HealthCare.gov state, Open Enrollment for 2021 coverage ends at 12:00 am ET on December 15, 2020. You will not be able to change your 2021 plan during the year unless you have a life change that makes you eligible for a special enrollment period.

It is advisable to review your plan options and actively select your 2021 coverage before 12:00 am ET on December 15 to ensure you have made the choice that is best for you.

State-run Marketplaces can set different dates for Open Enrollment and several have done so. Check with your state Marketplace for more information or call **678-915-2982**.

49. What happens if I do not update my application for financial assistance?

If you live in a HealthCare.gov state and you do not update your application, in most cases, healthcare.gov will automatically adjust the amount of your premium tax credit for next year. If that turns out to be less than the amount you're actually eligible for, you will have to pay more premium each month than you otherwise would have had to, although you can receive a refund for the rest when you file your tax return at year end if your income was less than the adjusted income amount. On the other hand, if the automatically adjusted premium tax credit amount turns out to be more than you are

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actually eligible for, you will have to repay all or part of the difference when you file your tax return.

You will receive a Form 1095-A from the Marketplace. You will need to file a Form 1095-A on a Form 8962 when you file your taxes. If you do not file Form 8962 when you file your taxes, you are subject to owing the IRS for tax credits provided for the prior year. If you do not receive the Form 1095-A from the Marketplace, you can login your Marketplace account or call **678-915-2982**.

Health Insurance and Your Federal Income Tax Return

50. I received a Form 1095-B in the mail. What is that?

Health insurance companies, employer-sponsored health plans, and public health programs such as Medicaid are required to provide you with documentation of the coverage you had for each month during the year. In January, you should receive a form 1095-B from your health plan or insurance company indicating the months during the prior year when you were covered under the plan. If you were enrolled in family coverage, Form 1095-B will indicate the names of all family members who were covered with you under the plan. A copy of this form will also be reported to the Internal Revenue Service. Keep this form with your other tax records.

51. What is Form 8962?

Form 8962 is a form you must file with your federal income tax return for a year if you received an advanced premium tax credit through the Marketplace during that year. At Open Enrollment, when you apply for a premium tax credit for the coming year, your advanced tax credit amount is based on your estimated income for the coming year. At year-end, when you file your tax return, you will know what your actual income was for

that year. If you underestimated your income at Open Enrollment, you might have received too much premium tax credit during the year, in which case you might have to repay some or all the excess amount. If you overestimated your income at Open Enrollment, you might be owed additional tax credit, which you can take as a tax refund when you file. You must use Form 8962 to reconcile your estimated and actual income for the year. Even if you estimated your income perfectly, you must complete form 8962 and submit it with your federal tax return.

It is very important to file your federal tax return with Form 8962 for any year you received an advanced premium tax credit. If you do not file Form 8962, the IRS will call this a failure to reconcile, and you could be prevented from applying for Marketplace premium tax credits in the future.

52. Last year, during Open Enrollment, I applied for financial assistance and the Marketplace determined I was eligible for premium tax credits. Toward the end of this year, though, I lost my job and my total income for this year ended up being just under 100% of the federal poverty level. Will I have to repay the premium tax credits that reduced my premiums all year?

No, there is a special rule to protect people in your circumstance. If the Marketplace found you were eligible for premium tax credits at the time you enrolled (because your best estimate at that time was that your annual income would be between 100% and 400% of the federal poverty level), and if your income later fell below the poverty level, you are still eligible for the tax credits you received last year. You will not be required to repay the premium tax credit when you file your tax return. To benefit from this special rule, advanced premium tax credit must have been authorized and paid for one month or more during the year.

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53. I received a Form 1095-A from the Marketplace, but I believe information on it is incorrect. What do I do?

You should contact the Marketplace to call the mistake to their attention and request a corrected form 1095-A. Information on 1095-A is also reported to the IRS, so it is important that you get a corrected form before you file your income tax return.

54. If I have not filed taxes in a prior year, how will the Marketplace determine my income?

If an applicant did not file taxes in a prior year, income will be verified by the Marketplace through use of electronic wage data. If the information cannot be verified electronically, the applicant may be asked to submit additional paper documentation within 90 days, such as pay stubs, a work contract or other verification of income.

55. I am married but my spouse and I live apart and we do not file a joint tax return. Instead, I use the "married filing separately" tax filing status. I have low income and need help paying health insurance premiums. Can I qualify for premium tax credits?

Generally, no. Married taxpayers are required to file a joint tax return to qualify for premium tax credits. People who use the "married filing separately" status are not eligible to receive premium tax credits (and also cannot claim certain other tax breaks, such as the child and dependent care tax credit, tuition deductions, or the earned income tax credit.) There is a special exception, however, for individuals who must file separately because of **domestic abuse or spousal abandonment**.

For other married individuals who do not file a joint return, there may be other options. If you have a dependent and meet certain conditions, you may be able to use the "head of household" filing status. People who file a tax return using this filing status can qualify for premium tax credits.

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In addition, if you expect to be divorced by the end of the tax year, you will be able to file as a single taxpayer for that year and could qualify for subsidies under that filing status when you file your taxes. However, you may not be able to receive all of the premium tax credit that you're entitled to in advance if you are not yet divorced at the time you apply through the Marketplace application. Except in cases of **domestic abuse or spousal abandonment** you should not say on your application that you are unmarried when you are still married.
Check with your tax adviser or call, **678-915-2982**.

COVID-19

56. I lost my job due to COVID-19 pandemic and now I get unemployment benefits. Do those count as income in determining my eligibility for premium tax credits?

Yes. Unemployment insurance generally is included in your gross income and is taken into account in determining eligibility for premium tax credits. Recently, the CARES Act provided for an emergency, temporary increase in unemployment benefits of $600 per week, in response to the COVID-19 pandemic.

When applying for premium tax credits in the Marketplace, be sure to include information about your unemployment benefits, including the emergency $600 per week increase.

Note, however, that if you are applying for Medicaid or CHIP, the emergency $600 per week increase in unemployment benefits will NOT be counted as income in determining your eligibility for those programs.

57. Does my 2020 Recover Rebate of $1,200 count as income when I apply for Marketplace subsidies?

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No. The 2020 Recovery Rebate is not taxed as income. It will not affect your eligibility for Marketplace subsidies or Medicaid.

Medicare and Medicaid

58. What happens if I lose my job and the state determines that I am eligible for Medicare or Medicaid?

If you become eligible for Medicare or Medicaid, you would need to call **678-915-2982**. You will not be eligible for a tax subsidy if you are found eligible for Medicare or Medicaid. You are required to report those changes.

Personal Identifiable Information Security (PPI)

59. I do not feel comfortable sharing my personal information over the phone. How secure is my information if I call?

Evolution Insurance Group LLC uses a military grade customer relationship management system, cyber security, spyware, adware, malware, and virus protection removal software. We do not sell personal information. Nor do we speak with anyone unless there is a signed authorization on file per the applicant's request. However, linked data sources, like the Internal Revenue Services, Social Security Administration, the Department of Homeland Security, and other governmental outlets does share information with the Health Insurance Marketplace to determine your eligibility.

Sources:

https://www.kff.org/health-reform/faq/health-insurance-marketplace-aca/