

ACA/ Marketplace Insurance 101

Organization Info



■ Our mission...

To deliver high quality patient-centered, accessible, cost-effective and timely primary health care to all; provide high impact prevention, health and wellness services; and be the gateway to good health for those at risk of or affected by HIV/AIDS, the LGBTQ+ community and those seeking a welcoming healthcare home.

■ Our values...

Cultural Competency – We have the cultural awareness to provide competent care to nontraditional genders, various gender identifications, sexual orientations and gender expressions.

Relationship Oriented – We allow our providers to spend more time with patients. This gives them the opportunity to listen to the patients concerns, build a relationship and build competency in treating the patient with a person-centered approach.

Multi-Disciplinary – Through our network of facilities and expertise, we can address the full needs of patients, offering services in the fields of medical, social and behavioral care.

Respectful & Reaffirming – We are affirming and safe. We offer a no-judgment zone. Inclusive The breadth and depth of our services will be greater and we will be able to serve anyone in the community—in addition to those at-risk or living with HIV/AIDS.

Forward Thinking – We stay at the forefront of evolving medical approaches, technology and treatment to meet the changing needs of our community.

Content



- Understanding the different coverage types
- Understanding insurance terms
- Tips to consider before looking for coverage
- What to consider before enrolling in coverage
- Open & Special Enrollment Periods
- Qualifying Life Events
- Current & Upcoming Enrollment Opportunities
- Deep dive into Marketplace insurance
- Coverage- “Which one should I consider?”

Understanding the different coverage types

Coverage 101

- There are different types of medical coverage/ insurance.
- The differences could be due to:
 - *Who is providing or funding the insurance.*
 - *Income & household size*
 - *Employment*
 - *Disabilities*
 - *Age*



Coverage 101

- **Employer**

- Place of employment is providing insurance.
- The employee pays premium rates to have the insurance.
- Employee usually enrolls with insurance when hired and/ or employer open enrollment.
- Not all employers provide insurance.

(NOTE) Per government regulations, employer groups with 50 or more employees have to offer insurance. Many small business don't offer insurance.

- **ACA/ Marketplace**

- Formally known as Obamacare insurance.
- ACA = Affordable Care Act that established and monitors this type of insurance.
- Offered through the government, allowing more affordable medical coverage.
- Offered to those who can't afford their employer's insurance or don't have insurance.
- Person can considered this type of coverage during life changing events or certain enrollment periods.

Coverage 101

▪ **Medicaid**

- Provided by the government.
- Can enroll anytime.
- Provides health coverage to eligible low-income adults, children, pregnant women, elderly adults and people with disabilities.
- Administered by states, according to federal requirements.
- Covers services **only** in the state funding the person.
- Typically covers services at **100%**.

▪ **Medicare**

- Provided by government.
- Offers coverage to people who are 65 or older, certain younger people with disabilities and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).
- Broken into **four** parts...

Part A: Hospitalization coverage- covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care.

Part B: Medical coverage- covers certain doctors' services, outpatient care, medical supplies and preventive services.

Part C: Additional Hospitalization and Medical coverage- covers what both Part A and B covers. This part also offer prescription drug, dental, vision and hearing coverage. People prefer this additional part to have more provider network access.

Part D: Prescription Drug coverage- covers the medication services, including many recommended shots or vaccines.

- Part A given by the government once a person turns 65.
- Part B, C and D have premium rates unless covered under Medicaid assistance.
- Covers services in **multiple** states.
- Typically covers services under a co-insurance.

Coverage 101

- **Military**

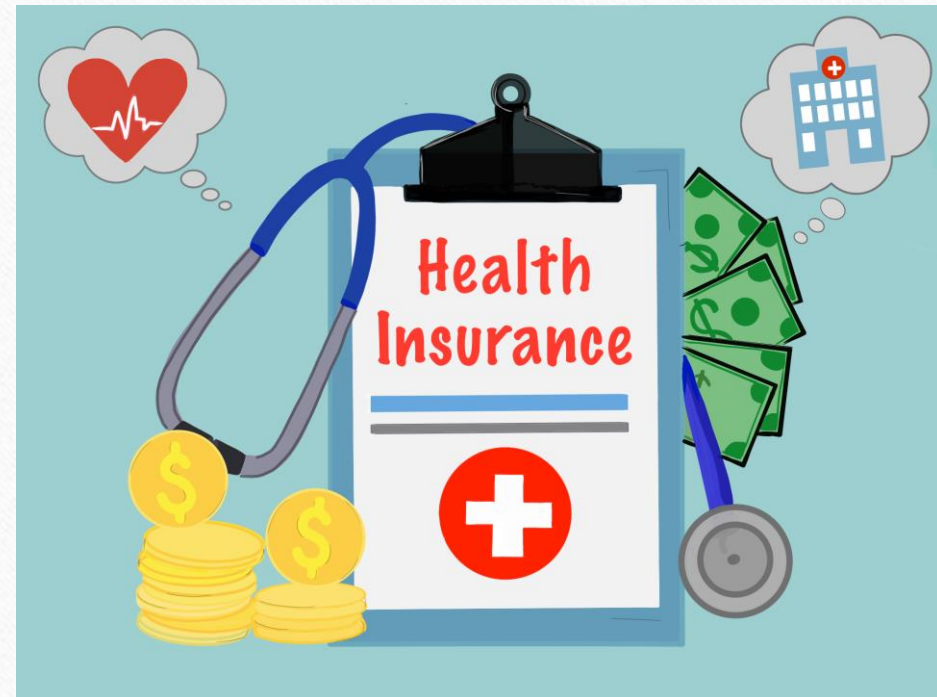
- Known as **Tricare** insurance.
- Provided by the government.
- Health insurance plan for active duty military/ uniformed members and their families. Insurance provided to retirees as well.
- There are many different types of Tricare available depending on the member's status and location.
- Can provide coverage around the world to it's members and family.

- **Veteran (VA)**

- Provided by the government.
- Covers a person who has served in the active military, naval or air service and who was discharged or released under conditions other than dishonorable.
- Covered at authorized facilities. Services sometimes have to be pre-authorized if done outside a VA facility.
- Covers at 100% for illness or injury related to military service, called "service connected". Other services can be covered at 100% as well.

Coverage 101

- **COBRA**
- The Consolidated Omnibus Budget Reconciliation Act is a law passed by the U.S. Congress.
- If an employee lose or leave your job, allows the person to keep their existing employer coverage.
- This is allowed for 18 months.
- The coverage cost would now be more. The person would have to pay the whole insurance cost, including the part the former employer used to pay.



Understanding insurance terms

Coverage Terms

- **Open Enrollment-** is a period of time, usually but not always occurring once per year, when employees of companies and organizations, including the government, allowing changes to elected benefit options from the previous year.
- **Subscriber-** is the primary holder of the account, which is also known as the “**policy holder**”.
- **Dependents-** are additional members (i.e. spouse or children) on the insurance with the subscriber.
- **Premium Rate-** is the fee to have insurance. This is typically paid out of the subscriber’s check to the employer.
- **Deductible-** is a fixed amount a patient must pay each year before their health insurance begin to cover the cost.
- **Co-Insurance-** is the percentage of cost that the patient is responsible for after their insurance has paid. The deductible typically has to be met first before the insurance will pay for services.
- **Copay-** Short for “**copayment**”, is a fixed amount for covered medical services. The remaining balance is covered by the person’s insurance company. Copays typically vary for different services within the same plans, varying services from routine, primary care or specialist. Copays for a primary care visits are typically lower than those for specialists. Copays for urgent care and emergency room visits tend to be the highest.
- **Out of Pocket Maximum-** is the max the subscriber has to pay out of pocket (i.e. copay, deductible and co-insurance) within a plan year for services, before the insurance covers remaining services at 100%.

Coverage Terms

- **Provider-** also called a “Physician”; doctors, nurses, pharmacies, hospitals, labs, clinics and many other persons providing health care services to you.
- **Provider Network-** also known as “Provider Participation”; facilities, providers and suppliers an health insurance or plan has contracted with to provide health care services at a discounted price.
- **In Network-** means providers or health care facilities are part of a insurance plan's network, allowing a discount or lower cost for services.
- **Out of Network-** means a provider or health facility does not have a contract with the health insurance. This can sometimes result in higher cost for health services. Some insurances don't cover care from out-of-network providers, except in an emergency.

7 Tips Consider: “Before looking for coverage.”



Tips to consider...

- **Tip #1-** Verify household size and income.

NOTE: Eligibility of some health coverages (i.e. Medicaid) is based on this. Other coverages (i.e. ACA) provides cost assistance based on your household size.



Tips to consider...

- **Tip #2-** If there is more than just you in the household, verify who else needs coverage.
- **Tip #3-** Calculate household income.



Tips to consider...

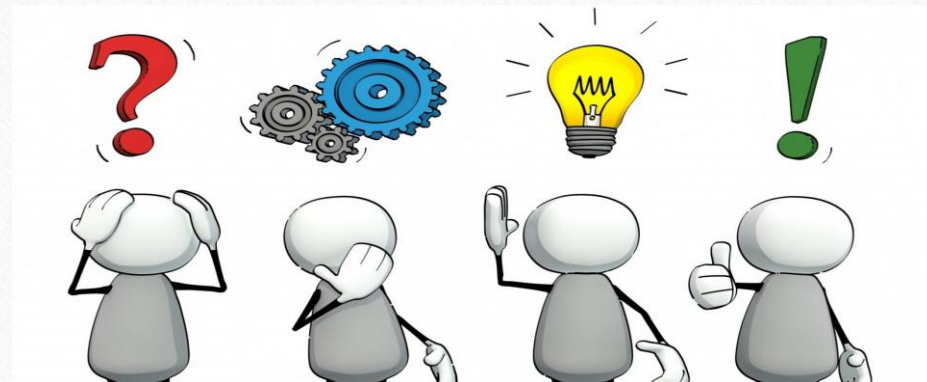
- **Tip #6-** Consider the type of coverage you are desiring.

Examples:

- *Employer doesn't offer insurance so you think a Marketplace insurance might be a good option.*
- *Approaching 65 and/ or retirement so feel Medicare is needed.*
- *Medical services needed as well as have low income with financial difficulties and think Medicaid might be helpful.*

- **Tip #7-** If you are unsure what coverage to consider or might qualify for, complete a coverage screening at:

<https://www.healthcare.gov/screener/>



Important Items: “Before enrolling in coverage.”



Items to consider...

- Needed Services
- Desired services
- How frequent do you feel you will use medical coverage
- Non-physician services
- Medication needs
- Provider network
- Cost



Items to consider...

- ***Needed Services***

- This is very important. You never want to be stuck with a plan that isn't assisting with your health concerns.
- ***Always*** verify your health needs before making any plan decisions.
- ***NOT*** all plans cover the same services or conditions. (***Example:*** Marketplace has several different insurance companies. Each insurance company offers several plan options. Each plan option could offer different coverages.)

NOTE: You typically have a sort timeframe to make any changes to plan selections before you have to wait until the next year to re-enroll.

Do you have high blood pressure/ hypertension or high cholesteryl?

Do you have diabetes?

Have you been diagnosed with HIV?

Are you getting gender affirming care services (example: hormone Replacement therapy/ HRT)?

Have you been diagnosed or experiencing depression or anxiety?

Are you pregnant?

Items to consider...

- ***Desired services***

- Do you know of any services you might want or need in the near future?

Are you experiencing any health issues (back, hip or knee) that might need surgery later in the year?

Are you going through gender affirming care and desiring genital reconstruction, breast reconstruction, facial plastic surgery or speech therapy?

TIP: *Planning for the future is important so think of any services you may be putting off now but might need attention later in the year.*



Items to consider...

- **Frequency of Needs**

- How often do you go to the doctor?
- Do you have many health concerns?

TIPS:

- *Some plans are more expensive than others. Copay plans are sometime more than deductible plans. If you only see a doctor once a year or so, you might want to consider a deductible plan that could have a lower premium rate.*
- *Due to the Affordable Care Act, insurances have to offer **free** Preventative Services (example: routine physical, mammogram, colonoscopy and vaccines). If you have no health concerns and only need a yearly visit, you could have lower or no cost.*



Items to consider...

- **Non-Physician Services**

- Are there any services you need outside of a normal doctor visit?

NOTE: Different plans once again cover different things, even for therapy, rehabilitation and durable medical equipment (DME) & supplies.

Have issues walking and needing a cane, walker or wheelchair?

Have diabetes but need related equipment & supplies (insulin pump, glucometer or syringes)?

Have hearing loss and need hearing aids or cochlear implants?

Need physical therapy (PT), occupational therapy (OT) or speech therapy (ST)?

Use an oxygen tank to breath better?

Need a hand, arm or leg Prosthesis/ artificial device?

Items to consider...

■ **Medication**

- Make sure any plan you consider that it covers your medication.
- Remember to think of future needs. Ensure any desired or recommended medication that you may have discussed with your physician or pharmacist that you haven't started taken yet are covered under the desired plan.

TIP:

- *If you are having issues finding a plan that covers your medication, speak with your pharmacy. They might be able to find assistance programs for you (example: GoodRx, Gilead).*
- *As you are shopping of plans and having issues verifying if medications are covered, you can always call the insurance company to confirm that information.*

Common Medications or Diagnoses:

- **PrEP (Truvada & Descovy)**
- **HIV**
- **Diabetes (Insulin)**
- **Cholesteryl**
- **Blood Pressure/ Hypertension**



Items to consider...



- **Provider Network**

- Always ensure your physician participate with any plan you choose. This will once again allow **lower cost** with services.

NOTE: Some plans don't cover non-participating/ out of network services, causing it to be the patient's responsibility.

Think of your current or needed services...

- *Primary care doctor*
- *DME companies*
- *Pharmacies*
- *Laboratories*
- *Mental health therapist and physician*
- *Rehabilitation facilities (PT, OT & ST)*

Items to consider...

- **Cost**
 - Always review thoroughly premium rates, deductibles, co-insurances & out of pocket maximums before making plan selections.
 - When shopping for insurance, best thought to consider is **“Would you rather been spend more now and less later or vice versa?”** You could spend less on premium rates and have higher cost later (**example:** High deductible plan) or more now and less later (**example:** copay plan or low deductible plan).

TIP: Just because the cost seems low doesn't mean it is the best plan option. Some plans have low premium cost but high deductibles and out of pocket maximums so always shop carefully.



Open & Special Enrollment Periods

By: Brayden

- **Open Enrollment Period (OEP)**

- Known also as **Annual Enrollment**.
- Is a period during which one may freely enroll in or change one's selection of a health insurance plan or other benefit programs.
- Usually occurs once per year for employers and organizations, including the Government Marketplace.
- For Marketplace insurance, it occurs in the fall for plans to take effect the next calendar year (i.e. January 1st).

NOTE: OEP for 2022 is over but you may still be able to enroll in a Marketplace health insurance plan for 2022 if you qualify for a Special Enrollment Period.

- **Special Enrollment Period (SEP)**

- Is a time outside the yearly Open Enrollment Period when you can sign up for health insurance.
- You can qualify for a SEP if you've had certain life events.
- Depending on your SEP type, you may have 60 days before or 60 days following the event to enroll in a plan.
- Job-based plans must provide a Special Enrollment Period within at least 30 days.

NOTE: Keep in mind that you can enroll in Medicaid or the Children's Health Insurance Program (CHIP) any time.

Qualifying Life Events

Qualifying Life Events

- **Qualifying Life Event (QLE)**
 - Is a change in your situation that can make you eligible for a Special Enrollment Period.
 - There are several QLE's that would allow you to enroll for Marketplace insurance.
 - There are **four** basic types of qualifying life events.

TIPS:

- View [healthcare.gov](https://www.healthcare.gov) for the type of QLE's that will allow Marketplace place enrollment.

<https://www.healthcare.gov/glossary/qualifying-life-event/>

- You can use the [healthcare.gov](https://www.healthcare.gov) screening tool to see if your QLE will allow you to sign up for a Marketplace insurance.

<https://www.healthcare.gov/screener/>



The four basic QLE types are...

- ***Loss of Health Coverage***

- Losing existing health coverage, including job-based, individual and student plans.
- Losing eligibility for Medicare, Medicaid or CHIP.
- Turning 26 and losing coverage through a parent's plan.

- ***Changes in Household***

- Getting married or divorced.
- Having a baby or adopting a child.
- Death in the family.

The four basic QLE types are...

- *Changes in Residence*

- Moving to a different ZIP code or county.
- A student moving to or from the place they attend school.
- A seasonal worker moving to or from the place they both live and work.
- Moving to or from a shelter or other transitional housing.

- *Changes in Income*

- Income increases or decreases affecting the coverage that one has qualified for.

Qualifying Life Events

- **Other Types are...**

- Gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder.
- Becoming a U.S. citizen.
- Leaving incarceration (jail or prison).
- AmeriCorps members starting or ending their service.

NOTE: AmeriCorps is a network of local, state, and national service programs that connects Americans in intensive service to meet community needs in education, environment, public safety, health and homeland security.

TIPS: For the full list of QLE's, visit the [healthcare.gov](https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/) site...

<https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>

Current & Upcoming Enrollment Opportunities

Current Enrollment Opportunities

- **Low-Income Customers: “At or below 150% Federal Poverty Level (FPL)”**

What is FPL? This is a measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine your eligibility for certain programs and benefits, including savings on Marketplace insurance, Medicaid and CHIP.

- The government has announced a new Special Enrollment Period (SEP) opportunity for low-income customers at or below 150% of the Federal Poverty Level (FPL), which is approximately \$19,000 for an individual and \$40,000 for a family of four.
- This SEP is available to people who have applied for Marketplace coverage since Open Enrollment ended and who didn't have access to another SEP from a recent life event, such as a loss of coverage.

Deadline: This SEP will end December 31, 2022.

TIP: You can go to the [healthcare.gov](https://www.healthcare.gov) screening tool and see if your QLE will allow you to sign up for a Marketplace insurance.

<https://www.healthcare.gov/screener/>

Upcoming Enrollment Opportunities

- **COVID-19 Public Health Emergency (PHE): “Preparing for the relief assistance ending.”**
- In March 2020, the Centers for Medicare & Medicaid Services (CMS) temporarily waived certain Medicaid and Children’s Health Insurance Program (CHIP) requirements and conditions. The easing of these rules helped prevent people with Medicaid and CHIP (in all 50 states, the District of Columbia and the five U.S. territories) from losing their health coverage during the pandemic.
- States will soon be required to restart Medicaid and CHIP eligibility reviews. When states resume these review, it is expected that up to 15 million people could lose their current Medicaid or CHIP coverage through a process called **“Unwinding”**.
- Since the COVID19 PHE will be ending, customers who no longer qualify for Medicaid and CHIP will have ***an opportunity to apply for Marketplace insurance as well as potentially qualify for assistance*** to pay for that insurance.

Addt Info:

- Recent information in April 2022 is advising the PHE is scheduled to expire in **mid-July 2022**.
- The government has advised that it will give states a 60 day notice before the PHE expires.
- Communication information will go out to customers as it gets closer to the PHE expiration date. Once again, it is expected for the information to mention “Unwinding”.

TIP:

- Keep up with any updates about from the Medicaid.gov site...

<https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>

- For steps for ACA/ Marketplace enrollment when Medicaid and CHIP have been lost or denied, visit healthcare.gov at...

<https://www.healthcare.gov/Medicaid-chip/transfer-to-marketplace/>

REMINDER:

- You can enroll in Medicaid or the Children's Health Insurance Program (CHIP) *any time*.
- There is *no* Special Enrollment Period needed to apply.



Insurance Deep Diving

Deep Divining: “What to know about Marketplace insurance.”

What exactly is this?

- Also known as ACA= Affordable Care Act insurance.
- The Health Insurance Marketplace is a government platform that offers insurance plans to individuals, families, and small businesses.



An ocean full of options...

Marketplace Insurance

What is the ACA?

- A comprehensive health care reform law enacted on March 23, 2010. The act was formally known as the Patient Protection and Affordable Care Act or previously referred as Obamacare.
- The Affordable Care Act (ACA) established the Marketplace as a means to extend health insurance coverage to millions of uninsured Americans.

TIP: For more information, visit healthcare.gov site...

<https://www.healthcare.gov/glossary/affordable-care-act/>

Its primary goals are to:

1. Make affordable health insurance available to more people. The law provides consumers with subsidies (premium tax credits) that lower costs for households with incomes between 100% and 400% of the Federal Poverty Level (FPL).
2. Expand the Medicaid program to cover all adults with income below 138% of the FPL.
(NOTE) Not all states have expanded their Medicaid programs.
3. Support innovative medical care delivery methods designed to lower the costs of health care generally.

Marketplace Insurance

- Under the Affordable Care Act, **ALL** marketplace plans offer MEC (Minimum Essential Coverage). This coverage offers the following 10 Essential Health Benefits:
 - Ambulatory patient services (outpatient care rendered without being admitted to a hospital)
 - Emergency services
 - Hospitalization (inpatient surgeries and services as well as overnight stays)
 - Pregnancy, maternity and newborn care (both before and after birth)
 - Mental health and substance use disorder services, including behavioral/ mental health treatment (this includes counseling and psychotherapy)
 - 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 oral and vision care (but adult dental and vision coverage aren't essential health benefits)

NOTE: For addition info, access the [healthcare.gov](https://www.healthcare.gov) site...

<https://www.healthcare.gov/coverage/what-marketplace-plans-cover/>

Marketplace Insurance

With Marketplace insurance, the government offers savings to individuals. These savings are based on a person's:

- ***Income***
- ***Household Size***

The two government assistance under the Marketplace are:

- 1. Premium Tax Credit***
- 2. Cost-Sharing Reduction***

TIP: Visit [healthcare.gov](https://www.healthcare.gov) and see if you qualify for these assistances before shopping for insurance.

<https://www.healthcare.gov/lower-costs/qualifying-for-lower-costs/>



Marketplace Insurance

- **Premium Tax Credit-** is a refundable credit that helps eligible individuals and families cover the premiums for their health insurance purchased through the Health Insurance Marketplace.
 - Learn more about this assistance at:
<https://www.healthcare.gov/lower-costs/save-on-monthly-premiums/>
- **Cost-Sharing Reduction-** is a discount that lowers the amount one has to pay for their deductible, copays and co-insurance.
 - Learn more about this assistance at:
<https://www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs/>

Marketplace Insurance



- *See if you qualify for ACA...*
 - <https://www.healthcare.gov/screener/>
- *Shop insurances before registering an account...*
 - <https://www.healthcare.gov/see-plans/#/>
- *See how to register & apply...*
 - <https://www.healthcare.gov/apply-and-enroll/get-ready-to-apply/>
 - <https://www.youtube.com/watch?v=sC1ngM2HCdE>

Marketplace Enrollment Assistance

HealthCare

Website: healthcare.gov

Phone: 800-318-2596

➤ Available everyday/ 24 hours (except holidays)

Coverage Specialist Locator:

<https://localhelp.healthcare.gov/#/>

➤ Find a local insurance specialist in your area

Equitas Health

Email: connecttocare@equitashealth.com

Phone: 614-572-0881 (ext. 7530)

Website: <https://equitashealth.com/services-page-content/insurance-assistance/>

Marketplace Resources

- ***Questions about gender affirming care, citizenship or other topics?***
 - <https://www.healthcare.gov/topics/>
- ***Want to ensure you have considered everything before enrolling?***
 - <https://www.healthcare.gov/downloads/apply-for-or-renew-coverage.pdf>
- ***Want to shop insurance without setting up an account?***
 - <https://www.healthcare.gov/see-plans/#/>
- ***Want to see if you qualify for Marketplace and insurance assistance?***
 - <https://www.healthcare.gov/screener/>
- ***Need information on how to register an account and apply for insurance?***
 - <https://www.healthcare.gov/apply-and-enroll/get-ready-to-apply/>

**“Which one should I
consider?”**

Coverage- “Which one should I consider?”



Still unsure what coverage you should choose or might qualify for? **NO WORRIES!!!!**

Let's quickly review what we have covered today...

Coverage Review

- Employer doesn't offer insurance?
 - Recently started a new job & feel you can't afford the insurance?
 - Lost your job and need new insurance?
 - About to retire?
- Consider a **Marketplace** insurance. Start shopping at:

<https://www.healthcare.gov/see-plans/#/>



Coverage Review

- About to retire?
- About to turn 65 or older?
- Have a disability?
- Have End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant?)

➤ Consider a **Medicare** coverage. Start shopping at:

<https://www.medicare.gov/basics/get-started-with-medicare>

The Medicare logo consists of the word "Medicare" in a bold, blue, sans-serif font. It is centered between two horizontal bars: a red bar on top and a blue bar on the bottom.

Coverage Review

- Are you a adult, child, pregnant women, elderly adults or disabled and have low income and financial difficulties?

- Consider a **Medicaid** coverage. See if you qualify...

<https://medicaid.ohio.gov/families-and-individuals/coverage/who-qualifies/who-qualifies>

- Apply online...

<https://benefits.ohio.gov/>

Medicaid



Medicaid Information

Ohio Medicaid 2022 Monthly Financial Eligibility Children, Families, and Adults

| Family Size | Parents/Caretaker Relatives | Adults (age 19-64) | Children with Insurance | Pregnant Women | Children without Insurance |
|-------------|-----------------------------|--------------------|-------------------------|----------------|----------------------------|
| | 90% FPL | 133% FPL | 156% FPL | 200% FPL | 206% FPL |
| 1 | \$1,020 | \$1,507 | \$1,767 | \$2,265 | \$2,333 |
| 2 | \$1,374 | \$2,030 | \$2,381 | \$3,052 | \$3,144 |
| 3 | \$1,728 | \$2,553 | \$2,994 | \$3,839 | \$3,954 |
| 4 | \$2,082 | \$3,076 | \$3,608 | \$4,625 | \$4,764 |
| 5 | \$2,436 | \$3,599 | \$4,222 | \$5,412 | \$5,575 |
| 6 | \$2,790 | \$4,122 | \$4,835 | \$6,199 | \$6,385 |
| 7 | \$3,144 | \$4,646 | \$5,449 | \$6,985 | \$7,195 |
| 8 | \$3,498 | \$5,169 | \$6,062 | \$7,772 | \$8,005 |
| 9 | \$3,852 | \$5,692 | \$6,676 | \$8,559 | \$8,816 |
| 10 | \$4,206 | \$6,215 | \$7,290 | \$9,345 | \$9,626 |
| 11 | \$4,560 | \$6,738 | \$7,903 | \$10,132 | \$10,436 |
| 12 | \$4,914 | \$7,261 | \$8,517 | \$10,919 | \$11,246 |

Ohio Medicaid 2022 Monthly Financial Eligibility Aged, Blind, or Disabled Individuals

| Family Size | Medicare Premium Assistance Programs | | | Medicaid for Aged, Blind, or Disabled Individuals | Medicaid Buy-In for Workers with Disabilities (MBIWD) |
|-------------|--------------------------------------|--|------------------------------|---|---|
| | Qualified Medicare Beneficiary (QMB) | Specified Low-Income Medicare Beneficiary (SLMB) | Qualified Individuals (QI-1) | | |
| | 100% FPL | 120% FPL | 135% FPL | SSI Benefit Rate | 250% FPL |
| 1 | \$1,133 | \$1,359 | \$1,529 | \$841 Individual | \$2,832 |
| 2 | \$1,526 | \$1,831 | \$2,060 | \$1,261 Couple | |
| 3 | \$1,920 | \$2,303 | \$2,591 | | |
| 4 | \$2,313 | \$2,775 | \$3,122 | | |
| 5 | \$2,706 | \$3,247 | \$3,653 | | |
| 6 | \$3,100 | \$3,719 | \$4,184 | | |
| 7 | \$3,493 | \$4,191 | \$4,715 | | |
| 8 | \$3,886 | \$4,663 | \$5,246 | | |
| 9 | \$4,280 | \$5,135 | \$5,777 | | |
| 10 | \$4,673 | \$5,607 | \$6,308 | | |
| 11 | \$5,066 | \$6,079 | \$6,839 | | |
| 12 | \$5,460 | \$6,551 | \$7,370 | | |

Charts can be found at: <https://medicaid.ohio.gov/families-and-individuals/coverage/who-qualifies/who-qualifies>

REMINDER:

- You can enroll in Medicaid or the Children's Health Insurance Program (CHIP) *any time*.
- There is *no* Special Enrollment Period needed to apply.



Contacts

HealthCare

Website:
healthcare.gov

Phone:
800-318-2596

Medicare

Website:
https://medicare.gov

Phone:
800-MEDICARE (833-4227)

Medicaid

Website:
https://benefits.ohio.gov/

Phone:
844-640-OHIO (6446)

Need Help???

Contact us...

- **Email:**

connecttocare@equitashealth.com

- **Phone:**

614-572-0881 (ext. 7530)

- **Website:**

<https://equitashealth.com/services-page-content/insurance-assistance/>

