

MARKETPLACE ASSISTER TOOLKIT

*Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces **SOP 7—Lower Costs of Coverage***



Version 5.0 November 2016. This information is intended only for the use of entities and individuals that are certified to serve as Navigators, certified application counselors, or non Navigator assistance personnel in a Federally facilitated Marketplace. The terms “Federally facilitated Marketplace” and “FFM,” as used in this document, include FFMs where the state performs plan management functions and State Partnership Marketplaces. Some information contained in this manual may also be of interest to individuals helping consumers in State based Marketplaces and Federally supported State based Marketplaces.



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SOP 7— Lower Costs of Coverage

A. Introduction

When consumers who apply for help lowering the costs of coverage receive their eligibility results, the Marketplace will inform them of their eligibility for options to lower their health plan costs through advance payments of the premium tax credit and/or cost-sharing reductions. If eligible, consumers can choose whether to apply advance payments of the premium tax credit to the cost of their health plans. When comparing plans, consumers select the amount of advance payments of the premium tax credit for which they are eligible that they want paid on their behalf to their chosen insurance provider. The amount of advance payments of the premium tax credit for which a consumer is eligible is based on the consumer's projected household income for the coming year and other factors. Consumers can also select health plans that apply cost-sharing reductions if they are eligible.

While assisting consumers with selecting the amount of advance payments of the premium tax credit or viewing a plan's cost-sharing reductions, remind consumers that they must accurately represent their household income information. Consumers generally are required to report all forms of household income, although Supplemental Security Income (SSI) and certain other items are not included in household income.¹ Standard Operating Procedure (SOP) 7 provides guidance on how to assist consumers with understanding advance payments of the premium tax credit and cost-sharing reductions.

B. Procedures

1. Select Advance Payments of the Premium Tax Credit

If consumers are eligible for advance payments of the premium tax credit, they have the option of using all, some, or none of the amount for which they are eligible to reduce their monthly premium cost. Before helping them make changes to their Marketplace accounts, make sure that consumers understand advance payments of premium tax credit. Advanced Payments of the Premium Tax Credit (APTC) is reconciled on tax returns, so using too much or too little of their credit can result in balances owed or refunds at tax time. Exhibit 1 provides information to help answer questions about advance payments of the premium tax credit available through the Marketplace.

¹ Don't include child support payments, SSI, gifts, veteran's disability payments, worker's compensation, or proceeds from loans, such as student loans.



Exhibit 1—Common Premium Tax Credit Questions and Answers

Question	Answer
What is the premium tax credit?	<ul style="list-style-type: none"> A tax credit that helps low- and moderate-income individuals afford health insurance.
What are advance payments of the premium tax credit?	<ul style="list-style-type: none"> Individuals who meet certain criteria at the time of enrollment in a QHP may choose to have advance payments of the premium tax credit paid to their insurance provider to lower the cost of their monthly premiums. Consumers may choose to have some, none, or all of the advance payments of the premium tax credit for which they are eligible paid on their behalf.
How do advance payments of the premium tax credit affect individuals' tax returns?	<ul style="list-style-type: none"> When consumers file their tax returns for the year, the actual amount of the premium tax credit they were eligible for is calculated. Consumers whose advance payments of the premium tax credit exceed their actual premium tax credit eligibility may be required to pay back all or a portion of the difference (see the Repayment Limitation Table). Consumers whose advance payments of the premium tax credit is less than the amount they were eligible for will owe less in taxes or get a refund for the difference.
Who is eligible for advance payments of the premium tax credit?	<ul style="list-style-type: none"> To be eligible for a premium tax credit: Consumers or family members, such as their spouse or dependent, must be enrolled in a Qualified Health Plan (QHP) through the Marketplace for one or more months in which they were not eligible for other minimum essential coverage (MEC) such as Medicaid, Children's Health Insurance Program (CHIP), TRICARE, or affordable employer-sponsored coverage that meets the minimum value standard; Consumers must file a joint tax return if married, unless the consumer is a victim of domestic abuse or spousal abandonment, and will not be claimed as a dependent on another taxpayer's tax return;† In general, consumers must have household income between 100% and 400% of the federal poverty level (FPL) (see Appendix C: Federal Poverty Guidelines);* and Note that a premium tax credit is only allowed for months in which consumers pay their share of the premium by the due date of the consumers' tax return.

Consumers who are married but living apart from their spouse and are unable to file a joint income tax return because of a case of spousal abandonment or domestic abuse can obtain advance payments of the premium tax credit and cost-sharing reduction as long as they are otherwise eligible. For more information, see the guidance available at: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/victims-domestic-violence-guidance-3-31-2014.pdf>.

*Adult Consumers generally must have a household income between approximately 138% and 400% of the FPL (approximately \$16,590 to \$47,520 for an individual and \$33,934 to \$97,200 for a family of four; higher in Alaska and Hawaii) if they live in a state that has expanded Medicaid. Consumers living in a Medicaid expansion state whose household income is less than 100% FPL and who are not eligible for Medicaid due to immigration status may also be eligible for financial assistance through the Marketplace. See the [Assister Guide to the Immigration Section of the Online Marketplace Application](#) for more information on helping non-citizens through the Marketplace application process.

2. Select the Amount of the Advance Payments of the Premium Tax Credit

If consumers are eligible for advance payments of the premium tax credit, the Marketplace will notify them of the maximum dollar amount available to them. Consumers can choose to apply the entire amount to their monthly health plan premiums or a lesser amount of their choice, including zero. Be sure to point out the

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differences between their eligibility for a certain amount of premium tax credit; and receiving advanced payments of the premium tax credit; and their premium tax credit.

Advance payments of the premium tax credit are based on estimates of the premium tax credit consumers may be allowed to claim when filing their tax return. Eligibility for the premium tax credit and the amount of the credit they are allowed is not determined until the consumer files a tax return.

Also point out that when filing their tax return for the year, consumers must reconcile or compare their advance payments of the premium tax credit with the premium tax credit they are allowed. Consumers whose advance payments of the premium tax credit exceed their actual premium tax credit will owe all or a portion of the difference to the Internal Revenue Service (IRS) when filing their taxes. Consumers whose actual premium tax credit is more than their advance payments of the premium tax credit may get a credit on their taxes or get a refund for the difference. You can help consumers select the amount of advance payments of the premium tax credit to apply to their monthly premiums during plan selection after the initial application or when reporting a life change to the Marketplace.

For example, if a consumer will have an uncertain variable income, you may want to discuss the idea of claiming only part of the tax credit for which they are eligible as an advance payment. This may reduce the amount of money the consumer may owe at tax filing time in the event the consumer's actual income is higher than anticipated. However, it's important to remind consumers that you cannot provide tax advice within your capacity as an assister.

To help consumers select the amount of advance payments of the premium tax credit they would like to have paid on their behalf, complete the following steps:

- Step 1.** Help consumers review the amount of advance payments of the premium tax credit for which they are eligible. The amount of advance payments of the premium tax credit for which consumers are eligible can be found in the Eligibility Results table on their eligibility notice, as shown in Exhibit 2. Explain that the amount shown on the table represents the amount of the advance payments of the premium tax credit for the entire family, not just the individual, on that particular row of the chart. For example, if a married couple is eligible for \$300 of advance payments of the premium tax credit, the eligibility results table will show \$300 after the husband's name and \$300 after the wife's name. Even though the amount of \$300 appears twice, the couple is not eligible for \$600.

Exhibit 2—What are the Results of my Application?

Family Member(s)	Results	Next Steps
Andre Hill	<ul style="list-style-type: none"> Eligible to purchase health coverage through the Marketplace, but more information is needed Eligible for advance payments of the premium tax credit (\$300 each month, which is \$3,600 for the year), but more information is needed 	<ul style="list-style-type: none"> Send the Marketplace more information
Bridget Hill	<ul style="list-style-type: none"> Eligible to purchase health coverage through the Marketplace, but more information is needed Eligible for advance payments of the premium tax credit (\$300 each month, which is \$3,600 for the year), but more information is needed 	<ul style="list-style-type: none"> Send the Marketplace more information

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Explain to consumers that they have the option to use less than the total amount of the advance payments of the premium tax credit for which they are found eligible. The amount they use will lower the cost they will pay for QHP monthly premiums.

Step 2. Describe the potential effects of adjusting advance payments of the premium tax credit amount, including:

- a. Premium amount paid by consumers; and
- b. Tax consequences (see [Section 2.1 Potential Tax Consequences](#)).

Step 3. Explain when the advance payments of the premium tax credit take effect.

During Open Enrollment:

- a. If consumers adjust advance payments of the premium tax credit between the 1st and 15th of the month, the change in premium takes effect on the first of the next month (e.g., if the change is made on December 8, the change in premium takes effect on January 1).
- b. If consumers adjust advance payments of the premium tax credit between the 16th and the last day of the month, the change in premium takes effect on the first of the month following the next month (e.g., if the change is made on December 17, the change in premium takes effect on February 1).

Outside of Open Enrollment

- a. If consumers adjust the amount of advance payments of the premium tax credit (APTC), the change generally takes effect the day the adjustment is made, unless the family simultaneously receives a Special Enrollment Period (SEP) determination, in which case the APTC change follows the SEP effective date.

Step 4. Help consumers select the amount of advance payments of the premium tax credit they would like to apply towards their monthly premium payments. Consumers' maximum amount of the advance payments of the premium tax credit cannot be more than the cost of their monthly premiums. The tool consumers can use to select the amount of advance payments of the premium tax credit they would like to apply towards their monthly premium payments is shown in Exhibit 3.

Things You Should Know

- Remind consumers that they must file taxes in the upcoming year if advance payments of the premium tax credit are paid on their behalf. Also inform consumers that they will be ineligible for advance payments of the premium tax credit in future years if advance payments of the premium tax credit are paid on their behalf but they do not file a federal tax return for the year.



Exhibit 3—Selecting the Amount of Advance Payments of the Premium Tax Credit Screenshot

Decide how much to lower your monthly premium

You qualify for a premium tax credit of \$465 a month. This amount is based on income and household information from your application.

How much of my tax credit can I use each month?

You can use all of it each month to lower your premium OR save any amount to get later. If you don't use all the credit you qualify for, you'll claim the rest when you file your federal income tax return.

<p>Use all \$465 of your tax credit each month to lower your premium</p> <p>Good option if: You're pretty sure the income estimate and household information on your application are right for the year. Make sure you update if things change.</p> <p>USE ALL \$465 EACH MONTH</p>	<p>Use some credit to lower your monthly premium, get the rest later</p> <p>Good option if: You think your income or other information may change during the year. If you update your application during the year, you can adjust how much tax credit you use.</p> <p>ENTER AMOUNT TO USE MONTHLY</p>	<p>Use none of your tax credit to lower your monthly premium, get it all later</p> <p>Good option if: Your yearly income is hard to predict, or you think your household may change. You'll claim what you don't use when you file your income tax return.</p> <p>USE NONE MONTHLY, GET ALL LATER</p>
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IMPORTANT: If the consumer is shopping for a plan, monthly premium costs will reflect the amount of APTC the consumer selected. Some consumers may wish to change the amount of advance payments of the premium tax credit they are using for an existing plan. These consumers should log in to their Marketplace accounts; select the plan they are currently enrolled in from the Plan Compare menu; and proceed to the Review and Confirm Plan Selection page to make the change. See Exhibit 4 for an example of what plan costs will look like once the advance payments of the premium tax credit have been applied.



Exhibit 4—Review and Confirm Plan Selection Screenshot

Confirm your plan choices and enroll

Take a few minutes to review your plan choices below. Once everything is correct, you can confirm and continue.

Health Plan for Karen Dravenstatt-Moc CHANGE

Geisinger Health Plan Geisinger Marketplace HMO 30/60/3500 Plan ID: 22444PA0010030 ✘ Adult Dental Benefit Not Included ✘ Child Dental Benefit Not Included	Original Health plan premium	\$661.32
	Premium tax credit used to lower monthly premium costs	- \$465.00
	Health plan monthly premium you'll pay	\$196.32

✘ **Karen Dravenstatt-Moc** won't have dental coverage from selected health plan.

Are you interested in a separate dental plan?
 You may want this if the health coverage you choose doesn't include dental coverage, or if you want different dental coverage.

YES **NO**

2.1 Potential Tax Consequences

Before Navigators, non-Navigator assistance personnel, and certified application counselors provide assistance to consumers, they must provide consumers with a disclaimer stating that they are not acting as tax advisors or attorneys, and they cannot provide tax or legal advice within their capacities as Navigators, non-Navigator assistance personnel, and certified application counselors. However, these assister entities are expected to help consumers understand general information about the impact of Marketplace policies on consumer taxes.

Explain to consumers that the amount of the advance payments of the premium tax credit paid on their behalf will affect the amount they owe or the amount of their refund when they file their federal income tax return. Consumers for whom advance payments of the premium tax credit payments are made must file a tax return, even if they are not otherwise required to file taxes. On their tax return, the advanced payments of the premium tax credit they received will be compared to the actual premium tax credit they are allowed to claim on that return.

A consumer's maximum advance payments of the premium tax credit (APTC) depend on the consumer's projected household income and family size. However, the consumer must use his or her actual household income and family size in calculating the premium tax credit when filing his or her tax return to calculate the premium tax credit. If a consumer's actual household income differs from the projected household income amount, this may affect the amount the consumer will pay or receive as a credit or refund when filing the consumer's federal income tax return.

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Consumer repayments of the excess advanced payments of the premium tax credit is limited to amounts based on their income and household size, as shown in Exhibit 5.

Exhibit 5—Consumer APTC Repayment Limits

Household Income Percentage of Federal Poverty Line	Limitation Amount for Single, Married Filing Separately, and HOH taxpayers	Limitation Amount for all other filing statuses
Less than 200%	\$300	\$600
At least 200%, but less than 300%	\$750	\$1,500
At least 300%, but less than 400%	\$1,250	\$2,500
400% or more	No limit	No limit

If consumers’ actual household incomes are less than they projected when they submitted their Marketplace application, or if consumers chose to have less than all of the advance payments of the premium tax credit for which they were eligible paid to the insurance provider, it is likely that the consumers’ premium tax credit will be more than their advance payments of the premium tax credit. In that case, consumers will get a credit or a refund for the difference when they file a tax return for the year.

If a consumer’s income is below 100% FPL, he or she may still be able to claim the premium tax credits at tax time if the individual had been enrolled in a Marketplace plan with APTC and had expected a household income between 100 and 400% FPL when the consumer initially enrolled in the plan. However, for the next plan year, the individual may be eligible for Medicaid and generally will not be eligible for APTC if household income for the next plan year is expected to remain below 100% FPL. Consumers should be encouraged to go back to the Marketplace to update their income information. If a consumer does appear to qualify for Medicaid, his or her application information will be sent directly to the consumer’s State Medicaid office. The consumer will receive a notice of Medicaid eligibility later.

Note that as an Assister, you may educate consumers on the Marketplace-related components of the premium tax credit reconciliation process, and help them understand the availability of IRS resources on this process. However, you must inform consumers that you are not acting as a tax adviser or attorney when providing assistance as an assister and cannot provide tax or legal advice within your capacity as an assister.



Exhibit 6 provides a reference on when consumers should contact the Marketplace Call Center or the IRS if they have questions about how their coverage status and/or Marketplace financial assistance will affect the tax filing process. Use this resource in your work with consumers to help them route their questions accordingly.



Exhibit 6—Where Consumers can Direct Questions About The Tax Consequences of APTC and Marketplace Coverage

Marketplace Call Center will handle questions regarding:	Internal Revenue Service will handle questions regarding:
<ul style="list-style-type: none"> ● Form 1095-A (Advance Premium Tax Credit) ● Form 8962 (Premium Tax Credit) and how it works with Form 1095-A ● Advance Premium Tax Credit versus Premium Tax Credit ● Eligibility for Advance Premium Tax Credit ● Exemptions (including who qualifies for exemptions, what to do if your exemption is pending, and how to get an Exemption Certificate Numbers (ECNs)) ● Handling problems with Form 1095-A (including missing or incorrect information and duplicate copies) ● How the Tax Credit may Impact Consumers' Tax Refunds ● Fees for Not Having Coverage (what it is, how much it will cost, and what it will be in future years) ● Tax Assistance (including free file, which forms to fill out, where to get assistance with tax filing, and what the tax deadline is) 	<ul style="list-style-type: none"> ● Help Filing Taxes ● Help Paying Taxes Owed to the IRS ● Questions Related to Tax Filing, such as: <ul style="list-style-type: none"> ○ How long can I delay filing? ○ What happens if I don't file? ○ I filed my taxes prior to getting Form 1095-A. How do I amend my tax return? ● Questions on how to complete Form 8962 Premium Tax Credit ● Questions on how to complete Form 8965 Exemptions ● Questions about other tax forms

3. Select Plans with Cost-Sharing Reductions

In addition to premium tax credits, consumers may be eligible for financial assistance through the Marketplace in the form of cost-sharing reductions (“income-based cost-sharing reductions” [CSRs]). If consumers have household income between 100% and 250% FPL or are members of a federally recognized Indian tribe, they may be eligible for plans with cost-sharing reductions. Plans with income-based cost-sharing reductions reduce the amount that consumers have to pay out of pocket for health care (e.g., deductibles, copayments, and coinsurance), provided that the consumer chooses a Silver level QHP.² Eligible members of federally recognized Indian Tribes may receive their special cost sharing benefit in any Bronze, Silver, Gold or Platinum plan. The Marketplace will determine if consumers are eligible for cost-sharing reductions based on projected household income and family size; or membership in a federally recognized tribe. Exhibit 7 provides information to help answer questions about cost-sharing reductions.

² Members of federally recognized tribes may take advantage of cost-sharing reductions at any health plan metal level.



Exhibit 7—Common Cost-Sharing Reductions Questions and Answers

Question	Answer
What is a cost-sharing reduction?	A discount that lowers the amount a consumer has to pay for deductibles, coinsurance, and copayments.
Who is eligible for cost-sharing reductions?	To be eligible for and utilize cost-sharing reductions, a consumer must: <ul style="list-style-type: none"> • Have a projected household income between 100% and 250% of the FPL (see Appendix C: Federal Poverty Guidelines) †; or an American Indian with household income under 300% of the FPL. • Enroll in a Silver category QHP* through the Marketplace; and • Be eligible for the premium tax credit.

†Members of federally recognized tribes who have a household income below 300% of the FPL are exempt from cost-sharing and do not have to pay out-of-pocket costs for health coverage.

*Members of federally recognized tribes may take advantage of cost-sharing reductions at any health plan metal level.

Consumers will find out if they are eligible for cost-sharing reductions by reviewing their onscreen eligibility results. It is important for those eligible for the most generous cost-sharing reductions provided, at the 94%/06 and 87%/05 level, to understand that if they use medical services, they may potentially save thousands of dollars but only by selecting a Silver plan. See Exhibit 8 for the key notice content and next steps:

Exhibit 8—Key Notice Content and Next Steps

Cost sharing Reduction	Eligibility Notice Content	Next steps
94% Cost Sharing Reduction CSR Code = 06	<ul style="list-style-type: none"> • Can choose a health plan with lower copayments, coinsurance, and deductibles (cost-sharing reductions) (06) 	<ul style="list-style-type: none"> • Choose a health plan and make first month's payment. Consumers must choose a Silver plan to get these extra savings on out-of-pocket costs. Choosing a Silver plan instead of a Bronze plan may save consumers thousands of dollars if they use a lot of medical services.
	<ul style="list-style-type: none"> • Puede elegir un plan médico con copagos, coseguro, y deducibles reducidos (reducciones en costos compartidos) (06) 	<ul style="list-style-type: none"> • Elija un plan médico y haga el pago del primer mes. Debe elegir un plan Plata para obtener estos ahorros adicionales en los gastos directos de su bolsillo. La elección de un plan Plata en lugar de un plan Bronce puede ahorrarle miles de dólares si utiliza una gran cantidad de servicios médicos.
87% Cost Sharing Reduction CSR Code = 05	<ul style="list-style-type: none"> • Can choose a health plan with lower copayments, coinsurance, and deductibles (cost-sharing reductions) (05) 	<ul style="list-style-type: none"> • Choose a health plan and make first month's payment. Consumers must choose a Silver plan to get these extra savings on out-of-pocket costs. Choosing a Silver plan instead of a Bronze plan may save consumers thousands of dollars if they use a lot of medical services.

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Cost sharing Reduction	Eligibility Notice Content	Next steps
87% Cost Sharing Reduction CSR Code = 05 continued	<ul style="list-style-type: none"> Puede elegir un plan médico con copagos, coseguro, y deducibles reducidos (reducciones en costos compartidos) (05) 	<ul style="list-style-type: none"> Elija un plan médico y haga el pago del primer mes. Debe elegir un plan Plata para obtener estos ahorros adicionales en los gastos directos de su bolsillo. La elección de un plan Plata en lugar de un plan Bronce puede ahorrarle miles de dólares si utiliza una gran cantidad de servicios médicos.
73% Cost Sharing Reduction CSR Code = 04	<ul style="list-style-type: none"> Can choose a health plan with lower copayments, coinsurance, and deductibles (cost-sharing reductions) (04) 	<ul style="list-style-type: none"> Choose a health plan and make first month's payment. Consumers must choose a Silver plan to get these extra savings on out-of-pocket costs.
	<ul style="list-style-type: none"> Puede elegir un plan médico con copagos, coseguro, y deducibles reducidos (reducciones en costos compartidos) (04) 	<ul style="list-style-type: none"> Elija un plan médico y haga el pago del primer mes. Debe elegir un plan Plata para obtener estos ahorros adicionales en los gastos directos de su bolsillo.
Zero Cost Sharing (100% in-network costs covered for members of federally recognized tribes under 300% FPL) CSR Code = 02	<ul style="list-style-type: none"> Can choose a health plan with lower copayments, coinsurance, and deductibles (cost-sharing reductions) (02) 	<ul style="list-style-type: none"> Choose a health plan and make first month's payment. Consumers won't pay copayments, coinsurance, or deductibles when they get care from an Indian Health Service provider, or when they get covered services through their Marketplace plan's approved providers.
	<ul style="list-style-type: none"> Puede elegir un plan médico con copagos, coseguro, y deducibles reducidos (reducciones en costos compartidos) (02) 	<ul style="list-style-type: none"> Elija un plan médico y haga el pago del primer mes. No tendrá que pagar los copagos, coseguros o deducibles cuando recibe cuidado de un proveedor del Programa de Salud para Indígenas, o cuando recibe servicios cubiertos a través de proveedores aprobados de su plan del Mercado.



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Cost sharing Reduction	Eligibility Notice Content	Next steps
Limited Cost Sharing (for members of federally recognized tribes at 300% FPL and above) CSR Code = 03	<ul style="list-style-type: none"> Can choose a health plan with lower copayments, coinsurance, and deductibles (cost-sharing reductions) under certain conditions (03). You won't pay any cost-sharing for covered services from the Indian Health Service, but we need more information from you. 	<ul style="list-style-type: none"> Choose a health plan and make first month's payment. Also, send the Marketplace more information, as required in the eligibility notice. This notice explains what consumers need to send. Consumers won't pay copayments, coinsurance, or deductibles when they get care from an Indian Health Service provider, or from a Marketplace plan provider when referred by an Indian Health Service provider.
Limited Cost Sharing (for members of federally recognized tribes at 300% FPL and above) CSR Code = 03 continued	<ul style="list-style-type: none"> Puede elegir un plan médico con copagos, coseguros y deducibles más bajos (reducciones de costos compartidos) bajo ciertas condiciones (03). Cuando se inscribe en este tipo de plan, no tendrá que pagar ningún costo compartido por los servicios proporcionados por el Servicio de Salud Indígena. Para obtener ayuda con los costos por los servicios cubiertos de un proveedor del plan del Mercado, usted necesita un Compras/Referido de Cuidado. 	<ul style="list-style-type: none"> Elija un plan médico y haga el pago del primer mes. No tendrá que pagar los copagos, coseguros o deducibles cuando recibe atención de un proveedor de Servicio de Salud para Indígenas o de un proveedor del plan del Mercado cuando son referidos por un proveedor de Servicios de Salud para Indígenas. Sin un referido, tendrá que pagar sus costos compartidos regulares de su plan del Mercado.

If consumers are eligible for cost-sharing reductions, discuss the following topics.

Topic 1: Explain to consumers that they must choose a Silver category plan to take advantage of the cost-sharing reduction. If they qualify for a cost sharing reduction and do not choose a Silver level plan, they may owe more when they need health care. There is one exception to this rule: members of a federally recognized tribe may take advantage of cost-sharing reductions at any health plan metal level. Consumers who are eligible for cost-sharing reductions will see eligible plans indicated with an “Extra Savings” box in the corner, as illustrated in Exhibit 9.



Exhibit 9—How to Identify CSR-eligible plans on the Marketplace Screenshot

Extra savings

Geisinger Health Plan · Geisinger Marketplace HMO 30/60/3500

Silver | HMO | Plan ID: 22444PA0010030

Monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs	Providers
\$196.32 Was: \$661.32	\$600 Individual total	\$2,350 Individual total	Emergency room care: \$75 Generic drugs: \$15 Primary doctor: \$15 Specialist doctor: \$25	\$3,338 CHANGE	Your prescription drugs (1/2) CHANGE

[QUICK VIEW](#) [DETAILS](#) [COMPARE & SAVE](#) [ENROLL](#)

Extra savings

Highmark Blue Cross Blue Shield · My Priority Blue Flex HMO 2100S

Silver | HMO | Plan ID: 83731PA0060002

Monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs	Providers
\$207.31 Was: \$672.31	\$700 Individual total	\$1,400 Individual total	Emergency room care: 10% Coinsurance after deductible Generic drugs: 15% Primary doctor: \$25 Specialist doctor: \$40	\$3,396 CHANGE	Your prescription drugs (0/2) CHANGE

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Extra savings

Highmark Blue Cross Blue Shield · My Priority Blue Flex HMO 2750SQE

Silver | HMO | Plan ID: 83731PA0060003

Monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs	Providers
\$209.47 Was: \$674.47	\$900 Individual total	\$1,700 Individual total	Emergency room care: 10% Coinsurance after deductible Generic drugs: 10% Coinsurance after deductible Primary doctor: 10% Coinsurance after deductible Specialist doctor: 10% Coinsurance after deductible	\$3,545 CHANGE	Your prescription drugs (0/2) CHANGE

Topic 2: Explain that cost-sharing reductions may decrease the following costs:

- Deductibles;
- Coinsurance; and/or
- Copayments.

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Topic 3: Explain that cost-sharing reductions **will not** decrease the following costs:

- Monthly premiums;
- Balances billed by non-network providers; nor
- Amounts spent on non-covered services.

Topic 4: Explain that consumers need to be aware of their responsibility to notify the Marketplace within 30 days of any changes in their household income level or other application information that may affect their eligibility for cost-sharing reductions.

C. Next Steps

1. If consumers would like to compare plans or make plan selections, proceed to SOP-8 Compare, Save, & Select Health Plans.
2. If consumers need to report changes that affect their eligibility results, proceed to SOP-13 Report Life Changes.
3. If consumers believe that they are eligible for more advance payments of the premium tax credit or cost-sharing reductions, proceed to [SOP-10 Request an Eligibility Appeal](#).
4. For more help answering consumers' specific questions, see Appendix A for [Frequently Asked Questions \(FAQs\) related to SOP-7 Lower Costs of Coverage](#).



Appendix A: Frequently Asked Questions (FAQs)

The FAQs below are designed to help assisters answer consumers' specific questions on options to lower health plan costs available through the Individual Marketplace. For more information on this topic, see SOP-7 Lower Costs of Coverage.

- FAQ 1. Can I adjust the amount of my advance payments of the premium tax credit I receive?
- Answer: Yes, you can adjust the amount of your advance payments of the premium tax credit, up to the maximum amount for which you are eligible, at any point during the year, including during the Open Enrollment period.
- FAQ 2. Can I adjust the amount of income-based cost-sharing reductions I receive?
- Answer: No. If you are eligible for income-based cost-sharing reductions and enroll in a Silver-level plan, you will receive the fixed amount of cost-sharing reductions for which you are eligible based on your household income. You may not choose a different amount or level of cost-sharing reductions, but you may choose to enroll in a plan without cost-sharing reductions. Your cost sharing reductions will show up as lower copays, coinsurance, and deductibles on your Silver-level plan.
- FAQ 3. Can I adjust the amount of my advance payments of the premium tax credit I receive to more than I am eligible for?
- Answer: No, the Marketplaces determine the amount of advance payments of the premium tax credit for which you are eligible. If you feel that you are eligible for a higher amount of advance payments of the premium tax credit, you may file an appeal. Even if you do not file an appeal, if you are eligible for a higher premium tax credit, you will receive a credit or refund for the difference between the premium tax credit you are eligible for and the APTC that was paid on your behalf, when you file your taxes for the year.
- FAQ 4. I think I am eligible for more advance payments of the premium tax credit or cost-sharing reductions. What do I do?
- Answer: You may file an appeal if you believe you are eligible for more advance payments of the premium tax credit or cost-sharing reductions, or if you aren't satisfied with certain other eligibility determinations.
- FAQ 5. If I lose my job, will I qualify for advance payments of the premium tax credit and cost-sharing reductions?
- Answer: You must report this change to the Marketplace and complete an eligibility application to determine whether you are eligible for advance payments of the premium tax credit and cost-sharing reductions. If you were previously ineligible because of household income or because affordable employer-sponsored coverage that meets the minimum value standard was available to you, you may become eligible for help paying for coverage through the Marketplace as a result of decreased income or losing eligibility for this employer-sponsored coverage.
- FAQ 6. How do I report changes in my household income?
- Answer: You may log in to your account, select the "Report a Life Change" tab, and follow the system instructions to enter any changes. You may also contact the Marketplace Call Center.



- FAQ 7. How much does my household income matter in determining my eligibility for advance payments of the premium tax credit and cost-sharing reductions?
- Answer: Eligibility for advance payments of the premium tax credit and cost-sharing reductions depends, in part, on your family size and household income. The Marketplace will determine if your family size and household income qualifies you for these benefits. Please note that there are other non-financial eligibility requirements for advance payments of the premium tax credit and cost-sharing reductions. Visit HealthCare.gov for more information.



Appendix B: Acronyms & Definitions

The proceeding sections describe the commonly used acronyms and terms that appear throughout the Manual.

Frequently Used Acronyms

Exhibit 10—Frequently Used Acronyms

Acronyms	Descriptions
APTC	Advance payments of the premium tax credit
CAP	Consumer Assistance Program
CCIIO	Center for Consumer Information & Insurance Oversight
COBRA	Consolidated Omnibus Budget Reconciliation Act
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-sharing Reduction
DHS	Department of Homeland Security
DMI	Data-matching Issue
EHB	Essential Health Benefits
FAQ	Frequently Asked Questions
FFM	Federally-facilitated Marketplace
FPL	Federal Poverty Level
HDHP	High Deductible Health Plan
HHS	Department of Health & Human Services
HMO	Health Maintenance Organization
HSA	Health Savings Account
ID	Identification
IHS	Indian Health Service
IRS	Internal Revenue Service
MAGI	Modified Adjusted Gross Income
MEC	Minimum Essential Coverage
PII	Personally Identifiable Information
QHP	Qualified Health Plan
SBC	Summary of Benefits and Coverage
SEP	Special Enrollment Period
SHIP	State Health Insurance Assistance Program
SHOP	Small Business Health Options Program
SOP	Standard Operating Procedure
SSI	Supplemental Security Income
SSN	Social Security Number

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Acronyms	Descriptions
VA	Veterans Affairs
VHA	Veterans Health Administration

Definitions

The following is a list of terms from HealthCare.gov, CCIIO, and the Affordable Care Act explained in plain language that you may reference to assist consumers.

List of Vocabulary in SOP:

Advance Payments of the Premium Tax Credit: (APTC) The Affordable Care Act provides a new tax credit to help consumers afford health coverage purchased through a Marketplace. Consumers can use advance payments of the premium tax credit to lower their monthly premium costs. If consumers qualify, they may choose how much in advance payments of the premium tax credit to apply to their premiums each month, up to a maximum amount. If the amount of advance payments of the premium tax credit consumers get for the year is less than the premium tax credit they're due based on their annual household income, they'll get the difference as a refundable credit when they file their federal income tax return. If their advance payments of the premium tax credit for the year are more than the amount of the premium tax credit for which they are eligible, they may be required to repay the excess advance payments with their tax return. (Reference: <https://www.HealthCare.gov/glossary/advanced-premium-tax-credit>)

Affordable Care Act: The comprehensive health care reform law enacted in March 2010. Congress passed the law in two parts. The President signed the Patient Protection and Affordable Care Act into law on March 23, 2010, which was amended by the Health Care and Education Reconciliation Act of 2010 on March 30, 2010. The name "Affordable Care Act" refers to the amended version of the law. (Reference: <https://www.HealthCare.gov/glossary/affordable-care-act>)

Agent: When registered with a Marketplace, an individual or entity that helps individuals and businesses apply for and enroll in QHPs through the Marketplace and may assist in applying for advance payments of the premium tax credit and cost-sharing reductions. States grant licenses to agents to sell insurance in their respective jurisdictions. They may receive compensation from insurance companies with whom they have a contractual relationship to enroll consumers in a QHP or non-QHP. (Reference: Affordable Care Act §1312(e) and 45 CFR §155.20)

Benefits: The health care items or services covered under a health plan. The health plan's coverage documents define the covered benefits and excluded services. In Medicaid or CHIP, the state program rules define covered benefits and excluded services. (Reference: <https://www.HealthCare.gov/glossary/benefits>)

Broker: When registered with a Marketplace, an individual or entity that helps individuals and businesses apply for and enroll in a QHP through the Marketplace and may assist in applying for advance payments of the premium tax credit and cost-sharing reductions. States grant licenses to brokers to sell insurance in their respective jurisdictions. They may receive compensation from an insurance company with whom they have a contractual relationship to enroll consumers into a QHP or non-QHP. (Reference: Affordable Care Act § 1312(e) and 45 CFR §155.20)

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Center for Consumer Information & Insurance Oversight (CCIIO): A part of the Department of Health & Human Services that helps to implement many provisions of the Affordable Care Act, the historic health reform bill that became law in March 2010. CCIIO oversees the implementation of the provisions related to private health insurance. (Reference: <https://www.CMS.gov/CCIIO>)

Centers for Medicare & Medicaid Services (CMS): The federal agency that runs the Medicare, Medicaid, and Children's Health Insurance Programs, as well as the Federally-facilitated Marketplaces. For more information, visit [CMS.gov](https://www.CMS.gov). (Reference: <https://HealthCare.gov/glossary/centers-for-medicare-and-medicare-services>)

Certified Application Counselor (CAC): In an FFM, an individual (affiliated with an organization designated by CMS, as operator of the FFMs) who is trained and able to help consumers as they look for health coverage options through the Marketplace, including helping them complete eligibility and enrollment forms. Their services are free to consumers. (Reference: <https://www.HealthCare.gov/glossary/certified-applicant-counselor>)

Certified Application Counselor Designated Organization (CDO): In an FFM, an organization designated by CMS, as operator of the FFMs, to certify staff members or volunteers to act as certified application counselors. (Reference: 45 CFR §155.225)

Children's Health Insurance Program (CHIP): Program jointly funded by state governments and the federal government that provides health coverage to low-income children and, in some states, pregnant women in families who earn too much income to qualify for Medicaid but cannot afford to purchase private health insurance coverage. (Reference: <https://www.HealthCare.gov/glossary/childrens-health-insurance-program-chip>)

Claim: A request for payment that a consumer, his or her authorized representative, or his or her health care provider submits to the consumer's health insurer when the consumer gets items or services he or she thinks are covered. (Reference: <https://www.HealthCare.gov/glossary/claim>)

Coinsurance: The consumer's share of the costs of a covered health care service calculated as a percent (for example, 20%) of the allowed amount for the service. Consumers pay coinsurance plus any deductibles they owe. For example, if the health insurance or plan's maximum allowed amount for a covered office visit is \$100 and the consumer has met the plan's deductible, the consumer's coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount. (Reference: <https://www.HealthCare.gov/glossary/co-insurance>)

Copayment: Also referred to as a copay, this is a fixed amount (for example, \$15) a consumer pays for a covered health care service, usually when they receive the service. The amount can vary by the type of covered health care service. (Reference: <https://www.HealthCare.gov/glossary/co-payment>)

Cost-sharing Reduction: A discount that lowers the amount consumers have to pay out-of-pocket for deductibles, coinsurance, and copayments. Consumers also have a lower out-of-pocket maximum. Consumers are eligible for cost-sharing reductions if they get health insurance through a Marketplace, they meet household income requirements, and if they enroll in a health plan from the Silver plan category (See Health Plan Categories). Consumers may qualify for additional cost-sharing benefits if they are a member of a federally recognized tribe. (Reference: <https://www.HealthCare.gov/glossary/cost-sharing-reduction>)

Deductible: The amount consumers owe for covered health care services before their health insurance or plan begins to pay. For example, if a consumer's deductible is \$1,000, the plan won't pay anything for covered health

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care services subject to the deductible until the consumer has met the \$1,000 deductible. The deductible may not apply to all services. (Reference: <https://www.HealthCare.gov/glossary/deductible>)

Federal Poverty Level (FPL): FPL represents a threshold level of household income used by the federal government to determine an individual's eligibility to participate in certain federal programs or qualify for advance payments of the premium tax credit or cost-sharing reduction in a Marketplace when enrolling in a QHP.

Health Coverage: Consumers' legal entitlement to payment or reimbursement for their health care costs for covered services or items generally under a contract with a health insurance company, a group health plan offered in connection with employment, or a government program like Medicare, Medicaid, or CHIP. (Reference: <https://www.HealthCare.gov/glossary/health-coverage>)

Health Insurance: A contract that requires a consumer's health insurer to pay some or all of the consumer's health care costs in exchange for a premium. (Reference: <https://www.HealthCare.gov/glossary/health-insurance>)

Health Insurance Issuer (Issuer): An insurance company, insurance service, or insurance organization that must have a license to engage in the business of insurance in a state and that is subject to state laws that regulate insurance. (Reference: 45 CFR §144.103)

Individual Marketplace: The Marketplace for individuals to purchase health insurance plans for themselves or their families other than through an employer-sponsored group health plan. (Reference: Affordable Care Act §1304(a)(2))

Marketplace: A marketplace for health insurance, also known as an "Exchange," operated by a governmental agency or non-profit entity that meets applicable government standards. A Marketplace makes QHPs available to qualified individuals and/or qualified employers. Generally, in CMS documents, this term is often used to refer both to Marketplaces serving the individual market for qualified individuals and to Small Business Health Options Program (SHOP) Marketplaces serving the small group market for qualified employers, and is often used regardless of whether a Marketplace is established and operated by a State or by HHS. However, in this document, the term Marketplace generally is used to refer only to the Federally-facilitated Marketplaces (FFMs), and frequently is used to refer only to the FFMs for the individual market. (Reference: 45 CFR §155.20)

Medicaid: A state-administered health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities, and in some states, other adults. The federal government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their programs, in which Medicaid can vary state by state and may have a different name in your state. (Reference: <https://www.HealthCare.gov/glossary/medicaid>)

Minimum Essential Coverage (MEC): The type of health coverage individuals need to have to avoid having to make the individual shared responsibility payment (unless they qualify for an exemption) when they file a federal income tax return. Many types of coverage qualify as MEC, including qualified health plans offered through the Marketplace, job-based coverage, Medicare, Medicaid, CHIP, and TRICARE. (Reference: Section 5000A(f) of the Internal Revenue Code)

Minimum Value: A health plan meets this standard if it is designed to pay at least 60% of the total allowed cost of benefits under the plan. Individuals eligible for minimum essential coverage, including employer-sponsored

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coverage that provides minimum value and that is affordable, are not eligible to receive a premium tax credit. (Reference: 45 CFR §156.145)

Navigator: An individual or organization that receives a grant from the Marketplace and that is trained and able to help consumers, including small employers and their employees, as they look for health coverage options through the Marketplace, including helping them complete the eligibility and enrollment process. These individuals and organizations are required to be unbiased. Their services are free to consumers. (Reference: <https://www.HealthCare.gov/glossary/navigator>)

Non-citizen: An individual who is not a citizen or national of the United States. (Reference: 45 CFR §155.305;)

Non-Navigator Assistance Personnel: Individuals or organizations that are trained and able to provide help to consumers, including small employers and their employees, as they look for health coverage options through a Marketplace, including helping them complete the eligibility and enrollment process. These individuals and organizations are required to be unbiased. Their services are free to consumers. Also referred to as “in-person assisters.” (Reference: <https://www.HealthCare.gov/glossary/in-person-assistance-personnel-program>)

Open Enrollment Period: The period of time during which individuals who are eligible to enroll in a QHP can enroll in a plan through the Marketplace. For coverage starting in 2017, the individual market Open Enrollment period is November 1, 2016 – January 31, 2017. Individuals may also qualify for special enrollment periods if they experience certain qualifying events. Consumers can apply for Medicaid or CHIP at any time of the year. (Reference: <https://www/HealthCare.gov/glossary/open-enrollment-period>)

Out-of-pocket Costs: The expenses for health care services that insurance companies do not reimburse. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that are not covered. (Reference: <https://www.HealthCare.gov/glossary/out-of-pocket-costs>)

Plan Year: A consecutive twelve-month period during which a health plan provides coverage for health benefits. A plan year may be a calendar year. (Reference: 45 CFR §155.20)

Premium: The amount that consumers or employers pay for a health insurance or job-based coverage. Premiums are paid by the consumer or employers on a monthly, quarterly, or yearly basis. (Reference: <https://www.HealthCare.gov/glossary/premium>)

Qualified Health Plan (QHP): Under the Affordable Care Act, an insurance plan that is certified by a Health Insurance MarketplaceSM, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. Each QHP is certified by the Marketplace through which the plan is offered. (Reference: <https://www.HealthCare.gov/glossary/qualified-health-plan>)

Special Enrollment Period (SEP): In the individual market, a period during which a qualified individual or enrollee who experiences certain qualifying events may enroll in, or change enrollment in, a QHP through the Marketplace outside of the annual individual market open enrollment period. For example, individuals who lose employer-sponsored health coverage, or who lose Medicaid coverage because of an increase in income, would be eligible for a SEP to enroll in a Marketplace plan, if they otherwise qualify. Other triggering events include marriage, divorce, and the birth or adoption of a child. (Reference: 45 CFR §155.20)



TRICARE: A health care program for active-duty and retired uniformed services members and their families.
(Reference: [HealthCare.gov/glossary/tricare](https://www.healthcare.gov/glossary/tricare))



Appendix C: Federal Poverty Guidelines

Exhibit 5—2016 Annual Poverty Guidelines for All States (Except Hawaii and Alaska)

Family Size	100%	120%	133%	135%	150%	175%	185%	200%	250 %
1	11,880.00	14,256.00	15,800.40	16,038.00	17,820.00	20,790.00	21,978.00	23,760.00	29,700.00
2	16,020.00	19,224.00	21,306.60	21,627.00	24,030.00	28,035.00	29,637.00	32,040.00	40,050.00
3	20,160.00	24,192.00	26,812.80	27,216.00	30,240.00	35,280.00	37,296.00	40,320.00	50,400.00
4	24,300.00	29,160.00	32,319.00	32,805.00	36,450.00	42,525.00	44,955.00	48,600.00	60,750.00
5	28,440.00	34,128.00	37,825.20	38,394.00	42,660.00	49,770.00	52,614.00	56,880.00	71,100.00
6	32,580.00	39,096.00	43,331.40	43,983.00	48,870.00	57,015.00	60,273.00	65,160.00	81,450.00
7	36,730.00	44,076.00	48,850.90	49,585.50	55,095.00	64,277.50	67,950.50	73,460.00	91,825.00
8	40,890.00	49,068.00	54,383.70	55,201.50	61,335.00	71,557.50	75,646.50	81,780.00	102,225.00

*For family units with more than eight members, add \$4,160 for each additional family member.

Exhibit 6—2016 Annual Poverty Guidelines for Alaska Only

Family Size	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	14,840	17,808.00	19,737.20	20,034.00	22,260.00	25,970.00	27,454.00	29,680.00	37,100.00
2	20,020	24,024.00	26,626.60	27,027.00	30,030.00	35,035.00	37,037.00	40,040.00	50,050.00
3	25,200	30,240.00	33,516.00	34,020.00	37,800.00	44,100.00	46,620.00	50,400.00	63,000.00
4	30,380	36,456.00	40,405.40	41,013.00	45,570.00	53,165.00	56,203.00	60,760.00	75,950.00
5	35,560	42,672.00	47,294.80	48,006.00	53,340.00	62,230.00	65,786.00	71,120.00	88,900.00
6	40,740	48,888.00	54,184.20	54,999.00	61,110.00	71,295.00	75,369.00	81,480.00	101,850.00
7	45,920	55,104.00	61,073.60	61,992.00	68,880.00	80,360.00	84,952.00	91,840.00	114,800.00
8	51,120	61,344.00	67,989.60	69,012.00	76,680.00	89,460.00	94,572.00	102,240.00	127,800.00

*For family units with more than eight members, add \$5,200 for each additional family member.

Exhibit 7—2016 Annual Poverty Guidelines for Hawaii Only

Family Size	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	13,670	16,404.00	18,181.10	18,454.50	20,505.00	23,922.50	25,289.50	27,340.00	34,175.00
2	18,430	22,116.00	24,511.90	24,880.50	27,645.00	32,252.50	34,095.50	36,860.00	46,075.00
3	23,190	27,828.00	30,842.70	31,306.50	34,785.00	40,582.50	42,901.50	46,380.00	57,975.00
4	27,950	33,540.00	37,173.50	37,732.50	41,925.00	48,912.50	51,707.50	55,900.00	69,875.00
5	32,710	39,252.00	43,504.30	44,158.50	49,065.00	57,242.50	60,513.50	65,420.00	81,775.00
6	37,470	44,964.00	49,835.10	50,584.50	56,205.00	65,572.50	69,319.50	74,940.00	93,675.00
7	42,230	50,676.00	56,165.90	57,010.50	63,345.00	73,902.50	78,125.50	84,460.00	105,575.00
8	47,010	56,412.00	62,523.30	63,463.50	70,515.00	82,267.50	86,968.50	94,020.00	117,525.00

*For family units with more than eight family members, add \$4,780 for each additional family member.

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