

# Your Digital Field Marketing Organization



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## The Affordable Care Act October 2020

# Total Financial Governance<sup>®</sup>

6	Estate Planning	Estate Planning Techniques	Ownership Structures	Trust & Charities	Will & other legal documents	Optimal Financial Realization
5	Retirement Planning	Social Security	IRAs and Roth IRAS	401k, 403b, SEPs, and Corporate plans	Retirement Income & Distribution Strategies	Factors Affecting Business Selection
4	Taxes and Investments	Tax Structures & 1040 Optimization	Annuities	Stocks, Bonds, Mutual Funds	Risk & Return, MPT, IPS	College Education Financing
3	Cash Flow Management	Budgeting	Time value analysis Cash Reserves & equivalents	Managing Credit & Debt	Tangible Assets & Home Financing	Cashbacks & Discounts
2	Risk Management	Life Insurance	Health Insurance	Medicare Optional	Auto & Home Insurance	LTC & Disability Income Insurance
1	The T.R.O.T. Financial Planning System					

# Your Need to be Licensed



## General Lines Agent

Life, Accident, Health and HMO, Property and Casualty

### ALVARO ALONSO CASTELLANOS

78 W FRENCH OAKS CIR  
THE WOODLANDS, TX 77382


**is authorized to transact business as described above**

License No: 988536

Issue Date: 11-23-1999

Expiration Date: 08-31-2022

Generated by Siron 222413507

<p><b>TEXAS</b> DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p> <p>ALVARO ALONSO CASTELLANOS 78 W FRENCH OAKS CIR, THE WOODLANDS, TX 77382</p> <p>LICENSE NUMBER: 988536</p>	 <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>General Lines Agent</b> Life, Accident, Health and HMO, Property and Casualty</p> <p>Issue Date: 11-23-1999      Expiration Date: 08-31-2022</p> <p>Generated by Siron 222413507</p>
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# Your Need to be Certified



## Registration Completion Certificate

alvaro castellanos

NPN(s): 3220736, ,

Individual Marketplace

Registration status for Plan Year 2021:  
Completed on 09/07/2020



Health Insurance Marketplace

[Overview of Plan Year 2021 Registration and Training](#)

# Marketplace Recognition

## *Certificate of Recognition*

2020 Elite Marketplace Circle of Champions

This certificate is proudly presented to

**ALVARO CASTELLANOS**

in appreciation of your contribution and success during the 2020 Health Insurance Marketplace Open Enrollment Period. Thank you for the impact you are making in your community by helping Americans get access to a qualified health plan.

December 19, 2019

DATE



A handwritten signature in black ink, appearing to read "Randy Altman", is written over a horizontal line. Below the line, the text "DIRECTOR OF CCHD" is printed in small, black, capital letters.

100+

Consumers enrolled in  
qualified health coverage



# The New Social Healthcare Marketplace

**The World of No Subsidies**

**The World of Subsidies**

The World of no Subsidies

The World of Subsidies

# The Products

## The World of No Subsidies

- Short Term Medical
- Multiple Risk Life Insurance
- Supplemental Coverage
  - Dental & Vision
  - Accident
  - Critical Illness
  - Cancer/Heart & Stroke

## The World of Subsidies

### The World of no Subsidies

Metallics

### The World of Subsidies

Metallics



# Essential Health Benefits (EHB)

## Essential Health Benefits (EHB)



# The Metallic Products

## The World of No Subsidies

## The World of Subsidies

The World of no Subsidies

The World of Subsidies



Platinum Gold Silver Bronze

Monthly Cost \$\$\$\$ \$\$\$ \$\$ \$

Cost When You Get Care \$ \$\$ \$\$\$ \$\$\$\$

# The Networks

## EPO vs PPO vs HMO



EPO

\$/\$\$/\$\$\$\$

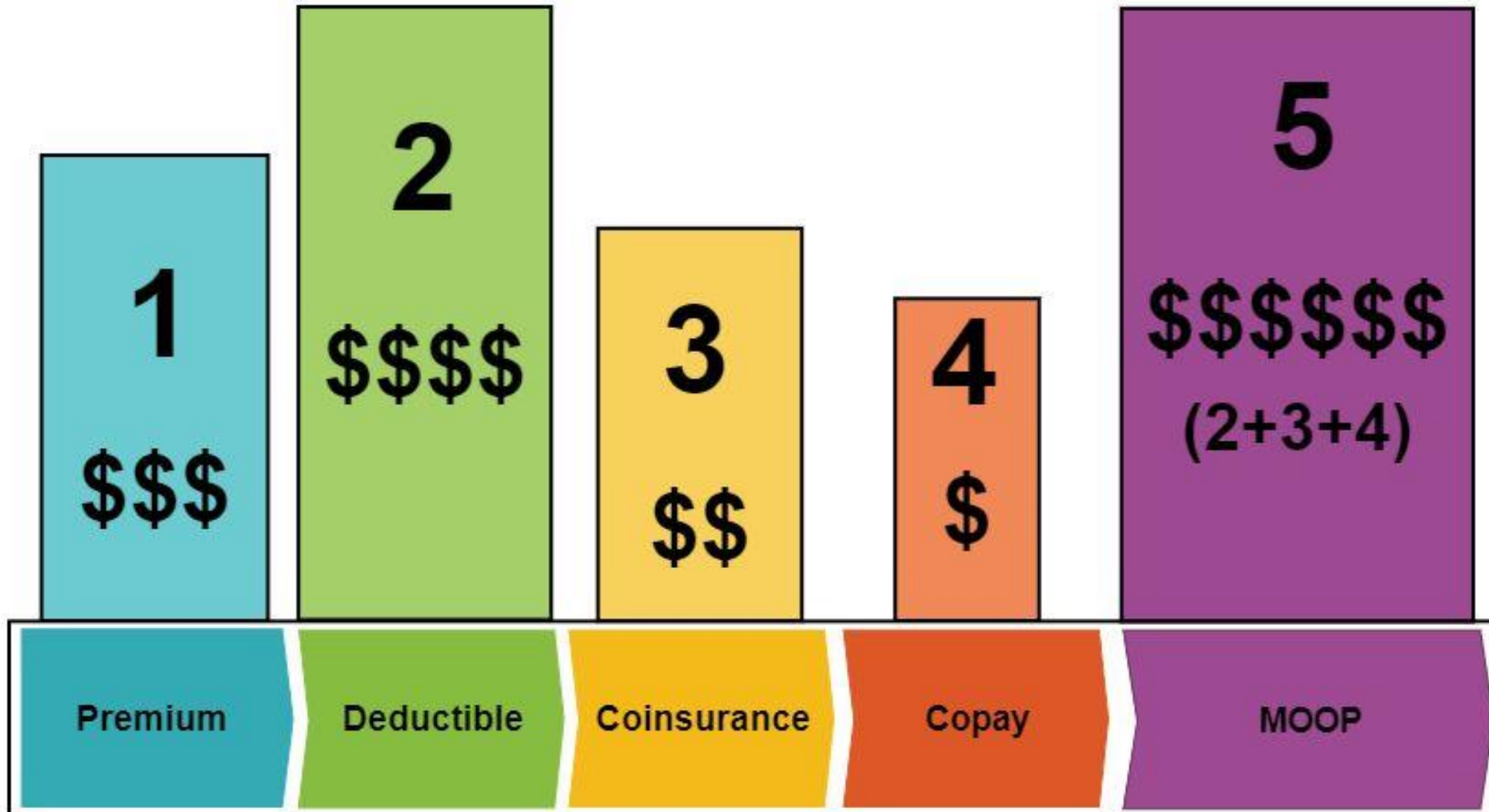
PPO

\$\$/\$\$\$\$\$

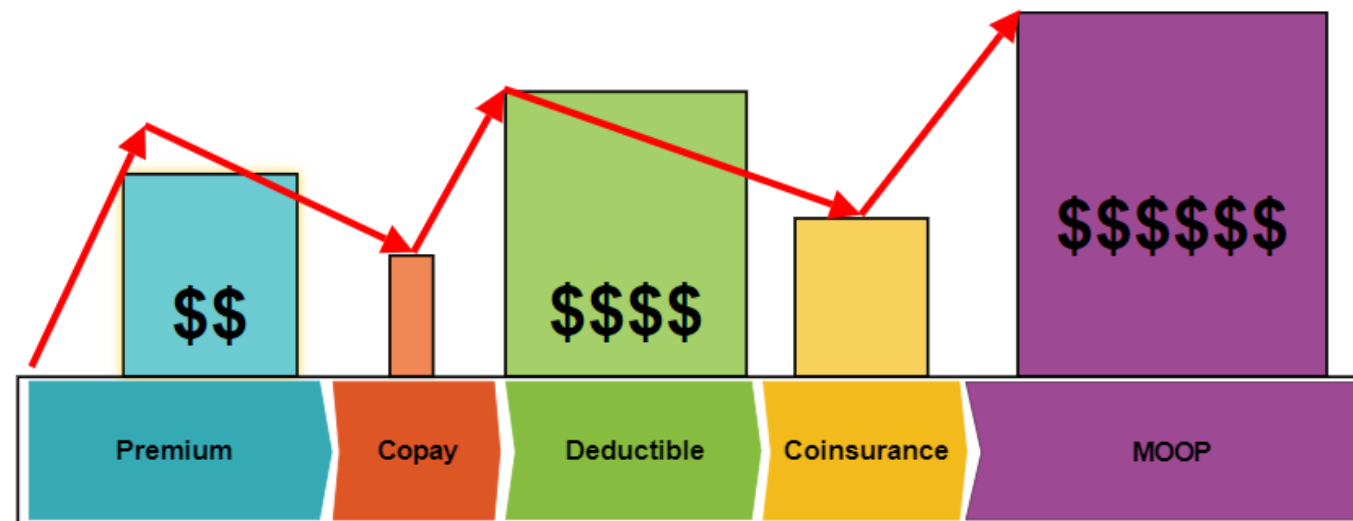
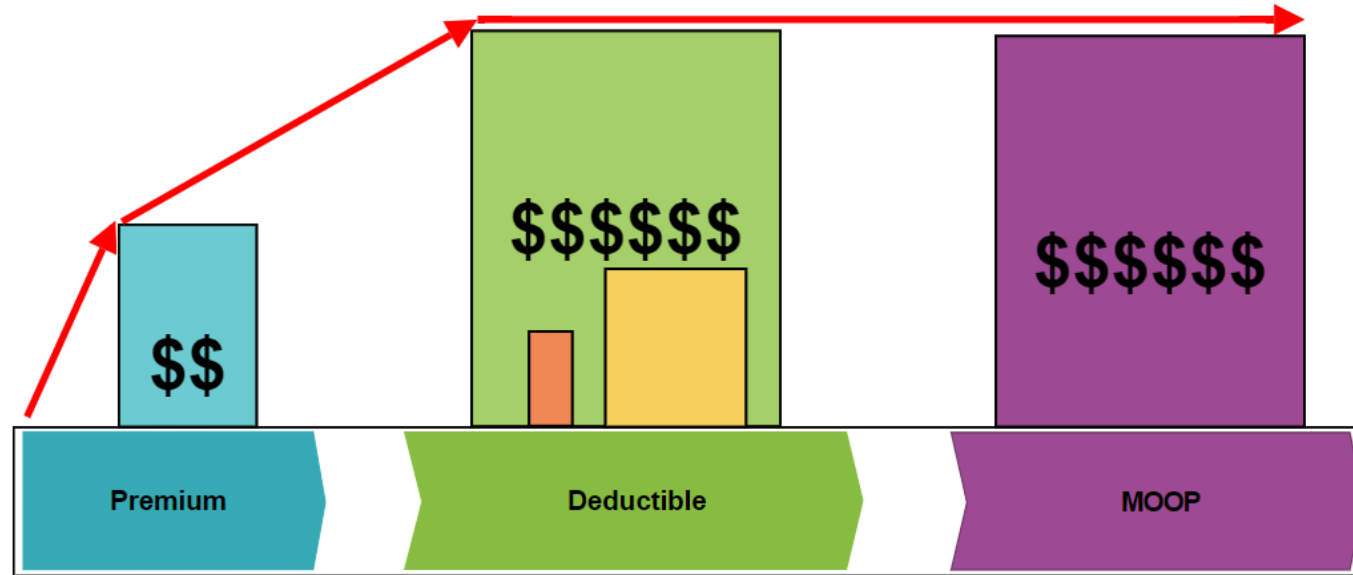
HMO

/\$\$\$\$\$

# The Cost Structure of a Health Insurance Plan



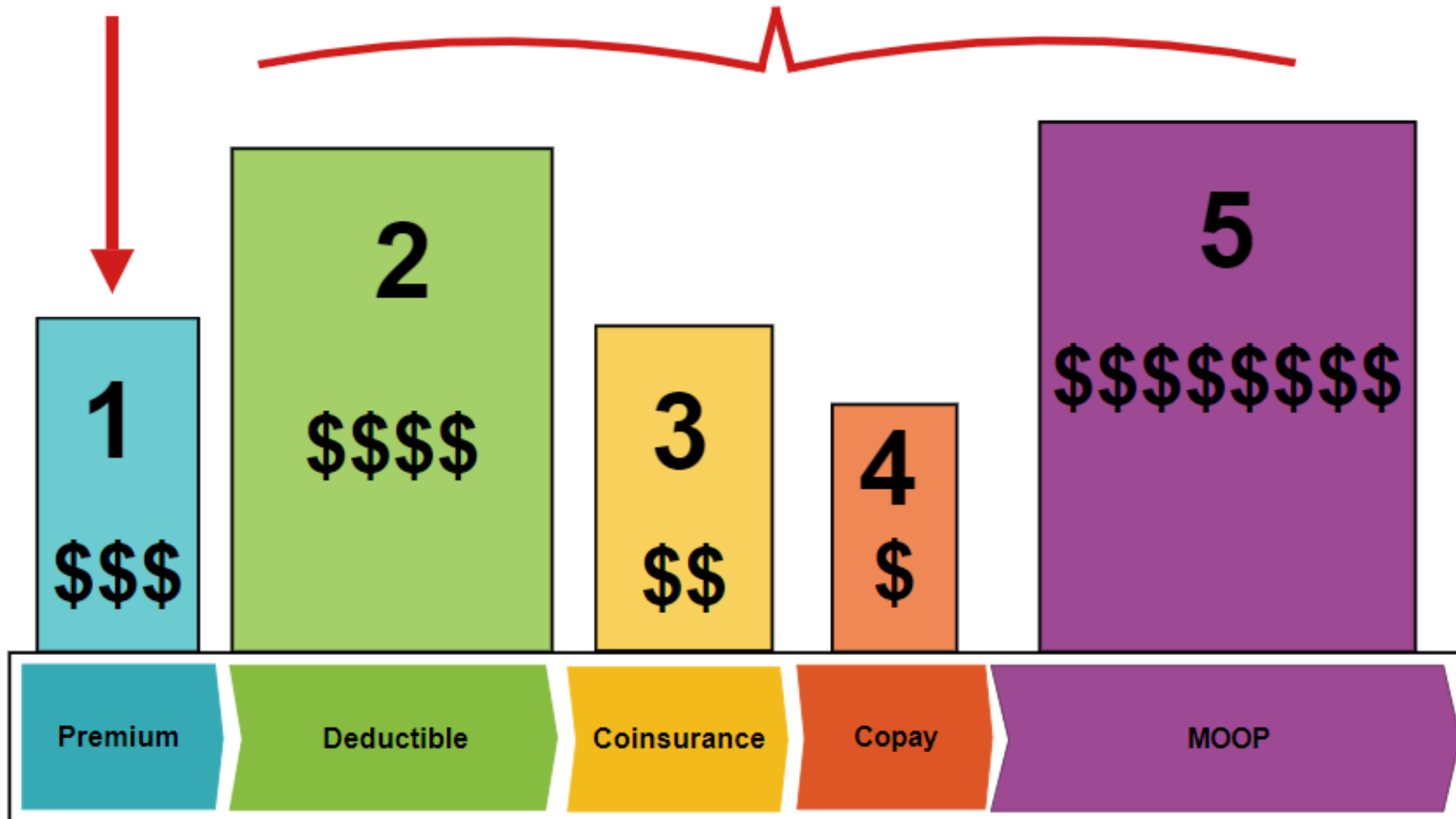
# The Cash Flow Structure in an ACA plan



# How can we Help?

1. Advance premium Tax Credit (APTC)

2. Cost Sharing Reductions (CSR)



# 2021-Annual Cost Sharing Limits



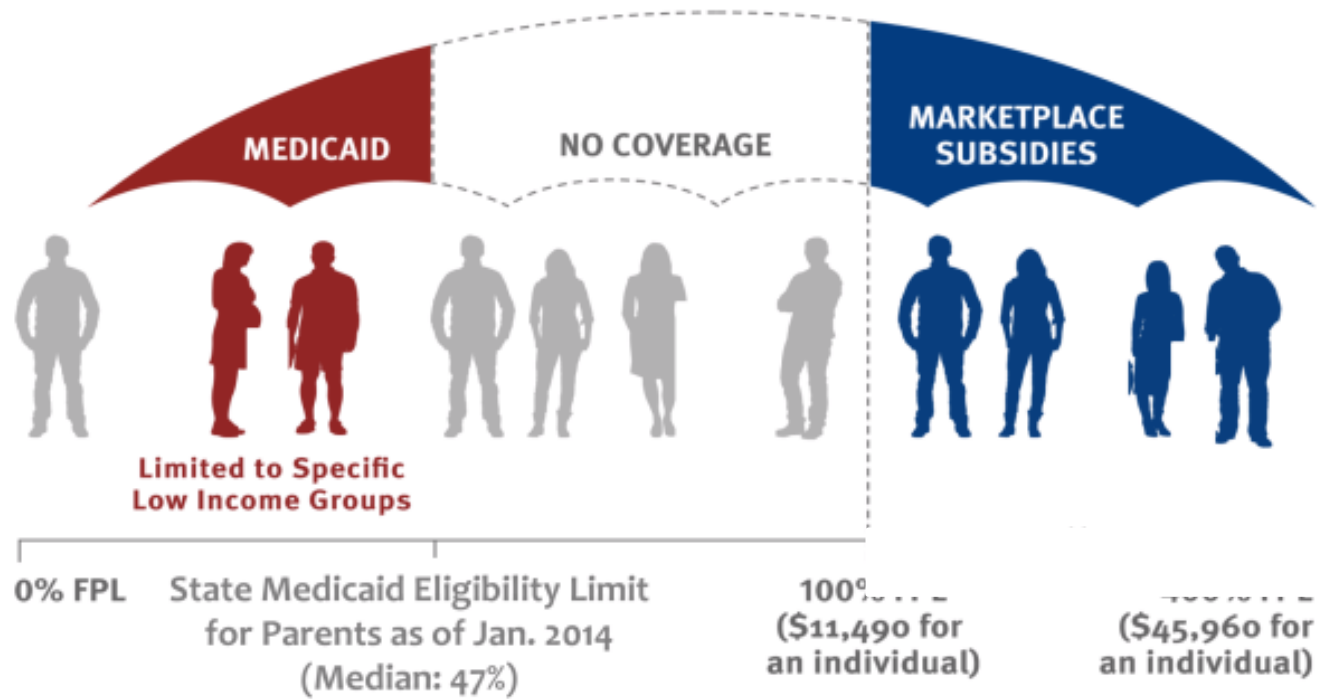
# 2021 Federal Poverty Level Chart with Cost Sharing Reductions

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$12,760	\$17,609	\$19,140	\$25,520	31,900	\$38,280	\$51,040
2	\$17,240	\$23,791	\$25,860	\$34,480	\$43,100	\$51,720	\$68,960
3	\$21,720	\$29,974	\$32,580	\$43,440	\$54,300	\$65,160	\$86,880
4	\$26,200	\$36,156	\$39,300	\$52,400	\$65,500	\$78,600	\$104,800
5	\$30,680	\$42,338	\$46,020	\$61,360	\$76,700	\$92,040	\$122,720
6	\$35,160	\$48,521	\$52,740	\$70,320	\$87,900	\$105,480	\$140,640
7	\$39,640	\$54,703	\$59,460	\$79,280	\$99,100	\$118,920	\$158,560
8	\$44,120	\$60,886	\$66,180	\$88,240	\$110,300	\$132,360	\$176,480
	<b>94 % of AV in Silver Plan</b>			<b>87 %</b>	<b>73 %</b>		



# The Medicaid Gap

In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults.

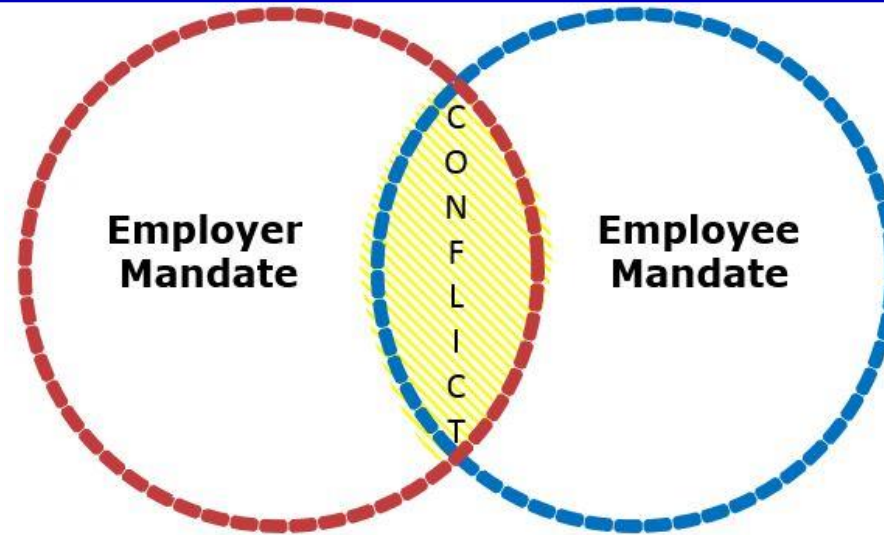


NOTE: Applies to states that do not expand Medicaid. In most states not moving forward with the expansion, adults without children are ineligible for Medicaid.

# Texas Children Health Plan - CHIP

 Texas Children's Health Plan	MEDICAID		CHIP	
	Family Members (Adults plus children)	Monthly Family Income*	Yearly Family Income*	Monthly Family Income*
1**	\$1,385	\$16,612	\$2,093	\$25,105
2	\$1,875	\$22,491	\$2,833	\$33,990
3	\$2,365	\$28,369	\$3,573	\$42,874
4	\$2,854	\$34,248	\$4,314	\$51,758
5	\$3,344	\$40,127	\$5,054	\$60,642
6	\$3,834	\$46,005	\$5,794	\$69,526
7	\$4,324	\$51,884	\$6,535	\$78,411
8	\$4,814	\$57,762	\$7,275	\$87,295

# The Employer/Employee Intersection



- Overlap has to do with **affordability**.
- Deemed affordable if employee's share of lowest cost of self-only coverage does not exceed 9.83 % of household income.
- May use W -2 Form Box 1, Rate of Pay or Federal Poverty Level chart

# Health Reimbursement Arrangements HRA's

Health reimbursement arrangements (HRAs) are a type of account-based health plan that employers can use to reimburse employees for their medical care expenses.

## Three Types

- Individual Coverage HRA
- Excepted Benefit HRA
- Qualified Small Employer HRA - QSEHRA

# Individual Coverage HRA's Affordability

ICHRA Affordability

Self Only Lowest cost **silver plan** monthly premium  
minus Monthly ICHRA amount



Employees Household Income / 12

**The Required Contribution Percentage**

**9.78 %**

# Get Ready to Apply

## Get ready to apply for or re-enroll in your Health Insurance Marketplace coverage



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

To help make the application process faster and easier, gather this information before you start your application. You won't need all of this information if you're applying for coverage without savings.

What do I need?	Why do I need this?	Have it ready!
<b>Your information</b>	Your Marketplace application will ask you for some basic information, including your name and date of birth.	<input type="checkbox"/>
<b>Information about your household</b>	<p>Your Marketplace application will ask you about each person in your household, even those not applying for coverage.</p> <p>For the Marketplace, your household usually includes the tax filers and their tax dependents, but there are exceptions. Sometimes the Marketplace includes people you live with who aren't in your tax household.</p> <p>Include yourself on your application. Here's a basic list of the other people you should generally include, if these people are in your household:</p> <ul style="list-style-type: none"> <li>Your spouse</li> <li>Your children who live with you, even if they make enough money to file a tax return themselves</li> <li>Anyone you include on your tax return as a dependent, even if they don't live with you</li> <li>Anyone else under 21 who you take care of and who lives with you</li> <li>Your unmarried partner, only if one or both of these apply: <ul style="list-style-type: none"> <li>* They're your dependent for tax purposes</li> <li>* They're the parent of your child</li> </ul> </li> </ul> <p>For more information, visit <a href="https://www.healthcare.gov/income-and-household-information/household-size">HealthCare.gov/income-and-household-information/household-size</a>, or call the Marketplace Call Center.</p>	<input type="checkbox"/>

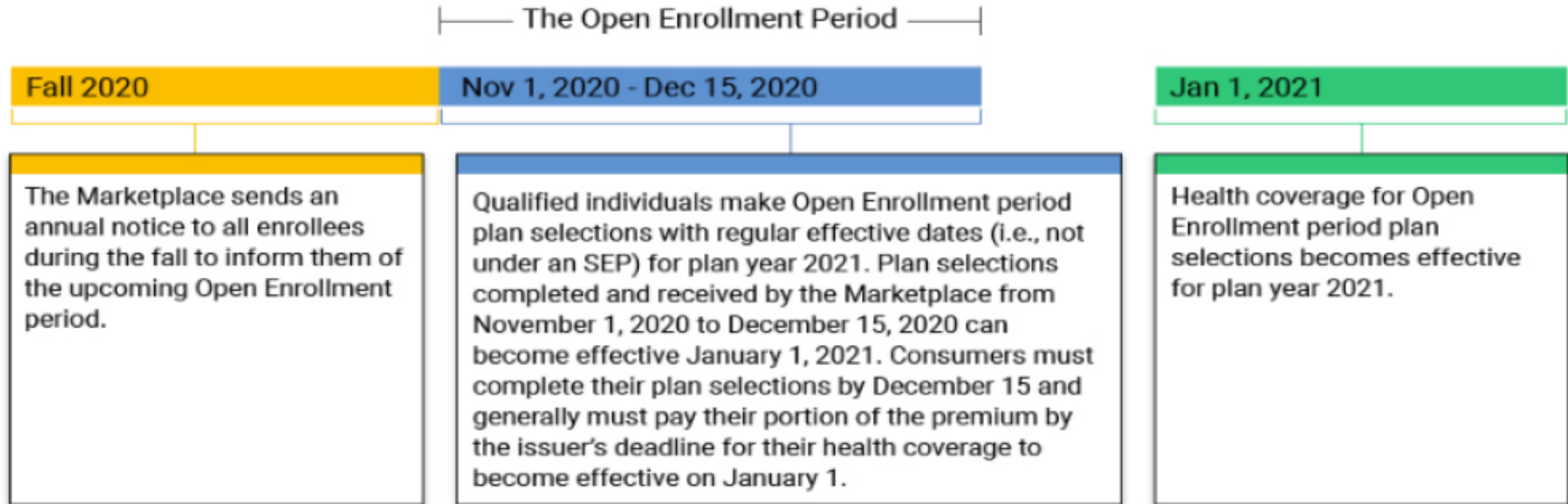
What do I need?	Why do I need this?	Have it ready!
<b>Home and/or mailing addresses</b> for everyone applying for coverage	<p>Where you live can affect what health coverage you're eligible for.</p> <p>You'll enter your home address to show if you're a resident of the state where you're seeking coverage. You'll select your state at the beginning of the application.</p> <p>You'll be asked for your mailing address. Often, this will be the same as your home address. If it's not, provide a mailing address in the state you live in.</p> <p>If anyone on your application has a different home or mailing address, you'll need to have it also.</p>	<input type="checkbox"/>
<b>Information about everyone</b> applying for coverage	Your Marketplace application will ask you to enter some basic information about everyone applying for coverage, including their relationship to you.	<input type="checkbox"/>
<b>Social Security Numbers (SSNs)</b> for everyone on your application	Your Marketplace application will ask you to enter each person's 9-digit SSN, even those not applying for coverage. The Marketplace will confirm the SSNs with Social Security, based on the consent you'll give at the start of your application. If you don't enter an SSN, you may need to provide more information at a later time.	<input type="checkbox"/>
<b>Information about the professional helping you apply</b> , if any	If a professional is helping you complete your application, you'll enter their information. These professionals include: navigators, certified application counselors, in-person assistance personnel, agents, and brokers.	<input type="checkbox"/>
<b>Immigration document information</b> (this only applies to lawfully present immigrants)	If you or anyone else on your application is a lawfully present immigrant, you'll be asked to provide information from your immigration documents.	<input type="checkbox"/>
<b>Information on how you'll file your taxes</b>	If you file federal income taxes and are married, the Marketplace needs to know if you file separately or jointly. You'll also be asked about who you claim as a tax dependent.	<input type="checkbox"/>
<b>Employer and income information</b> for everyone in your household	<p>Your Marketplace application may ask you about the income, expenses, and deductions of everyone in your household, even those not applying for coverage.</p> <p>The Marketplace counts as these as income:</p> <ul style="list-style-type: none"> <li>Wages and salaries, as reported on your W-2 form and pay stubs</li> <li>Tips</li> <li>Net income from any self-employment or business</li> <li>Unemployment compensation</li> <li>Social Security payments, including disability payments (but not Supplemental Security Income (SSI))</li> <li>Alimony</li> <li>Retirement or pension income, including most IRA or 401k withdrawals</li> <li>Investment income, like dividends or interest</li> <li>Rental income</li> <li>Other taxable income</li> </ul> <p>For more information on income or what income sources to include, visit <a href="https://www.healthcare.gov/income-and-household-information/income">HealthCare.gov/income-and-household-information/income</a>.</p>	<input type="checkbox"/>

# Get Ready to Apply

What do I need?	Why do I need this?	Have it ready!
<b>Your best estimate of your household income</b>	<p>Your Marketplace application may ask you to estimate what your household's income will be in the year you'll be covered.</p> <p>If you're not sure, it's okay to make your best estimate. If your income changes, or is different than what you estimated, you'll need to update this information later. For more information, visit <a href="https://www.healthcare.gov/reporting-changes/why-report-changes">HealthCare.gov/reporting-changes/why-report-changes</a>.</p> <p>To help you calculate your household income, visit <a href="https://www.healthcare.gov/income-calculator">HealthCare.gov/income-calculator</a>.</p>	<input type="checkbox"/>
<b>Health coverage information</b> (this only applies if anyone in your household currently has a health plan)	<p>Your Marketplace application will ask if anyone in your household is currently enrolled in health coverage, including Medicaid, the Children's Health Insurance Program (CHIP), Medicare, TRICARE, VA health care program, Peace Corps, or coverage through individual insurance (including Marketplace coverage) or an employer.</p> <p>If anyone has coverage now, gather their policy numbers. You can find this information on their insurance card or documents they get from their plan.</p>	<input type="checkbox"/>
<b>Employer information</b> for each person in your household	<p>Your Marketplace application will ask you to enter information about offers of health coverage you may have through your job or through a family member's job. It will also ask you to enter employer contact information for each person in your household who has a job.</p>	<input type="checkbox"/>
<b>A completed "Employer Coverage Tool"</b> (this only applies if anyone in your household has or is eligible for coverage through their employer)	<p>You should fill out an "Employer Coverage Tool" for each member of your family who's eligible for traditional health coverage through a job, even if that person isn't enrolled in the job based plan or isn't applying for Marketplace coverage. You can get this information from your employer. This optional tool helps you gather information you may need for your application in one spot.</p> <p>To get a copy of this form, visit <a href="https://www.healthcare.gov/downloads/employer-coverage-tool.pdf">HealthCare.gov/downloads/employer-coverage-tool.pdf</a>. Your employer can help you fill this out.</p>	<input type="checkbox"/>
<b>Health Reimbursement Arrangement (HRA) notice</b> (this only applies if anyone in your household is offered an HRA through their employer)	<p>If someone works for a business that offers help paying for a health plan or health care expenses through an HRA, use the notice from the employer to complete your Marketplace application. Visit <a href="https://www.healthcare.gov/job-based-help">HealthCare.gov/job-based-help</a> to learn more.</p>	<input type="checkbox"/>

<https://www.healthcare.gov/downloads/apply-for-or-renew-coverage.pdf>

# Enrollment Periods





# How the Marketplace Works



**Create an  
Account**

**Apply for  
Federal Subsidy**

**Select  
a Plan**

**Enroll  
in Plan**

# Application Help – Short application

HealthCare.gov

[← Back](#)

## Application help

**Is a professional helping you complete your application?**  
If a family member or friend is helping you, select "No."  
[Learn about professionals who can help with your application.](#)

Yes  
 No

**Which type of professional is helping you?**  
Select all that apply.

Navigator  
 Certified application counselor  
 Agent or Broker  
 Other assister

**Tell us about the navigator.**

First name

Middle initial  
Optional

Last name

Suffix  
Optional

Organization name  
Optional

ID number  
Optional

**Tell us about the agent or broker.**

First name

Middle initial  
Optional

Last name

Suffix  
Optional

National Producer Number (NPN)

[Save and continue](#)

# Application Help – Long application

Application ID: 107244483

GET STARTED

✓ Privacy policy

✓ Contact information

**3 Help applying for coverage**

4 Help paying for coverage

5 Who needs coverage

FAMILY & HOUSEHOLD

ADDITIONAL INFORMATION

REVIEW & SIGN

## Help applying for coverage

Tell us if you're getting help from one of these people

Navigator

Certified application counselor

Non-Navigator assistance personnel

Agent or broker

None of these people

First name

Middle *optional*

Last name

Suffix *optional*

Organization name *optional*

ID number *optional*


FFM User ID *optional*

NPN number

**SAVE & CONTINUE**

[How to Instruct Consumers to Insert Your National Producer Number on Marketplace Applications](#)

# Special Election Periods (SEP)

Did you or anyone in your household lose qualifying health coverage in the past 60 days OR do you expect anyone in your household to lose coverage in the next 60 days? 

YES  NO


Did any of the following apply to you or anyone in your household in the past 60 days?


Changes in household size:

YES  NO Got married


YES  NO Had a baby


YES  NO Gained/became a dependent

YES  NO Got divorced or legally separated and lost health insurance 

YES  NO Death 

Changes in residence or income:

YES  NO Changed your primary place of living 

YES  NO Had a change in income 

Changes in status:

YES  NO Denied Medicaid/CHIP

YES  NO Gained citizenship or lawful presence in the U.S.

YES  NO Was released from incarceration (detention, jail, or prison)

Are you a member of a federally recognized tribe, or an Alaska Native corporation shareholder?

YES  NO

# 2021 ACA Product Review



## 2021 ACA Product Review

Date Enrolled	Effective Date	
	<b>Name</b>	<b>Age/DOB</b>
First Adult		
Spouse		
Member 3		
Member 4		
Member 5		

Address	
City/State/Zip Code	Phone Number
Client Email/OI	
Marketplace User Id/OI:	

	<b>2020-Current</b>	<b>2021-New Plan</b>
Carrier		
Product Name		
Subsidy Amount		
Pocket Premium		
Total Monthly Premium		
Deductible (I)		
Max Out of Pocket (I)		
Network Name/Type		
PCP Name		
Advisor Name		
FFM Subscriber ID		

# Questions ?



(832) 850 6873  
[www.prinsuco.com](http://www.prinsuco.com)