

Resources - The Affordable Care Act

The Affordable Care Act

The Affordable Care Act represents the most significant overhaul of the U.S. healthcare system since the passage of Medicare and Medicaid in 1965. The law seeks to increase the quality and affordability of health insurance, reduce the number of uninsured people by expanding public and private insurance coverage, and reduce the costs of health care.

The law requires insurance companies to cover all applicants and offer the same rates regardless of pre-existing conditions or sex. There are other provisions of the law that are important for shoppers in the Marketplace.

Advanced Premium Tax Credits (APTC)

Under the Affordable Care Act, a new tax credit is available if you qualify that can help you afford coverage bought through Connect for Health Colorado. Unlike tax credits that you claim when you file your taxes, these credits can be used right away to lower your monthly premium costs. If you qualify, you may choose how much to apply to your premiums each month and whether you want to leave some unclaimed until you file your taxes.

The amount that you qualify for will depend on your family income and family size. Lower income families and individuals get the most help. On average, Connect for Health Colorado customers received **\$262 per month** for 2014 coverage.

You will learn exactly how much you can receive when you enroll. Individuals can get an estimate of their potential financial assistance using our *Tax Credit Estimator [link to estimator]*.

Employer Tax Credits

An employer with fewer than 25 full-time equivalent employees making an average of about \$50,000 a year or less (not counting the business owner or family members) can qualify for a tax credit for sponsoring employee health coverage.

To qualify for the Small Business Health Care Tax Credit, the employer must pay at least 50% of full-time employees' premium costs. You don't need to offer coverage to your part-time employees or to dependents.

The tax credit is worth up to 50% of your contribution toward your employees' premiums (up to 35% for tax-exempt employers). Small Businesses can use our <u>Small Business Tax Credit</u> Calculator to get an estimate of their potential financial assistance [link to calculator].

Essential health benefits

All health insurance plans must include coverage for 10 types of service, like outpatient care, emergency room care, behavioral health, preventive services and more.

Health plans offered through Connect for Health Colorado provide **comprehensive coverage** in compliance with new requirements. The minimum set of benefits and services that are included in all health plans are:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

All health plans provide coverage for Essential Health Benefits. Any provider, including (but not limited to) Doctors of Chiropractic, can provide care for those Essential Health Benefits that are within his/her scope of practice under Colorado law. For those individuals interested in obtaining Essential Health Benefits, as well as other services, from a Doctor of Chiropractic, check to see what providers are in the carrier's network of providers.

More information about provider non-discrimination and chiropractic services is available in the bulletin issued by the Division of Insurance.