# NEW YORK STATE HEALTH INSURANCE EXCHANGE

## INFORMATIONAL GUIDE

Provided by

# Table of Contents

# What is the New York State Health Insurance Exchange?

The New York State Health Insurance exchange is an online marketplace where New Yorkers can shop for health insurance that meets the standards of the Affordable Care Act of 2010 (ACA). This guide will outline just what those standards are, what it means for you shopping at the exchange, and how you can pick the health insurance plan that best fits your needs.

## 3 Ways Exchange Plans Differ from Non-Exchange Plans

Health insurance exchange plans differ from their non-exchange counterparts in a number of important ways:

### 1. Essential Health Benefits

One of the new standards for exchange plans is mandatory coverage for medical services across ten categories of so-called “Essential Health Benefits.” These categories include everything from emergency services, to prescription drug coverage and preventative health services. See the full list of the categories here: [http://www.nyhealthinsurer.com/new-york-state-health-benefit-exchange/](http://www.nyhealthinsurer.com/new-york-state-health-benefit-exchange/)

Exchange plans are required to cover a certain number of medical services in each of the ten categories. However it must be emphasized that the essential benefits described here are *categories* of medical services, not *specific* medical services. The actual medical services that fall into each essential benefit category are determined by each state.

### 2. Metal Tiers

Health insurance exchange plans are sold at four different cost levels known as metal tiers: Bronze, Silver, Gold, and Platinum. What makes each tier different from the last is its ratio of monthly premium to out-of-pocket costs.

Take for example Bronze plans, at the Bronze level you will pay the smallest monthly premium. However that less expensive Bronze level premium only covers 60 percent of your total health care costs. The remaining 40 percent is paid in the form of out-of-pocket expenses like copays and a higher deductible.

This 60 percent to 40 percent ratio is not necessarily a bad thing if you’re someone who does not go to the doctor very often. But for those who need to regularly see a doctor, it might be better to invest in a health insurance plan that covers more medical costs. The cost ratios for each exchange plan tier are as follows:

- Bronze: 60 percent of medical costs paid through monthly premium, and 40 percent paid out-of-pocket.
- Silver: 70 percent of medical costs paid through monthly premium, and 30 percent paid out-of-pocket.
- Gold: 80 percent of medical costs paid through monthly premium, and 20 percent paid out-of-pocket.
- Platinum: 90 of medical costs paid through percent monthly premium, 10 percent paid out-of-pocket.
- Catastrophic health insurance

In addition to those cost sharing ratios, each metal tier comes with its own set of standard benefits, as defined by deductible amounts, copays, and maximum out of pocket expenses. Every insurance company selling plans at the exchange must offer at least one standardized plan in each tier. After that they are permitted to mix and match in order to offer different benefit combinations at each level.

| | **Bronze Plan*** | **Silver Plan*** | **Gold Plan*** | **Platinum Plan*** |
|---|---|---|---|---|
| **Office Co-pay** | 50% after deductible | $15 after deductible | $25 after deductible | $15 |
| **Specialist Co-pay** | 50% after deductible | $35 after deductible | $40 after deductible | $35 |
| **Hospital Co-pay** | 50% after deductible | $250 after deductible | $1,000 after deductible | $500 |
| **Emergency Room** | 50% after deductible | $75 after deductible | $150 after deductible | $100 |
| **Referrals Needed** | No | No | No | No |
| **Rx: Generic/Branded/High Brand** | $10/$35/$70 after deductible | $9/$20/$40 | $10/$35/$70 | $10/$30/$60 |
| **In-Network Deductible** | $3,000/$6,000 | $250/$500 | $600/$1,200 | $0 |
| **In-Network Co-Insurance** | 50% | 0% | 0% | 0% |
| **Max Out of Pocket** | $6,350/$12,700 | $2,000/$4,000 | $4,000/$8,000 | $2,000/$4,000 |

*These are all standardized plans.

### Bronze

For an individual, the standard Bronze tier plan consists of a $3,000 in-network deductible and an out of pocket maximum of $6,350. For families the standard Bronze plan has a $6,000 deductible in-network and an out of pocket maximum of $12,700.

There is no set price for copays for visits to the doctor's office, specialists, hospitals, or emergency room services under a standard Bronze plan. However those costs are reduced 50 percent after meeting your deductible for the year.

Prescription drugs are also covered under a standard Bronze plan for a reduced cost of $10 for generic, $35 for brand name, and $70 for high brand name, after meeting your deductible.

### Silver

For an individual the standard Silver tier plan consists of a $250 in-network deductible and an out of pocket maximum of $2,000. For families the standard Silver plan has a $500 in-network deductible and an out of pocket maximum of $4,000.

After meeting your deductible for the year doctor's office copays are $15, specialists copays are $35, hospital copays are $250, and emergency room services are $75 under a standard Silver plan.

Prescription drugs are also covered under a standard Silver plan for a reduced cost of $9 for generic, $20 for brand name, and $40 for high brand name.

### Gold

For an individual the standard Silver tier plan consists of a $600 in-network deductible and an out of pocket maximum of $2,000. For families the standard Gold plan has a $1,200 in-network deductible and an out of pocket maximum of $4,000.

After meeting your deductible for the year doctor's office copays are $25, specialists copays are $40, hospital copays are $1,000, and emergency room services are $150 under a standard Gold plan.

Prescription drugs are also covered under a standard Gold plan for a reduced cost of $10 for generic, $35 for brand name, and $70 for high brand name.

### Platinum

For an individual the standard Platinum tier plan consists of a $250 in-network deductible and an out of pocket maximum of $2,000. For families the standard Platinum plan has a $500 in-network deductible and an out of pocket maximum of $4,000.

After meeting your deductible for the year doctor's office copays are $15, specialists copays are $35, hospital copays are $500, and emergency room services are $100 under a standard Platinum plan.

Prescription drugs are also covered under a standard Platinum plan for a reduced cost of $10 for generic, $30 for brand name, and $60 for high brand name, after meeting your deductible.

#### Catastrophic plans

At the exchange there is also the option of purchasing a catastrophic health insurance plan. These plans have fairly low monthly premiums, but come with extremely high deductibles and out-of-pocket costs. They are designed mainly to protect you from expensive medical emergencies. However they still do cover the essential benefits, and include three primary care visits each year.

Catastrophic plans are only available to individuals under the age of 30, and those who cannot afford a more comprehensive plan on the exchange. It should also be noted that a buyer's dependants cannot be covered under a catastrophic plan.

### 3. Subsidies

Exchange plans are also eligible for federal health insurance subsidies depending on the annual income of the buyer. In order to receive a federal health insurance subsidy with your exchange plan, your income needs to fall within 133 and 400 percent of the Federal Poverty Line (FPL). The closer your income is to 133 percent FPL, the bigger the subsidy.

For a detailed breakdown of how a federal health insurance subsidy works, and how much your subsidy might be, see the next section.

## What is a federal health insurance subsidy?

A federal health insurance subsidy is money that the federal government pays to exchange consumers with the aim of making their health insurance plans more affordable. What makes a subsidy different than a tax credit, is that a subsidy is paid upfront when a plan is chosen rather than collected the following year when you file your taxes. This reduces the price of insurance right away rather than having to be reimbursed for the extra costs later.

However in order to receive a subsidy with your exchange plan you need to meet a few requirements.

### Subsidy Eligibility:

#### Individuals

If you're purchasing as an individual, your annual income must fall between 133 and 400 percent of the current year's Federal Poverty Line (FPL), for you to be eligible for a federal health insurance subsidy at the exchange.

#### Employed

As an employed individual, in order to receive a subsidy at the exchange your employer cannot currently be offering you health insurance that is deemed "affordable" by the ACA. Affordable employer sponsored health insurance is any plan that does not cost an employee more than 9.5

percent of their annual income, regardless of the plan specifics. If your job does currently offer an "affordable" health insurance option you can still shop at the exchange, but you will not receive a subsidy. If your job does not offer health insurance can shop at the exchange and be eligible for a subsidy as long as your income falls between 133 and 400 percent of the current year's Federal Poverty Line (FPL).

### Unemployed with COBRA

If you recently lost or left a job and are currently participating in the COBRA program as a way to continue your employer sponsored health insurance, you are eligible for a health insurance subsidy at the exchange, as long as you meet the income requirements stated above. You might also qualify for Medicaid.

### Self-Employed

In the eyes of the exchange self-employed persons are considered individuals. Meaning that they are subject to the same rules and regulations as individuals. Their incomes must fall between 133 and 400 percent of the current year's Federal Poverty Line (FPL). to be eligible for a subsidy.

### Medicaid

If your income is less than 133 percent of the current year's Federal Poverty Line (FPL), you do not qualify for a subsidy at the exchange. Instead case you are eligible for Medicaid. The ACA has expanded the Medicaid program in New York making eligible all individuals with incomes up to 133 percent FPL.

### Medicare

If you are currently enrolled in Medicare there is nothing you need to do. The ACA and its health insurance exchanges have no impact on those enrolled in Medicare. However if you are enrolled in Medicare you are not eligible to purchase an exchange plan.

### Children

Children under the age of 18 are not eligible for a health insurance subsidy at the exchange. Because of their age, children under 18 will qualify for New York State's children's Medicaid program, Child Health Plus. Depending on the income level of their guardians, those under 18 may be able to enroll in Child Health Plus at zero cost.

## Calculating your subsidy

As long as you're eligible for a subsidy the ACA limits the amount of money you are allowed to spend on health insurance each year to a certain percentage of your annual income depending on how much money you make up to 400 percent FPL. The general principle is that the less money you make, the less you'll pay for health insurance. The income brackets are as follows:

| Your income as a percent of the Federal Poverty Level (FPL) | The maximum percentage of your annual income that you will pay for health insurance |
|---|---|
| **133 percent FPL** | **3 percent of annual income maximum for health insurance** |
| **150 percent FPL** | **4 percent of annual income maximum for health insurance** |
| **200 percent FPL** | **6.3 percent of annual income income maximum for health insurance** |
| **250 percent FPL** | **8.05 percent of annual income income maximum for health insurance** |
| **300 percent FPL** | **9.5 percent of annual income income maximum for health insurance** |
| **350 percent FPL** | **9.5 percent of annual income income maximum for health insurance** |
| **400 percent FPL** | **9.5 percent of annual income income maximum for health insurance** |

But still the question remains, how much will your subsidy be? The amount of a subsidy is equal to the difference between the dollar amount of the buyer's maximum allowable health insurance contribution and the price of the second least expensive Silver tier exchange plan in the buyer's geographic area.

If all that sounded confusing, don't panic. There are a number of excellent ACA health insurance subsidy calculators out there to help you get a ballpark estimate of just how much of a subsidy you may receive: http://www.nyhealthinsurer.com/health-insurance-calculators/health-care-reform/

It's important to remember that the subsidy numbers from the calculators are just ballpark figures, designed to be an estimate. To find out the actual amount for your subsidy you will need to apply for a health insurance exchange plan.

## Estimating your income for your subsidy

It's important to point out here that your health insurance subsidy is actually based off of an estimate of your annual income for the upcoming year. During the application process you are asked to project what your income will be for the following year. It is from this projected income

number that your subsidy for the year is estimated. So what happens if you accidentally over or underestimate your income during the application process?

### Overestimating income

If you accidentally overestimate your income when applying for health insurance through the exchange, meaning you ended up making less money than you projected, you'll receive a rebate of the difference between what you received as a subsidy and what you would have received had you estimated your income correctly.

### Underestimating income

However if it comes around to tax season and you made more money than you estimated you would at the beginning of the year, you'll owe the government the difference between what your subsidy should have been and the amount of the subsidy you received.

# Children's Health Insurance on the exchange

While the main focus of the New York State exchange is on adults, if you are looking to purchase health insurance for your child at the exchange there are several choices available to you.

### Child Health Plus

If you do qualify for a health insurance subsidy then any children you have under the age of 19 are eligible to be covered by New York State's children's Medicaid program, Child Health Plus (CHP). Children are insured under CHP at no cost or very minimal cost depending on your income as a percentage of the Federal Poverty Line. The costs listed below are per child up to three. After the first three children covered by CHP at a cost, the rest are covered for free if you qualify for a subsidy.

| Your income as a percent of the Federal Poverty Level (FPL) | Cost per child for Child Health Plus health insurance program |
|---|---|
| **133 percent to 160 percent FPL** | **No cost** |
| **160 percent to 222 percent FPL** | **$9 per child up to three, max: $27 per month** |
| **222 percent to 250 percent FPL** | **$15 per child up to three, max: $45 per month** |
| **250 percent to 300 percent FPL** | **$30 per child up to three, max: $90 per month** |
| **300 percent to 350 percent FPL** | **$45 per child up to three, max. $135 per** |

| | |
|---|---|
| | **month** |
| **350 percent to 400 percent FPL** | **$60 per child up to three, max: $180 per month** |

Please note though that having your child enrolled in CHP will have an effect on your subsidy. When your child is enrolled in CHP they are not counted as part of your household size with regards to your eligibility for a health insurance subsidy. Even though you might think that your subsidy should be based on the size of your household including your child. This means that you will receive a smaller subsidy, or perhaps none at all, since your household size (in the eyes of the New York State health insurance exchange) has been reduced by one or more.

### Exchange plans for kids

Another option is to have your child on their own exchange plan, or join your chosen exchange plan. Both are possible, but certainly more costly than having them enroll in CHP. Typically the premiums for a child enrolling in an exchange plans will be a cheaper than for an adult enrolling in the same plan. While the cost for you child to join your exchange plan will likely be comparable to the cost of them having their own plan.

### Off exchange plans for kids

Of course there is also the option to look off the exchange when it comes to health insurance options for your child. The most cost effective and likely the only option would be to purchase a CHP plan at the full premium. Carriers however will charge a per child rate and unlike a subsidized CHP, which has a premium cap at three children, an unsubsidized CHP plan has no premium cap. So if you have more than three children, buyer beware.

# 5 Steps to picking the right health insurance exchange plan

## Step 1: Determine your budget

The first step is to take a look at your budget, and determine the maximum amount you can spend each month on health insurance and healthcare related expenses. According to the federal government, the average American should be paying between 3 percent and 9.5 percent of their income on exchange health insurance after subsidies.

Regardless of the federal recommendation though, knowing what your budget is helps bring the rest of the purchasing process into focus. A good place to start might be to look at medical expenses for previous years to develop a yearly average for healthcare costs.

Next you need to honestly assess your health situation. Have you had any severe health issues in the past that might become a problem again? Do you have a pre-existing condition? Have you had any major surgeries? Does anyone else who will be on this plan have a pre-existing condition?

You should also try to account for any major life events you know of that are coming up. These include things like getting married or having a child, both of which will affect your health insurance situation. Once you have a fairly good idea about your health insurance budget and your health situation you can start looking at exchange plans.

## Step 2: Choose a metal: Platinum, Gold, Silver, or Bronze

The biggest decision you'll have to make when looking at exchange plans will be deciding between the different metal tiers. As previously mentioned there are four different metal themed levels of health insurance to choose from at the exchange, each with its own cost sharing to monthly premium ratio.

The first consideration to make is budgetary. What was the budget number you determined in the last section? What exchange plan tiers fall within that constraint? The next is your health situation.

If you're very sickly and going to the doctor on a regular basis then consider a Gold or Platinum plan with no or a very low deductible and minimal office copays. It will cost more money per month than a lower tiered plan, but in the long run it proves to be more economical. Below you can find the numbers for each metal tier's ratio of monthly premium to out of pocket costs.

- Bronze: 60 percent of medical costs paid through monthly premium, and 40 percent paid out-of-pocket.
- Silver: 70 percent of medical costs paid through monthly premium, and 30 percent paid out-of-pocket.
- Gold: 80 percent of medical costs paid through monthly premium, and 20 percent paid out-of-pocket.
- Platinum: 90 of medical costs paid through percent monthly premium, 10 percent paid out-of-pocket.
- Catastrophic health insurance

## Step 3: Picking a network

No matter what level of plan you pick one thing you need to pay attention to is your prospective plan's network of doctors and hospitals. This is because most insurance companies are not making available their full network of doctors and hospitals for exchange plans, which is compounded by the fact that exchange plans in New York State do not come with out of network benefits. So whatever network you pick, that's where you'll be getting your care unless you want to pay out of pocket for going outside your network.

With smaller networks being the norm for exchange plans it makes shopping for them especially difficult. It also makes it dangerous to hastily choose a plan without investigating the size of its network. Without doing your due diligence you could end up in a plan that doesn't include your doctors, or more importantly, might not even include your area hospitals.

To get a handle on whether an exchange plan has a good network, research the following questions:

- Are there primary care doctors, OB/GYN's, and pediatricians in network?
- What labs are covered in network?
- Are the most common labs participating in the plan?
- What is the closest hospital to you that's in network?
- Are the top hospitals in the state included in the network?
- Do you need referrals to see specialists?

## Step 4: Open enrollment timeline

### Standard open enrollment

The standard open enrollment season for the New York State exchange runs from the fall until January of the following year. For 2014 a special longer open enrollment period was announced to accommodate the growing pains of the exchanges' first year. For 2015 the open enrollment period only runs from mid-November until mid-January. Barring any life changing event, you are not able to enroll in an exchange plan outside of the open enrollment periods. This is just one more reason to fully investigate network size before buying an exchange plan.

Let's say for example, that you buy an exchange plan during open enrollment. But then after your coverage starts you find out your preferred doctor or hospital is not in the network, so you cancel your coverage. Then three months later you get into an accident and you need surgery, you cannot re-enroll in your old exchange plan at that point. You'd have to either pay for everything out of pocket or enroll in a health insurance plan outside of the exchange. This enrollment policy applies to every health insurance exchange plan regardless of whether you received it with a subsidy.

### Enrolling during life events

As mentioned above, life changing events are the lone exception for joining an exchange plan outside of the open enrollment period. Qualifying life events of this nature include: getting married, having or adopting a child, loss of a job that results in losing health coverage, relocating to a new coverage area, or a change in your eligibility for subsidies either newly eligible or ineligible.

### Step 5: Off exchange plans

As a final point you can investigate health insurance plans available sold off of the New York State health insurance exchange. This is an especially attractive possibility if your income is too high to qualify you for a subsidy. Many of the non-exchange offerings can be more affordable for those whose incomes are too high for a subsidy and some have different networks than plans sold on the exchange.

#### Cadillac plans

Another plan option for those looking at non-exchange possibilities are Cadillac plans. Cadillac plan is just another name for health insurance plans that are usually more expensive and generous with the benefits they offer. For a large monthly premium, these plans typically offer out of network benefits, which allow you greater freedom of choice. Plan designs typically have lower deductibles and/or copays and often include the highest quality medical facilities in network.

However because of their size and price the ACA has levied a large tax on the insurers offering them. In response many health insurance companies have discontinued their Cadillac plans. But some are still available and should be considered if you're looking for a plan with out-of-network benefits.

## What do you need to apply for an exchange plan?

The application for the New York State health insurance exchange is quite lengthy. To combat identity theft and fraud the exchange application system validates your personal information simultaneously with the Social Security Administration, the Internal Revenue Service, Department of Labor, and Homeland Security to verify your eligibility for subsidies.

The system also uses the credit rating company Experian's identity verification services. So when completing your application expect to be quizzed about personal information that only you as the applicant would know. An example might be the make and model of previous vehicles you have owned, or the name of the institutions through which you may have loans.

It is our recommendation to also be as prepared as you can be with regards to the documents you may need when applying for health insurance. Those include: your driver's license, social security card, tax returns for the two most recent years, pay stubs, and/or your last bank statement with access to online banking,

## What if you don't qualify for a subsidy?

If you don't qualify for a subsidy and you're not interested in purchasing a plan through the exchange, you have the opportunity to buy an off exchange plan through your chosen insurance

carrier. In most instances the application is simplified ( as compared to the exchange ) and off exchange plans are still required to comply with the ACA's 10 essential health benefits.

# Penalties for not buying health insurance

Whether you choose to purchase an exchange plan, off-exchange plan, or enroll in Medicaid, you are required by law to have health insurance or pay a penalty beginning in 2014. This is called the ACA's individual mandate.

Each year until 2016 the penalty for being uninsured increases by a set amount. Starting in 2017 the penalty's increase every year will be tied into the rate of inflation.

The penalty applies to those who have the means to afford health insurance yet do not purchase it. For those without the means to buy health insurance, there are some exemptions from the penalty:

- You're uninsured for less than 3 months of the year
- The lowest-priced coverage available to you would cost more than 8% of your household income
- You don't have to file a tax return because your income is too low
- You're a member of a federally recognized tribe or eligible for services through an Indian Health Services provider
- You're a member of a recognized health care sharing ministry
- You're a member of a recognized religious sect with religious objections to insurance, including Social Security and Medicare
- You're incarcerated, and not awaiting the disposition of charges against you
- You're not lawfully present in the U.S.

If any of the above do not apply to you, it is also possible to apply for a hardship exemption from the health insurance penalty if any of the following apply to you:

- You were homeless.
- You were evicted in the past 6 months or were facing eviction or foreclosure.
- You received a shut-off notice from a utility company.
- You recently experienced domestic violence.
- You recently experienced the death of a close family member.
- You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property.
- You filed for bankruptcy in the last 6 months.
- You had medical expenses you couldn't pay in the last 24 months.
- You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member.

- You expect to claim a child as a tax dependent who's been denied coverage in Medicaid and CHIP, and another person is required by court order to give medical support to the child. In this case, you do not have the pay the penalty for the child.
- As a result of an eligibility appeals decision, you're eligible for enrollment in a qualified health plan (QHP) through the Marketplace, lower costs on your monthly premiums, or cost-sharing reductions for a time period when you weren't enrolled in a QHP through the Marketplace.
- You were determined ineligible for Medicaid because your state didn't expand eligibility for Medicaid under the Affordable Care Act.

For the years 2014 - 2016 the individual mandate penalties are as follows:

| 2014 | 2015 | 2016 |
|---|---|---|
| $95 per adult and $47.50 per child per year (up to $285 for a family) or 1% of annual Income | $325 per adult and $162.50 per child per year (up to $975 for a family) or 2% of annual Income | $695 per adult and $347.50 per child per year (up to $2,085 for a family) or 2.5% of annual Income |

# Frequently Asked Questions about buying a New York State exchange plan

### Who's eligible to buy a New York State exchange plan?

Any legal New York State resident can purchase a New York State health insurance exchange plan with a subsidy if they are eligible. This includes legal immigrants who are able to prove New York State residency. However there may be a waiting period of five years or more for those low income legal immigrants looking to enroll in Medicaid.

### What do I need to prove New York State residency?

To prove you are a New York State resident you must have documentation indicating that fact whether that's a driver's license, a rental agreement or a utility bill. You also need to have a social security number or an individual taxpayer identification number.

### How much is a New York State exchange plan going to cost me?

Health insurance plans sold through the New York State marketplace are on average less expensive than before the ACA took effect. Due to the existence of federal health insurance subsidies, some people will pay absolutely nothing for an exchange plan. However the ultimate sticker price for an exchange plan depends on a variety of factors, including your yearly income and geographic location. Visit www.nyhealthinsurer.com to get started on your application and see if you'll pay less for health insurance.

### Can I buy any other kinds of insurance through the exchange?

Health insurance and dental insurance are available for purchase through the New York State health insurance exchange.

### Doesn't my employer have to offer me health insurance?

That depends on the size of your employer. Starting in 2015, companies employing at least 50 full-time workers, working a minimum of 30 hours per week, are required to at least offer a health insurance option to their employees. Companies employing less than 50 full-time workers are exempt from the employer mandate, and can choose not to offer their employees health insurance without penalties.

### What's the difference between a New York State exchange plan and a plan sold off the exchange?

When buying insurance off the exchange, individuals will not receive the premium tax credit (if they qualify ) like they would if they had gone through the exchange.

### How much do I need to pay if I don't want health insurance?

Under the Affordable Care Act everyone is mandated to have health insurance coverage or pay a penalty that increases every year. For the first year the fee will only be $95 for an individual or 1 percent of income, whichever is higher. In 2015 that penalty goes up to $325 or 2 percent of income. Then in 2016 the penalty increases to $695 or 2.5 percent of income. After 2016, the increase in penalty will be tied to an annual cost of living adjustment.

### What does percentage of the federal poverty line mean?

It means your annual total income measured against that year's definition of the federal poverty level. This number is used when calculating your premium tax credit. See where you stand using our health care reform calculators: http://www.nyhealthinsurer.com/health-insurance-calculators/health-care-reform/

### What is Medicaid?

Medicaid is a federally subsidized health insurance program for low income and disabled individuals who are not insured through their spouse or employer and cannot afford to purchase health insurance. The program is usually free. Each state runs their own Medicaid program, and the eligibility requirements differ from state to state. Usually there is a minimum threshold of age and/or income.

### What is the SHOP Exchange?

The Small Business Health Options Program, or SHOP, is a separate health insurance exchange created as part of the Affordable Care Act exclusively for small businesses. The SHOP exchanges will help employers search for affordable insurance plans for their workers and then easily enroll them.

### If I get Medicare, how does the exchange effect me?

If you receive Medicare you are not eligible to purchase health insurance through the exchange. Beyond that though, the exchange does not affect you at all and you will continue to get your Medicare benefits uninterrupted.