

Health Insurance Marketplace Calculator

Financial Help for Health Insurance Coverage through Marketplaces

ABOUT THIS TOOL

Ω

→
C

ENTER INFORMATION ABOUT YOUR HOUSEHOLD

1. Select a State ?

Enter your zip code

2. Enter income as ?

3. % of Federal Poverty Level ?

4. Is coverage available from your or your spouse's job? ?

5. Number of people in family ?

6. Number of adults (21 to 64) enrolling in Marketplace coverage ?

Age? Uses Tobacco? ?

7. Number of children (20 and younger) enrolling in Marketplace coverage

Clear

Submit

RESULTS

Your state has not decided to expand Medicaid, but you or some members of your family may still be eligible

on the information you provided, you or some members of your family may be eligible for Medicaid. Medicaid is a health coverage program run by states and the Federal government. Under the health reform law, states have the option to expand Medicaid coverage to everyone under 138% of the poverty level. (The federal government pays nearly all of the costs of Medicaid expansion).

At this time, your state has **not decided to expand Medicaid**. This means that you or members of your family may need to meet special criteria set by your state in order to qualify for Medicaid.

Keep in mind that these results are estimates based on your income and state. For more information and to see if you qualify, visit Healthcare.gov, your state's [Health Insurance Marketplace](#), or [Medicaid program office](#).

You are likely eligible for financial help through the Health Insurance Marketplace

Based on the information you provided, you are likely eligible for financial help through the Health Insurance Marketplace. Because your income is equal to **101%** of the poverty level, you may be eligible for tax credits in the exchanges. This type of financial help is only available to people who cannot get Medicaid and whose incomes are between 100% and 400% of the poverty level. The information below is an estimate of your cost if you buy **subsidized Marketplace** coverage in 2016:

Estimated financial help:	\$224 per month (\$2,686 per year) as a premium tax credit. This covers 92% of the monthly costs.
Your cost for a silver plan:	\$20 per month (\$241 per year) in premiums (which equals 2.03% of your household income).
The most you have to pay for a silver plan:	2.03% of income for the second-lowest cost silver plan
Without financial help, your silver plan would cost:	\$244 per month (\$2,928 per year)

OTHER LEVELS OF COVERAGE

The costs above are for a silver plan in your area. Silver plans are one of four levels of coverage that you can buy with financial help. These levels – bronze, silver, gold, and platinum – tell you about how much financial protection the plan will offer you if you get

sick. Bronze plans have the lowest monthly costs, but when you need medical care, you will pay more for your care. Gold and platinum plans offer more financial protection if you get sick, but these plans have higher monthly costs. You can receive financial help to purchase any of these levels of coverage.

ample, you could enroll in a bronze plan for about \$0 per month (\$0 per year), which is less than 1% of your household income). By enrolling in a bronze plan, you would receive \$2,399 in subsidies, which would cover the entire amount of your bronze premium. For most people, the bronze plan represents the minimum level of coverage required under health reform. Although you would pay less in premiums by enrolling in a bronze plan, you will face higher out-of-pocket costs than if you enrolled in a silver plan.

OUT OF POCKET COSTS

Although your insurance company may cover most of the cost of your medical care, you generally have to pay something when you go to the doctor or have a hospital stay. These costs – which are in addition to the amount you pay each month – are called your “out-of-pocket” costs. The health reform law sets limits on the amount you have to pay out-of-pocket each year. Your out-of-pocket limit for a silver plan can be no more than \$2,250 in 2016. Whether you reach this maximum level will depend on the amount of health care services you use. Keep in mind that this only protects you when you go to doctors and hospitals that are in your insurer’s network. If you go to a doctor or hospital that is not in the network, you could end up paying much more.

You are guaranteed access to a silver plan with an actuarial value of 94% . This means that for all enrollees in a typical population, the plan will pay for 94% of expenses in total for covered benefits, with enrollees responsible for the rest. If you choose to enroll in a bronze plan, the actuarial value will be 60%, meaning your out-of-pocket costs when you use services will likely be higher. Regardless of which level of coverage you choose, deductibles and copayments will vary from plan to plan, and out-of-pocket costs will depend on your health care expenses. Preventive services will be covered with no cost sharing required.

OTHER COVERAGE OPTIONS

Children and young adults under age 30 are eligible to purchase catastrophic coverage. With a catastrophic plan, you would pay out-of-pocket for most health services until you reach the annual limit on cost sharing (\$6,600 in 2016). However, preventive services are covered with no cost sharing required.

The Henry J. Kaiser Family Foundation Headquarters: 2400 Sand Hill Road, Menlo Park, CA 94025 | Phone 650-854-9400

Washington Offices and Barbara Jordan Conference Center: 1330 G Street, NW, Washington, DC 20005 | Phone 202-347-5270

www.kff.org | Email Alerts: kff.org/email | [facebook.com/KaiserFamilyFoundation](https://www.facebook.com/KaiserFamilyFoundation) | twitter.com/KaiserFamFound