



Agents and Brokers: Help Your Clients Understand Eligibility for Financial Assistance

As an agent or broker, you can play an important role in helping your clients understand whether their income may be in the range to make them eligible for financial assistance to reduce the cost of health coverage purchased through the Health Insurance Marketplace. An individual may be determined eligible to receive advance payments of the premium tax credit (APTC), which he or she may apply toward his or her qualified health plan (QHP) premiums during the year. An individual may also qualify for income-based cost-sharing reductions (CSRs), which can reduce your clients’ out-of-pocket costs, such as deductibles, coinsurance, and copayments.

The Department of Health & Human Services (HHS) issues poverty guidelines that are often referred to as the “federal poverty level” (FPL). For plan year 2019, the Federally-facilitated Marketplace uses the 2018 guidelines¹ when calculating for APTC and income-based CSRs.

2018 Federal Poverty Guidelines Chart²

Household Size	100%	138% ³	150% ³	200% ³	250% ³	300% ³	400% ³
1	\$12,140	\$16,753	\$18,210	\$24,280	\$30,350	\$36,420	\$48,560
2	16,460	22,715	24,690	32,920	41,150	49,380	65,840
3	20,780	28,676	31,170	41,560	51,950	62,340	83,120
4	25,100	34,638	37,650	50,200	62,750	75,300	100,400
5	29,420	40,600	44,130	58,840	73,550	88,260	117,680
6	33,740	46,561	50,610	67,480	84,350	101,220	134,960
7	38,060	52,523	57,090	76,120	95,150	114,180	152,240
8	42,380	58,484	63,570	84,760	105,950	127,140	169,520

¹ See HHS’ 2018 Poverty Guidelines at <https://aspe.hhs.gov/2018-poverty-guidelines>. Note that Medicaid and Children’s Health Insurance Program (CHIP) assessments/determinations are currently based on the 2019 FPL from the HHS 2019 Poverty Guidelines available at <https://aspe.hhs.gov/poverty-guidelines>.

² Chart is for 48 contiguous states and the District of Columbia; for Hawaii and Alaska, please visit <https://aspe.hhs.gov/2018-poverty-guidelines>.

³ Dollar amounts are calculated based on 100% column; rounding rules may vary across federal, state, and local programs.



To be eligible for APTC for the year of coverage, an individual:

- Generally, must have a projected household income between 100% and 400% of the FPL
- Cannot be claimed as a dependent by another individual
- If married, must file a joint income tax return (with certain exceptions for abused or abandoned spouses)
- Must have at least one tax family member (a person claimed on the individual's income tax return) enrolled in a qualified health plan (QHP) that is not a catastrophic plan through the Marketplace who, for one or more months of the QHP coverage, is not eligible for other minimum essential coverage (including employer-sponsored coverage that meets affordability and minimum value standards, most Medicaid coverage, CHIP, Medicare, and certain other forms of coverage)

The following are a consumer's eligibility criteria for income-based CSRs:

- The consumer must meet the eligibility criteria for enrollment in a QHP through the Marketplace and for APTC.
- The consumer must be expected to have an annual household income between 100% and 250% of the FPL OR an annual household income between 0% and 100% of the FPL if the individual is lawfully present but ineligible for Medicaid based on immigration status.
- The consumer is enrolled in a Silver level plan through the Marketplace.

The following are eligibility criteria for CSRs for consumers who are members of federally recognized tribes or shareholders of Alaska Native Claims Settlement Act (ANCSA) Corporations:

- The consumer must meet the eligibility criteria for enrollment in a QHP through the Marketplace and for APTC.
- Consumers must be expected to have an annual household income that does not exceed 300% of the FPL to be eligible for a plan with all cost sharing eliminated.
- The consumer is enrolled in any plan through the Marketplace at any level of coverage, except for catastrophic plans.
- Consumers with expected household incomes above 300% of the FPL may be eligible for a limited cost-sharing plan variation and have no copayments, deductibles, or coinsurance when receiving essential health benefits furnished directly by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization (each as defined in 25 U.S.C. 1603), or through referral under contract health services.

Reductions on cost sharing for specific benefits and services may vary based on a QHP issuer's specific plan design.



**Silver Plan Variations for Income-based CSRs:
Reduction in Maximum Annual Limitation on Cost Sharing for 2019**

Plan Variation (from 70% Actuarial Value (AV) Silver Plan)	Income Range for Individual ⁴	Individual Out-of- Pocket Maximum (standard 2019 limit: \$7,900)	Income Range for Family of Three ⁴	Family Out-of-Pocket Maximum (standard 2019 limit: \$15,800)
94% AV Silver Plan Variation (for households with expected household income between 100- 150% of the FPL)	\$12,140- \$18,210	\$2,600	\$20,780- \$31,170	\$5,200
87% AV Silver Plan Variation (for households with expected household income between 150- 200% of the FPL)	\$18,210- \$24,280	\$2,600	\$31,170- \$41,560	\$5,200
73% AV Silver Plan Variation (for households with expected household income between 200- 250% of the FPL)	\$24,280- \$30,350	\$6,300	\$41,560- \$51,950	\$12,600

⁴ Please review the 2018 Federal Poverty Guidelines Chart above to find dollar ranges for the different percentages of the FPL. These figures are higher in Alaska and Hawaii.