

A person is walking a dog on a dirt path through a dense forest. The path is covered in fallen leaves. In the background, there is a stylized American flag with horizontal stripes. The overall scene is bathed in a blue and green light, with some lens flare effects.

coverME.gov

AFFORDABLE HEALTH  
COVERAGE FOR MAINE

# THE “FAMILY GLITCH FIX”

NOVEMBER 2022

The background is a solid green color with a pattern of wavy, horizontal lines in various shades of green and teal. Interspersed among these lines are small, light-colored dots, creating a textured, digital-like effect.

# THE “FAMILY GLITCH” EXPLAINED

# BACKGROUND: MINIMUM ESSENTIAL COVERAGE

- Consumers usually do not qualify for financial assistance towards a CoverME.gov health insurance plan if they have another offer of minimum essential coverage (MEC).
  - Financial assistance towards a Marketplace plan is offered in the form Advance Premium Tax Credits or Cost-Sharing Reductions
- MEC generally includes any private or public health insurance program that meets minimum value and affordability standards.
  - This includes public insurance programs like Medicare, or full-benefit MaineCare (Medicaid) coverage.
  - This can also include insurance offered through an employer, if it meets value and affordability standards.

# BACKGROUND ON AFFORDABILITY AND MINIMUM VALUE

- Insurance offered through an employer usually counts as MEC unless the employer-sponsored insurance is either:
  - 1) Unaffordable
    - Costs more than 9.12% of the employee's annual household income for 2023; or
  - 2) Does not meet minimum value standards
    - The health insurance plan offered by an employer pays for less than 60% of the total cost of medical services for a standard population and does not offer substantial coverage of hospital and doctor services.

# BACKGROUND ON THE “FAMILY GLITCH”

- Before the "Family Glitch" fix was introduced, affordability of employer-sponsored insurance was based only on the costs of a **self-only plan for the employee**.
- If self-only coverage for the employee was affordable and of minimum value, **no one in their tax household was eligible** for financial assistance towards a CoverME.gov health insurance plan.
- For the 2023 Plan Year, this **would have** meant that if the cost of an employer-sponsored insurance plan was over 9.12% of household income to cover the employee’s tax household, CoverME.gov would **STILL** only be able to use the employee’s required contribution for a self-only employer-sponsored insurance plan to determine if the employer’s offer of employer-sponsored insurance meets the affordability standard to be considered MEC. So, even if the coverage for the other family members did not meet affordability standards, they still could not qualify for financial assistance.
  - The tax household may include: spouses filing jointly, children, or other dependents

The background is a solid green color with a pattern of wavy, concentric lines and scattered dots in various shades of green and teal, creating a dynamic, organic feel.

# **AFFORDABILITY & MINIMUM VALUE AFTER THE “FIX”**

# THE NEW AFFORDABILITY TEST

- The new “Family Glitch” rule calls for the implementation of the following two tests to determine if employer-sponsored health insurance coverage is affordable, one for employees and one for their tax families:
  - 1) Employer-sponsored insurance for the employee is affordable if:
    - Employee’s cost for self-only coverage is not more than 9.12% of household income
  - 2) Employer-sponsored insurance for employee’s tax family is affordable if:
    - Employee’s cost for family coverage is not more than 9.12% of household income

# DEFINING MINIMUM VALUE AFTER THE “FIX”

- No change for Employees :
  - The health insurance plan offered by an employer must pay 60% of the total cost of medical services for a standard population and offer substantial coverage of hospital and doctor services.
- Updates for Tax Family Members
  - There is now a separate minimum value test for family or self plus one employer-sponsored insurance plans. Like self-only plans for employees, these plans must provide substantial coverage of inpatient hospital and physician services in addition to paying 60% of the total cost of medical services for a standard population and offering substantial coverage of hospital and doctor services.
  - If a tax family member is offered employer-sponsored coverage that fails to provide minimum value, it will not count as MEC, regardless of the cost. In these circumstances, the tax family member(s) may be eligible for financial assistance on CoverME.gov.
- **If a consumer does not know if their employer-sponsored insurance plan meets minimum value standards, they will need to ask their employer to provide that information.**

# DETERMINING WHICH OFFER(S) OF COVERAGE TO CONSIDER

- In some scenarios, an employee may have multiple offers of coverage from an employer, or multiple employers that each offer health insurance coverage
- For purposes of the CoverME.gov financial assistance application, they should enter information for the lowest-cost plan available to them that **also meets the minimum value standard.**

# ASSISTING CONSUMERS AFTER THE “FIX”

USING THE AFFORDABLE EMPLOYER COVERAGE  
TOOL & POTENTIAL ELIGIBILITY SCENARIOS

# “FAMILY GLITCH” APPLICATION UPDATES

- The application process for CoverME.gov consumers has been updated in response to the "Family Glitch Fix"
- These updates only apply for the 2023 Plan Year, when the "Family Glitch Fix" goes into effect
- Changes have been made to the “Health Coverage” section of the application to accommodate this change:
  - The question about offer of coverage through a job has been updated. **Only the employed individual** needs to answer the question about an offer of coverage through a job
  - That section now includes an additional question about the affordability of coverage for family members
- As a reminder, the affordability test only applies if the individual or household have an offer of coverage but are not enrolled. Being enrolled in employer coverage during the effective period for Marketplace coverage is disqualifying for APTC eligibility regardless of whether the coverage is considered “affordable.”
- All consumers will need to make updates to their application in order to confirm whether this rule change impacts their eligibility for financial assistance

- Consumers should review and update the “Health Coverage” section of their application
- There is a question about being enrolled in other coverage through a job – if an individual is enrolled in other coverage, it is always disqualifying for financial assistance eligibility
- There is also a question about **access** to health coverage – this is the question relevant to the “glitch”

← My Household
Income and Coverage Info
✓ Tax Info
✓ Job Income
✓ Other Income
✓ Income Adjustments
✓ <b>Health Coverage</b>
✓ Other Questions

Does this person currently have access to health coverage or a Health Reimbursement Arrangement that they are not enrolled in? \*  Yes  No | Not sure?

**What type of coverage does this person have access to?**

Check any boxes that apply to this person and enter details when requested.

Marketplace coverage

Cub Care (Children's Health Insurance Program)

MaineCare (Medicaid)

Medicare

TRICARE

COBRA (Consolidated Omnibus Budget Reconciliation Act)

Coverage through your job (also known as employer-sponsored health insurance)

- As a result of changes to implement the “fix” **only the employed household member** with the offer of coverage needs to complete this section
- If an existing application is being updated, each family member’s “Health Coverage” section should be reviewed and updated
- If they are not the employed household member and do not have an offer of coverage through their own employer, **they should not enter information about the offer of their family member’s employer-sponsored coverage in this section.** Answers from prior year applications may need to be updated to reflect this change.

Does this person currently have access to health coverage or a Health Reimbursement Arrangement that they are not enrolled in? \*  Yes  No | [Not sure?](#)

**What type of coverage does this person have access to?**

Check any boxes that apply to this person and enter details when requested.

[Marketplace coverage](#)

[Cub Care \(Children's Health Insurance Program\)](#)

[MaineCare \(Medicaid\)](#)

[Medicare](#)

[TRICARE](#)

[COBRA \(Consolidated Omnibus Budget Reconciliation Act\)](#)

[Coverage through your job \(also known as employer-sponsored health insurance\)](#)

- When providing detail about coverage available through a job, the individual will be able to select whether the coverage is available only to them, to themselves and dependents, or the entire family
- Application logic applies this answer across all members of the tax household. It is important that the answer be entered accurately
- The application performs a calculation for affordability of the employee-only premium, but for affordability for the family premium, consumers will need to answer an additional question, to indicate whether or not the coverage is considered affordable for the family

Coverage through a Job (also known as Employer-Sponsored Health Insurance)

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EMPLOYER NAME \*

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PHONE NUMBER \* EMPLOYER IDENTIFICATION NO.(EIN) \*

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Is the employee currently in a waiting period and eligible to enroll in the next 3 months? \*  Yes  No Not sure?

---

Does this employer offer a health plan that meets the minimum value standard? \*  Yes  No Not sure?

---

**Who can be covered? \***

Choose  FROM \* TO

---

How much would the employee only pay for the lowest cost minimum value standard plan? \* Not sure?

Amount \* How Often \*

0.00 Choose

---

Does this employer offer a health plan that meets the minimum value standard and is considered affordable for the employee and family? \*  Yes  No

To determine if the offer of coverage is affordable, use [CoverME.gov's Employer Insurance Tool](#).

Cancel
Save

# ASSISTING CONSUMERS AFTER THE FIX: AFFORDABLE EMPLOYER COVERAGE TOOL

- To assist consumers in answering the question about whether coverage is affordable to the family, CoverME.gov has created a new Affordable Employer Coverage Tool
- This tool evaluates the affordability of employer-sponsored insurance plans available to a tax household and assesses the eligibility of each tax family member to enroll in a CoverME.gov health insurance plan with financial assistance
- The tool will use information about the tax household and the employer-sponsored health insurance plans available to each member of that household to make these preliminary assessments in accordance with the "Family Glitch" fix
- The slides that follow will provide a walkthrough of the Affordable Employer Coverage Tool

# COVERME.GOV AFFORDABLE EMPLOYER COVERAGE TOOL

## Affordable Employer Coverage Tool

### for Marketplace Subsidy Eligibility

This tool helps you determine whether or not you are offered coverage from an employer that is considered affordable. ⓘ

If you are offered affordable coverage from an employer or a household member's employer, you are generally not eligible to receive financial assistance to help you buy health plan coverage from the marketplace.

**Important!** To use this tool, you will need information about the health insurance coverage offered by the employer(s) of members of your household.

Before you start, make sure you know if your employer(s) offers health coverage and how much the coverage costs for you and other members of your household.

If you aren't sure, you can have your employer complete the Health Coverage from a Job Employer Coverage Tool form available at [CoverME.gov/Forms](https://CoverME.gov/Forms)

Continue



- Enter members of the tax household (even if they do not need coverage) and estimated income, making sure to check “employed” for each household member with a job

## Household Members

[+ Add Dependent](#)

Add all the members of your household. Your household includes you, your spouse if applicable, and everyone you'll claim as a dependent on your tax return. Include them all, even if they don't need coverage.

<b>1. Self</b>	<b>2. Spouse</b>	<b>3. Dependent</b>
<b>First Name</b> Jane	<b>First Name</b> John	<b>First Name</b> Jill
<b>Age</b> 45	<b>Age</b> 44	<b>Age</b> 15
<input type="checkbox"/> Pregnant <input checked="" type="checkbox"/> Employed	<input type="checkbox"/> Pregnant <input type="checkbox"/> Employed	<input type="checkbox"/> Pregnant <input type="checkbox"/> Employed

## Income

[Edit Household](#)

What is your estimated household income?

Ex. \$28,000    Annual    [Next Step](#)

- Next, answer questions about whether the employer offers coverage, who can be covered, and the employee-only premium

## Coverage Details

Tell us about the employer coverage offered to members of the household.

 Jane (Self, 45)

1. Jane is employed. Does the employer offer health coverage to Jane? Does the employer allow all the household members to join the coverage plan too?

*Tell us if the employer offers coverage, even if Jane or other household members are covered by another program such as Medicaid or CHIP.*

- The Employer does not offer any health coverage
- The Employer offers health coverage to the Employee only
- The Employer offers health coverage to the Employee and dependent children, but coverage is not offered to spouses
- The Employer offers health coverage to the Employee, the spouse, and dependent children

2. If **only** Jane enrolls in health plan coverage offered by Jane's employer, how much would Jane need to pay to be covered?

*If multiple health plans are offered by the employer, enter the cost of the lowest priced plan.*

- More than \$456.00 per month
- Less than \$456.00 per month

Check my Results

- If you indicate that more household members than the employee can be covered under the plan, you'll next be asked about the cost of coverage for all household members.
- If the plan would meet the affordability standard for one or more household members, you will also be asked whether it meets the minimum value standard

3. If Jane, John and Jill **all** enroll in the health plan offered by Jane's employer, how much does the family have to pay for all 3 family members to be covered?

*If multiple health plans are offered by the employer, enter the cost of the lowest priced plan.*

- More than \$456.00 per month  
 Less \$456.00 than per month

4. Does the lowest-cost health plan offered by the employer meet the "minimum value" standard?

*A health plan meets the minimum value standard if it pays at least 60% of the total cost of medical services for a standard population and offers substantial coverage of hospital and doctor services. Most job-based plans meet the minimum value standard.*

- Yes  
 No

*Not sure? Please call 1-866-636-0355 or visit [CoverME.gov/localhelp](https://CoverME.gov/localhelp) to get help to understand if employer coverage meets "minimum value" and if the coverage is considered "affordable"*

Check my Results

- The results page will provide a member-by-member result and explanation of eligibility, which can be used to answer the question in the application
- NOTE: Just because a consumer has affordable coverage through an employer does not mean they are prohibited from enrolling in a health insurance plan through CoverME.gov. What it does mean, however, is that they will not qualify for financial assistance. Therefore, it will likely be more cost-effective for these consumers to enroll in a health insurance plan through their employer.

Jane (Self)	
Jane <b>is offered</b> affordable employer coverage	
<b>Coverage available through:</b> Jane's Employer	Because Jane <u>is offered</u> "affordable" coverage from an employer, Jane is not eligible to receive financial assistance from the marketplace.
John (Spouse)	
John <b>is not offered</b> affordable employer coverage	
<b>Coverage available through:</b> Marketplace	Because John <u>is not offered</u> "affordable" coverage from an employer, John may be eligible to receive financial assistance from the marketplace.
Jill (Dependent)	
Jill <b>is not offered</b> affordable employer coverage	
<b>Coverage available through:</b> Marketplace	Because Jill <u>is not offered</u> "affordable" coverage from an employer, Jill may be eligible to receive financial assistance from the marketplace.

# MULTIPLE OFFERS OF EMPLOYER-SPONSORED INSURANCE

- As we saw in the walkthrough, sometimes a consumer will have more than one offer of employer-sponsored health insurance available (either through their own employer or through their tax family member(s) employer(s)).
- When a consumer has more than one offer of employer-sponsored health insurance available, each offer will need to be assessed for affordability and minimum value (both for the employee and for any member(s) of their tax family who have an available offer of employer-sponsored health insurance through the employee)
- The affordability assessment here (as in cases where there is only one offer of employer-sponsored insurance available) is based on the lowest cost premium plan that **also** meets minimum value
  - Sometimes the lowest cost employer-sponsored insurance plan available to a consumer will not meet the minimum value standard.
  - In this case, the assessment should be performed on the next lowest cost plan available that does meet minimum value.
  - This plan may still meet the affordability standard, even if it is not the lowest cost employer-sponsored insurance plan available to a consumer.

# EXAMPLE ELIGIBILITY ASSESSMENTS

- The following scenarios will provide non-exhaustive examples of different eligibility outcomes now that the "Family Glitch Fix" is in effect.
- When reviewing these scenarios, keep in mind the following:
  - Affordability assessments are based on the lowest-cost plan that also meets the minimum value standard.
  - The lowest-cost plan that meets the minimum value standard is not always the lowest-cost plan. Several of these examples highlight this point and base the assessment on the second-lowest-cost plan because it is the lowest-cost plan that also meets the minimum value standard.
  - When a consumer has multiple offers of employer-sponsored coverage, **ALL** the available offers must be **unaffordable and/or fail to meet the minimum value standard** for the consumer to be **eligible** to enroll in a CoverME.gov health insurance plan with **financial assistance**.
  - Even if one or more of the offers is unaffordable or fails to meet the minimum value standard, if **at least one** of the offers is both **affordable and meets the minimum value standard**, the consumer will be **ineligible** to enroll in a CoverME.gov plan with **financial assistance**.

# EXAMPLE ELIGIBILITY ASSESSMENT 1

- **Tax Household: Primary Applicant and Spouse**

- Primary Applicant's lowest-cost offer of **self-only** employer-sponsored insurance meets the minimum value standard and **does not exceed 9.12%** of annual household income.
  - Primary Applicant has an affordable offer of self-only employer-sponsored insurance.
- Primary Applicant's lowest-cost offer of **family** employer-sponsored insurance meets the minimum value standard and **exceeds 9.12%** of annual household income.
  - Primary Applicant's family members do not have an affordable offer of family employer-sponsored insurance.
- Spouse's lowest-cost offer of **self-only** employer-sponsored insurance meets the minimum value standard and **does not exceed 9.12%** of annual household income.
  - Spouse has an affordable offer of self-only employer-sponsored insurance.
- Spouse's employer-sponsored insurance does not offer family coverage.
- **Outcome:**
  - No one would be eligible to enroll with financial assistance through CoverME.gov. Primary Applicant and Spouse both have individual offers of self-only employer-sponsored insurance that are affordable and meet the minimum value standard (even though Primary Applicant's offer of family employer-sponsored insurance is unaffordable).

# EXAMPLE ELIGIBILITY ASSESSMENT 2

- **Tax Household: Primary Applicant and Spouse**

- Primary Applicant's lowest-cost offer of **self-only** employer-sponsored insurance meets minimum value standard and **does not exceed 9.12%** of household income.
  - Primary Applicant has an affordable offer of self-only employer-sponsored insurance because it **does not exceed 9.12%** of household income for a **self-only** plan.
- Primary Applicant's lowest-cost offer of **family** employer-sponsored insurance that meets minimum value **exceeds 9.12%** of household income.
  - Because the Primary Applicant's required contribution for the offer of **family** employer-sponsored insurance **exceeds 9.12%** of household income, employer-sponsored insurance is unaffordable for the Spouse.
- Spouse has no other offer of employer-sponsored insurance.

- **Outcome:**

- Only the Spouse would be eligible to enroll with financial assistance through CoverME.gov. Primary Applicant has an affordable offer of self-only employer-sponsored insurance. However, Spouse does not have an affordable offer of employer-sponsored insurance through Primary Applicant's job and does not have any offer of employer-sponsored insurance through their job.

# EXAMPLE ELIGIBILITY ASSESSMENT 3

- **Tax Household: Primary Applicant, Spouse, and Dependent Child**
  - Primary Applicant's lowest cost offer of **self-only** employer-sponsored insurance meets the minimum value standard and **does not exceed 9.12%** of household income.
    - Primary Applicant has an affordable offer of self-only employer-sponsored insurance.
  - Primary Applicant's lowest-cost offer of **family** employer-sponsored insurance meets minimum value and **exceeds 9.12%** of household income.
    - Primary Applicant does not have an affordable offer of **family** employer-sponsored insurance.
  - Spouse's lowest-cost offer of **self-only** employer-sponsored insurance meets the minimum value standard and **exceeds 9.12%** of household income.
- **Outcome:**
  - The Dependent Child and Spouse would qualify for financial assistance through CoverME.gov, since the household does not have an offer of affordable family coverage through an employer, and the Spouse's offer of self-only coverage is not affordable. The Primary Applicant would not qualify for financial assistance because they have an offer of affordable insurance through an employer.

# EXAMPLE ELIGIBILITY ASSESSMENT 4

- **Tax Household: Primary Applicant, Spouse, and Dependent Child**
  - Primary Applicant's lowest cost offer of **self-only** employer-sponsored insurance meets the minimum value standard and **does not exceed 9.12%** of household income.
    - Primary Applicant has an affordable offer of self-only employer-sponsored insurance.
  - Primary Applicant's lowest-cost offer of **family** employer-sponsored insurance meets minimum value and **exceeds 9.12%** of household income.
    - Primary Applicant does not have an affordable offer of **family** employer-sponsored insurance.
  - Spouse's lowest-cost offer of **self-only** employer-sponsored insurance meets the minimum value standard and **does not exceed 9.12%** of household income.
    - Spouse has an affordable offer of **self-only** employer-sponsored insurance through their employer.
- **Outcome:**
  - Only the Dependent Child would qualify for financial assistance through CoverME.gov, since the household does not have an offer of affordable family coverage through an employer. Both the Primary Applicant and Spouse would not qualify for financial assistance because they each have an offer of affordable insurance through an employer.

# EXAMPLE ELIGIBILITY ASSESSMENT 5

## • Tax Household: Primary Applicant, Spouse, and Dependent Child

- Primary Applicant's lowest-cost offer of **self-only** employer-sponsored insurance does not meet the minimum value standard and **does not exceed 9.12%** of household income.
  - This plan will not be used to assess affordability since it does not meet the minimum value standard.
- Primary Applicant's second-lowest cost offer of **self-only** employer-sponsored insurance meets the minimum value standard and **does not exceed 9.12%** of household income.
  - Primary Applicant has an affordable offer of self-only employer-sponsored insurance.
- Primary Applicant's lowest-cost offer of **family** employer-sponsored insurance meets minimum value and **exceeds 9.12%** of household income.
  - Primary Applicant does not have an affordable offer of **family** employer-sponsored insurance.
- Spouse's lowest-cost offer of **self-only** employer-sponsored insurance meets the minimum value standard and **does not exceed 9.12%** of household income.
  - Spouse has an affordable offer of **self-only** employer-sponsored insurance through their employer.
- Spouse's lowest-cost offer of **family** employer-sponsored insurance does not meet the minimum value standard and **does not exceed 9.12%** of household income.
  - This plan will not be used to assess affordability since it does not meet the minimum value standard.
- Spouse's second-lowest-cost offer of **family** employer-sponsored insurance meets the minimum value standard and **does not exceed 9.12%** of household income.
  - Spouse has an affordable offer of family employer-sponsored insurance.

## • Outcome:

- No one would be eligible to enroll with financial assistance through CoverME.gov since every member of the tax household has access to at least one employer-sponsored insurance plan that meets affordability and minimum value standards.



# GETTING THE MESSAGE OUT!

COMMUNICATING THE “FAMILY GLITCH FIX” TO  
CONSUMERS WHO MAY BE NEWLY ELIGIBLE

# COMMUNICATION AND OUTREACH

- Most consumers don't know what the "Family Glitch" is, and messaging using that language could be confusing
- Key messages:
  - A federal rule change has made more people and their families eligible for financial assistance to help pay for their Marketplace coverage at CoverME.gov
  - Even if you haven't qualified in the past, you should apply to see if you are eligible this year
- Brokers and Maine Enrollment Assistants should review the accounts of clients they believe may benefit from the rule change and proactively reach out to them to see if they qualify for assistance under the new rule



**THANK  
YOU!**

