Most people can get health insurance from their jobs (or a family member’s job). But now you can buy health insurance through the federal health insurance marketplace or your state’s health insurance marketplace. And if the insurance you get through your job doesn’t pay for enough of your health care or is too expensive, you may also be able to get financial assistance to help pay for a marketplace plan. This fact sheet will help you decide whether to stay with your job’s plan or buy a plan in the marketplace.

1. If I can get health insurance from my job or a family member’s job, can I buy insurance through the marketplace instead?

Yes. You can always choose to buy insurance in the marketplace. But you may have to pay the full price of the plan. Most people who can get insurance through a job can’t get financial assistance to pay for a marketplace plan.

2. If I can get health insurance from my job or a family member’s job, can I still get financial assistance to buy a marketplace plan?

Maybe. If you can get insurance from a job, you may be able to get financial assistance to buy a marketplace plan. When you apply for this financial assistance, the marketplace application will ask you some questions to figure out:

- **Does your workplace plan pay for enough of your health care?** Does the plan pay for at least 60 percent of health care costs (does the plan meet “minimum value”)? (See page 2.)

- **Is your workplace plan too expensive?** What is the cheapest plan that pays for at least 60 percent of health care costs? Would you have to pay more than 9.56 percent of your annual household income on the premiums for that plan to cover just yourself (and not any other family members)?
3. If I can get insurance for family members through my job, but that family plan is too expensive, can I buy a plan for the rest of my family in the marketplace instead? And can I get financial assistance to help pay for that plan?

You can buy a plan for your family members in the marketplace. But you can’t get financial assistance for that plan unless one of these things is true of your workplace plan:

- Your workplace plan doesn’t pay enough for health care (it does not meet minimum value)
  
  OR

- The cheapest workplace plan that pays enough for health care is too expensive for you (based on the amount that you’d pay for an employee plan, not a family plan)

If the workplace plan doesn’t pay for enough of your health care or is too expensive, you may be able to get financial assistance for a marketplace plan.

When the marketplace figures out if the plan your job offers is too expensive, it looks at how much it costs you to pay for an employee plan (just for you), not a family plan (what you’d buy for your family, which usually costs more). So, even if a family plan is too expensive for you, if an individual employee plan is not too expensive, then the marketplace will say that your workplace coverage is affordable for any family members who could be covered by that family plan. You can’t get financial assistance to help pay for a plan for these family members in the marketplace.

4. If my child is a young adult under age 26 and is on the health plan I have through my job, can he get financial assistance to buy a marketplace plan instead?

It depends. Do you list that child on your taxes as a dependent?

If you don’t list that child on your taxes, and if she files taxes on her own, she may be able to get financial assistance to buy a marketplace plan. To do this, she must apply for health coverage and financial assistance in the marketplace herself.

What is “minimum value”?

Workplace health insurance that pays for at least 60 percent of health care costs (on average) is said to meet “minimum value.” If your workplace insurance meets minimum value, that means it pays for enough of your health care and that you can’t get financial assistance for a marketplace plan (unless your workplace plan is too expensive).

MORE INFORMATION

Learn more about getting financial assistance.

Fact sheet: “Getting Financial Assistance to Pay for Health Insurance”
If you do list that child on your taxes as a dependent, she won’t be able to get financial assistance to buy a marketplace plan on her own unless you are both eligible to get financial assistance because your job's plan doesn’t pay enough for health care or is too expensive.

5. If I’m retired and I get health insurance through a former job, or if I lost my job and have a COBRA (continuation) plan, can I still get financial assistance to buy a plan in the marketplace?

Yes. If the only insurance you can get is retiree health insurance or a COBRA plan from a former job, you may be able to get financial assistance to buy a health plan in the marketplace instead of COBRA.

6. What questions will the marketplace application ask about my workplace health insurance, and how can I get answers to those questions?

The marketplace application asks for:

- your employer’s contact information
- whether you currently get health insurance through your job, or when your health insurance would start if you signed up for a plan through your job
- who else in your family could get health insurance through your job
- whether the employer offers a health plan that meets minimum value
- the cost of the cheapest employee plan that also meets minimum value
- whether the employer will change the insurance it offers in the future and when it will change that insurance

Ask your employer for this information, and have it ready before you start filling out the marketplace application. Make sure the plan that you get information on is the cheapest plan your employer offers for an individual employee that also meets minimum value.

Instead of asking your employer for the information listed above, you can go to the marketplace website and use the search tool to find a form called the “Employer Coverage Tool.” Print out this form and ask your employer’s Human Resources department to fill it out.
7. Do I have to ask my employer for this information, or can I get it another way?

If you already have documents from your employer with the information you need, you may not need to ask for more information. For example, your employer is required to provide you with a document called the “Summary of Benefits and Coverage” for each plan it offers. This document tells you whether your employer’s plan pays for enough health care (meets minimum value).

Your employer may also provide other documents that tell you how much employees have to pay in monthly premiums for each workplace plan. Make sure that you get information about the premiums you would pay for the cheapest plan your employer offers for an individual employee that also meets minimum value.

If your employer has a wellness program or any other program that might affect your monthly premiums, this may change the information you need to provide about your premiums on the marketplace application. In this case, it is best to ask your employer to complete the Employer Coverage Tool.

**What are wellness programs?**

Wellness programs are programs that employers offer to their employees that are designed to improve employees’ health or increase their healthy behaviors. Some wellness programs that are offered alongside workplace health insurance plans can change the monthly premium you pay depending on whether you participate in wellness activities or achieve certain health goals. For example, some wellness programs charge lower premiums to employees who do not smoke or who participate in activities that help people stop using tobacco. Programs might also charge lower premiums if employees manage their weight or exercise regularly.

Does your employer have a wellness program that could affect your premiums? If it does, there is a special rule about what premium amount you should list on your marketplace application. You may need to ask your employer about the amount of that premium when you fill out the application.
8. What can I do if I think my employer is discriminating against me because I am applying for or getting health insurance in the marketplace?

If you believe your employer is discriminating against you, file a complaint with the Occupational Safety and Health Administration within 180 days. You can do this by calling 1-800-321-6742.

9. If I can get health insurance through my current job or through a family member’s job, does it matter if I have already signed up for a workplace plan when I apply for financial assistance to buy a marketplace plan?

No. The only things that matter are how much you pay for that workplace plan and how much health care it pays for.

10. If I have health insurance through my job, but I can get financial assistance to buy a marketplace plan, can I stay in my job’s plan until the insurance I get through the marketplace starts?

Yes. If you have health insurance through your job when you apply for a marketplace plan, you can stay in your job’s plan until the marketplace plan starts.

11. After I get a marketplace plan, what happens if I can get a new plan through a job?

If you are getting financial assistance for a marketplace plan, you must tell the marketplace when you are offered a new health plan through a job. If that new plan is affordable and pays for enough care, you won’t be eligible for financial assistance for the rest of the year. If you continue to use financial assistance anyway, you will have to pay some or all of this money back when you do your taxes.

MORE INFORMATION

Learn about how financial assistance affects your taxes.

12. **What happens if I’m getting financial assistance for a marketplace plan and I start making more money?**

If you are getting financial assistance for a marketplace plan and you start making more money, you must tell the marketplace about your new income. You may need to lower the amount of financial assistance you get to avoid paying back money when you do your taxes.

Even if your new income makes the plan you can get through a job affordable, you can stay in your marketplace plan and keep getting financial assistance until you have an opportunity to enroll in your employer’s plan.

13. **Does my employer have to provide health insurance?**

In 2015, employers with 100 or more full-time employees will be required to offer health insurance to full-time employees and their dependents (but not to part-time employees). If they don’t, they will have to pay a tax. Starting in 2016, the same type of requirement will apply to employers with 50-99 full-time employees (they will also be required to offer health insurance to their full-time employees and their dependents). This rule won’t apply to employers with fewer than 50 full-time employees.
The complete What You Need to Know about Health Insurance series:

**Applying for Health Insurance**
- Answering Questions about Your Family When Applying for Health Insurance
- Answering Questions about Your Family's Income When Applying for Health Insurance
- Applying for a Marketplace Plan if You Can Get Health Insurance through Your Job
- What to Do if You Are Uninsured after February 15, 2015

**Getting Financial Assistance**
- Getting Financial Assistance to Pay for Health Insurance
- Deciding How Much Financial Assistance to Use to Lower Your Monthly Premiums
- Will I Be Able to Get Financial Help to Pay for Health Insurance?
- How Getting Financial Assistance to Pay for Health Insurance Affects Your Taxes
- Getting Extra Financial Assistance to Help Pay Health Care Costs

**Choosing a Health Plan**
- Choosing the Health Plan that's Right for You
- Choosing a Health Plan You Can Afford
- Understanding the Differences between Platinum, Gold, Silver, and Bronze Plans
- Understanding Catastrophic Health Insurance
- Buying Children’s Dental Coverage through the Marketplace

**Keeping and Using Health Insurance**
- How to Use Your Health Insurance
- How to Keep Your Marketplace Health Insurance
- What to Do after You Buy Health Insurance in the Marketplace

**Understanding the Requirement to Have Health Insurance**
- Understanding the Requirement to Have Health Insurance
- Understanding Minimum Essential Coverage

**Reference Charts and Graphics**
- Income Guidelines for Getting and Using Financial Assistance for Health Insurance
- Income Guidelines for Getting Extra Financial Assistance to Pay for Health Care Costs
- Types of Exemptions from the Requirement to Have Health Insurance

A complete list of Families USA publications is available online at www.FamiliesUSA.org/resources/publications.

PUBLICATION ID: 001NAV092915