

The Affordable Care Act and You

By OSJA, Client Services Division

This article is provided to help you understand the Affordable Care Act and the importance of ensuring that you, as well as all your dependents, are in compliance with new federal law.

Starting January 1, 2014

Starting January 1, 2014, if you do not have health plan coverage that qualifies as minimum essential coverage, you may have to pay a fee that increases every year: from 1% of income (or \$95 per adult, whichever is higher) in 2014 to 2.5% of income (or \$695 per adult) in 2016. The fee for children is half the adult amount. These fees will begin in 2015 on 2014 federal income tax forms, and will reduce tax refunds by the total fee owed. Some people, including those with very low incomes, may be eligible for fee waivers.

Open enrollment ended March 31, 2014

After this date, you cannot enroll in Marketplace coverage unless you have a qualifying life event such as moving to a new state, certain changes in your income, and changes in your family size (for example, if you marry, divorce, or have a baby).

If you did not enroll, or have un-enrolled dependents, you should continue to attempt to gain enrollment to avoid upcoming fees on your tax returns. There have been numerous waivers and extensions of deadlines under the Affordable Care Act, so make sure you advise your tax preparer in 2015 if you have any uncovered months during 2014 so they may determine if you owe any fees for 2014.

Minimum essential coverage

The Affordable Care Act, also known as the health care reform law, requires you to maintain basic health care coverage—called minimum essential coverage. Beginning in 2014, if you do not have minimum essential coverage, you may be charged a fee for each month you aren't covered.

If you're covered by any of the following in 2014, you meet the requirements and will not have to pay a penalty:

- Marketplace plans
- Individual insurance plans
- Employer plans (including COBRA and plans offered to Federal Civil Service workers)
- Medicare
- Medicaid
- TRICARE
- The Children's Health Insurance Program (CHIP)
- Veterans health care programs (including the Veterans Health Care Program, VA Civilian Health and Medical Program (CHAMPVA), and Spina Bifida Health Care Benefits Program)
- Peace Corps Volunteer plans

Health plans that do not meet minimum essential coverage requirements

Certain health care coverage does not meet the minimum essential coverage requirements and will result in a fee. Examples include:

- Coverage only for vision care or dental care
- Workers' compensation
- Coverage only for a specific disease or condition
- Plans only providing discounts on medical services

TRICARE qualifies as minimum essential coverage

The TRICARE program is considered minimum essential coverage. If you're using any of the following health plan options, you have the coverage required by the health care reform law:

- TRICARE Prime
- TRICARE Prime Remote
- TRICARE Prime Overseas
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- TRICARE Standard and Extra
- TRICARE Standard Overseas
- TRICARE For Life
- TRICARE Reserve Select (if purchased)
- TRICARE Retired Reserve (if purchased)
- TRICARE Young Adult (if purchased)
- US Family Health Plan

Additionally, minimum essential coverage is covered by either of these transitional health plans:

- Transitional Assistance Management Program (premium-free, 180 days)
- Continued Health Care Benefit Program (if purchased, 18-36 months)

Where to find more information

Additional information regarding the ACA can be found on the ACA web site, www.healthcare.gov.

Eligible individuals seeking legal services may contact the Client Services Division, Office of the Staff Judge Advocate, by calling 410-278-1583 or stopping by building 4305, 3rd floor, room 317. Attorney consultations require an appointment.