



Affordable Care Act Individual Considerations

No Existing Coverage

Why?
Affordability?
Pre-existing conditions?
Employer doesn't provide?

Determine if subsidy eligible
on Covered California
Individual Exchange

Consider off Exchange
Individual Plan Marketplace

Decide to comply with the
Individual mandate

Pay the penalty – greater
of \$95 (\$285 per family) or
1% of household income

Existing Individual Plan

Is your plan grandfathered?
Which ACA metal tier plan
do you want?
Do you qualify for a subsidy
through Covered California
Individual Exchange?

New for 2014:
Guaranteed Issue coverage,
19 rating territories,
new family
component rating.

Determine if you want to
buy on or off exchange

Critical to evaluate provider
networks before making
a change

Evaluate formularies to
make sure new insurer
covers your medications

Age 26 Dependents

When turning age 26, no
longer eligible to remain
on parent's policy

Determine if you are
eligible for a subsidy on
Covered California
Individual Exchange

Consider individual
coverage off exchange

If opt not to enroll in an
individual plan, pay the
penalty – greater of \$95
(\$285/family) or 1% of
household income

**Need help? For assistance, please call a Marsh Client Advisor at 800-775-2020
Email: COA.Insurance@marsh.com**



For more information complete the form below and return both pages to Marsh by fax to: 213-346-5946, scan and email to: COA.Insurance@marsh.com, or mail to: Marsh, attn: Association Department, 777 S. Figueroa St., Los Angeles, CA 90017.

Personal Information

Member Name _____
 Home Address _____
 City _____ State CA ZIP _____
 Phone (_____) _____ Fax (_____) _____
 Email Address _____ Effective Date _____

Census Information

	Covered Family Member Name	Date of Birth	Home ZIP	Gender M/F
Subscriber				
Spouse				
Child #1				
Child #2				
Child #3				

Current Coverage

PPO HMO HDHP Other _____
 Current Premium \$ _____ Current Insurance Company _____

Coverage Requested

By returning the completed form, you authorize Marsh to obtain a proposal and detailed plan information from the following insurers. Please provide me proposals from:

Blue Shield Anthem Blue Cross Health Net Kaiser Other (if available) _____
 Covered California Off Exchange

I am interested in the following types of plans: PPO HMO High Deductible Health Plans

I am interested in the following optional benefits - Dental

Signature (required)

I authorize Marsh to obtain a Medical insurance premium indication(s) on my behalf:

Signature **X** _____ Date **X** _____