

# Health Insurance Outside of Open Enrollment

Open enrollment for individual health insurance coverage ended Jan. 31 and at this time the only way someone can enroll in a health insurance plan is if they've experienced a qualifying life event.

At this time our agency does not participate in enrollments outside of the open enrollment period. We have developed a document with information where to get assistance outside of open enrollment.

[Click here for PDF.](#)

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## A New Medicare Charge is Coming: Here's How to Lessen the Blow

For high-income Americans covered by Medicare, now is the time to make tax moves to minimize an increase in premium surcharges. Starting in 2018, households with income more than \$85,000 (singles) or \$170,000 (couples), will be picking up an even greater share of the costs. For example, a single person with an income between \$133,500 and \$160,000 is expected to pay 30% more in 2018 for their Medicare Part B premium- an increase from \$2,856 to \$3,720 per year.

Here are some ways to reduce your exposure:

- Revamp charitable contributions: Consider donating appreciated assets, such as stock instead of cash. This often helps avoid capital-gains tax.
- Look to a Roth IRA: Payouts from a Roth IRA often aren't taxable, so they don't raise your Adjusted Gross Income (AGI).
- Manage capital gains and losses: Capital gains raise Adjusted Gross Income (AGI), but capital losses can offset gains plus \$3,000 of other income in a year.
- Time the receipt of income: Time the sale of an asset or payment to be split over two years, to keep your Adjusted Gross Income (AGI) lower.
- Look to work-related savings: Medicare recipients who are still employed can lower than Adjusted Gross Income (AGI) by contributing to 401(k) plans or traditional IRAs.

If you have questions about this, consider contacting your financial planner. Commonwealth Financial Network® (or your firm) does not provide legal or tax advice. You should consult a legal or tax professional regarding your individual situation.

Allen Financial: 31 Chestnut St., Camden, ME 04843 Phone: 207-236-8376.

Fixed Insurance products and services offered through Allen Insurance and Financial, L.S. Robinson Co. or CES Insurance Agency.

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**Medicare Matters: Open**

# Enrollment Starts 10/15

When it comes to Medicare, one size doesn't fit all. While everyone has the same benefits available to them through Original Medicare, Medicare Advantage and prescription drug plan benefits vary by county and are subject to change from one year to the next.

If your health needs have changed in the last year, it's important that we review your coverage. At Allen Insurance and Financial, our goal is to help you find the best plan that fits your needs and supports the way you live.

Oct. 15 to Dec. 7 is the open enrollment period for Medicare coverage in 2017. Plan changes take effect Jan. 1, 2017.

Plan information for 2017 will become available Oct. 1. By that time you should have received your Annual Notice of Change (ANOC) from your insurer to explain how your plan will be changing for 2017. If you have questions about your coverage or need to make a change, open enrollment is a great opportunity to do this.

Please feel free to call us with your questions at 855-710-5700.

[Read our September 2016 Medicare newsletter. \(PDF, new window\)](#)

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## Jo-Ann Neal Now Licensed for Medicare

Jo-Ann Neal of Allen Insurance and Financial has obtained her license to present Medicare insurance options to Allen clients.



Jo-Ann Neal

“Medicare coverage and insurance policies that help fill the gaps of Medicare can be complex and confusing,” said Dan Wyman, manager of Allen’s insured benefits division. “Jo-Ann and Anna Moorman of our office can help our clients pick the best plans as they approach Medicare eligibility.”

Jo-Ann works with both individuals and groups on their insurance benefits policies, including health, dental, life, and disability. She joined the company in 2013, earning her license to sell health and life insurance in Maine through Allen’s in-house education program.

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## **Forms 1095A, 1095B, 1095C – What They Mean for You**

Beginning this tax filing year, there are several new documents being issued from various sources to provide information to complete individual tax filings.

These notices are intended to provide the Internal Revenue Service with proof that individuals had health insurance coverage, the months during the year the health insurance coverage existed, and for full-time employees of companies with 50 or more employees, proof that affordable and minimum value coverage was offered.

The form 1095A is from the “Health Insurance Marketplace.” This is provided to an individual who enrolled in coverage through the Marketplace (healthcare.gov), which family members were

covered on the health insurance plan and what months the insurance coverage was in place. This form is intended to provide the IRS with proof that the individual and any family members had coverage that satisfies the individual shared responsibility provision of the Affordable Care Act.

The form 1095B is from the health insurance provider. This most often will be the health insurance company itself. They will provide this notice to individuals they cover, with information about who was covered and when. Again, this is intended to provide proof that the individual and any family members had coverage that satisfies the individual shared responsibility provision of the Affordable Care Act.

The form 1095C is from the employer with more than 50 full-time employees or equivalents. This provides information about the health plan that is offered (or not), and that it meets the minimum value as determined by the affordable care act. It also certifies that the health insurance coverage offered is "affordable." This affordability percentage will change each year, but for 2015, the rule was that the coverage could not cost more than 9.56% of a full-time individual's annual salary. This illustrates the individual's eligibility for a premium tax credit if they had purchased coverage through the Health Insurance Marketplace.

It is possible that an individual will receive these notices from several sources. If the individual had more than one job in 2015, or was covered by more than one insurance company, there will be multiples. If family members were enrolled on separate contracts, that will require multiple notices as well.

Please feel free to call us for assistance with understanding these forms or for a more in-depth, detailed explanation.

Call 207-236-4311.

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# **Community Health Options January Payment Deadline Extended**

We have had a number of calls from Community Health Options members about their January invoices and when payments are due. The deadline for January payments has been extended to Thursday, Jan. 7 at 6 p.m.

Also, we've been told that the Community Health Options service center is experiencing high call volumes resulting in extended wait times for callers. If you would like to make a payment by phone, you may want to use their automated payment system by calling 877-254-3508.

For debit card payments, please have your member identification number and debit card account number, security code and expiration date ready. For payments by check, please have your member identification number, bank routing number and account number ready.

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# **Health Insurance and Filing Your Taxes**

By Jan. 31, 2016, the Health Insurance Marketplaces will be mailing Form 1095-A to all individuals who enrolled in

Marketplace health insurance coverage. Form 1095-A acts as proof of insurance, and is sent to individuals who had Marketplace coverage to allow them to:

- Claim Premium Tax Credits
- Reconcile the Credit on their returns with Advanced Premium Tax Credit Payments
- File accurate tax returns in general, as this information can be used to help determine exemptions or penalties under the individual mandate

### **Purpose of Form**

Form 1095-A is not a form that you have to complete; it is simply used to report certain information to the IRS about individuals who enroll in a qualified health plan through the Health Insurance Marketplace.

If you received a premium tax credit to help pay for your Marketplace coverage, you'll use the information on Form 1095-A to fill out your Premium Tax Credit Form 8962. This form will allow you to claim additional tax credits or to repay amounts if you got too much assistance based on your income. Most people who received tax credits will need to fill out Form 8962, since even a slight change in income will change the amount of any tax credit that they are owed.

### **Who Has to File the 1095-A Form?**

The Health Insurance Marketplace (state, federal, regional or subsidiary) must file Form 1095-A. Individuals don't have to file the form; they will use the form furnished to help them complete other forms, including Form 8962.

If you enrolled in health insurance through the Marketplace and received a premium tax credit, you'll use the information on Form 1095-A to fill out your Premium Tax Credit Form 8962.

### **Can I File Form 8962 Without a Form 1095-A?**

If you received tax credits, then you'll want to wait until you have your Form 1095-A. It would be very difficult to correctly

fill out the Premium Tax Credit form without the information from your 1095-A. If you are running up against the deadline, you can file for an extension on your taxes and request another form from the Marketplace. Don't forget: you can also view your form online after it has been filed.

#### **What if I Had More than One Provider?**

If you had more than one type of health insurance throughout the year, then follow this rule of thumb: for 2015, you'll get a Form 1095-A from every provider that you had a Health Insurance Marketplace plan with. If you don't have your Form 1095-B or Form 1095-C from your employer or coverage outside of the Marketplace, then use the honor system to report those types of coverage.

For 2016 and beyond, you'll get forms from anyone who provided you with coverage by early February.

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## **Community Health Options: Preferred Regional Pharmacy Pilot Ends With Mixed Results**

Throughout 2015 Community Health Options (formerly Maine Community Health Options) has provided its Members with \$0 co-payments on Tier 1 medications at Hannaford Pharmacies, Community Pharmacies, and The Pharmacy at Maine Medical Center. This pilot program will be ending Dec. 31, 2015, and will not continue into the 2016 plan year.

The pilot was designed to be of limited duration and to determine if \$0 copays and pharmacist involvement could move



utilization from higher cost generics to lower cost generics. The regionally-based pharmacies chosen for this pilot were those identified as best positioned to move Members to higher generic dispensing rates (GDR), having a local presence, and having the ability to help move Members from higher cost generics to lower cost generics.

While CHO has seen positive changes and improvements occur, the costs of foregone copayments are not made up by similar gains in the shift to lower cost generics. Given the results of the program as well as the cost constraints in 2016, CHO is moving to end this pilot at the close of the year.

CHO's Chronic Illness Support Program (CISP) continues to waive co-payments on certain plans for Tier 1 drugs specific to the proper management of five major chronic conditions on certain plans throughout our pharmacy network. Community Health Options Members do not need to apply for that program, but simply need to have their prescriptions filled. Adjustments to those claims occur at the point of sale and are automatic. The 2016 HDHP Preventive Drug list will still be available for some HSA-compatible group plans.

[For more information, a PDF from Community Health Options.](#)

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# Community Health Options Freezes Enrollment

Community Health Options (formerly Maine Community Health Options) will stop taking new enrollees for its individual plans on Dec. 26 through the federal marketplace and Dec. 15 for those enrolling directly with the insurer. Harvard Pilgrim and Anthem

continue to offer policies through the end of open enrollment. The deadline for open enrollment for 2016 is Jan. 31, 2016. Individuals who do not have health insurance or an exemption are subject to a penalty via their income tax filing. In 2016, the penalty is generally \$695 per adult or 2.5 percent of income, whichever is higher.

The CHO announcement does not affect current policyholders or new applicants for group coverage. CHO says it made this decision to contain costs.

If you have questions, please feel free to call our insured benefits division. 207-236-4311

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## **A Glossary of Terms for Health Insurance Open Enrollment**

Open enrollment is the time of year when consumers can make changes to their benefits selections. Unfamiliar terms can make this process confusing. We invite everyone to download this handy reference sheet to help in the navigation of benefits options.

For example:

### **Coinsurance:**

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

### **Deductible:**

A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

[Click here for a PDF with many more definitions.](#) (PDF to print and save, new window)

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[button name="Visit Our Affordable Care Act webpage"
url="http://www.alleninsuranceandfinancial.com/insurance-services/health-life/health-insurance/affordable-care-act/"]
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