DC Health Link Trained Expert

Application Guide

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Internet Browsers

Using the right browser

An internet browser is the program you use to navigate the internet. Different types of browsers include Internet Explorer, Firefox, Chrome, and Safari. The DC Health Link site is designed to work on the most recent versions of Firefox and Chrome. Using another browser will often result in error messages.

You can download the most recent versions of Firefox and Chrome by going to:

- **Firefox:** http://www.mozilla.org/en-US/firefox/new/
- **Chrome:** https://www.google.com/intl/en/chrome/browser/

Clearing cache/cookies

Websites leave little pieces of information, called cookies, on browsers. Sometimes these cookies can result in error messages when using the DC Health Link website after you've used it before. You should clear cookies on the browser you use to access the DC Health Link site before assisting each new consumer. Below are instructions for clearing cookies in both browsers:

Firefox

1. Open a new window of Firefox.
2. Select "History" in the upper left-hand corner of the screen and choose "Clear recent history".
3. This opens up a box with several options. Make sure the first five options are checked (Browsing & Download History, Form & Search History, Cookies, Cache, and Active Logins). Make sure that the time range to clear is set to "Everything".
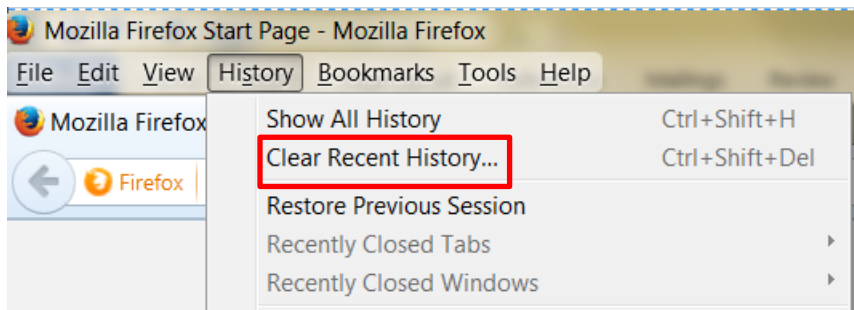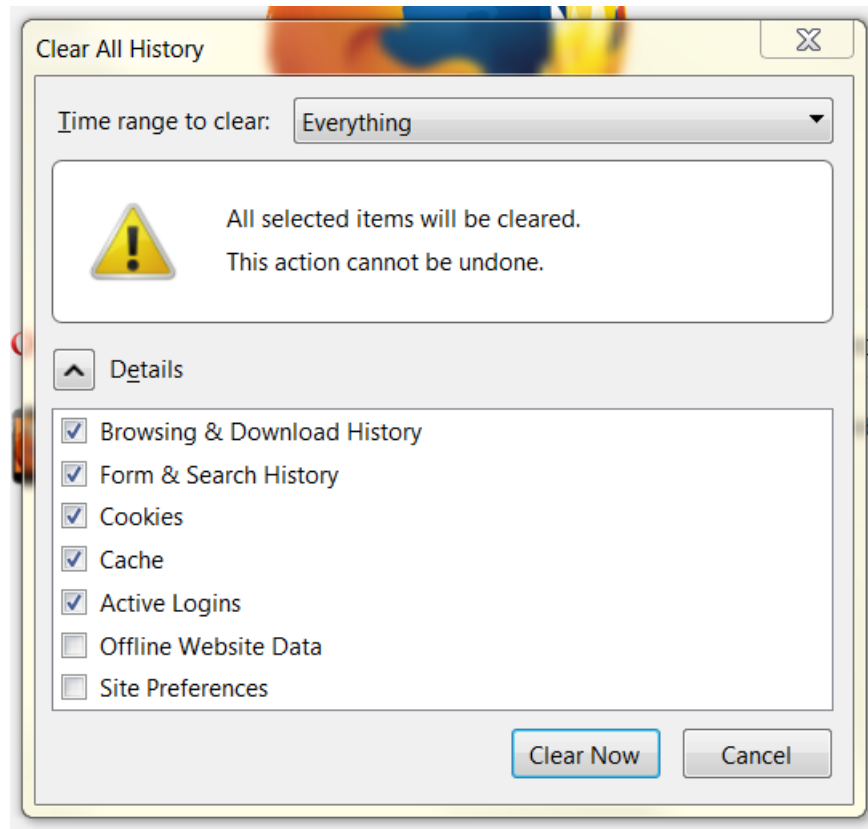
4. Select "Clear Now".
5. Go to dchealthlink.com and log in.

Shortcut: In a new window of Firefox, press Ctrl+F5. Go to dchealthlink.com and log in.

Chrome

1. Open a new window of Chrome. Go to the button with three horizontal bars at the top right-hand corner of the screen and click on it. Select "History" and then "Clear Browsing Data".
2. This opens up a box with several options.
   - Make sure the third and fourth boxes are checked (Delete cookies and other site plug-in data, Empty the cache).
   - Under the option to "Obliterate the following items from:", make sure you select a time period that includes the length of time you have used the DC Health Link site. For example, if I have been using DC Health Link for 3 months, I will need to choose "the beginning of time".
3. Select "Clear browsing data".
4. Go to dchealthlink.com and log in.

How to Clear Cache/Cookies in Google Chrome
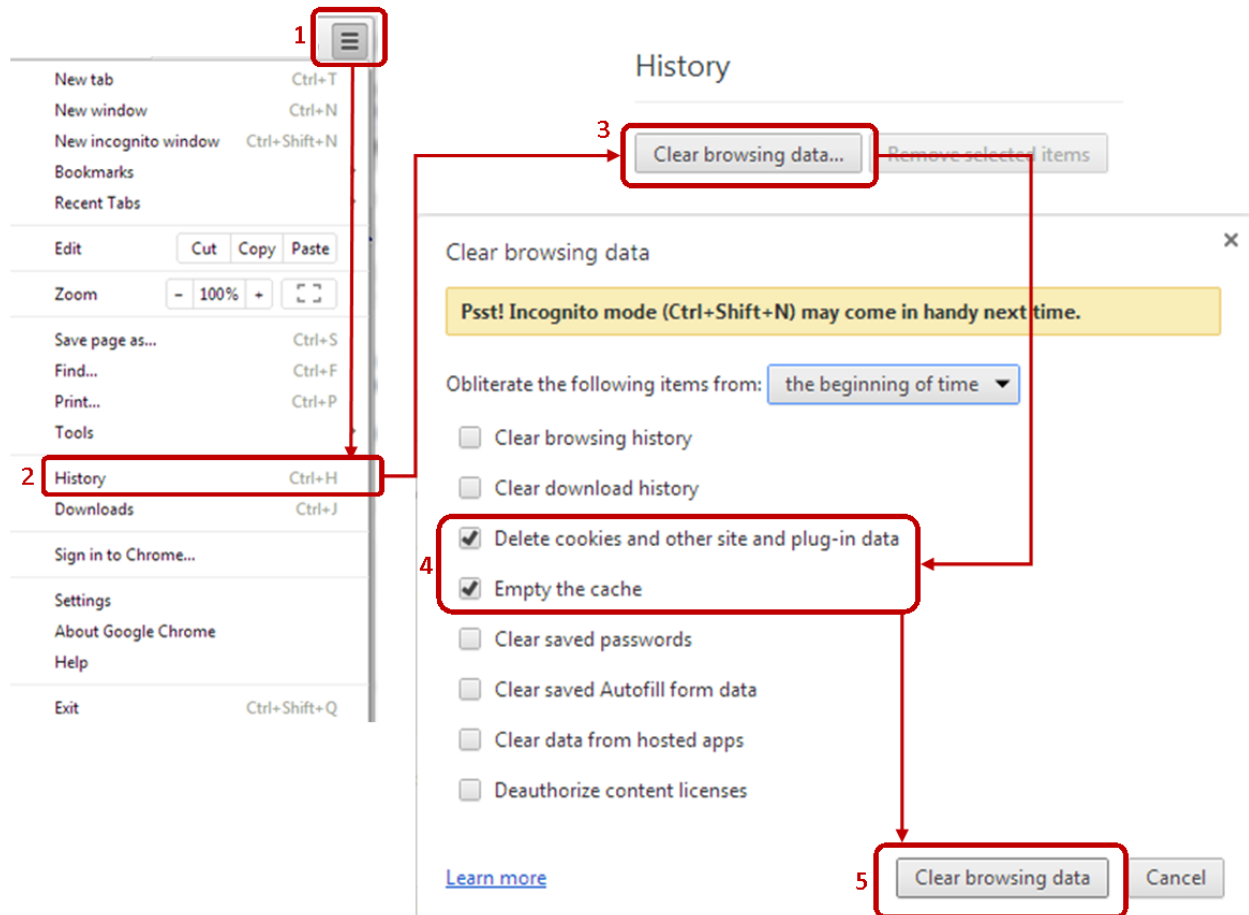
Shortcut: In a new window of Chrome, hit Ctrl+Shift+Delete and continue with Step 2.

Account Creation

Consumers need to create an account before completing the online application. If the consumer has not already created an account, help them to do so by following the instructions below. If the customer simply forgot their username or password, follow other instructions below to help the customer retrieve this information.

Creating a new account:

1. Start the account creation process by clicking on the "Login" button at the top right-hand corner of the screen on dchealthlink.com.
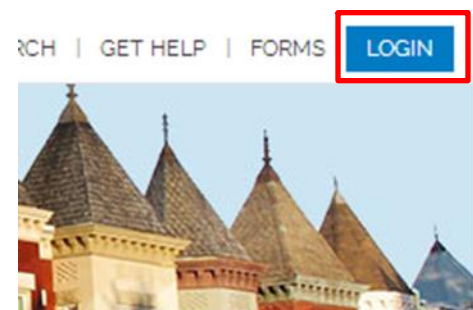
2. On the Login page, select the option to "Create account".

USERNAME

PASSWORD

? Forgot Username
? Forgot Password
⊘ Create Account

Login

3. The consumer will need to enter his or her first and last name and select a username and password. It's very important that the consumer record this information somewhere as it can be difficult to remember.

4. The person will be prompted to log in using their new username and password.

5. The person will need to choose three security questions and answers. These are used when a person forgets his or her password. If the consumer struggles to come up with answers to the security questions that they can remember, they can use the same answer for all three security questions.

6. After the security questions, the person is logged into his or her account.

Username and password rules:

Username:

- o Must be 8-12 characters long
- o Can include uppercase letters, lowercase letters, numbers, and the characters .-_()

Password:

- o Must be 8-20 characters
- o Cannot contain any part of the person's name or username
- o Must contain at least 4 letters
- o Must contain at least one of each of the following:
  - ▪ Uppercase letter
  - ▪ Lowercase letter
  - ▪ Number

- Special character (for example, ! or %)
  - Cannot contain more than 4 repeated characters

Recovering forgotten account login information

Username:

1. From dchealthlink.com click on "Login".
2. Select "Forgot Username".

USERNAME

PASSWORD

? Forgot Username

Login

? Forgot Password

> Create Account

3. Enter the email address used to create the account.
4. Check the email account for an email from noreply@dchealthlink.com with the subject line "DC Health Link Username Request". The username will be in the email.

Password:

1. From dchealthlink.com click on "Login".
2. Select "Forgot Password".

USERNAME

PASSWORD

? Forgot Username
? Forgot Password
⊙ Create Account

Login

3. Provide the answer to the security question.
4. Enter a new password.

Reset Your Password

NEW PASSWORD   Password Rule ?

CONFIRM NEW PASSWORD

To cancel changing your password
click Cancel below:

Cancel   **Continue**

Exploring Plan Options before Applying

Browsing plans

Some consumers want to look at their different plan options before they apply.

1. If the person is applying for financial assistance, use the cost calculator on the DC Health Link website to get an estimate of their eligibility for premium tax credits. The tax credit amount will be listed as "Total Monthly Tax Credit".

CALCULATE COST

Find out how much your health insurance might cost and if you may be eligible for financial help.
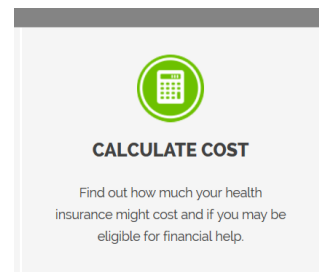
ctual available health care plans. Actual plan costs will vary.

Health care cost estimates for your household

MONTHLY PREMIUM COST WITH TAX CREDIT (?)

Bronze
Total Monthly Premium (?) $ 800
Total Monthly Tax Credit (?) $ 449
Total Annual Cost (?) $ 10,144
$ 351 /mo

Silver
Total Monthly Premium (?) $ 879
Total Monthly Tax Credit (?) $ 449
Total Annual Cost (?) $ 9,237
$ 430 /mo

Gold
Total Monthly Premium (?) $ 1,095
Total Monthly Tax Credit (?) $ 449
Total Annual Cost (?) $ 10,468
$ 646 /mo

2. Have the consumer create an account or log in to the existing account.
3. Go to "Browse Plans without Completing an Application" on the homepage of the My Account.

Browse plans without completing an application

Selecting this option will allow you to see the private health insurance plans offered through D see any financial help available to reduce the costs of purchasing a plan

4. Enter the ages and zip codes of all family members who want coverage.

Your Details

What is your date of birth? *	1/1/1970
Please enter your zip code *	20005
Do you want to include anyone else on your plan?	No

5. Confirm the information you have entered
6. Select "Browse for Plans".

hide details

Browse For Plans
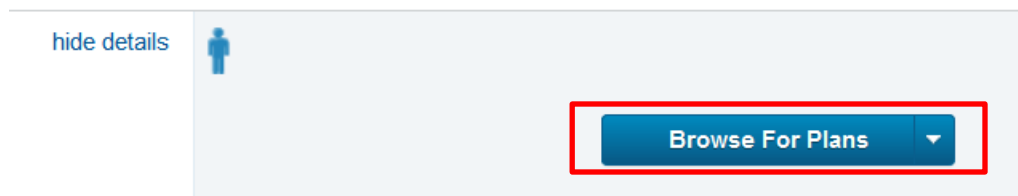
7. Continue through the plan browsing tool. The premiums displayed in the list will be the full cost premiums. If the calculator said the consumer would likely be eligible for a premium tax credit, you can subtract that amount from the full cost premium to give the consumer an idea of what his or her costs might be.

Finding a Summary of Benefits and Coverage

The Summaries of Benefits and Coverage (SBC) for each plan are available during plan selection and on the DC Health Link website.

To get an SBC without opening up an account:

BROKERS   INSURERS

1. Click on "Insurers" on the DC Health Link home page and click on "Health Plans".
2. Select the insurance company.
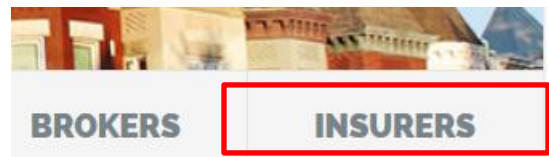
Please select the Insurer below to view their list of available health plans.

aetna | CareFirst | KAISER PERMANENTE. | UnitedHealthcare

3. Select the characteristics of the plan you want to view. It is very important to specify whether you want to look up a plan in the Individual or Small Group markets. CareFirst, Kaiser, and Aetna all provide plans in both markets, but the plans are different. For example, if I wanted to see PPO plans offered by CareFirst at the silver level, I would select and apply the filters as shown:

Please select the Insurer below to view their list of available health plans.

| aetna | CareFirst 🔵🛡 | 👥 KAISER PERMANENTE. | 🛡 UnitedHealthcare |

MARKET	TYPE	METAL LEVEL	NETWORK COVERAGE
✔ Individual	☐ HMO	☐ Catastrophic	✔ DC Metro In-Network
☐ Small Group	☐ POS	☐ Bronze	✔ Nationwide In-Network
	✔ PPO	✔ Silver	✔ Nationwide In-Network
		☐ Gold	
		☐ Platinum	

Please select items of interest to be displayed in the table. Check and uncheck the items available, and then click on the "Refresh" button positioned on the right.

Apply Filters

Please check the provider directory for each plan in DC Health Link to confirm provider participation in specific plans.

MARKET ⇕	TYPE ⇕	PLAN NAME	METAL LEVEL ⇕	NETWORK COVERAGE ⇕
Individual	PPO	BlueCross BlueShield Preferred 1500, A Multi State Plan	⬤ Silver	Nationwide In-Network All states, All Territories (except Midway Islands); the statewide networks in AK, AZ, FL, KS, KY, MN, MO, OH, WA, WY are unique to Exchanges.

Initiating an Application

The consumer will need to start the application from his or her own account. As a Trained Expert, you cannot start an application for a consumer.

There are two application options:

- **Apply for help paying for your health coverage:** This option determines a consumer's eligibility for all forms of assistance paying for health coverage: Medicaid, premium tax credits, and cost-sharing reductions. Even if not eligible for any assistance, the customer will also be considered for eligibility to purchase a QHP without any financial assistance.

Apply for help paying for your health coverage

Selecting this option will allow you to start an application for Medicaid or help paying for private healt paying for coverage through DC Health Link, which is available to low- and middle-income families.Yc the application, you'll be told what type of assistance you and your family are eligible for. Some appli regarding Medicaid coverage and/or selecting a Medicaid health plan. Other individuals may be eligil through a tax credit and cost sharing reductions. For these individuals, you can immediately continue

- **Apply for private health coverage without financial help:** This option determines a consumer's eligibility to purchase a QHP without any financial assistance.

The consumer should select the application they want you to complete. This will take the consumer to the first page of the application, which will allow you to continue the application once you are assigned as the trained expert.

Note: There is no option to apply for the tax credit subsidy without also applying for Medicaid. A consumer can only be eligible for a premium tax credit if their eligibility for Medicaid has been evaluated and they have been found ineligible for Medicaid. Consumers who are found eligible for Medicaid but wish to purchase a private plan will need to do a new application for coverage without financial assistance and will have to pay the full cost of the premium for the private plan. The new application and enrollment will need to be done in the same session (without logging out or timing out of the account).

Assisting as a Trained Expert

Assigning the trained expert

The consumer will need to assign you as his or her trained expert.

1. From within the consumer's My Account, click on "Select the Trained Expert Assisting You".
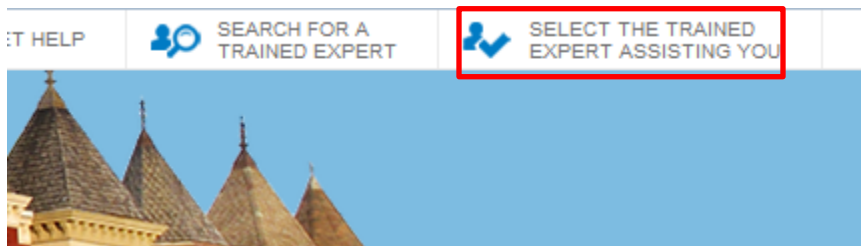
2. Fill in your trained expert reference number. Search and select your name and confirm.

Select the Trained Expert Assisting You

Enter the Expert's Reference Number

Reference Number

[   ]

[Search]   [Cancel]

Trained Expert Details

Reference Number   Name

Address

[Next]

3. Have the consumer log out of his or her account and wait to receive an email notifying you that you have been selected as the trained expert for the consumer.

Logging in as a trained expert

Assisters and Certified Application Counselors

1. Once you have received the "New Client Notification" email from noreply@dchealthlink.com notifying you that you have been selected as the person's assister, go to dchealthlink.com.
2. Click on "Assisters" on the upper right hand side of the home screen.
3. Click on "Assisters Login" and enter your username and password.

ASSISTERS | SEARCH | GET HELP | FORMS | LOGIN

Brokers

1. Once you have received the "New Client Notification" email from noreply@dchealthlink.com notifying you that you have been selected as the person's trained expert, go to dchealthlink.com
2. Click on "Brokers" on the homepage.
3. Click on "Broker Login" and enter your username and password.

SINESSES   BROKERS   INSURERS
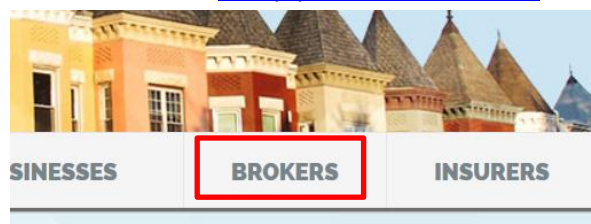
Assisting a consumer using Trained Expert portal

1. Locate the name of the person you are assisting and click on "Assist Client" on the right hand side of the screen.

Date Requested	Status	
1/15/2014	In Progress	Assist Client
1/16/2014	In Progress	Assist Client

2. Under "Health Care Options", click "Resume Application". If you do not have the option to resume the appropriate type of application, the consumer will need to log in to his or her account and initiate a new application.

Filling Out the Application

General tips

- Only use the navigation (for example, the back or next buttons) on the website itself. These buttons are usually on the bottom right-hand corner of the screen. Using the back button on your browser (at the upper left-hand corner of the screen) can cause problems.
- Only fields in the application marked with an orange asterisk are required. Other fields can be left blank if necessary.

Getting Started

1. On the "Getting Started" page, select that you are applying "For myself and my family".

➡ **Getting Started**

Let's get started with your application

ℹ To apply for help paying for health insurance or to see if you qualify for no cost he

I am applying *

- ⦿ For myself and/or my family
- ○ Call Center Representative / Case worker (Official Use Only)
- ○ As an authorized representative

2. On the first page, enter name of the person filing the application. Follow these instructions:
   - Make sure there are no special characters in the name (for example, "," "#", or ".")
   - Make sure first and surname are spelled correctly and entered exactly as they appear on immigration documents, if applicable
   - Do not include suffixes such as Jr., Sr., III, etc.
   - Do not add periods (for example, Rachel St. John should be entered as "Rachel St John")
   - Make sure not to add spaces after a name before moving on to the next box
3. When entering address information:
   - Do not use special characters (for example, "," "#", or ".")
   - Make sure not to add spaces after any part of the address before moving on to the next box
4. If you are completing an application for financial assistance, at the end of the personal information section you will be asked if the person wants to find out if he or she can get Medicaid or help paying for health coverage. Answering "No" to this question means that eligibility for health coverage will not be determined for the person. If the person filling out the application already has coverage (for example, Medicare) or does not want to apply for coverage, be sure to select "No".

Help paying for your health benefits

Do you want to find out if you can get Medicaid or help paying for health coverage? *

More About You
- Questions about race and ethnicity are optional.
- "Naturalized citizens" are people who were not U.S. citizens when they were born but became U.S. citizens later.

Identity proofing

The identity of the first person listed on the application (the primary applicant) will need to be verified, even if this person is not applying for coverage for him or herself.

- If the credit reporting agency Experian does not have sufficient information to verify the person's identity, the primary applicant will have to go to an Economic Security Administration (ESA) Service Center to fill out the application. It is very important that the person *completes the application with an ESA caseworker*. Simply dropping off identity documents at a Service Center will not allow the person to complete an application. If a person you are assisting needs to complete identity proofing in-person, make sure he or she has her account information and a print out of the message he or she received when attempting to do identity proofing online. Information about the locations and hours of the ESA Service Centers is included in Appendix A.

- If the person answers the identity verification questions incorrectly, the consumer must call Experian and use the reference number provided to complete identity verification or to complete the application at an ESA Service Center.

Who to include in the Application Group

Applicants for health coverage need to include on the application:

- Everyone who is on the same tax return as the applicant or anyone else on the application
- Everyone who lives with someone who is applying for coverage who is related to that person

It is important to know about everyone who falls into these categories because eligibility for Medicaid and premium tax credits is based on household income. All members of the household must be included. For example, Rick needs coverage for himself. He earns $25,000 per year. His wife Daphne recently turned 65 and enrolled in Medicare. She gets $15,000 per year from Social Security and pension benefits. They are married and file their taxes jointly. Even though Daphne already has coverage, her information, including her income, needs to be listed on the application to properly determine Rick's eligibility. Rick's eligibility will be assessed as a household of two making $40,000 per year. This makes him ineligible for Medicaid, but potentially eligible for a tax credit of about $267 per year to help him pay for the cost of a DC Health Link plan.

Failing to include all household members on the application will likely result in the wrong eligibility determination. This could mean that the consumer gets less help than he or she is eligible for, or that he or she gets more help and has to pay back part or all of the premium tax credit at the end of the year.

Income questions

Eligibility for Medicaid, advance premium tax credits, and cost-sharing reductions is based on different types of income. The application for help paying for health coverage assesses eligibility using the following steps:

1. The application uses the household's current monthly income to check to see if anyone in the household is eligible for Medicaid. If anyone in the household is not eligible for Medicaid, the application continues to Step 2.
2. The application uses the households' projected annual income for the coverage year to see if any household members are eligible for premium tax credits and cost-sharing reductions. The annual income being asked for is for the plan year for which tax credits are being sought, not for any previous tax year. For example, a person intending to get tax credits in 2014 should project what they believe their income will be in 2014.
3. It is best to project income based on what a person is currently earning; it can be adjusted once circumstances change. For example, if a person is currently unemployed and only receiving $100/week in odd jobs, the annual projection should be $5,200, even if the person anticipates getting a new job in a few months.

Tips:

- Always double-check the time period for income (for example, weekly, bi-weekly, yearly).
- Make sure to check carefully that the monthly and annual amounts calculated by the application for each person are correct.

Application Group questions

 The application asks about current health coverage because DC Health Link needs to know about health coverage the person will be receiving or eligible for at the same time they have coverage through DC Health Link. If the coverage the person currently has is coverage they pay the entire cost of and that will end before or when they want their DC Health Link coverage to start, then *do not* select this box. For example:

- The consumer is currently enrolled in a private insurance plan that is expiring or ending at the end of the month.
- The consumer is currently enrolled in COBRA coverage from a previous job and the consumer plans to stop COBRA coverage before DC Health Link coverage starts.

Eligibility Results

Displaying eligibility results

At the end of the application, right before eligibility results, an Application Reference Number is provided. This number is very important. Make sure the consumer keeps this number for his or her records.

STEP 2

You'll need to click on the link below to SHOW ELIGIBILITY RESULTS.

If you've been determined eligible to purchase private health insurance, you'll see a butto

APPLICATION REFERENCE NUMBER : 1066

SHOW ELIGIBILITY RESULTS

Mixed eligibility households

Children and pregnant women are eligible for Medicaid at higher income levels than parents and adults without children. This means there are many families where the parents will qualify to purchase a DC Health Link plan while the children are enrolled in Medicaid.

If a consumer is determined Medicaid eligible but does not want to receive Medicaid, he or she will need to:

- Complete an application for coverage without financial assistance and pay the full cost of a DC Health Link plan for the family members who do not want Medicaid.
- Contact the Economic Security Administration and ask to terminate Medicaid eligibility

Advanced Premium Tax Credit (APTC) of $0

Some consumers will be below the income eligibility limits for premium tax credits but will be given $0 APTC. Eligibility for premium tax credits is based on a person's expected contribution – a percentage of income that is set by the federal government. The premium tax credit amount is the difference between the second lowest-cost silver level plan sold on DC Health Link for that person and the person's expected contribution. If the cost of the second lowest cost silver plan would be less than the person's expected contribution, the APTC amount will be $0. This is particularly common for younger applicants because the price of the plans is lower for younger enrollees.

You can use the calculator on the front page of dchealthlink.com to help check the eligibility results. You can find more information about how premium tax credit amounts are calculated and examples in Appendix B: 2014 "Second Lowest Cost Silver Plan" Costs.

Cost-Sharing Reductions

Cost-Sharing Reduction is an additional benefit available to those with household incomes at or below 250% of the federal poverty level. Eligibility for cost-sharing reductions will appear next to the premium tax credit amount in the eligibility results.

Your Healthcare Options

Insurance Assistance ?

Rachel is eligible for assistance with the cost of purchasing private insurance. The next step is to enroll in a plan. Click the button to the right to start shopping for plan(s).Unfortunately, these applicant(s) have been found not eligible for Medicaid managed care. However, if these applicant(s) are over 65 years of age or older, blind, disabled or in need of long term care, they may be eligible for a different Medicaid program. If the information on your application indicated that these applicant(s) might be eligible for this Medicaid program, your application information has already been sent to the Economic Security Administration for further processing and they will contact you if they need more information. If these applicant(s) are not eligible for Medicaid because of citizenship or immigration status, the applicant(s) may be eligible for the DC Healthcare Alliance program. If you have questions, please contact the DC Health Link Customer Service at 1-855-532-5465 (TYY/TDD: 711).

$0
Advanced Premium Tax Credit

73% Reduction
Cost-Sharing Reduction

Cost-sharing reductions lower out-of-pocket costs (such as deductibles and copayments) for silver level plans. Each silver plan lowers these out-of-pocket costs differently. For example, the plan pictured below would usually have a $2,000 deductible, but the cost-sharing reductions lower this amount to $1,400.

This benefit does not affect premiums. It also does not apply to bronze, gold, or platinum plans unless the enrollee is a Native American.

Enrolling in a Plan

Plan enrollment process for Medicaid and private insurance

The process for enrolling in a health care plan is different for Medicaid and private insurance:

- **Medicaid:** Applicants approved for Medicaid will receive an enrollment packet with information on their three plan options. They can choose their plan through DC Healthy Families (contact information is available at https://www.dchealthyfamilies.com/Member/ContactUs.aspx). Medicaid enrollees cannot make their plan selection using the DC Health Link website.
- **DC Health Link plans:** Applicants approved for DC Health Link coverage (with or without financial assistance) can go to "Enroll in Plans" or "Shop for Plans" to view their plan options and select a plan.

## *Enrolling in a private health insurance plan*

1. **Make sure you are enrolling with the right application.** If a person has completed more than one DC Health Link application, check to make sure you are enrolling him or her with the right application. The "Enroll in Plans" option in the Trained Expert portal takes you back to the eligibility determination screen. Check to make sure the Enroll in Plans button you use takes you to the correct eligibility screen. For example, if a consumer completed an application for coverage without financial assistance and later changed her mind and completed a second application for assistance and was found eligible for a premium tax credit, make sure that her premium tax credit displays at the beginning of the enrollment.

2. **Make sure you are enrolling everyone who wants to be included in a plan together.** People on the same application can enroll in different health plans if they choose. Make sure that all application group members who want to enroll in a plan are checked at the beginning of the plan selection process. If you uncheck an application group member, he or she will not be included in the plan enrollment.
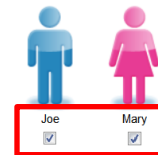
3. **Make sure APTC is applied if the person received APTC.** If the consumer was found eligible for advanced premium tax credits, you should see the full amount of the advanced premium tax credit subtracted from the premiums when plans are displayed. You should also see a page where the consumer is asked how much of their premium tax credit they would like to take in advance. The default amount of advanced premium tax credits applied is 85%, but the applicant can choose to take any amount of the premium tax credit in advance.

4. **Make sure you get through to the Congratulations page.** DC Health Link does not receive the enrollment if there is no Congratulations page. You should print this page for the consumer's records. The Congratulations page is the best way to confirm that consumer has successfully selected a plan because plan enrollments do not always display in the enrollments tab of the enrollee's account.

After Completing Enrollment

Paying premiums

Enrollees in DC Health Link plans will receive an invoice for their first and subsequent premium payments from the insurance company they selected. Information is sent to the insurance companies daily, and it takes at least a week for the information to be fully processed by the insurance company.

Getting member ID cards

Insurance companies send member ID cards once the first month's premium has been paid. Some insurance companies also allow consumers to use their Social Security numbers to look up their member ID information on a company website before it has arrived in the mail.

Providing verification documents

Enrollees will receive a notice listing outstanding verifications that they need to provide and ways to provide it. The best thing to do (if possible) is to upload a pdf of the documentation to the consumer's account, using the following steps:

1. Log in to the account and click on "Click her to submit documents" under "Verification Documentation Required.

Home

For viewing the documents in PDF format, click here to download Adobe Reader.

Enroll in Plans
Shopping for Assistance with your Health Care.

Verification Documentation Required
We need to verify information we have received from you. In order to verify this inform document. Click here to submit documents

Messages
You have notifications based on the application submitted. Click here to view

2. Click on "Next" by the type of verification you want to upload.

Member	Item for Verification	Expiration Date	Document Upload
Member Name	State		Next

3. Select the type of documentation being provided and find the file needed using the "Browse" button. Only pdf and tiff files can be uploaded. To complete uploading, click "Save".

Verification Document List & Upload

* required field

Select one document type from the list below. Click 'Browse' to upload the document directly from your computer.

Verification Documents | Residency - Phone or Utility Bill ▼

Browse for document on your computer | Browse... No file selected

Comments

Back   Save

This information is reviewed by the Economic Security Administration within a few weeks.

Addressing Error Messages

Error messages in the application

1. Go back and make sure the information you've entered is correct and in the correct format (for example, no special characters in the address). Correct any errors and continue with the application.
2. Start the application over again.
3. Have the consumer create a new account and start the application over again.

Error messages in plan enrollment

1. Log out, clear your cache/cookies, log back in, and try again.
2. If you are unable to complete an application or enrollment through your Trained Expert account, have the consumer log in and finish what you were working on in the consumer's account.
3. Have the consumer create a new account and link to the existing application and try again. An email address is not required to create a new account.

Appendix A: ESA Service Centers

Service Center	Address	Phone	Fax
Anacostia	2100 Martin Luther King Avenue, SE	(202) 645-4614	(202) 727-3527
Congress Heights	4001 South Capitol Street, SW	(202) 645-4546	(202) 654-4524
Fort Davis	3851 Alabama Avenue, SE	(202) 645-4500	(202) 645-6205
H Street	645 H Street, NE	(202) 698-4350	202) 724-8964
Taylor Street	1207 Taylor Street, NW	(202) 576-8000	202) 576-8740

Hours of Operation

8:15 am - 4:45 pm on Monday, Tuesday, Thursday and Friday, and
8:15 am - 7 pm on Wednesday

ESA's Customer Service

(202) 727-5355

Contact TTY:

711

Appendix A: 2014 "Second Lowest Cost Silver Plan" Costs

Under the Affordable Care Act, premium tax credits are designed to help low and middle-income households to afford comprehensive insurance through DC Health Link.   The credit covers the portion of the premium of a health insurance Benchmark Plan which exceeds a percentage of the household's income. Higher income households get a smaller credit than lower income households.   The Benchmark Plan is the Second Lowest Cost Silver Plan available to the family through the state's health benefit exchange.

Benchmark Plan costs vary based on the age of each enrollee at the time of enrollment or renewal. For 2014, the DC Health Link Benchmark Plan is *CareFirst BlueChoice Silver $2,000* and monthly premiums are as follows for each individual in a household:

Age	Monthly Premium	Age	Monthly Premium
Newborn through Age 20	$ 162.55	Age 44	$ 282.60
Ages 21 – 27	$ 180.70	Age 45	$ 293.54
Age 28	$ 184.92	Age 46	$ 304.97
Age 29	$ 188.90	Age 47	$ 316.90
Age 30	$ 193.62	Age 48	$ 329.33
Age 31	$ 198.59	Age 49	$ 342.25
Age 32	$ 203.07	Age 50	$ 355.68
Age 33	$ 207.79	Age 51	$ 369.59
Age 34	$ 212.76	Age 52	$ 384.01
Age 35	$ 217.73	Age 53	$ 398.92
Age 36	$ 222.70	Age 54	$ 414.58
Age 37	$ 227.67	Age 55	$ 430.74
Age 38	$ 230.41	Age 56	$ 447.64
Age 39	$ 233.14	Age 57	$ 465.04
Age 40	$ 242.34	Age 58	$ 483.18
Age 41	$ 251.78	Age 59	$ 502.07
Age 42	$ 261.72	Age 60	$ 521.71
Age 43	$ 271.91	Ages 61 and Above	$ 542.09

If more than one person in the tax household is enrolling in a DC Health Link plan, and does not have access to other coverage (e.x. Medicaid, Medicare, or employer-sponsored insurance), the Benchmark Plan cost is the cumulative of the premium for each member.

EXAMPLE 1

Joe is not married and does not claim any dependents on his taxes. He is eligible for an advance premium tax credit because he is not eligible for Medicaid or other coverage. He is 30 years old and therefore his Benchmark Plan premium is $193.71.

EXAMPLE 2

Mark and Lucy are married and do not claim any dependents on their taxes. Both are eligible for an advance premium tax credit because they are not eligible for Medicaid or other coverage outside of DC Health Link. Mark is 25 years old and Lucy is 28 years old and therefore their Benchmark Plan premium is $365.56 ($180.70 + $184.86).

EXAMPLE 3

Jerry and Anabella are married and do not claim any dependents on their taxes. Anabella is pregnant and eligible for Medicaid. Jerry is not eligible for Medicaid or other coverage outside of DC Health Link. Jerry is 25 years old and Anabella is 23 years old. However, only Jerry's is eligible for an advance premium tax credit because Anabella already has access to coverage (Medicaid). Therefore, their Benchmark Plan premium is $180.70.

EXAMPLE 4

Frank and Mary are married and have a son named Luke and a daughter named Heather, who they claim as tax dependents. Luke is eligible for Medicaid as a child. The rest are not eligible for Medicaid or any coverage outside of DCHL. Frank is 45 years old, Mary is 43 years old, Luke is 15, and Heather is 19 years old. Therefore, their Benchmark Plan premium is $728.04 ($293.46 + $271.95 + $162.63). Again, Luke does not count toward the Benchmark Plan because he already has access to other coverage (Medicaid) and is not eligible for an advance premium tax credit.

EXAMPLE 5

Henry and Elizabeth are married and claim their son, Edward, as a tax dependent. Henry is 55 years old, Elizabeth is 53 years old, and Edward is 28 years old. Henry is eligible for coverage through his employer and Elizabeth is eligible for the same coverage through her husband. Edward is not eligible because he is too old to be claimed as a child. None are eligible for Medicaid. Therefore, only Edward is eligible for an advance premium tax credit and the family's Benchmark Plan premium is $184.86. This is true even if neither Henry nor Elizabeth enroll in the employer-sponsored coverage.