2014/2015 Federal Poverty Level Chart

The Department of Health & Human Services (HHS) issues poverty guidelines that are often referred to as the "federal poverty level" (FPL). Federally-facilitated Marketplaces will use the 2014 guidelines when making calculations for the insurance affordability programs starting November 15, 2014.

Household Size	100%	138%**	150%**	200%**	250%**	300%**	400%**
1	$11,670	$16,105	$17,505	$23,340	$29,175	$35,010	$46,680
2	15,730	21,707	23,595	31,460	39,325	47,190	62,920
3	19,790	27,310	29,685	39,580	49,475	59,370	79,160
4	23,850	32,913	35,775	47,700	59,625	71,550	95,400
5	27,910	38,516	41,865	55,820	69,775	83,730	111,640
6	31,970	44,119	47,955	63,940	79,925	95,910	127,880
7	36,030	49,721	54,045	72,060	90,075	108,090	144,120
8	40,090	55,324	60,135	80,180	100,225	120,270	160,360

*Chart is for 48 contiguous states and the District of Columbia; for Hawaii and Alaska please visit the website of the HHS Assistant Secretary for Planning and Evaluation (ASPE): http://aspe.hhs.gov/poverty/14poverty.cfm.

**Dollar amounts are calculated based on 100% column; rounding rules may vary across federal, state, and local programs

*Special Enrollment Periods

Under certain circumstances, individuals may enroll in a QHP or change QHPs outside of the annual open enrollment period. These SEPs are based on certain triggering events or special circumstances.

Events that permit an SEP include:

- Gaining or becoming a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care
- Gaining status as a citizen, national, or lawfully present individual
- Loss of coverage (e.g., loss of Medicaid eligibility, QHP no longer available), except if enrollment is terminated based on failure to pay premiums, fraud, or enrollee initiated termination
- Determination that an individual is newly eligible or ineligible for advance payments of the premium tax credit or a change in eligibility for cost-sharing reductions
- Permanent move to an area where different QHPs are available
- American Indian or Alaskan Native status
- Misconduct of a Navigator, consumer assister, agent or broker, or insurer customer service representative, or misconduct of a QHP while conducting direct enrollment
- Errors, contract violations, or other exceptional circumstances identified by the Marketplace

Most SEPs extend for 60 days from the date of the triggering event. The Marketplace permits consumers to access the SEP for loss of coverage up to 60 days before the anticipated loss date.
In order to apply for an SEP, individuals use the same Marketplace application as for the open enrollment period.

Calculating the Shared Responsibility Payment (Penalty) for the 2015 Tax Year

2015

- The annual individual responsibility payment is the greater of
  - 2% of the taxpayer's household income that is above the tax return filing threshold for the taxpayer's filing status, or
  - The taxpayer's flat dollar amount, which is $325 per adult and $162.50 per child, limited to a family maximum of $975.
- However the total payment amount is capped at the cost of the national average premium for a Bronze level health plan available through the Marketplaces in 2015.

The calculations above represent the amount of the payment for not having health insurance coverage for the entire year. Individuals will owe 1/12th of the annual payment for each month they (or their dependents) do not have coverage and are not exempt.

The same method of calculation is used in 2016 and later years. In 2016, the payment is the greater of 2.5% of income over the filing threshold or $695 per person ($347.50 per child under 18). After 2016, the payment is adjusted for inflation. For more information, please visit the Internal Revenue Service (IRS) website.

Exemptions from the Individual Responsibility Requirement (Penalty)

Under certain circumstances, an individual may be exempt from the individual responsibility requirement. These circumstances include the following:
•The individual is uninsured for less than three months of the year
•The lowest-priced coverage available to the consumer would cost more than 8% of the consumer's household income
•The individual does not have to file a tax return because his or her income is too low
•The individual is a member of a federally recognized tribe or eligible for services through an Indian health care provider
•The individual is a member of a health care sharing ministry
•The individual is a member of a recognized religious sect with religious objections to insurance, including Social Security and Medicare
•The individual is incarcerated, and is not awaiting the disposition of charges

•The individual is not lawfully present in the United States
•The individual has experienced a hardship (hardship exemptions will be covered later in this topic)
Some types of exemptions are available only through the tax filing process; some are only available through a Marketplace; and some are available through either channel. As an agent or broker, you may assist consumers in completing applications for exemptions that are available through a Marketplace. You can find these at HealthCare.gov.

Hardship Exemptions:

There are certain circumstances that affect an individual's ability to purchase health insurance coverage and which may qualify an individual for a hardship exemption. To make the determination, the Marketplace considers whether an individual has experienced one of the following events:

1. Becomes homeless
2. Has been evicted in the past six months, or is facing eviction or foreclosure
3. Has received a shut-off notice from a utility company
4. Recently experienced domestic violence
5. Recently experienced the death of a close family member
6. Recently experienced a fire, flood, or other natural or human-caused disaster resulting in substantial damage to individual property
7. Filed for bankruptcy in the last six months
8. Incurred medical expenses in the last 24 months that resulted in substantial debt
9. Experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member
10. Expects to claim a child as a tax dependent who has been denied coverage in Medicaid and CHIP, and another person is required by court order to give medical support to the child. In this case, the individual would not have to make a payment for the child
11. As a result of an eligibility appeals decision, is determined eligible for enrollment in a QHP through a Marketplace, the premium tax credit, or cost-sharing reductions for a period of time during which he or she was not enrolled in a QHP through a Marketplace
12. Was determined ineligible for Medicaid because his or her state did not expand eligibility for Medicaid under the Affordable Care Act
13. Lost insurance coverage because his or her individual plan was cancelled and believes other available coverage options are unaffordable
14. Experiences another hardship in obtaining health insurance

Only individuals under age 30 and individuals with hardship exemptions may purchase a catastrophic plan. Catastrophic plans typically have high deductibles, and mainly protect individuals from very high medical costs.