



The Complete Guide to Selling **Affordable Care Act** **Insurance Plans**

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Affordable Care Act

The introduction of the Affordable Care Act in 2010 established a pathway for millions of uninsured or underinsured Americans to access more affordable health care options. Are you helping your fellow citizens to enroll in these plans?

There's a strong demand for affordable health care and insurance, and that's just one of many reasons that make selling under-65 products lucrative. In this guide, we'll go over the basics, so you understand the ins and outs of the ACA, exchanges, and why it's worth selling marketplace plans. We'll also provide tips on how to market to clients under age 65 and how to maximize your income now and in the future. Keep reading to start your journey to earning more with ACA insurance today.



Understanding the Basics

Before you start selling Affordable Care Act insurance plans, it's important to understand the basics of the ACA. You'll need this knowledge before diving into marketing, sales, and enrollment details, so get familiar with these concepts now.

What Is the Affordable Care Act?

The [Affordable Care Act \(ACA\)](#) is a federal law, signed in 2010, that reformed America's health care and insurance landscape. Formally known as the "Patient Protection and Affordable Care Act" and colloquially called "Obamacare," the ACA includes several key provisions that gave 20 million Americans access to affordable health insurance coverage.

Key provisions:

- The creation of health insurance marketplaces, aka exchanges
- The individual mandate — which required every American to have health insurance or pay a tax penalty
- People with pre-existing conditions cannot be denied coverage or charged more for it
- Children can stay on a parent's plan until they turn 26 years old
- Preventative care at no additional cost
- Subsidies, or tax credits, for qualifying individuals/families purchasing through the marketplace
- The expansion of Medicaid for low-income adults up to 138 percent of the Federal Poverty Level

The individual mandate penalty was repealed at the federal level in 2019. As of 2022, a select number of states have since implemented their own health insurance individual mandates and penalties. These include California, the District of Columbia, Massachusetts, New Jersey, and Rhode Island. Vermont has their own individual mandate, but they do not have a penalty associated with it.

All ACA plans sold must provide care for the 10 essential coverages:



Ambulatory patient services
(i.e., outpatient care)



Emergency Services



Hospitalization



Pregnancy, maternity, and newborn care



Prescription Drugs



Mental health and substance use disorder services



Rehabilitative and habilitative services and disorders



Laboratory services



Preventative, wellness services, and chronic disease management



Pediatric services
(must include vision and dental care)

Lesser-known rights and benefits under the ACA include access to breastfeeding equipment, support, birth control, and counseling. The ACA also secured access to coverage for substance abuse services in the middle of the opioid epidemic.

It's important to note that the ACA further provides health policyholders the right to appeal their insurer's decision to not pay a claim or end their coverage; the insurer must provide their reasoning for these actions. Employees are also protected from employer retaliation for receiving a premium tax credit or reporting violations of the ACA to their employer or the government.





Who Qualifies for an ACA Plan?

Someone is eligible to enroll in marketplace health coverage if they live in the United States, are a U.S. citizen or national (lawfully present), and are not incarcerated. Medicare beneficiaries are not eligible for ACA health coverage and are not eligible to purchase health or dental coverage through the marketplace.

- ✓ Lives in the U.S., is a U.S. Citizen, or is lawfully present
- ✓ Not incarcerated
- ✓ Does not have Medicare coverage

Overview of the Marketplace

The ACA marketplace is also known as the individual health insurance marketplace or exchanges. It includes the websites where Americans go to buy under-65 health insurance plans.

The federal marketplace can be accessed through [HealthCare.gov](https://www.healthcare.gov). However, the federal marketplace is not accessible in all states. The following states have their own marketplace sites or exchanges:

- [California](#)
- [Colorado](#)
- [Connecticut](#)
- [District of Columbia](#)
- [Idaho](#)
- [Kentucky](#)
- [Maine](#)
- [Maryland](#)
- [Massachusetts](#)
- [Minnesota](#)
- [Nevada](#)
- [New Jersey](#)
- [New Mexico](#)
- [New York](#)
- [Pennsylvania](#)
- [Rhode Island](#)
- [Vermont](#)
- [Washington](#)



1

Action Step

Understanding and taking action during the current enrollment period for your client is key to getting the right coverage for your client, on time.



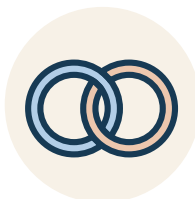
Enrollment Periods

Every year, people can shop for and enroll in new under-65 health plans on the marketplace during the Open Enrollment Period (OEP), which runs from November 1 to December 15, or during a Special Enrollment Period (SEP). Changes to a client's ACA coverage may not occur outside of the OEP, unless they qualify for an SEP. If your client changes employers, they can switch to an employer-sponsored health insurance plan, however, they may no longer qualify for a premium tax credit or other savings they may have had access through with their ACA plan.

SEP Qualifying Life Events



Job loss



Marriage/
divorce



Coverage
loss



Moving to
a new zip
code



New child
or death in
the family



Citizenship
status
change



Government
error



Change in
subsidy
eligibility



Qualifying
federal
reason

To take advantage of an SEP, your clients must act within 60 days of the qualifying life event.

Commission Structure Overview

You're likely interested in selling ACA insurance not only to help people, but also boost your income. The federal government does not establish maximum or minimum ACA marketplace commission levels. Insurance carriers may establish their own commissions rates for the plans they sell; however, they must abide by any specific state regulations in place regarding what commissions can be earned. Commissions can also vary depending on the plan sold. Health Maintenance Organization, Preferred Provider Organization, and Exclusive Provider Organization plans reward commissions to agents based on different percentages.

When selling ACA insurance, commissions are earned per member, per month (PMPM) or per contract, per month (PCPM). Commissions are paid monthly to agents. Those earned in the previous month are paid as long as the member has paid their premium and that premium has been posted to their account. If you enroll multiple household members in a plan, you can collect commissions on each household member, every month if the plan operates on this payment structure. If the plan operates using PCPM, regardless of how many members are on the plan, the plan will pay one flat rate.

The year that a client enrolls in coverage, you'll receive initial commissions. Every year following the first year is a renewal year, which means you'll receive renewal commissions, PMPM.

You may have heard of ACA commissions being lower for SEP sales versus OEP sales. While this may have been the case with some ACA insurers in the past, this should no longer occur. On June 7, 2022, Centers for Medicare & Medicaid Services (CMS) stated that ACA commissions must be equal for OEP and SEP sales. CMS reasoned that marketing practices that discourage agents and brokers from enrolling customers in ACA plans during SEPs is a discriminatory practice.

This shouldn't be cause for concern. Because of the lucrative structure, large number of benefits, and the possibility to earn commissions with multiple household members, selling ACA plans is a great way to increase your business' revenue!



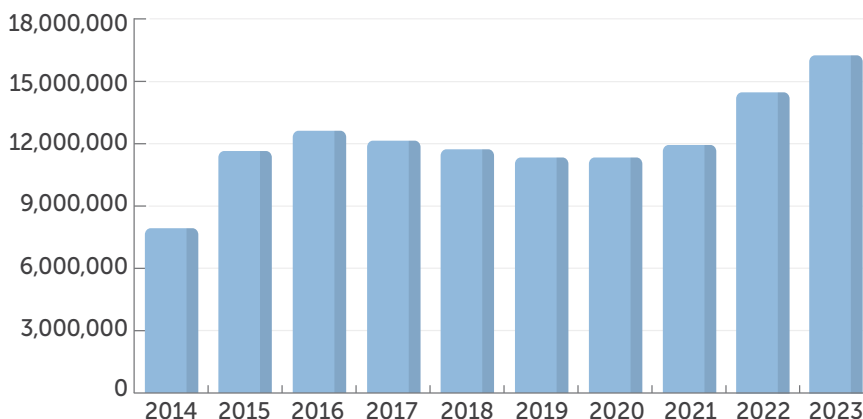


Why Sell ACA Plans?

ACA insurance presents an amazing opportunity for insurance agents looking to grow their business. To put it simply, there's a high demand for affordable health insurance options in the U.S., so ACA insurance can be a lucrative product to add to your portfolio and help more clients for years to come.

The Growing Demand for Affordable Health Care

During periods of inflation and increasing costs, clients are looking for affordable health care options. Marketplace coverage is a great option for those who are eligible. In 2023, 3.6 million enrollees selected ACA coverage for the first time. These individuals were part of the record-breaking 16.3 million people who signed up for marketplace coverage in the 2023 Open Enrollment Period (OEP).

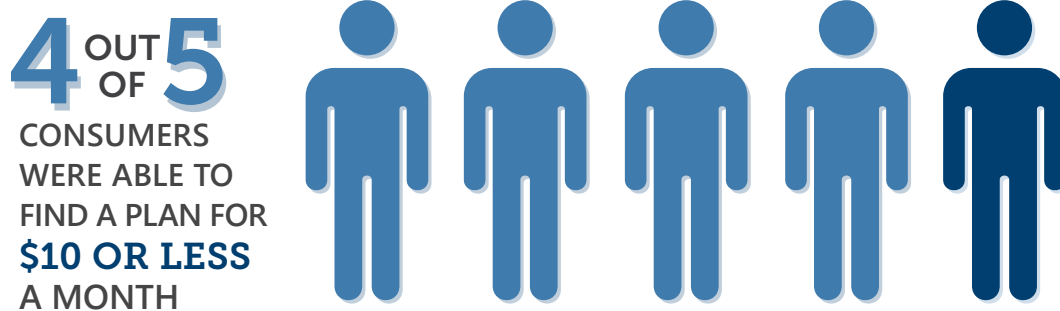


Open Enrollments from 2014 to 2023

Black, Latino, and some Asian populations have had difficulty acquiring health coverage in the U.S. and are historically underinsured and uninsured. However, HealthCare.gov reports enrollment increased by 26 percent in Hispanic populations and 35 percent in Black populations for 2022. A total of 1.3 million Hispanic/Latino individuals and 686,875 Black individuals enrolled in ACA coverage in 2022 following an increased outreach from the Biden administration to underinsured states and populations in the U.S.

More Affordable Plans Than Ever Before

In 2023, 3.6 million enrollees selected ACA coverage for the first time. These individuals were part of the record-breaking [16.3 million people who signed up for marketplace coverage](#) in the 2023 Open Enrollment Period (OEP). Additionally, four out of five consumers were able to find a plan for \$10 or less a month. Of those who were able to find a plan that was \$10 or less, 28 percent selected that coverage.



These extremely affordable options may be more attractive to consumers than they were pre-pandemic. As living costs continue to rise due to supply issues and so on, more individuals may be drawn to affordable health care through the marketplace.



Requires One Certification

Selling ACA plans only requires one annual certification if you are planning on only selling in a Federal Exchange state: the Federally Facilitated Marketplace Certification (FFM). Unlike with other products in your portfolio, carrier certifications aren't required. Even better — FFM certification is FREE!



For new agents completing the FFM training for the first time, there are 10 training modules and four exams. These four exams are: the Basics, the Individual Marketplace, Privacy and Security Standards, and the American Rescue Plan Act of 2021. In order to pass each exam, you must score a 70 percent or higher. For returning agents looking to renew their certification, there's a condensed training available. CMS states that this training should only take 90 minutes.

If you are planning on selling plans in states that do not participate in the federal exchange, [learn more about your state's](#) marketplace from CMS.



Less Regulated Than Other Insurance Products

While ACA products are regulated to an extent, they are not as heavily regulated as other insurance products, such as Medicare Advantage and Part D plans. For example, Medicare agents, plans, and sponsors must follow the Medicare Advantage and Part D Communication Requirements set forth by CMS. There are no set of rules for agents selling ACA plans. With ACA plans, you can cold call leads, knock on doors, and hold same-day appointments without paperwork to gain the lead's permission to contact.



As an agent selling ACA plans, you are required to gain a consumer's authorization. CMS mentions that agents must:

- ✓ Ensure that consumers are aware of the functions and responsibilities of the assister and are aware that they are not acting as tax advisors or attorneys when providing assistance
- ✓ Ensure that applications can provide authorization in a form and manner as determined by the proper marketplace. Clients reserve the right to revoke this authorization at any time.
- ✓ Agents are required to maintain a record of the authorizations.

If you have any other questions about authorization, [read this guidance from CMS](#).

See page 38 for our client authorization form to make collecting client permission a breeze!



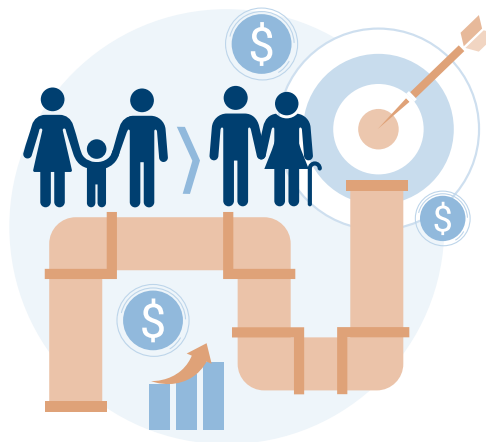


Round Out Your Portfolio & Build a Medicare Pipeline

To make the most of your portfolio, it's a wonderful idea to sell *both* ACA and Medicare products. If you're already an agent selling Medicare products, consider selling marketplace insurance plans to extend your busy season. While the Medicare Annual Enrollment Period (AEP) runs from October 15 to December 7, the ACA OEP begins November 1 and ends January 15. There's some overlap, but that means that, between the two enrollment periods, you'll have the opportunity to achieve record sales between mid-October and mid-January! That's three full months of high enrollments.

Additionally, selling ACA and Medicare products can help you make the most of selling to a diverse client base and leads from a variety of age groups, backgrounds, and locations. Age differences aside, ACA coverage may work in situations where clients don't have enough work credits to qualify for Social Security and Medicare. Also, some clients have young children who aren't eligible to be covered by Medicare, so that's another opportunity for you to ensure the whole family is covered with you as their Agent of Record! You may even have clients who receive Medicare but have other family members or friends who are not yet eligible for Medicare. We recommend building strong relationships with these clients to become familiar with their needs and increase your chances of receiving referrals.

In the future, as clients age and become Medicare eligible, maintain a good relationship with them and they'll be more likely to return to you with their questions and concerns as they look for a Medicare plan that works best for them. If you work your book of business right, your ACA clients can build what we like to call your Medicare pipeline. Your clients that are under age 65 will eventually age into Medicare eligibility status, and hopefully, return to you for coverage!



BONUS >> Ask your Medicare clients to help you find new clients and make new appointments go smoother with the resources at the end of this guide!



Preparing to Sell ACA Plans

Now that you've become familiar with the basics and understand why the ACA is so important, it's time to start preparing to sell ACA plans to your eligible clients. Where should you start?

Getting Licensed

Before starting to sell health insurance, you'll first need to be a licensed agent. As with any business decision, it's crucial to be well-informed. Research the rules in your state for agents. You can read those rules on the [National Insurance Producer Registry's \(NIPR\) website](#). Make sure to follow your state's requirements in order to stay compliant throughout the exams and application process.

Many agents complete pre-licensing courses before taking exams. However, not all states require them. Some require agents to complete a certain number of course hours before taking the exam. Once it's time to take the exam, remember that you'll likely need to pay a one-time fee.

After successfully passing the exams, the next step is to complete a background check. Follow NIPR to find the necessary documents for this check. Following this, apply for your license and submit the fee. If everything goes well and there are no issues, you will receive an email as confirmation with your license.

Licenses must be renewed regularly and must be maintained with continued education. A renewal fee is associated with license renewal.

FURTHER READING:

If you'd like to continue reading about getting started in the insurance industry, [download our guide for prospective agents!](#)



FFM/State-Based Certification

Agents and brokers new to the ACA marketplace must complete the full individual marketplace training. Those who are returning to the marketplace are eligible to take a shorter training with optional review modules. Anyone wishing to proceed with FFM training requirements can find and complete them on CMS' Marketplace Learning Management System (MLMS). Here's how to complete the FREE FFM Certification for Federal Exchange States:

1. Create an account on the [CMS Enterprise Portal](#). (Returning agents/brokers can log in to their current account and proceed to step 4.)
2. Navigate to the FFM Training for Agents/Brokers/Assisters.
3. Confirm your identity.
4. Click on the **Complete Agent Broker Training** link on the **Agent Broker Registration Status** page in the portal.
5. Complete the training and exams (vendor or CMS training through MLMS).
6. Sign the CMS Privacy and Security Agreements.

Once you have completed this training, you should be good to start familiarizing yourself with the federal and state exchanges, get appointed with carriers, and finding clients that are eligible for ACA health insurance! No payment is necessary for this certification!

2

Action Step

Make sure you complete all steps to become FFM-certified or certified for your state marketplace (if you sell in a state-based exchange). It's FREE!

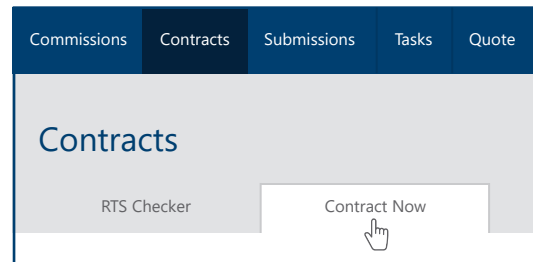


How to Get Appointed with Carriers

To sell ACA insurance, you'll need to get appointed with carriers after passing the FFM certification. When deciding which carriers are the best to work with, do some research and find out which plans are most popular in your area. Look into how those carriers are paying agents. At Ritter, we have [under-65 sales specialists](#) who are ready to help answer your carrier questions. Connect with us today to make building a strong portfolio for your local market easy.

Ready to get appointed with specific carriers?
Follow these steps:

1. Log in to the Platform at App.RitterIM.com.
2. Click on the **Contracts** tab.
3. Click on **Contract Now**.
4. Follow the prompts that appear on the page.



Ritter offers digital, prefilled contracting for many carriers. In some instances, paper contracts may also be accepted. We can email, mail, or fax these forms to you.

Action Step

3

Before selling ACA plans, you'll need to get appointed with carriers. As a Ritter agent, you can do this through the Ritter Platform.





Creating a HealthSherpa Account

As a Ritter agent, you have access to a FREE HealthSherpa account! [HealthSherpa](#) is an Enhanced Direct Enrollment (EDE) tool that allows agents and their clients to complete ACA enrollments without visiting HealthCare.gov. Even though the consumer does not visit the federal marketplace website, they are still able to utilize all benefits and savings that come along with purchasing health care through the exchange. This is currently only available for Federal Exchange states. Agents selling in state-based exchanges must utilize the state-based enrollment platform for the appropriate state exchange.

With HealthSherpa, agents gain access to client tracking tools and post-enrollment services that allows for easy follow ups with clients. According to HealthSherpa, using EDE with HealthSherpa can reduce clients' application time by 24 minutes and boost client conversions by 52 percent! Further, HealthSherpa allows clients to easily identify the savings they are eligible for and their plan options and provides them with access to HealthSherpa's support services. HealthSherpa also completely syncs with HealthCare.gov.

To sign up for your free HealthSherpa account, you must first [register with RitterIM.com](#) for free. If you're already utilizing HealthSherpa but would like to link your account with Ritter, log in to your account, click the Settings tab and enter our unique code in the Join Agency section. If you need this code, please reach out to [your under-65 sales specialist](#).



How to Market ACA Plans

After getting prepared to start selling ACA plans and completing all of the necessary certification requirements, it's time to identify some ACA clients in your area! We've included some marketing tips in this section to help you get started.

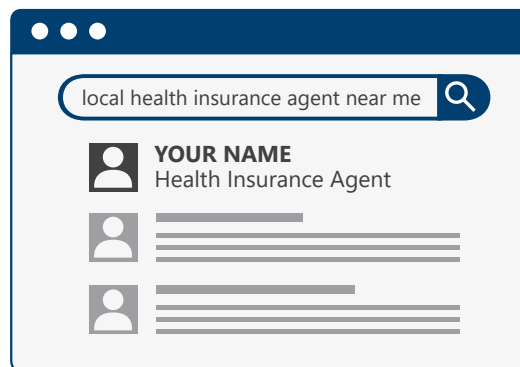
Finding Under-65 Clients

Under-65 Americans who are not incarcerated or on Medicare are your ideal ACA client, but how can you find the ones looking for coverage through the marketplace? A good place to start is with your family members and friends, especially those under 65. They may need assistance or know someone who could benefit from your help. Think about your current clients, do they have family members under 65 who are looking for health insurance? Schedule a consultation and use our tools to evaluate their needs and find a plan that's right for them. But don't stop there.

You can find more ACA clients by [marketing where the under-65 crowd hangs out and looks for information](#). Post a tearaway flyer with your name and number in local coffee or smoothie shops, the library, your church, etc. These are common places for people to stop, slow down, and look for resources. Don't forget the biggest place where those under 65 hang out: the internet!

Using Online Marketing Tools

If you don't advertise your services online, now's the time to start. It's important for you to at least have your own website and Facebook business page. When someone Googles something like "local health insurance agent near me," you want your site to show up in the results. Fortunately, there are resources that make it easy to create a site and utilize social media for your business.



To get your own site, you'll need to connect with a hosting company. [AgentMethods](#) is a company that specializes in the creation of professionally designed insurance websites and offers three different plan options, which allow for you to be more involved or less involved with your site, depending on what you want. They also give agents access to a huge library of insurance content geared towards prospects and clients, including blog posts, emails, and social media posts.

Creating social media pages are more straightforward. You work directly within the platforms. Ritter's social media eBook, "[Social Media Marketing for Insurance Agents](#)," details how to master the biggest social platforms for insurance marketing, create a social media strategy, and share content with your audience.

Cold Calling

The under-65 health insurance industry is a lot less regulated than the 65-and-older health insurance industry. You can cold call ACA leads; however, you must abide by your states' telesales rules. If you purchase leads, make sure they're scrubbed against the Do Not Call list... you don't want to be fined thousands of dollars for violating it! [Read some FAQs from the Federal Trade Commission \(FTC\)](#) in order to avoid common mistakes.

Cold calling of pre-qualified leads can be fruitful for ACA agents looking to find new clients. To make calls go smoother, make sure you know the ins and outs of the plans you're offering. Your leads should feel they can trust you with important decisions, such as their health care options. Additionally, your clients may ask questions, make sure you have the answers to frequently asked ones available in case something comes up during the call.

We recommend always talking to clients in a way that communicates respect, care, and confidence. Lastly, consider smiling throughout the call — clients can tell the difference!



Make calling under-65 leads easier with our ACA sales phone script at the end of this guide!



Community Involvement

When you're active in your community, you not only have the ability to meet a ton of new potential clients, but you can also build your business' presence and visibility in your local market. Connect with the local small business owners in your area to get to know those who may not have employer-provided insurance. Often, these individuals consider purchasing insurance from the marketplace. Attend a local self-employed or small business expo or workshop to talk to local business owners and their employees. You may be able to reach new clients or receive referrals. Even if you don't, you're building a trustworthy image for your brand, and people have to trust you to feel comfortable with reaching out for help with their health insurance. It's a big deal!

Getting Referrals

Referrals are a major way for any type of insurance agent to get business. They're cost-effective, too, since others are marketing you to their friends and family, and you don't have to spend a dime. All you need to do is be the great health insurance agent that you are, and wait for your clients to share their success stories with their relatives, coworkers, acquaintances, etc.

If you're currently selling Medicare or other types of insurance, you could try a more direct approach and ask them to recommend you to others they know. Be sure to make them aware of your ACA services and ask them to share your business with anyone who might need ACA assistance.



Use our free client letter template at the end of this guide to ask your Medicare clients to spread the word about your under-65 services!



Finding the Right ACA Plan for Your Client

The right ACA plan could save your client money, ensure they have the right level of coverage for their health needs, and provide them with access to the best care in their area. How do you help them secure suitable coverage?

ACA Subsidies

Make sure that when you talk to your client, you evaluate their eligibility for an ACA subsidy. This is in the form of an Advanced Premium Tax Credit designed to help lower-income and middle-income individuals and families afford health insurance. Millions of Americans are eligible for one, especially after the passage of the [American Rescue Plan Act of 2021](#) (ARP), which broadened eligibility for ACA subsidies in light of the COVID-19 pandemic.



The Inflation Reduction Act (IRA) of 2022 extended ACA subsidies through 2025. This means that your clients will have the opportunity to take advantage of these savings for three more years if they qualify. To learn more about the changes that will be coming with the IRA, [check out this analysis](#).



To qualify for an ACA subsidy, someone must meet the following criteria:

- ✓ Income is between 100 percent to 400 percent of the Federal Poverty Level
- ✓ Buying health plan through the marketplace or exchange
- ✓ Does not have “affordable” employer-sponsored coverage available to select*

**To be considered “affordable,” the health plan must provide at least 60 percent of covered benefits or have premiums that would cost the member no more than 8.5 percent of their annual household income after tax credits.*

2023 Income Levels for Federal Poverty Levels					
Family Size	100% FPL	150% FPL	200% FPL	250% FPL	400% FPL
1	\$14,580	\$21,870	\$29,160	\$36,450	\$58,320
2	\$19,720	\$29,580	\$39,440	\$49,300	\$78,880
3	\$24,860	\$37,290	\$49,720	\$62,150	\$99,440
4	\$30,000	\$45,000	\$60,000	\$75,000	\$120,000
5	\$35,140	\$52,710	\$70,280	\$87,850	\$140,560
6	\$40,280	\$60,420	\$80,560	\$100,700	\$161,120
7	\$45,420	\$68,130	\$90,840	\$113,550	\$181,680
8	\$50,560	\$75,840	\$101,120	\$126,400	\$202,240
Each additional	\$5,140	\$7,710	\$10,280	\$12,850	\$20,560

Note: Individuals who fall below 138 percent of the FPL (or their state’s designated limit) should qualify for free-or-low-cost health insurance through Medicaid. If your client lives in Hawaii or Alaska, please be aware that poverty guidelines differ. You can [review those states’ guidelines on HHS.gov](#).

Before the American Rescue Plan Act of 2021, households barely above 400 percent of the FPL made just enough money to be ineligible for the Advanced Premium Tax Credit. Now that the maximum net premium is capped at 8.5 percent through the end of 2025, these clients have access to subsidies.

Estimated Premium Subsidy Changes for Single Adults at 401% FPL (\$58,466)

Age	Full Price Premium	% Income Gap	Max Net Premium	Premium Savings Per Month
26	\$362	8.5%	\$362	\$0
40	\$452	8.5%	\$362	\$90
50	\$632	8.5%	\$362	\$270
64	\$1,061	8.5%	\$362	\$699

When helping your client apply for a plan, you'll work together to estimate how much income they think they'll have for the year. Then, they'll receive a subsidy based on that income estimate, as well as additional factors. When your client files their taxes at the end of the year, they may have to pay back some or all of the subsidy if they earned over their estimated income for the year. Alternatively, if they made less than their original estimate, they should get a refund of any additional portion of the subsidy they may qualify for.





Overview of the Metal Tier Structure

Marketplace plans are separated into four metal categories: bronze, silver, gold, platinum. The differences in these plans separate how medical costs are shared between the policy and policyholder. However, these levels do not describe the quality of care or plans' exact covered services. Below is a table showing the basic structure of the four metal tiers.

	Bronze	Silver	Gold	Platinum
% Covered Medical Costs Paid by the Policy	60%	70%	80%	90%
% Covered Medical Costs Paid by the Policyholder	40%	30%	20%	10%
Monthly Premium Comparative Cost	Lowest	Moderate	High	Highest
Unsubsidized Annual Deductible Comparative Cost	Highest	Moderate	Low	Lowest
Eligible to Apply a Cost-Sharing Reduction?	No	Yes	No	No
Eligible to Apply a Premium Tax Credit?	Yes	Yes	Yes	Yes

As you can see from the table, as the metal tiers go up, a member's coinsurance responsibility goes down while the plan's coinsurance responsibility goes up. The most prevalent tier in the marketplace is the silver one because that's where the cost-share reduction comes into play based on the income level. It's the most aggressive plan for your client if they qualify for a subsidy.

There is an additional option available for clients who are in unique scenarios. [Catastrophic plans](#) are also offered. In order to qualify for a catastrophic plan, your client must be under 30 years old or qualify for a "hardship" or "affordability" exemption if they're over 30. Catastrophic plans only cover three primary care visits per year before the plan's deductible is met.

The monthly premium on these plans is typically low, but clients cannot use a premium tax credit to reduce costs. Deductibles are typically very high with these plans. Make sure that if your client qualifies for a tax credit, compare bronze or silver plans with a catastrophic plan to choose the right plan for them. These are often the most economical option for clients looking to maintain a health care budget.

Plan Differences in Provider Networks

Insurance carriers offer many different type of ACA plans. There are three different plan types in regard to provider networks: Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), and Exclusive Provider Organization (EPO).

HMO & EPO plans limit coverage to a local network of physicians and facilities and typically will not cover out-of-network care, except for emergency services. PPO plans have a larger medical provider network and will cover costs out-of-network but for a higher premium. The table below summarizes the key differences between HMO, PPO, and EPO plans.

	HMO	EPO	PPO
Network Size	Small, local	Medium, local	Large
Out-of-Network Coverage	For emergencies only	For emergencies only	With an added cost
Monthly Premium Cost	Lowest	Moderate	Highest
Flexibility	Limited	Moderate	High

How Effective Dates Work

Effective dates for ACA plans are the date when the client's new coverage will begin. For most marketplace plans sold during the OEP between November 1 and December 15, this is January 1. Most ACA plans sold between December 16 and January 15 will be effective February 1. Please note, effective dates can differ for plans sold on state exchanges. For example, some states may have an extended OEP, allowing a client to enroll in ACA coverage as late as January 31 and have an effective date of March 1.



If you are enrolling a client in marketplace coverage during an SEP, most plans will be effective starting the first day of the following month, including plans sold on HealthCare.gov. Some states follow different effective date guidelines for SEPs, where a client must enroll by the 15th or 23rd of the month for their new coverage to begin the first of the following month. Those who enroll after the state's mid-month deadline would have coverage effective the first of the second following month. For example, if you enroll a client in an ACA plan on March 13, their coverage could possibly begin April 1; but if you enroll that client in the plan on March 24, their coverage could possibly only begin May 1.

Be mindful of coverage gaps when enrolling clients in ACA insurance. Often, a client's previous plan will end in the middle of the month, while most ACA plans don't begin until the first of each month. If these coverage gaps are a problem for your client, consider [COBRA](#) or other [short-term insurance solutions](#).



The Future of the ACA

Since the ACA was introduced in 2010, many government leaders have opposed it and tried to repeal it. Because of these attempts, many have asked how long the ACA will stay in effect. At Ritter, we've carefully evaluated the implications for the ACA sticking around long term and we believe that the ACA isn't going anywhere, making it a vital product in any insurance agent's toolbox!

Is the ACA Here to Stay?

Yes, we believe so. Why? The ACA is heavily embedded in the American health care system, has received more bipartisan support in recent years than ever before, and the most troublesome aspects of the law have already been repealed.

Embedded in the American Health Care System

Because of how embedded the ACA has become in the American health care system, a repeal of the entire ACA is unlikely, as it could do more harm than good. More than 20 million Americans receive coverage from the ACA and revoking their coverage at any time would be dangerous to the individual and the health care system.

Considering the status of health care in the U.S. during the COVID-19 pandemic, if the [ACA were to not exist, there would be millions of Americans left uninsured](#). As reported by the Kaiser Family Foundation, [an additional 3.7 million Americans qualified for marketplace coverage](#) via expanded subsidies. The consequences of that loss of subsidies and coverage would be catastrophic.



More Bipartisan Support

Many politicians now recognize the value of the ACA and the marketplace. Those who once swore to support the repeal and replacement of the ACA are starting to believe it is integral to the health care system. For example, Sen. Charles Grassley (R-Iowa) previously held strong opposition to the ACA. Grassley told Iowans in April 2022 that he would not vote to repeal the ACA [during a town hall meeting](#).

The Most Controversial Parts of the ACA Have Been Repealed

The individual mandate was one of the most controversial parts of the ACA because many Americans opposed its role in government supervision of health care, as reported [in a study published in the National Library of Medicine. It required that all Americans have health insurance](#) or pay a tax penalty. Well, in 2017, the associated tax penalty was lowered to \$0, effective in 2019.

Additionally, a Medicaid expansion was originally planned to address the coverage gaps and to provide options to healthy, uninsured young adults to keep costs down that were associated with the program. According to the ACA, states that did not expand Medicaid eligibility would lose their Medicaid funding; however, the Supreme Court ruled in 2012 that states could not be coerced to expand their Medicaid offerings.

Note: Currently, [39 states have decided to adopt the Medicaid expansion](#).

What Could Change?

Instead of repealing the ACA, politicians are more likely to try to improve or modify the ACA. Politicians are now focused on maintaining key protections and access to affordable health care such as the 10 core coverages of the ACA.

On October 11, 2022, the Biden administration finalized a rule that fixes the “family glitch” in the Affordable Care Act. If you have clients who were looking to enroll in a subsidized Affordable Care Act ACA plan but weren’t able to due to the previous eligibility calculations, they may now qualify!

Since 2013, eligibility for the ACA’s premium tax credit (PTC) for families was calculated based off of an individual’s income and the cost to cover the individual. An employee has been eligible for a PTC if they spent more than a certain percent of their income (9.61 percent in 2022 or 9.12 percent in 2023) on their employee health coverage. However, these calculations did not take into consideration the premiums for a group/family plan. A family plan could cost more than that percentage of the employee’s income, but because the individual health care plan cost less than it, they were not eligible to enroll in subsidized coverage (regardless of the number of dependents on the plan). This gap in coverage has been referred to as the “family glitch.”

The U.S. Treasury Department and Internal Revenue Service (IRS)'s finalized rule fixes the family glitch by creating a separate affordability test for family members that is based on the employee's contribution toward family coverage and the family's household income. This new, separate value threshold gives family members access to subsidized coverage if the employee's contribution toward coverage exceeds a certain percentage (9.61 percent in 2022 or 9.12 percent in 2023) of the household's income. This rule goes into effect in 2023, just in time for the OEP on November 1.

Family members involved in the affordability calculation will only include those in the employee's tax family — the employee, a spouse filing jointly, and any dependents. Additionally, the marketplace will assess:

- If the employee has an offer of affordable employee-only coverage
- If family members have an offer of affordable family coverage
- If those family members have an offer of affordable coverage from another employer

The new legislation also creates a separate minimum value test for family members that states:

- The plan's share of total allowed costs of benefits provided to the family member must be at least 60 percent
- The plan must provide substantial coverage of inpatient hospital services and physician services

These updated requirements will be relevant for those enrolling in coverage for the 2023 plan year.

Based on an analysis by the Kaiser Family Foundation (KFF), an estimated 5.1 million individuals fall into the family glitch. Most of these individuals are women and children. Upon the rule's finalization, President Biden stated, "About one million Americans will either gain coverage or see their insurance become more affordable."

This is a major improvement to the ACA because some families need premium assistance for coverage.

The End of the COVID-19 PHE

If your clients are currently enrolled in a Medicaid or Children's Health Insurance Program (CHIP) plan, their coverage could be at risk. Those that qualified for Medicaid through the Families First Coronavirus Response Act (FFCRA), may be losing coverage if they don't qualify during the renewal process. This is referred to as the Medicaid unwinding. It's estimated that between 5.3 and 14.2 million Americans may lose their health insurance coverage. We recommend that if your clients are eligible for an ACA plan, that you guide them through the transition from Medicaid to the marketplace since these plans have low initial costs. It's also very likely that these clients qualify for subsidies to reduce costs.

One think-tank, the Commonwealth Fund, [recommends additional improvements](#), including increasing enrollment assistance and oversight of direct enrollment entities, reversing the method for the premium adjustment percentage and funding cuts and regulatory changes to the navigator program*, and allowing more flexibility for states' use of Section 1332 waivers.

**The Biden administration has already begun the process to solve these concerns.*

4

Action Step

To make the most of your ACA book of business, supplement your portfolio with ancillary and Medicare products. Then, cross-sell appropriate plans to your clients to fill in their coverage gaps.



How to Make the Most of ACA Sales

You've put in the hard work to develop your business. How can you maximize your growth and income? We're here to make sure your ACA journey is a successful endeavor for you and your clients.

Cross-Selling Other Insurance to ACA Clients

Due to the nature of marketplace plans, it's common that clients have coverage gaps. You can close those coverage gaps by cross-selling other insurance products that your clients may need, such as dental, vision, hearing, life and final expense, and other ancillary plans.

At the very least, **we recommend also selling dental and vision insurance**. Dental and vision benefits are not offered by many ACA plans, so you probably have clients looking for coverage for routine care and exams. Planning for the future is also critical, which is why we suggest offering life, final expense, and ancillary plans, like hospital indemnity, disability critical illness, short-term care, and long-term care insurance. Consider providing these options to your clients in order to be their one stop insurance shop!

While ACA clients are not yet old enough for Medicare coverage, they may qualify for it one day. You may want to add Medicare Advantage, Part D, and Medicare Supplement plans to your portfolio to protect them all the way through their golden years and secure a nicer nest egg for yourself.



5
Action Step

Partnering with an FMO can make selling ACA insurance even easier. Check out Ritter's tools, resources, and supportive staff to make your journey even smoother!

Maximizing Your Potential with an FMO

Partnering with an FMO like Ritter Insurance Marketing can easily maximize your potential, because we're here to support you every step of the way and answer any questions you might have. To [register with our site is free](#) and gives you access to our specially designed agent tools, resources, and support teams!

Ritter has been an industry leader because of the technology and support we've created for our agents. All the tools are designed with agents in mind. eBooks like this one are just a few of the resources available for Ritter agents. We also have an Agent Survival Guide blog and podcast to keep up with the ever-evolving insurance agency at any time.



We want to see you succeed, and have plenty of resources available to you on demand:

- [Knight School](#)
- [the Ritter Blog](#)
- [ASG Podcast](#)
- [Additional Guides & eBooks](#)
- [Under-65 Sales Team](#)

At Ritter, we're committed to helping your business grow, and we'd love to celebrate every win with you. Consider partnering with us to maximize your full potential.



Our Final Pieces of Advice

As we conclude this eBook, we hope you've learned that selling ACA insurance plans may not be as complicated as it seems, especially with help from organizations like ours. We're so excited to see where your journey leads you!

Remember, Ritter is here to support you along the way. [Register now to access our free tools](#). Then, reach out to [our dedicated under-65 specialists](#) for plan recommendations, help out with tough cases, and the training you deserve to sell with confidence and maximize your earnings.

Thank you for reading this resource, and we hope to hear from you soon as you continue on your individual health insurance journey. We wish you the best of luck in the upcoming future.

If you've found reading this eBook beneficial, [please take our feedback survey](#) to let us know your thoughts. We're always looking to improve our resources to benefit you, and this feedback will allow us to do that!

REGISTER WITH RITTER



TAKE OUR FEEDBACK SURVEY





Action Steps

As we come to the end of this guide, remember to follow these action steps to make sure that you have all you need to successfully sell ACA insurance plans.

1

Understand the OEP & SEPs

Understanding and taking action during the current enrollment period for your client is key to getting the right coverage for your client, on time.

2

Complete the FFM/State-Based Certification

Make sure you complete all steps to become FFM-certified or certified for your state marketplace (if you sell in a state-based exchange).

3

Get Appointed with Carriers

Before selling ACA plans, you'll need to get appointed with carriers. As a Ritter agent, you can do this through the Ritter Platform.

4

Cross-Sell Other Insurance Products

To make the most of your ACA book of business, supplement your portfolio with ancillary and Medicare products. Then, cross-sell appropriate plans to your clients to fill in their coverage gaps.

5

Maximize Your Potential with an FMO

Partnering with an FMO can make selling ACA insurance even easier. Check out Ritter's tools, resources, and supportive staff to make your journey even smoother!



ACA Sales Phone Script

Hello! This is {your first and last name} from {your agency's name}. I'm calling to ask if you're struggling to afford health insurance, because if so, I can help at no cost to you!

With the right ACA insurance, you can access the medical services you need to care for yourself and your family without breaking your budget.

Would you like to hear more about how I can help you find affordable health coverage?

> **Yes:** Great! *Confirm demographic details for quoting; confirm email address and other preferred contact methods and times.*

> **No:** *Close call graciously.*

Thank you for your time and have a great day!

VM Script

Hello! This is {your first and last name} from {your agency's name}. I'm calling to ask if you're struggling to afford health insurance, because if so, I can help at no cost to you!

With the right ACA insurance, you can access the medical services you need to care for yourself and your family without breaking your budget.

If you'd like to learn more about how I can help you find affordable health coverage, contact our office at {Phone Number}.

Thank you for your time and have a great day!

Notes:

Why ACA insurance?

- There are a variety of plans available to provide different levels of coverage, depending on what you need.
- You may be eligible for tax credits or subsidies to decrease health care costs!
- Many families and individuals who are eligible for ACA coverage are able to find a plan for under \$10/month.

NOW OFFERING: Individual Health Coverage Assistance

[Recipient Name]

[Recipient Company Name]

[Recipient Address line 1]

[Recipient Address line 2]

Dear [Recipient Name],

You've trusted me with your Medicare insurance, and I'm thankful for your support and the opportunity to help you find coverage that meets your needs. Business continues to grow **[at BUSINESS NAME]**, and I'm excited to share that I'm now offering individual health coverage assistance!

Individual health plans are for people who are under 65 and looking for affordable health care coverage. As part of the Affordable Care Act, these plans cover:

- Doctor's office visits
- Inpatient and outpatient hospital care
- Prescription drug coverage
- Pregnancy and childbirth care
- Mental health services and more!

Because of your loyalty and support, I wanted to ask a favor... Could you please help spread the word about my new health insurance services? If you have family and friends who are looking for affordable health care and are under 65, I'd appreciate you sharing my contact info with them!

Once again, thank you for your trust as a current client and throughout this expansion. I hope to continue to help you with your insurance needs in the future.

Sincerely,

[AGENT SIGNATURE]

Licensed Insurance Agent

[BUSINESS NAME]

[PHONE NUMBER] (TTY: 711)

[EMAIL ADDRESS]

[Partner/Agency] is a licensed and certified representative of Medicare Advantage organizations. Each of the organizations they represent has a Medicare contract. Enrollment in any plan depends on contract renewal. [Partner/Agency] does not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day, 7 days a week, or consult Medicare.gov to get information on all of your options.

ACA Metal Tiers Comparison Chart

This chart outlines the notable features of the four metal categories of marketplace ACA plans. Think about your own health concerns and what you're looking for in a health plan to find the tier that's right for you.

Plan type	Notable Features	Ideal for Those Who...
BRONZE	<ul style="list-style-type: none"> • 60 percent of health costs covered • Lowest monthly premiums • Highest deductible • Not eligible for a cost-sharing reduction • Can use subsidies to reduce costs 	<ul style="list-style-type: none"> • Do not utilize health insurance often • Qualify for subsidies in order to have the lowest monthly premium possible • Are looking for the most basic health insurance available on the marketplace • Are looking for secure health care coverage in case of emergency
SILVER	<ul style="list-style-type: none"> • 70 percent of health costs covered • Moderate monthly premiums • Moderate deductible • Is eligible for a cost-sharing reduction • Can use subsidies to reduce costs 	<ul style="list-style-type: none"> • Are eligible for and would like to utilize a cost-sharing reduction • Have more health needs, but are not frequent visitors to health care providers
GOLD	<ul style="list-style-type: none"> • 80 percent of health costs covered • High monthly premiums • Low deductible • Not eligible for a cost-sharing reduction • Can use subsidies to reduce costs 	<ul style="list-style-type: none"> • May have more health-related expenses • May be frequent visitors to health care providers • Are looking for more coverage
PLATINUM	<ul style="list-style-type: none"> • 90 percent of health costs covered • Highest monthly premiums • Lowest deductible • Not eligible for a cost-sharing reduction • Can use subsidies to reduce costs 	<ul style="list-style-type: none"> • Have the most amount of health care needs of your clients • Have room in their budget for higher premiums • Are more comfortable with a low deductible

ACA Sales Appointment Card

Let's Find Your Health Plan!

ACA Sales Appointment Card

Let's Find Your Health Plan!

ACA Sales Appointment Card

Let's Find Your Health Plan!

ACA Sales Appointment Card

Let's Find Your Health Plan!

Your Appointment Is Scheduled For:

Date: _____

Time: _____

Please be prepared to provide the following:

- Any health concerns
- Budget concerns
- Provider network preferences

A licensed insurance agent may ask for your Social Security number and other important info to help you find and enroll in a health plan.

Your Appointment Is Scheduled For:

Date: _____

Time: _____

Please be prepared to provide the following:

- Any health concerns
- Budget concerns
- Provider network preferences

A licensed insurance agent may ask for your Social Security number and other important info to help you find and enroll in a health plan.

Your Appointment Is Scheduled For:

Date: _____

Time: _____

Please be prepared to provide the following:

- Any health concerns
- Budget concerns
- Provider network preferences

A licensed insurance agent may ask for your Social Security number and other important info to help you find and enroll in a health plan.

Your Appointment Is Scheduled For:

Date: _____

Time: _____

Please be prepared to provide the following:

- Any health concerns
- Budget concerns
- Provider network preferences

A licensed insurance agent may ask for your Social Security number and other important info to help you find and enroll in a health plan.

Consumer Authorization Form

The Department of Health and Human Services requires licensed sales agents to obtain consumer consent prior to providing assistance to Marketplace consumers. By signing this form, you acknowledge that the agent has informed you of the functions and responsibilities of agents in the Marketplace, and grant permission to the authorized licensed sales agent to conduct the following activities:

- ✓ Conduct a search for the consumer application through the Marketplace
- ✓ Assist with completing an eligibility application
- ✓ Assist with plan selection and enrollment
- ✓ Assist with ongoing account/enrollment maintenance

Authorized Licensed Sales Agent: _____

I, _____, give my permission to _____ to create, collect, disclose, access, maintain, store, and/or use my PII in order to carry out the roles and responsibilities of a licensed sales agent. I understand that _____ might need to create, collect, disclose, access, maintain, store, and/or use some of my PII in order to provide this assistance.

Exceptions or Limitations to Consent

I understand that I can revoke, limit, or otherwise change the consents I provide through this form at any time. If I don't make any limitations, exceptions, or changes to my consents now, I can still do so at any time in the future by notifying _____. I make the following exceptions, limitations, or changes:

I understand that:

1. I don't have to provide _____ with any information that I do not want to provide. However, the help _____ provides is based only on the information I provide, and if the information given is inaccurate or incomplete, _____ may not be able to offer all the help that is available for my situation.
2. _____ should ask me to provide only the minimum amount of my PII that is necessary to help me.
3. _____ must make sure that my PII is kept private and secure when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII. _____ must follow the privacy and information security standards that apply to them.
4. If I give my contact information when signing this form, my general consent includes permission for _____ to follow up with me about applying for or enrolling into coverage after my first meeting with them.
5. Once I have signed this authorization form, I can expect _____ to help me without asking me to sign another authorization form.

Consumer or Authorized Representative Signature and Signature Date:

Signature

Signature Date

If you are the authorized representative, please sign above and print below:

Representative's Name

Your Relationship to the Consumer

ACA Consumer Authorization Live Call Script

Independent Agent Version

- ▶ Hi! This is {Agent Name} from {Agency/Business Name}. I'm {your pitch/reason for calling}.

Before we get started, I need to go over a few administrative items for compliance reasons. Please note that this call will be recorded for quality assurance and verification purposes.

- ▶ Can you please state your name?

- > **Client states name**

- ▶ This consent can be completed by either the primary household contact or the designated authorized representative. If you are the authorized representative, this must be recorded on your marketplace application. Can you confirm that you are the primary household contact and/or the authorized representative?

- > **Yes:** Great!

- > **No:** *Let the client know if they don't aren't the primary household contact and/or the authorized representative, that you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.*

- ▶ Can you please provide your phone number?

- > **Client Provides Phone Number:** Great!

- > **No:** *Let the client know if they don't provide their phone number, they will not be able to be enrolled in a plan. Thank them for their time and end the call.*

- ▶ Can you please provide your email address?

- > **Client Provides email address:** Great!

- > **No:** *Let the client know if they don't provide their email address they will not be able to be enrolled in a plan. Thank them for their time and end the call.*

- ▶ Do you authorize me to serve as the licensed health insurance agent or broker for you and your entire household, if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace?

- > **Yes:** Great!

- > **No:** *Let the client know if they don't agree you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.*

Continue to next page.

► By consenting to this agreement, you authorize me to view and use the confidential information provided by you in writing, electronically, or by telephone only for the purposes of one or more of the following:

- Searching for an existing Marketplace application.
- Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums.
- Providing ongoing account maintenance and enrollment assistance, as necessary; or
- Responding to inquiries from the Marketplace regarding my Marketplace application.

► Sound OK?

> **Yes:** Great!

> **No:** *Let the client know if they don't agree you won't be able to assist them with the(se) situation(s). If they don't want assistance, thank them for their time and end the call.*

► Do you understand that I will not use or share your personally identifiable information, PII for short, for any purposes other than the situations we just covered, and that I will ensure that your PII is kept private and safe when collecting, storing, and using my PII for the stated purposes we covered?

> **Yes:** Great!

> **No:** *Let the client know if they don't confirm this you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.*

► Do you confirm that the information you provide for entry on your Marketplace eligibility and enrollment application will be true to the best of your knowledge?

> **Yes:** Great!

> **No:** *Let the client know if they don't confirm this you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.*

Do you understand that you do not have to share additional personal information about yourself or your health with me beyond what is required on the application for eligibility and

► enrollment purposes and that your consent remains in effect until you revoke it and you may revoke or modify your consent at any time by [{insert method to revoke consent}](#)?

> **Yes:** Great!

> **No:** *Let the client know if they don't understand you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.*

Thank you for answering those questions. I have recorded this consent verification and add it to your file.

Proceed with rest of call.

ACA Consumer Authorization Live Call Script

Agency Version

- ▶ Hi! This is {Agent Name} from {Agency/Business Name}. I'm {your pitch/reason for calling}.

Before we get started, I need to go over a few administrative items for compliance reasons. Please note that this call will be recorded for quality assurance and verification purposes.

- ▶ Can you please state your name?

> **Client states name**

- ▶ This consent can be completed by either the primary household contact or the designated authorized representative. If you are the authorized representative, this must be recorded on your marketplace application. Can you confirm that you are the primary household contact and/or the authorized representative?

> **Yes:** Great!

> **No:** *Let the client know if they don't aren't the primary household contact and/or the authorized representative, that you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.*

- ▶ Can you please provide your phone number?

> **Client Provides Phone Number:** Great!

> **No:** *Let the client know if they don't provide their phone number, they will not be able to be enrolled in a plan. Thank them for their time and end the call.*

- ▶ Can you please provide your email address?

> **Client Provides email address:** Great!

> **No:** *Let the client know if they don't provide their email address they will not be able to be enrolled in a plan. Thank them for their time and end the call.*

- ▶ Do you authorize our agency to serve as the licensed health insurance agent or broker for you and your entire household, if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace?

> **Yes:** Great!

> **No:** *Let the client know if they don't agree you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.*

- ▶ By consenting to this agreement, you authorize our agency to view and use the confidential information provided by you in writing, electronically, or by telephone only for the purposes of one or more of the following:

- Searching for an existing Marketplace application.
- Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums.
- Providing ongoing account maintenance and enrollment assistance, as necessary; or
- Responding to inquiries from the Marketplace regarding my Marketplace application.

Continue to next page.

- ▶ Sound OK?
 - > **Yes:** Great!
 - > **No:** *Let the client know if they don't agree you won't be able to assist them with the(se) situation(s). If they don't want assistance, thank them for their time and end the call.*
- ▶ Do you confirm that the information you provide for entry on your Marketplace eligibility and enrollment application will be true to the best of your knowledge?
 - > **Yes:** Great!
 - > **No:** *Let the client know if they don't confirm this you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.]*
- ▶ Do you understand that our agency will not use or share your personally identifiable information, PII for short, for any purposes other than the situations we just covered, and that our agency will ensure that your PII is kept private and safe when collecting, storing, and using my PII for the stated purposes we covered?
 - > **Yes:** Great!
 - > **No:** *Let the client know if they don't confirm this you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.*
- ▶ Do you understand that you do not have to share additional personal information about yourself or your health with our agency beyond what is required on the application for eligibility and enrollment purposes and that your consent remains in effect until you revoke it and you may revoke or modify your consent at any time by [{insert method to revoke consent}](#)?
 - > **Yes:** Great!
 - > **No:** *Let the client know if they don't understand you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.*
- ▶ *If this call is being completed by any other agent other than the primary writing agent, please ask the following questions.*
 - ▶ What is the name of your licensed insurance agent?
 - ▶ Their phone number?
 - ▶ Their Email address?
 - ▶ What is your name or the name of the primary household contact or authorized representative?
 - ▶ What is their phone number?
 - ▶ Their Email address?
 - ▶ Thank you for answering those questions. I will submit this consent verification and add it to your file.

Proceed with rest of call.

ACA Eligibility Application Attestation

Live Call Script

- ▶ Hi! This is {Agent Name} from {Agency/Business Name}. I'm {your pitch/reason for calling}.

Before we submit your application, I need to go over a few administrative items for compliance reasons. Please note this call will be recorded for quality assurance and verification purposes.

- ▶ Can you please state your name?

- > **Client states name**

- ▶ Can you confirm that you are the primary household contact and/or the authorized representative?

- > **Yes:** Great!

- > **No:** *Let the client know if they aren't the primary household contact and/or the authorized representative, that you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.*

- ▶ Do you attest to reviewing the eligibility application details with me, that the details provided in the eligibility application are accurate, and that you've provided true answers to all of the questions to the best of your knowledge?

- > **Yes:** Great!

- > **No:** *Let the client know if they don't attest that you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.*

- ▶ Please confirm if the following statements are true by stating yes or no after each statement.

- ▶ If anyone on this application enrolls in Medicaid, I'm giving the Medicaid agency the right to pursue and get any money from other health insurance, legal settlements, or other third parties. I'm also giving the Medicaid agency rights to pursue and get medical support from a spouse or parent.

- > **Yes**

- > **No**

- ▶ If a child on this application has a parent living outside of the home, I know I'll be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency and I may not have to cooperate.

- > **Yes**

- > **No**

Continue to next page.

▶ I know that I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can make changes in my Marketplace account or by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). I know a change in my information could affect eligibility for member(s) of my household.

> **Yes**

> **No**

▶ I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting hhs.gov/civil-rights/filing-a-complaint/index.html.

> **Yes**

> **No**

▶ I know that information on this form will be used only to determine eligibility for health coverage, help paying for coverage (if requested), and for lawful purposes of the Marketplace and programs that help pay for coverage.

> **Yes**

> **No**

▶ I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

> **Yes**

> **No**

▶ At this time, I will review any additional attestations listed on your eligibility application that we have not already reviewed. *Read any additional attestations not already covered on the client's eligibility application.*

> **Yes...**

> **No**

▶ Do you have any more questions regarding the attestations described in this call?

> **Yes:** *Explain any attestations that the client may not understand]*

> **No:** Great!

▶ By agreeing to these statements, you grant your permission to complete the eligibility application attestation required by the marketplace.

> **Yes**

> **No**

▶ Thank you for completing the eligibility application attestation! I've documented this attestation and will add it to your file.

Proceed with rest of call.