



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

Financial Impact of the House of Representatives Health Plan vs. the Affordable Care Act on AI/AN and Other Families in Montana

March 22, 2017

This brief seeks to provide guidance to Tribes on the anticipated financial impact that the budget reconciliation legislation recently introduced in the House of Representatives (House bill) would have on American Indians and Alaska Natives (AI/ANs) in Montana who meet the definition of Indian under the Affordable Care Act (ACA), as compared to coverage under the ACA. In addition, this brief provides a similar set of analyses of the impact of the House bill versus the ACA for others in Montana who do not meet the definition of Indian. As such, this brief provides two sets of analyses, and within each set of analyses, health insurance-related costs are presented for families with varying household income levels at different points along a continuum of “family cycle stages.”

Background

The ACA includes a number of provisions designed to make comprehensive health insurance more accessible low- to moderate-income individuals, with a number of protections specific to AI/ANs. Under the ACA, for instance, AI/ANs who meet the definition of Indian qualify for comprehensive cost-sharing protections, meaning they pay no deductibles, co-insurance, or copayments when receiving essential health benefits (EHBs).¹ The ACA also includes general cost-sharing protections for individuals who do not meet the definition of Indian, have a household income up to 250% of the federal poverty level (FPL), and enroll in silver-level coverage.² In addition, the ACA generally provides premium tax credits (PTCs) for individuals with a household income between 100% and 400% of the federal poverty level (FPL), with the amount of the PTCs adjusted to reflect differences in the cost of health insurance premiums based on age and geographic area.

The House bill, introduced on March 6, 2017, would reduce the value of the PTCs designed to help low- to moderate-income AI/ANs and other individuals purchase health insurance on the individual market. At the same time, the House bill would extend new PTCs to households with higher incomes than under the ACA.³ Starting in 2020, the House bill would replace the existing PTCs with new age-adjusted PTCs⁴ that do not take into account the income of individuals⁵ or the cost of health insurance in their geographic area. The House bill also would repeal the Indian-specific cost-sharing protections, as well as the general cost-sharing protections, provided under the ACA.

Life Cycle Analysis 1: AI/AN Families Meeting the ACA Definition of Indian

Analysis 1, Stages 1 – 4 illustrate the estimated financial impact that the House bill would have, as compared with current law, for AI/AN families meeting the ACA definition of Indian with varying household income levels at different points along a continuum of family cycle stages⁶:

- Stage 1 (**Attachment A**): 2-person family consisting of two 22-year-old adults;

- Stage 2 (**Attachment B**): 4-person family consisting of two 32-year-old adults and two 2-year-old children;
- Stage 3 (**Attachment C**): 4-person family consisting of two 50-year-old adults and two 20-year-old children; and
- Stage 4 (**Attachment D**): 2-person family consisting of two 60-year-old adults.

As the analysis shows, low- to moderate-income AI/AN families meeting the ACA definition of Indian would have significantly higher net health insurance-related costs under the House bill than they would under the ACA at every family cycle stage, and despite the adjustment for age in the amount of the new PTCs, the difference in net costs would continue to grow larger with each successive stage.^{7, 8} For example, at Stage 2, an AN/AI family with household income at 300% FPL (\$72,900) would have net health insurance-related costs of \$3,501 under the ACA, compared with \$9,352 under the House bill, a difference of \$5,852; the disparity would increase to \$11,899 for an AN/AI family with the same household income at Stage 3. At the highest income level shown (\$150,000), though, enrollees would fare better under the House bill than current law.

Life Cycle Analysis 2: Families in the General Population

Analysis 2, Stages 1 - 4 illustrate the estimated financial impact of the House bill versus the ACA for families in the general population (*i.e.* not meeting the ACA definition of Indian) with varying household income levels at different points along the same continuum of family cycle stages used in Analysis 1 (**Attachments E, F, G, and H**).⁹

The analysis, similar to Analysis 1, indicates that low- to moderate-income families in the general population would have higher net health insurance-related costs under the House bill than they would under the ACA. These higher net costs are particularly true for households with lower incomes and older enrollees. As was the case under Analysis 1, at the highest income level shown (\$150,000), enrollees would fare better under the House bill than current law.

¹ The ACA eliminates cost-sharing for Marketplace enrollees who meet the ACA definition of Indian (*i.e.*, member of an Indian tribe or shareholder in an Alaska Native regional or village corporation). Under sections 1402(d)(1) and (2) of the ACA, Indians can enroll in either a zero or limited cost-sharing plan, depending on their income level, and receive comprehensive cost-sharing protections (*e.g.*, no deductibles, coinsurance or copayments).

² These protections require health insurance issuers to reduce cost-sharing in their standard silver plans, which have an actuarial value (AV) of 70%, to meet a higher AV: 94% for individuals up to 150% FPL, 87% for those from 151-200% FPL, and 73% for those from 201-250% FPL.

³ The House bill would extend the full value of the new PTCs to single filers with incomes up to \$75,000 (with a phase-out to \$105,000) and joint filers with incomes up to \$150,000 (with a phase-out to \$180,000), depending upon age.

⁴ The House bill initially would set the PTCs at the following values: \$2,000 for individuals ages 0 to 29; \$2,500 for those ages 30 to 39; \$3,000 for those ages 40 to 49; \$3,500 for those ages 50 to 59; and \$4,000 for those ages 60 and older. The legislation would cap the amount of the PTCs at \$14,000 per family.

⁵ However, the House bill would begin to phase out the PTCs for single filers with incomes at \$75,000 to \$105,000 and joint filers with incomes at \$150,000 to \$180,000, depending upon age.

⁶ Analysis 1 is based on enrollment in bronze-level coverage, which provides the lowest premiums and highest level of federal financial assistance for individuals who meet the ACA definition of Indian.

⁷ It is important to note that, for this analysis, the premiums under the House bill were not adjusted to account for an allowable 5:1 age rating (versus 3:1 under current law), a change that would raise the premiums for older enrollees and

reduce the premiums for younger enrollees. In addition, a conservative estimate of the average value of the cost-sharing protections is shown; the average benefit likely is greater.

⁸ It is important to note that, under the House bill, the net health-insurance related costs for families in the 0-138% FPL income band are \$0 only for those with continued Medicaid eligibility. Montana implemented the ACA Medicaid expansion in January 2016, expanding eligibility to all adults up to 138% FPL. The House bill terminates the Medicaid expansion option for states, with no new enrollment after December 31, 2019. If Montana extends coverage to this population after 2019, the state would receive 50% federal matching funds, rather than 90% under the ACA. Without Medicaid expansion eligibility, most non-disabled adults in the 0-138% FPL income band would have net costs similar to those in the 139% FPL band under the House bill.

⁹ Analysis 2 is based on enrollment in silver-level coverage, which provides general cost-sharing protections for individuals who do not meet the ACA definition of Indian and has less cost-sharing than bronze-level coverage.

Attachment A: Analysis 1, Stage 1

Comparison of Health Insurance-Related Costs (Individual Market), by Family Cycle Stage and Income Level: Affordable Care Act (ACA) vs. House Plan ¹									
Stage 1: 2-Person AI/AN Family in Big Horn County, MT; 2017									
Two 22-year-olds; all meet ACA definition of Indian; bronze plan enrollment									
HH Income (% FPL) ²	ACA				House Plan				Net Costs Difference Under House Plan
	(a) Premiums ³	(b) Premium Tax Credits ⁴	(c) Average OOP Costs ⁶	(d: a-b+c) Net Costs	(e) Premiums ³	(f) Premium Tax Credits ⁵	(g) Average OOP Costs ⁶	(h: e-f+g) Net Costs	
0 - 138% (\$0 - \$22,411)	\$0	\$0	\$0	\$0	\$0 for non-Medicaid expansion population; see 139% FPL figures for "expansion" enrollees ⁷				\$0 +\$5,864
139% (\$22,412)	\$7,554	\$7,554	\$0	\$0	\$7,554	\$4,000	\$2,310	\$5,864	+\$5,864
200% (\$32,040)	\$7,554	\$7,453	\$0	\$100	\$7,554	\$4,000	\$2,310	\$5,864	+\$5,763
250% (\$40,050)	\$7,554	\$6,225	\$0	\$1,328	\$7,554	\$4,000	\$2,310	\$5,864	+\$4,535
300% (\$48,060)	\$7,554	\$4,857	\$0	\$2,697	\$7,554	\$4,000	\$2,310	\$5,864	+\$3,167
350% (\$56,070)	\$7,554	\$4,080	\$0	\$3,473	\$7,554	\$4,000	\$2,310	\$5,864	+\$2,390
400% (\$64,080)	\$7,554	\$3,304	\$0	\$4,249	\$7,554	\$4,000	\$2,310	\$5,864	\$1,614
936% (\$150,000)	\$7,554	\$0	\$0	\$7,554	\$7,554	\$4,000	\$2,310	\$5,864	-\$1,690

¹ The House plan is based on version passed by the Ways & Means and Energy & Commerce Committees on March 9, 2017.

² In Montana, Medicaid covers all adults up to 138% FPL, and CHIP covers children ages 0-18 up to 266% FPL.

³ Premium is for Blue Cross Blue Shield Basic 103 in 2017, with all family members enrolling in the plan. The plan has an annual deductible of \$6,100 per individual/\$12,200 per family and an OOP maximum of \$7,150 per individual/\$14,300 per family. The premiums across the "family cycle stages" were not adjusted under the House plan to account for an allowable 5:1 age rating (versus 3:1 under current law).

⁴ The premium tax credits (PTCs) shown for the ACA are generated by HealthCare.gov and capped at the amount of the total plan premium.

⁵ The PTCs shown for the House plan are for 2020, thus overstating the value of the House plan's PTCs in 2017. PTCs phase out for single filers at \$75,000 to \$105,000 and joint filers at \$150,000 to \$180,000, depending upon age.

⁶ The ACA eliminates cost-sharing for Marketplace enrollees who meet the ACA's definition of Indian (i.e., member of an Indian tribe or shareholder in an Alaska Native regional or village corporation). Estimated average out-of-pocket costs shown are derived from average payments made in 2016 by HHS to Marketplace health plans in Montana to compensate for cost-sharing protections provided for policies with at least one AI/AN enrollee. A conservative estimate of the average value of the cost-sharing protections is shown; the average benefit likely is greater. Figures are adjusted across family cycle stages to reflect changes in the number of enrollees and age of household members.

⁷ Montana implemented the ACA Medicaid expansion in January 2016, expanding eligibility to all adults up to 138% FPL. The House plan terminates the Medicaid expansion option for states, with no new enrollment after December 31, 2019. If Montana extends coverage to this population after 2019, the state would receive 50% federal matching funds, rather than 90% under the ACA. Without Medicaid expansion eligibility, most non-disabled adults in the 0-138% FPL income band would have net health insurance-related costs similar to those in the 139% FPL band under the House plan.

Attachment B: Analysis 1, Stage 2

Comparison of Health Insurance-Related Costs (Individual Market), by Family Cycle Stage and Income Level: Affordable Care Act (ACA) vs. House Plan ¹									
Stage 2: 4-Person AI/AN Family in Big Horn County, MT; 2017									
Two 32-year-olds and two 2-year-olds; all meet ACA definition of Indian; bronze plan enrollment									
HH Income (% FPL) ²	ACA				House Plan				Net Costs Difference Under House Plan
	(a) Premiums ³	(b) Premium Tax Credits ⁴	(c) Average OOP Costs ⁶	(d: a-b+c) Net Costs	(e) Premiums ³	(f) Premium Tax Credits ⁵	(g) Average OOP Costs ⁶	(h: e-f+g) Net Costs	
0 - 138% (\$0 - \$33,948)	\$0	\$0	\$0	\$0	\$0 for non-Medicaid expansion population; see 139% FPL figures for "expansion" enrollees ⁷				\$0 +\$8,556
139% (\$33,949)	\$8,936	\$8,936	\$0	\$0	\$8,936	\$5,000	\$4,620	\$8,556	+\$8,556
200% (\$48,600)	\$8,936	\$8,130	\$0	\$806	\$8,936	\$5,000	\$4,620	\$8,556	+\$7,750
250% (\$60,750)	\$8,936	\$6,267	\$0	\$2,669	\$8,936	\$5,000	\$4,620	\$8,556	+\$5,887
300% (\$72,900)	\$13,732	\$10,232	\$0	\$3,501	\$13,732	\$9,000	\$4,620	\$9,352	+\$5,852
350% (\$85,050)	\$13,732	\$9,054	\$0	\$4,678	\$13,732	\$9,000	\$4,620	\$9,352	+\$4,674
400% (\$97,200)	\$13,732	\$7,877	\$0	\$5,855	\$13,732	\$9,000	\$4,620	\$9,352	\$3,497
617% (\$150,000)	\$13,732	\$0	\$0	\$13,732	\$13,732	\$9,000	\$4,620	\$9,352	-\$4,380

¹ The House plan is based on version passed by the Ways & Means and Energy & Commerce Committees on March 9, 2017.

² In Montana, Medicaid covers all adults up to 138% FPL, and CHIP covers children ages 0-18 up to 266% FPL.

³ Premium is for Blue Cross Blue Shield Basic 103 in 2017, with all family members enrolling in the plan. The plan has an annual deductible of \$6,100 per individual/\$12,200 per family and an OOP maximum of \$7,150 per individual/\$14,300 per family. The premiums across the "family cycle stages" were not adjusted under the House plan to account for an allowable 5:1 age rating (versus 3:1 under current law).

⁴ The premium tax credits (PTCs) shown for the ACA are generated by HealthCare.gov and capped at the amount of the total plan premium.

⁵ The PTCs shown for the House plan are for 2020, thus overstating the value of the House plan's PTCs in 2017. PTCs phase out for single filers at \$75,000 to \$105,000 and joint filers at \$150,000 to \$180,000, depending upon age.

⁶ The ACA eliminates cost-sharing for Marketplace enrollees who meet the ACA's definition of Indian (i.e., member of an Indian tribe or shareholder in an Alaska Native regional or village corporation). Estimated average out-of-pocket costs shown are derived from average payments made in 2016 by HHS to Marketplace health plans in Montana to compensate for cost-sharing protections provided for policies with at least one AI/AN enrollee. A conservative estimate of the average value of the cost-sharing protections is shown; the average benefit likely is greater. Figures are adjusted across family cycle stages to reflect changes in the number of enrollees and age of household members.

⁷ Montana implemented the ACA Medicaid expansion in January 2016, expanding eligibility to all adults up to 138% FPL. The House plan terminates the Medicaid expansion option for states, with no new enrollment after December 31, 2019. If Montana extends coverage to this population after 2019, the state would receive 50% federal matching funds, rather than 90% under the ACA. Without Medicaid expansion eligibility, most non-disabled adults in the 0-138% FPL income band would have net health insurance-related costs similar to those in the 139% FPL band under the House plan.

Attachment C: Analysis 1, Stage 3

Comparison of Health Insurance-Related Costs (Individual Market), by Family Cycle Stage and Income Level: Affordable Care Act (ACA) vs. House Plan ¹									
Stage 3: 4-Person AI/AN Family in Big Horn County, MT; 2017									
Two 50-year-olds and two 20-year-olds; all meet ACA definition of Indian; bronze plan enrollment									
HH Income (% FPL) ²	ACA				House Plan				Net Costs Difference Under House Plan
	(a) Premiums ³	(b) Premium Tax Credits ⁴	(c) Average OOP Costs ⁶	(d: a-b+c) Net Costs	(e) Premiums ³	(f) Premium Tax Credits ⁵	(g) Average OOP Costs ⁶	(h: e-f+g) Net Costs	
0 - 138% (\$0 - \$33,948)	\$0	\$0	\$0	\$0	\$0 for non-Medicaid expansion population; see 139% FPL figures for "expansion" enrollees ⁷				\$0 +\$14,217
139% (\$33,949)	\$18,287	\$18,287	\$0	\$0	\$18,287	\$11,000	\$6,930	\$14,217	+\$14,217
200% (\$48,600)	\$18,287	\$18,287	\$0	\$0	\$18,287	\$11,000	\$6,930	\$14,217	+\$14,217
250% (\$60,750)	\$18,287	\$18,045	\$0	\$242	\$18,287	\$11,000	\$6,930	\$14,217	+\$13,975
300% (\$72,900)	\$18,287	\$15,969	\$0	\$2,319	\$18,287	\$11,000	\$6,930	\$14,217	+\$11,899
350% (\$85,050)	\$18,287	\$14,791	\$0	\$3,496	\$18,287	\$11,000	\$6,930	\$14,217	+\$10,721
400% (\$97,200)	\$18,287	\$13,614	\$0	\$4,673	\$18,287	\$11,000	\$6,930	\$14,217	+\$9,544
617% (\$150,000)	\$18,287	\$0	\$0	\$18,287	\$18,287	\$11,000	\$6,930	\$14,217	-\$4,070

¹ The House plan is based on version passed by the Ways & Means and Energy & Commerce Committees on March 9, 2017.

² In Montana, Medicaid covers all adults up to 138% FPL, and CHIP covers children ages 0-18 up to 266% FPL.

³ Premium is for Blue Cross Blue Shield Basic 103 in 2017, with all family members enrolling in the plan. The plan has an annual deductible of \$6,100 per individual/\$12,200 per family and an OOP maximum of \$7,150 per individual/\$14,300 per family. The premiums across the "family cycle stages" were not adjusted under the House plan to account for an allowable 5:1 age rating (versus 3:1 under current law).

⁴ The premium tax credits (PTCs) shown for the ACA are generated by HealthCare.gov and capped at the amount of the total plan premium.

⁵ The PTCs shown for the House plan are for 2020, thus overstating the value of the House plan's PTCs in 2017. PTCs phase out for single filers at \$75,000 to \$105,000 and joint filers at \$150,000 to \$180,000, depending upon age.

⁶ The ACA eliminates cost-sharing for Marketplace enrollees who meet the ACA's definition of Indian (i.e., member of an Indian tribe or shareholder in an Alaska Native regional or village corporation). Estimated average out-of-pocket costs shown are derived from average payments made in 2016 by HHS to Marketplace health plans in Montana to compensate for cost-sharing protections provided for policies with at least one AI/AN enrollee. A conservative estimate of the average value of the cost-sharing protections is shown; the average benefit likely is greater. Figures are adjusted across family cycle stages to reflect changes in the number of enrollees and age of household members.

⁷ Montana implemented the ACA Medicaid expansion in January 2016, expanding eligibility to all adults up to 138% FPL. The House plan terminates the Medicaid expansion option for states, with no new enrollment after December 31, 2019. If Montana extends coverage to this population after 2019, the state would receive 50% federal matching funds, rather than 90% under the ACA. Without Medicaid expansion eligibility, most non-disabled adults in the 0-138% FPL income band would have net health insurance-related costs similar to those in the 139% FPL band under the House plan.

Attachment D: Analysis 1, Stage 4

Comparison of Health Insurance-Related Costs (Individual Market), by Family Cycle Stage and Income Level: Affordable Care Act (ACA) vs. House Plan ¹									
Stage 4: 2-Person AI/AN Family in Big Horn County, MT; 2017									
Two 60-year-olds; all meet ACA definition of Indian; bronze plan enrollment									
HH Income (% FPL) ²	ACA				House Plan				Net Costs Difference Under House Plan
	(a) Premiums ³	(b) Premium Tax Credits ⁴	(c) Average OOP Costs ⁶	(d: a-b+c) Net Costs	(e) Premiums ³	(f) Premium Tax Credits ⁵	(g) Average OOP Costs ⁶	(h: e-f+g) Net Costs	
0 - 138% (\$0 - \$22,411)	\$0	\$0	\$0	\$0	\$0 for non-Medicaid expansion population; see 139% FPL figures for "expansion" enrollees ⁷				\$0 +\$19,430
139% (\$22,412)	\$20,500	\$20,500	\$0	\$0	\$20,500	\$8,000	\$6,930	\$19,430	+\$19,430
200% (\$32,040)	\$20,500	\$20,500	\$0	\$0	\$20,500	\$8,000	\$6,930	\$19,430	+\$19,430
250% (\$40,050)	\$20,500	\$20,500	\$0	\$0	\$20,500	\$8,000	\$6,930	\$19,430	+\$19,430
300% (\$48,060)	\$20,500	\$20,500	\$0	\$0	\$20,500	\$8,000	\$6,930	\$19,430	+\$19,430
350% (\$56,070)	\$20,500	\$20,387	\$0	\$113	\$20,500	\$8,000	\$6,930	\$19,430	+\$19,317
400% (\$64,080)	\$20,500	\$19,611	\$0	\$889	\$20,500	\$8,000	\$6,930	\$19,430	+\$18,541
936% (\$150,000)	\$20,500	\$0	\$0	\$20,500	\$20,500	\$8,000	\$6,930	\$19,430	-\$1,070

¹ The House plan is based on version passed by the Ways & Means and Energy & Commerce Committees on March 9, 2017.

² In Montana, Medicaid covers all adults up to 138% FPL, and CHIP covers children ages 0-18 up to 266% FPL.

³ Premium is for Blue Cross Blue Shield Basic 103 in 2017, with all family members enrolling in the plan. The plan has an annual deductible of \$6,100 per individual/\$12,200 per family and an OOP maximum of \$7,150 per individual/\$14,300 per family. The premiums across the "family cycle stages" were not adjusted under the House plan to account for an allowable 5:1 age rating (versus 3:1 under current law).

⁴ The premium tax credits (PTCs) shown for the ACA are generated by HealthCare.gov and capped at the amount of the total plan premium.

⁵ The PTCs shown for the House plan are for 2020, thus overstating the value of the House plan's PTCs in 2017. PTCs phase out for single filers at \$75,000 to \$105,000 and joint filers at \$150,000 to \$180,000, depending upon age.

⁶ The ACA eliminates cost-sharing for Marketplace enrollees who meet the ACA's definition of Indian (i.e., member of an Indian tribe or shareholder in an Alaska Native regional or village corporation). Estimated average out-of-pocket costs shown are derived from average payments made in 2016 by HHS to Marketplace health plans in Montana to compensate for cost-sharing protections provided for policies with at least one AI/AN enrollee. A conservative estimate of the average value of the cost-sharing protections is shown; the average benefit likely is greater. Figures are adjusted across family cycle stages to reflect changes in the number of enrollees and age of household members.

⁷ Montana implemented the ACA Medicaid expansion in January 2016, expanding eligibility to all adults up to 138% FPL. The House plan terminates the Medicaid expansion option for states, with no new enrollment after December 31, 2019. If Montana extends coverage to this population after 2019, the state would receive 50% federal matching funds, rather than 90% under the ACA. Without Medicaid expansion eligibility, most non-disabled adults in the 0-138% FPL income band would have net health insurance-related costs similar to those in the 139% FPL band under the House plan.

Attachment E: Analysis 2, Stage 1

Comparison of Health Insurance-Related Costs (Individual Market), by Family Cycle Stage and Income Level: Affordable Care Act (ACA) vs. House Plan ¹									
Stage 1: 2-Person Family in Big Horn County, MT; 2017									
Two 22-year-olds; none meets ACA definition of Indian; silver plan enrollment									
HH Income (% FPL) ²	ACA				House Plan				Net Costs Difference Under House Plan
	(a) Premiums ³	(b) Premium Tax Credits ⁴	(c) Average OOP Costs ⁶	(d: a-b+c) Net Costs	(e) Premiums ³	(f) Premium Tax Credits ⁵	(g) Average OOP Costs ⁶	(h: e-f+g) Net Costs	
0 - 138% (\$0 - \$22,411)	\$0	\$0	\$0	\$0	\$0 for non-Medicaid expansion population; see 139% FPL figures for "expansion" enrollees ⁷				\$0 +\$6,121
139% (\$22,412)	\$9,596	\$8,735	\$347	\$1,208	\$9,596	\$4,000	\$1,733	\$7,329	+\$6,121
200% (\$32,040)	\$9,596	\$7,453	\$751	\$2,893	\$9,596	\$4,000	\$1,733	\$7,329	+\$4,435
250% (\$40,050)	\$9,596	\$6,225	\$1,559	\$4,930	\$9,596	\$4,000	\$1,733	\$7,329	+\$2,399
300% (\$48,060)	\$9,596	\$4,857	\$1,733	\$6,472	\$9,596	\$4,000	\$1,733	\$7,329	+\$857
350% (\$56,070)	\$9,596	\$4,080	\$1,733	\$7,248	\$9,596	\$4,000	\$1,733	\$7,329	+\$80
400% (\$64,080)	\$9,596	\$3,304	\$1,733	\$8,024	\$9,596	\$4,000	\$1,733	\$7,329	-\$696
936% (\$150,000)	\$9,596	\$0	\$1,733	\$11,329	\$9,596	\$4,000	\$1,733	\$7,329	-\$4,000

¹ The House plan is based on version passed by the Ways & Means and Energy & Commerce Committees on March 9, 2017.

² In Montana, Medicaid covers all adults up to 138% FPL, and CHIP covers children ages 0-18 up to 266% FPL.

³ Premium is for Blue Cross Blue Shield Solution 102 in 2017, with all family members enrolling in the plan. The plan has an annual deductible of \$3,350 per individual/\$6,700 per family and an OOP maximum of \$5,600 per individual/\$11,200 per family. The premiums across the "family cycle stages" were not adjusted under the House plan to account for an allowable 5:1 age rating (versus 3:1 under current law).

⁴ The premium tax credits (PTCs) shown for the ACA are generated by HealthCare.gov and capped at the amount of the total plan premium.

⁵ The PTCs shown for the House plan are for 2020, thus overstating the value of the House plan's PTCs in 2017. PTCs phase out for single filers at \$75,000 to \$105,000 and joint filers at \$150,000 to \$180,000, depending upon age.

⁶ Estimated average out-of-pocket costs shown are derived from average payments made in 2016 by HHS to Marketplace health plans in Montana to compensate for cost-sharing protections provided for policies with at least one AI/AN enrollee. For silver-level coverage, the ACA provides general (partial) cost-sharing protections up to 250% FPL. These protections require health insurance issuers to reduce cost-sharing in their standard silver plans, which have an actuarial value (AV) of 70%, to meet a higher AV: 94% for individuals and families up to 150% FPL, 87% for those from 151-200% FPL, and 73% for those from 201-250% FPL. A conservative estimate of the average value of the cost-sharing protections is shown; the average benefit likely is greater. Figures are adjusted across family cycle stages to reflect changes in the number of enrollees and age of household members.

⁷ Montana implemented the ACA Medicaid expansion in January 2016, expanding eligibility to all adults up to 138% FPL. The House plan terminates the Medicaid expansion option for states, with no new enrollment after December 31, 2019. If Montana extends coverage to this population after 2019, the state would receive 50% federal matching funds, rather than 90% under the ACA. Without Medicaid expansion eligibility, most non-disabled adults in the 0-138% FPL income band would have net health insurance-related costs similar to those in the 139% FPL band under the House plan.

Attachment F: Analysis 2, Stage 2

Comparison of Health Insurance-Related Costs (Individual Market), by Family Cycle Stage and Income Level: Affordable Care Act (ACA) vs. House Plan ¹									
Stage 2: 4-Person Family in Big Horn County, MT; 2017									
Two 32-year-olds and two 2-year-olds; none meets ACA definition of Indian; silver plan enrollment									
HH Income (% FPL) ²	ACA				House Plan				Net Costs Difference Under House Plan
	(a) Premiums ³	(b) Premium Tax Credits ⁴	(c) Average OOP Costs ⁶	(d: a-b+c) Net Costs	(e) Premiums ³	(f) Premium Tax Credits ⁵	(g) Average OOP Costs ⁶	(h: e-f+g) Net Costs	
0 - 138% (\$0 - \$33,948)	\$0	\$0	\$0	\$0	\$0 for non-Medicaid expansion population; see 139% FPL figures for "expansion" enrollees ⁷				\$0 +\$7,851
139% (\$33,949)	\$11,352	\$10,079	\$693	\$1,966	\$11,352	\$5,000	\$3,465	\$9,817	+\$7,851
200% (\$48,600)	\$11,352	\$8,130	\$1,502	\$4,724	\$11,352	\$5,000	\$3,465	\$9,817	+\$5,093
250% (\$60,750)	\$11,352	\$6,267	\$3,119	\$8,204	\$11,352	\$5,000	\$3,465	\$9,817	+\$1,614
300% (\$72,900)	\$17,446	\$10,232	\$3,465	\$10,679	\$17,446	\$9,000	\$3,465	\$11,911	+\$1,232
350% (\$85,050)	\$17,446	\$9,054	\$3,465	\$11,856	\$17,446	\$9,000	\$3,465	\$11,911	+\$54
400% (\$97,200)	\$17,446	\$7,877	\$3,465	\$13,034	\$17,446	\$9,000	\$3,465	\$11,911	-\$1,123
617% (\$150,000)	\$17,446	\$0	\$3,465	\$20,911	\$17,446	\$9,000	\$3,465	\$11,911	-\$9,000

¹ The House plan is based on version passed by the Ways & Means and Energy & Commerce Committees on March 9, 2017.

² In Montana, Medicaid covers all adults up to 138% FPL, and CHIP covers children ages 0-18 up to 266% FPL.

³ Premium is for Blue Cross Blue Shield Solution 102 in 2017, with all family members enrolling in the plan. The plan has an annual deductible of \$3,350 per individual/\$6,700 per family and an OOP maximum of \$5,600 per individual/\$11,200 per family. The premiums across the "family cycle stages" were not adjusted under the House plan to account for an allowable 5:1 age rating (versus 3:1 under current law).

⁴ The premium tax credits (PTCs) shown for the ACA are generated by HealthCare.gov and capped at the amount of the total plan premium.

⁵ The PTCs shown for the House plan are for 2020, thus overstating the value of the House plan's PTCs in 2017. PTCs phase out for single filers at \$75,000 to \$105,000 and joint filers at \$150,000 to \$180,000, depending upon age.

⁶ Estimated average out-of-pocket costs shown are derived from average payments made in 2016 by HHS to Marketplace health plans in Montana to compensate for cost-sharing protections provided for policies with at least one AI/AN enrollee. For silver-level coverage, the ACA provides general (partial) cost-sharing protections up to 250% FPL. These protections require health insurance issuers to reduce cost-sharing in their standard silver plans, which have an actuarial value (AV) of 70%, to meet a higher AV: 94% for individuals and families up to 150% FPL, 87% for those from 151-200% FPL, and 73% for those from 201-250% FPL. A conservative estimate of the average value of the cost-sharing protections is shown; the average benefit likely is greater. Figures are adjusted across family cycle stages to reflect changes in the number of enrollees and age of household members.

⁷ Montana implemented the ACA Medicaid expansion in January 2016, expanding eligibility to all adults up to 138% FPL. The House plan terminates the Medicaid expansion option for states, with no new enrollment after December 31, 2019. If Montana extends coverage to this population after 2019, the state would receive 50% federal matching funds, rather than 90% under the ACA. Without Medicaid expansion eligibility, most non-disabled adults in the 0-138% FPL income band would have net health insurance-related costs similar to those in the 139% FPL band under the House plan.

Attachment G: Analysis 2, Stage 3

Comparison of Health Insurance-Related Costs (Individual Market), by Family Cycle Stage and Income Level: Affordable Care Act (ACA) vs. House Plan ¹									
Stage 3: 4-Person Family in Big Horn County, MT; 2017									
Two 50-year-olds and two 20-year-olds; none meets ACA definition of Indian; silver plan enrollment									
HH Income (% FPL) ²	ACA				House Plan				Net Costs Difference Under House Plan
	(a) Premiums ³	(b) Premium Tax Credits ⁴	(c) Average OOP Costs ⁶	(d: a-b+c) Net Costs	(e) Premiums ³	(f) Premium Tax Credits ⁵	(g) Average OOP Costs ⁶	(h: e-f+g) Net Costs	
0 - 138% (\$0 - \$33,948)	\$0	\$0	\$0	\$0	\$0 for non-Medicaid expansion population; see 139% FPL figures for "expansion" enrollees ⁷				\$0 +\$15,015
139% (\$33,949)	\$23,232	\$21,857	\$1,040	\$2,415	\$23,232	\$11,000	\$5,198	\$17,430	+\$15,015
200% (\$48,600)	\$23,232	\$19,908	\$2,252	\$5,577	\$23,232	\$11,000	\$5,198	\$17,430	+\$11,853
250% (\$60,750)	\$23,232	\$18,045	\$4,678	\$9,865	\$23,232	\$11,000	\$5,198	\$17,430	+\$7,565
300% (\$72,900)	\$23,232	\$15,969	\$5,198	\$12,461	\$23,232	\$11,000	\$5,198	\$17,430	+\$4,969
350% (\$85,050)	\$23,232	\$14,791	\$5,198	\$13,639	\$23,232	\$11,000	\$5,198	\$17,430	+\$3,791
400% (\$97,200)	\$23,232	\$13,614	\$5,198	\$14,816	\$23,232	\$11,000	\$5,198	\$17,430	+\$2,614
617% (\$150,000)	\$23,232	\$0	\$5,198	\$28,430	\$23,232	\$11,000	\$5,198	\$17,430	-\$11,000

¹ The House plan is based on version passed by the Ways & Means and Energy & Commerce Committees on March 9, 2017.

² In Montana, Medicaid covers all adults up to 138% FPL, and CHIP covers children ages 0-18 up to 266% FPL.

³ Premium is for Blue Cross Blue Shield Solution 102 in 2017, with all family members enrolling in the plan. The plan has an annual deductible of \$3,350 per individual/\$6,700 per family and an OOP maximum of \$5,600 per individual/\$11,200 per family. The premiums across the "family cycle stages" were not adjusted under the House plan to account for an allowable 5:1 age rating (versus 3:1 under current law).

⁴ The premium tax credits (PTCs) shown for the ACA are generated by HealthCare.gov and capped at the amount of the total plan premium.

⁵ The PTCs shown for the House plan are for 2020, thus overstating the value of the House plan's PTCs in 2017. PTCs phase out for single filers at \$75,000 to \$105,000 and joint filers at \$150,000 to \$180,000, depending upon age.

⁶ Estimated average out-of-pocket costs shown are derived from average payments made in 2016 by HHS to Marketplace health plans in Montana to compensate for cost-sharing protections provided for policies with at least one AI/AN enrollee. For silver-level coverage, the ACA provides general (partial) cost-sharing protections up to 250% FPL. These protections require health insurance issuers to reduce cost-sharing in their standard silver plans, which have an actuarial value (AV) of 70%, to meet a higher AV: 94% for individuals and families up to 150% FPL, 87% for those from 151-200% FPL, and 73% for those from 201-250% FPL. A conservative estimate of the average value of the cost-sharing protections is shown; the average benefit likely is greater. Figures are adjusted across family cycle stages to reflect changes in the number of enrollees and age of household members.

⁷ Montana implemented the ACA Medicaid expansion in January 2016, expanding eligibility to all adults up to 138% FPL. The House plan terminates the Medicaid expansion option for states, with no new enrollment after December 31, 2019. If Montana extends coverage to this population after 2019, the state would receive 50% federal matching funds, rather than 90% under the ACA. Without Medicaid expansion eligibility, most non-disabled adults in the 0-138% FPL income band would have net health insurance-related costs similar to those in the 139% FPL band under the House plan.

Attachment H: Analysis 2, Stage 4

Comparison of Health Insurance-Related Costs (Individual Market), by Family Cycle Stage and Income Level: Affordable Care Act (ACA) vs. House Plan ¹									
Stage 4: 2-Person Family in Big Horn County, MT; 2017									
Two 60-year-olds; none meets ACA definition of Indian; silver plan enrollment									
HH Income (% FPL) ²	ACA				House Plan				Net Costs Difference Under House Plan
	(a) Premiums ³	(b) Premium Tax Credits ⁴	(c) Average OOP Costs ⁶	(d: a-b+c) Net Costs	(e) Premiums ³	(f) Premium Tax Credits ⁵	(g) Average OOP Costs ⁶	(h: e-f+g) Net Costs	
0 - 138% (\$0 - \$22,411)	\$0	\$0	\$0	\$0	\$0 for non-Medicaid expansion population; see 139% FPL figures for "expansion" enrollees ⁷				\$0 +\$21,200
139% (\$22,412)	\$26,044	\$25,042	\$1,040	\$2,042	\$26,044	\$8,000	\$5,198	\$23,241	+\$21,200
200% (\$32,040)	\$26,044	\$23,760	\$2,252	\$4,536	\$26,044	\$8,000	\$5,198	\$23,241	+\$18,705
250% (\$40,050)	\$26,044	\$22,532	\$4,678	\$8,190	\$26,044	\$8,000	\$5,198	\$23,241	+\$15,052
300% (\$48,060)	\$26,044	\$21,163	\$5,198	\$10,078	\$26,044	\$8,000	\$5,198	\$23,241	+\$13,163
350% (\$56,070)	\$26,044	\$20,387	\$5,198	\$10,854	\$26,044	\$8,000	\$5,198	\$23,241	+\$12,387
400% (\$64,080)	\$26,044	\$19,611	\$5,198	\$11,630	\$26,044	\$8,000	\$5,198	\$23,241	+\$11,611
936% (\$150,000)	\$26,044	\$0	\$5,198	\$31,241	\$26,044	\$8,000	\$5,198	\$23,241	-\$8,000

¹ The House plan is based on version passed by the Ways & Means and Energy & Commerce Committees on March 9, 2017.

² In Montana, Medicaid covers all adults up to 138% FPL, and CHIP covers children ages 0-18 up to 266% FPL.

³ Premium is for Blue Cross Blue Shield Solution 102 in 2017, with all family members enrolling in the plan. The plan has an annual deductible of \$3,350 per individual/\$6,700 per family and an OOP maximum of \$5,600 per individual/\$11,200 per family. The premiums across the "family cycle stages" were not adjusted under the House plan to account for an allowable 5:1 age rating (versus 3:1 under current law).

⁴ The premium tax credits (PTCs) shown for the ACA are generated by HealthCare.gov and capped at the amount of the total plan premium.

⁵ The PTCs shown for the House plan are for 2020, thus overstating the value of the House plan's PTCs in 2017. PTCs phase out for single filers at \$75,000 to \$105,000 and joint filers at \$150,000 to \$180,000, depending upon age.

⁶ Estimated average out-of-pocket costs shown are derived from average payments made in 2016 by HHS to Marketplace health plans in Montana to compensate for cost-sharing protections provided for policies with at least one AI/AN enrollee. For silver-level coverage, the ACA provides general (partial) cost-sharing protections up to 250% FPL. These protections require health insurance issuers to reduce cost-sharing in their standard silver plans, which have an actuarial value (AV) of 70%, to meet a higher AV: 94% for individuals and families up to 150% FPL, 87% for those from 151-200% FPL, and 73% for those from 201-250% FPL. A conservative estimate of the average value of the cost-sharing protections is shown; the average benefit likely is greater. Figures are adjusted across family cycle stages to reflect changes in the number of enrollees and age of household members.

⁷ Montana implemented the ACA Medicaid expansion in January 2016, expanding eligibility to all adults up to 138% FPL. The House plan terminates the Medicaid expansion option for states, with no new enrollment after December 31, 2019. If Montana extends coverage to this population after 2019, the state would receive 50% federal matching funds, rather than 90% under the ACA. Without Medicaid expansion eligibility, most non-disabled adults in the 0-138% FPL income band would have net health insurance-related costs similar to those in the 139% FPL band under the House plan.