Analysis of House of Representatives Health Plan in Comparison to Current Law / Affordable Care Act[1]

March 14, 2017

This brief examines key elements of the health plan under consideration by the House of Representatives (House Plan) in comparison to current law, inclusive of the Patient Protection and Affordable Care Act (Affordable Care Act, or ACA).

Analysis of Select Provisions of House Plan

In the attached matrix, a side-by-side comparison of the House Plan versus the Affordable Care Act is provided on a number of key elements.

Financial Impact of House Plan on American Indian/Alaska Native Families in Comparison to ACA

In the attached tables, examples are shown of the financial impact of the House Plan on American Indian / Alaska Native (AI/AN) families at various household income levels, as compared to current ACA law. All family members in the examples shown meet the definition of Indian under the Affordable Care Act as a member of an Indian tribe or shareholder in an Alaska Native regional or village corporation.

The examples shown are for:

- Household of two 40 year-olds and two 20 year-olds
    - At $35,000; $50,00; $75,000; $150,000
- Household of two 60 year-olds and two 20 year-olds
    - At $35,000; $50,00; $75,000; $150,000

In the first table, the financial analysis displays the average net financial impact on the households. In addition, a second table presents the net financial impact as a percentage of household income.

The examples shown are for residents of Big Horn County, Montana. The financial impact on a particular AI/AN family will vary by location, but the examples shown represent a typical impact under the House Plan versus the Affordable Care Act.

[1] This brief is for informational purposes only and is not intended as legal advice. For questions on this brief, please contact Doneg McDonough, TSGAC Technical Advisor, at DonegMcD@Outlook.com.

Congressional Budget Office Assessment

A comprehensive assessment of the House Plan was released by the Congressional Budget Office (CBO) on March 13, 2017. The CBO report can be accessed at: https://www.cbo.gov/publication/52486.

The impact projected by the CBO is a net increase in the number of uninsured individuals of 14 million in 2018 and an increase of 24 million uninsured by 2026. Federal Medicaid funding would decline by $880 billion between 2017 and 2026, mostly as a result of a 14 million reduction in Medicaid enrollees.

Under the House Plan, the total reduction in government assistance for purchasing health insurance (*e.g.*, premium tax credits) and accessing health care services (*e.g.*, cost-sharing protections) is sufficiently large for the federal deficit to be reduced by $335 billion over the next decade, despite a loss of $660 billion in revenues to the federal government as a result of tax repeals contained in the legislation. Stated another way, federal financial assistance is reduced under the House Plan by $1.2 trillion over the next decade, with $.9 trillion of the savings used to offset tax cuts contained in the legislation and $335 billion remaining to reduce the deficit of the federal government.

Key Findings from Analysis

Summarized below are key findings pertaining to coverage in the non-group market (*e.g.*, Marketplace) from the analysis of the House Plan in comparison to current law.

- The majority of the House Plan coverage provisions begin January 1, 2020, so many of the ACA provisions would continue in 2017, 2018 and 2019.
- The House Plan (as with current law) provides "advanceable" (over the course of a year) and refundable premium tax credits (PTCs), so that the amount of the PTCs can exceed someone's tax liability.
- The ability of AI/ANs to enroll throughout the year is retained for Marketplace coverage.
- For the general population, someone enrolling after a break in coverage of 63 days or more will be subject to a 30% increase in the premium charged for a twelve month period.
  - IHS eligible persons are exempt from paying the 30% penalty.
- The PTCs under the House Plan are less for families under 300% FPL (approx. $60,000 for family of three) and more for higher-income families.
- The House Plan eliminates the ACAs cost-sharing reductions (generally and for AI/ANs). This has a negative impact of more than $2,000 per AI/AN Marketplace enrollee.
- When considering the combined impact of PTCs and cost-sharing reductions, there is a substantial difference in the net health insurance costs under the House Plan versus ACA/current law. A financial analysis is provided in the attachment, with a summary of the findings here.
  - The first example set is for a family of four (two 40 years-olds; two 20 year-olds) at different income levels. The net health insurance costs (after PTCs and cost-sharing protections) are $6,893 - $11,380 greater under the House Plan for families with

household income just above Medicaid eligibility levels (140% FPL) to $75,000 (309% FPL).

  - Families above 400% FPL do somewhat better under the House Plan ($3,070 in lower costs) as the House Plan continues PTCs to $150,000 (and then phases out the PTCs); the ACA does not provide PTCs for households above 400% FPL ($97,000 for a family of four).
  - As a percentage of total household (HH) income (shown in the second table), the House Plan requires a contribution of 8% to 33% of HH income for the examples shown. In comparison, the ACA/current law requires between 0% and 10% of HH for AI/AN families.

- The second example set is for a family of four (two 60 year-olds; two 20 year-olds) at different income levels. The net health insurance costs (after PTCs and cost-sharing protections) are $17,828 - $ $20,227 greater under the House Plan than under current law / ACA for low to middle-income households.
  - Families above 400% do better under the House Plan, with net health insurance costs $5,000 per year less under the House bill.
  - As a percentage of total household (HH) income for these examples, the House Plan requires between 13% and 58% of HH income. The ACA/current law requires between 0% and 17% of HH income for AI/AN families for the HH income levels shown.

Summarized below are key findings pertaining to Medicaid coverage from the analysis of the House Plan in comparison to current law.

- Medicaid is converted to a "per capita cap" funding formula. This means that—for most health care services—the federal government will reimburse a state no more than a defined amount for each Medicaid enrollee. The amount is calculated from the average costs for different eligibility groups in 2016, and then inflated forward using the medical component of the Consumer Price Index. In general, the CPI-adjuster is expected to increase more slowly than under the current projections for annual medical expenditures.
  - For example, the first year "per capita" figures (in 2020) are anticipated to be below projected per enrollee spending levels for 2020.
- There is continuation of the 100% federal contribution (FMAP) for services provided to AI/ANs by or through IHS and Tribal providers. This spending is not subject to federal per capita caps.
- For services to AI/ANs provided outside of the I/T system, there are complicated calculations required to determine the impact on federal funding of state expenditures.
- The Medicaid Expansion under the ACA is eliminated in 2020, meaning the 90% FMAP funding is eliminated / phased out. (A state could continue enrolling this population but at the regular federal contribution / FMAP rate.) Only for individuals enrolled under the Medicaid Expansion as of January 1, 2020 will the 90% funding continue, as long as the individuals do not have a break in Medicaid coverage.

- The federal requirements for "essential health benefits" will be eliminated for benchmark plans under Medicaid.
- As a result of the financial pressures of the per capita caps, it is anticipated that states might resort to cutting back on eligibility levels, cutting back on covered services, and lowering payment rates.
  - Given (1) that AI/ANs are not a separate eligibility category under Medicaid, (2) that (nationally) only 20% of payments for health care services to AI/ANs on Medicaid are at I/T facilities, and (3) the benefit package for AI/ANs generally mirrors that of the general Medicaid population; as a result of the proposed changes to current law required under the House Plan, eligibility reductions, benefit cuts, and payment reductions could impact on AI/ANs in similar ways as the general population.

Attachments

- Side-by-side comparison of House Plan versus current law / ACA
- Tables presenting financial impact on AI/AN households from House Plan versus current law / ACA

Proposal		Affordable Care Act (ACA)	American Health Care Act (REVISED analysis of bill as of 3/14/2017; 8:15 am ET)
Bill Number (if applicable)		(Current; enacted in 2010; Public Law 111–148)	N/A [Republican FAQs]
Date Introduced			3/6/2017 draft, as amended by committee on 3/9/2017
Main Sponsor(s)			Speaker Paul Ryan, House E&C/W&Ms Committees
Indian-Specific Provisions	Cost-Sharing Protections	--For members of an Indian tribe or shareholders in an Alaska Native regional or village corporation, eligibility for either a zero or limited cost-sharing Marketplace plan, depending on income level (under both plan variations, AI/AN enrollees have no cost-sharing when receiving health care services). -- Ability for AI/ANs to enroll in bronze plan and still receive cost-sharing protections. -- Ban on Marketplace plans reducing payments to Indian health care providers by the amount of any cost-sharing that AI/AN enrollees would have otherwise owed for health care services.	**-- No Indian-specific cost-sharing protections (as of 2020).** -- No cost-sharing protections for general population (as of 2020).
	M-SEPs	-- Monthly special enrollment periods (M-SEPs) for AI/ANs and their dependents.	CORRECTION: -- M-SEPs for AI/ANs are not repealed and continue to be effective for coverage secured through a Marketplace.
	Other Provisions	--AI/AN exemption from individual shared responsibility payments (individual mandate). --Expansion and permanent reauthorization of the Indian Health Care Improvement Act (IHCIA).	-- No individual mandate (retroactive to January 1, 2016) **-- IHCIA: No changes in this law.**
Insurance Market Provisions (Afford-ability)	Premium Tax Credits (PTCs)	-- Household income-based, advanceable, refundable PTCs for individuals and families with incomes of 100-400% FPL, with amounts adjusted for geographic differences in cost of health insurance premiums. -- Not eligible for PTCs if eligible for other public insurance programs, or employer-sponsored coverage that meets affordability, coverage, and AV standards. IHS eligibility not considered "coverage". (See attachment for comparison of impact of ACA and AHCA PTCs for households at various income levels.)	-- In 2019, ACA's PTCs adjusted to modify caps on the household income percentage contribution: 4.3% < 30 yrs; 5.9% < 40 yrs; 8.35% < 50 yrs; 10.5% < 59 yrs; 11.5% >59 yrs. (Increased for 50+; decreased for <50.) -- Not eligible for PTCs if eligible for other public insurance programs, or employer-sponsored coverage (no affordability or coverage standards for employer coverage). -- Repeal ACA's PTCs at end of 2019. -- Starting in 2020, new, advanceable, refundable, age-adjusted tax credits, with amounts initially set at following levels (2020): $2,000 for 0-29 year-olds; $2,500 for 30-39; $3,000 for 40-49; $3,500 for 50-59; $4,000 for 60+; $14,000 per family max tax credits. -- Except for phase-out period, PTCs not based on household income; PTCs not based on regional differences in the cost insurance premiums. -- PTCs begin phase out for single filers at $75,000 (to $95,000/$105,000 range) and joint filers at $150,000 (to $170,000/190,000 range). -- Can use PTCs on coverage purchased inside or outside Marketplace, including catastrophic plans (possibly beginning 2018).
	Cost-Sharing Protections	- 100% cost-sharing protections for members of an Indian tribe or shareholders in an Alaska Native regional or village corporation. -- Reduced out-of-pocket costs for individuals / families under 250% FPL in Marketplace coverage.	-- Retains out-of-pocket maximums per individual and family. -- Repeals Indian-specific and general cost-sharing protections completely.
	Repayment of Over-payments	-- Limits repayment of excess premium tax credits advanced, based on income of tax filer	-- Requires 100% repayment of any excess premium tax credits advanced (effective for 2018 and 2019)
	Health Savings Accounts (HSAs)	-- Permitted (HSA contribution of approx. $3,350 (self-only coverage) and $6,750 (family coverage).	-- Allowable HSA tax-deductible contribution increased to amount of deductible/out-of-pocket maximum (approx. $6,750 (single coverage); $13,500 (family coverage). -- Allows deposit of excess PTCs (in excess of premium costs) into HSA. -- Other provisions to promote the use of HSAs.

Proposal		Affordable Care Act (ACA)	American Health Care Act (REVISED analysis of bill as of 3/14/2017; 8:15 am ET)
Bill Number (if applicable)		(Current; enacted in 2010; Public Law 111–148)	N/A [Republican FAQs]
Date Introduced			3/6/2017 draft, as amended by committee on 3/9/2017
Main Sponsor(s)			Speaker Paul Ryan, House E&C/W&Ms Committees
Market Stability Mechanisms	3 R's	-- Three risk adjustment mechanisms: Risk corridors; Reinsurance; Risk adjustment [Subsequently, Republican Congress eliminated majority of funding for 2 of 3]	-- Establishes a "Patient and State Stability Fund", which includes a default federal reinsurance program ("Market Stabilization") for issuers. $100 billion in funding over 2018 - 2026. -- As part of Patient and State Stability Fund, allows funding for a range of purposes.
	Coverage Requirement	-- Requires individuals to secure health insurance coverage or make a payment to federal government (exemption from requirement for AI/ANs).	-- Individual coverage requirement technically retained (because of "reconciliation" restrictions) but penalties for not securing coverage repealed, retroactive to January 1, 2016. -- Health plan required "to increase monthly premium rate" by 30% for persons with a break in coverage of more than 63 days. IHS eligibility considered "creditable coverage" for purposes of not being subject to non-continuous coverage (30%) penalty.
State Insurance Market Operations		-- Health plan offerings standardized with actuarial values (AVs) set by metal level to facilitate plan comparisons. -- Maximum out-pocket amounts established. -- Requirement for each state to establish a Marketplace that allows individuals to: Learn about their health insurance options; compare health plans based on costs, standardized benefits (EHBs), and other important features; obtain information on insurance affordability programs designed to help individuals with low-to-moderate incomes pay for coverage; select a health plan and enroll in coverage. -- Permits 3:1 premium ratings, by age. -- Permits catastrophic plans (AV = 55%) for < 30 year olds (no PTCs).	-- Requirement for plans to be offered by specified actuarial value (metal level) repealed as of December 31, 2019. -- Maximum out-of-pocket limits retained. -- Requirement for a state-by-state Marketplace not repealed. -- EHB standards retained. -- Permits 5:1 premium rating, by age -- Permits catastrophic plans for all enrollees (with PTCs)
Funding Provisions	ESI Excise Tax/Tax Exclusion Cap	-- Beginning in 2020, 40% tax (Cadillac tax) imposed on cost of employer-sponsored insurance (ESI) exceeding the following amounts, with amounts adjusted annually for CPI: --For individuals, $10,200 times health cost adjustment percentage;[1] --For families, $27,500 times health cost adjustment percentage[1]	--Delay of the ACA Cadillac tax until 2025. ~~ESI exclusion cap set at the 90th percentile of premiums in 2019 (2020), with amounts adjusted annually for CPI plus 2 percentage points~~ (deleted)
	Employer Mandate	Employers required to offer insurance to full-time (FT) employees and pay a portion of premium if employee enrolls, or make an annual per FT employee payment (approx. $2,000) to federal government	-- Repeal of employer mandate penalties retroactive to January 1, 2016. (Coverage requirements technically staying in effect.) -- Employer reporting requirements remain in effect.
	Net Investment Income Tax	3.8% tax on individuals, estates, and trusts that have certain investment income exceeding certain thresholds.	Repeal of tax effective for years after 2017.
	Additional Medicare Tax	0.9% tax on wages and self-employment income that exceeds the following thresholds: --$250,000 for married taxpayers filing jointly; --$125,000 for married taxpayers filing separately; --$200,000 for all other taxpayers	Repeal of tax effective for years after 2017.
	Health Insurance Provider Fee	Fee on each covered entity engaged in the business of providing health insurance for U.S. health risks (moratorium instituted for 2017).	Repeal of fee effective for years after 2017.
	Medical Device Excise Tax	2.3% tax on manufacturers and importers for sales of certain medical devices (moratorium instituted for 2016 and 2017).	Repeal of tax effective for years after 2017.
	PCORI Fee	Fee on issuers of specified health insurance policies and plan sponsors of applicable self-insured health plans to fund the Patient-Centered Outcomes Research Institute.	Repeal of fee effective for years after 2017.
	Excise Tax on Tanning Services	10% tax on indoor UV tanning services.	Repeal of tax effective for years after 2017.

Proposal		Affordable Care Act (ACA)	American Health Care Act (REVISED analysis of bill as of 3/14/2017; 8:15 am ET)
Bill Number (if applicable)		(Current; enacted in 2010; Public Law 111–148)	N/A [Republican FAQs]
Date Introduced			3/6/2017 draft, as amended by committee on 3/9/2017
Main Sponsor(s)			Speaker Paul Ryan, House E&C/W&Ms Committees
Insurance Market Regulations	Individual Market Rules/ Protections	--Ban on annual and lifetime coverage limits; --Ban on rescissions (withdrawal of coverage); --Required coverage of preventive services; --Dependent coverage through age 26; --Required Summary of Benefits and Coverage; --Required internal claims/appeals/external review; --Ban on pre-existing condition exclusions; --Ban on discriminatory premium rates; --Guaranteed availability/renewability of coverage; --Ban on discrimination based on health status; --Nondiscrimination in health care; --Ban on excessive waiting periods; --Required coverage of mental health services/parity	-- Retains ACA's: ban on pre-existing condition exclusions; health status underwriting; life-time and annual coverage limits; coverage for adult children to age 26; essential health benefit (EHB) requirements (although likely to be modified by regulation); and other ACA consumer protections. --Penalty equal to 30% of the premium required for 12 months for enrollees who do not maintain continuous coverage (individuals eligible for IHS services exempt from penalty). -- Repeals plan actuarial value and metal level requirements. --Essential health benefits (EHBs) determined / regulated by states. --Increases allowable age rating of premiums to 5:1 (from 3:1). --Verification requirement for enrollment during SEPs. --Option to continue offering ACA Marketplace plans outside of Marketplace.
	Coverage of Reproductive Services	--Ban on use of federal funding to pay for abortions (with certain exceptions). --Marketplace plans not required to cover abortions. --Marketplace plans covering abortions (if allowed by state law) must take steps to ensure no use of federal funding to pay for abortions.	-- Ban on use of federal funding to pay for abortions (with certain exceptions) -- Prohibits using premium tax credits on health plan that covers abortion services. -- Bars Medicaid funding for Planned Parenthood.
	Interstate Insurance Market	Permits states to enter into cross-state compacts.	-- No changes made (due to "reconciliation" restrictions).
Medicaid Program Changes	ACA's Medicaid Expansion (to 138% FPL)	--Optional Medicaid expansion under which states can extend eligibility to all non-elderly residents with incomes up to 138% FPL. --Availability of federal financial assistance covering 100% of Medicaid spending on health care services for the expansion population through 2016, with the rate gradually decreasing to a fixed level of 90% in 2020.	**-- Repeal of ACA Medicaid expansion for years after 2019.** -- Starting in 2020, 90% FMAP applies only to persons enrolled as of January 1, 2020, with no break in coverage greater than 30 days. -- States can continue existing eligibility expansion but at regular FMAP rates.
	Base Medicaid Program	-- Eligibility requirements. -- Health care benefit package requirements. -- Consumer protections, including under managed care plans. -- Numerous other provisions. -- Retroactive program eligibility of up to 3 months from date of application.	-- Per capita cap / allotment on federal financial assistance for Medicaid spending on health care services. -- AI/AN enrollees (and spending at non-I/T providers) included in applicable section 1903A category. --Repeal of Essential Health Benefits (EHBs) requirement for benchmark plans. --For non-expansion states, repeal of Medicaid DSH allotment reductions and provides increased federal assistance for safety net providers. --Repeal of 3-month retroactive eligibility (limit to month of enrollment) and other provisions to reduce Medicaid costs (update allowable home equity limits; require states to conduct income eligibility redeterminations at least every six months).
	AI/AN provisions	-- Cost-sharing prohibited for AI/AN. -- Mandatory managed care enrollment prohibited for AI/AN. -- 100% FMAP for services to AI/ANs by / through IHS and Tribal providers. -- Tribal consultation requirements.	-- Continuation of 100% FMAP for services to AI/ANs by / through IHS and Tribal providers. This spending is not subject to federal per capita caps. -- For services to AI/ANs provided outside of I/T system, complicated calculations and impact on state funding. During months an AI/AN receives a service from / through an I/T, AI/AN enrollee not included in count of Section 1903A enrollees. Depending on status of per capita cap application to a Section 1903A enrollee category, spending on AI/AN enrollees at non-I/T providers in months when enrollee also receives services by / through an I/T provider might not be reimbursed by CMS.

Proposal	Affordable Care Act (ACA)	American Health Care Act (REVISED analysis of bill as of 3/14/2017; 8:15 am ET)
Bill Number (if applicable)	(Current; enacted in 2010; Public Law 111–148)	N/A [Republican FAQs]
Date Introduced		3/6/2017 draft, as amended by committee on 3/9/2017
Main Sponsor(s)		Speaker Paul Ryan, House E&C/W&Ms Committees
Medicare Program Changes	--Phase-out of the Part D coverage gap. --Increased financial assistance for individuals in the Part D coverage gap. --Elimination of copays for certain preventive services. --Changes in payment rates. --Provisions designed to improve efficiency/quality/program integrity.	-- Retain phase-out of the Part D coverage gap. -- Repeal ACA taxes dedicated to funding Part A Trust Fund. [-- Other TBD.]
Notes and Recommended Articles:	[1] Health cost adjustment percentage equals 100% plus the excess (if any) of the percentage over 55% by which the per employee cost for providing coverage under the BC BS standard benefit option under FEHBP for plan year 2018 (determined by using the benefit package for such coverage in 2010) exceeds such cost for plan year 2010	--Tim Jost: http://healthaffairs.org/blog/2017/03/07/examining-the-house-republican-aca-repeal-and-replace-legislation/ -- https://www.nytimes.com/interactive/2017/03/06/us/politics/republican-obamacare-replacement.html?WT.nav=top-news&action=click&clickSource=story-heading&emc=edit_nn_20170307&hp=&module=a-lede-package-region&nl=morning-briefing&nlid=69595147&pgtype=Homepage®ion=top-news&te=1 - http://www.msn.com/en-us/news/politics/house-republicans-unveil-plan-to-replace-health-law/ar-AAnV0qh?li=BBnb7Kz&ocid=wispr - http://www.modernhealthcare.com/article/20170306/NEWS/170309925?utm_source=modernhealthcare&utm_medium=email&utm_content=20170306-NEWS-170309925&utm_campaign=mh-alert - http://www.politico.com/story/2017/02/house-republicans-obamacare-repeal-package-235343 - http://www.politico.com/story/2017/03/house-obamacare-repeal-bill-what-does-it-say-235648

Example 1: Household of two 40 year-olds and two 20 year-olds

Comparison of Federal Financial Assistance for Health Insurance Costs (Individual Market): Affordable Care Act (ACA) vs. House Republican Plan[1]

Example of 4-Person AI/AN Family in Big Horn County, MT; 2017

Two 40-year-olds; two 20-year-olds; all meet ACA definition of Indian

	Household Income	Total Plan Premium[2]	Average Out-of-Pocket (OOP) Costs[3]	Premium Tax Credit (PTC)[4, 5]	Net Premium Costs	Net Total Costs
ACA (Current)	$35,000 (144% FPL)	$14,450	$0	$14,450	$0	$0
House GOP Plan			$6,930	$10,000	$4,450	$11,380
				DIFFERENCE: House GOP plan vs. ACA:	$4,450	$11,380
ACA (Current)	$50,000 (206% FPL)	$14,450	$0	$13,913	$537	$537
House GOP Plan			$6,930	$10,000	$4,450	$11,380
				DIFFERENCE: House GOP plan vs. ACA:	$3,913	$10,843
ACA (Current)	$75,000 (309% FPL)	$14,450	$0	$9,963	$4,487	$4,487
House GOP Plan			$6,930	$10,000	$4,450	$11,380
				DIFFERENCE: House GOP plan vs. ACA:	-$37	$6,893
ACA (Current)	$150,000 (617% FPL)	$14,450	$0	$0	$14,450	$14,450
House GOP Plan			$6,930	$10,000	$4,450	$11,380
				DIFFERENCE: House GOP plan vs. ACA:	-$10,000	-$3,070

[1] House Republican plan is based on March 6, 2017 W&Ms and E&C Committee mark.

[2] Premium is for the selected bronze PPO (BC BS Basic 103, a MSP) on the Marketplace in 2017, with all four 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.

[3] ACA eliminates cost-sharing for Marketplace enrollees who meet the definition of Indian. Average OOP costs for House Republican plan are based on average cost-sharing payments made to providers by the federal government on behalf of AI/AN Marketplace enrollees in Montana.

[4] The PTCs shown for ACA are generated by HealthCare.gov and capped at the amount of the total plan premium. Additional PTCs might be available under ACA for a higher-cost plan.

[5] The PTCs shown for House Republican plan are for 2020, with amounts in future years to include an adjustment for inflation. Under the House Republican plan, PTCs cannot exceed $14,000 per taxpayer per year in 2020 (with cap adjusted for inflation in future years). PTCs begin phase out for single filers at $75,000 and joint filers at $150,000.

Comparison of Net Household Contribution for Health Insurance-Related Costs (Individual Market): Affordable Care Act (ACA) vs. House Republican Plan[1]

Example of 4-Person AI/AN Family in Big Horn County, MT; 2017

Two 40-year-olds; two 20-year-olds; all meet ACA definition of Indian; bronze plan enrollment

	Household Income		Net Enrollee Premium Costs		Total Costs: Premiums and OOP		Household Contribution Difference (House Rep. vs. ACA)
	Household Income ($)	Federal Poverty Level (%)	Net Household Premium Contribution ($)	Net Household Premium Contribution (%)	Total Net Household Contribution ($)	Total Net Household Contribution (%)	
ACA (Current)	$35,000	144%	$0	0%	$0	0%	+33 perct. points
House Rep. Plan			$4,450	13%	$11,380	33%	
ACA (Current)	$50,000	206%	$537	1%	$537	1%	+22 perct. points
House Rep. Plan			$4,450	9%	$11,380	23%	
ACA (Current)	$75,000	309%	$4,487	6%	$4,487	9%	+6 perct. points
House Rep. Plan			$4,450	6%	$11,380	15%	
ACA (Current)	$150,000	617%	$14,450	10%	$14,450	10%	-2 perct. points
House Rep. Plan			$4,450	3%	$11,380	8%	

[1] House Republican plan is based on March 6, 2017 W&Ms and E&C Committee mark.

Example 2: Household of two 60 year-olds and two 20 year-olds

Comparison of Federal Financial Assistance for Health Insurance Costs (Individual Market): Affordable Care Act (ACA) vs. House Republican Plan[1]						
Example of 4-Person AI/AN Family in Big Horn County, MT; 2017						
Two 60-year-olds; two 20-year-olds; all meet ACA definition of Indian; bronze plan enrollment						
	Household Income	Total Plan Premium[2]	Average Out-of-Pocket (OOP) Costs[3]	Premium Tax Credit (PTC)[4, 5]	Net Premium Costs	Net Total Costs
ACA (Current)	$35,000 (144% FPL)	$25,297	$0	$25,297	$0	$0
House GOP Plan			$6,930	$12,000	$13,297	$20,227
				DIFFERENCE: House GOP plan vs. ACA:	$13,297	$20,227
ACA (Current)	$50,000 (206% FPL)	$25,297	$0	$25,297	$0	$0
House GOP Plan			$6,930	$12,000	$13,297	$20,227
				DIFFERENCE: House GOP plan vs. ACA:	$13,297	$20,227
ACA (Current)	$75,000 (309% FPL)	$25,297	$0	$22,898	$2,399	$2,399
House GOP Plan			$6,930	$12,000	$13,297	$20,227
				DIFFERENCE: House GOP plan vs. ACA:	$10,898	$17,828
ACA (Current)	$150,000 (617% FPL)	$25,297	$0	$0	$25,297	$25,297
House GOP Plan			$6,930	$12,000	$13,297	$20,227
				DIFFERENCE: House GOP plan vs. ACA:	-$12,000	-$5,070

[1] House Republican plan is based on March 6, 2017 W&Ms and E&C Committee mark.

[2] Premium is for the selected bronze PPO (BC BS Basic 103, a MSP) on the Marketplace in 2017, with all four 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.

[3] ACA eliminates cost-sharing for Marketplace enrollees who meet the definition of Indian. Average OOP costs for House Republican plan are based on average cost-sharing payments made to providers by the federal government on behalf of AI/AN Marketplace enrollees in Montana.

[4] The PTCs shown for ACA are generated by HealthCare.gov and capped at the amount of the total plan premium. Additional PTCs might be available under ACA for a higher-cost plan.

[5] The PTCs shown for House Republican plan are for 2020, with amounts in future years to include an adjustment for inflation. Under the House Republican plan, PTCs cannot exceed $14,000 per taxpayer per year in 2020 (with cap adjusted for inflation in future years). PTCs begin to phase out for single filers at $75,000 and joint filers at $150,000.

Comparison of Net Household Contribution for Health Insurance-Related Costs (Individual Market): Affordable Care Act (ACA) vs. House Republican Plan[1]							
Example of 4-Person AI/AN Family in Big Horn County, MT; 2017							
	Two 60-year-olds; two 20-year-olds; all meet ACA definition of Indian; bronze plan enrollment						Household Contribution Difference (House Rep. vs. ACA)
	Household Income		Net Enrollee Premium Costs		Total Costs: Premiums and OOP		
	Household Income ($)	Federal Poverty Level (%)	Net Household Premium Contribution ($)	Net Household Premium Contribution (%)	Total Net Household Contribution ($)	Total Net Household Contribution (%)	
ACA (Current)	$35,000	144%	$0	0%	$0	0%	+58 perct. points
House Rep. Plan			$13,297	38%	$20,227	58%	
ACA (Current)	$50,000	206%	$0	0%	$0	0%	+40 perct. points
House Rep. Plan			$13,297	27%	$20,227	40%	
ACA (Current)	$75,000	309%	$2,399	3%	$2,399	5%	+22 perct. points
House Rep. Plan			$13,297	18%	$20,227	27%	
ACA (Current)	$150,000	617%	$25,297	17%	$25,297	17%	-4 perct. points
House Rep. Plan			$13,297	9%	$20,227	13%	

[1] House Republican plan is based on March 6, 2017 W&Ms and E&C Committee mark.