

ACA / Marketplace Health Insurance

Health Insurance on Your Own Terms | Page 1 of 3

SUBSIDY INCOME LIMITS — Do You Qualify for Tax Credits?

Household Size	1 Person	2 People	3 People	4 People	5+ People
Upper Income Limit	\$62,760	\$84,600	\$106,440	\$128,280	Ask Mike
Tax Credit?	✓ Likely	✓ Likely	✓ Likely	✓ Likely	Varies

* 2026 Federal Poverty Level. Income = MAGI. Rules vary — guide only. Licensed states: TX, DE, FL, IN, KS, MS, MO, NC, SC, OH, OK, MI, TN, GA, VA.

No matter your income, we likely have an option that fits your budget.

WHAT IS AN ACA / MARKETPLACE PLAN?

ACA (Affordable Care Act) plans are federally regulated health insurance overseen by the U.S. Department of Health and Human Services (HHS). They are best known for income-based tax credits that can dramatically reduce — or even eliminate — your monthly premium. ACA plans are typically **HMO (Health Maintenance Organization)** networks, meaning your care is managed within a local provider network.

✓ THE GOOD

- ✓ Tax credits can dramatically lower or eliminate your premium
- ✓ Pre-existing conditions are fully covered — no exceptions
- ✓ Essential Health Benefits: 10 core services legally required on every plan
- ✓ No annual or lifetime dollar caps on essential care
- ✓ Preventive care covered: annual checkups, vaccines, screenings
- ✓ Dental and Vision add-ons available
- ✓ Coverage for the whole family on one plan
- ✓ Guaranteed acceptance — cannot be denied for health reasons

■ WATCH OUT FOR

- Usually HMO — you are limited to a local provider network
- Tax credits lower your PREMIUM — not your deductible
- Deductibles often run \$5,000–\$9,000+ before coverage pays
- Out-of-Pocket Maximum can reach \$9,000+ per person annually
- Some plans carry a separate RX (prescription) deductible
- Enrollment locked to Open Enrollment: Nov 1 – Jan 15
- Special Enrollment Periods (SEP) require documented proof
- SEP claims are heavily scrutinized — not a casual fallback
- Must file a federal tax return for the coverage year to reconcile credits

SPECIAL ENROLLMENT PERIODS — Qualifying Life Events (60-Day Window)

Loss of Coverage: Job-based insurance, aged off parent plan at 26, lost Medicaid/Medicare/CHIP, lost family member coverage, employer HRA offer

Household Changes: Marriage, new baby/adoption/foster care, divorce with loss of coverage, death of policyholder causing coverage loss

Other: Moved to new ZIP/county/state, became U.S. citizen, left incarceration, tribal membership, natural disaster, AmeriCorps service

■ Divorce without loss of coverage does NOT qualify. Moving requires proof of prior coverage. SEP is scrutinized — always document your qualifying event.

Not sure which plan is right for you? That's exactly what I'm here for.
Free. No pressure. Takes 2 minutes.

■ 512-850-6604

■ RealHealthQuote.com

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Broker services are FREE — carriers pay us, not you. Same price. Expert guidance. Zero extra cost. | Mike Peck, Licensed Health Insurance Broker

Short-Term Medical Insurance (STM)

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WHAT IS SHORT-TERM MEDICAL (STM)?

Short-Term Medical (STM) plans are private health insurance designed for flexibility. They are typically **PPO (Preferred Provider Organization)** networks — meaning you can see providers across a nationwide network of 600,000+ locations without referrals or geographic restrictions. STM plans are available any time of year with no enrollment windows. Coverage, term length, and available add-ons vary by carrier and state. **14 states (including DC) do not offer STM plans: CA, CO, CT, HI, IL, MA, MD, MN, NJ, NM, NY, RI, VT, WA + DC.** Of Mike's 15 licensed states, Vermont is the only one without STM — meaning STM is available in 14 of Mike's 15 licensed states.

✓ THE GOOD

- ✓ Coverage can start next day — no waiting period
- ✓ PPO network: 600,000+ provider locations nationwide
- ✓ No enrollment windows — apply any time of year
- ✓ Cancel or change your plan anytime — no penalty
- ✓ Term length flexible — carrier and state dependent
- ✓ Build your own package: add only what you need
- ✓ Add-ons available: Accident / Hospital / Critical Illness | Term Life | Dental / Vision
- ✓ Separate commission-able riders = more coverage options for you
- ✓ Freedom to see specialists without referrals

■ WATCH OUT FOR

- Pre-existing conditions are NOT covered — period
- Premium is higher than subsidized ACA plans
- Not available in 14 states + DC: CA, CO, CT, HI, IL, MA, MD, MN, NJ, NM, NY, RI, VT, WA
- Term length and options vary significantly by carrier and state
- Coverage limits may apply — read your plan details
- Not ideal if you have ongoing prescriptions or conditions
- May not cover maternity care depending on plan

WHAT YOU CAN ADD TO AN STM PLAN

Accident Insurance	Pays a lump sum for injuries from accidents — ER visits, fractures, dislocations. Fills gaps your base plan may not cover.
Hospital Indemnity	Pays you a fixed daily cash benefit for every day you are hospitalized. Helps cover lost income and out-of-pocket costs.
Critical Illness	Lump-sum payout if diagnosed with a covered serious illness: cancer, heart attack, stroke, kidney failure, and more.
Term Life	Affordable life insurance added to your health package. Protects your family without a separate policy application.
Dental / Vision	Stand-alone dental and vision coverage. Available on both ACA and STM — often better value bundled with STM packages.

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Which One Is Right for You?

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ACA / Marketplace	Short-Term Medical (STM)
CONSIDER ACA IF YOU...	CONSIDER STM IF YOU...
<ul style="list-style-type: none"> ✓ You qualify for tax credit subsidies ✓ You or family member has pre-existing conditions ✓ You want guaranteed acceptance — no health questions ✓ You want federally mandated essential benefits ✓ You want no lifetime dollar caps on care ✓ Preventive care is a priority ✓ You have a qualifying life event for SEP ✓ Local HMO network is sufficient for your needs 	<ul style="list-style-type: none"> ✓ You are generally healthy with no major conditions ✓ You need coverage fast — next day effective ✓ You want PPO freedom: 600K+ providers nationwide ✓ You want to cancel or change plans anytime ✓ You need coverage outside the OEP window ✓ You want to customize your coverage package ✓ You travel or work across multiple states ✓ Your income is too high for ACA subsidies
MAYBE NOT IF YOU...	MAYBE NOT IF YOU...
<ul style="list-style-type: none"> ✗ You need coverage starting tomorrow ✗ You travel or live in multiple states ✗ You want to choose any doctor, anywhere ✗ You want flexibility to cancel anytime ✗ Your income is too high for meaningful subsidies 	<ul style="list-style-type: none"> ✗ You have pre-existing conditions that need coverage ✗ You want federally mandated essential benefits ✗ You live in one of the 14 states where STM is unavailable ✗ You need maternity or prescription drug coverage ✗ You prefer lower premium over lower deductible

KEY TERMS — Quick Reference		
Premium Monthly cost to keep your coverage active — paid even if you never use it.	Deductible What you pay first. Subsidies reduce your premium, NOT your deductible.	OOP Max The most you'll pay in a year. After this, insurance covers 100%.
HMO Local network only. Must use in-network providers. Typical in ACA plans.	PPO Nationwide network. See any provider, anywhere. Typical in STM plans.	HSA Tax-free savings account for medical costs. Pairs with high-deductible plans.
MAGI Income figure used for ACA subsidy eligibility. Not the same as gross pay.	SEP Special Enrollment Period — 60-day window after a qualifying life event.	EOB Explanation of Benefits — shows what was billed vs. covered. Not a bill.

Still not sure? That's the whole point of having a broker.

Mike has access to options, carriers, and combinations that a website will never show you. A 2-minute conversation could save you thousands — or find you coverage you didn't know existed.

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