

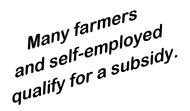
## **REQUEST A QUOTE**

## Federal Marketplace / On Exchange **Estimated Subsidy / Metal Plans OFUSC - NPN Number 3243878**

Name	County							
Address _								
City	s	tat	te Zip					
Email		Phone						
Date of Birth		Tobacco Use - Yes or No (please circle)						
Spouse								
Date of Bir	rth	Tobacco U	se	- Yes or No (please circle)				
Child #1	Date of Birth	M/I	=	Tobacco Use - Yes or No (please circle)				
Child #2	Date of Birth	M/I	Ē	Tobacco Use - Yes or No (please circle)				
Child #3	Date of Birth	M/I	Ē	Tobacco Use - Yes or No (please circle)				
Child #4	Date of Birth	M/!	=	Tobacco Use - Yes or No (please circle)				
Poverty Levends Janua	vel Guidelines at the start of	of the 2016 oper subsidies and o	n e	ssistance will be based on the Federal enrollment period (November 1, 2015 and st-sharing assistance for the 2016 oper Guidelines.				
	bsidies are based on the siz djusted Gross Income (Forn			ld and your household's 2015 - 2016				
You ca	annot be turned down or charge	d more because of	an	illness, pregnancy, or medical condition.				
How	v did you hear about Ohi	o Farmers Uni	or	n insurance products? (Check One)				
_	<ul> <li>□ Friend / Family Member</li> <li>□ Internet / Website</li> <li>□ Advertisement in newspaper, magazine, etc.</li> <li>□ Internet / Website</li> </ul>							
				name of publication				
Da	•	•		m toll-free to 888-701-3839				

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Mail to Ohio Farmers Union, PO Box 363, Ottawa, OH 45875 If you have questions, please call 800-321-3671



## **Premium Subsidy Criteria**

Federally facilitated marketplaces will use the 2015 Federal Poverty Guidelines to calculate cost-assistance for open enrollment November 1, 2015 - January 31, 2016.

Household	100%	133%	138%	150%	200%	250%	300%	400%
1	\$11,770	\$15,654	\$16,242	\$17,655	\$23,540	\$29,425	\$35,310	\$47,080
2	\$15,930	\$21,187	\$21,983	\$23,895	\$31,860	\$39,825	\$47,790	\$63,720
3	\$20,090	\$26,720	\$27,724	\$30,135	\$40,180	\$50,225	\$60,270	\$80,360
4	\$24,250	\$32,253	\$33,465	\$36,375	\$48,500	\$60,625	\$72,750	\$97,000
5	\$28,410	\$37,785	\$39,205	\$42,615	\$56,820	\$71,025	\$85,230	\$113,640
6	\$32,570	\$43,318	\$44,946	\$48,855	\$65,140	\$81,425	\$97,710	\$130,280
7	\$36,730	\$48,851	\$50,687	\$55,095	\$73,460	\$91,825	\$110,190	\$146,920
8	\$40,890	\$54,384	\$56,428	\$61,335	\$81,780	\$102,225	\$122,670	\$163,560

## The fee for not having health coverage in 2016

If you don't have health insurance in 2016, you'll pay the **higher** of these two amounts:

- 2.5% of your yearly household income
- \$695 per person (\$347.50 per child under 18) The maximum penalty per family using this method is \$2,085.

If you're uninsured for just part of the year, 1/12 of the yearly penalty applies to each month you're uninsured.

If you have a gap in coverage that is less than three consecutive months, you don't have to make a payment.

Learn more about the individual responsibility payment from the Internal Revenue Service.

Each year Obamacare premium subsidies and cost assistance will be based on the Federal Poverty Level Guidelines at the start of the open enrollment period (November 1, 2015 for 2016). So premium subsidies, cost-sharing assistance, and taxes for 2016 are based on the 2015 Federal Poverty Guidelines.