

**§ 18024. Related definitions****(a) Definitions relating to markets**

In this title:<sup>1</sup>

**(1) Group market**

The term “group market” means the health insurance market under which individuals obtain health insurance coverage (directly or through any arrangement) on behalf of themselves (and their dependents) through a group health plan maintained by an employer.

**(2) Individual market**

The term “individual market” means the market for health insurance coverage offered to individuals other than in connection with a group health plan.

**(3) Large and small group markets**

The terms “large group market” and “small group market” mean the health insurance market under which individuals obtain health insurance coverage (directly or through any arrangement) on behalf of themselves (and their dependents) through a group health plan maintained by a large employer (as defined in subsection (b)(1)) or by a small employer (as defined in subsection (b)(2)), respectively.

**(b) Employers**

In this title:<sup>1</sup>

**(1) Large employer**

The term “large employer” means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 101 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

**(2) Small employer**

The term “small employer” means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 1 but not more than 100 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

**(3) State option to treat 50 employees as small**

In the case of plan years beginning before January 1, 2016, a State may elect to apply this subsection by substituting “51 employees” for “101 employees” in paragraph (1) and by substituting “50 employees” for “100 employees” in paragraph (2).

**(4) Rules for determining employer size**

For purposes of this subsection—

**(A) Application of aggregation rule for employers**

All persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of title 26 shall be treated as 1 employer.

**(B) Employers not in existence in preceding year**

In the case of an employer which was not in existence throughout the preceding cal-

endar year, the determination of whether such employer is a small or large employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year.

**(C) Predecessors**

Any reference in this subsection to an employer shall include a reference to any predecessor of such employer.

**(D) Continuation of participation for growing small employers**

If—

(i) a qualified employer that is a small employer makes enrollment in qualified health plans offered in the small group market available to its employees through an Exchange; and

(ii) the employer ceases to be a small employer by reason of an increase in the number of employees of such employer;

the employer shall continue to be treated as a small employer for purposes of this subchapter for the period beginning with the increase and ending with the first day on which the employer does not make such enrollment available to its employees.

**(c) Secretary**

In this title,<sup>1</sup> the term “Secretary” means the Secretary of Health and Human Services.

**(d) State**

In this title,<sup>1</sup> the term “State” means each of the 50 States and the District of Columbia.

**(e) Educated health care consumers**

The term “educated health care consumer” means an individual who is knowledgeable about the health care system, and has background or experience in making informed decisions regarding health, medical, and scientific matters.

(Pub. L. 111–148, title I, § 1304, title X, § 10104(d), Mar. 23, 2010, 124 Stat. 171, 900.)

## REFERENCES IN TEXT

This title, referred to in subssecs. (a) to (d), is title I of Pub. L. 111–148, Mar. 23, 2010, 124 Stat. 130, which enacted this chapter and enacted, amended, and transferred numerous other sections and notes in the Code. For complete classification of title I to the Code, see Tables.

## AMENDMENTS

2010—Subsec. (e). Pub. L. 111–148, § 10104(d), added subsec. (e).

## PART B—CONSUMER CHOICES AND INSURANCE COMPETITION THROUGH HEALTH BENEFIT EXCHANGES

**§ 18031. Affordable choices of health benefit plans****(a) Assistance to States to establish American Health Benefit Exchanges****(1) Planning and establishment grants**

There shall be appropriated to the Secretary, out of any moneys in the Treasury not otherwise appropriated, an amount necessary to enable the Secretary to make awards, not

<sup>1</sup> See References in Text note below.