

2019 Open Enrollment Health Coverage Bulletin

Only one month left to obtain health coverage sold through state Exchanges: **open enrollment for 2019 coverage is November 1 – December 15, 2018 in most states** for coverage that starts January 1, 2019.

- Open enrollment is once a year when individuals can sign up for, or make changes to, a health insurance plan.
- The Affordable Care Act (ACA) remains in effect, however, the open enrollment period to purchase individual health insurance plans sold through state Exchanges is shorter in 2018 than in past years.
- In most states the open enrollment period to purchase coverage is November 1 – December 15. Below are the state-based Exchanges extending or considering extending open enrollment periods for 2019 benefits:
 - California: open enrollment permanently set at October 15 – January 15
 - Colorado: draft regulations propose November 1 – January 15 open enrollment
 - Rhode Island: open enrollment is November 1 – December 31
 - Minnesota: open enrollment is November 1 – January 13
 - Massachusetts: open enrollment is November 1 – January 23
 - District of Columbia: open enrollment is November 1 – January 31

While the tax penalty for not purchasing health insurance will be eliminated effective in 2019, some states have their own mandate requiring residents to buy health insurance or face a tax penalty.

- The individual mandate (also known as the individual shared responsibility provision) that requires individuals to purchase health insurance or pay a tax penalty remains in place for 2019. However, the tax penalty associated with it was eliminated and will be effective as of January 2019 (2019 tax year, paid in 2020).
 - As of November 2018, New Jersey, Vermont and Washington, D.C., have enacted an individual health insurance mandate, joining Massachusetts.

The federal government adjusted regulations to allow states to offer “thin” health insurance coverage that do not meet all of the requirements of ACA plans, such as not requiring that plans to include essential health benefits. These lower-cost plans include short-term plans and Association Health Plans (AHPs).

- Short-term health insurance plans provide coverage for unexpected injuries and illnesses that require urgent or emergency medical care. AHPs allow groups of businesses (including the self-employed) to join together by geography or industry to purchase a group health plan as if they were a single company.

- For 2019, consumers can choose an individual plan on a state Exchange or enroll in alternative health coverage such as short-term health insurance or an Association Health Plan.
- Those with pre-existing conditions may not be accepted by these alternative health insurance plans. Alternative plans can also have annual or lifetime caps on coverage, so that coverage stops when the cap is reached.
- However, several states are working on new laws to restrict or eliminate non-ACA alternative plans.

Eligibility for state Exchange health coverage. Important to note that premium discounts continue for those who qualify based on their income:

- Those who qualify for Medicaid/Children’s Health Insurance Program (CHIP), or Medicare are ineligible. However, if their application to these programs is denied, they may apply through a state Exchange.
- If an employer charges more than 9.56 percent of yearly household income for employee health insurance, it is considered unaffordable and that employee can then apply for coverage through a state Exchange.
- Citizens living outside the country (at least 330 days of a 12-month period), non-U.S. citizens or nationals, and those incarcerated are also ineligible.

Immigrants qualifying for state Exchange (also known as Marketplace) health coverage:

- Lawful Permanent Resident (Green Card holder)
- Asylee
- Refugee
- Cuban/Haitian Entrant
- Paroled into the U.S.
- Conditional Entrant Granted before 1980
- Battered Spouse, Child and Parent
- Victim of Trafficking and his/her Spouse, Child, Sibling or Parent
- Granted Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture
- Individual with Non-immigrant Status, includes worker visas
- (such as H1, H-2A, H-2B), student visas, U-visa, T-visa, other visas
- Citizens of Micronesia, the Marshall Islands, and Palau
- Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)
- Deferred Action Status (Exception: Deferred Action for Childhood Arrivals (DACA) is not an eligible immigration status for applying for health insurance)
- Lawful Temporary Resident
- Administrative order staying removal issued by the Department of Homeland Security

- Member of a federally-recognized Indian tribe or American Indian born in Canada
- Resident of American Samoa

Changes to Medicaid:

- Several states have received federal approval to charge premiums for Medicaid and/or take away Medicaid coverage for individuals who do not work or meet work requirements each month. The states with approved work requirements and/or premiums include Arkansas, Kentucky, Indiana, and New Hampshire. These states join Arizona, Kansas, Maine, Minnesota, Utah and Wisconsin which are currently awaiting permission from Washington, D.C. Each state's guidelines vary, so residents of states with work requirements and/or premium charges need to contact their local Medicaid offices.