2020 Open Enrollment Health Coverage Bulletin

Only a few days left to obtain health coverage sold through state Exchanges: open enrollment for 2020 coverage is November 1 – December 15, 2019 in most states for coverage that starts January 1, 2020.

- Open enrollment is once a year and 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 varies. 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 2020 benefits:
  - California: October 15 – January 31
  - Colorado: November 1 – January 15
  - District of Columbia: November 1 – January 31
  - Rhode Island: November 1 – December 31
  - Minnesota: open enrollment is November 1 – December 23
  - Massachusetts: open enrollment is November 1 – January 23

While the tax penalty for not purchasing health insurance was eliminated in 2019, some states have their own mandate requiring residents to buy health insurance or face a tax penalty (also known as the Shared Responsibility Payment).

- In 2019, New Jersey and District of Columbia enacted an individual health insurance mandate, joining Massachusetts.
- As of January 2020, California, Vermont, and Rhode Island, will have an individual mandate requirement (2020 tax year, paid in 2021).

Expanded eligibility for Advanced Premium Tax Credit.

- Eligibility for the Advanced Premium Tax Credit (subsidy) is available for individuals making between $12,490 to $49,960, or a family of four making between $25,750 to $103,000 annually.

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 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.
- 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.
- For 2020, 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 depending on which state they live in.
• California, Hawaii, Maryland, Vermont, Colorado, Maine, Delaware and New Mexico are states that have issued regulations to protect consumers from non-ACA compliant plans. Several other 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 9.78 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
- 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
- Citizens of Micronesia, the Marshall Islands, and Palau
- Temporary Protected Status (TPS)

**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. As of 2019, Indiana, Arizona, Michigan, Ohio, Utah, and Wisconsin all have a work requirement while Alabama, Idaho, Mississippi, Montana, Oklahoma, South Carolina, South Dakota, Tennessee, and Virginia 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.