

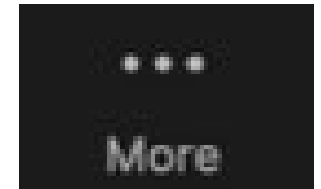
Beyond 
the Basics

**What's New for
2025**

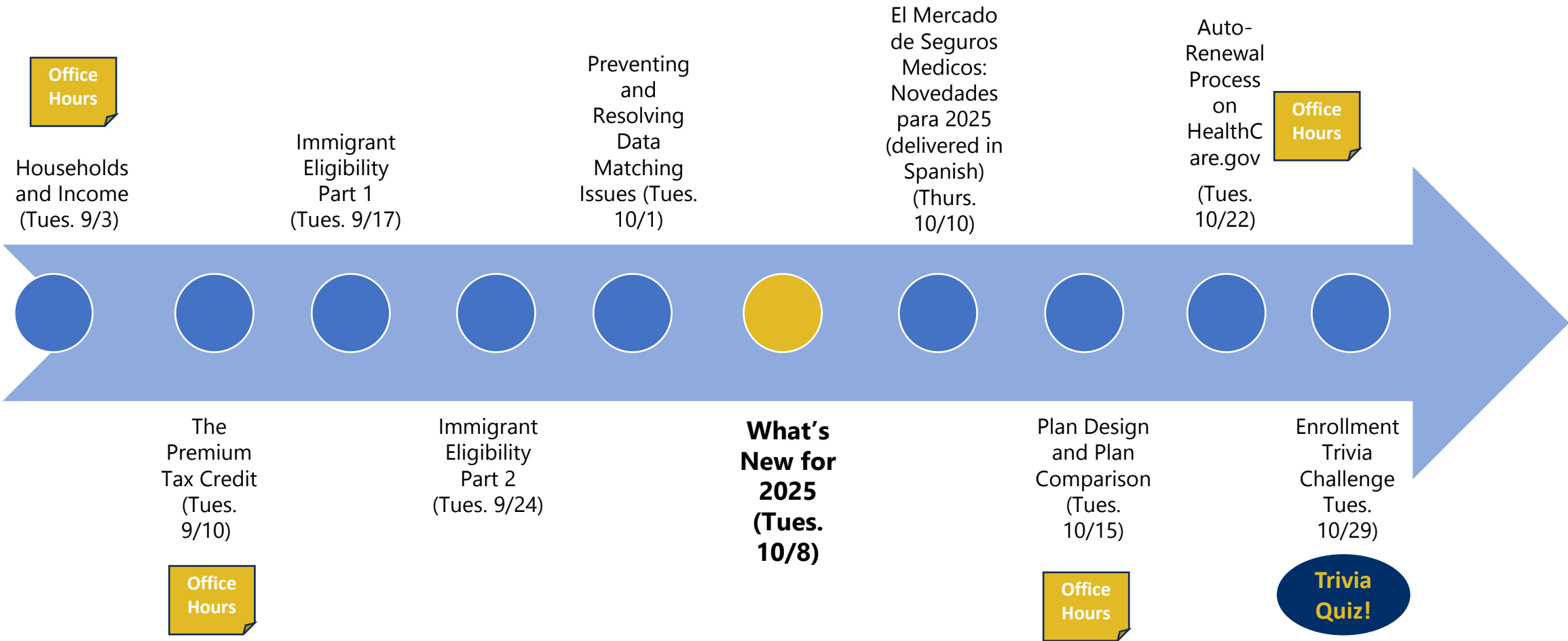
October 8, 2024

Webinar Logistics

- After the webinar, we'll circulate the slides, a video recording of this presentation, and other resources. We'll also post everything to the Beyond the Basics website.
- Automated captions have been enabled for this webinar. To view them, click on the "more" option with three dots at the bottom of your screen. There you should have the option to turn on closed captioning.
- All participants are muted and in listen-only mode. If you'd like to ask a question:
 - Click on the Q&A icon at the bottom of your webinar screen and type your question into the box.
 - We will be monitoring questions and will pause for Q&A during the presentation.
 - We may not be able to answer every question asked, but we will do our best to get back to you after the webinar, and we'll have a record of all your questions which we'll use as a guide for future resources and presentations.
 - You can also email your questions during and after the webinar to beyondthebasics@cbpp.org



Webinar Schedule



Register and find recordings and materials from past webinars in the series at:
<https://www.healthreformbeyondthebasics.org/category/webinars/>

Agenda

- Things that change annually
- Changes to eligibility rules affecting certain people who are immigrants
- Pause for Q&A
- Enrollment process changes/guardrails
- Periodic Data Matching
- Updates on previously-announced changes
- More Q&A

Annual Updates



Enhanced Premium Tax Credits Continue in 2025

Monthly premium costs
after tax credits fell by



32%

Feb. 2021 → Feb. 2024

Nearly half of enrollees
nationwide selected a
plan for



per month or less

Because of the
enhanced PTC, the
average enrollee
saved an estimated



*Enhanced premium tax credits expire at the end of
2025 unless Congress acts.*

Yearly Income Guidelines and Thresholds

See [Yearly Income Guidelines and Thresholds for Coverage Year 2025/Tax Year 2024](#)

- Federal Poverty Guidelines
- Expected Premium Contribution
- ESI Affordability Threshold
- Out-of-Pocket Maximums
- Affordability Exemption:
- Tax Filing Thresholds
- Repayment Limits on APTCs

REFERENCE CHART
Yearly Guidelines & Thresholds | Coverage Year 2025

2024 Federal Poverty Guidelines (Coverage Year 2025)

# in Household	100% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL
1	\$15,060	\$20,783	\$22,590	\$30,120	\$37,650	\$45,180	\$60,240
2	\$20,440	\$28,207	\$30,660	\$40,880	\$51,100	\$61,320	\$81,760
3	\$25,820	\$35,632	\$38,730	\$51,640	\$64,550	\$77,460	\$103,280
4	\$31,200	\$43,056	\$46,800	\$62,400	\$78,000	\$93,600	\$124,800
5	\$36,580	\$50,480	\$54,870	\$73,160	\$91,450	\$109,740	\$146,320
6	\$41,960	\$57,905	\$62,940	\$83,920	\$104,900	\$125,880	\$167,840
7	\$47,340	\$65,329	\$71,010	\$94,680	\$118,350	\$142,020	\$189,360
8	\$52,720	\$72,754	\$79,080	\$105,440	\$131,800	\$158,160	\$210,880

For households with more than 8, add \$5,380 for each additional person. Source (plus Hawaii and Alaska guidelines): [aspe.hhs.gov/poverty-guidelines](#). Eligibility for premium tax credits in coverage year 2025 is based on 2024 poverty guidelines. FPL = federal poverty line.

Expected Premium Contribution (Coverage Year 2025)

Annual Household Income (% of FPL)	Up to 150% FPL	200% FPL	250% FPL	300% FPL	400% FPL & Above
Expected Premium Contribution (% of Income)	0%	2%	4%	6%	8.5%

Source: American Rescue Plan Act Public Law No. 117-2; Inflation Reduction Act Public Law No. 117-169

Employer-Sponsored Insurance Affordability Threshold (Coverage Year 2025)

Eligibility for Premium Tax Credits if Offer of Employer-Sponsored Insurance is Considered Unaffordable	
Considered unaffordable if ESI offer exceeds:	Affordability of family coverage determined by:
9.02%	Cost of family coverage

Source: [irs.gov/pub/irs-drop/tc-24-35.pdf](#)

Out-Of-Pocket Maximum (Coverage Year 2025)

Plan Type	Income Level	Out-of-Pocket Maximum	
		Individual	Family
All plans ¹	All income levels	\$9,200	\$18,400
CSR Silver Plan 73% AV ²	Between 201%-250% FPL	\$7,350	\$14,700
CSR Silver Plan 87% AV ²	Between 151%-200% FPL	\$3,050	\$6,100
CSR Silver Plan 94% AV ²	Up to 150% FPL	\$3,050	\$6,100

¹Applies to all plans in the individual and group market. ²Applies only to silver plans eligible for CSR sold in the Marketplace. Note: CSR = cost-sharing reductions. AV = actuarial value. Source: [cms.gov/files/document/2025-pdpi-parameters-guidance-2023-11-15.pdf](#)

Affordability Exemption Threshold (Coverage Year 2025)

Eligibility for Catastrophic Coverage for Individuals Age 30 and Older	
Coverage considered unaffordable if premium for marketplace coverage (after APTC) or employer coverage costs more than:	728% of income

Source: [cms.gov/files/document/2025-pdpi-parameters-guidance-2023-11-15.pdf](#)

Page 1 of 2 | Updated September 2024

Beyond the Basics

Federal Poverty Guidelines

Eligibility for premium tax credits in coverage year 2025 is based on 2024 poverty guidelines. Eligibility for Medicaid is based on the guidelines in effect at the time of application.

Household Size	2024 Federal Poverty Line (for 2025 marketplace coverage)				
	100%	138%	200%	250%	400%
1	\$15,060	\$20,783	\$30,120	\$37,650	\$60,240
2	\$20,440	\$28,207	\$40,880	\$51,100	\$81,760
3	\$25,820	\$35,632	\$51,640	\$64,550	\$103,280
4	\$31,200	\$43,056	\$62,400	\$78,000	\$124,800
5	\$36,580	\$50,480	\$73,160	\$91,450	\$146,320

Employer Affordability vs. Affordability Exemption Thresholds

Employer affordability threshold: 9.02% of household income

People with an offer of employer sponsored insurance (ESI) that exceeds 9.02% of household income are eligible for Premium Tax Credits.

- ESI is “affordable” for the employee if the employee contribution for self-only coverage is up to 9.02% of household income (in 2025)
- ESI is “affordable” for the spouse and dependents if the employee contribution for family coverage is up to 9.02% of household income (in 2025)

Affordability Exemption threshold: 7.28% of household income

People age 30 and older are eligible to choose a catastrophic plan if their marketplace premiums (after PTC) or ESI cost more than 7.28% of income.

Out-of-Pocket Maximums

See [Key Facts: Cost-Sharing Charges](#)

This is the maximum amount that an enrollee is required to pay for all cost-sharing charges during the course of the year, including the deductible, copayments, and/or coinsurance.

Out-of-Pocket Maximum (Coverage Year 2025)			
Plan Type	Income Level	Out-of-Pocket Maximum	
		Individual	Family
All plans ¹	All income levels	\$9,200	\$18,400
CSR Silver Plan 73% AV ²	Between 201-250% FPL	\$7,350	\$14,700
CSR Silver Plan 87% AV ²	Between 151%-200% FPL	\$3,050	\$6,100
CSR Plan 94% AV ²	Up to 150% FPL	\$3,050	\$6,100

¹Applies to all plans in the individual and group market.

²Applies only to silver marketplace plans eligible for CSR

APTC Repayment Limits

For more information on PTC repayment, see [Key Facts: Premium Tax Credit](#)

People who have more income than they projected will owe back some – or all – of the APTC they received.

REPAYMENT LIMITS (TY 2024)		
Income (as % of FPL)	SINGLE taxpayers will pay back no more than ...	OTHER taxpayers will pay back no more than...
Under 200%	\$375	\$750
At least 200% but less than 300%	\$950	\$1,900
At least 300% but less than 400%	\$1,575	\$3,150
400% and above	None: Full repayment	None: Full repayment

Updated Standardized Plan Parameters

For more information on standardized plans, see [Guide: Easy Pricing Plans \(Standardized Plans\)](#)

	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Deductible	\$7,500	\$5,000	\$3,000	\$500	\$0	\$1,500	\$0
Maximum Out-of-Pocket Limitation	\$9,200	\$8,000	\$6,400	\$3,000	\$2,000	\$7,800	\$4,300
Primary Care Visit	\$50*	\$40*	\$40*	\$20*	\$0*	\$30*	\$10*
Specialist Visit	\$100*	\$80*	\$80*	\$40*	\$10*	\$60*	\$20*
Urgent Care	\$75*	\$60*	\$60*	\$30*	\$5*	\$45*	\$15*
Emergency Room	50%	40%	40%	30%	25%*	25%	\$100*
Inpatient Hospital	50%	40%	40%	30%	25%*	25%	\$350*
Generic Drugs	\$25*	\$20*	\$20*	\$10*	\$0*	\$15*	\$5*
Preferred Brand Drugs	\$50	\$40*	\$40*	\$20*	\$15*	\$30*	\$10*
Specialty Drugs	\$500	\$350	\$350	\$250	\$150*	\$250*	\$150*

*Benefit category not subject to the deductible.

Note: Additional cost sharing parameters apply for Mental Health & Substance Use Disorder Outpatient Office Visits, Imaging, Speech Therapy, Occupational and Physical Therapy, Laboratory Services, X-Ray/Diagnostic Imaging, Skilled Nursing Facilities, Outpatient Facility Fees, Outpatient Surgery Physician & Services, and Non-Preferred Brand Drugs. For a full list of cost sharing parameters for standardized plans, see "Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2025," April 15, 2024, <https://www.federalregister.gov/documents/2024/04/15/2024-07274/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2025>

Immigrant Eligibility



Changes to ACA Marketplace and Basic Health Eligibility Based on Immigration Status

Effective November 1, 2024:

- Exclusion of DACA recipients is ended.
- Clarifications:
 - People granted special immigrant juvenile status (SIJS), as well as applicants, are lawfully present.
 - Children under 14 applying for asylum, withholding of removal, or relief under the Convention Against Torture (CAT): eliminates the 180 day waiting period
 - Nonimmigrant Visa Holders: eliminates the “not in violation of status language”
 - People with employment authorization documents (EADs): eliminates specifications and clarifies that all people with EADs meet the standard
 - People applying for adjustment to LPR status: eliminates requirement for ‘approved visa petition’

Note: These changes were not adopted for the Medicaid and CHIP lawfully residing optional programs.

Immigration Categories Eligible for Marketplace Coverage and the Basic Health Program

The ACA
Marketplace and
Basic Health Use
the Lawfully
Present Standard
for Eligibility

Lawfully Present Statuses that Also Meet the Restrictive Federal Medicaid Standard	Other Lawfully Present Statuses
<p>“Qualified” Immigrants:</p> <ul style="list-style-type: none">• Lawful permanent resident (LPR/green card holder)• Refugee• Asylee• Cuban/Haitian entrant• Paroled into the U.S. for at least one year• Conditional entrant• Granted withholding of deportation or withholding of removal• Battered spouse, child and parent• Trafficking survivor and his/her spouse, child, sibling or parent• Compact of Free Association (COFA)• Iraq/Afghan special immigrant visas <p>Others:</p> <ul style="list-style-type: none">• Member of a federally-recognized Indian tribe or American Indian born in Canada	<ul style="list-style-type: none">• Granted relief under the Convention Against Torture (CAT)• Temporary protected status (TPS)• Deferred enforced departure (DED)• Deferred action (including DACA)• Paroled into the US for less than one year• Individual with nonimmigrant status (includes worker visas; student visas; U visas; and many others)• Administrative order staying removal issued by the Department of Homeland Security• Lawful temporary resident• Family unity• Special immigrant juvenile status• Others granted employment authorization

Immigration Categories Eligible for Marketplace Coverage and the Basic Health Program (continued)

The ACA Marketplace and Basic Health Use the Lawfully Present Standard for Eligibility

APPLICANT for Any of These Statuses:	Must Also Have Employment Authorization if 14 or older:
<ul style="list-style-type: none">• Lawful permanent resident• Special immigrant juvenile status• Victim of trafficking visa (T visa)	<ul style="list-style-type: none">• Applicant for temporary protected status• Registry applicants• Order of supervision• Applicant for cancellation of removal or suspension of deportation• Applicant for legalization under IRCA• Applicant for LPR under the LIFE Act• Applicants for asylum• Withholding of deportation or withholding of removal, under the immigration laws or under the Convention Against Torture (CAT)

Important Items Related to New Lawfully Present Standard

- People newly eligible due to the change are eligible for a special enrollment period that could allow them to begin coverage December 1, 2024
- While the change was proposed to also modify the Medicaid and CHIP lawfully residing standard, that change has not taken place at this time
- People who meet the lawfully present standard but are ineligible for Medicaid due to their immigration status, may qualify for PTCs even if their income is below 100 percent of the poverty line
- Tips
 - ✓ Fill out the application as completely and accurately as possible
 - ✓ If a person gets a data matching issue based off immigration status, upload required documentation as quickly as possible
 - ✓ People with immigration-related Data Matching Issues (DMIs) may get the wrong PTC eligibility result and/or may be incorrectly sent to Medicaid

Q&A



Enrollment Process Changes/Guardrails



(More) Standardized Open Enrollment Dates

October 15, 2024

Idaho

December 16

November 1, 2024

Colorado
Connecticut
Georgia
Idaho
Kentucky
Maryland
Maine
Minnesota
Nevada
New Mexico
Pennsylvania
Vermont
Virginia
Washington
HealthCare.gov*

January 15

Massachusetts

January 23

California
DC
New Jersey
Rhode Island
New York

January 31

*States that use HealthCare.gov: AL, AK, AZ, AR, DE, FL, HI, IL, IN, IA, KS, LA, MI, MS, MO, MT, NE, NH, NC, ND, OH, OK, OR, SC, SD, TN, TX, UT, WV, WI, WY

Streamlined Application/ Web-Broker Rules

- Web-brokers must update their displays to closely align with HealthCare.gov display changes in a timely manner
 - Changes to help text, font size, language access
 - Front-end changes visible on the consumer-facing website must be displayed prominently
- Already required for Enhanced Direct Enrollment entities; newly required for Direct Enrollment entities
- Applies in all marketplaces

Enhanced Direct Enrollment is an enrollment pathway through an issuer or a web-broker that does not require the user to visit HealthCare.gov

Direct Enrollment is an enrollment pathway through an issuer or a web-broker that requires the user to visit HealthCare.gov to complete the eligibility determination process

Incarceration Status Verification

People who are incarcerated are not eligible to enroll in an ACA marketplace plan.*

In all states, exchanges may now accept a person's attestation of their incarceration status.

- At the exchange's option, may verify incarceration status using the Federal Data Services Hub or another approved data source
- In states with HealthCare.gov, attestation will be accepted without further verification

*Other than people who are incarcerated pending disposition of charges

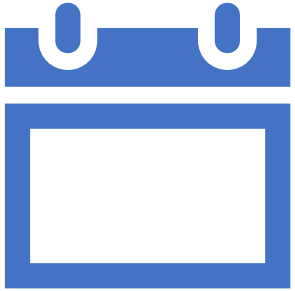
Catastrophic Coverage

- Available to people under age 30 and people over age 30 whose premiums for ACA marketplace coverage or employer coverage would cost more than a certain percentage of household income, indexed annually (7.28% in 2025)
- “Cleanup” rule to specify how marketplaces should treat people at reenrollment who are aging out or are otherwise no longer eligible
 - ACA marketplaces must automatically reenroll people no longer eligible for a catastrophic plan into a bronze plan in the same product (or most similar) with the most similar provider network

Catastrophic health plans have low monthly premiums and very high deductibles. People who qualify for PTCs or CSRs may find Bronze or Silver plans are a better value. Only about 24,000 people enrolled in a catastrophic plan through HealthCare.gov for 2024.

Aligning SEP Coverage Effective Dates

For a list of SEPs and coverage effective dates, see [Special Enrollment Periods \(SEP\) Reference Chart](#)



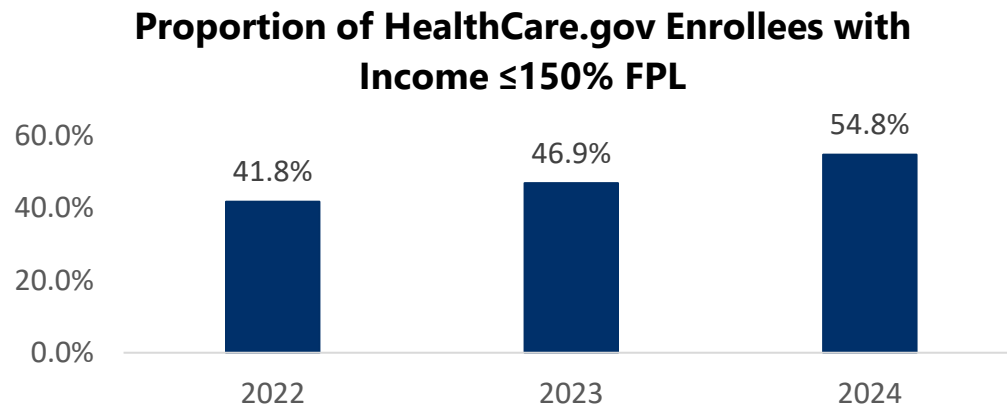
- Starting in 2025, all ACA marketplaces must implement a standard coverage effective date for plan selections made during a Special Enrollment Period (SEP):
Coverage must be effective the first day of the month after the enrollee selects a plan.
 - Applies to all SEPs to which regular coverage effective dates apply
- **Previous change reminder:** If a person's coverage will end mid-month in the future, and if the person selects a marketplace plan before the first day of the month in which the coverage loss will occur, there is a **marketplace option** for the SEP effective date to be the first day of the month in which the old coverage ends *Not yet effective on HealthCare.gov yet.*

Low-Income SEP

Makes the low-income SEP permanent

- Technically, makes the SEP available regardless of the availability of enhanced PTCs (specifically, \$0 premium silver plans)
- Adopted by HealthCare.gov and optional for state-based marketplaces

The **Low-income Special Enrollment Period (SEP)** is available to enrollees with income at or below 150 percent of FPL. These individuals can enroll in an ACA marketplace plan, or switch plans, at any time during the year. There is no prior coverage requirement.



Retroactive Coverage Terminations for Certain Medicare Enrollees

- New option for ACA marketplaces: When a person with marketplace coverage enrolls in Medicare Part A or Part B with a retroactive effective date, they can terminate their marketplace coverage retroactive to the day before the Medicare coverage takes effect
 - HealthCare.gov will implement this option, but not immediately
 - ! **Important:** People who elect this option are responsible to ensure any services received during the retroactive period are submitted to Medicare; their marketplace plan will not cover them

New Voter Registration Question

HealthCare.gov

[← Back](#) | [1 Set up](#) - [2 Household](#) - **[3 Coverage & changes](#)** - [4 Review & submit](#)

Optional: Get information on how to register to vote

Voter registration

Resources are available if you're interested, but your eligibility for health coverage isn't linked in any way to being registered to vote.

If you're already registered to vote, [keep your information up-to-date](#).

Would you like information on registering to vote?
Optional

Yes

No

Prefer not to answer

[Clear your selection](#)

[Save & continue](#) [Skip this question](#)

- Launched September 20, 2024
- Optional
- Directs people who respond 'Yes' to vote.gov

vote.gov

Search vote.gov

Register to vote Guide to voting Your vote is safe

Register to vote or update your registration

Once you register, you can vote in national, state, and local elections.

Select your state or territory to begin

Periodic Data Matching Updates



PDM for Enrollees Who Are Deceased

- Since 2021, all ACA marketplaces have been required to conduct Periodic Data Matching (PDM) at least twice per year to detect simultaneous Medicare, Medicaid/CHIP, and Basic Health Plan enrollment.
 - Rules did not require specific frequency for PDM for enrollees who are deceased
- Beginning in 2025, all ACA marketplaces will also be required to conduct PDM at least twice per year to identify enrollees who are deceased. HealthCare.gov already does this.
- The marketplace sends households with a deceased PDM a notice and ends QHP enrollment (and PTCs). There is a 30-day appeal window.

Temporary Change for Medicaid/CHIP PDM

HealthCare.gov states only: lighter touch PDM in 2024

- Only one Medicaid/CHIP PDM notice will be sent (via U.S. mail); notices were sent in August
- Not terminating APTC and CSR eligibility
- Designed to reduce disruption/harm in the wake of Medicaid unwinding (when Medicaid/CHIP data may not be accurate)

Regular PDM process to resume in 2025

Sample 2024 Medicaid/ CHIP PDM Notice

Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES
465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001

[Date]

[Name 1]
[Address]
[City, State ZIP]

Members of your household may have both Marketplace and Medicaid or CHIP health coverage.

Application ID: #####

Dear [Name 1]:

Our records show that the following household member(s) may have **both** a Health Insurance Marketplace® health plan with financial help and coverage through [State Medicaid program name] (Medicaid) or [State CHIP program name] (the Children's Health Insurance Program or CHIP):

- [Name 1]
- [Name 2]
- [Name 3]

In most cases, when someone has coverage through Medicaid or CHIP they don't qualify for financial help with the cost of their Marketplace plan.

What should I do next?

Marketplace coverage doesn't end automatically when Medicaid or CHIP coverage starts. If anyone listed above has Marketplace coverage with financial help and Medicaid or CHIP coverage, consider ending their Marketplace coverage. If you don't, they'll have to pay full price for their share of the Marketplace plan without the premium tax credit or other cost savings.

Follow the steps below based on your household's situation:

If you don't have a Marketplace account, you can create one. You can view and make changes to your Marketplace coverage, even if you didn't enroll through HealthCare.gov.

If:	You should:	Here's how:
All household members have qualifying Medicaid or CHIP coverage and Marketplace coverage with financial help.	End everyone's Marketplace coverage.	Log into your Marketplace account and select your current application. Select "My plans & programs," where you can end all coverage.
Someone listed has qualifying Medicaid or CHIP coverage and needs to end Marketplace coverage, but other household members want to keep Marketplace coverage.	End Marketplace coverage for each person who has qualifying Medicaid or CHIP coverage. Then, confirm Marketplace enrollment for the other household member(s). (In limited cases, you may have to choose a different Marketplace plan. Any out-of-pocket costs you paid toward your current plan's deductible or out-of-pocket maximum may not transfer to the new plan.)	Log into your Marketplace account and select your current application. Update your application to report a life change. For each person ending coverage, select "Edit" to the question that asks who needs health coverage. Change the person's status to "No." Make sure other information (including household income information) is up to date. Then sign and submit the application. Confirm your plan enrollment for the people keeping Marketplace coverage.
Someone listed above: <ul style="list-style-type: none"> • Isn't sure if they have Medicaid or CHIP. • Is currently going through a Medicaid or CHIP eligibility review. 	Keep Marketplace coverage.	If your state is reviewing your information to decide who in your household still qualifies for Medicaid or CHIP, complete all renewal forms your state sends right away. Be sure to answer all questions your state asks and return the form before the deadline. If you don't know if you have Medicaid or CHIP coverage, contact your state. <ul style="list-style-type: none"> • Medicaid: Visit HealthCare.gov/medicaid-chip/getting-medicaid-chip to find your state's contact information. • CHIP: Visit insurekidsnow.gov, or call 1-877-543-7669.
Someone listed recently found out they're losing (or lost) Medicaid or CHIP.	Keep Marketplace coverage.	You can update your application to tell us when your Medicaid or CHIP coverage ends. You may qualify for a Special Enrollment Period to switch Marketplace plans.

If you're not sure you have a Marketplace account through HealthCare.gov, or you think someone might have enrolled you in Marketplace coverage without your knowledge, call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

2

Sample HealthCare.gov notices: <https://www.cms.gov/marketplace/in-person-assisters/applications-forms-notices/notices>

Updates on Previously-Announced Changes

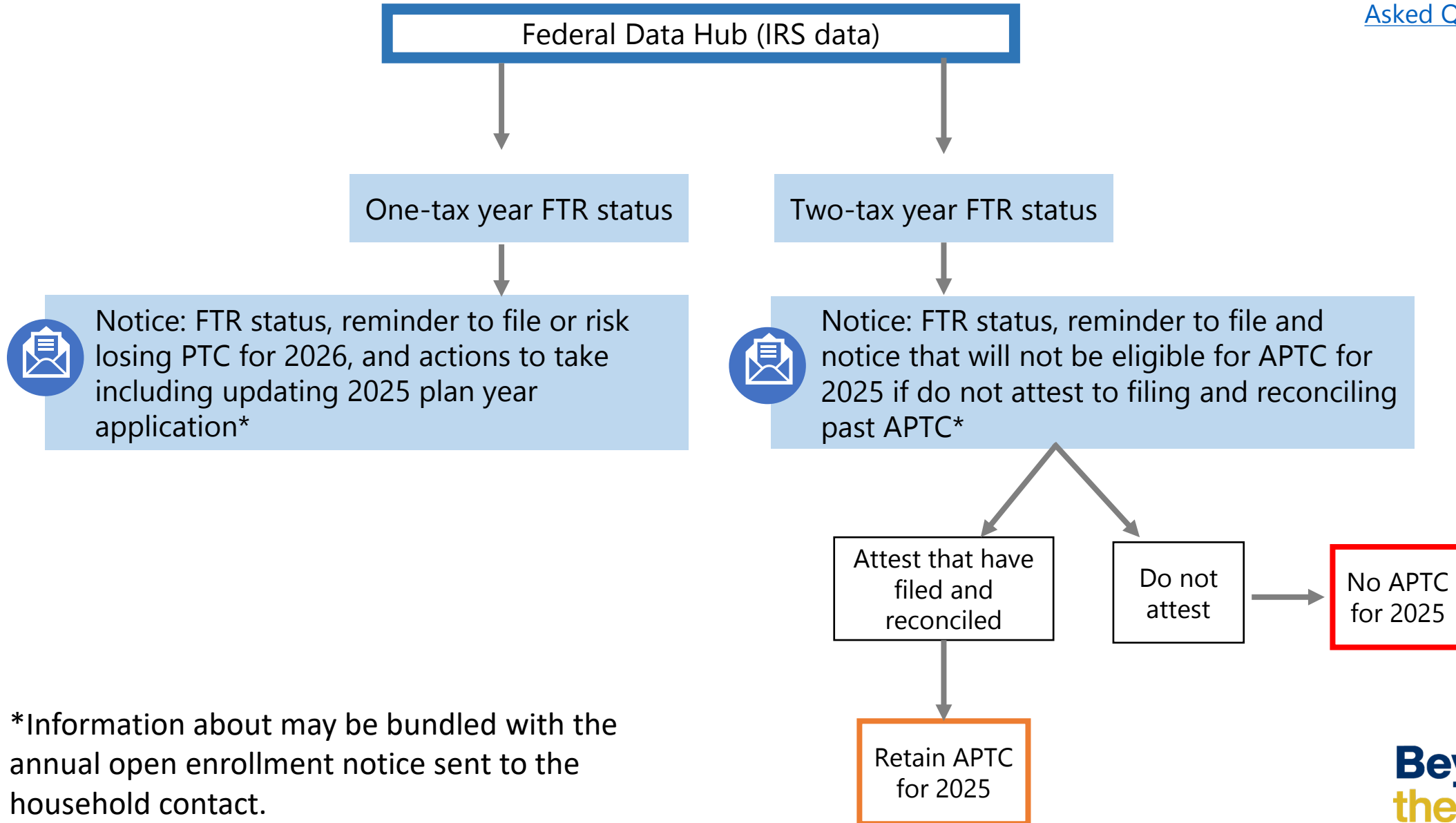


Failure to Reconcile

- Previous policy: ACA marketplaces required to find a person ineligible for APTC if the person/tax filer did not file and reconcile APTC for one year
- FTR paused for 2021, 2022, and 2023 plan years (but people are still required to reconcile APTCs)
- **NEW:** Starting November 1, 2024 for determinations of 2025 coverage, all marketplaces must determine people ineligible for PTC if the applicable tax filer did not file or filed but did not reconcile past APTCs for **two consecutive tax years**
 - IRS will send data based on two most recent tax years
 - Fall 2024 → tax data from 2022 and 2023 tax years

Initial FTR Process: Open Enrollment

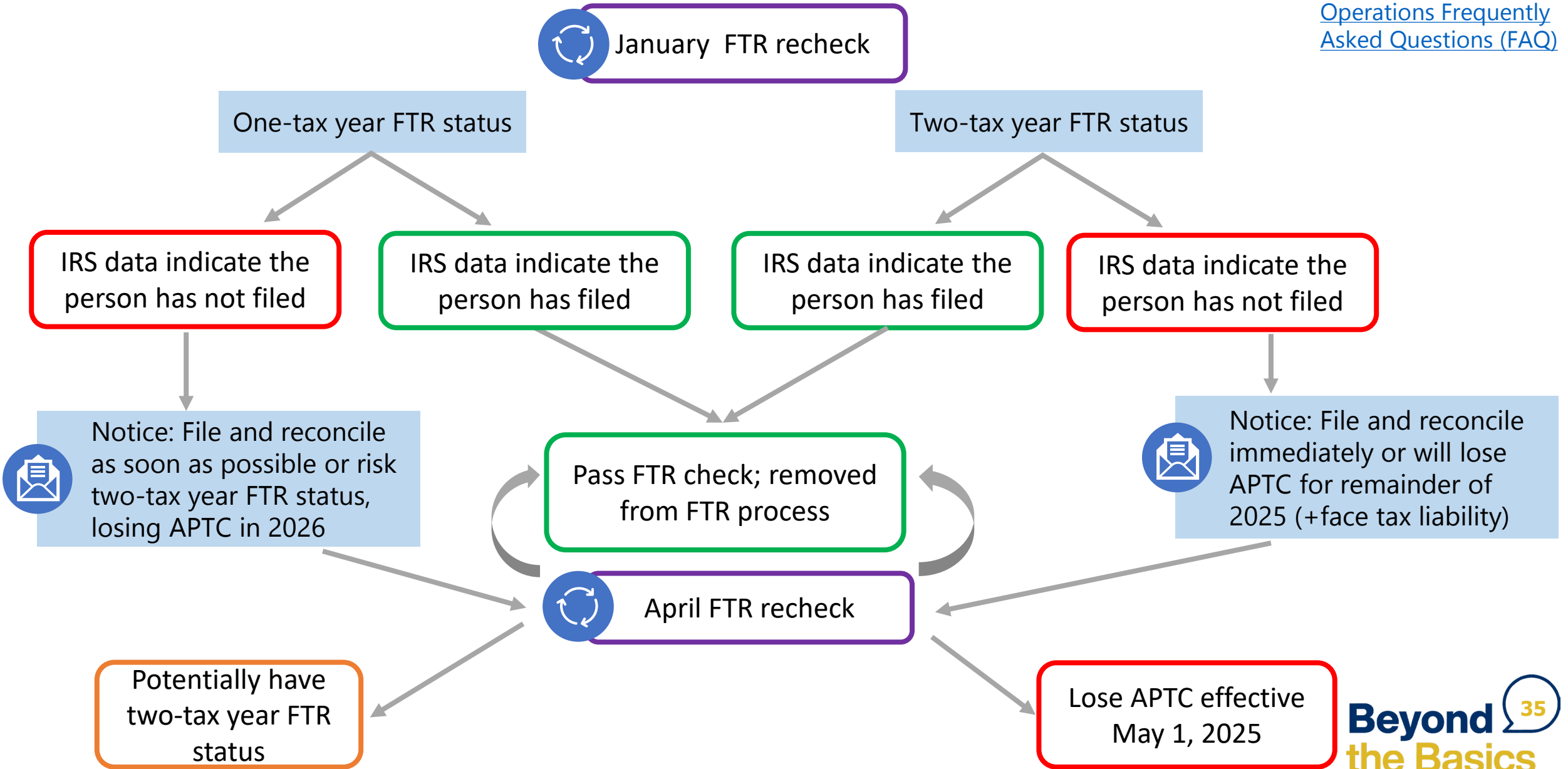
For more information, see [Failure to File and Reconcile \(FTR\)](#) [Operations Frequently Asked Questions \(FAQ\)](#)



*Information about may be bundled with the annual open enrollment notice sent to the household contact.

FTR Recheck Process: Spring following Open Enrollment

For more information, see [Failure to File and Reconcile \(FTR\) Operations Frequently Asked Questions \(FAQ\)](#)



Tips for FTR

- ✓ Explain to people that if they lose APTC, they will not be disenrolled (so will be on the hook for the full premium)
- ✓ Update the application as soon as the person is filed and reconciled
- ✓ People who resolve an FTR status after losing APTC can get an SEP to have APTCs restored if they remain enrolled
- ✓ People who lose APTC can appeal the decision to the Marketplace Appeals Center

Reminder: Bronze to Silver Auto- Reenrollment

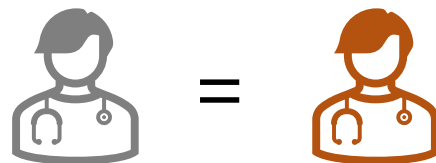


To view sample bronze-to-silver notices, see: <https://www.cms.gov/marketplace/in-person-assisters/applications-forms-notices/notices>

Starting with the 2024 plan year, people eligible for cost sharing reductions who are enrolled in a bronze plan and do not actively select a new plan during Open Enrollment are **automatically re-enrolled in a silver plan (from the same issuer/same product) IF:**



The silver plan has the same or lower premiums than the bronze plan, after accounting for APTCs



The silver plan has the same provider network as the bronze plan (or as the bronze plan the person would have been automatically reenrolled in, if their current year bronze plan is no longer available)

SOGI Questions on the Application

- Starting [November 2023](#), the HealthCare.gov application has included optional demographic questions regarding sex assigned at birth, sexual orientation, and gender identity
 - Being asked on all HealthCare.gov applications, online and paper, for all individuals or members of a household over the age of 12
 - Appear alongside other demographic questions (e.g. race and ethnicity)
 - **Each question is optional** and offers a free response text box for consumers to describe themselves in their own words
- State-based Marketplaces (SBMs) and State Medicaid/CHIP agencies also have the option [to include these questions](#) on their applications but are not required to do so

Unauthorized Enrollment on HealthCare.gov



What you need to know to protect yourself

- Agents and brokers **must get your permission** when signing you up or making changes to your insurance plan.
- Health insurance ads on social media or elsewhere that offer you cash, gifts, or other perks, could be a scam. Don't give out personal information that might be used without your consent.
- Use trusted, official sources to find legitimate help comparing and enrolling in Marketplace insurance. Go to "find local help" on [HealthCare.gov](https://www.healthcare.gov) or call the **Marketplace Call Center at 1-800-318-2596** to find help in your area.



What to do if you suspect changes were made on your account

- You may discover a potential problem with your coverage when you get mail or a call, or visit the doctor and try to use your insurance.
- If you believe you were enrolled in or switched to a plan without your knowledge, call the **Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)** so our official Marketplace representatives can resolve any coverage issues. Wait times are low and a representative will be able to help answer your questions.

- Increase in cases of agents and brokers making unauthorized marketplace plan switches and unauthorized enrollments
- Assistors may need to call the call center if an individual is having trouble accessing their account or believes they were enrolled/switched without their consent



How the Marketplace can help

If the Marketplace representatives determine you have been enrolled or had your plan switched without your knowledge, our representatives can work with your insurer and the Internal Revenue Service (IRS) to:

- Make sure the unauthorized plan is cancelled
- Make sure you're reenrolled in a plan that you choose
- Have inaccurate costs repaid to you
- Get corrected tax forms

Q&A



Resources

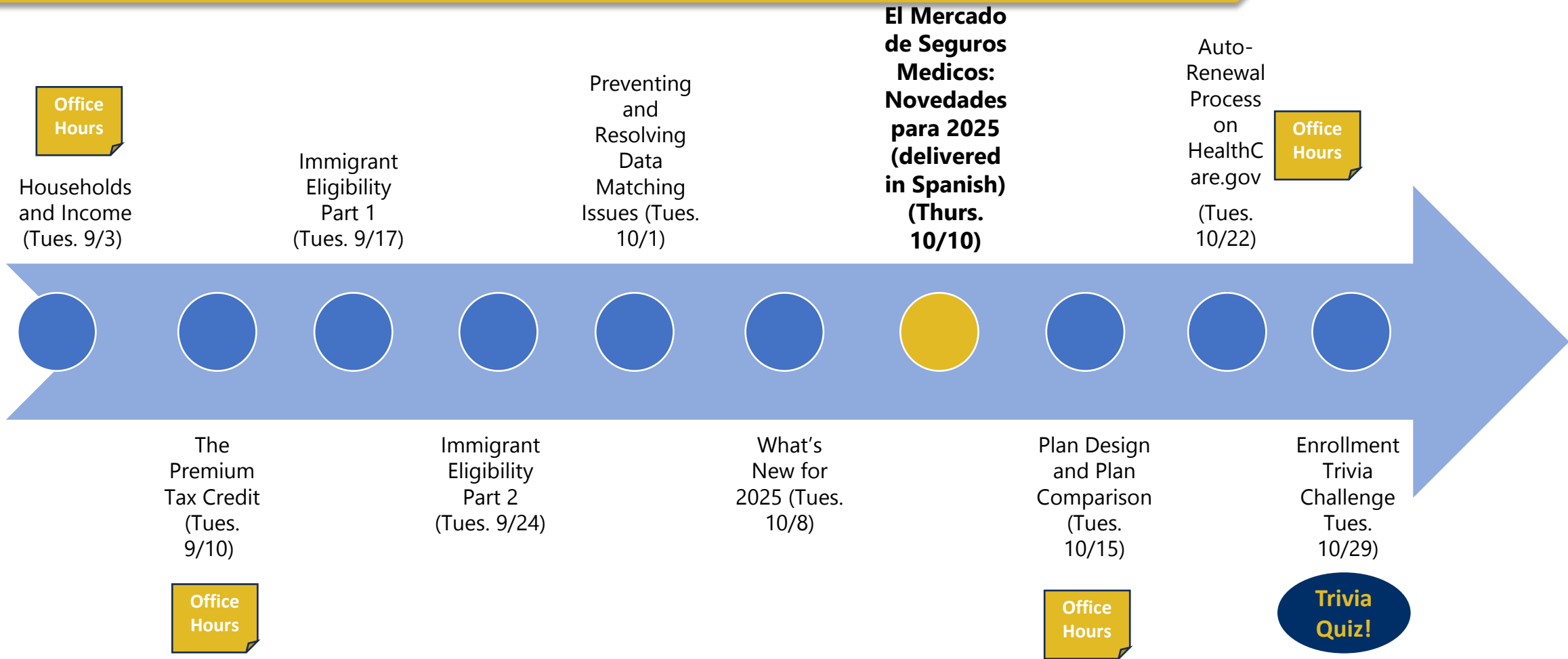
Beyond the Basics Resources:

- [Yearly Income Guidelines and Thresholds for Coverage Year 2025/Tax Year 2024](#)
- [Key Facts: Cost-Sharing Charges](#)
- [Key Facts: Premium Tax Credit](#)
- [Guide: Easy Pricing Plans \(Standardized Plans\)](#)
- [Health Insurance Affordability Programs' Eligibility Based on Immigration Status FAQ](#)
- [Special Enrollment Periods \(SEP\) Reference Chart](#)

Centers for Medicare and Medicaid Services (CMS)

- [Sample HealthCare.gov Notices](#)
- [Failure to File and Reconcile \(FTR\) Operations Frequently Asked Questions \(FAQ\)](#)

Upcoming Webinars



Register and find recordings and materials from past webinars in the series at:
<https://www.healthreformbeyondthebasics.org/category/webinars/>

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