



Clarifying Issues Related to Open Enrollment Period of ACA Individual Market

Don't wait until the last minute – start now. Open Enrollment is Nov. 1, 2024 – Jan. 15, 2025.

- New plans purchased from November 1 to December 15, 2024 will have coverage starting January 1, 2025. Plans purchased from December 16, 2024 to January 15, 2025 will have coverage beginning February 1, 2025.
- After January 15, 2025, only individuals with certain life events, such as within 60 days of losing job-based health coverage, may qualify for a Special Enrollment Period to enroll in a Marketplace plan.
- Look at your options, ask questions, choose a plan, complete an application, and update financial and household information on <u>HealthCare.gov</u> soon, to avoid encountering a bottleneck as enrollment comes to a close.
- Individuals who purchase plans through the Marketplace may be eligible for lower monthly premiums and are able to calculate their estimated subsidies based on their estimated income, without logging in, at <u>HealthCare.gov/see-plans/</u>.
- Consumers are encouraged to also shop around to find the best plan for their needs. Compare all costs, not just the premiums, as well as networks, providers, and drug formularies.

Those who qualify for *premium subsidies* will still receive them in 2025, and those who qualify for *cost-sharing reductions (CSRs)* will still receive them.

- Individuals and families with Advance Premium Tax Credits (APTC) will likely see premiums off-set by premium subsidies.
- Though insurance companies will not receive reimbursements from the federal government for
 providing cost-sharing reductions (often called "extra savings") the insurance companies must still
 provide the cost-sharing reductions to low-income individuals and families who qualify, and who
 purchase a Silver plan through <u>HealthCare.gov</u>.

Those without subsidies are advised to avoid inadvertently purchasing a higher priced Silver plan.

- To cover the loss of CSR payments, insurance companies priced Marketplace Silver plans higher than they otherwise would have. Because any plan offered on the Marketplace must also be offered off the Marketplace, these higher priced Silver plans could potentially be sold to individuals without subsidies.
- Some less expensive Silver plans will be offered off the Marketplace, only; these, along with Bronze and Gold plans, may be a better value to those without subsidies.
- Individuals without subsidies who currently have a Marketplace Silver plan will want to guard against being automatically re-enrolled into a high-priced Silver plan, by actively shopping.

Those with subsidies may find that Bronze and Gold plans are more affordable than in the past.

- Those who qualify for cost-sharing reductions will still only qualify for them by purchasing a Marketplace Silver plan.
- However, because the cost of Silver plans on the Marketplace has increased disproportionately compared to Bronze and Gold plans, a premium subsidy applied to a subsidized Gold plan may not cost much more than a subsidized Silver (and cost-sharing may be lower).

ACA Individual plans provide some form of coverage for the following 10 Essential Health Benefits (EHB):

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventative and wellness services and chronic disease management
- Pediatric services, including oral and vision care

ACA Individual plans cover certain preventative services without co-insurance or copay or even before meeting any deductibles, including, but not limited to:

- Recommended immunization vaccinations, such as an annual flu shot
- Alcohol misuse screening and counseling
- Obesity screening and counseling
- Contraceptive methods and counseling for women
- The full list of covered preventative services can be found at <u>HealthCare.gov</u>

Thank you to the Maine Department of Professional & Financial Regulations Bureau of Insurance and the Maine Insurance Superintendent Eric Cioppa for providing the basis of these key points.