



Patient Protection and Affordable Care Act (ACA)

What is ACA?

The Patient Protection and Affordable Care Act, referred to as the Affordable Care Act or “ACA” for short, is the health care reform law enacted in March 2010. The law (among other things) standardized the benefits each plan must cover, eliminated any pre-existing conditions restrictions, and required that certain preventative care services be free of charge.

This is also referred to as Obamacare and is the standard health insurance for individual plans (non-group coverage) in the US.

What do ACA policies cover?

There are 10 categories of services — called essential health benefits — that all private health insurance plans offered in the Health Insurance Marketplace must cover.

- Ambulatory patient services (outpatient care without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Pregnancy and newborn care (both before and after birth)
- Mental health and substance use disorder services, including behavioral health treatment, counseling, and psychotherapy
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care (this doesn't include adult dental or vision coverage)

Marketplace plans must also offer birth control and breastfeeding coverage, and some may have dental and vision coverage as well, but these are not required.

Who can apply for an ACA Plan?

To be eligible to enroll in health coverage through the Marketplace, you:

- Must live in the United States
- Must be a U.S. citizen or national (or be lawfully present)
- Cannot be incarcerated.

What is the Health Insurance “Marketplace”?

The Health Insurance Marketplace is a service run by the federal or state government that helps people compare, enroll in, or change a health insurance plan.

The following states and Washington, D.C. run their own Marketplaces: California, Colorado, Connecticut, Idaho, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, Pennsylvania, Rhode Island, Vermont, and Washington.

What is ACA Open Enrollment?

The ACA annual open enrollment period is a window of time when you can sign up for health insurance, adjust your current plan or cancel your plan. The dates will vary from state to state.

When does Open Enrollment begin and end?

Open enrollment on the federal marketplace exchange is generally from Nov 1st to Jan 15th each year. There are 17 states (plus Washington D.C.) that have varied or extended enrollment periods. For the latest information on these dates, please click here: [IFI OE 2024 Important Dates](#)

What is the difference between the metal tiers in ACA plans?

Marketplace health plans are divided into categories named after metals — bronze, silver, gold, (and sometimes) platinum.

The difference between metal tiers is how insurance companies split costs with the policyholder. The tiers aren't related to the quality of medical care, and all plans cover the same essential benefits.

The table below lists the average cost-sharing breakdown that consumers and insurers will pay.

Metal Tier	Policyholder Pays	Insurance Pays
Bronze	40%	60%
Silver	30%	70%
Gold	20%	80%
Platinum	10%	90%

These cost-sharing percentages are not what you will actually pay for your health care. They are based on the total average costs that an insurance company will pay over the course of a year for covered services and benefits.

How long does an ACA policy continue?

ACA policies effective dates from January 1st through December 31st and are usually renewable each year. If you enroll with a special enrollment period, the policy will still end on December 31st even though it began later than Jan 1st.

When can I cancel an ACA plan?

Premiums for ACA plans are paid monthly and can be cancelled at any time. Depending on whether you enrolled through an exchange or direct with the insurer you may be eligible to receive a refund of a portion of the premium if cancelling before the end of a month.

Note: Once a plan is voluntarily cancelled, you must wait until the next open enrollment period to apply for a new policy – unless you have a qualifying life event for special enrollment.

What are ACA subsidies?

ACA subsidies are tax credits that offset the price the policyholder pays for their monthly premium. The subsidies are funded by federal tax dollars and administered by the IRS.

ACA Special Enrollment Section

What is ACA Special Enrollment?

A time outside the yearly Open Enrollment Period when you can sign up for health insurance. You qualify for a Special Enrollment Period if you've had certain life events, including losing an existing health insurance plan, moving, getting married, having a baby, or adopting a child. Usually, you will have 60 days following the event to enroll in a plan.

What types of events qualify for special enrollment?

Changes in household – such as Getting Married, having a Baby, adopting a child, getting divorced or legally separated **and** lost/losing health insurance. Note: Divorce or legal separation without losing coverage doesn't qualify you for a Special Enrollment Period.

Changes in residence – such as moving to a new ZIP code or county. Moving to the U.S. from a foreign country or United States territory. Note: Moving only for medical treatment or staying somewhere for vacation doesn't qualify you for a Special Enrollment Period. Also: You must prove you had qualifying health coverage for one or more days during the 60 days before your move. You don't need to provide proof if you're moving from a foreign country or United States territory.

Loss of or losing health insurance – such as losing job-based coverage, individual health coverage, Medicaid, or coverage through a family member.

The above circumstances are called Qualifying Life Events (QLE).

What if I don't have a qualifying life event?

You will have to wait until the next open enrollment period.