NATIONAL BLEEDING DISORDERS FOUNDATION
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Open Enrollment for Plan Year 2025 Health Insurance

Open enrollment is the annual period when people can enroll in a new health plan or renew their existing health plan if it still serves their needs. Open enrollment dates vary, depending on whether people get their coverage from their employer, from the Affordable Care Act (ACA) Marketplace, or from another source – but for many people, open enrollment takes place annually in the fall. (Enrollment in Medicaid is available 365 days per year, based on need, income, and other state-defined eligibility criteria.)

Some key points to note for the Fall 2024 Open Enrollment Period (OEP) in the ACA Marketplace

- When is open enrollment? The OEP for 2025 health insurance runs from at least November 1, 2024, to January 15, 2025, in almost every state; however, people must generally enroll by December 15 for coverage that begins January 1, 2025.
    - Idaho is the only state with an OEP that begins and ends earlier (Idaho's OEP is currently scheduled for October 15 through December 15, though those dates may change).
    - A few states (CA, DC, MA, NJ, NY, RI) have extended their OEPs beyond January 15.
    - Individuals and families with incomes below 150% of the Federal Poverty Level (less than $22,590 for an individual, or $38,730 for a family of 3) can enroll at any time through a special enrollment period in most states.

- What should I think about when shopping for a plan? Check if your health care providers and medications are covered. Weigh the trade-off between monthly premiums and the costs you will have to pay from your own pocket when you receive care – don't decide based on premiums alone!
    - **Start your search at www.healthcare.gov.** The ACA Marketplaces carry *only* ACA-compliant health plans, with comprehensive benefits – so Marketplace shoppers are assured they won't end up in "junk" plans. If anyone in the shopper's household qualifies for Medicaid or CHIP coverage, the Marketplace will facilitate enrollment in those programs.

- How much will my plan cost, and how can I get help affording it?
    - Enhanced premium subsidies (temporarily raised in 2021) are still available. **About 80% of people can expect to find a plan with premiums of $10/month or less.** Premium subsidies are available only for plans purchased through the Marketplace.
    - Most Marketplaces offer four categories of plans – Bronze, Silver, Gold and Platinum. **Generally, plans with lower monthly premiums will require enrollees to pay higher out-of-pocket costs for care and will include narrower networks of providers**. Subsidies that make deductibles and copays more affordable for certain income-eligible individuals ("cost-sharing reductions") are only available in connection with qualified Silver plans.
    - Plans and plan costs change every year. Consumers should check if their old plan is still the best fit for them rather than automatically renewing.

- Will I be able to use copay assistance to afford my medications? To date, 21 states have passed laws prohibiting state-regulated plans from implementing copay accumulator adjusters. In addition, under the terms of a 2023 court ruling, health plans may not apply copay accumulator adjusters to brand name drugs that lack a medically appropriate generic alternative. Unfortunately, a recent survey shows that many plans continue to include copay accumulator adjusters even when prohibited by law. Insurance shoppers should carefully read their plans for the presence of copay accumulator language and, if an accumulator is present,

should follow up with their health plan, hemophilia treatment center, patient organization, or state insurance commissioner. They can find draft talking points for conversations with their health plans here.

- New eligibility category. This fall, for the first time, DACA recipients will be eligible for coverage and premium subsidies through the Marketplace.

Some state-specific highlights:

- Programs for people without legal immigration status. Colorado and Washington have special programs for certain low-income individuals who don't currently qualify for federal premium tax credits to apply for subsidized coverage regardless of immigration status – but these programs have limited enrollment caps and tend to reach capacity within days if not hours of opening.

- Basic Health Programs. BHPs are a form of affordable coverage for people whose income is just above the Medicaid eligibility level, and for legal immigrants who aren't eligible for Medicaid because of the 5-year waiting program. Starting in July 2024, Oregon started operating a BHP — OHP Bridge — joining New York and Minnesota (MinnesotaCare) as just the third state in the country to offer a BHP. Coverage under the OHP Bridge program is available to adults under age 65 whose household income is between 138% and 200% of the FPL. Coverage under New York's BHP (the Essential Plan) is now available to enrollees with incomes up to 250% of the FPL.

- Additional state subsidies. The following states offer additional state subsidies that "stack" on top of the federal subsidies:

    - Additional state-provided **premium subsidies** are available for certain population or income groups:
        - CT (adults with incomes up to 175% of FPL)
        - MD (young adults up to age 37)
        - MA (enrollees with incomes up to 500% FPL)
        - NJ (enrollees with incomes up to 600% FPL)
        - NM (enrollees with incomes up to 400% FPL)
        - NY (enrollees with incomes up to 250% FPL now eligible for NY Essential Plan)
        - VT (enrollees with incomes up to 300% FPL)
        - WA (enrollees with incomes up to 250% FPL)

    - Additional state-provided **cost-sharing subsidies** are available for certain population or income groups:
        - CA (all Covered California enrollees qualify)
        - CO (available to enrollees up to 200% FPL)
        - CT (adults with income up to 175% of FPL)
        - MA (enrollees with incomes up to 500% FPL)
        - NM (enrollees with incomes up to 400% FPL)
        - NY (enrollees with income up to 400% FPL; diabetes/pregnancy/postpartum)
        - VT (enrollees with incomes up to 300% FPL)