



Health Insurance Marketplace

Overview and Updates

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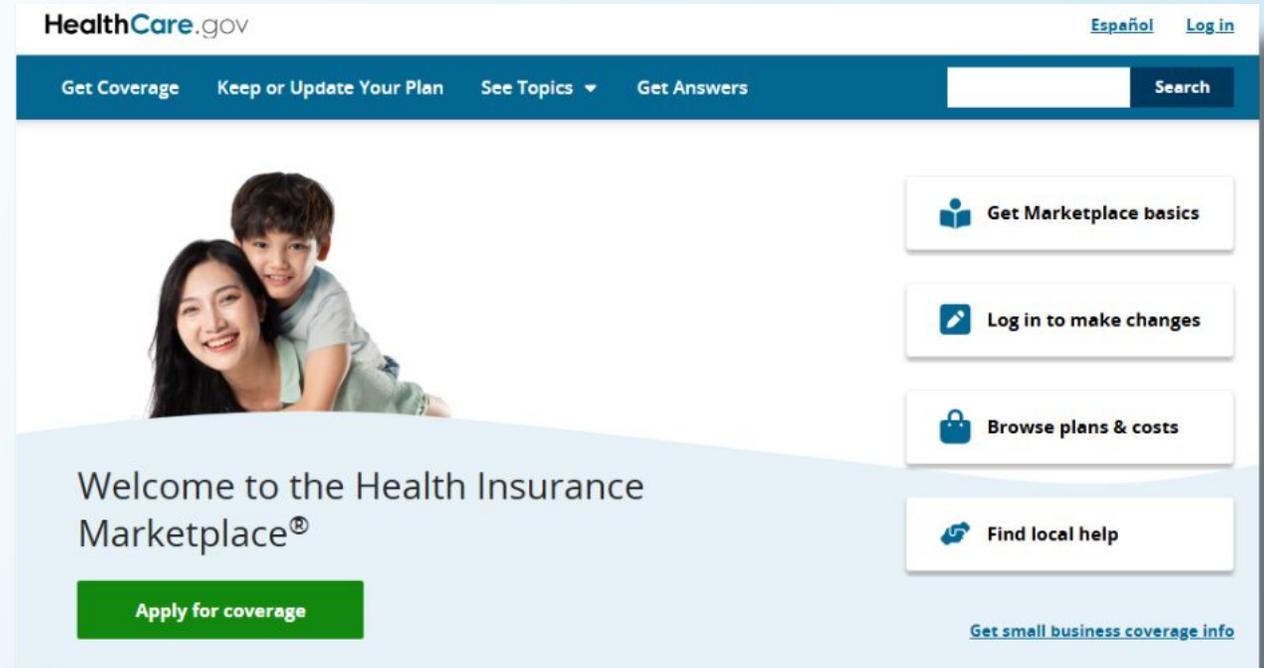
Training Topics

- **Intro to the Marketplace**
- **Marketplace Subsidies**
- **Modified Adjusted Gross Income (MAGI)**
- **Data Inconsistencies and Appeals**
- **Updates: Integrity and Affordability Rule & H.R. 1**

Intro to Health Insurance Marketplace

What is the Health Insurance Marketplace?

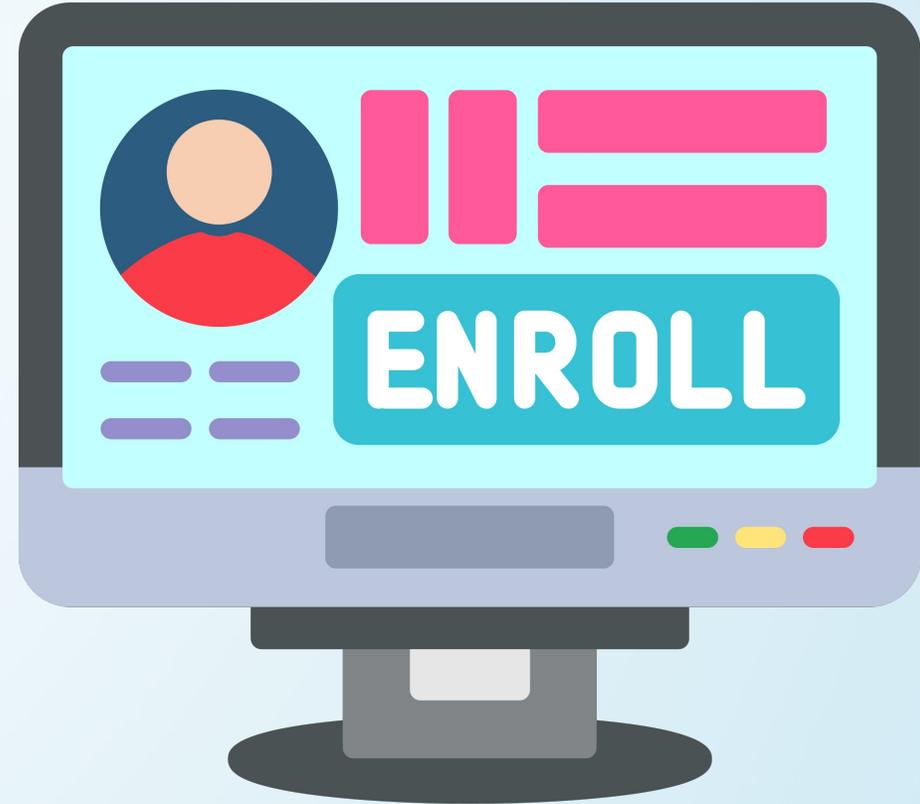
- Under the Affordable Care Act (ACA), each state is required to create an “exchange”
- Federal subsidies are available through the exchange to lower the cost of coverage
- States can “opt out” and allow a Federally Facilitated Marketplace (FFM) to step in.
- The FFM was named the “Health Insurance Marketplace,” and Florida has opted out and allowed the Marketplace to step in



42 U.S. Code §§ 18031-18033; 42 U.S. Code § 18041; 45 CFR § 155.20

Marketplace Enrollment

- Who can enroll?
 - U.S. citizen
 - “Lawfully Present” immigrants
- How can consumers enroll?
 - Apply online at Healthcare.gov
 - Call the Marketplace call center at 1-800-318-2596
 - Agents/ Brokers
 - Get help from a federally funded Navigator or Certified Application Counselor (recommended)



45 CFR § 155.305; 45 CFR § 155.410; 45 CFR § 155.420
Covering Florida

Marketplace Immigrant Eligibility 2025-2026

Marketplace-eligible Lawfully Present Immigrant Statuses

- | | |
|---|---|
| <ul style="list-style-type: none">• Lawful Permanent Resident (LPR/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• Non-citizen granted withholding of deportation or withholding of removal under the immigration laws or under the Convention Against Torture (CAT)• Member of a federally recognized Indian tribe or American Indian born in Canada | <ul style="list-style-type: none">• Individual with non-immigrant status, including worker visas (e.g., H1, H-2A, H-2B), student visas, U-visa, Tvisa, and other visas; and citizens of the Federated States of Micronesia, the Marshall Islands, and the Republic of Palau who are lawfully residing in the U.S.• Temporary Protected Status (TPS)• Deferred Enforced Departure (DED)• Deferred Action Status (no longer including DACA)• Lawful temporary resident <p>*Note: Individuals whose immigration status is unverified even at full cost</p> |
|---|---|

[Health Coverage Options for Immigrants; 45 CFR § 155.305\(a\)\(1\)](#)

Marketplace Enrollment



- When can consumers enroll?
 - Open Enrollment is November 1, 2025 – January 15, 2026
 - If consumers are enrolling outside of that period, they need “Special Enrollment Period” (SEP) in order to enroll
 - Life Event
 - Complex cases

45 CFR § 155.305; 45 CFR § 155.410; 45 CFR § 155.420

Essential Health Benefits

Essential health benefits are minimum requirements for all Qualified Health Plans in the Marketplace:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Pregnancy, 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
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

45 CFR § 156.110

Metal Tier Plans

Metal Tier	Monthly Premium	Patient Responsibility	Health Plan Responsibility
Bronze	Low	40%	60%
Silver	Low-Medium	30%	70%
Gold	Medium-High	20%	80%
Platinum	High	10%	90%

45 CFR § 156.140

Marketplace Subsidies

Advanced Premium Tax Credits (APTC)

Premium Tax Credits (PTC)
lower the cost of the
consumer's insurance
premium

Advanced Premium Tax
Credits (APTC) are given
directly to the insurance
company ahead of time so
consumers don't have to
wait until tax time.

Eligibility for Premium Tax Credits

- **Must be enrolled in a Qualified Health Plan through the Marketplace**
- **Must have eligible tax filing status and agree to file 2025 taxes**
- **Cannot have “Minimum Essential Coverage” (e.g. Medicaid, Medicare, job-based insurance)**
- **Under the ACA, income is required to be between 100% and 400% of the Federal Poverty Level**



45 CFR § 155.305; 26 CFR § 1.36B-2

Federal Poverty Level 2025 (for 2026 coverage)

Household	100%	133%	150%	200%	250%	400%
	\$ 15,650	\$ 20,815	\$ 23,475	\$ 31,300	\$ 39,125	\$ 62,600
	\$ 21,150	\$ 28,130	\$ 31,725	\$ 42,300	\$ 52,875	\$ 84,600
	\$ 26,650	\$ 35,445	\$ 39,975	\$ 53,300	\$ 66,625	\$ 106,600
	\$ 32,150	\$ 42,760	\$ 48,225	\$ 64,300	\$ 80,375	\$ 128,600
	\$ 37,650	\$ 50,075	\$ 56,475	\$ 75,300	\$ 94,125	\$ 150,600

45 CFR § 155.305; 26 CFR § 1.36B-2

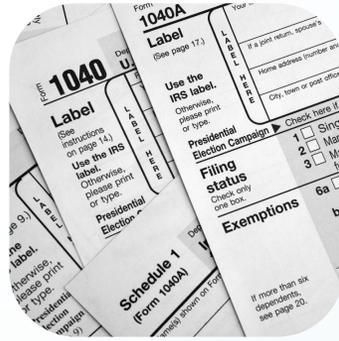
American Rescue Plan Increased Savings

- PTC were extended to people over 400% FPL
- Consumers with incomes 100% to 150% FPL are eligible for \$0 monthly premium Silver plans
- The Inflation Reduction Act keeps these savings and lower costs through December 31, 2025
- Congress still has time to extend them, but it appears that is not likely.



26 U.S.C. § 36B

Tax Credit Reconciliation



The amount of APTC is based on an individual's *estimated* income for the upcoming year when the consumer applies for coverage



At tax time, consumers must “reconcile” the amount of APTC they received with PTC they are really eligible for, based on *actual* income



If income is higher than projected, the consumer will need to pay back any excess APTC they received the previous year

Cost Sharing Reductions

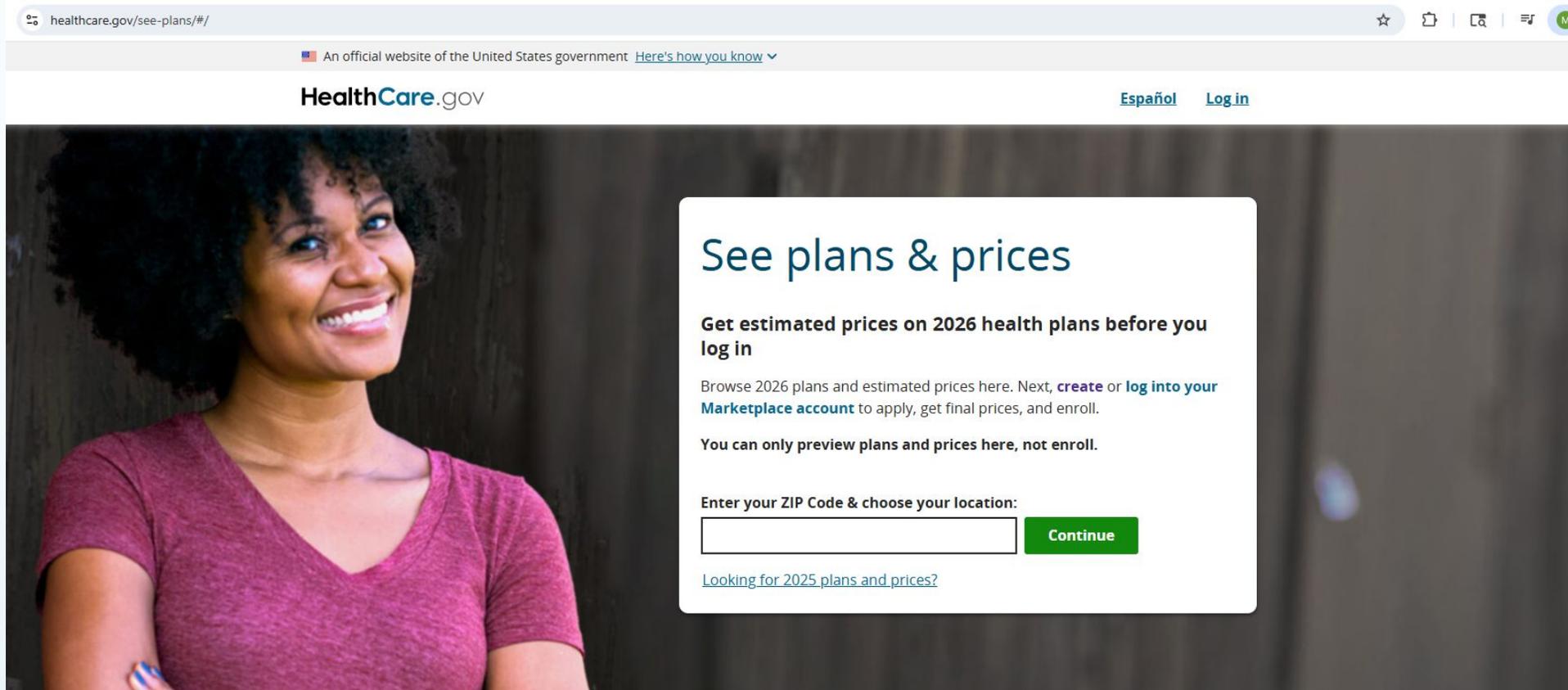
What's CSR?

- Cost-sharing reductions (CSR) are given to some consumers to help lower their out-of-pocket costs
 - Lower copays and coinsurance
 - Lower deductibles
 - Lower out-of-pocket maximum
- Anyone is eligible for cost sharing reductions (CSR) if their income is up to 250% of the Federal Poverty Level
- Consumers must select a Silver Plan in order to take advantage of these savings.



45 CFR § 155.305(g)

Plans & Prices tool



The screenshot shows the HealthCare.gov website interface. At the top, the browser address bar displays 'healthcare.gov/see-plans/#/'. Below the browser bar, a navigation bar includes the HealthCare.gov logo, a link to 'Español', and a 'Log in' button. The main content area features a large image of a smiling woman on the left. On the right, a white box contains the heading 'See plans & prices' and the sub-heading 'Get estimated prices on 2026 health plans before you log in'. Below this, there is a paragraph of text: 'Browse 2026 plans and estimated prices here. Next, **create** or **log into your Marketplace account** to apply, get final prices, and enroll.' This is followed by a bolded warning: 'You can only preview plans and prices here, not enroll.' A form section prompts the user to 'Enter your ZIP Code & choose your location:' with an input field and a green 'Continue' button. A link at the bottom of the box reads 'Looking for 2025 plans and prices?'.

[See Plans & Prices](#)

Plans & Prices tool

View health & dental plans

Viewing plans for this group

- You (age 45)

Your total estimated tax credit: \$736

[Edit](#)

Like a plan? Take the next step

Once you've saved plans you like, log in or create an account to apply. You can always save more plans or review your list when you're ready to enroll.

[Start or update an application](#)

Plan type

Health Plans

Filters

[Add more filters](#)

Sort [Lowest premium](#)

Silver (extra savings) [1](#)

72 plans match your filters [No saved plans](#)

Florida Blue HMO (a BlueCross BlueShield FL company)

[myBlue Silver 26M03-02C \(\\$0 Deductible / \\$0 Primary Care Visits with Select Providers / \\$17 Specialist Visits / \\$0 Labs / Rewards\)](#)

[Extra savings](#) | Silver | HMO | Plan ID: 30252FL0070061 | Rating ★★★★☆

Premium

\$34.56 /month

Including a \$736 tax credit was \$770.56

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$0

Individual total (health & drug combined)
[Extra deductible for some services](#)

Out-of-pocket maximum

\$1,950

Individual total

You pay

Primary care	No charge per visit from day 1
Specialist care	\$17 per visit from day 1
Urgent care	\$20 per visit from day 1
Emergency room	40%
Outpatient mental health	No charge per visit from day 1
Generic drugs	No charge

[View plan details](#) for full list of benefits, limits, and exclusions.

188 total plans

- 63 Bronze
- 72 Silver [Extra savings](#)
- 45 Gold
- 8 Platinum

Categories are based on how you and the plan split costs of care. To find a plan that works for you, look at each plan's estimated total yearly costs.

Quick tips

- [Review plan category fast facts](#)
- [Think about all costs, not just the premium](#)
- [Consider plans with easy pricing](#)

[See Plans & Prices](#)

Modified Adjusted Gross Income (MAGI)

MAGI

What's MAGI?

- Modified Adjusted Gross Income (MAGI) is used to determine eligibility for the Health Insurance Marketplace subsidies.
- MAGI *includes* adjusted gross income (AGI) plus –
 - untaxed foreign income
 - non-taxable Social Security benefits
 - tax-exempt interest

- MAGI *excludes* –
 - Supplemental Security Income (SSI)
 - Child Support
 - Gifts
 - Loans
- There is no asset limit when determining eligibility under MAGI

[Advocate's Guide to MAGI - National Health Law Program](#)

[CMS MAGI 2.0: Building MAGI Knowledge: Part 2](#)

42 CFR § 435.603

Marketplace Household

Who is in a Marketplace household?

- A Marketplace “household” generally includes the tax filer, tax filer’s spouse, and tax dependents
- It does not necessarily include everyone living together, nor does it necessarily exclude a family member who is living elsewhere
- If the consumer is married, they must file jointly with their spouse in order to qualify for tax credits
- Exceptions for head of household, victims of domestic abuse, and abandoned spouses



[Advocate's Guide to MAGI - National Health Law Program](#)

[CMS MAGI 2.0: Building MAGI Knowledge: Part 1](#)

42 CFR § 435.603

Countable Income

Whose Income is Counted?

- Include the income of tax filer, tax filer's spouse, and all dependents who are required to file a tax return
- If the dependent does not have a tax filing requirement, none of their income is included in MAGI
- Tax filing threshold is **\$15,750** for Tax Year 2025 for an individual under 65.

[Yearly Guidelines and Thresholds](#)



[Advocate's Guide to MAGI - National Health Law Program](#)

[CMS MAGI 2.0: Building MAGI Knowledge: Part 2](#)

42 CFR § 435.603

Data Inconsistencies and Appeals

Data Services Hub

What is the Data Services Hub?

- The Health Insurance Marketplace uses the federal Data Services Hub for verifying applicant information
- The Hub provides one connection to the common federal data sources (SSA, IRS, DHS, etc.)



The "Data Inconsistency" Process

- When information a consumer provides can't be verified through data-matching, the "inconsistency" process is activated
- If there is a data inconsistency, the eligibility notice will explain that the household needs to provide documents to verify the information they attested to on the application.
- Consumers have 95 days to verify citizenship and immigration status and 90 days for all other eligibility factors
- If they don't meet the deadline, their coverage or APTC will be terminated.

45 CFR § 155.315

Marketplace Issues

Four Options for Resolving Marketplace Issues -



Request for
CMS Casework



Internal
Appeal to
Insurer



Complaint to
FLOIR

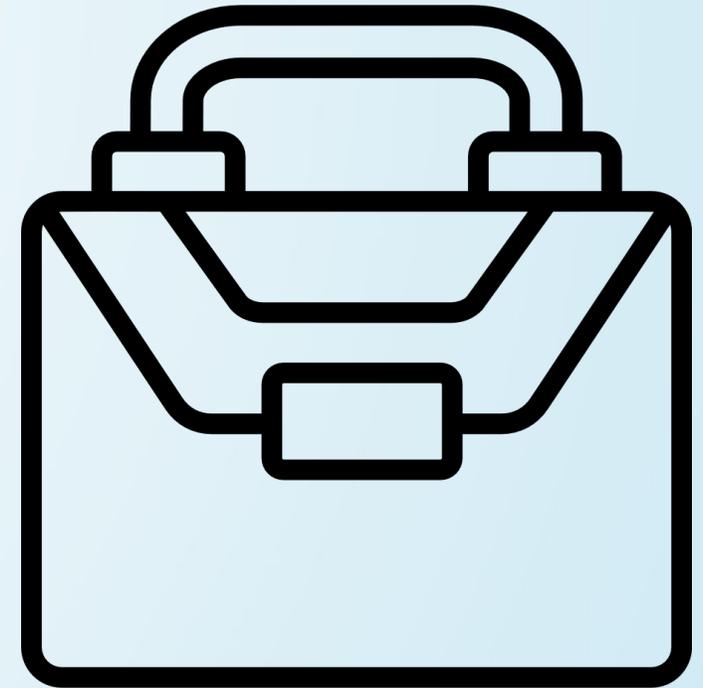


Marketplace
Appeals

[NHELP Marketplace Casework, Complaints and Appeals](#)

CMS Casework

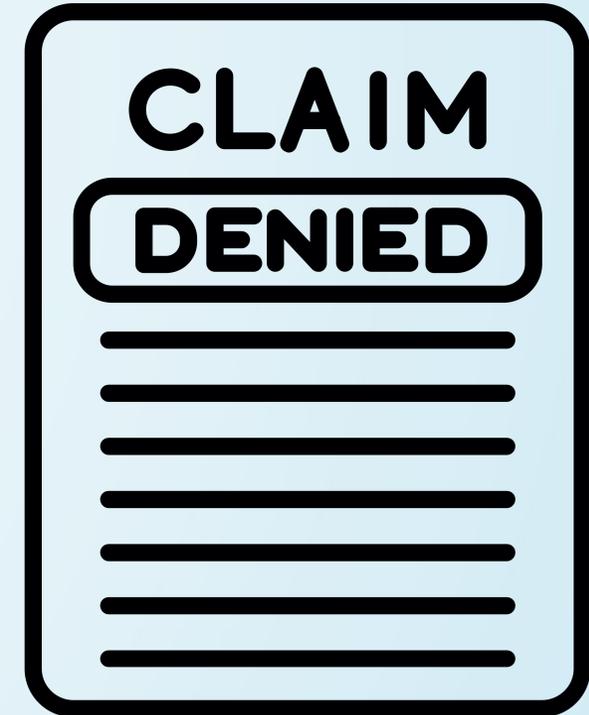
- When a consumer calls the Marketplace call center, they can request that the issue be “escalated” in complex cases -
 - Research is needed by CMS, a CMS contractor, or issuer
 - Issues requiring CMS review - e.g. exceptional circumstance SEP or Form 1095-A
 - Consumers indicate they have unsuccessfully first sought resolution with their issuer
- Cases are recorded in CMS’ Health Insurance Casework System (HICS)



[CMS Marketplace Casework Overview](#)

Internal Appeals

- Consumers can appeal health insurance issuer decisions -
 - Denying payment for a service or treatment in whole or in part,
 - Determining the consumer isn't eligible for coverage after they file a claim, or
 - Rescinding coverage based on a plan or issuer's claim that you gave false or incomplete information when you applied for coverage.
- If the internal appeal is denied, consumer may be eligible for an external review by an independent third-party reviewer.



[CMS Internal Claims and Appeals](#)

Complaint to FLOIR

- Consumers can file complaints with the Florida Office of Insurance Regulation
 - Help with problems related to an insurer's decision
 - Discrimination by an insurer
 - Fraudulent selling of insurance.



<https://floir.com/>

Marketplace Appeals

Consumers can appeal the following kinds of Marketplace decisions:

- *Eligibility* to buy a Marketplace plan
- *Eligibility* for SEP
- *Eligibility* for APTC or CSR
- *The amount of savings you're eligible for*
- *A reduction in the amount of savings you are eligible for*
- *Whether the Marketplace made a timely determination about your eligibility after you applied*



[How to Appeal a Marketplace Decision;](#)
[CMS Marketplace Eligibility Appeals](#)
45 CFR § 155.505

Marketplace Appeals

Where, how, and when to file a Marketplace appeal -

- Appeals are handled through the Department of Health and Human Services (HHS) Appeals Entity (also known as the Marketplace Appeals Center)
- To appeal, select the application at issue in the Marketplace account, select “Eligibility & appeals” and follow the instructions.
- Appeal requests must be received within 90 days of the notice of the contested Marketplace eligibility determination

[How to Appeal a Marketplace Decision;](#)
[CMS Marketplace Eligibility Appeals](#)
45 CFR § 155.505

Marketplace Appeals

Marketplace Appeals Process

- Receive appeal acknowledgement with appeal number, description of appeals process and instructions for submitting additional material for consideration
- Marketplace Appeals Center will try to resolve the appeal through the Informal Resolution process based on available information.
- If the consumer is dissatisfied with the informal resolution, a hearing may be requested.

[How to Appeal a Marketplace Decision;](#)
[CMS Marketplace Eligibility Appeals](#)
45 CFR § 155.505

Updates: Integrity and Affordability Rule & H.R. 1

Integrity & Affordability Rule

Effective August 2025

- DACA recipients ineligible for Marketplace coverage (provision already blocked in Florida so no effect)
- Eliminates Special Enrollment Period for individuals with income below 150% of FPL
- Eliminates automatic 60-day extension to 90-day period to resolve data matching issues
- Requires HHS to apply “preponderance of the evidence” standard when assessing agent, broker, and web-broker terminations for cause.



[Timeline of Health Insurance Marketplace Changes](#)

Integrity & Affordability Rule

Effective Plan Year 2026

- Prohibits gender-affirming care from being included as an essential health benefit
- Eliminates bronze-to-silver auto re-enrollment
- Makes technical changes that will reduce the size of premium tax credits and increase cost-sharing (by raising the out-of-pocket maximums)

Effective Plan Year 2027

- Shorter open enrollment period for plan year 2027 and beyond.
- Open Enrollment will run from 11/1/26 – 12/15/26 in Healthcare.gov states like Florida

[Timeline of Health Insurance Marketplace Changes](#)

Integrity & Affordability Rule

Provisions being challenged (not taking effect as scheduled)

- Insurers may deny coverage to individuals with unpaid premiums (Aug 2025)
- Requires income verification from consumers who attest to income above 100% FPL if trusted data sources indicate income is below that threshold. (Aug 2025)
- One-year failure to reconcile policy barring individuals from Marketplace coverage. (2026)
- \$5 /month penalty for people enrolled in plans with a \$0 net premium who do not actively re-enroll (2026)
- Imposes new Special Enrollment Period verification requirements for states who use HealthCare.Gov (2026)
- Enabling insurers to offer plans with actuarial values below the standard value. (2026)

[Timeline of Health Insurance Marketplace Changes](#)

H.R.1

Effective Plan Year 2026

- Eliminates PTC eligibility for immigrants below 100% of FPL who are in the “5-year bar” period – individuals who are lawfully present, but ineligible for Medicaid due to immigration status
- Ineligibility for PTC through an income-based SEP that is not connected to a life change (such as the low-income SEP)
- Elimination of partial repayment of PTC during reconciliation
- Bronze and Catastrophic plans paired with HSA account



[Timeline of Health Insurance Marketplace Changes](#)

H.R.1

Effective Plan Year 2027

- Amends the categories of immigrants eligible for PTCs to include only:
 - Lawful Permanent Residents;
 - Cuban and Haitian entrants; and
 - Compact of Free Association (CoFA) individuals.

Effective Plan Year 2028

- Implements stricter eligibility verification processes
- Eliminates provisional eligibility for premium tax credits
- Prohibits passive and automatic enrollment and re-enrollment

[Timeline of Health Insurance Marketplace Changes](#)

Thank you!

Information in presentation current as of 11/17/2025