



Changes to the Marketplaces: Implementing New Regulatory and Legislative Requirements

July 10, 2025

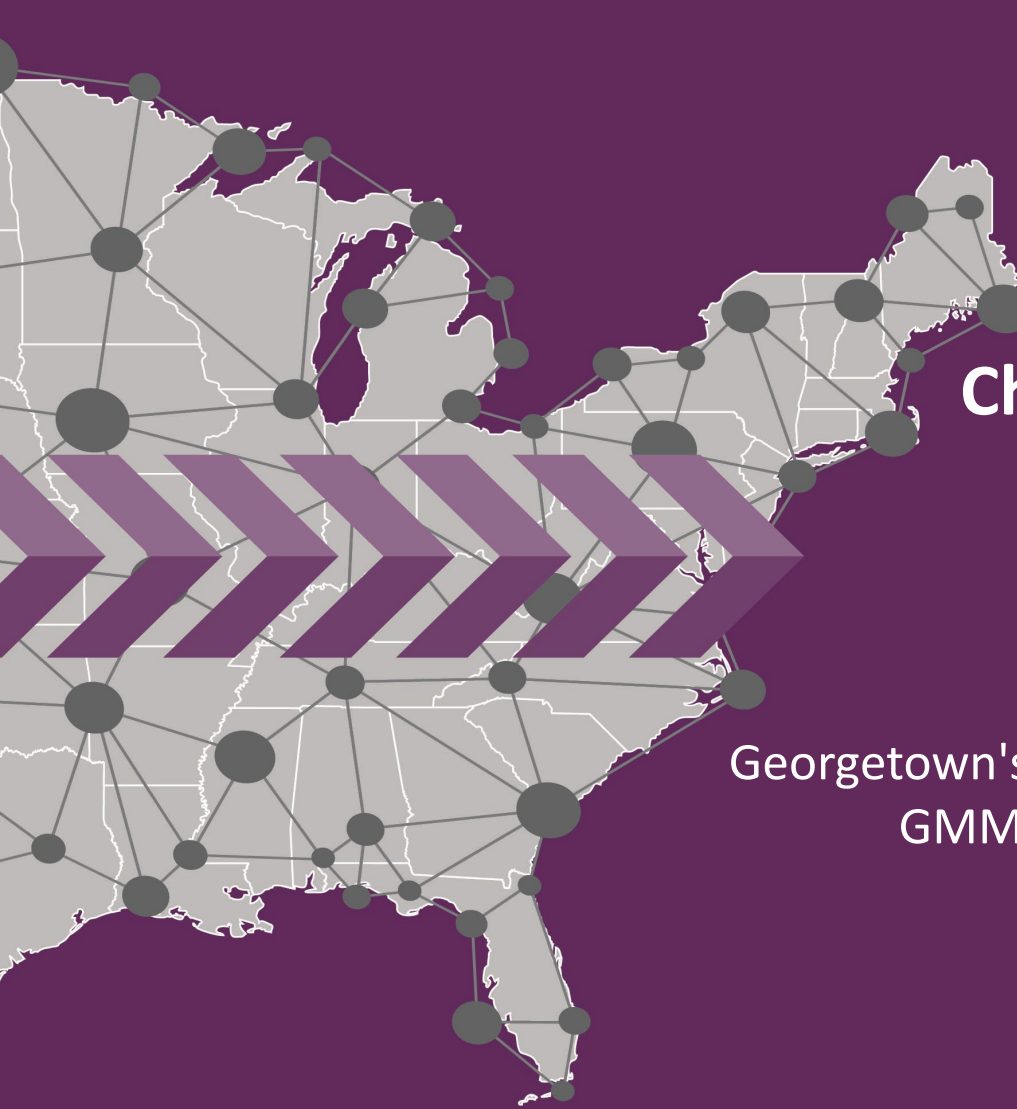
3:00 – 4:00 p.m. ET

Please stand by, this webinar will begin shortly

STATE
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*Driving Innovation
Across States*

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Changes to the Marketplaces: Implementing New Regulatory and Legislative Requirements

Georgetown's Center on Health Insurance Reforms,
GMMB, Manatt Health, The Urban Institute

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About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and healthcare by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake healthcare transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

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About Georgetown University's Center on Health Insurance Reforms

- A team of experts on health insurance and health reform.
- Conduct research and policy analysis, provide technical assistance to federal and state policymakers, regulators, and consumer advocates.
- Based at Georgetown University's McCourt School of Public Policy.
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The Urban Institute is a nonprofit research organization founded on one simple idea: To improve lives and strengthen communities, we need practices and policies that work. For more than 50 years, that has been our charge. By equipping changemakers with evidence and solutions, together we can create a future where every person and community has the opportunity and power to thrive.

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- Use the 'Q&A' function in Zoom to submit questions and comments to the meeting facilitators. **Note that you must select to submit a question anonymously.**
- All participant lines are muted.
- After the webinar, the slide deck and a recording will be available at www.shvs.org.

Agenda

- ***Level Setting***
 - ***Overview of Final Marketplace Rule***
 - ***Overview of Final Budget Reconciliation Language***
-
- ***Operational Considerations***
 - ***Communications Considerations***
-
- ***Questions and Discussion***
 - ***Next Steps***



Level Setting

Overview: Upcoming Cuts to State Healthcare Programs



Marketplace “Integrity” Rule Finalized

- On June 20, 2025, the Centers for Medicare & Medicaid Services (CMS) [finalized](#) a package of Marketplace regulations that restrict eligibility, reduce benefits, and impose new paperwork burdens on enrollment.
- Most provisions take effect in 2025 or 2026.
- The final rule generally tracks what CMS [proposed](#) in March, though with some minor changes, including sunseting some pieces after 2026 and adding some flexibility for state-based Marketplaces.



Reconciliation Bill Enacted with Medicaid and Marketplace Cuts

- On July 4, 2025, President Trump signed the budget reconciliation bill with [over \\$1 trillion in healthcare cuts](#) by 2034, plus cuts to food assistance that will shift costs to states.
- It also cuts taxes by roughly [\\$4.5 trillion](#) and increases federal deficits by an estimated [\\$3.4 trillion](#).
- The Marketplace cuts focus on legal immigrants and on imposing new barriers to enrollment.
- The final bill includes many key provisions of the [House version](#), though some pieces were removed.



Enhanced Premium Tax Credits (PTCs) Scheduled to Expire

- Unless Congress acts, the PTC enhancements enacted in the 2021 American Rescue Plan Act and extended in the 2022 Inflation Reduction Act will expire at the end of 2025.
- The expected expiration has already [increased premiums in insurers’ 2026 rate filings](#) and will soon be reflected in the [net premiums shown to consumers](#) for open enrollment.

Timeline of Effective Dates of Marketplace Cuts

Marketplace Rule	OBBBA	Enhanced PTC Expiration
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Provision	August 2025	PY 2026	PY 2027	2028 & beyond
Eliminating eligibility for DACA recipients				
Shortening window for submitting DMI documentation				
Revised standards for agents and brokers (FFM only)				
Permitting coverage denials for past-due premiums				
Creating additional data matching issues (DMI)				
Eliminating issuer options for premium payment thresholds				
Eliminating SEP for individuals under 150% of the FPL	SEP Eliminated		No subsidies with income-based SEP	
Expiration of enhanced PTCs				
Indexing changes that increase cost-sharing and reduce PTC				
Actuarial value changes to permit less generous plans				
Ending bronze-to-silver crosswalk for CSR-eligible people				
Prohibiting gender affirming care in essential health benefits				
Eliminating subsidized coverage for 5-year-bar population				
Removing APTC repayment caps (effects felt early 2027)				
Requiring new documentation for SEP eligibility (FFM only)				
Canceling APTCs for failure to reconcile after one year				
Eliminating auto reenrollment with subsidies		\$5 premium (FFM)		Full elimination
Shortening open enrollment periods				
Eliminating subsidies for many lawfully present immigrants				
Locking out those denied Medicaid due to work requirements				
Eliminating conditional eligibility for subsidies				

Effects on Health Coverage and Marketplaces

Ranks of Uninsured to Grow by Roughly 16 Million People (or More)

- 4.2 million due to expiration of the PTC enhancement
- 10.4 million due to the reconciliation bill (11.8 million minus 1.4 million for a late change)
- Perhaps one to two million more from the Marketplace Integrity Rule

Figures are CBO estimates for 2034. The reconciliation bill figure is the most recent CBO score adjusted for removal of a provision reducing Medicaid funding for states with programs for certain immigrants. The Marketplace Integrity Rule figure is based on CBO's estimate that the proposed rule would leave 1.8 million more people uninsured, with half that amount included in the baseline for its other estimates.

Marketplace Enrollment to Fall by Roughly Ten Million People (or More)

Public estimates of changes to Marketplace enrollment have not been updated to reflect the final versions of the reconciliation bill and rule. But earlier estimates showed large enrollment losses:

- Wakely estimated that together the House-passed OBBBA (which largely incorporated the Marketplace Rule) and PTC enhancement expiration would reduce Marketplace enrollment by 11.2 million to 13.6 million people.
- The Urban Institute estimated that the key provisions of the House-passed OBBBA would reduce Marketplace enrollment by 5 million people. Urban earlier estimated that PTC enhancement expiration would reduce Marketplace enrollment by 7.2 million.
- Subsequent changes will likely reduce some of these estimates, perhaps to closer to 10 million people.

Lower Provider Revenue and New Burdens on State Finances



Lower Provider Revenue and More Uncompensated Care

- The Urban Institute estimated that the House bill and enhanced PTC expiration would reduce provider revenues by \$1.1 trillion and increase uncompensated care costs by \$283 billion through 2034.
- America's Essential Hospitals estimates that proposed Medicaid changes in the reconciliation bill would increase hospitals' uncompensated care burden by \$443 billion through 2034.



Increased Medicaid Burdens on States

- The reconciliation bill includes numerous cuts to federal Medicaid spending that states would need to cover to avert cuts in eligibility, benefits, and/or provider reimbursements.
- For example, CBO estimates that the bill's limits on state provider taxes and state directed payments would reduce federal Medicaid spending by \$341 billion through 2034.



Shifting the Cost of Food Assistance to States

- The Center on Budget and Policy Priorities estimates that the reconciliation bill would shift \$4.6 billion to \$14 billion in food assistance costs to states in fiscal year 2028.

Big-Picture Considerations

- Incremental implementation means **some impacts will be delayed, including** some of the **most significant Medicaid provisions**.
- **Medicaid impacts** will be focused **in expansion states**; **Marketplace impacts** will be larger **in non-expansion states**.
- While **large coverage losses are expected**, there's great **uncertainty** about their size, **for several reasons**:
 - Possibility of extending PTC enhancements
 - Federal rulemaking and implementation choices
 - State implementation choices
 - State mitigations like state subsidies and facilitated enrollment programs
 - Litigation on the Marketplace rule
 - Potential for additional federal policy changes



Overview of the Final Marketplace Rule

Background

On June 25, 2025, CMS published the “Marketplace Integrity and Affordability” final rule.

- The final rule focuses on Marketplace rules that are traditionally addressed in the annual Notice of Benefit and Payment Parameters, plus a few additional issues.
- Most provisions will be effective August 25, 2025, before the next open enrollment period (OEP).
- CMS received over 26,000 comments over a very short (less than 30 day) comment period.

Overview of the Final Rule

- **Two stated goals:**
 - Addressing “fraud” and other “improper enrollments”
 - Reducing premiums, which could increase unsubsidized enrollment
- **The provisions fall into three buckets:**
 - Affordability and benefits
 - New checks on enrollment
 - Narrowing eligibility
- Many changes **roll-back previous policies, reduce state flexibility** and come with **substantial implementation costs** for Marketplaces.
- Legal challenge: ***City of Columbus et al v. Kennedy et al***
 - Seeks a stay of the rule or preliminary injunction
 - Argues policies are unlawful (violate the ACA) and arbitrary/capricious

Major Changes Between Proposed and Final

- **Effective Dates and Sunset Provisions**
 - Delays the effective date of a shortened open enrollment period to plan year 2027.
 - Several changes to Marketplace eligibility and enrollment rules will be effective only through plan year 2026.
- **Some state flexibilities**
 - Open enrollment period dates.
 - Verification processes for special enrollments.
 - Re-enrollment processes.
- **New definition for “sex trait modification”**

Changes to Affordability and Benefits

Consumer Cost-Sharing and Premiums	Plan Design Changes, Lower PTC Benchmarks	New \$5 Charge for Certain Enrollees Who Do Not Actively Re-Enroll.
<ul style="list-style-type: none"> • “Premium adjustment percentage” sets maximum out-of-pocket (MOOP) & premium contributions. • Increases MOOP by 15% over 2025. Applies to ESI <i>and</i> Marketplaces. • Increases net premiums by 4.5%. • Finalized as proposed. No sunset. 	<ul style="list-style-type: none"> • Allows issuers to reduce actuarial value (AV) for on- and off-Marketplace plans. • CMS estimates 1% decrease in gross premiums and reduction in PTCs by \$1.22 billion in 2026. • States can impose tighter AV limits. • Applies beginning PY 2026 • Finalized as proposed. No sunset. 	<ul style="list-style-type: none"> • Applies to enrollees with APTCs that fully cover their premium. • FFM will implement for 2026; optional for SBMs. • Sunsets Dec. 31, 2026 • (But note Sec. 71303 in H.R. 1)
Ends the Bronze-to-Silver “Crosswalk Policy”	Prohibits the Inclusion of Gender Affirming Care in Essential Health Benefits	
<ul style="list-style-type: none"> • Applies to all Marketplaces, including SBMs. • SBMs may (as under current law) apply to HHS to deviate from re-enrollment hierarchies. • Finalized as proposed. No sunset. 	<ul style="list-style-type: none"> • States with mandates would face defrayal obligation. • New definition of “sex trait modification.” • Applies beginning plan year 2026. • No sunset. 	

Shortened Enrollment Opportunities and New Administrative Requirements

Shortened Open Enrollment Period	Pauses the Low-Income Special Enrollment Period (SEP) for Individuals Under 150% of the Federal Poverty Level (FPL)	New Documentation for SEP Triggering Events
<ul style="list-style-type: none"> Requires all Marketplaces to limit OEP to 9 weeks, beginning for PY 2027. SBMs have flexibility to set dates, so long as OEP starts “no later than” 11/1 and ends “no later than” 12/31. No sunset. 	<ul style="list-style-type: none"> October 24, 2025. Applies to all Marketplaces. CMS does not estimate coverage loss but CBO has projected 200K will become uninsured Sunsets Dec. 31, 2026. (But note Sec. 71304 in H.R. 1) 	<ul style="list-style-type: none"> Requires pre-enrollment verification for at least 75% of all SEPs. Optional for SBMs. Sunsets Dec. 31, 2026.
Cancels APTCs for Failure to Reconcile After One Year	New Documentation for Data Matching Inconsistencies (DMIs)	
<ul style="list-style-type: none"> In effect for November 1, 2025. Applies to all Marketplaces. Sunsets Dec. 31, 2026. (But see Sec. 71303 in H.R. 1). 	<ul style="list-style-type: none"> Effective Aug. 25, 2025. Applies to all Marketplaces. When data show income below the FPL (12/31/26 sunset). When tax data is unavailable (12/31/26 sunset). (But see Sec. 71303 in H.R. 1) Ends 60-day extension (no sunset). 	

Narrowing Eligibility

Reverses the Deferred Action for Childhood Arrivals (DACA) Eligibility Rule


- Requires mid-year terminations of DACA recipient coverage.
- Effective Aug. 25, 2025.
- **Applies to all Marketplaces.**
- Estimates 11,000 would lose coverage mid-year.
- Finalized as proposed. No sunset.

Eliminates Insurer Options for Premium Payment Thresholds

- Reverses the Biden-era policy allowing continuation of coverage if the enrollee is short on premiums by a small amount.
- Effective Aug. 25, 2025.
- **Applies to all Marketplaces.**
- Finalized as proposed. Sunsets Dec. 31, 2026.

Permits Coverage Denials for Past-Due Premiums

- Amends ACA's "guaranteed issue" protection to allow issuers to deny policies to consumers with past-due premiums.
- **States may prohibit** such denials or set other restrictions.
- Effective Aug. 25, 2025.
- No sunset.



Overview of the Final Budget Reconciliation Legislation (H.R.1)

Final Budget Reconciliation Legislation (H.R.1) vs. the Marketplace Integrity and Affordability Final Rule

The House version of the budget bill would have codified nearly all the provisions of the final rule but likely would have been subject to the Byrd Rule’s prohibition on extraneous provisions with no or very limited budgetary impact. Missing from the law: Extending the enhanced PTC.

Marketplace Final Rule

- New agent/broker standards
- Premium adjustment percentage index
- Prohibition on gender affirming care as EHB
- Shortened annual enrollment period, PY 2027
- Coverage denials for failure to pay premiums for prior coverage
- Automatic reenrollment hierarchy
- Changes to actuarial value
- Rescinds DACA eligibility/tax credits
- End 60-day auto extension for DMI
- **Income verification (tax data, ~100% FPL)**
- **Conducting SEP eligibility verifications**
- **Pause 150% FPL SEP**
- **End reenrollment in \$0 plans**
- **Premium payment thresholds**

These provisions are only applicable for PY 2026 (not codified into H.R.1); they may be extended in future regulation

Codified

- End APTC for failure to reconcile
- Termination of PTC for income-based SEP (*effectively ending them*)

H.R.1

- End automatic reenrollment
- End eligibility for APTC pending verification
- Disallow PTC for income-based SEP
- Eliminate caps on recapture of APTC
- Limitations to immigrant coverage
- Terming all bronze and catastrophic plans as high-deductible health plans (HDHPs)
- Restrictions on Marketplace tax credits for individuals denied Medicaid due to work requirements

H.R.1: Removing Repayment Limits, Beginning in 2026



Eliminate the Cap on APTC Recapture (Section 71305)

The law removes the limitation on APTC repayment, meaning that enrollees will be responsible for repaying all APTC in excess of the PTC calculated on the tax return.

- **Current statutory limits:** For the 2025 tax year, the repayment limit for a single filer is \$375 for a person with income less than 200% of the FPL, up to \$1,575 for a person with income between 300% and 400% of the FPL. (Amounts are doubled for filing statuses other than single; there is no repayment cap for people with income over 400% of the FPL.)
- **Current regulatory exception:** Current regulations create a special exception for the lowest-income tax filers. A person who is determined by the Marketplace to have projected income over 100% of the FPL, but at tax filing has income that falls under 100% of the FPL, is not required to repay the entire APTC received.

Effective beginning in the 2026 tax year, APTC repayment limits are removed.

- The Senate Budget Committee version of the legislation would have codified the regulatory exception. The final legislation did not, but the regulation is still in force.

H.R.1: Other Marketplace Changes, Beginning in PY 2026



End Tax Credits for Income-based Special Enrollment Periods (SEP) (Section 71304)

The law prohibits enrollees from receiving PTC if they enroll through an income-based SEP, unless the SEP is also tied to a life change. Considered with the final rule, this effectively ends the SEP for people with income up to 150% of the FPL.



Require Enrollees Receiving APTC to File Taxes and Reconcile the Credit (Section 71303)

The law requires enrollees who receive APTC to file their tax return and reconcile the APTC received against the PTC they are entitled to receive based on actual income and household composition. Enrollees who did not file and reconcile in the applicable tax year will lose APTC.



Term All Bronze and Catastrophic Plans as High-Deductible Health Plans (Section 71307)

This provision considers all bronze and catastrophic Marketplace plans to be high-deductible health plans (HDHPs), making them eligible to be paired with a health savings account (HSA).

- Some Marketplace plans already qualify as HDHPs, but other plans with high deductibles do not, often because they cover additional services prior to meeting the deductible.

H.R.1: Noncitizen Eligibility Limitations, Beginning PYs 2026 and 2027



Limit Immigrant Eligibility for Financial Assistance (Sections 71301 & 71302)

The law limits eligibility for financial assistance for immigrants, though it does not explicitly say that lawfully present immigrants cannot enroll in qualified health plans (QHPs).

- **Effective in PY 2026:** The law ends PTC eligibility for people who are ineligible for Medicaid due to immigration status and have income less than 100% of the FPL.
 - The **five-year bar population** includes lawful permanent residents (LPRs) and individuals with other lawful statuses that are not otherwise statutorily exempted from the bar.
 - However, lawfully present immigrants—including those subject to the five-year bar—with income between 100% and 400% of the FPL may receive PTC in PY 2026.
- **Effective in PY 2027:** The law layers on new **limitations on the immigrant groups who qualify for PTC** to:
 1. LPRs;
 2. Certain Cuban and Haitian entrants; and
 3. Compact of Free Association (COFA) migrants.

Statuses newly denied assistance include: Refugees, asylees, and victims of human trafficking.

H.R.1: Enrollment and Reenrollment Changes, Beginning PY 2028



Eliminate Automatic Reenrollment (Section 71303)

The law ends passive reenrollment. All enrollees must return to the Marketplace to verify information on their application (e.g., household income, family size, immigration status, enrollment in or eligibility for other health coverage) and enroll in a health plan, even if nothing has changed.

- Marketplace and reliable third-party resources may be utilized.
- Allows for an extended verification period that could begin no later than August 1.

In PY 2025, 10.8 million of the 24.3 million Marketplace enrollees chose to automatically reenroll in their plan, constituting 45% of all Marketplace enrollment. The automatic reenrollment rate was **38% in the Federally Facilitated Marketplace (FFM)** and, on average, **60% in State-Based Marketplaces (SBMs)**. Automatic reenrollment in SBMs is as high as 75%.



End Eligibility for APTC Pending Verification (Section 71303)

The law prevents enrollees from using their APTC until all verification is complete.

- Individuals may be unable to pay their binder payment or have difficulty paying the gross premium while verification progresses, which may lead to attrition. Enrollees may be eligible for APTC for a previous coverage month, if eligibility is successfully verified.
- This requirement may be waived for individuals enrolling through a SEP for a change in family size.

H.R.1: Marketplace and Medicaid Interactions

New Medicaid requirements will also impact Marketplace enrollment and operations.



Medicaid Work Requirement Mandate (Section 71119)

- Starting Jan. 1, 2027, states must impose **work requirements for expansion and expansion-like adults** ages 19 to 64.
- States must verify that individuals **complete 80 hours of qualifying activities** for at least one month prior to application and again at least one month within every six-month period.
- **States may implement earlier** via a section 1115 or SPA or may **request an exemption to delay by up to two years**—through December 31, 2028.
- HHS is required to release an **interim final rule** with implementation details by June 1, 2026



Individuals denied Medicaid due to work requirements are not permitted to receive Marketplace tax credits.



Medicaid Redetermination Every Six Months (Section 71107)

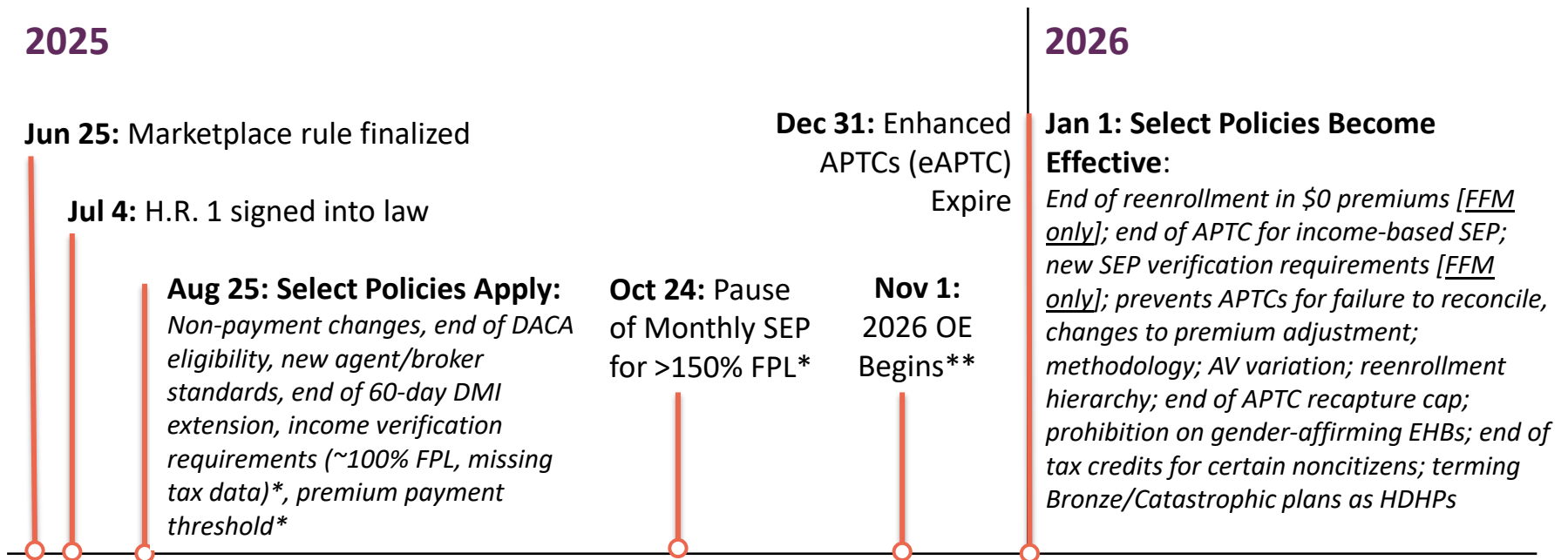
- Effective in 2027, states must **redetermine eligibility for expansion and expansion-like adults once every six months.**



Operational Considerations

Operational Considerations for Marketplaces: Short-Term

The Marketplace final rule and H.R.1's provisions will require significant systems and business operation changes, especially for SBMs.



*Only applicable for PY 2026 **Existing length: Nov 1 to Jan 15

What Marketplaces Have Started for OE 2026

Familiar Work, Accelerated Pace:

Eligibility, SEP, Failure to Reconcile, and 60-day DMI Extension Changes, eAPTC expiration

- System coding and testing
- Adjustments to websites and other informational materials
- Revise Navigator, Assister, Agent/Broker, Call Center training
- Update communications to enrollees

New Work, Accelerated Pace:

Verification Changes and \$5 Premium Auto-Reenrollment Changes

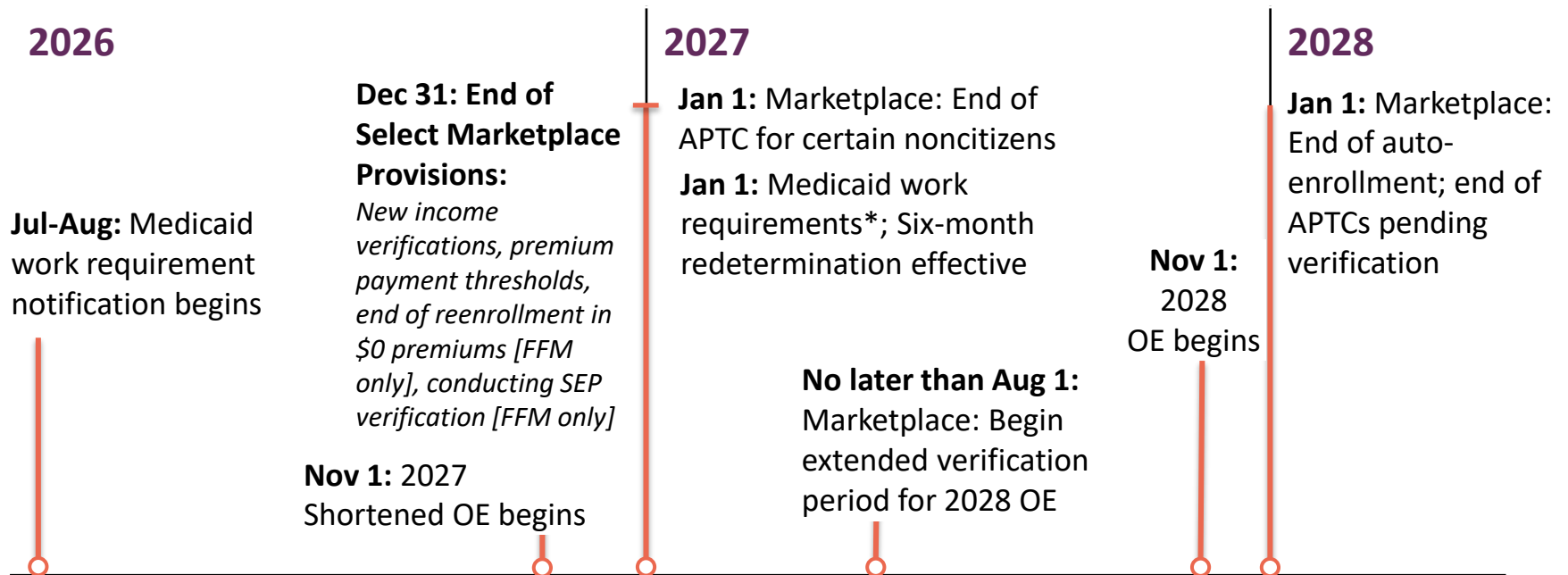
- New electronic communications with plans [FFM]
- New logic introduced to eligibility systems
- New consumer eligibility scenarios
- Significant increase in manual verification and consumer interaction.

Key Operational Questions:

- Given bandwidth constraints, what does the 2026 minimal viable product look like, particularly for PY 2026 only provisions? What work should be prioritized to get there and minimize consumer disruption?
- What clarification is needed from the Center for Consumer Information and Insurance Oversight on implementation parameters?
- What additional staffing and contracting resources will be needed to handle increased paperwork and consumer interaction?
- What will these modifications cost? And how/when will user fees be adjusted to compensate?
- What additional data sources and technology can be used to increase automation?
- How to incorporate reporting and analysis to measure/document the impact of policy changes?

Operational Considerations for Marketplaces: Longer-Term

Changes to Marketplace auto-reenrollment and the Medicaid program will require continued advancement of changes implemented for 2026 and new Marketplace functionality



*The law permits states to implement earlier via a section 1115 demonstration or SPA; states may also request HHS Secretary approval for an exemption to delay by up to two years—through December 31, 2028—if the state demonstrates a “good faith effort” to come into compliance.

What Marketplaces Will Need to Start ASAP

- **Design for the End of Auto Renewal.** Eligibility and enrollment systems and interfaces will need to be built to reflect a new open enrollment progression (pre-verification window and a shortened open enrollment period) and verification requirements.
- **Further Align Marketplace-Medicaid Data Sharing.** Given work requirements and six-month renewals, Marketplaces and state Medicaid agencies will need to further align account transfers, communications, and operations.
- **Streamlined Enrollment Systems.** Applications will take longer to complete and require additional interaction with Marketplaces and application assisters, warranting additional streamlining and customer support to prevent attrition.
- **Continued Consumer Communication/Education.** Build off the short-term work to continue awareness campaigns for consumers, particularly related to new pre-enrollment requirements.

Near-Term Threshold Questions to Prepare to Provide Runway for Operational Changes

For example:

- Pre-verification as new module vs. existing OE ecosystem
- Investing heavily in the pre-OE period or maximizing engagement during OE
- Third-party data maximization, manual efficiency/automation, or both

Key Operational Questions

- What information do states need in the next payment notice to get started? ***These should be raised ASAP***
- What consumer research and testing can be done/funded?
- What investments will be necessary and therefore user fees raised to implement?
- How can systems be set up to ensure real-time learning?



Communications Considerations

Communications Goals

- **Maintain trust and reduce confusion.**
 - Provide clear, consistent, and empathetic information to reduce fear.
 - Use plain language to explain changes.
- **Prepare consumers for timely action.**
 - Encourage consumers to take proactive steps to maintain or adjust their coverage.
 - Emphasize the help available through navigators, call centers, and local partners.
 - Identify and assist groups most at risk of losing coverage or facing barriers.

Key Audiences to Engage

Although all identified audiences are important, identify your own priority audiences and ensure strategies and tactics are driven by their needs.

Members

Identify key segments facing greatest impact

Internal Stakeholders

Staff, customer support, Navigators

External Stakeholders

State agencies, partners*

Plans

Particularly member communications

Policymakers

Governor, legislature, federal delegation

Uninsured Residents

Media

**Some audiences (e.g., partners) will play a critical role in reaching specific populations.*

Messaging Guidance

High-level positioning to communicate near-term policy and rule changes.

- **New federal rules are changing how people apply for and stay enrolled in health insurance through all Marketplaces, including [MARKETPLACE].**
- **Most [MARKETPLACE] consumers will not see any changes to their 2025 health plan.** The only coverage change taking effect in 2025 is for individuals with DACA status. Starting August 25, 2025, DACA recipients will no longer be eligible for Marketplace coverage.
- **Now is a great time to use your health plan.** Schedule your free annual wellness visit or take care of any health needs you've been putting off.
- **The federal government is ending the enhanced premium tax credits that help lower monthly costs for many people.** These extra savings will expire at the end of this year. We expect this will result in higher premiums for most plans in 2026. Open enrollment is your chance to review your options and find the best plan for your budget.
- **We're here to support you through these changes.** In [TIMING], we will send a [LETTER] to everyone with a health plan through [MARKETPLACE]. It will explain what's changing and how to get ready for the upcoming Open Enrollment Period.

Provision-Specific Messages

Explain what's new or changing, and specific actions enrollees must take.

Change	What's new:	What this means for you:
<i>New proof requirements for income verification</i>	If we can't verify your income using tax data or other sources, you'll now be required to submit additional documents to prove your income when applying for coverage.	Be ready to upload documents like pay stubs, W-2s, or other proof of income. If you don't respond in time, you could lose your financial help or coverage.
<i>Filing taxes and reconciling your premium tax credit</i>	If you get help paying for your health plan through a premium tax credit, you must file a federal tax return and include Form 8962 to "reconcile" the credit.	If you received premium tax credits for your health plan in 2024, you must file your 2024 tax return and submit Form 8962 to reconcile the tax credits you received. If you miss this step, you won't be eligible for premium tax credits for your 2026 plan.
<i>DACA terminations</i>	Individuals with Deferred Action for Childhood Arrivals (DACA) status are no longer eligible to get a health plan through [MARKETPLACE].	To comply with this new federal rule, [MARKETPLACE] is required to terminate coverage for DACA recipients by August 25, 2025. We understand this is a significant change, and we will provide support to help you explore other coverage options.

Preparing for Cost Changes

High-level positioning to communicate expected cost increases.

- **The federal government is ending the enhanced premium tax credits that help lower monthly costs for many people.** These extra savings will expire at the end of this year. We expect this will result in higher premiums for most plans in 2026.
- **Plans and prices change every year.** Even if you've had the same plan for years, it's important to compare your options during Open Enrollment to make sure you're getting the best value.
- **Many people will still get help paying for coverage.** Our team will be ready to help you explore your options during Open Enrollment. Check back in [TIMING] to compare 2026 plans and find the coverage that fits your life and your budget.

Send targeted communications to enrollees receiving EPTCs

You are receiving enhanced premium tax credits. These are extra savings that help lower the cost of your monthly premium...

OR

You are receiving \$[XX.00] each month to lower the cost of your premium. These extra savings are ending...

Communications Tactics

Landing page	"What this means for you" information, link to free help
Customer support	Call center scripts, Q&A, talking points (all translated)
Member communications	Notice/letter, emails, postcard, SMS
Stakeholder engagement	Webinars, newsletters (for consumer communications)
Earned media	Talking points for leadership, background materials
Social media	General alert messaging (be prepared for engagement)



Review all materials (fact sheets, website copy, videos, etc.) that may require content updates. Create a tracker and prioritize assets.

Discussion

The slides and a recording of the webinar will be available at www.shvs.org after the webinar

Thank You

Jason Levitis

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