

OKLAHOMA FAQ'S

For 2025 Coverage Year

ACA Individual Health Insurance Open Enrollment & Special Enrollment Periods (SEP) (Not Medicare Eligible)

- **Special Enrollment Period (SEP) is a 60-day period** that is available to those who meet eligibility such as loss of health coverage. This 60-day period is your opportunity to buy coverage. Otherwise, you will have to wait for the next **Annual Open Enrollment Period, Nov.1st through Jan. 15th**. If you want coverage without lapse, be sure to visit www.healthcare.gov by the 15th of the month and before your current coverage ends. If your SEP overlaps with the Annual Open Enrollment Period, you may take advantage of your SEP to start your coverage BEFORE January 1st but you will have to re-enroll by December 15th for coverage to start by January 1st. Visit www.healthcare.gov and select Special Enrollment Period on the Home Page.
- **Everyone's coverage runs on a calendar year basis** and everyone has to re-enroll during the Annual Open Enrollment Period which begins every November 1st even if you just applied during your Special Enrollment Period (SEP). The deadline for coverage effective January 1st is December 15th. If you miss that deadline, you have until January 15th for coverage effective February 1st. Visit www.healthcare.gov and select Open Enrollment Period on the Home Page. www.healthcare.gov.
- **For INCOME (please refer to “How We Determine Income” handout) you will need to indicate your UNEMPLOYMENT COMPENSATION** and any other sources of income. Not all income is counted but **all must be disclosed**. OHCA tells you what sources of income are considered and is used federally as well. You don't have to enroll your spouse if he/she already has coverage just include his/her income. But to be eligible for federal subsidies you must file a **joint tax return** for the coverage year and list all taxable household members (including children) even if coverage is not needed for them.
- **Special Enrollment Period (is only for 60 days after you meet eligibility criteria such as loss of health coverage, you moved, you added or lost a household member, etc.) and Open Enrollment Period** is every November 1st through Jan 15th see www.healthcare.gov. The following are the issuers¹ you may select from:
 - **BCBSOK** will offer options both ON and OFF the Exchange in all 77 counties;
 - **Community Care of Oklahoma (CCOK), Oscar Health, Ambetter of Oklahoma (Celtic), Medica, Taro Health Plan of Oklahoma and United Health Care (UHC)** offered in limited counties.

¹Issuers are subject to change annually and offer many types of plans that may vary from year to year. It is your responsibility to re-enroll to keep your coverage continuous, however, the same plan you had one year may not be available the next year.

* Federal Poverty Level (FPL) and program eligibility has changed due to Medicaid Expansion effective 7.1.2021.

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- **Advanced Premium Tax Credits (APTCs) only applies to ON Exchange plans when applicants meet income qualifications:**
 - Some applicants may not have any premium to pay after the APTCs are applied.
 - **Important:** If your income or family member’s income changes during the time in which you are enrolled, your APTC’s may change. You must make income and other changes through your account on www.healthcare.gov.
 - **Applies to 138%* Federal Poverty Level and up (please refer to “2024 Poverty Guidelines” handout). There is no income cap to receive APTC’s through 2025.**
- **Cost Sharing Reduction payments (CSRs) only applies to ON Exchange plans when applicants meet income qualifications. CSRs help applicants pay their deductibles, copays and co-insurance payments by reducing or eliminating them:**
 - **Important:** If your income or family member’s income changes during the time in which you are enrolled, your CSR’s may change. You must make income and other changes through your account on www.healthcare.gov.
- **Other health plans available (not an all-inclusive listing) that are NOT ACA compliant and will allow issuers to underwrite and/or exclude coverage for pre-existing conditions among other restrictions:**
 - Plans regulated by OID:
 - Short Term Limited Duration Health policies
 - Disease Specific policies
 - Limited Benefit or Indemnification policies
 - Plans NOT regulated by OID:
 - Discount Plans
 - Health Care Sharing Ministry Plans

Note: Information is current and is subject to change due to the uncertainty in changes to the federal law. Special protections under Federal Law are granted to Native Americans, please see your Tribal Administration Office or www.healthcare.gov.

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