Frequently Asked Questions

HEALTHCARE LAWS ARE CHANGING

Will Open Enrollment for 2026 dates be shortened?

The Open Enrollment Period for Plan Year 2026 will follow the same schedule as previous years, running from November 1, 2025, through January 31, 2026. Beginning with Open Enrollment for Plan Year 2027, the period will be shortened to a maximum of nine weeks, running from November 1 to December 31, with coverage beginning January 1.

Are eAPTCs being extended?

The eAPTCs are scheduled to expire December 31, 2025. Covered California members will no longer receive eAPTCs in Plan Year 2026, which could result in an increase of their 2026 monthly premium payments.

Note: The APTCs as part of the Affordable Care Act remain in place.

How often do members have to file a tax return to keep their APTC?

Members are now required to file their taxes and reconcile their APTC each year. If they don't file their taxes, they'll become ineligible for APTCs. If APTC eligibility is lost, CSR eligibility is also lost.

Is the APTC Repayment Cap changing?

Yes. Effective in 2026, the APTC repayment cap is eliminated. Instead, all members receiving premium tax credits will now be required to repay the full amount of any excess tax credits to the IRS.

Note: This provision takes effect for APTCs received in 2026, but will not be felt by members until they reconcile APTCs in 2027.

What are the changes to the Failure to Reconcile (FTR) process?

The Failure-To-Reconcile (FTR) updated process to be effective for Plan Year 2026 (January 1, 2026) for one year and then returns to two consecutive years for Plan Year 2027. An applicant will be ineligible for APTC if they failed to file taxes reconciling past APTC for one year, instead of two consecutive years; and revising notice requirements to align with reinstated FTR process.

Can members verify their annual household income by self-attestation?

Beginning February 2026, Covered California can no longer accept a consumer's self-attestation of projected annual household income when the IRS confirms there is no tax return data available to verify the projected income. Documentation sources for household income include but are not limited to wages and tax statement (W-2 and/or 1099), pay stub or Social Security Administration Statements.

a. Effective August 25, 2025 and only for Plan Year 2026, Covered California will no longer accept an applicant's attestation on their CalHEERS application when tax data is unavailable to start the conditionally eligible timeframe. Applicants will need to provide a written attestation to complete the application and then provide eligible income documentation within the conditionally eligible timeframe of 90 days.

b. Effective August 25, 2025, Covered California will no longer have CalHEERS give the automatic 60-day extension (beyond the initial 90 days) for applicants to provide documentation to confirm their income.

Who's considered "lawfully present" on Covered California?

For Plan Year 2026, lawfully present immigrants can get Covered California coverage and may qualify for premium tax credits and other savings on Covered California plans. The term ***"lawfully present"*** includes immigrants who are:

- Individuals fleeing persecution, including asylees and refugees
- Victims of domestic violence and trafficking
- Cuban/Haitian entrant
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Individuals with a valid non-immigrant visa (e.g.- work visa, student visa)

For a full list of immigration statuses eligible for Covered California coverage visit
https://www.healthcare.gov/immigrants/immigration-status/

As of August 31, 2025, DACA recipients are excluded from the definition of ***"lawfully present"*** and are not eligible for On Exchange coverage through Covered California.

When will DACA enrollees coverage end for health and dental and what happens if they are receiving services?

DACA recipients will have their coverage terminated at the end of August – they will receive a letter confirming the termination and it will give them the instruction to contact their health plan to arrange for off-exchange enrollment. They will be able to address any continuity of care with the carrier at that time.

Will my clients below 150% FPL still be able to change plans monthly?

No. As of August 31, 2025, members at or below 150% FPL will no longer have the ability to change plans and/ or issuers monthly. Members will need to enroll during the annual OEP and could make a plan change during the plan year if they experience a qualifying life event, which gives them a SEP.

Note: This does not impact the monthly SEP for members of federally recognized tribes.

Do we expect to keep the Silver 73 available for all regardless of income for PY 2026 or will that change or be limited by FPLs?

If ePTC is not extended, it is very likely that Covered California will redirect affordability funding to premium credits (CA Premium Credit) and the enhance cost-sharing reduction plans such as the enhanced Silver 73 would only be available to qualifying enrollees in income ranges 200-250% FPL.

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