

Frequently Asked Questions: Affordable Care Act Eligibility for DACA Recipients

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People with Deferred Action for Childhood Arrivals (DACA) will be able to enroll in health coverage via Affordable Care Act marketplaces for the first time starting November 1, 2024. This FAQ answers key questions that DACA recipients may have about the enrollment process and addresses other concerns.

What kind of health insurance programs am I eligible for?

Starting November 1, 2024, if you have DACA you will be eligible to enroll in private health insurance plans through the health insurance marketplaces created by the Affordable Care Act (ACA), like HealthCare.gov. You will be able to enroll if you file a federal tax return and don’t have comprehensive, affordable coverage from another source. Depending on your income, you may be able to get subsidies that make buying and using marketplace coverage more affordable. In states that have implemented the [Basic Health Program](#) (BHP) (currently New York and Minnesota), you can enroll in BHP if you have an eligible income.

While you are not eligible for federally-funded Medicaid, you may be eligible for state-funded Medicaid or a similar program in some states like Oregon and California.

Can I get help paying for and using health insurance?

Yes! There are two types of subsidies available through the health insurance marketplaces. The first, Advanced Premium Tax Credits (APTCs), helps people and families pay the monthly premiums for their health insurance. When the ACA was enacted, APTCs were only available to people with incomes up to 400% of the Federal Poverty Level (FPL).ⁱ The law subsequently changed to allow people to get APTCs at higher income levels, based on the percentage of income they needed to pay for insurance.ⁱⁱ The law that allowed for APTCs at higher income levels is currently scheduled to sunset at the end of 2025, but may be extended again.

It is important to keep in mind that APTCs are a credit against your income taxes that are based on the amount of income you earn. If you underestimate your income when applying for marketplace coverage, you could receive excess APTCs that you will be required to repay when you file your federal income taxes. On the other hand, you may receive a refund if you overestimated your income and didn’t receive all the APTC funds to which you were entitled.

The second type of subsidies are Cost Sharing Reductions (CSRs). CSRs helps people with incomes up to 250% of FPL pay certain “out of pocket” costs of using health care, like [deductibles](#) and [co-pays](#).ⁱⁱⁱ See the next section for important information about selecting a “silver” plan to receive CSRs.

How do I enroll in coverage?

There are a few different ways you can enroll in coverage. You can enroll online at [HealthCare.gov](https://www.healthcare.gov) or [your state's](#) health insurance marketplace, through an enrollment partner (find one [here](#)), by phone, or by mailing in a paper application. Many community organizations like health centers have staff [who can help you](#) enroll. You can also find a local organization to help through [this webpage](#).

During the enrollment process, you will need to [select a health insurance plan](#). Marketplace plans are classified as Platinum, Gold, Silver, or Bronze, depending on how the costs of care are divided between you and the plan.

It is important to keep in mind that you *must enroll in a silver level plan to receive the CSRs* that help to pay for the costs of using your health insurance.

What documents/information do I need to apply?

Typically, you will need information about your household, income, and immigration status. Here is a [checklist](#) of the documents you may need.

When can I enroll in coverage?

You can start enrolling on November 1, 2024, through the end of your state's [open enrollment period](#), usually January 15.

When can I start using my health insurance?

Most people who apply during the annual open enrollment period have to wait until January 1 to begin using their health coverage. However, DACA recipients will be eligible for a “[special enrollment period](#)” in 2024 that will allow you to start using health insurance on December 1, 2024 if you enroll by November 15, 2024. If you enroll on November 16, 2024, your coverage may not start until January 1, 2025.

Your selected health insurance company will provide you with an insurance card and information about how to find a doctor in their network.

I have health insurance through my employer. Can I enroll in marketplace coverage instead?

You may be able to get subsidized marketplace coverage depending on the type of coverage your employer offers and how much it costs as a percentage of your income. If you're in this situation, it's a good idea to work with a [navigator or enrollment assister](#) who is based at a health center or other community organization.

I am self-employed. Can I enroll in the marketplace?

Yes. If you are [self-employed](#), you may apply for marketplace coverage and subsidies (depending on your income).

Is my privacy protected if I apply for coverage on the marketplace?

Yes. Federal laws and regulations require that information you provide can be used only in the operation of the health insurance marketplace. For example, your immigration status or income information may be verified to make sure you are eligible for coverage or subsidies, but not for any other purpose.

What if I'm planning to move to a new state? I currently live in one state, but in the fall I'll be in school in a different state. Which state marketplace option should I use?

You should enroll through the marketplace for the state where you live when you are enrolling in coverage. If you later move to another state, you should inform the marketplaces in the new and old states and may need to select a new health plan. You must also inform the marketplace of other changes in circumstances, such as increased or reduced income.

If I lose my DACA (e.g. lapsed/expired or terminated), do I lose my coverage too?

If you lose your DACA, you would no longer be eligible for coverage through the marketplace, unless you have another lawfully present immigration status, such as a workplace visa or an application for a green card.

However, if you don't have another status and can afford your plan without subsidies, you may be able to work with your health plan or a broker to continue your coverage off the marketplace. You should inform HealthCare.gov or your state marketplace if you lose your DACA. If you receive ACA subsidies while you aren't eligible, you will likely be required to repay them when you file your taxes.

Will getting subsidized insurance impact my or my family member's ability to get a green card or become a U.S. citizen in the future?

This is a concern related to the [public charge analysis](#) in immigration law. Enrolling in health coverage and receiving subsidies through the marketplace is not considered a public benefit for public charge purposes and will not impact your ability to receive or adjust status to lawful permanent resident or apply for citizenship in the future.^{iv}

The only benefit considered in the public charge analysis is "institutionalization for long-term care at government expense" -- like living in a nursing home paid for by a public benefit program like Medicaid.

ⁱ The FPL increases with the size of a household. In 2024, 400% FPL for a single person is \$58,320 and \$99,440 for a family of three. The income amounts are updated annually and are higher in Alaska and Hawaii.

ⁱⁱ See Health Insurance Premium Tax Credit and Cost-Sharing Reductions, (Congressional Research Service, February 14 2024), <https://crsreports.congress.gov/product/pdf/R/R44425>.

ⁱⁱⁱ For coverage effective in 2024, 250% of the federal poverty level is \$36,450 for a single individual, \$62,150 for a family of three, and \$100,700 for a family of six. These amounts are higher in Alaska and Hawaii.

^{iv} "When developing outreach and education materials related to this rule, we are committed to including content making it clear to DACA recipients and other noncitizens that accessing coverage through an Exchange or a BHP will not impact their grant of DACA, immigration status, or their future ability to adjust their status. Enrolling in health insurance through the Exchanges, receipt of APTC or PTC, and CSRs are not considered in a public charge determination in any circumstance." Clarifying the Eligibility of Deferred Action for Childhood Arrivals (DACA) Recipients and Certain Other Noncitizens for a Qualified Health Plan through an Exchange, Advance Payments of the Premium Tax Credit, Cost-Sharing Reductions, and a Basic Health Program, 89 FR 39392, 39404-39405, <https://www.federalregister.gov/d/2024-09661/p-178>.