

Big Changes in ACA Open Enrollment Affect People with HIV

Big changes are coming this year for people who get health insurance through the Affordable Care Act (ACA) marketplaces (healthcare.gov, or a state-based marketplace). Here's what you need to know:

- 1) Open enrollment will be November 1 – January 15. But you will have to select a plan by December 15 for coverage to begin on January 1. Otherwise, it will start on February 1.
- 2) Plans will probably be more expensive: The enhanced premium tax credits available since 2021 are ending this year.

What are premium tax credits (PTCs)?

Premium tax credits are subsidies that are provided to people who purchase a health plan through the individual insurance marketplaces. These tax credits help make health care more affordable. The ACA made PTCs available to individuals and families with incomes between 100%-400% of the federal poverty level (FPL).

2025 Income by Household Size and Federal Poverty Level Sample¹

Household Size	100% FPL	400% FPL
1	\$15,650	\$62,600
2	\$21,150	\$84,600
4	\$32,150	\$128,562

During the COVID pandemic, Congress increased the amount of the subsidies and allowed people with incomes higher than 400%FPL to get subsidies. These “enhanced” premium tax credits (ePTCs) created greater savings, lowered premiums for millions of people, and led to a record number of people enrolling in health insurance.

What is happening with premium tax credits?

The ePTC provision will expire at the end of 2025 **unless Congress acts to make it permanent**. If Congress fails to act, 24 million Americans will see their premiums skyrocket. On average, premiums will increase by 93% - this means an annual premium of \$4,000 will be \$7,720 without the enhanced tax credit.² **BUT:** How much your premium goes up will vary depending on your income level, household size, age, location, and what plan you choose.

Household Scenarios for Silver-level Plan in Florida³

Household Scenario	Premium Cost <i>with</i> Enhanced Tax Credit	Percent Increase	Premium Cost <i>without</i> Enhanced Tax Credit
Family of 1 Income \$45,000 Age 35	\$2,650	53%	\$4,061
Family of 2 Income \$82,000 Ages 60, 58	\$6,849	270%	\$25,327
Family of 4 Income \$129,800 Ages 40, 40, 10, 5	\$10,939	80%	\$19,662
Family of 4 Income \$64,000 Ages 40, 40, 10, 5	\$1,317	195%	\$3,888

Why are enhanced premium tax credits important for people with HIV?

The ePTCs allowed more people to enroll in low-cost or zero-dollar premium plans. This was particularly important for people with HIV in the ten states that have not expanded Medicaid.⁴ Before the ePTCs, non-expansion states reported approximately 20% of people with HIV were uninsured, compared to just 6% in states that expanded Medicaid.⁵ This means that many of the people with HIV who were uninsured could finally afford healthcare with the help of the ePTCs. And AIDS Drug Assistance Programs (ADAP) programs that enroll clients in health insurance instead of paying for their medications directly were able to stretch resources further, serving more clients. If the ePTCs expire, many people with HIV will become uninsured once again, interrupting their treatment, and threatening their health. It will also increase budgetary stress for ADAP programs.

What can be done to keep the enhanced premium tax credits?

Congress can make the ePTCs permanent before the end of the year. Senators and Representatives must act to ensure millions of people can continue to afford their health care.

Tell Congress to keep the enhanced premium tax credits!

1. Contact your members of Congress and tell them to ***make the enhanced premium tax credits permanent*** before it's too late!
2. Let your Representative and Senators know how important it is to maintain these tax credits, and the impact it will have on you and the HIV community if the ePTCs expire.

Remind your member of Congress that they have the chance to include a provision to keep the ePTCs in the next budget package due September 30th. However, they can act any time before the end of 2025. Together, advocates, providers, and policymakers must mobilize to fight these damaging provisions and ensure that no one living with, or vulnerable to, HIV is left behind.

¹ Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2025 Poverty Guidelines: 48 Contiguous States, <https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf>.

² Keep Americans Covered, <https://americanscovered.org/about/about-the-issue/>.

³ Keep Americans Covered, Florida state average used for comparison examples, [Tax Credit Comparison Calculator](#).

⁴ States that have not expanded Medicaid: Alabama, Florida, Georgia, Kansas, Mississippi, South Carolina, Tennessee, Texas, Wisconsin, and Wyoming.

⁵ Lindsey Dawson, Jennifer Kates, Kaiser Family Foundation, People with HIV in Non-Medicaid Expansion States: Who Could Gain Coverage Eligibility Through Build Back Better or Future Expansion? [https://www.kff.org/hiv-aids/people-with-hiv-in-non-medicaid-expansion-states-who-could-gain-coverage-eligibility-through-build-back-better-or-future-expansion/#:~:text=As%20noted%2C%20the%20BBBA%20would,HIV%20overall%20\(Table%202\).](https://www.kff.org/hiv-aids/people-with-hiv-in-non-medicaid-expansion-states-who-could-gain-coverage-eligibility-through-build-back-better-or-future-expansion/#:~:text=As%20noted%2C%20the%20BBBA%20would,HIV%20overall%20(Table%202).)