

BLACK WOMEN'S HEALTH IMPERATIVE

STAYING COVERED IN 2027

A Community Guide to ACA, Medicaid, and Medicare Changes Taking Effect on January 1

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A COMMUNITY GUIDE TO ACA, MEDICAID, AND MEDICARE CHANGES TAKING EFFECT ON JANUARY 1

On July 4, 2025, H.R. 1, also known as the One Big Beautiful Bill Act, was signed into law. This law introduced a range of changes to health coverage, including Affordable Care Act (ACA) Marketplace insurance, Medicaid, and Medicare. Some changes have already taken effect, while others will roll out over time.

Several important changes affecting who qualifies for coverage, how people enroll, and what they need to do to keep their insurance are scheduled to take effect on January 1, 2027. Not every change will affect everyone, so it is important to understand what applies to your coverage and what steps you may need to take.

If you get health insurance through your job, many of the changes discussed in this guide may not affect you directly. Check with your HR or benefits department to understand what, if anything, is changing for your plan.

Summary of Health Coverage Changes

This is not an exhaustive list of all changes under H.R. 1. This guide focuses on key changes taking effect around January 1, 2027. Check with your health plan or the appropriate government agency for the latest information about how other changes from H.R. 1 may affect your coverage.

ACA Marketplace (Exchange) Enrollees

H.R. 1 Change	What it means
Changes to financial assistance for immigrants	Certain lawfully present immigrants who previously qualified for premium tax credits and cost-sharing reductions will no longer receive them. Some immigrant groups may still be able to buy Marketplace coverage, but will not be eligible for savings.
Medicaid-to-Marketplace coverage restrictions	If you lose or are denied Medicaid coverage because you do not meet the new work requirements, you will not be eligible for ACA Marketplace premium tax credits to help pay for insurance.

The following changes are not directly related to H.R. 1, but are important to keep on your radar for 2027:

- Monthly costs: Enhanced ACA premium tax credits were not extended beyond 2025. As a result, the average premium has increased from about $497 per month in 2025 to $625 in 2026. For 2027, insurers have already proposed an average 15% rate increase due to rising healthcare costs. Actual increases will vary by plan and state.
- Plan availability: At least 11 insurers have already announced that they will exit the ACA Marketplaces in either some or all of the states where they operate for plan year 2027. This will mean fewer health plan options in some areas and potentially higher costs.

Medicaid Enrollees

The H.R. 1 changes taking effect on January 1 impact enrollees differently depending on how they got their coverage. The biggest difference is whether you are in the traditional Medicaid group or the ACA Medicaid expansion group. How to know which group you are in:

1. How did you qualify for coverage?

   a. Because of a "Life Situation" (Pregnancy, under 18, over 65, or have an approved disability): You are in the traditional Medicaid group.

   b. Because of your low income (Adult aged 19-64 with no dependents and no approved disability): You are in the ACA Medicaid expansion group.

2. What does your online portal or paperwork say?

   a. If you see "Aged, Blind, Disabled" or "SSI Medicaid": You are in the traditional Medicaid group.

   b. If you see "Adults 19-64 or "MAGI (Modified Adjusted Gross Income) Adult": You are in the ACA Medicaid expansion group.

H.R. 1 Change	What it means
New work requirements	Adults ages 19-64 enrolled in Medicaid through the ACA Medicaid expansion must now complete 80 hours per month of qualifying work, job training, school, or other qualifying activities. Some groups are exempt, including pregnant and postpartum people, and states may offer additional exemptions. People who do not meet the requirements or cannot verify that they qualify for an exemption could lose Medicaid coverage.
More frequent eligibility reviews	States are now required to review eligibility information every six months instead of annually for adults enrolled in Medicaid through the ACA Medicaid expansion. You will need to provide updated information more often to keep your coverage. More frequent reviews mean more opportunities to miss a notice, deadline, or request for information, which increases the risk of losing coverage.
Changes to retroactive coverage	Medicaid can currently cover eligible medical bills from up to three months before you apply. Starting January 1, 2027, this period will be shortened to one month for adults enrolled in Medicaid through the ACA Medicaid expansion and two months for most other Medicaid enrollees. If you have medical bills before applying for Medicaid, you have less time for those bills to be covered. Apply as soon as you think you may qualify.

Medicare Enrollees

H.R. 1 Change	What it means
Changes to Medicare eligibility for immigrants	By January 4, 2027, some groups of lawfully present immigrants who currently have Medicare will no longer qualify based on their immigrant status. The groups include refugees, asylees, and people with Temporary Protected Status (TPS).

Here are some steps you can take to protect your health coverage in 2027.

- **Know what coverage you have.** Health insurance plans go by different names, which can be confusing. You might have insurance through your job, a plan you bought through the ACA Marketplace (healthcare.gov or your state's marketplace), Medicaid (called Medi-Cal in California, for example), or Medicare. Your insurance card may show the name of an insurance company, but the same company can offer different types of coverage. Check your card and enrollment paperwork to find out whether your insurance is through your job, the ACA Marketplace, Medicare, or Medicaid. Knowing this information is the first important step for keeping up with new rules and deadlines.

- **Know your deadlines.** Enrollment dates depend on your type of coverage. Be sure to mark your calendar for the important dates you need to enroll, renew, or make changes to your coverage.
    - **ACA Marketplace:** Open Enrollment is generally November 1 through January 15, but it can vary by state. You usually need to enroll by December 15 for coverage starting January 1. You may qualify for a Special Enrollment Period after certain life events.
    - **Medicaid:** You can typically enroll at any time during the year as long as you qualify. Your state will provide you with deadlines to renew your coverage.
    - **Medicare:** Annual Enrollment is October 15 through December 7 for coverage starting on January 1.
    - **Medicare Advantage:** Open Enrollment for those who already have a plan is from January 1 through March 31.
- **Open and read your notices.** Letters and emails from your health plan or government agency may explain important changes to your benefits, costs, or eligibility. Do not ignore them, especially if they request that you take action by a specific date. If you do not understand a notice, ask for help early. See support options below.
- **Double-check your coverage and costs.** Do not assume that your plan will cover the same services or have the same costs in 2027. Make sure you know your covered benefits and medications, your premiums, deductibles, and copayments, and whether your doctors and pharmacies are still in network.
- **Keep your information up to date.** Give your health plan or government agency your most up-to-date contact information. Report any income, household, or address changes that could affect your eligibility as soon as possible to avoid missing important notices, or losing coverage or financial assistance.
- **Watch out for scams.** Beware of unsolicited calls, texts, or emails asking for personal information or payment, or promising low-cost coverage. Do not let anyone pressure you into any coverage decisions. Always use official websites and verified phone numbers for information about your health coverage.
- **Keep important documents organized.** Keep your insurance cards, coverage notices, renewal paperwork, and application records together in one safe place, whether physical or digital, so you can find what you need if an issue arises. Be sure to keep your personal information secure.

Final reminder: You are not alone. These changes can be difficult to navigate, but help is available. Free assistance may be available to help you understand your coverage options, complete applications, respond to notices, and determine whether you qualify for financial assistance. You can also look into local community organizations for help. Depending on your coverage, the following options are also available:

- **ACA Marketplace:** Certified navigators and other trained assistants can help you compare plans and enroll. Visit healthcare.gov.
- **Medicaid:** Your state Medicaid agency can help with eligibility, renewals, and coverage questions. Visit medicaid.gov to find your state's agency.
- **Medicare:** State Health Insurance Assistance Programs offer free, personalized counseling to help you understand your Medicare options. Visit SHIPhelp.org.

If you are more comfortable speaking a language other than English, ask whether assistance and/or written materials are available in your preferred language.

If you have a disability, ask whether accommodations are available.

If someone helps you enroll or manage your coverage, make sure you understand what you are agreeing to and keep copies of all paperwork.



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