# 2027

# Health Insurance Guide for Immigrants in the United States

Marketplace coverage • 2027 immigration-related changes • Medicaid & CHIP • documents • costs • networks • practical next steps

**Prepared by Iuliia Khomenko**
**Florida-Licensed Health & Life Insurance Agent**
**2027 Edition • Current as of November 13, 2026**

**Community education resource**

Designed for immigrant families, community organizations, and consumers who need a clear starting point for U.S. health coverage decisions.

**IMPORTANT** This guide provides general health-insurance education, not immigration or tax legal advice. Eligibility depends on the individual, the coverage year, the state, and current federal rules.

## Start Here: The 2027 Changes That Matter Most

For many immigrant households, 2027 is not simply a routine renewal year. Several federal changes affect who can receive Marketplace savings, when people can enroll, and how certain Medicaid and CHIP rules apply.

| 2027 change | What it means in practice |
|---|---|
| Federal Marketplace Open Enrollment dates | For HealthCare.gov states, including Florida, CMS has confirmed that 2027 Open Enrollment runs November 1, 2026 through January 15, 2027. Choose a plan by December 15, 2026 for coverage starting January 1; plans chosen December 16–January 15 generally start February 1. |
| Medicaid/CHIP federal funding rules changed October 1, 2026 | Prior Medicaid eligibility should not be assumed to continue. Exact immigration category, state rules, and exceptions matter. |
| Enhanced ACA tax credits have expired | The temporary enhanced premium tax credits ended after 2025. For 2026 and later years, the general PTC income framework again uses 100%-400% FPL, subject to other eligibility rules. |
| Enrollment verification is more important | Income, Special Enrollment Period events, and immigration documentation may trigger verification. Save every notice and respond by the deadline. |

**KEY IDEA** Always separate these questions: (1) Can I enroll in a Marketplace plan? (2) Can I receive premium or cost-sharing savings? (3) Can I receive Medicaid, CHIP, or Medicare? A 'yes' to one does not automatically mean 'yes' to the others.

## How to Use This Guide

Use the guide in order if you are new to U.S. health insurance, or jump directly to the section that matches your situation. For a real application, rely on the official eligibility notice and current government guidance.

## Contents


- 1. How to Use This Guide
- 2. The U.S. Coverage Map
- 3. What Changes for 2027
- 4. Marketplace Enrollment and Savings
- 5. Immigration Status and Health Coverage
- 6. Special Focus: Ukrainians, TPS, and Humanitarian Parole
- 7. Medicaid and CHIP After October 1, 2026
- 8. Preparing a Marketplace Application
- 9. How to Read and Understand a Health Insurance Plan
- 10. Networks, Prescriptions, and Prior Authorization

- 11. After You Enroll
- 12. Special Enrollment Periods
- 13. Practical Scenarios
- 14. Common Mistakes
- 15. Checklists
- 16. Glossary
- 17. Community Distribution and Use
- 18. Official Resources and Sources


## 1. How to Use This Guide

### Purpose

This educational guide is designed to help immigrants and immigrant families understand the U.S. health insurance system, identify the main coverage pathways available to them, prepare for enrollment or renewal, understand official notices and document requests, compare health plans, and recognize when a question requires assistance from another qualified professional.

Immigrant households can face additional challenges navigating health coverage because of unfamiliar terminology, language barriers, immigration-document requirements, differences among federal and state programs, and the important distinction between eligibility for health coverage and eligibility for financial assistance. These challenges are especially important during the 2026-2027 coverage transition, when significant federal changes affect Medicaid, CHIP, and Marketplace financial assistance for certain noncitizens.

Scope of this guide. This guide focuses on Marketplace coverage. Medicaid, CHIP, and Medicare are explained only as far as needed to know which program to check and where to apply; eligibility is decided by the state Medicaid agency (in Florida, the Department of Children and Families) or by Medicare/Social Security, not by an insurance agent.

This guide provides general educational information and does not determine individual eligibility. Immigration category, income, household composition, age, pregnancy, disability, state rules, available documentation, and the effective date of applicable laws and regulations can all affect the outcome of an individual case.

### Who This Guide Is Intended to Serve

This guide is intended for immigrants and immigrant families navigating health insurance in the United States, including people who are new to the U.S. healthcare system and those whose coverage or financial assistance may be affected by changing federal or state rules.

It may be particularly useful for mixed-status households, lawful permanent residents, refugees, asylees, TPS holders, humanitarian parolees, and other lawfully present immigrants who need to understand how immigration category, household circumstances, income, and available documentation may affect different health-coverage options.

The guide is also designed as an educational resource for community organizations, educators, and other professionals who assist immigrant communities and need a clear framework for explaining health-coverage options, identifying common problems, and directing individuals to appropriate official resources or qualified professionals when an individual eligibility or legal question requires further review.

### The 2026-2027 Coverage Transition

This edition places particular emphasis on the transition to 2027 coverage. Federal changes affecting Medicaid and CHIP funding for certain noncitizens took effect on October 1, 2026, while additional changes affecting eligibility for Marketplace premium tax credits and cost-sharing reductions take effect January 1, 2027.

For immigrant households, this means that eligibility or financial assistance available in a previous coverage year should not automatically be assumed to continue in 2027. Renewals and new applications should be reviewed under the rules applicable to the new coverage period.

### Three Questions to Keep Separate

**CORE FRAMEWORK** 1. Can I enroll in a Marketplace health plan? 2. Can I receive financial assistance for that Marketplace plan? 3. Can I qualify for Medicaid, CHIP, or Medicare? A 'yes' to one question does not automatically mean 'yes' to another. In particular, Marketplace enrollment eligibility is not the same as eligibility for a premium tax credit or cost-sharing reductions.

### Current-Rules Notice

This guide reflects federal rules and guidance available as of November 13, 2026 and is intended primarily as an educational resource for 2027 health coverage. Health-insurance and public-benefit rules can change, and state requirements may differ. Before making a coverage decision or submitting an application, verify current information through HealthCare.gov, CMS.gov, Medicaid.gov, Medicare.gov, and the official Medicaid or health-benefits agency in your state.

Questions about the legal meaning of an immigration status, pending immigration application, or immigration document should be referred to a qualified immigration attorney or accredited legal-services provider.

## 2. The U.S. Coverage Map

Most people encounter health coverage through one of four pathways. The correct pathway depends on employment, age, disability, income, household circumstances, state rules, and immigration category.

| Pathway | What it is | First question to ask |
|---|---|---|
| Job-based coverage | Health insurance offered through an employer. | Is the offer available to me and my household, and is it considered affordable under current rules? |
| ACA Marketplace | Individual private health insurance purchased through HealthCare.gov or a state Marketplace. | Am I eligible to enroll, and separately, am I eligible for financial help? |
| Medicaid / CHIP | Federal-state programs with state-administered eligibility. | Does my state cover my eligibility group, and how do the October 2026 noncitizen rules apply? |
| Medicare | Federal health insurance, commonly for age 65+ and | Do I meet Medicare entitlement and enrollment requirements? |

| | | |
|---|---|---|
| | certain younger people with qualifying disability/conditions. | |

**DO NOT ASSUME** A Marketplace quote is not an eligibility decision. Selecting a plan is not always the same as activating coverage. A Medicaid approval from a prior year does not guarantee a 2027 renewal.

## 3. What Changes for 2027

### Marketplace savings and immigration category

HealthCare.gov now states that, beginning January 1, 2027, only the following noncitizen categories qualify for Marketplace savings based on immigration status: Lawful Permanent Residents (Green Card holders), Cuban or Haitian entrants, and Compact of Free Association (COFA) migrants. Other lawfully present categories may still be eligible for Marketplace coverage, but not federal savings.

**COVERAGE IS NOT THE SAME AS SAVINGS** A person may be eligible to purchase a Marketplace plan and still be required to pay the full premium.

### Federal Marketplace Open Enrollment

CMS has confirmed that Open Enrollment on the federal platform (HealthCare.gov) for 2027 coverage begins November 1, 2026 and ends January 15, 2027. To have coverage start on January 1, 2027, select a plan by December 15, 2026. Enrollment from December 16, 2026, through January 15, 2027, generally results in coverage beginning February 1, 2027, subject to payment of the first premium. State-Based Marketplaces may have different deadlines. Litigation over earlier enrollment rules is ongoing, so confirm current dates on HealthCare.gov before you act.

**FLORIDA CONSUMERS Florida uses HealthCare.gov. Aim to choose your plan by December 15, 2026 for January 1 coverage; the enrollment window itself runs through January 15, 2027.**

### Premium tax credit framework

The temporary enhanced premium tax credits that applied through 2025 have expired. CMS educational materials state that for 2026 and future years the general APTC income range returns to 100%-400% of the Federal Poverty Level, subject to all other eligibility requirements. Immigration-category restrictions add another separate test for 2027.

### Medicaid and CHIP

Beginning October 1, 2026, federal Medicaid and CHIP matching funds for full coverage are restricted to U.S. citizens or nationals and specified noncitizen categories identified in federal law. CMS specifically notes exceptions for treatment of an emergency medical condition and for the state option covering lawfully residing children and pregnant women.

## 4. Marketplace Enrollment and Savings

### Enrollment eligibility

HealthCare.gov generally requires a Marketplace applicant to live in the United States, be a U.S. citizen/national or lawfully present noncitizen, and not be incarcerated. Medicare enrollment creates a separate limitation.

### Financial assistance

Marketplace financial help can include a Premium Tax Credit (PTC), advance payments of that credit (APTC), and cost-sharing reductions (CSR). For 2027, immigration category must be checked separately from Marketplace enrollment eligibility.

| Term | What it does | Important distinction |
|---|---|---|
| PTC | Federal tax credit that can reduce the cost of Marketplace coverage when eligible. | Final tax-credit eligibility is reconciled on the federal tax return. |
| APTC | PTC paid in advance to the insurer to lower the monthly premium. | Changes in income or household can affect the amount and potential tax reconciliation. |
| CSR | Reduces eligible out-of-pocket costs such as deductibles, copays, or coinsurance. | CSR is not the same as a premium tax credit and generally requires an eligible Silver plan. |

### Separate eligibility review: enrollment vs. financial assistance

STEP 1 — Marketplace enrollment eligibility. Verify residence, citizenship or specific lawfully present immigration category, incarceration status, Medicare restrictions, and enrollment window or qualifying SEP. A work permit alone is not a determination.

STEP 2 — Financial assistance eligibility (separate decision). Check the 2027 immigration-category rules for PTC/APTC and CSR, projected household MAGI, tax filing and household composition, affordable minimum-value employer coverage, other disqualifying coverage, and Silver-plan requirements for CSR. Do not infer eligibility from income or Marketplace enrollment alone.

STEP 3 — Other coverage pathways. Check whether Medicaid, CHIP, Medicare, or job-based coverage requires a separate referral. The Marketplace or state agency—not the insurance agent—issues the official eligibility determination. Read the Eligibility Notice for each applicant.

### Employer coverage can change the answer

Eligibility for an affordable employer-sponsored plan that provides minimum value can affect PTC eligibility. Do not decline job-based coverage solely because a Marketplace preview appears cheaper; complete the eligibility analysis first.

### Income is a projection

Marketplace applications generally use projected annual household income. Use a reasonable estimate based on expected income and update the Marketplace when required if circumstances materially change. Do not invent income to reach a desired subsidy result. Beginning with tax year 2026, there is no longer a

cap on repayment of excess advance premium tax credits. If the advance credits received exceed the final allowable credit, the full excess amount must be repaid.

### Federal Poverty Level (FPL): A Simple 2027 Income Check

FPL is a federal income reference that changes with family size. For 2027 Marketplace Premium Tax Credits, use the 2026 FPL amounts below. This is a guide to possible financial help—not a requirement to earn this much to buy Marketplace coverage.

**2027 Marketplace income reference — 48 states and D.C. (including Florida)**

| Tax family size | 100% FPL / year | 400% FPL / year |
|---|---|---|
| 1 | $15,960 | $63,840 |
| 2 | $21,640 | $86,560 |
| 3 | $27,320 | $109,280 |
| 4 | $33,000 | $132,000 |
| 5 | $38,680 | $154,720 |
| 6 | $44,360 | $177,440 |
| 7 | $50,040 | $200,160 |
| 8 | $55,720 | $222,880 |

For each additional person above 8: add $5,680 to 100% FPL or $22,720 to 400% FPL. Alaska and Hawaii have different figures.

### How to use this table

1. Count the people in your tax family (usually you, your spouse if filing jointly, and dependents)—not everyone at your address. 2. Estimate your household's total 2027 annual income using Marketplace MAGI rules, not take-home pay. 3. Find your family size in the table. Income generally between 100% and 400% FPL may meet the income test for a Premium Tax Credit, but other rules also apply.

Example: For a tax family of 3, 100% FPL is $27,320 and 400% FPL is $109,280. A projected annual income of $55,000 falls inside this range. That does NOT guarantee a subsidy.

IMPORTANT — Immigration status still matters. For 2027, meeting the income range alone does not qualify someone for a tax credit. A person eligible to buy a Marketplace plan may have to pay the full premium if their immigration category does not qualify for federal savings. Income below 100% FPL: the former exception for immigrants barred from Medicaid because of immigration status was removed beginning in 2026; check official guidance. Medicaid/CHIP use separate rules and agency decisions.

Sources: HHS 2026 Poverty Guidelines (aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines); IRS Premium Tax Credit eligibility (irs.gov/affordable-care-act/individuals-and-families/eligibility-for-the-premium-tax-credit). Verify current requirements before applying.

## 5. Immigration Status and Health Coverage

### 2027 IMMIGRATION STATUS: COVERAGE IS NOT THE SAME AS SAVINGS

U.S. citizens and nationals may qualify for Marketplace premium tax credits if they meet the usual eligibility requirements. Beginning January 1, 2027, HealthCare.gov identifies only three noncitizen immigration categories that may qualify for Marketplace savings: (1) Lawful Permanent Resident (LPR/Green Card holder), (2) Cuban or Haitian entrant, and (3) Compact of Free Association (COFA) migrant. Immigration status alone never guarantees a tax credit: income, tax filing, other coverage, and additional requirements still apply.

Other lawfully present immigration categories—including TPS, many humanitarian parolees, refugees, asylees, and certain EAD holders—may still qualify to enroll in Marketplace insurance, but generally without federal premium tax credits or cost-sharing reductions for 2027. In that case, the person pays the full plan premium and applicable cost sharing. Eligibility depends on the actual immigration category, not simply possession of an EAD, I-94, or USCIS receipt.

Documents to prepare: depending on status, HealthCare.gov may request I-551 (Green Card), I-94/I-94A, I-766 (EAD), passport, I-797/I-797C notice, or other status evidence. A document helps verify status but does not, by itself, prove eligibility for savings. Check the Marketplace Eligibility Notice and respond promptly to any data matching issue (DMI).

Official HealthCare.gov reference — Immigration status and Marketplace eligibility — https://www.healthcare.gov/immigrants/immigration-status/

Official HealthCare.gov reference — Immigration documentation types — https://www.healthcare.gov/immigrants/documentation/

Health insurance programs use immigration categories differently. A work permit, I-94, USCIS notice, or pending case may be important evidence, but the document name alone does not decide eligibility.

| **Immigration situation** | **Marketplace coverage** | **2027 Marketplace savings** |
|---|---|---|
| Lawful Permanent Resident (LPR) | May qualify if other Marketplace requirements are met. | May qualify, subject to income and all other PTC/CSR rules. |
| Cuban/Haitian entrant | May qualify if other requirements are met. | May qualify, subject to other rules. |
| COFA migrant | May qualify if other requirements are met. | May qualify, subject to other rules. |
| TPS | HealthCare.gov lists TPS among statuses that may qualify for Marketplace coverage. | Marketplace coverage may be available, but no federal Marketplace savings for 2027 based on this status; full-price premium generally applies. |
| Refugee / Asylee | May qualify for Marketplace coverage. | Marketplace coverage may be available, but no federal Marketplace savings for 2027 based on this status; full-price premium generally applies. |
| Humanitarian parole | Parole may qualify as lawfully present for Marketplace coverage depending on the category and documentation. | Marketplace coverage may be available, but no federal Marketplace savings for 2027 based on this status; full-price premium generally applies. |
| EAD holder | Certain EAD categories may support Marketplace eligibility; verify the underlying category. | Marketplace coverage may be available, but no federal Marketplace savings for 2027 |

| | | |
|---|---|---|
| | | based on this status; full-price premium generally applies. |
| U.S. citizen / U.S. national | May qualify if other Marketplace rules are met. | May qualify for PTC/CSR if all other rules are met. |

**IMMIGRATION-LAW BOUNDARY** A health-insurance agent can explain health-program rules and document requests, but should not decide what immigration status a person legally has or how a pending immigration case changes that status. Refer those questions to a qualified immigration attorney or accredited legal-services provider.

## 6. Special Focus: Ukrainians, TPS, and Humanitarian Parole

Ukrainian families may have different combinations of humanitarian parole, TPS, EADs, pending applications, permanent residence, or mixed-status household members. The health-insurance analysis should be done person by person.

### If you have TPS

**1.** Confirm your current TPS-related documents and dates.

**2.** For Ukraine TPS, always check the latest official USCIS Ukraine TPS page and applicable Federal Register notices for the current designation period, re-registration requirements, and employment authorization extensions. Do not assume that an expired TPS approval notice or EAD remains valid without confirming the applicable extension rules and individual eligibility.

**3.** Check Marketplace enrollment eligibility separately from eligibility for savings.

**4.** For 2027, do not assume that prior APTC or CSR will continue merely because Marketplace coverage remains available.

**5.** Read the 2027 Eligibility Notice for each household member.

**6.** If the result appears inconsistent with your documents, use official Marketplace assistance and preserve all notices.

### If you entered through Uniting for Ukraine (U4U) or humanitarian parole

**1.** Identify the exact parole documentation and dates; do not rely only on the label 'U4U.'

**2.** If you previously had Medicaid, read the renewal or termination notice carefully because federal Medicaid/CHIP funding rules changed October 1, 2026.

**3.** Check whether a state exception or other pathway applies, especially for children, pregnancy, or an emergency medical condition.

**4.** Check Marketplace enrollment eligibility.

**5.** For 2027, separately determine whether federal Marketplace savings are available; parole is not one of the three noncitizen categories HealthCare.gov lists as eligible for savings beginning January 1, 2027.

### Mixed-status families

A household can include people with different immigration categories and different health-coverage results. Accurately list household and tax relationships, identify who is applying for coverage, and read each person's determination separately.

**PRIVACY AND APPLICATIONS** Family members who are not applying for coverage may still need to provide limited household information when the application requires it. Use official application instructions and provide only what is requested.

## 7. Medicaid and CHIP After October 1, 2026

CMS guidance implementing federal law limits federal matching funds for full Medicaid and CHIP coverage beginning October 1, 2026 to U.S. citizens/nationals and specified noncitizen groups. The specified noncitizen groups include Lawful Permanent Residents, Cuban/Haitian entrants, and COFA migrants, subject to other program requirements. Medicaid eligibility is decided by the state agency, not by an insurance agent; this section explains what to check and where to apply.

### Important exceptions and state variation

- Federal matching funds remain available for treatment of an emergency medical condition when applicable requirements are met.
- The October 2026 change does not eliminate the state option to cover lawfully residing children and pregnant women in Medicaid or CHIP.
- State-funded programs may differ from federally funded full Medicaid.
- Prior coverage does not guarantee renewal after a federal rule change.

### Florida

In Florida, use the Department of Children and Families MyACCESS portal for Medicaid applications and case management. An eligibility result should come from the official state process, not from a private website or informal assumption.

## 8. Preparing a Marketplace Application

### Documents to gather

| Category | Examples to prepare |
|---|---|
| Identity | Names exactly as shown on documents, dates of birth, Social Security numbers when applicable. |
| Immigration | Current I-94/I-94A, I-551, I-766 EAD, passport, USCIS notices such as I-797, or other documents requested by the Marketplace. |
| Income | Recent pay information, self-employment estimates, expected annual income, and other income information requested by the application. |
| Household / tax | Expected tax filing status, spouse/dependents, and who needs coverage. |
| Current coverage | Employer offers, Medicaid/CHIP, Medicare, COBRA, or other insurance. |
| Contact information | Current address, phone, email, and preferred communication method. |

**Before you submit**

**1.** Check spelling, dates, and document numbers.

**2.** Confirm which household members are requesting coverage.

**3.** Review projected annual income and employer coverage questions.

**4.** Save a copy or screenshot of the confirmation page.

**5.** Read the Eligibility Notice, not just the plan-shopping screen.

**6.** Calendar every document and appeal deadline.

**DATA MATCHING ISSUE (DMI)** A DMI means Marketplace information could not be matched with trusted data sources and additional proof is requested. It is not automatically a denial. Read exactly what is requested and respond by the deadline.

## 9. How to Read and Understand a Health Insurance Plan

*A practical map of the numbers and terms in Marketplace plans. The APTC example applies only to people who qualify for federal financial assistance; not all immigration categories do in 2027.*

**ANATOMY OF A HEALTH INSURANCE PLAN**

Premium, tax credit, deductible, out-of-pocket maximum, copays, coinsurance, and common services

**ILLUSTRATIVE EXAMPLE - NOT AN ACTUAL HEALTH PLAN OR CONSUMER ACCOUNT**

**xample Silver HMO Plan**
lver | HMO | Educational sample

| | |
|---|---|
| **Full Monthly Premium**<br>before financial assistance | **$552.52 / month** |
| **Premium Tax Credit (APTC)**<br>**federal financial assistance** | **- $509.00 / month** |
| **You Pay**<br>**your monthly premium after APTC** | **$43.52 / month** |

**Coverage highlights (examples)**

| | |
|---|---|
| **Deductible**<br>Amount you may pay for certain covered services before plan payment begins for those services. | **$2,000 individual \| $4,000 family** |
| **Out-of-pocket maximum**<br>Annual cap on certain covered in-network cost sharing; premiums generally do not count. | **$8,200 individual \| $16,400 family** |
| **Primary care (PCP)**<br>Example fixed copay from day 1. | **$30 per visit** |
| **Specialist care**<br>Example fixed copay from day 1. | **$60 per visit** |
| **Urgent care**<br>Urgent, non-life-threatening care when you need help soon. | **$45 per visit** |
| **Emergency room (ER)**<br>Emergency evaluation for serious or potentially life-threatening conditions. | **25% coinsurance after deductible** |
| **Generic drugs**<br>Example prescription copay. | **$15** |

LOW PREMIUM ≠ LOW TOTAL COST

Compare the monthly premium together with the deductible, out-of-pocket maximum, copays, coinsurance, provider network, prescriptions, and expected medical use.

URGENT CARE ≠ EMERGENCY ROOM

| | |
|---|---|
| **Urgent Care** - urgent medical care<br>For problems that need medical attention soon but are not an immediate threat to life. A practical option when your PCP is unavailable.<br>Examples: fever, infection, minor injury or sprain, a cut that may need stitches, or other urgent but non-emergency problems. | **Emergency Room (ER)** - emergency medical department<br>For serious or potentially life-threatening conditions that require immediate medical evaluation.<br>Examples: severe chest pain, trouble breathing, signs of stroke, loss of consciousness, uncontrolled bleeding, or other life-threatening conditions. |

## How the cost terms work together

The monthly premium is the price of keeping the insurance active. The deductible, copayments, coinsurance, and out-of-pocket maximum describe how costs may be shared when you use covered medical services. These figures answer different questions and should be evaluated together.

| Cost | Plain-English meaning | Question to ask |
|---|---|---|
| Premium | Amount charged for the plan, usually monthly. | What will I actually pay each month after any eligible APTC? |
| Deductible | Amount you may pay for certain covered services before the plan starts paying for those services. | Which services apply before the deductible? |
| Copayment | Fixed amount for a covered service. | Is this copay before or after the deductible? |
| Coinsurance | Percentage of the allowed cost you may pay. | What percentage applies, and is the provider in network? |
| Out-of-pocket maximum | Annual cap on certain covered in-network cost sharing. | What does not count toward this limit? |

**LOW PREMIUM ≠ LOW TOTAL COST** A plan with a very low monthly premium can still have a high deductible, limited network, or expensive medications. Compare the whole plan.

### Metal levels

Bronze, Silver, Gold, and Platinum describe how costs are generally shared between the plan and members; they are not quality rankings. Catastrophic plans follow separate eligibility rules. If CSR is available, the Silver-plan structure is especially important.

## With vs. Without Premium Tax Credit

The same illustrative Marketplace plan can have a very different monthly bill depending on whether an advance premium tax credit (APTC) applies.

| | **With premium tax credit** | **Without premium tax credit** |
|---|---|---|
| | *You qualify for APTC* | *You do not qualify for APTC* |
| **Example: Silver plan (the same plan in both columns)** | | |
| Full monthly premium | $552.52 | $552.52 |
| Premium tax credit (APTC) | –$509.00 | $0.00 |
| **You pay monthly** | **$43.52** | **$552.52** |
| **Plan coverage (identical in both columns)** | | |
| Primary care visit (PCP) | $30 copay | $30 copay |
| Specialist visit | $60 copay | $60 copay |
| Urgent care visit | $45 copay | $45 copay |
| Deductible (amount you pay before the plan starts to share costs) | $2,000 | $2,000 |
| Out-of-pocket maximum (most you pay in a year) | $8,200 | $8,200 |

Illustrative example: identical benefits and cost-sharing. Only the monthly premium assistance changes.

IMPORTANT: APTC $0.00 does not automatically mean you cannot buy Marketplace coverage. Eligibility depends on your circumstances.

Illustrative example only — not an actual plan or a prediction of 2027 premiums. The plan and its standard benefits are identical in both columns; only APTC differs. Cost-sharing reductions (CSR) may separately change deductibles and copays for eligible Silver plan enrollees.

Important for 2027: Some lawfully present immigrants may buy Marketplace coverage but do not qualify for federal savings because of their immigration category. In that case, they generally pay the full premium. Always check the current Marketplace eligibility notice.

### 10. Networks, Prescriptions, and Prior Authorization

*A plan is more than its price. Before enrolling, also check how the plan works: the exact provider network, prescription formulary, referral rules, and prior-authorization requirements.*

### Check the exact plan, not just the insurance company

An insurer may sell multiple plans with different networks. A doctor who accepts one plan from an insurer may not participate in another.

**1.** Search the current directory for the exact plan name.

**2.** Check your primary doctor, specialists, preferred hospital, laboratory, and imaging facilities.

**3.** When practical, confirm participation with the provider as well as the insurer.

**4.** For prescriptions, check the exact drug, dose, tier, pharmacy rules, and prior-authorization requirements.

**Plan types**

| Type | Typical pattern |
|---|---|
| HMO | Usually uses a defined network and may require primary-care coordination or referrals. |
| EPO | Generally limits routine coverage to the network except emergencies. |
| PPO | May allow out-of-network use, often at higher member cost. |
| POS | Combines network and referral features; details vary by plan. |

**PROVIDER DIRECTORIES CAN CHANGE** Network participation can change during the year. Keep records of important confirmations and verify again before a scheduled service when practical.

### 11. After You Enroll

**1.** Pay the first premium by the insurer's deadline if required.

**2.** Confirm the effective date before cancelling old coverage.

**3.** Create the insurer's member account.

**4.** Review the ID card and assigned primary care provider, if applicable.

**5.** Learn where to find claims and Explanations of Benefits (EOBs).

**6.** Respond to Marketplace document requests or DMIs.

**7.** Report required household, income, address, or coverage changes through the official process.

**8.** Keep enrollment confirmations, notices, payment records, and uploaded documents.

**Tax-time reminder**

Households receiving APTC generally need Form 1095-A from the Marketplace and must reconcile the credit by filing Form 8962 with their federal tax return. Under current CMS guidance following court rulings, failure to reconcile prior-year credits alone should not result in denial of advance premium tax credits for 2027. The obligation to file and reconcile remains. Check current CMS guidance for updates.

### 12. Special Enrollment Periods

Outside Open Enrollment, Marketplace enrollment or plan changes generally require a qualifying Special Enrollment Period (SEP). Common qualifying events can include loss of qualifying coverage, marriage, birth/adoption, and certain moves, but the exact rules and documentation requirements matter.

**DO NOT WAIT** Many SEPs use a limited window around the qualifying event. Report the event promptly and keep proof.

Verification requirements can change; follow the Marketplace's current documentation instructions. Do not assume that a life event automatically creates a SEP or that a verbal explanation is enough.

## 13. Practical Scenarios

### TPS holder renewing for 2027

Marketplace coverage may still be available because HealthCare.gov lists TPS among statuses that may qualify for enrollment. But beginning January 1, 2027, TPS is not among the three noncitizen categories listed as eligible for Marketplace savings. Read the Eligibility Notice and compare the full premium if no savings are granted.

### U4U parolee losing Medicaid

Do not assume prior Medicaid continues after October 1, 2026. Read the state notice, verify the exact immigration category and any child/pregnancy/emergency pathway, and separately check Marketplace enrollment. For 2027, humanitarian parole is not among the three noncitizen categories listed by HealthCare.gov as eligible for Marketplace savings.

### Green Card holder

An LPR is one of the noncitizen categories HealthCare.gov lists as potentially eligible for 2027 Marketplace savings, but income, tax household, employer coverage, and other requirements still apply.

### Family with different statuses

Apply the rules person by person. One household member may receive savings while another can only purchase full-price coverage, and a child may have a separate Medicaid/CHIP pathway.

### Income changed after enrollment

Update the Marketplace when required. APTC is based on eligibility information and is reconciled for tax purposes. Keep the new Eligibility Notice.

### Doctor is shown as 'accepting the insurance'

Verify the exact plan and network, not merely the carrier name. Confirm important providers before enrollment when possible.

## 14. Common Mistakes

| Mistake | Better approach |
|---|---|
| Assuming last year's subsidy will continue | Re-run eligibility for 2027 and read the new notice. |
| Confusing Marketplace eligibility with subsidy eligibility | Treat them as separate determinations. |
| Using an EAD as the entire immigration analysis | Verify the underlying category and the program-specific rule. |
| Choosing by premium only | Compare deductible, OOP max, network, prescriptions, and expected care. |
| Checking the insurer but not the exact plan | Verify the exact network. |

| | |
|---|---|
| Ignoring DMI or renewal notices | Respond through the official channel by the deadline. |
| Cancelling old coverage too early | Confirm new effective date and first payment first. |
| Using outdated 2025/2026 immigration-benefit summaries | Check the effective date and current 2027 guidance. |

## 15. Checklists

### Before Open Enrollment

- Confirm the 2027 enrollment deadline for your Marketplace.
- Collect immigration and identity documents.
- Estimate 2027 household income.
- List expected doctors, hospitals, and prescriptions.
- Check whether employer coverage will be offered.
- Identify household members who need coverage.

### Before selecting a plan

- Read the Eligibility Notice.
- Confirm the monthly premium after any eligible savings.
- Compare deductible and out-of-pocket maximum.
- Check the exact provider network.
- Check prescription formulary and prior authorization.
- Confirm plan type and referral rules.

### After enrollment

- Pay the first premium.
- Confirm effective date.
- Save proof of enrollment and payment.
- Create a member account.
- Respond to any DMI.
- Keep all notices.
- Report required changes.

## 16. Glossary

| Term | Meaning |
|---|---|
| APTC | Advance Premium Tax Credit paid in advance to reduce an eligible household's monthly Marketplace premium. |
| CSR | Cost-Sharing Reductions that lower certain out-of-pocket costs for eligible consumers in an appropriate plan. |

| | |
|---|---|
| DMI | Data Matching Issue: a request for proof when Marketplace information does not match trusted data sources. |
| EAD | Employment Authorization Document (Form I-766), commonly called a work permit. |
| FPL | Federal Poverty Level, an income measure used in many program eligibility rules. |
| LPR | Lawful Permanent Resident, commonly called a Green Card holder. |
| OEP | Open Enrollment Period. |
| SEP | Special Enrollment Period outside OEP when qualifying rules are met. |
| TPS | Temporary Protected Status. |
| U4U | Uniting for Ukraine humanitarian parole process. |
| Premium | The regular amount charged for insurance, usually monthly. |
| Deductible | Amount a member may pay for certain covered services before plan payment begins for those services. |
| Coinsurance | A percentage of the allowed cost a member may pay. |
| Out-of-pocket maximum | Annual limit on certain covered in-network cost sharing; premiums generally do not count. |

## 17. Community Distribution and Use

This guide was developed for broad community education and distribution through immigrant-serving, nonprofit, community, and professional organizations. The 2027 edition is designed for distribution through Florida for Ukraine (FL4UA), Skylake Insurance, and other community and professional channels to help immigrant households better understand changes affecting health coverage and financial assistance. Feedback from community organizations, insurance professionals, and users can be used to identify areas for clarification and improvement in future editions.

## 18. Official Resources and Sources

Rules can change. For an actual application, use current official sources and the notices issued for the individual case.

HealthCare.gov — Marketplace enrollment, eligibility, immigration-status information, plan comparison, and help

HealthCare.gov — Immigration status and 2027 Marketplace savings

HealthCare.gov — 2027 Open Enrollment dates and coverage start dates — https://www.healthcare.gov/quick-guide/one-page-guide-to-the-marketplace/

CMS — HHS Notice of Benefit and Payment Parameters for 2027 Final Rule — https://www.cms.gov/newsroom/fact-sheets/hhs-notice-benefit-payment-parameters-2027-final-rule

CMS — New limits on federal Medicaid and CHIP funding for certain noncitizens — https://www.cms.gov/newsroom/press-releases/cms-issues-guidance-implement-new-limits-federal-medicaid-chip-funding-certain-noncitizens

Medicaid.gov — Federal Medicaid and CHIP policy

Medicare.gov — Medicare eligibility, enrollment, and coverage

IRS — Premium Tax Credit overview

Florida DCF MyACCESS — Florida Medicaid applications and case management

Verified official sources (direct links; reviewed October 13, 2026; CMS and IRS items on FTR and APTC repayment added November 13, 2026):

HealthCare.gov — 2027 Open Enrollment / dates — https://www.healthcare.gov/quick-guide/one-page-guide-to-the-marketplace/

HealthCare.gov — Immigration status and 2027 Marketplace savings — https://www.healthcare.gov/immigrants/immigration-status/

HealthCare.gov — Lawfully present immigrants and savings — https://www.healthcare.gov/immigrants/lawfully-present-immigrants/

HealthCare.gov — Immigration documents — https://www.healthcare.gov/immigrants/documentation/

Medicaid.gov — Section 71109 implementation, October 2026 — https://www.medicaid.gov/federal-policy-guidance/downloads/sho26001.pdf

HHS ASPE — 2026 Federal Poverty Guidelines — https://aspe.hhs.gov/poverty-guidelines ; HealthCare.gov — 2026 FPL table — https://www.healthcare.gov/glossary/federal-poverty-level-fpl/

IRS — Premium Tax Credit eligibility — https://www.irs.gov/affordable-care-act/individuals-and-families/eligibility-for-the-premium-tax-credit

CMS — FTR requirement for plan years 2026 and 2027 (July 22, 2026) — https://www.cms.gov/files/document/ftr-requirement-py26-27-statement-072226.pdf

CMS — Statement regarding City of Columbus v. Kennedy (July 31, 2026) — https://www.cms.gov/files/document/statement-re-city-columbus-073126.pdf

IRS — Repayment limits for excess APTC no longer apply (tax year 2026) — https://www.irs.gov/tax-professionals/eitc-central/repayment-caps-eliminated-for-excess-advance-payments-of-the-premium-tax-credit

HealthCare.gov — Cost-sharing reductions — https://www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs/

Florida DCF — MyACCESS — https://myaccess.myflfamilies.com/

Medicare.gov — Medicare — https://www.medicare.gov/

**Publication Note**

This guide is an educational resource developed by Iuliia Khomenko, Florida-Licensed Health & Life Insurance Agent, for immigrant communities. 2027 Edition, current as of November 13, 2026. It is designed for broad community education and may be distributed by nonprofit, community, and

professional organizations with the author's attribution. Organizational publication or distribution does not replace official eligibility determinations or individualized legal or tax advice.

**PLEASE VERIFY BEFORE ACTING** This publication does not replace an official Marketplace, Medicaid, CHIP, or Medicare eligibility determination, tax advice, or immigration legal advice. When a question depends on legal immigration status, consult a qualified immigration attorney or accredited legal-services provider.

## About the Author

Iuliia Khomenko has worked in the insurance industry since 2019 and has been licensed as a Florida Health and Life insurance agent since 2025. Her work focuses on Marketplace health coverage and helping immigrant and multilingual households navigate enrollment, eligibility changes, plan selection, and coverage decisions.