Health Insurance Options for Parents and Caregivers

The Patient Protection and Affordable Care Act (ACA) and the Health Insurance Marketplace, commonly called health exchanges, have increased access for families to health insurance. Parents and caregivers may be eligible for health insurance through the following:

**Health Insurance Marketplace/Exchanges**
(https://www.healthcare.gov)

The ACA Marketplace links parents to private health insurance. States have either implemented a State-run health exchange or let the Federal Government run the exchange for them.

- Some lower to middle income families may be eligible for tax credits and subsidies through the health exchanges to make insurance more affordable. Financial assistance will vary with income and household size.
- All plans are required to cover essential health benefits, preventive services, and preexisting conditions, including pregnancy.

**Medicaid**

Medicaid is a Federal-State program that provides health-care coverage to low-income people who meet certain eligibility criteria related to income, parent or caretaker status, disability, and other factors. Medicaid programs vary by State. (For information in your State, see [http://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html](http://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html).)

- Under ACA, some States have expanded their Medicaid coverage to all adults under age 65 with household incomes at or below 138 percent of the Federal poverty level.
- Low-income parents may also qualify for Medicaid based on disability. In almost all States, eligibility for Supplemental Security Income automatically qualifies an individual for Medicaid coverage. Some States may have more restrictive criteria.
- Most States have extended Medicaid coverage to pregnant women with incomes up to or over 185 percent of the Federal poverty level. Coverage includes prenatal care through the pregnancy, labor, and delivery, and continues for 60 days after her child's birth.

Help parents and caregivers

- Understand their eligibility for Medicaid. Be sure to identify the specific Medicaid eligibility requirements in your State.
- See if parents and caregivers qualify for:
  - Medicaid based on income or disability.
  - A Marketplace health insurance plan with savings based on income.
- Visit [http://www.medicaid.gov/apply-for-coverage/apply-for-coverage.html](http://www.medicaid.gov/apply-for-coverage/apply-for-coverage.html) and [https://www.healthcare.gov/lower-costs](https://www.healthcare.gov/lower-costs) for additional information.
Health Insurance Options for Children and Youth

Children and youth who come in contact with the child welfare system may be eligible for health insurance through Medicaid or non-Medicaid coverage.

Medicaid

Most children and youth in foster care are eligible for Medicaid. (Learn more through https://www.acf.hhs.gov/programs/cb/resource/im1508.)

- Children and youth up to age 21 for whom title IV-E foster care maintenance payments or guardianship assistance program payments are made are categorically eligible for Medicaid.
- Children of a minor parent or youth in foster care whose costs are covered by title IV-E foster care maintenance payments are also eligible for Medicaid.
- Youth under age 26 who were formerly in foster care and were receiving Medicaid at age 18 (or higher depending on the State) may also be eligible for Medicaid.
- Children who are involved in child welfare but are not in out-of-home care or are not IV-E eligible may still qualify for Medicaid based on income or disability criteria.
- Infants may be covered based on their mother's Medicaid coverage at delivery. (State criteria vary.)

Health Insurance Based on Adoption

Children and youth covered by title IV-E adoption assistance are automatically eligible for Medicaid.

- Children who do not qualify for title IV-E adoption assistance may qualify for State adoption assistance. In those cases, the State also will determine eligibility for Medicaid.
- Families who have adopted and do not qualify for Medicaid may qualify for tax credits through the health exchanges.

Children’s Health Insurance Program (CHIP)

CHIP is a Federal-State program that provides free or low-cost health coverage to children up to age 18 whose families do not qualify for Medicaid.

- CHIP eligibility depends on family income (generally up to 250 percent of the Federal poverty level), number of family members, and rules in each State.
- In some States, CHIP also covers parents or pregnant women.

Health Insurance Marketplace

Children and youth who are not eligible for the above options may qualify for subsidized health insurance through the health exchanges along with their families.

For more information, visit https://capacity.childwelfare.gov/states/info/aca

See also the Center for States' Tip Sheet for Child Welfare Workers on Health Insurance Enrollment.