



The Path to Health Care Coverage

Under the Affordable Care Act, in 2014

This flow chart provides a high-level picture of the ways that people will obtain health coverage in 2014, assuming the Patient Protection and Affordable Care Act (ACA) is implemented as it exists today. It is intended as an overview of the pathways to coverage: while individuals may follow the flow chart and determine possible options, it is not intended to be comprehensive for that purpose. Rather, it is offered as a way to look ahead and better understand the many pathways to coverage that will exist in 2014, assuming the ACA is implemented under current law.

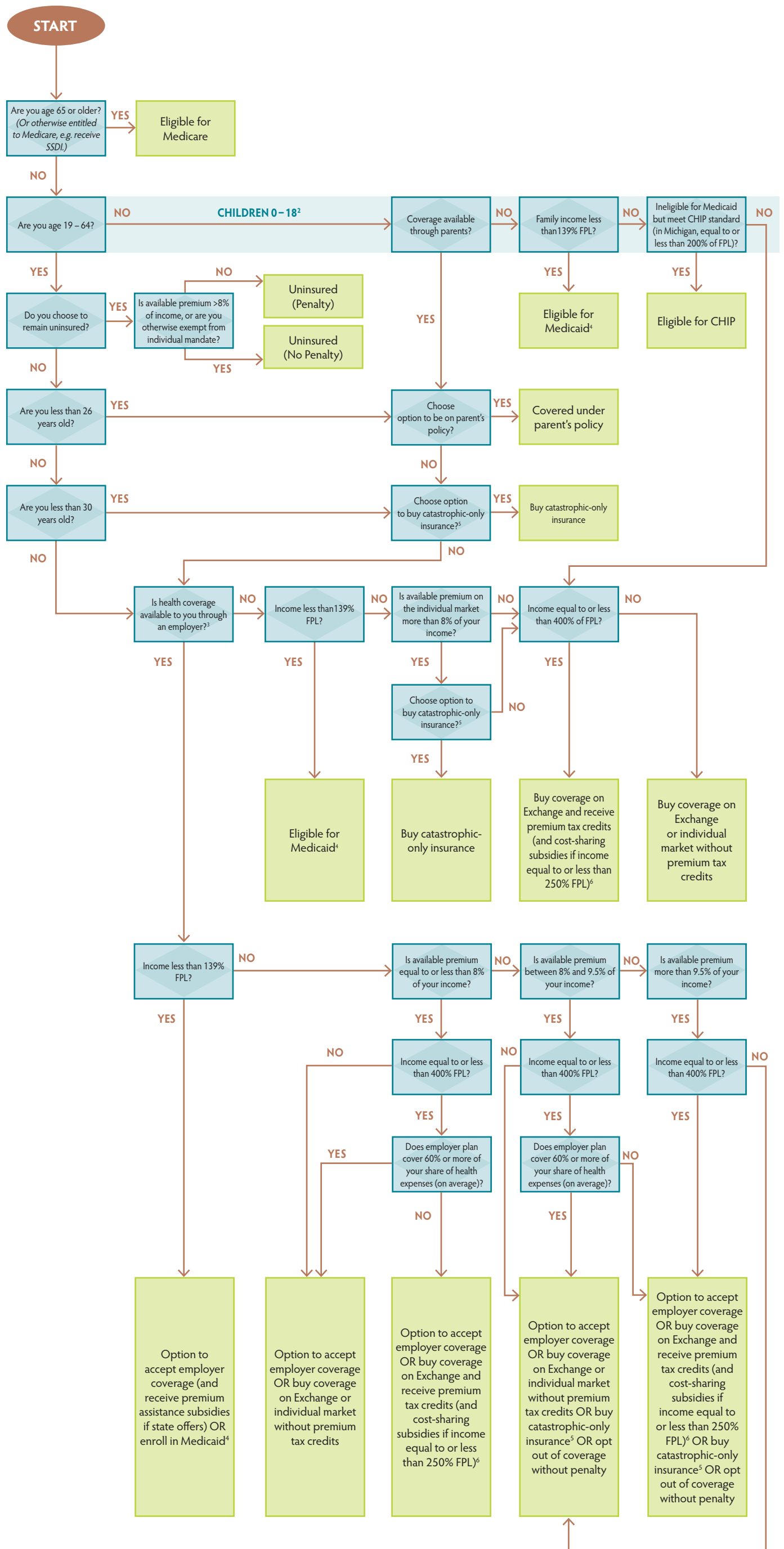
Exemptions from Individual Mandate¹

- Exempt from filing income tax
- Incarcerated
- Member of an Indian tribe
- Those with short coverage gaps and hardships
- Member of religious sect exempted from paying Social Security, Medicare, payroll, and self-employment taxes
- Lack access to affordable coverage (as defined in ACA Sect. 1302)
- Undocumented immigrants

Guide to Acronyms

- CHIP** — Children's Health Insurance Program
- FPL** — Federal poverty level
- SSDI** — Social Security Disability Income

¹ Option to buy catastrophic-only coverage is available for individuals who are exempt from the individual mandate due to hardship or lack of access to affordable coverage.
² Child-only plans are available for those under age 21
³ Employers with over 200 full-time employees must auto-enroll employees in coverage. Employees may opt out to obtain coverage elsewhere or remain uninsured (with possible penalty).
⁴ Legal immigrants in U.S. <5 years with incomes <139% of FPL are not eligible for Medicaid but qualify for tax credits for buying coverage through Exchange.
⁵ Eligible individuals can buy catastrophic-only insurance through the Exchange, but premium tax credits cannot be used to buy this coverage.
⁶ Premium tax credits can be used to buy single or family plans on the individual market of the Exchange.



The Center for Healthcare Research & Transformation (CHRT) illuminates best practices and opportunities for improving health policy and practice. Based at the University of Michigan, CHRT is a non-profit partnership between U-M and Blue Cross Blue Shield of Michigan designed to promote evidence-based care delivery, improve population health, and expand access to care.