

New Coverage Rules for DACA Recipients

QHP Coverage for Deferred Action for Childhood Arrivals (DACA)

November 2024

<https://info.nystateofhealth.ny.gov/SpringTraining2024>

WHAT IS DACA AND WHAT IS CHANGING?

- DACA is a federal rule which protects certain undocumented immigrants from being deported.
- These immigrants came to the U.S. as children.
- DACA recipients can work and attend school.
- DACA status must be renewed every two years.
- DACA recipients are currently eligible for Medicaid, Child Health Plus, and Essential Plan if they are otherwise eligible for those programs.

Beginning November 1, 2024, consumers who are DACA recipients, will be able to enroll in Qualified Health Plan (QHP) coverage.

DACA ENROLLMENT TIMING FOR QHPs

DACA recipients newly enrolling at the beginning of Open Enrollment on November 1st and through December 15th, may enroll in a Qualified Health Plan (QHP), if otherwise eligible, and will be able to have coverage starting January 1, 2025.

If a DACA recipient wants to newly enroll for coverage beginning in November or December of 2024, this is available via a Special Enrollment Period (SEP).

- The consumer must report that they would like their coverage to begin in 2024 in order to be evaluated for an SEP.
- Once determined eligible for a QHP, use the SEP for “Became a US Citizen, US National, legal permanent resident, or lawfully present” and enter the date of the change to be 11/1/2024.
- Enroll in a QHP with a coverage start date of which will be given using the 15th of the month rule.
 - If the consumer needs their coverage to begin on 11/1/2024 or 12/1/2024, and the system assigns a later enrollment start date please assist them by calling the call center to request this.

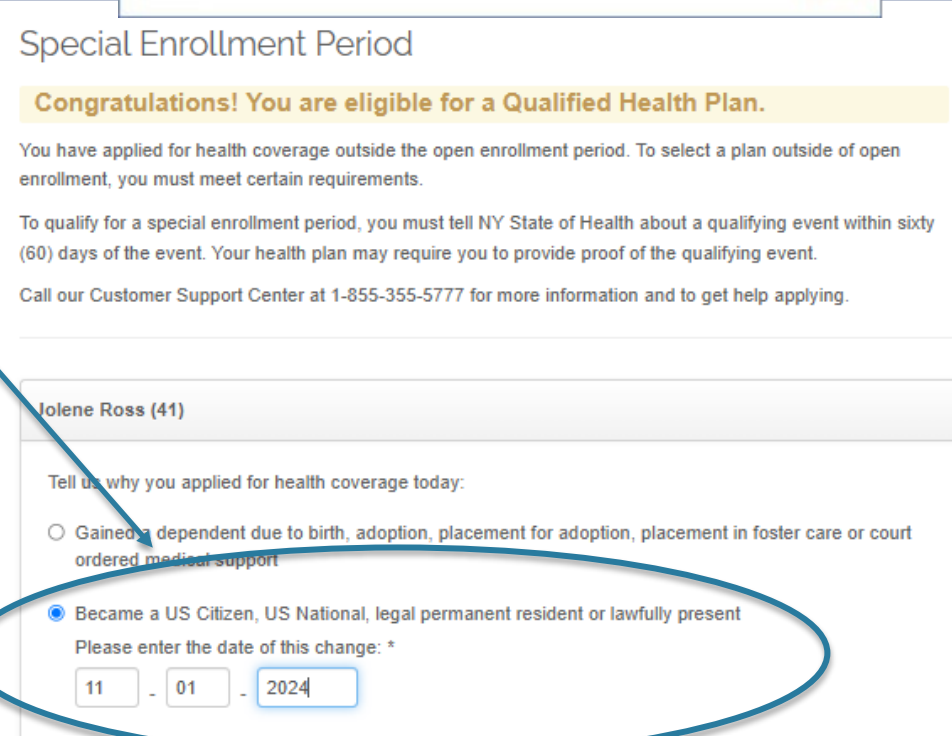


Choose Your Coverage Year

Now that you have told us about your household, tell us if you would like your coverage to begin in 2024 or 2025.

2024 2025

If you are eligible for a Qualified Health Plan you will need to qualify for a [Special Enrollment Period](#) to enroll in coverage for 2024. Enrollment in Medicaid and Child Health Plus is available all year.



Special Enrollment Period

Congratulations! You are eligible for a Qualified Health Plan.

You have applied for health coverage outside the open enrollment period. To select a plan outside of open enrollment, you must meet certain requirements.

To qualify for a special enrollment period, you must tell NY State of Health about a qualifying event within sixty (60) days of the event. Your health plan may require you to provide proof of the qualifying event.

Call our Customer Support Center at 1-855-355-5777 for more information and to get help applying.

Jolene Ross (41)

Tell us why you applied for health coverage today:

Gained dependent due to birth, adoption, placement for adoption, placement in foster care or court ordered medical support

Became a US Citizen, US National, legal permanent resident or lawfully present

Please enter the date of this change: *

11 - 01 - 2024

DACA ENROLLMENT TIMING FOR QHPs



Reminder:

- Consumers who enroll in a QHP mid-year must meet the entire annual deductible and the full maximum out-of-pocket limit, as if they were enrolled in the plan for the full 12 months.
- QHP eligible individuals are subject to the Open Enrollment Period which runs from November 1, 2024 – January 31, 2025.
 - After Open Enrollment ends, DACA recipients eligible for QHPs will need an applicable SEP to enroll.

Logged in as DACA Account Number AC0000077359 Sign Out

Plan Selection Dashboard

On this page you will be able to select a plan for each of your family members listed below. To search the plans available to each family member, click on the top right blue button for each individual. When you finish selecting plans, click on Review Plan Selections at the bottom of the page.

If you need more information about how to join a health plan, what health plans are available to you, or to find out

Enrollment start date: 12/1/2024

Advance Premium Tax Credit (INDIVIDUAL)

Policy Start Date: 12/01/2024

[Change INDIVIDUAL Plan](#) [Find Dental Plan](#)

Ankel Cih (39) Member Start Date: 12/01/2024

Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount You Would Owe
	\$446.60	\$0.00	\$446.60

Important: If you change your health plan mid-year, the amount you have already paid toward your annual deductible and out of pocket maximum will not count toward your new plan.

The people listed above are eligible for an advanced premium tax credit (APTC). You can use your APTC to help pay the premiums for your health coverage. If you use this option, the federal government will send the APTC to the insurance companies of your choice each month. You will be responsible for paying the remainder of the cost of your premiums.

In some situations, you and your family members may not be able to enroll in the same plan. You and your family members will have to select different plans. In these situations, the APTC will be "split up" and sent to the insurance companies of your choice each month.

You will be able to select one of the following types of plans for each family member:


- A medical plan that does not include dental coverage;
- A medical plan that includes dental coverage for all of the family;
- A medical plan that includes medical coverage and dental only for children.





If you choose a medical plan without dental coverage or a medical plan with only child dental coverage, you can also choose to buy a dental plan.

[Review Plan Selections](#)

IMMIGRATION STATUS

A consumer who has DACA status, should be marked as
“Immigrant Non-Citizen”

Mark one box that indicates Erin's current Citizenship or Immigration Status.* 

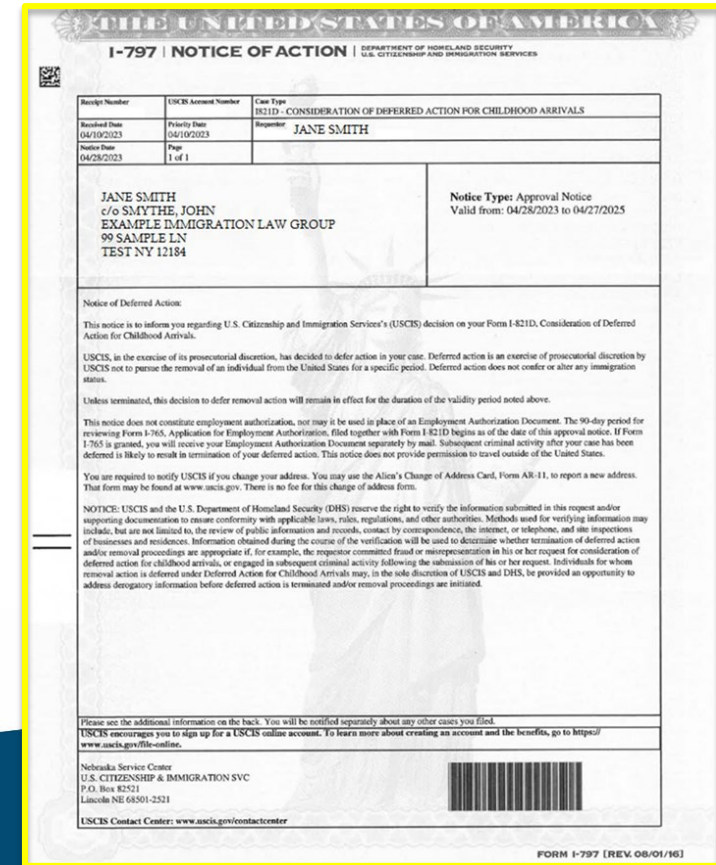
- US Citizen
- Naturalized Citizen 
- Immigrant Non-Citizen 
- Non-Immigrant Visa Holder 
- Other 

DOCUMENTATION

Individuals who are DACA recipients may present with the following documents.

I-797 Notice of Action.

Immigration Document with EAD code C33.



THE UNITED STATES OF AMERICA
I-797 | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number	USCIS Account Number	Case Type
04/19/2023	04/19/2023	821D - CONSIDERATION OF DEFERRED ACTION FOR CHILDHOOD ARRIVALS
04/28/2023	04/19/2023	Requester: JANE SMITH
04/28/2023	Page 1 of 1	

JANE SMITH
c/o SMYTHE, JOHN
EXAMPLE IMMIGRATION LAW GROUP
99 SAMPLE LN
TEST NY 12184

Notice Type: Approval Notice
Valid from: 04/28/2023 to 04/27/2025

Notice of Deferred Action:
This notice is to inform you regarding U.S. Citizenship and Immigration Services' (USCIS) decision on your Form I-821D, Consideration of Deferred Action for Childhood Arrivals.
USCIS, in the exercise of its prosecutorial discretion, has decided to defer action in your case. Deferred action is an exercise of prosecutorial discretion by USCIS not to pursue the removal of an individual from the United States for a specific period. Deferred action does not confer or alter any immigration status.
Unless terminated, this decision to defer removal action will remain in effect for the duration of the validity period noted above.
This notice does not constitute employment authorization, nor may it be used in place of an Employment Authorization Document. The 90-day period for reviewing Form I-765, Application for Employment Authorization, filed together with Form I-821D begins as of the date of this approval notice. If Form I-765 is granted, you will receive your Employment Authorization Document separately by mail. Subsequent criminal activity after your case has been deferred is likely to result in termination of your deferred action. This notice does not provide permission to travel outside of the United States.
You are required to notify USCIS if you change your address. You may use the Alice's Change of Address Card, Form AR-11, to report a new address. That form may be found at www.uscis.gov. There is no fee for this change of address form.
NOTICE: USCIS and the U.S. Department of Homeland Security (DHS) reserve the right to verify the information submitted in this request and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and site inspections of businesses and residences. Information obtained during the course of the verification will be used to determine whether termination of deferred action and/or removal proceedings are appropriate if, for example, the requestor committed fraud or misrepresentation in his or her request for consideration of deferred action for childhood arrivals, or engaged in subsequent criminal activity following the submission of his or her request. Individuals for whom removal action is deferred under Deferred Action for Childhood Arrivals may, in the sole discretion of USCIS and DHS, be provided an opportunity to address derogatory information before deferred action is terminated and/or removal proceedings are initiated.

Please see the additional information on the back. You will be notified separately about any other cases you filed.
USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Nebraska Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 82521
Lincoln NE 68501-2521
USCIS Contact Center: www.uscis.gov/contactcenter

FORM I-797 [REV. 08/01/16]

COMPLETING THE APPLICATION

Immigration Document with EAD code C33.

Mark one box that indicates Test V's current Citizenship or Immigration Status.*

US Citizen

Naturalized Citizen

Immigrant Non-Citizen

Non-Immigrant Visa Holder

Other

Document Type

--Select--

--Select--

Other

Temporary I-551 Stamp (on Passport or I-94 Arrival/Departure Record)

I-327 (Reentry Permit)

I-551 Permanent Resident Card

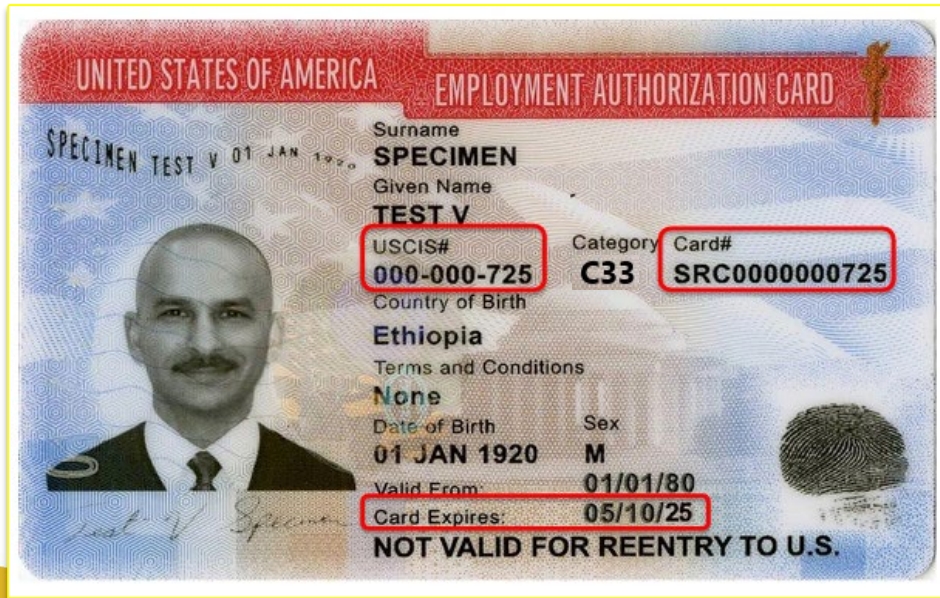
I-571 (Refugee Travel Document)

Machine Readable Visa (With Temporary I-551 language)

I-94 Arrival/Departure Record

I-94 Arrival/Departure Record in Unexpired Foreign Passport

I-766 (Employment Authorization Card)



Document Type

I-766 (Employment Authorization Card)

Alien # 000000725

Receipt # SRC0000000725

Alien Expiration Date 05 - 10 - 2025



COMPLETING THE APPLICATION



I-797 Notice of Action

Mark one box that indicates Test V's current Citizenship or Immigration Status.*

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- Naturalized Citizen
- Immigrant Non-Citizen
- Non-Immigrant Visa Holder
- Other

Document Type

--Select--

--Select--

Other

- Temporary I-551 Stamp (on Passport or I-94 Arrival/Departure Record)
- I-327 (Reentry Permit)
- I-551 Permanent Resident Card
- I-571 (Refugee Travel Document)
- Machine Readable Visa (With Temporary I-551 language)
- I-94 Arrival/Departure Record
- I-94 Arrival/Departure Record in Unexpired Foreign Passport
- I-766 (Employment Authorization Card)

You have selected "Other Document"

If you do not have an Alien# or I94#, you should leave all of the boxes blank. You will be asked to submit a copy of your immigration document after your application is completed. If you have an Alien# or I94#, please fill in those boxes now. Completing those boxes will help us process your application.

Document Type

Other

Alien # I94 # SE/VSID # Document Description

THE UNITED STATES OF AMERICA
I-797 | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY
 U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number	USCIS Account Number	Case Type
04/10/2023	04/10/2023	IR21D - CONSIDERATION OF DEFERRED ACTION FOR CHILDHOOD ARRIVALS
Revised Date	Priority Date	Member
04/28/2023	04/10/2023	JANE SMITH
Notice Date	Page	
04/28/2023	1 of 1	

JANE SMITH
 c/o SMYTHE JOHN
 EXAMPLE IMMIGRATION LAW GROUP
 99 SAMPLE LN
 TEST NY 12184

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NOTICE: USCIS and the U.S. Department of Homeland Security (DHS) reserve the right to verify the information submitted in this request and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and the inspection of businesses and residences. Information obtained during the course of the verification will be used to determine whether termination of deferred action and/or removal proceedings are appropriate. If, for example, the requester committed fraud or misrepresentation in his or her request for consideration of deferred action for childhood arrivals, or engaged in subsequent criminal activity following the submission of his or her request, individuals for whom removal action is deferred under Deferred Action for Childhood Arrivals may, in the sole discretion of USCIS and DHS, be provided an opportunity to address derogatory information before deferred action is terminated and/or removal proceedings are initiated.

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 U.S. CITIZENSHIP & IMMIGRATION SVC
 P.O. Box 82521
 Lincoln NE 68501-2521

USCIS Contact Center: www.uscis.gov/contactcenter

FORM I-797 (REV. 08/01/16)

After choosing "Other" from the "Document Type" drop down, you are not required to enter in any numbers on the screenshot and may proceed and complete the application for the consumer.

These consumers will likely need to upload their I-797 to verify their immigration status.

DACA DOCUMENTS Q & A

Mark one box that indicates Erin's current Citizenship or Immigration Status.*

- US Citizen
- Naturalized Citizen
- Immigrant Non-Citizen
- Non-Immigrant Visa Holder
- Other

In NY State of Health, a consumer who is DACA could become eligible for Medicaid, Child Health Plus, Essential Plan, and now, beginning in November 2024, a QHP (if otherwise eligible)!

In August 2024, NYSDOH released Session #2 of our [Spring Training Series](#) which reviewed Essential Plan Coverage for DACAs. In this training we told Assistors that if a consumer presents as a DACA with expired documents, they should still be marked as “Immigrant Non-Citizen” so that their immigration documents and document numbers can be reviewed.

- Some consumers with expired DACA documentation may remain eligible for comprehensive coverage through NY State of Health. It just depends on a number of things, including what program the consumer is eligible for, how long the documents have been expired, and if the consumer has taken any additional steps to renew their status.
- **For QHP eligibility, the consumer will not be considered lawfully present if their DACA status and documents are expired.** They must maintain their DACA status and keep it up to date, in order to be eligible for a QHP.
 - Since the Assistor may not know the consumers income or what program they will become eligible for when they are applying with NY State of Health, the Assistor should mark them as Immigrant Non-Citizen regardless of their expiration date in order to allow them to be properly evaluated based on the status and documents they *do* have.

FACT SHEET FOR CONSUMERS



NY State of Health has also created a Fast Fact Sheet for DACA Recipients on this change.

- Assistors should review and print and/or share as needed.

DACA Qualified Health Plan Fact Sheet | NY State of Health

FAST FACTS For DACA Recipients

How Do I Enroll?
 Online at nystateofhealth.ny.gov
 By phone at 1-855-355-5777
 TTY: 1-800-662-1220
 Free help from a certified assistor near your home or work. This can be in person or by phone.

When Can I Enroll?
 You can enroll in a Qualified Health Plan during the annual Open Enrollment Period (November to January). You may also enroll during a Special Enrollment Period. A Special Enrollment Period is a time outside the yearly Open Enrollment Period when you can sign up for health insurance. You are allowed a Special Enrollment Period during certain life events, like losing health coverage, moving, getting married, having a baby or adopting a child, or if your household income is below a certain amount.

Can you help me in my own language?
 Yes. Help is available in your language by phone and in person.

1 What is Deferred Action for Childhood Arrivals (DACA)?
 DACA is a federal rule. It protects certain undocumented immigrants from being deported. These immigrants came to the U.S. as children. DACA recipients can work and attend school. DACA status is not permanent. It must be renewed every two years.

2 What is a Qualified Health Plan (QHP)?
 A Qualified Health Plan (QHP) is a private health plan that is certified by New York State and meets certain requirements. QHPs have monthly premiums and cost sharing. Individuals who buy QHPs through NY State of Health may qualify for federal help. These tax credits help lower the cost of coverage.
 There are four types of Qualified Health Plans. These are metal levels. Each has different cost sharing. A metal level can help you estimate cost.

Metal Levels	Premiums	Out-of-Pocket Costs
Platinum Plans	Highest	Lowest
Gold Plans	Higher	Lower
Silver Plans	Moderate	Moderate
Bronze Plans	Lowest	Highest

*Depending on an individual's income, a Silver plan may be the best choice. This is because cost sharing reductions (CSRs) are available to eligible individuals for Silver level plans. CSRs lower co-payments, deductibles, and maximum out-of-pocket costs.

Information you give us will not be shared
 What you tell NY State of Health and its enrollment assistors is private. Information you give us about your immigration status will only be used to see if you qualify for health insurance. It will not be used for any other purpose.

3 Who qualifies?

- New York State residents
- Citizens, lawfully present applicants, and DACA recipients*
- People not eligible for Medicaid, Essential Plan, or Child Health Plus

*NEW: DACA recipients are eligible for QHPs and tax credits starting November 2024.

4 What do QHPs Cover?

- Free preventive care
- Care at a doctor's office, clinic or hospital
- Maternity and newborn care
- Emergency services
- Lab, imaging, and prescription drugs
- Rehabilitative and habilitative services
- Mental health and substance use disorder treatment services
- Wellness and chronic disease management services
- Dental and vision for children

***Adult dental and other benefits may also be covered by some plans.

5 How much does a QHP cost?
 QHP enrollees will have to pay monthly premiums and cost sharing. The plans may also have a deductible.
Monthly Premiums: The price you pay each month for insurance. The amount will depend on the plan you pick. Most people can get federal help to lower the cost of coverage. The federal help will be given as tax credits (described below).
Cost sharing: Cost sharing is the amount you pay when you get care. It includes deductibles, copayments, and coinsurance. Some people may also get cost-sharing reductions (described below).
Deductible: A deductible is the amount you pay for health care before your plan begins to pay.

6 Can I get help paying for coverage?
 Certain individuals may be eligible for additional financial help, such as Advanced Premium Tax Credit and / or Cost Sharing Reduction.
Advanced Premium Tax Credit: Some individuals may qualify for federal help to help pay for coverage. This will be an estimated premium tax credit. It is based on your estimated annual household income, household size, and where you live. Your tax return can compare the estimate to your actual income.
Cost-Sharing Reduction: A discount that lowers the amount you pay for cost sharing. Cost-sharing reductions are based on income. They are only available in Silver plans.

NY State of Health complies with applicable Federal civil rights laws and state laws, and does not discriminate on the basis of race, color, national origin, creed/religion, sex, age, marital/family status, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

Si usted habla un idioma diferente al inglés, los servicios de asistencia de idioma están disponibles gratis para usted. Llame al 1-855-355-5777 (TTY: 1-800-662-1220).

如果您使用的語言不是英語，您可以使用我們的免費語言支援服務。請致電 1-855-355-5777 (TTY: 1-800-662-1220)。

QUESTIONS?

- If you have any questions about this information, please send us an email at: Eligibility.Training.Support@health.ny.gov.
- If you have questions about a particular consumer's eligibility and enrollment, please send the case details, on an encrypted account review template to Assistor.Cases@health.ny.gov.

