



HCTT-2015-44: Find Out if Your Health Coverage is Qualifying Coverage under the Health Care Law

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Issue Number: **HCTT-2015-44**
Inside This Issue

Find Out if Your Health Coverage is Qualifying Coverage under the Health Care Law

The [Affordable Care Act](#) requires you and each member of your family to have qualifying health care coverage, qualify for an exemption from the responsibility to have minimum essential coverage, or make an individual shared responsibility payment when you file your federal income tax return. For purposes of ACA, qualifying health care coverage is also known as minimum essential coverage.

Minimum essential coverage includes:

Health plans offered in the individual market – plans offered by a health insurance issuer licensed by a state, including a qualified health plan offered through the federally-facilitated or a state-based Health Insurance Marketplace

Grandfathered health plans – plans that were in existence on March 23, 2010 and haven't been changed in ways that substantially cut benefits or increase costs for consumers – for more information, visit [HealthCare.gov](#)

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[Latest News](#)

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- Medicare Part A
- Medicaid, except for certain programs
- The Children's Health Insurance Program, better known as CHIP
- Coverage under the TRICARE program, except for certain programs
- Coverage consisting of the medical benefits package for eligible veterans
- Civilian Health and Medical Program of the Department of Veterans Affairs
- Comprehensive health care for children suffering from spina bifida who are the children of Vietnam veterans and veterans of covered service in Korea
- A health plan for Peace Corps volunteers
- The Non-appropriated Fund Health Benefits Program of the Department of Defense

Employer-sponsored plans – coverage that you have through your employer, including:

- A plan or coverage offered in the small or large group market within a state
- A self-insured group health plan for employees
- The Non-appropriated Fund Health Benefits Program of the Department of Defense
- A governmental plan, such as the Federal Employees Health Benefits Program
- COBRA coverage
- Retiree coverage

Other coverage designated by the Department of Health and Human Services

- Coverage under Medicare Part C – Medicare Advantage
- Refugee Medical Assistance
- Employer coverage provided to business owners who are not employees
- Coverage under a group health plan provided through insurance regulated by a foreign government if it meets certain requirements

Minimum essential coverage does not include coverage that may provide limited benefits.

For more information about minimum essential coverage, visit IRS.gov/aca and HealthCare.gov.

[Back to Top](#)

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