

Pregnancy and Newborn Health Coverage Options

This job aid provides information and guidance Navigators, Certified Application Counselors (CACs), and Enrollment Assistance Personnel (EAPs) (collectively, assisters) need to help consumers understand pregnancy and newborn health coverage options.

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Version 2.0. September 2024. This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator assistance personnel in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFM’s where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This material was produced and disseminated at U.S. tax filer expense.

Overview

Health coverage can help with the costs associated with prenatal care, labor and delivery, and postpartum care. Assistors should help pregnant consumers understand the coverage options available to them and their families through the Marketplace, Medicaid, and the Children's Health Insurance Program (CHIP). The statutory language and eligibility guidelines referenced in this document may refer to pregnant women. We acknowledge and recognize that there are other individuals who may become pregnant.

All Health Insurance Marketplace® plans and Medicaid cover pregnancy and childbirth, even if a consumer's pregnancy begins before their coverage starts. Maternity care and newborn care — services provided before and after a child is born — are essential health benefits. This means all medical qualified health plans (QHPs) inside and outside the Marketplace must cover them.

Pregnancy-related Health Coverage

The eligibility rules for Marketplace, Medicaid, and CHIP coverages vary slightly. Depending on whether pregnant individuals are applying for QHP coverage or for Medicaid or CHIP, the HealthCare.gov application counts pregnant individuals as either one person or as one person plus the number of children in their household (including unborn children). The Marketplace will automatically calculate how many people are counted based on the coverage and financial assistance options for which the consumer is applying.

- When determining eligibility for Marketplace coverage with financial assistance —*i.e.*, advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs), a pregnant individual is counted as one person in the household.
- When determining eligibility for Medicaid coverage:
 - Pregnant individuals seeking eligibility determinations for themselves are counted as one person plus the number of children they are expecting, in addition to other counted members of the household (e.g., spouse or other children).
 - If a pregnant individual is in the household of someone who is seeking an eligibility determination, states can elect to count the pregnant individual as one person, one person plus one child (regardless of the number of children expected), or one person plus the number of children expected.

Marketplace Coverage

Consumers can create a HealthCare.gov account and apply for Marketplace coverage during the Open Enrollment Period (OEP) or a Special Enrollment Period (SEP); note, however, that being pregnant doesn't make a consumer eligible for an SEP (but giving birth does).

Consumers who apply for help paying for coverage will be asked if they or anyone in their household are pregnant, as they will also be evaluated for Medicaid or CHIP eligibility.

Reporting the pregnancy on their application is optional for new and existing Federally-facilitated Marketplace (FFM) enrollees; however, doing so may help them and their household members get the most affordable coverage.

- Enrollees who want to keep their current Marketplace coverage with financial assistance (if applicable) and do not plan to enroll in pregnancy-related Medicaid can choose to skip the question to avoid triggering a possible redetermination of their eligibility.
- Consumers newly enrolling in coverage who want to find out if they qualify for Marketplace coverage with financial assistance or for Medicaid or CHIP should answer the question. If eligible, pregnant consumers who choose to purchase a QHP through the Marketplace can select a plan that best meets their health and financial needs.

Consumers generally must have an annual household income between 100% and 400% of the federal poverty level (FPL) to be eligible for Marketplace coverage with financial assistance. However, the American Rescue Plan Act of 2021 made the premium tax credit (PTC) available to consumers with household income above 400% of the FPL and capped how much of a family's household income the family will pay towards premiums for a benchmark plan before PTC becomes available at 8.5% for Plan Years 2021 and 2022.ⁱⁱ The Inflation Reduction Act signed into law on August 16, 2022, extended these enhanced Marketplace tax credits through plan year 2025.ⁱⁱⁱ

All QHPs available through the Marketplace must cover essential health benefits for pregnant individuals, including:

- All prenatal care visits with no cost sharing.
- Labor and delivery services.
- Breastfeeding support, supplies, and counseling. This includes visits with a lactation consultant, breastfeeding equipment, and breast pumps with no cost sharing.

As consumers compare QHPs offered through the Marketplace, assisters can help them understand some of the benefits offered in each plan by guiding them through the plan's Summary of Benefits and Coverage (SBC). Each SBC includes a standardized, hypothetical coverage example that shows what the plan would cover when having a baby under that plan. The actual costs that consumers will pay depend on the services they receive and where they receive care. For more information on the SBC, refer to the [Understanding the Summary of Benefits and Coverage \(SBC\) job aid](#).

Medicaid and CHIP Coverage

[Medicaid and CHIP](#) provide free or low-cost health coverage to tens of millions of Americans, including low-income families, children, and pregnant individuals. Federal and state governments run both programs jointly, and the exact design of these programs varies among states. Assistors can help pregnant individuals and their families apply for Medicaid or CHIP coverage through the Marketplace. Medicaid and CHIP enrollment is open year-round, and coverage can begin at any time.

Medicaid

Medicaid pays for nearly half of all births in the United States and is the single largest payer for maternity care in the United States. With Medicaid coverage, pregnant individuals get help paying for care related to pregnancy, labor and delivery, and postpartum care at least through the last day of the month in which the 60-day postpartum period ends, regardless of any change in household income. States have the option to extend the mandatory 60-day postpartum period to 12 months postpartum, and nearly all states have adopted this option.^{iv} Assistors should check with their state Medicaid-CHIP agency to learn whether their state has implemented this option.

Most states cover pregnant individuals in Medicaid with monthly income up to or over 185% of the FPL, and some states provide coverage to pregnant individuals with higher incomes.^v Coverage is generally based on the date of application, and beneficiaries may be eligible for, and need to request, coverage of qualifying medical expenses for up to three months before the month of application.

Medicaid coverage has minimal out-of-pocket costs since most pregnant individuals enrolled in Medicaid do not pay premiums or cost sharing. If pregnant individuals have out-of-pocket costs under Medicaid, these charges are typically much less than the amount of premiums and cost sharing for QHP coverage.

In some states, pregnant individuals enrolled in Medicaid receive full Medicaid benefits. Other states may only offer limited Medicaid coverage, typically only to pregnancy-related services, or “medically needy” Medicaid. Some states have additional pathways to covering pregnant individuals through Medicaid. Consumers should contact their state Medicaid agency for more detailed information about Medicaid eligibility and services available for pregnant individuals or new parents who gave birth.

All individuals who do not qualify for Medicaid based on their immigration status may be eligible for “emergency Medicaid,” which pays for services necessary to treat an emergency medical condition, if they meet all other eligibility requirements in the state.

CHIP

Many states use CHIP to provide health coverage to uninsured children in families with incomes too high to qualify for Medicaid but too low to afford private coverage. In addition, states may elect to provide pregnancy-related coverage of “targeted low-income pregnant women” through a 60-day postpartum period or from conception to end of pregnancy (FCEP) under the CHIP state plan.

Generally, individuals eligible for pregnancy coverage through CHIP must be uninsured, ineligible for Medicaid, and have a family income below the state’s CHIP income threshold. Individuals must also meet state residency, citizenship, or immigration requirements. However, unlike other children in CHIP, citizenship or immigration status is not considered for eligibility for the FCEP option. Finally, states may apply state-specific eligibility criteria.

It is important to note that states may not apply a CHIP waiting period to individuals who recently lost group health coverage who are eligible as a “targeted low-income pregnant woman.” Additionally, states that cover “targeted low-income pregnant women” are not permitted to charge cost sharing, such as copays, for covered services for the duration of their pregnancy and 60-day postpartum period. Thus, it would likely be beneficial for an individual enrolled in a QHP who becomes pregnant to consider transitioning to CHIP, if eligible.

Additionally, states with a separate CHIP that elect the 12-month postpartum extension option in Medicaid must also do so in their separate CHIP.^{vi} As indicated above, nearly all states have adopted this option. Assistants should check with their state Medicaid-CHIP agency to learn whether their state has implemented this option.

Medicaid/CHIP Coverage for Pregnant Immigrants

Immigrants, including pregnant individuals, who are “qualified non-citizens” are generally eligible for coverage through Medicaid or CHIP if they meet their state’s eligibility rules. However, to get Medicaid and CHIP coverage, many qualified non-citizens may be subject to a five-year waiting period. States have the option to remove the five-year waiting period and cover lawfully residing children and pregnant individuals in Medicaid or CHIP through section 214 of the Children’s Health Insurance Program Reauthorization Act, more commonly known as the CHIPRA 214 Option. For a list of states that use the CHIPRA 214 Option, visit [Medicaid and CHIP Coverage of Lawfully Residing Children & Pregnant Individuals](#). More information is also available at [HealthCare.gov: Coverage for lawfully present immigrants](#).

Pregnancy-related Medicaid/CHIP Coverage and Marketplace Financial Assistance

In general, consumers who are eligible for Medicaid or CHIP coverage that is considered minimum essential coverage are ineligible for Marketplace coverage with financial assistance. However, for continuity of coverage and care, individuals who are enrolled in Marketplace coverage with financial assistance who become eligible for pregnancy-related Medicaid or CHIP that is considered MEC may choose to remain enrolled in their QHP with APTC and not enroll in the pregnancy-related Medicaid or CHIP coverage.

Transitioning from Medicaid or CHIP to the Marketplace

Medicaid coverage based on pregnancy continues through the postpartum period, which extends from the date the pregnancy ends to at least the last day of the month in which the 60-day postpartum period ends, and, in nearly all states, the last day of the month in which the 12-month postpartum period ends.

After the end of the postpartum period, some individuals may remain eligible for Medicaid due to criteria other than pregnancy, but others will lose their Medicaid coverage. To avoid a gap in coverage, consumers losing Medicaid coverage should apply for Marketplace coverage with financial assistance as soon as they are aware their Medicaid coverage will end. Consumers who lose Medicaid or CHIP coverage (pregnancy-related or other) are eligible for an SEP to enroll in Marketplace coverage based on their loss of coverage. Also, pregnant individuals who received CHIP coverage through the FCEP option may qualify for an SEP upon loss of this coverage. To use their SEP, consumers should create or update a HealthCare.gov application and report their loss of coverage:

- Up to 60 days in advance by starting an application for Marketplace coverage and indicating that they will lose qualifying coverage; or
- Up to 60 or 90 days after their Medicaid or CHIP coverage ends, depending on the state. If they choose this option, they have up to 60 days after coverage ends to report the loss of coverage and select a plan through the Marketplace.

Individuals who elect to use their SEP can request a retroactive start date back to the coverage effective date they would have gotten if the Marketplace had originally determined them eligible for Marketplace coverage after they were denied or lost Medicaid or CHIP.

Note: Effective January 1, 2024, at the option of the Marketplace, qualified individuals or their dependent(s) whose loss of coverage is a loss of Medicaid or CHIP coverage will have 90 days after the triggering event to select a QHP. State-based Exchanges have the option to allow more than 90 days in the State Medicaid agency permits or provides for a longer Medicaid or CHIP reconsideration period. In the FFM, this will be implemented following the expiration of the Medicaid Unwinding SEP, which has been extended to November 30, 2024.^{vii}

Newborn Coverage Options

Marketplace Coverage for New Dependents

Giving birth, adopting, fostering a child, or gaining a dependent through a child support or other court order qualifies consumers for an SEP for health coverage through the Marketplace, regardless of whether they previously had or currently have other coverage. This means that after the date that an individual gives birth or otherwise gains their new dependent, they can enroll in Marketplace coverage, even if it is outside the OEP. Consumers have 60 days from the date of the birth, adoption, foster care placement, or date provided in the court order to newly apply for Marketplace coverage or report the life change on their existing application and select a plan. Coverage can be effective retroactive to the date the baby was born or that the applicant otherwise gained their dependent, and consumers must pay premiums for those months of retroactive coverage. Alternatively, they may call the Marketplace Call Center at 1-800-318-2596 and request that their new coverage start the first of the month following plan selection.

Existing Marketplace enrollees generally can choose to add the new dependent to their current plan or add the new dependent to a separate enrollment group and enroll them in any plan for the remainder of the year. This only applies to the new household member; current enrollees generally can't change plans. If the plan's rules don't allow consumers to add new members to their plan, the family can enroll together in a different plan in the same plan category. If no other plans are available in their current plan category, the family can enroll together in a category that's one level up or one level down from their current plan. Additionally, gaining a new dependent may change the amount of financial assistance the consumer is eligible for.

Medicaid and CHIP Coverage for Deemed Newborns

Babies born to individuals who are enrolled in Medicaid or to “targeted low-income pregnant women” in CHIP at the time of the child's birth are automatically eligible for Medicaid or CHIP for one year (known as “deemed newborns”) without an application. In Medicaid and CHIP, states may also elect to cover infants of additional populations as deemed newborns, such as infants who previously had Medicaid or CHIP coverage for the birth in another state. The child's Medicaid or CHIP eligibility continues until their first birthday, and citizenship documentation is not required. Children turning 1 may still be eligible for Medicaid or CHIP; the state Medicaid or CHIP agency will redetermine their eligibility. If the child is found eligible for Medicaid or CHIP at that time, effective January 1, 2024, states are generally required to provide them with 12 months of continuous eligibility in Medicaid or CHIP.^{viii} If the consumer's child loses eligibility for Medicaid or CHIP, the consumer can newly apply for Marketplace coverage for the child or report the life change on an existing Marketplace application and select a plan for the child, consistent with the plan category limitations applicable to SEPs through the Marketplace.

Additional Resources

- HealthCare.gov:
 - Health Coverage if You Are Pregnant or Planning to Get Pregnant: [HealthCare.gov/what-if-im-pregnant-or-plan-to-get-pregnant](https://www.healthcare.gov/what-if-im-pregnant-or-plan-to-get-pregnant)
 - Preventive Care Benefits for Women: [HealthCare.gov/preventive-care-women](https://www.healthcare.gov/preventive-care-women)
 - Special Enrollment Periods Information: [HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period](https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period)
- CMS.gov:
 - Complex Case Scenarios: Pregnancy, Prenatal Care, and Newborn Coverage Options: [CMS.gov/marketplace/technical-assistance-resources/pregnancy-prenatal-care-newborn-coverage-options.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/pregnancy-prenatal-care-newborn-coverage-options.pdf)
 - SEP Overview and Complex Case Scenarios: [CMS.gov/marketplace/technical-assistance-resources/sep-overview-complex-case-scenarios.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/sep-overview-complex-case-scenarios.pdf)
- Medicaid.gov:
 - [Medicaid.gov](https://www.Medicaid.gov)
 - [Medicaid.gov/CHIP](https://www.Medicaid.gov/CHIP)
 - CMS Guidance on Requirement for all States to Provide Continuous Eligibility to Children in Medicaid and CHIP: [Medicaid.gov/sites/default/files/2023-09/sho23004.pdf](https://www.Medicaid.gov/sites/default/files/2023-09/sho23004.pdf)
- CDC.gov COVID-19 information for pregnant people:
 - Pregnant and Recently Pregnant People at Increased Risk for Severe Illness from COVID-19: [CDC.gov/#/details?url=https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html)
 - COVID-19 Vaccines While Pregnant or Breastfeeding: [CDC.gov/covid/vaccines/pregnant-or-breastfeeding.html](https://www.CDC.gov/covid/vaccines/pregnant-or-breastfeeding.html)
 - Breastfeeding and Caring for Newborns if You Have COVID-19: [CDC.gov/view/cdc/112338](https://www.CDC.gov/view/cdc/112338)

ⁱ Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

ⁱⁱ [Congress.gov/117/plaws/publ2/PLAW-117publ2.pdf](https://www.Congress.gov/117/plaws/publ2/PLAW-117publ2.pdf)

ⁱⁱⁱ [Congress.gov/bill/117th-congress/house-bill/5376](https://www.Congress.gov/bill/117th-congress/house-bill/5376)

^{iv} [Congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf](https://www.Congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf)

^v For more information on state eligibility thresholds, visit [Medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html](https://www.Medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html)

^{vi} [Congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf](https://www.Congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf)

^{vii} [Federal Register: Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2024](https://www.FederalRegister.gov)

^{viii} [Congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf](https://www.Congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf)

