

Indiana Department of Insurance

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Bulletin 270

**CLARIFICATION FOR QUALIFIED HEALTH PLANS
REGARDING COVERAGE OF CHILDREN TO AGE 26**

This Bulletin is directed to all health insurers writing qualified health plans (QHPs) for the Marketplace as defined by IC 27-19-2-8. Section 1321(a) of the Affordable Care Act (ACA) gives the U.S. Department of Health and Human Services (HHS) authority to make rules for implementing certain parts of the ACA as they relate to QHPs, the Marketplace, standards for health insurers, and requirements for anyone helping consumers obtain coverage through the Marketplace. Under this authority, the Centers for Medicare and Medicaid (CMS), a division of HHS, issues an annual notice containing regulations related to QHPs, the operation of the Marketplace, standards for health insurers, and standards for anyone helping consumers obtain coverage through the Marketplace. This annual notice is known as the Notice of Benefit and Payment Parameters.

Earlier this year, CMS published the final Notice of Benefit and Payment Parameters for 2024. In the Notice of Benefit and Payment Parameters for 2024, CMS added a new requirement for QHPs, which prohibits automatic termination of coverage for a child reaching the age of twenty-six (26) until the end of the benefit plan year. 45 CFR § 155.430(b)(3). As a result, when a child covered by a QHP reaches the age of twenty-six (26), coverage for that child cannot be terminated until the end of the benefit plan year. The Department will begin enforcing this requirement for all QHPs with benefit years beginning on or after January 1, 2024.

Because 45 CFR § 155.430(b)(3) only applies to QHPs available in the Marketplace, all other health insurance issuers, group plans, and health maintenance organizations should continue to follow the guidance provided by Bulletin 189 regarding the coverage of children to age twenty-six (26).

Questions regarding this bulletin may be directed to Compliance@idoi.IN.gov.

INDIANA DEPARTMENT OF INSURANCE



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