



# The American Rescue Plan and the Unemployed: Making Health Coverage More Affordable After Job Loss

The American Rescue Plan offers enhanced health insurance premium tax credits and cost-sharing reductions for people receiving unemployment compensation benefits in 2021.

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## KEY POINTS

- Under the American Rescue Plan Act of 2021 (ARP), people who receive or were approved to receive unemployment compensation (UC) for any week beginning in 2021 are eligible for enhanced Marketplace subsidies to obtain health insurance and to pay for care. The enhanced subsidies are accessible on HealthCare.gov as of July 1, 2021.
- Marketplace advanced premium tax credits (APTCs) are newly available for taxpayers receiving UC with household income less than 100 percent of the Federal Poverty Level (FPL), while those with higher household incomes now generally qualify for zero-premium benchmarks plans, since the ARP treats taxpayers receiving UC benefits as if their household income was at least 100 percent and no more than 133 percent FPL.<sup>i</sup>
- The Congressional Budget Office and the Joint Economic Committee estimated that 1.4 million people will benefit from these new provisions, including 500,000 new Marketplace enrollees saving on average more than \$7,000 this year on health insurance. These ARP provisions will build on the record growth in health insurance coverage related to the Affordable Care Act.
- Those newly eligible for premium tax credit subsidies under the ARP (household income above 400% FPL) are likely to see some of the greatest decreases in post-APTC premiums if they received UC in 2021. This Issue Brief presents several case studies, showing premium savings as a result of the ARP, in some cases of more than \$700 a month.

<sup>i</sup> The ARP APTC provisions are currently only temporary. The UC provision only applies to coverage in 2021, while other APTC provisions are applicable to 2021 and 2022 coverage.

## INTRODUCTION

### American Rescue Plan (ARP) Unemployment Compensation Provision for Health Coverage

The COVID-19 public health emergency has exacerbated the health care needs of uninsured, unemployed workers. A total of 6 percent of all adults (15.3 million individuals) reported in a July-August 2020 survey that someone in their household lost health insurance during the pandemic, representing the largest annual loss of employer coverage ever recorded.<sup>1,2</sup> Other studies indicate lower estimates of loss of health coverage, with many employers continuing health coverage for their laid off employees;<sup>3,4</sup> however, uncertainty regarding stability of coverage remains.

The ARP, enacted on March 11, 2021, includes a number of provisions to make private health coverage more affordable, including for people receiving unemployment compensation (UC). Under the ARP, individuals approved for UC for at least one week beginning in 2021 are eligible for enhanced Marketplace subsidies for themselves and their household throughout 2021, if they are otherwise eligible for such subsidies. Temporary special rules regarding treatment of household income allow UC recipients to be treated as if their income was 133 percent of the Federal Poverty Level (FPL), which under the ARP, generally qualifies them for a zero-premium benchmark silver plan and cost sharing subsidies in 2021.<sup>ii</sup> These rules also allow UC recipients with household incomes below 100% FPL who are not eligible for Medicaid to be eligible for Marketplace subsidies. These provisions are temporary and only apply to UC recipients for 2021 and are being implemented on HealthCare.gov beginning July 1, 2021.

The purpose of this Issue Brief is to examine the UC premium tax credit (APTC) and cost-sharing reduction (CSR) provisions under the ARP, describe the populations likely to benefit from these new temporary provisions, and to provide illustrative examples to highlight the possible household impacts of these provisions.

## METHODS

Our analysis uses Department of Labor data including unemployment compensation claims, labor force participation, and unemployment rates. The analysis also uses HealthCare.gov Qualified Health Plan (QHP) premium and service area data from CMS for 2021 coverage.<sup>5,6</sup> We also review external studies on the uninsured and UC recipients during the COVID-19 public health emergency.

## RESULTS

### Eligible Population of UC Recipients

Unemployment compensation programs are administered by the states, funded by state and federal taxes on employers; three states provide for employee contributions. During prior economic downturns, the federal government fully funded additional weeks of emergency benefits for workers who exhausted their regular UC. The Emergency Unemployment Compensation Act of 2008 and subsequent legislation provided up to 34 weeks of additional UC (up to 63 weeks in states with unemployment rates of 8.5 percent or higher), paid by 100 percent federal funding.

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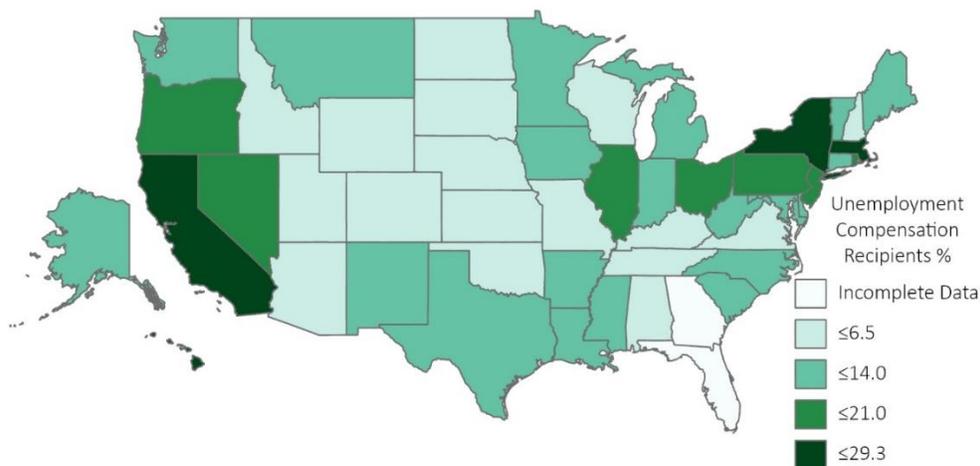
<sup>ii</sup> The enhanced premium tax credit provision applies when the UC recipient is the taxpayer of the household. The cost-sharing subsidy provision applies if anyone in the household is the UC recipient and a silver plan is selected. Also, in most states, the benchmark plan is a zero-premium plan; however, as discussed on pages 6-7 of this report, some state cover non-Essential Health Benefits in their plans, which means the premium tax credits do not fully cover the cost of the benchmark plan.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act (March 2020) as enacted provided 13 additional weeks of federally funded Pandemic Emergency Unemployment Compensation (PEUC) for those who exhaust regular state benefits and then additional weeks (up to 13 or 20 weeks depending on state laws) of federally funded Extended Benefits (EB) through December 31, 2020. The CARES Act also provides federally funded Pandemic Unemployment Assistance (PUA) for some who exhaust all those benefits (regular UC, PEUC, and EB if available) and for others who lost their jobs due to the pandemic but who are not normally eligible for UC in their state. This new group includes the self-employed, those seeking part-time employment, and those who otherwise would not qualify for regular UC.<sup>iii</sup> The Consolidated Appropriations Act, 2021 (December 2020) and the ARP then extended these enhanced UC benefits through September 6, 2021, providing up to 24 weeks of PEUC.

The Department of Labor reports that the total number of persons receiving UC ranged from at least 14.5 million for the week ending June 5, 2021, to at least 20.4 million for the week ending February 20, 2021 (the week with the highest number of UC recipients so far this year), but these numbers are an underestimate since they are missing PEUC and PUA data for Florida and Georgia.<sup>iv,7</sup>

Figure 1 presents a map of the share of each state’s labor force that was receiving UC as of February 20, 2021. Since the ARP features are tied to UC receipt, that is the more relevant measure for understanding the ARP’s impact on health insurance, rather than the unemployment rate, which includes some individuals who are no longer receiving UC or never received UC.

**Figure 1: Total Unemployment Compensation Recipients as a Percentage of Labor Force by State, as of February 20, 2021**



Source: U.S. Department of Labor  
 Note: PEUC and PUA claims were missing for Florida and Georgia.

Table 1 shows state level unemployment rates and UC recipient rates along with the most recent data available on health uninsurance rates from the 2019 American Community Survey.

<sup>iii</sup> PUA eligibles include those not meeting requirements for wages earned or time worked during the base period, usually the first four out of the last five completed quarters prior to the filing of the claim.

<sup>iv</sup> For the week ending February 20, 2021, there were 4.8 million continuing claims filed for regular UI, 8.4 million for PEUC, 5.9 million for PUA, and 1.3 million for EB.

**Table 1: Rates of Unemployment, Unemployment Compensation Recipients, and Uninsured by State**

State	February 2021 Unemployment Rate (%)	Unemployment Compensation Recipients (% Labor Force) Week of February 20, 2021	2019 Uninsured Age 19-64
Alabama	4.0	5.0	15.0
Alaska	6.6	12.5	15.8
Arizona	6.9	6.5	15.4
Arkansas	4.5	8.0	13.1
California	8.5	25.6	10.9
Colorado	6.6	5.4	10.7
Connecticut	8.5	13.0	8.3
Delaware	6.3	6.6	9.3
District of Columbia	8.1	11.3	4.4
Florida	4.7	1.5*	19.5
Georgia	4.8	6.3*	18.9
Hawaii	9.2	21.8	5.9
Idaho	3.3	3.4	16.5
Illinois	7.4	15.5	10.5
Indiana	4.0	10.8	11.6
Iowa	3.6	8.1	7.3
Kansas	3.2	2.9	13.1
Kentucky	5.2	5.1	9.1
Louisiana	7.6	12.0	13.1
Maine	4.8	7.6	11.6
Maryland	6.2	11.4	8.3
Massachusetts	7.1	23.7	4.2
Michigan	5.2	13.3	8.3
Minnesota	4.3	9.8	6.9
Mississippi	6.3	8.6	19.5
Missouri	4.2	4.4	14.2
Montana	3.9	8.6	11.8
Nebraska	3.1	2.4	11.7
Nevada	8.3	18.5	15.5
New Hampshire	3.3	6.3	8.9
New Jersey	7.8	17.7	11.1
New Mexico	8.3	12.4	14.6
New York	8.9	29.3	7.5
North Carolina	5.7	7.2	16.4
North Dakota	4.7	5.3	8.2
Ohio	5.0	18.5	9.1
Oklahoma	4.4	5.5	20.5
Oregon	6.1	14.9	10.3
Pennsylvania	7.3	16.1	7.9
Rhode Island	7.3	16.5	5.9
South Carolina	5.2	7.7	16.1
South Dakota	2.9	1.7	14.2
Tennessee	4.9	5.6	14.9
Texas	6.9	10.3	24.5
Utah	3.0	1.9	12.1
Vermont	3.1	11.2	6.7
Virginia	5.2	6.4	11.0
Washington	5.6	7.0	9.5
West Virginia	6.2	7.1	10.0
Wisconsin	3.8	4.6	8.1
Wyoming	5.3	4.3	16.6
<b>Total</b>	<b>6.2</b>	<b>12.7</b>	<b>12.9</b>

\*PEUC and PUA were missing for Florida and Georgia

Sources: Department of Labor and 2019 American Community Survey.

## UC Recipients without Health Insurance during 2021

Precise information on uninsured rates among those receiving UC is not available in administrative data. However, survey data offer some insights. An analysis of the Census Bureau’s Household Pulse Survey found that more than 4 million uninsured workers were receiving UC from Nov 23, 2020, to January 18, 2021. Nearly half of this group (49 percent) were people of color, including 24 percent Hispanic and 16 percent Black; 39 percent had children under 18 living at home; and 76 percent did not have a college degree.<sup>8</sup> Two-thirds of these uninsured workers receiving UC live in just 10 states<sup>9</sup>:

- Texas (776,000)
- California (639,000)
- New York (258,000)
- Florida (249,000)
- Georgia (213,000)
- Pennsylvania (171,000)
- New Jersey (131,000)
- North Carolina (115,000)
- Illinois (108,000)
- Washington (105,000)

## Impact of ARP UC Provisions on Marketplace Premiums

Generally, households with incomes less than 100 percent FPL<sup>v</sup> in states that have not expanded Medicaid are not eligible for APTCs and many are also not eligible for Medicaid; this situation is known as the “Medicaid coverage gap.” A recent ASPE report estimated that there are 2.3 million uninsured non-elderly adults in the Medicaid coverage gap,<sup>10</sup> and the new ARP UC provisions will make APTCs available to many of them. UC recipients who are taxpayers and their tax households who meet the other eligibility criteria for APTCs<sup>vi</sup> are now eligible for enhanced APTCs.

Because the ARP UC provision treats the households of UC recipients as if they had household incomes of at least 100 percent and no more than 133 percent FPL, they are generally eligible for zero-premium benchmark silver plans. Households in which any individual is a UC recipient can also be eligible for cost-sharing reductions. For comparison, before the ARP, households with income of 133 percent FPL paid up to 2.07 percent of their household income towards the premium of the second lowest cost silver (SLCS) plan.

A small number of states do not have zero-premium plans. This most commonly occurs if all plans in the state cover services that are not Affordable Care Act (ACA) defined essential health benefits (EHBs), which means premiums in that state cannot be reduced by APTCs to zero dollars.<sup>vii</sup> However, due to the comprehensiveness of ACA EHBs, non-EHB portions of premiums are typically relatively small. These details are discussed at more length in ASPE’s previous analysis of zero-premium plans under the ARP.<sup>11</sup>

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<sup>v</sup> The exception is for legally present individuals who are not eligible for Medicaid because of immigration status; these individuals can have incomes less than 100 percent FPL or less than 133 percent FPL (non-expansion vs. expansion) and qualify for APTCs, if otherwise eligible.

<sup>vi</sup> To be eligible for APTCs, persons cannot be eligible for minimum essential coverage outside of the individual market, including Medicaid, Medicare, and employer coverage that is affordable (for 2021, defined as self-only coverage for the employee that costs 9.83 percent or less of household income) and that provides minimum value.

<sup>vii</sup> Non-essential health benefits are services beyond the ACA’s ten categories of essential services and include certain state mandates, adult vision, and adult dental coverage. For more details see: <https://www.cms.gov/ccio/resources/data-resources/ehb#ehb>.

APTCs can be applied to any metal tier plans (Bronze, Silver, Gold, or Platinum) enrolled in through the Marketplace, with consumers paying the difference in premium between the benchmark plan (second-lowest cost silver) and their chosen plan, if its premium is higher. People with household incomes of 133 percent FPL (or treated as such, as in the case of UC recipients) who are otherwise eligible can enroll in plans with CSRs that yield an actuarial value<sup>viii</sup> (AV) of 94%, meaning that the plans cover on average 94% of total costs of in-network essential health benefits (EHB) covered by the health plan, meaning consumers can expect to pay on average the other 6% of those costs. This means that under the ARP, some UC recipients will be eligible not just for substantial premium savings but also for far more generous coverage, with lower deductibles and copays.

The enhanced APTCs and CSRs for UC recipients will be implemented at HealthCare.gov starting on July 1, 2021, and generally will take effect August 1 for consumers who apply or update an existing application by July 31, 2021.

UC recipients residing in states with State-based Marketplaces (SBMs) are also eligible for enhanced APTCs. At least six SBMs (California, Maryland, Massachusetts, New Jersey, Rhode Island, and Washington State) automatically switch silver plans to 94% AV plans for those showing UC on their enrollment application. UC recipients in those SBM states who don't have silver plans or who did not list UC on their enrollment applications can update their enrollment applications to be enrolled in those plans, as can UC recipients in the other SBM states (Colorado, Connecticut, District of Columbia, Idaho, Minnesota, Nevada, New York, Pennsylvania, and Vermont).

The ARP also extended options for coverage through Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage, most commonly utilized by those who have lost benefits from a job. Under the ARP, 100 percent of COBRA premiums for eligible individuals are paid for by the federal government through September 30, 2021. However, after September 2021, those who do not continue their COBRA coverage are eligible to apply for Marketplace coverage during a Special Enrollment Period (SEP). Those losing COBRA coverage and who are UC recipients in 2021 may elect to switch to Marketplace coverage with enhanced APTCs and CSRs during the SEP.

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<sup>viii</sup> The actuarial value (AV) of a health plan is the average percentage of total costs of in-network essential health benefits (EHB) covered by the health plan. The AV of plans available in the individual market ranges from 60% for bronze plans, 70% for silver plans, 80% for gold plans, and 90% for platinum plans. For certain eligible individuals (generally those with household incomes between 100%-250% FPL) silver CSR plan variations are available, which enhance AV from 70% to 73%, 87%, or 94% depending on household income.

## Estimated Take-up of the ARP Provisions for UC Recipients

The Congressional Budget Office (CBO) and Joint Economic Commission (JEC) estimate that 900,000 UC recipients already enrolled in Marketplace coverage will receive on average \$1,040 in additional PTCs, and 500,000 UC recipients will newly enroll in Marketplace and receive on average \$7,040 in PTCs.<sup>12</sup>

## Enrollment Assistance

According to a 2018 Commonwealth survey, two thirds of uninsured adults did not try to enroll in health insurance on the Marketplace.<sup>13</sup> When asked why, 36 percent said they did not think it would be affordable, 15 percent said they did not think they needed it, 8 percent said they did not think they would be eligible for insurance, and 7 percent said they were not aware of the Marketplace. Those receiving UC in 2021 can apply for health plans with APTCs and CSRs during the COVID-19 Special Enrollment Period through August 15, 2021, directly on HealthCare.gov or through an insurance agent, assister, or Navigator (<https://localhelp.healthcare.gov/#/>). Many community health centers and hospitals also have assisters.

## Case Studies: Potential Household Impacts

We selected several hypothetical case scenarios to highlight the impact the ARP UC provision could have on individuals and families. The individuals, families, and couples differ by age, household income, state (Medicaid expansion and non-Medicaid expansion), and geography. Table 2 shows these scenarios and premiums (net of APTCs) before and after the ARP UC provisions.

**Table 2: Vignettes Illustrating the Impact of the ARP UC Provision Could Have on Premiums and AV**

Scenario	Household Composition	Household Income	State	County	Unsubsidized	Subsidized		
						w/o UC	w/ UC	Difference
1	Single adult, age 27	78% FPL	Texas	Harris	\$321	\$321	\$0	-\$321
2	Family of 3, parents age 45, dependent age 19	175% FPL	Montana	Yellowstone	\$1,263	\$32	\$0	-\$32
3	Family of 4, parents age 35, children ages 0-14	225% FPL	Florida	Miami-Dade	\$1,415	\$147	\$0	-\$147
4	Couple, age 55	350% FPL	Illinois	Cook	\$1,205	\$367	\$2	-\$365
5	Couple, age 40	500% FPL	Alaska	Anchorage	\$1,316	\$765	\$2	-\$763

Note: Plan Year 2020 APTC determination is based on 2020 FPL guidelines.

\*Rounded to nearest dollar; assumes post ARP APTC for the subsidized without UC estimates

\*\*Approximate

Individuals who received UC in 2021 with household income outside of the CSR eligibility range (generally <100% FPL and >250% FPL) will see the greatest increase in the AV of their benchmark plan, going from 70% to 94%. Meanwhile, those not currently eligible for any APTCs (primarily those below 100 percent of FPL in non-Medicaid expansion states) would see very large reductions in premiums.

These changes represent substantial potential savings in terms of premiums and out-of-pocket costs. For example, a single 27-year old adult in Harris County Texas with an annual income of \$10,000 (approximately 78% FPL) was previously ineligible for Marketplace subsidies; under the ARP UC provision, the monthly premium of the benchmark plan would drop from \$321 to \$0 after subsidy. Similarly, a qualifying 55-year old couple in Cook County, Illinois, with annual income of 350% FPL, could see a drop in monthly benchmark premium of \$365.

Those newly eligible for premium tax credit subsidies under the ARP (household income above 400% FPL) may see some of the greatest decreases in post-APTC premium if they received UC in 2021. For example, a qualifying 40-year old couple in Anchorage, Alaska, with annual income at 500% FPL could save as much as \$763 in monthly benchmark premium when purchasing the benchmark plan.

Eligible UC recipients with annual household income above 200% and up to 250% FPL may also benefit substantially, with silver plan AV on average increasing from 73% to 94% and monthly benchmark premiums decreasing to zero or near zero. For example, a family of 4 in Miami-Dade County, Florida, with parents age 35 and 2 children under 15, and an annual income of 225% FPL, could see their monthly after APTC premium reduced from \$147 to \$0.

Those with annual household income about 150% FPL and up to 200% FPL may also see some reduction in benchmark premiums and increase in silver plan AV (from 87% to 94%)—for example, a family of 3, with parents age 45 and a dependent age 19, annual income of 175% FPL, living in Yellowstone County, Montana, could see a benchmark premium reduction of \$32 per month.

## CONCLUSION

The ARP UC provisions address the impact of the COVID-19 pandemic on job loss, as well as the need for affordable health insurance coverage. They provide enhanced Marketplace subsidies to individuals receiving unemployment compensation in 2021. These significant changes, which are available starting July 1, 2021, at HealthCare.gov states, can substantially reduce the cost of private health coverage for millions of workers and their families who have experienced job losses during the pandemic, and will build on the already record enrollment in ACA-related coverage in 2021.<sup>14</sup>

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