

What is Healthy DC?

Healthy DC is a new health insurance program that provides insurance to people who live in DC and have limited income but earn too much to be eligible for Medicaid. Some people who previously had Medicaid were moved to Healthy DC as of January 1, 2026, when the Medicaid income limit went down.

The program pays for doctor and hospital visits, limited home health care, prescription drugs, and other services.

Who is eligible for Healthy DC?

- 21-64 years old
- US citizens or “lawfully present” (eligibility for lawfully present immigrants is subject to change)
- Not eligible for Medicaid
- Not eligible for “affordable” employer-sponsored health coverage
- Have low household income (see chart below)

What income levels does Healthy DC cover?

Household Size (Adults + Children)	Eligible Monthly Income Range (US Citizens)*	Eligible Monthly Income Range (Lawfully Present Immigrants)†
1	\$1,835 - \$2,660	\$0 - \$2,660
2	\$2,489 - \$ 3,607	\$0 - \$3,607
3	\$3,142 - \$4,553	\$0 - \$4,553
4	\$3,795 - \$5,500	\$0 - \$5,500
5	\$4,448 - \$6,447	\$0 - \$6,447
6	\$5,101 - \$7,393	\$0 - \$7,393

* Also applies to legal permanent residents, COFA migrants, and Cuban and Haitian entrants.

† Coverage depends on DC funding for the program.

Can I apply if I don't speak English well?

Yes. The DC law says the government has to help you in your language. Just tell the agency what language you'd like to use.

How do I apply for Healthy DC?

You can apply in any of the following ways:

1. **Online:** create an account and fill out the DC Health Link application online at **DCHealthLink.com**
 - *if you previously had District Direct, you likely already have an account at DCHealthLink with your same District Direct username and password
2. **Paper:** fill out the paper application and mail to DC Health Link, Department of Human Services, Case Records Management Unit, P.O. Box 91560, Washington, DC 20090
3. **Via an ESA service center:** Ask for a receipt when you apply. Visit any one of these centers:

**Anacostia
Service Center**
2100 Martin Luther King
Jr. Ave. SE
(202) 645-4614

**Congress Heights
Service Center**
4001 South Capitol
St. SW
(202) 645-4546

**H Street
Service Center**
645 H St. NE
(202) 698-4350

**Fort Davis
Service Center**
3851 Alabama
Ave. SE
(202) 645-4500

**Taylor Street Service
Center**
1207 Taylor
St. NW
(202) 576-8000

What happens after I apply?

If you're approved, you'll get a notice in the mail or through your online account. You'll get enrolled in a managed care plan with a Managed Care Organization (MCO). The three MCO plans are AmeriHealth Caritas, CareFirst BlueCross BlueShield, and MedStar Family Choice. To learn more, go to **dchealthlink.com** or call the Healthy DC Customer Service at **(855) 532-5465**.

How should I report changes in income?

If your income changes while you are enrolled in Healthy DC, you should report that change through DC Health Link.

If your income increases and you are no longer eligible for Healthy DC, you should receive a letter explaining that and providing other options for health insurance, including whether you may qualify for financial assistance for coverage through the DC Health Care Exchange.

I didn't get enrolled in Healthy DC, or my services got cut off

You have the right to appeal. Appeals are filed at the D.C. Office of Administrative Hearings (OAH). You need to appeal within **90 days** of the notice that your Healthy DC coverage was denied, cut off, or reduced. There are three steps to appeal.

1. Get the appeal form online at <https://oah.dc.gov/publication/request-hearing-public-benefits-case>
2. Fill out the appeal form
3. File the form in one of these ways (always keep a copy of the form for yourself when you file)
 - a. Email it to **oah.filing@dc.gov**
 - b. Bring it in person to the Office of Administrative Hearings at 441 Fourth St. NW, Suite 450N
 - c. Mail to the Office of Administrative Hearings at the address above (This option isn't recommended)

What if my plan won't cover a service or doctor I need?

Once you get Healthy DC, you have rights. If you can't get a service or see a doctor, file a "grievance" with your Managed Care Organization (MCO). A grievance is a formal way to complain about an issue with your MCO. If the grievance is denied, you can appeal the denial through a "fair hearing" at the Office of Administrative Hearings (see the info above).