



Quick Guide to the Health Insurance Marketplace

What Is the Health Insurance Marketplace?

Health insurance marketplaces facilitate enrollment in insurance coverage by allowing individuals and families to compare coverage options available to them and select the plan that best meets their needs. This year, you can apply for coverage **from November 1 through December 15**. If you apply by December 15, insurance coverage will begin January 1, 2018. Note: the window to apply for coverage is shorter than in previous years, and *you must apply by December 15*.

What Do the Health Insurance Marketplace Plans Cover?

All health insurance plans offered to individuals must provide a comprehensive package of items and services called the essential health benefits. These benefits include, for example, hospitalization, emergency services, mental health services, prescription drugs, rehabilitative and habilitative services and devices, and laboratory services.

How Does the Marketplace Work for People with Pre-Existing Conditions?

Most marketplace plans must provide coverage to anyone (including people with pre-existing conditions) who qualifies. These plans must cover services for any pre-existing condition you may have and they cannot charge higher premiums for people with pre-existing conditions.

Who Qualifies for the Marketplace?

To qualify for coverage through the marketplace, you must be a citizen or legal resident of a state and not be incarcerated. To qualify for financial assistance, you must have a household income between 100% and 400% of the federal poverty level and not be eligible for affordable health insurance through another source. As an example, the federal poverty level is set at \$12,060 for a single person and \$24,600 for a family for four. Affordable health insurance is defined as insurance that costs less than 9.69% of your household income. If you are paying more than 9.69% of your household income toward insurance premiums, then you are eligible for coverage in the marketplace and may receive financial assistance to help lower your costs.

What Financial Assistance Is Available?

The Affordable Care Act helps people enrolled in marketplace plans pay for coverage in two important ways. People who meet income requirements qualify for tax credits that help pay for a marketplace plan's monthly premium. In addition, some of the people who qualify for tax credits also receive financial assistance to help reduce the out-of-pocket costs of a marketplace plan. This assistance could reduce the cost you pay for a doctor visit, for example. When you apply for coverage through the marketplace, you will be notified if you are eligible for a premium tax credit or financial assistance.

How Can I Apply?

Beginning on November 1 through December 15, you can apply for coverage online (healthcare.gov), by mail, or in-person with the help of a qualified consumer assister. There are telephone help lines and online chat options available to help you complete your application. When you apply on the web at www.healthcare.gov, you will fill out an application and see all the available health plans in your area. You will need to provide information about your household size and income to find out if you qualify for lower monthly premiums and if you qualify for lower out-of-pocket costs.

If you have any questions call: 1-800-318-2596 (TTY: 1-855-889-4325) for assistance around the clock Mondays through Saturdays, except the night of November 1 and certain holidays. Helplines will be closed Sundays 12am-12pm Eastern Time besides December 10. If you want specific information about your state health insurance marketplace, please visit www.healthcare.gov.