

5 Steps to Staying Covered Through the Marketplace

Open Enrollment (November 1 – January 15) is the time to **think about your health coverage needs for the new plan year**. You can choose to stay in your current plan if it's still available, or you can enroll in a new plan. **Act by December 15 so you're covered January 1.**

To make sure you have a plan that works for you with the savings you qualify for, log into your Marketplace account on [HealthCare.gov](https://www.healthcare.gov), update your application, and review all your plan options. **Your last chance to change plans is January 15.**

Follow these 5 steps to stay covered:

Step 1: Review

Plans offered through the Health Insurance Marketplace® can change each year—things like premiums, deductibles, and coverage. You might have changed, too—your income, household, health conditions, or prescriptions. Make sure your plan still meets your needs for next year. If it doesn't, now is the time to change plans.

Things to remember:

- Look for a letter in the mail from your health plan describing any plan changes.
- Read the letter and contact your health plan if you have questions.
- Write down important dates and information.
- If your insurance company isn't offering a plan through the Marketplace for the upcoming year, you may be matched with an alternate plan. By November 1, you should get 2 letters—one from your current insurance company and one from the Marketplace telling you what steps you can take.

Step 2: Update

Starting November 1, visit [HealthCare.gov](https://www.healthcare.gov) and log into your Marketplace account to review your application for the new plan year. To help make this easier, we've started it for you. Step through each page of your application and update your information. Things may have changed, like your income. **Even if none of your information has changed, you might be eligible for lower costs than last year, so it's important to take this step!**

Things to remember:

- **If your income estimate goes down or you gain a household member**, you may qualify for more savings than you're getting now. This could lower what you pay in monthly premiums. Or, you may qualify for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). These programs may go by different names in your state.
- **If your income estimate goes up or you lose a household member**, you may qualify for less savings than you're getting now. If you don't update your application, you may owe money when you file your federal tax return.
- After you submit your application, read your Eligibility Notice carefully. It tells you if you need to follow up with more documents or if your savings have changed.

Step 3: Compare

When you review your Eligibility Notice, you'll learn the steps you need to take to complete your enrollment. Here's where you can compare plans, costs, and benefits. Taking the time to compare plans is important because new plans may be available in your area. When you find plans you like, select "Save" to add them to your saved plans list or "Compare" to review up to 3 plans side-by-side.

When comparing plans, consider:

- Are you happy with the changes to your current plan? Plans can change each year. When you compare plans, you'll discover if the plans you're interested in cover specific doctors, prescription drugs, and facilities like hospitals and pharmacies. You can also filter plans based on doctors, drugs, and facilities.
- What will your benefits and costs be?
- Are new options available? There may be plans available to you that weren't an option last year.

Step 4: Pick

Pick a health plan that will meet your needs for the year ahead.

Things to remember:

- You can pick any plan available to you, no matter what plan you currently have.
- You can keep your current plan if it's still available for the upcoming year. You'll find it (or a similar one) highlighted at the top of your plan results.
- If you qualify for the premium tax credit, you must pick a Marketplace plan to get the tax credit.
- If you qualify for extra savings on out-of-pocket costs, like deductibles and copayments/coinsurance, generally you must pick a **Silver plan** to get the extra savings.

Step 5: Enroll

After you enroll online or over the phone, contact your plan to confirm your enrollment.

Things to remember:

- You must pay your premium for your coverage to start. Once you enroll in a plan, you'll pay your premiums directly to the insurance company—not to the Marketplace. You can get a summary of your coverage under "My Plans & Programs" in your Marketplace account on [HealthCare.gov](https://www.healthcare.gov).
- Make sure to report any updates to your information to the Marketplace. You must report a life change (like losing health coverage, moving, getting married, or having a baby) within 60 days to make sure your coverage is kept up to date.

Stay covered with these dates:

November 1: Open Enrollment starts.

December 15: Last day to enroll in or change plans for coverage to start January 1.

January 15: Open Enrollment ends—last day to enroll in or change health plans for the year. After this date, you can enroll in or change plans only if you qualify for a Special Enrollment Period.

February 1: Coverage starts for those who enroll in or change health plans December 16 – January 15.

Need help?

- Call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.
- Visit [HealthCare.gov/find-assistance](https://www.healthcare.gov/find-assistance) to get local Marketplace-certified help applying.

You have the right to get your information in an accessible format, like large print, braille, or audio.

You also have the right to file a complaint if you feel you've been discriminated against.

Visit [CMS.gov/About-CMS/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice](https://www.cms.gov/About-CMS/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice) or call 1-800-318-2596. TTY users can call 1-855-889-4325.

Health Insurance Marketplace

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