

11 Things You Need to Know About Affordable Care Act Open Enrollment

(Here's a guide to 2019 sign-up period)

By Dena Bunis, AARP, November 15, 2018

1. Who should apply?

The Affordable Care Act (ACA) Health Insurance Marketplace (Marketplace) is the place where people who do not have health care coverage through their job or a government program, such as Medicare or Medicaid, can purchase health insurance.

2. Where to apply

The best place to start is at healthcare.gov. That's where the majority of Americans in the individual market will shop for a plan. But 11 states and the District of Columbia have their own marketplaces. Those states are: California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont and Washington. To access your Marketplace, go to healthcare.gov, click on "Get Coverage" and you will be asked to select your state. You will then be directed to click on your state marketplace or to click on "continue" to access the federal site.

Note: Healthcare.gov will be offline for maintenance on Sundays during open enrollment between 12 a.m. and 12 p.m. The only exception is Sunday, Dec. 9.

You can also call the Marketplace Call Center at 1-800-318-2596 and apply over the phone. It accepts calls seven days a week, 24 hours a day.

Or you can apply in person. Many non-profit and community organizations have trained people, known as navigators, to help you apply for coverage. You can go to localhelp.healthcare.gov, plug in your zip code and a list of nearby navigators will pop up.

3. When to apply

The Marketplace ***open enrollment began on Nov. 1, 2018***, and for most Americans ***will end on Dec. 15, 2018***. Six states and the District of Columbia have extended the open enrollment deadline:

California – Jan. 15, 2019

Colorado – Jan. 15, 2019

District of Columbia – Jan. 31, 2019

Massachusetts – Jan. 23, 2019

Minnesota – Jan. 13, 2019

New York – Jan. 31, 2019

Rhode Island – Dec. 31, 2018

4. What do the plans cost?

The cost depends on your income. About 83 percent of the more than 10 million people who already have insurance through the Marketplace receive a federal subsidy to help them pay the monthly premiums. In general, you may be eligible for a subsidy if, for example, you are single and your 2019 income falls between \$12,140 and \$48,560; or if you are a family of three and you have a household income between \$20,780 and \$83,120. You can choose to use the subsidy to lower your premium or you can pay the full premium and deduct the subsidy from your federal income taxes.

In addition, about 51 percent of Marketplace enrollees qualify for assistance that defrays the cost of deductibles and copays. To be eligible, individual income in 2019 must be between \$12,140 and \$31,050, for example. To determine whether you will qualify, use the subsidy calculator at healthcare.gov/lower-costs.

5. I've heard premiums are going to be lower than last year. Is that true?

Maybe. Monthly premiums for the most popular silver plan on the ACA health insurance marketplaces will drop, on average, 1.5 percent for 2019, according to the Centers for Medicare and Medicaid Services (CMS). But premium changes will vary widely across the country — from an average 20 percent increase in North Dakota to an average 26 percent decrease in Tennessee.

If you qualify for a subsidy, you likely won't be affected by premium increases. Under the ACA, the subsidy increases in proportion to the rate increases.

But if you earn too much to qualify for federal financial assistance, you may find your premium has increased. The amount of premium change will vary widely by state and by plan. You can find out what your 2019 is going to be by going to healthcare.gov.

6. How do I prove my eligibility for the subsidy?

You'll need to provide some detailed information on the application, including:

- Birth dates and home addresses for all individuals who will be applying for coverage under the plan
- Social Security numbers, name of employer and income information for every member of your household, even if they aren't all applying for coverage
- Estimated household income for 2019
- Policy number and plan ID of your current insurance plan
- Any letter or document your current plan has provided regarding renewal

7. How do I find a plan?

Go to healthcare.gov/see-plans. You'll be asked for personal details such as where you live, your age, gender and some health-related questions, such as "do you smoke?" You will then be directed to a screen that will list all the plans available in your county.

8. What are the different types of plans?

The Marketplace plans fall into four categories:

- Bronze – Lowest monthly premium; highest out-of-pocket costs; very high deductibles.
- Silver – The most popular plan. Moderate premiums; moderate out-of-pocket costs; deductibles are lower than Bronze plan.
- Gold – High monthly premiums; lower out-of-pocket costs; low deductibles.
- Platinum – Highest monthly premiums, lowest out-of-pocket costs, very low deductibles.

There is also a catastrophic plan, which includes all the benefits required by the ACA, including free preventive care. These plans carry low monthly premiums and very high deductibles. But they are only available to individuals under the age of 30 and to those who get an exemption from the Marketplace because, for example, they cannot afford coverage any other way.

You can find out more about the various types of plans at healthcare.gov.

9. What if I'm already enrolled in a Marketplace plan?

If you don't do anything by Dec. 15, 2018 – or when open enrollment ends in your state – you will be automatically renewed in your current plan. If your plan is no longer available, the Marketplace will enroll you in the most similar plan.

10. Does it pay to shop around for a plan?

Yes, insurance plans come in and out of the market all the time. In addition, if you are currently enrolled, your doctor may leave the plan's network in 2019 or join another network you are interested in. Premiums also vary from year to year.

11. What happens if I don't buy insurance?

The ACA still requires that nearly all Americans have health insurance. There are some exceptions: You can apply for a hardship exemption if, for example, you have filed for bankruptcy, cannot find affordable coverage or had a death in the family.

But, Congress repealed the tax penalty that individuals without insurance had to pay. However, while the penalty has been removed, health care experts emphasize that even if you are healthy it's important to have health insurance, because you never know when an accident or severe illness will occur.

This story has been updated to reflect 2019 information.