

Health Care Reform Health Insurance Marketplace FAQs

Question: What is the Exchange or Marketplace?

Answer: The Marketplace is a new way to find quality health coverage. It can help if you don't have coverage now or if you have it but want to look at other options. They were established under the Health Care Reform Act of 2010 to offer individuals and small businesses to purchase health insurance coverage. With one Marketplace application, you can learn if you are eligible for lower costs based on your income, compare your coverage options side-by-side, and enroll.

Question: Why is the Marketplace being established?

Answer: Federal law requires that individuals have minimum essential health coverage beginning January 1, 2014 or be subject to a penalty.

Question: Do I have to purchase coverage through the Marketplace?

Answer: No. You may obtain health coverage from other sources. The other coverage must meet "minimum essential coverage" to avoid the penalty.

Question: Who is eligible for the Marketplace?

Answer: Most Americans will be eligible to use the Marketplace. The Health Insurance Marketplace is sometimes known as the health insurance "exchange."

Question: What are other sources of coverage?

Answer: Your employer, your spouse's employer, Medicare, the individual market.

Question: What if I am currently covered by my employer's plan?

Answer: You do not have to purchase coverage through the Marketplace to avoid the penalty if your employer's plan meets minimum essential coverage.

Question: How do I know if I qualify for assistance to purchase coverage through the Marketplace?

Answer: When you use the Health Insurance Marketplace, you'll fill out an application and see all the health plans available in your area. You'll provide some information about your household size and income to find out if you can get lower costs on your monthly premiums for private insurance plans. You'll learn if you qualify for lower out-of-pocket costs. The Marketplace will also tell you if you qualify for free or low-cost coverage available through Medicaid or the Children's Health Insurance Program (CHIP).

Question: How do I apply for the Health Insurance Marketplace?

Answer: Apply online, by mail, or in-person

You can apply for Marketplace coverage three ways: online, by mail, or in-person with the help of a Navigator or other qualified helper. Telephone help and online chat are available 24/7 to help you complete your application. Downloadable and paper applications will be available October 1, 2013.

Question: When will the Marketplace be open?

Answer: Open enrollment starts October 1, 2013. Plans and prices will be available then. Coverage starts as soon as January 1, 2014. Open enrollment ends March 31, 2014.

Question: What do plans in the Marketplace cover?

Answer: Insurance plans in the Marketplace are offered by private companies. They cover the same core set of benefits called essential health benefits. No plan can turn you away or charge you more because you have an illness or medical condition. They must cover treatments for these conditions. Plans can't charge women more than men for the same plan. Many preventive services are covered at no cost to you.

Question: Who runs the Marketplace in my state?

Answer: While all insurance plans are offered by private companies, the Marketplace is run by either your state or the federal government. Find out who runs the Marketplace in your state at www.healthcare.gov/marketplace/individuals/.

Question: How does the Marketplace present plan information?

Answer: The Marketplace simplifies your search for health coverage by gathering the options available in your area in one place. You can compare plans based on price, benefits, and other features important to you before you make a choice. Plans will be presented in four categories – bronze, silver, gold, and platinum – to make comparing them easier. In the Marketplace, information about prices and benefits will be written in simple language. You get a clear picture of what premiums you'd pay and what benefits and protections you'd get before you enroll. Compare plans based on what's important to you, and choose the combination of price and coverage that fits your needs and budget.

Questions? Call 1-800-318-2596, 24 hours a day, 7 days a week. (TTY: 1-855-889-4325)