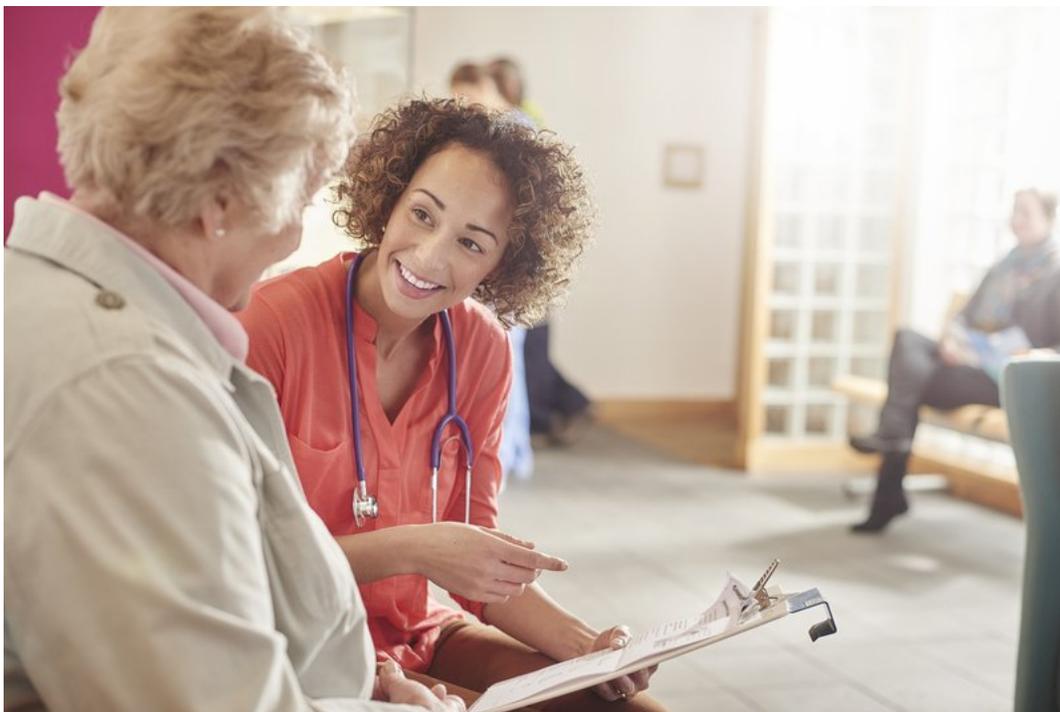


The Ultimate Guide to Obamacare (Updated For 2019)



Since Obamacare (or, as it's officially known, ACA, the Affordable Care Act) created the first federal health insurance marketplace in 2013, some 20 million Americans have become newly insured.

Consumers who don't qualify for Medicaid or Medicare or who don't have private insurance through their employer can shop for health coverage either through the federal marketplace — [HealthCare.gov](https://www.healthcare.gov) — or by way of their state's exchange.

This year, ACA applicants will have to wade through an average of 30 plans from two or three different insurers to make their insurance choice. The open enrollment period for Obamacare coverage begins Nov. 1 and ends Dec. 15, with coverage due to begin Jan. 1, 2020.

That's where this guide will come in handy. We will explain exactly what it's like to enroll what documents you should have on hand, and, of course, how to sort through all the health insurance options you may find.

In this guide we'll cover:

Part I: What is Obamacare?

Part II: Obamacare costs and tax subsidies

Part III: Bronze, silver, gold, platinum: Choosing the right plan for your needs

Part IV: How to enroll in Obamacare

Part V: Where to get help enrolling

Part VI: Frequently asked questions

Part VII: The ultimate Obamacare glossary

Part I: What is Obamacare?

Most people use the blanket term “Obamacare” when they talk about President Barack Obama’s signature health care legislation, 2010’s Patient Protection and Affordable Care Act (ACA) (<https://www.healthcare.gov/where-can-i-read-the-affordable-care-act/>). The ACA touched almost every aspect of the health insurance industry. It had implications for employer-run health insurance plans. For government health plans, too.

One of the most visible features of the ACA was the creation of federal and state health care exchanges that sell health insurance to people who don’t have affordable coverage through other means. Many people who buy health insurance through the exchanges say they purchased Obamacare plans.

Some of the important features of these plans include:

- **Accessibility:** All Americans may purchase health insurance through a federal or state-run health exchange even if they have a pre-existing condition.
- **Standardization:** All health insurance plans must cover preventive care at 100 percent, and they must cover the costs associated with most medical procedures.
- **Affordability:** The ACA offers tax credits and cost-reduction subsidies to limit the monthly premium costs for people earning less than 400 percent of the federal poverty line. Insurers may use age and smoking status to set monthly premium costs, but no other factors may be considered.

It’s also important to note that the ACA has a requirement called the individual mandate. You must get health insurance coverage, or you will most likely pay a penalty at tax time. You can get qualified health insurance through your employer or a government program. However, if you don’t get it there or through some other source, you will need to purchase an Obamacare plan or pay that penalty.

Who can buy insurance through a health care exchange?

Most Americans can purchase health insurance through a health care exchange. If you do not receive insurance through your employer and you don’t qualify for Medicaid or Medicare, then you are likely eligible.

Most long-term, legal immigrants to the United States may purchase insurance. HealthCare.gov maintains a comprehensive list of qualified immigration statuses (<https://www.healthcare.gov/immigrants/immigration-status/>) for purchasing insurance through the marketplace.

Most large employers and some midsize or small companies offer health insurance benefits to their employees. If your employer offers affordable health insurance to you (costing less than 9.56 percent of your total income), you will not qualify for health insurance subsidies through the exchanges.

Anyone who has employer-sponsored health insurance and does not buy it will pay the individual mandate penalty (except if coverage costs more than 8.05 percent of modified adjusted gross income).

Incarcerated people and those living outside the United States **cannot purchase** insurance through the marketplace.

Part II: Obamacare costs and tax subsidies

One major factor to consider when weighing the options is your expected tax subsidy. Most people buying insurance through the health care exchanges will qualify for a health insurance subsidy. This subsidy is applied in the form a credit that immediately reduces the cost of your Obamacare plan coverage.

According to a study from the Centers of Medicare and Medicaid Services, 84 percent of people who purchased insurance (<https://downloads.cms.gov/files/effectuated-enrollment-snapshot-report-06-12-17.pdf>) through a health care exchange qualified for a health insurance subsidy in 2017. The average subsidy was about \$371 in 2017.

With the subsidy applied, nearly eight out of 10 (77 percent) (<https://aspe.hhs.gov/system/files/pdf/212721/2017MarketplaceLandscapeBrief.pdf>) health insurance purchasers paid less than \$100 a month for their health insurance premiums in 2016.

To qualify for a subsidy, you must meet three standards:

- 1. You must not have access to affordable insurance through an employer (including a spouse's boss).**
 - a. Affordable insurance for 2019 is defined as individual coverage through an employer that costs less than 9.56 percent of your household's income.
 - b. You can check that your insurance offers minimum-value coverage by having your human resources representative fill out this form (<https://marketplace.cms.gov/applications-and-forms/employer-coverage-tool.pdf>).
- 2. You must have a household modified adjusted gross income between 100 and 400 percent of the federal poverty line (<https://www.healthcare.gov/glossary/federal-poverty-level-FPL/>).**
 - a. You can calculate modified adjusted gross income (<http://laborcenter.berkeley.edu/modified-adjusted-gross-income-under-the-affordable-care-act/>) using this formula:
 - Adjusted gross income (Form 1040 Line 37) +
 - Nontaxable Social Security benefits (Form 1040 Line 20a minus 20b) +
 - Tax-exempt interest (Form 1040 Line 8b) +
 - Foreign earned income and housing expenses for Americans living abroad (Form 2555)
- 3. You're not eligible for coverage through Medicaid, Medicare, the Children's Health Insurance Program (CHIP) or other types of public assistance.** Some states have expanded Medicaid (<http://kff.org/health-reform/slide/current-status-of-the-medicare-expansion-decision/>) to anyone who earns up to 138 percent of the federal poverty line.

How can I calculate my subsidy?

The easiest way to calculate the subsidy you will receive is to use a subsidy estimator from HealthCare.gov (<https://www.healthcare.gov/lower-costs/>) or the Kaiser Family Foundation (<http://kff.org/interactive/subsidy-calculator/>). Both calculators estimate your subsidy based on the information you provide. They also help you understand what factors affect your subsidy estimations.

Your income, household size and the cost of premiums in your state factor into your subsidy. Premium tax credits can help reduce the amount that you will spend on monthly premiums to a set percentage of your income. You will receive the same subsidy, no matter which plan you ultimately choose.

Below you can see the maximum amount you will spend on insurance premiums (for a silver plan) based on your income.

Sample Silver Plan Premiums for Individuals (2018)



Income (based on 2017 federal poverty line)	Max monthly Silver Plan premium cost after subsidies	Special notes
<p>Lower 48 states: \$12,060-\$16,702</p> <p>Alaska: \$15,060-\$20,857</p> <p>Hawaii: \$13,860-\$19,195</p>	<p>Lower 48 states: \$20.20-\$46.21</p> <p>Alaska: \$25.23-\$57.70</p> <p>Hawaii: \$23.22-\$53.11</p>	<p>Check if you qualify for expanded Medicaid. (http://kff.org/health-reform/state-indicator/activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22as)</p>
<p>Lower 48 states: \$16,703-\$30,209</p> <p>Alaska: \$20,858-\$37,724</p> <p>Hawaii: \$19,196-\$34,718</p>	<p>Lower 48 states: \$47.05-\$203.91</p> <p>Alaska: \$58.75-\$254.64</p> <p>Hawaii: \$54.07-\$234.35</p>	<p>You will qualify for cost-reduction subsidies if you purchase a silver plan.</p>
<p>Lower 48 states: \$30,210-\$48,240</p> <p>Alaska: \$37,725-\$60,240</p> <p>Hawaii: \$34,719-\$55,440</p>	<p>Lower 48 states: \$203.92-\$384.31</p> <p>Alaska: \$254.65-\$479.91</p> <p>Hawaii: \$234.36-\$441.67</p>	<p>If you earn more than 400% of the poverty line, you will not qualify for subsidies.</p>

Sample Silver Plan Premiums for a Family of Four (2018)



Income (Based on 2017 federal poverty line)	Max monthly Silver Plan premium cost after subsidies	Special notes

Income (Based on 2017 federal poverty line)	Max monthly Silver Plan premium cost after subsidies	Special notes
Lower 48 states: \$24,600-\$34,069 Alaska: \$30,750-\$42,587 Hawaii: \$28,290-\$39,179	Lower 48 states: \$41.21-\$94.26 Alaska: \$51.51-\$117.82 Hawaii: \$47.39-\$108.39	Children will qualify for CHIP. (https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html) Check if you qualify for expanded Medicaid.
Lower 48 states: \$34,070-\$49,200 Alaska: \$42,588-\$61,500 Hawaii: \$39,180-\$56,580	Lower 48 states: \$95.97-\$259.94 Alaska: \$119.96-\$324.93 Hawaii: \$110.36-\$298.93	Children in 46 states will qualify for CHIP. (https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html) You may qualify for extra savings if you purchase a silver plan.
Lower 48 states: \$49,201-\$61,621 Alaska: \$61,501-\$77,027 Hawaii: \$56,581-\$70,864	Lower 48 states: \$259.95-\$415.94 Alaska: \$324.93-\$519.92 Hawaii: \$298.94-\$478.33	In some states, children will qualify for CHIP. (https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html) You may qualify for extra savings if you purchase a silver plan.
Lower 48 states: \$61,622-\$98,400 Alaska: \$77,028-\$123,000 Hawaii: \$70,865-\$113,160	Lower 48 states: \$415.96-\$783.92 Alaska: \$519.94-\$979.90 Hawaii: \$478.35-\$901.51	In a limited number of states, children qualify for CHIP up to 375% of the poverty line. (https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html) If you earn more than 400% of the poverty line, you will not qualify for subsidies.

What circumstances might affect my eligibility for a subsidy?

- Families with children
- Families where one spouse has work coverage
- Families with expensive employer coverage
- Getting married in 2019
- Getting divorced in 2019
- Giving birth or adopting a child
- Turning 26
- Losing employer coverage
- Changes in income
- Moving states or counties

Families with children:

In most states, if you earn less than 200 percent of the poverty line, and your children don't have health insurance coverage, they'll qualify for the Children's Health Insurance Policy (CHIP). If your children qualify for CHIP, you cannot purchase subsidized insurance change.

Instead, they will receive free or low-cost insurance through CHIP (<https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/>). You can enroll your children in CHIP through the health insurance marketplace, or by calling 1-800-318-2596. You may need to speak with a Medicaid agent in your state to see if you qualify. You can also learn more about CHIP through InsureKidsNow.gov (<https://www.insurekidsnow.gov/>).

Your children may qualify for CHIP even if you and your spouse qualify for an employer-sponsored health insurance plan, though this rule varies by state (<https://www.insurekidsnow.gov/coverage/index.html>). In some states, families that have children and employer-based coverage may receive financial assistance to purchase the coverage.

CHIP does not have enrollment deadlines, so you can apply at any time.

Families where one spouse has work coverage:

Some employers only offer health insurance to their employees. Spouses and children cannot get covered. In that case, you can buy insurance with a subsidy through the marketplace.

Families with expensive employer coverage:

If you can purchase family coverage through your or your spouse's employer, then you will not qualify for subsidies. If an employee can gain individual coverage (<https://www.healthcare.gov/glossary/affordable-coverage/>) for himself or herself for less than 9.56 percent of total household income, the insurance is considered affordable. Coverage for the family isn't factored into the affordability calculation.

This so-called "family glitch" affects two million to four million people (http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=129) and requires them to pay high prices for premiums. If you are caught in this situation, your children may qualify for CHIP (<https://www.insurekidsnow.gov/coverage/index.html>). However, uncovered spouses and children must purchase insurance or pay the individual mandate penalty unless coverage for the family costs more than 8.05 percent of your household income. Even in those cases, you will still not qualify for premium assistance.

Senator Al Franken, D-Minn., has proposed a Family Coverage Act (<http://www.franken.senate.gov/files/documents/140605FamilyGlitch.pdf>) that may rectify the tax code, but it has not been passed.

Individuals getting married in 2019:

If you're getting married next year, your subsidy depends on your combined income. In the months preceding your marriage, your income is one-half of your and your spouse's combined income. Once you get married, your subsidy is based on your joint income and your qualifying family.

You need to report a marriage (<https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>) to be eligible for a special enrollment period on HealthCare.gov or through your state's insurance exchange.

Individuals getting divorced in 2019:

If you get divorced or legally separated in 2019, you must sign up for a new health insurance plan after you separate. Your subsidy will be based on your income and household size at the end of the year. However, you will need to count subsidies received during your marriage differently than subsidies received when you're legally separated.

For the months you are married, each spouse divides advanced subsidies received to each new household. If spouses cannot agree on a percentage, the default is 50 percent. If the plan only covered one taxpayer and his or her dependents, then the advanced tax credits apply 100 percent to that spouse.

Divorce reduces your income, but it also reduces your household size. These factors change your estimated subsidy. How much will depend on the magnitude of each change.

Reporting a divorce (<https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>) makes you eligible for a special enrollment period. When you enroll in a new plan, the exchange website will help you estimate your new subsidy for the remainder of the year.

Giving birth or adopting a child:

You have 60 days from the birth or adoption of your child to enroll him/her in a health care plan. If you miss this window, your child will not have health coverage, and you will pay a penalty. However, if you enroll your child in a timely manner, you can expect your subsidy to increase.

Report the birth or adoption of a child (<https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>) to be eligible for a special enrollment period on HealthCare.gov or via your state's insurance exchange.

A newborn or adopted child may be eligible for CHIP (<https://www.insurekidsnow.gov/coverage/index.html>) rather than subsidized health insurance.

Turning 26:

If you're on your parents' insurance, generally you can stay until you have turned 26, but you should check your plan to be sure. You will have a 60-day special enrollment period to get your own plan from the health care exchange when you turn 26.

You may also be eligible for a special enrollment period from an employer-sponsored health plan. If you fail to have health insurance for more than three months, you will pay a penalty.

Losing employer coverage:

If you lose employer-based health coverage, you can either enroll in COBRA or purchase a plan through the health care exchange. Once you enroll in COBRA, you become ineligible to purchase subsidized coverage through the exchange.

You need to report job status changes (<https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>) to be eligible for a special enrollment period on HealthCare.gov or your state's insurance exchange.

Changes in income:

Premium tax credits are based on your annual income. If you increase your income, you will be expected to pay back some or all of the advance premium you received. If you earn more than 401 percent of the federal poverty line, all premiums need to be repaid. If you earn less than 400 percent of the federal poverty line, you may have to pay back \$2,500 of advanced premiums per family or \$1,250 for individuals.

You need to report income changes (<https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>) to avoid under- or overpaying on your premiums throughout the year.

Moving states or counties:

Most insurance plans that you purchase through the marketplace are state- and county-specific. If you move, you need to report the relocation through the insurance exchange. You may have to change insurance plans after moving. Moving to Alaska or Hawaii will allow you to claim a greater subsidy amount than you can claim in the lower 48 states. If you move from Alaska or Hawaii, you can continue to claim the higher subsidy amount for the whole year.

Part III: Bronze, silver, gold, platinum: Choosing the right Obamacare plan for your needs



Obamacare Metal Plans: Explained



The health care exchanges — both federal- and state-run — classify health insurance plans into four categories (<https://www.healthcare.gov/choose-a-plan/plans-categories/>): bronze, silver, gold, and platinum. Metal categories are based on how you and your plan split the costs of your health care.

According to a 2016 study by the Department of Health and Human Services (<https://aspe.hhs.gov/system/files/pdf/212721/2017MarketplaceLandscapeBrief.pdf>), 76 percent of consumers who bought a silver plan in 2016 stood to save an average of \$58 a month by switching to the lowest-premium plan in 2017.

But that doesn't mean the cheapest plans are necessarily best for you. They often come with higher out-of-pocket expenses, like deductibles, which can make them very expensive if you end up needing lots of medical care through the year.

Think of this way — the higher the premium, the more comprehensive the coverage will be and the lower your out-of-pocket costs. If you expect that you'll need fairly frequent medical care or treatment, you might be better off choosing a more comprehensive plan despite the higher monthly premium.



Obamacare 'Metal' Plans: Explained

Bronze Plan

Cheapest premium, 60% coverage

Bronze health plans (<https://www.healthcare.gov/glossary/bronze-health-plan/>), offer the least amount of estimated coverage. Insurers expect to cover 60 percent of the health care costs of the typical population. These plans feature the lowest monthly premiums, the highest deductibles and high out-of-pocket maximum expenses. **Just under one-quarter (23 percent)** (<https://www.kff.org/health-reform/state-indicator/2017-marketplace-plan-selections-by-metal-level/?dataView=1¤tTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>) of health insurance enrollees opted for a Bronze plan in 2017.

Silver Plan

Moderate premium, 70% coverage

Silver health plans (<https://www.healthcare.gov/glossary/silver-health-plan/>), offer moderate estimated coverage. Insurers expect to cover 70 percent of health care costs, and plan members cover the remaining 30 percent. If you qualify for cost-reduction subsidies (also called "extra savings"), you must purchase a silver plan. In 2017, **71 percent of all participants** (<https://www.kff.org/health-reform/state-indicator/2>

[marketplace-plan-selections-by-metal-level/?](#)

[dataView=1¤tTimeframe=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D\)](#)

in the health care exchanges opted for a silver plan.

Gold Plan

High premium, 80% coverage

Gold health plans (<https://www.healthcare.gov/glossary/gold-health-plan/>), offer high levels of estimated coverage. Insurers expect to cover 80 percent of health care costs, while plan members cover the remaining 20 percent. These plans feature high monthly premiums, but lower deductibles and out-of-pocket maximums. **Only 4 percent** ([https://www.kff.org/health-reform/state-indicator/2017-marketplace-](https://www.kff.org/health-reform/state-indicator/2017-marketplace-plan-selections-by-metal-level/?)

[plan-selections-by-metal-level/?](#)

[dataView=1¤tTimeframe=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D\)](#) of all health insurance consumers on the health care exchanged opted for a gold plan in 2017.

Platinum Plan

Highest premium, 90% coverage

Platinum health plans (<https://www.healthcare.gov/glossary/platinum-health-plan/>), offer the highest level of protection against unexpected medical costs. Insurers expect to cover 90 percent of medical costs, and plan members cover the remaining 10 percent. These plans have the highest monthly premiums and the lowest deductibles and out-of-pocket maximums. Just 1 percent of all health insurance exchange participants purchased a platinum plan in 2017.

Catastrophic Plans

Cheapest premium, lowest coverage

Catastrophic health plans (<https://www.healthcare.gov/choose-a-plan/plans-categories/>): People under age 30 or with **hardship exemptions** (<https://www.healthcare.gov/health-coverage-exemptions/hardship-exemptions/>), may purchase individual catastrophic health insurance plans. These plans are not available for families. Catastrophic plans do not have a cost-sharing component. Your out-of-pocket maximum will be \$7,350. Once you reach \$7,350 in medical expenses, your insurance company will pay the remaining costs.

Catastrophic plans cover most preventive services. Catastrophic plans generally offer the lowest monthly premiums, but you can't use a premium tax credit to reduce your monthly cost.

Now that you know all the types of plans offered, it's time to choose the one that fits your needs.

What to consider before choosing a plan

Choosing a health plan can seem like a daunting task, but you can get all the help and information you need to make an informed decision. Your health and your pocketbook matter, and we want to help you protect both.

Your tax subsidy: Before you choose a plan, you'll decide whether to receive advanced or deferred subsidies.

If you take your subsidy upfront, it will reduce your premiums right away. If you defer it, then it will be given to you as a tax credit when you file your taxes. If you over- or underpay your premiums throughout the year, you will have to reconcile the amount owed at tax time.

Most people with predictable income and household size should take most or all of the subsidy upfront. However, if you expect to undergo a major life change (such as an increase in income, a marriage or a divorce), consider taking less of your subsidy in advance.

Time to shop. For people shopping for 2019 coverage, the average number of plans available is 30. Rather than comparing every plan, we recommend creating criteria around the following variables:

1. **Monthly cost:** Consider how the monthly premium will affect your budget. This does not mean you should choose the plan with the lowest premiums, but you should consider the price. People without chronic conditions who have adequate emergency savings may want to at least consider opting for an option with low monthly premiums.
2. **Deductible and co-insurance:** Do you have the emergency fund or income you need to cover a small medical emergency? A broken arm, stitches or an unexpected infection can result in hundreds of dollars in medical costs. If you have a high-deductible plan, you'll need to cover these costs without help from the insurance company. If possible, choose a plan with a deductible that you could comfortably cover out of your savings or income.
3. **Maximum yearly cost:** Add the annual cost of your premiums and your out-of-pocket maximum to determine your maximum yearly cost. In a worst-case scenario, this is the amount you will pay out of pocket. People with chronic conditions that require heavy out-of-pocket fees should try to limit their maximum yearly cost. A plan with a higher maximum yearly cost may represent a higher risk.
4. **Services and amenities:** All insurance plans from the marketplace cover the same essential health benefits (<https://www.healthcare.gov/coverage/what-marketplace-plans-cover/>), but some offer more unique services such as medical management programs, vision and dental coverage.
5. **Health savings accounts:** If you choose a high-deductible plan, you may want to opt for one that lets you contribute to a tax-advantaged health savings account. Any money you contribute to this account (up to annual established limits) reduces your taxable income, and will not be taxed upon withdrawal when it is used for medical expenses.
6. **Network of providers.** It's important to be sure that your preferred medical providers contract with the plan you choose. Not every doctor is "in network" with every insurance plan. You can check each plan's provider directory before making a selection.

Once you have a firm grasp of your particular criteria, look for plans that fit your needs and ignore the rest.

Using the exchange website, you can filter and sort plans based on these factors. Most people need to balance cost and coverage to find a plan that works for them.

If you are part of the minority that need to buy their own health insurance plans, you should know that not every state uses HealthCare.gov to host their state's health insurance exchange. Residents in the following states should use their specific state exchange to look for health insurance:

California (<http://www.coveredca.com/>); Colorado (<http://connectforhealthco.com/>); Connecticut (<http://www.accesshealthct.com/>); Washington, D.C. (<https://dchealthlink.com/>); Idaho (<http://www.yourhealthidaho.org/>); Maryland (<http://www.marylandhealthconnection.gov/>); Massachusetts (<https://www.mahealthconnector.org/>); Minnesota (<https://www.mnsure.org/>); New York (<http://nystateofhealth.ny.gov/>); Rhode Island (<http://www.healthsourceri.com/>); Vermont (<http://healthconnect.vermont.gov/>); Washington (<http://www.wahealthplanfinder.org/>).

Part IV: How to enroll in Obamacare



Your enrollment checklist



Filling out your application



Completing enrollment

Applying for insurance takes 30-60 minutes if you have all the necessary information in hand.

Your Obamacare enrollment checklist:

- Names, birthdates and Social Security numbers for all members of the household
- Document numbers for anyone with legal immigration status
- Income information for all coverage-holders
- Information about employer-sponsored health plans
- Tax return from previous year (to help predict income)
- Student loan documents
- Alimony documents
- Retirement plan documents
- Health Savings Account documents

State or federal marketplace?

If your state does not offer its own health care exchange, you should use HealthCare.gov (<https://www.healthcare.gov/>). As mentioned in the previous section, each state has the right to choose whether to run its own or use the federally run exchange and some do use their own.

The state-run exchanges perform the same functions as the federally run exchange. They allow you to estimate your tax credit and purchase insurance. As a consumer, you must provide the same information to your state as you would on the federal exchange.

While the online user experience will vary when states adopt their own online marketplace, the Affordable Care Act is a federal law and program. This means that the requirements and benefits do not change from state to state, even if the exchange platform changes.

The website interface for the federal exchange is simple, but answering the questions may be confusing. It's important to fill out the application as accurately as possible so you can enroll in the best health insurance plan for you.

We've done our best to clarify the confusing portions in our step-by-step process below.

Filling out your Obamacare application

- Family and household info
- Income and deductions
- Miscellaneous info
- Completing your Obamacare application

Family and household info

Start the application by filling out contact information and basic information about members of your household. Even if a member of your family will not need coverage, include that relative in your application.

GET STARTED

- ✓ Privacy policy
- 2 Contact information**
- 3 Help applying for coverage
- 4 Help paying for coverage
- 5 Who needs coverage

FAMILY & HOUSEHOLD

INCOME

ADDITIONAL INFORMATION

REVIEW & SIGN

CONTACT INFORMATION

If the Marketplace has your email address, we'll automatically send you important information, updates, and reminders about Marketplace enrollment.

You can opt out of these communications at any time. To do this, click on the "unsubscribe" link in the footer of any Marketplace email.

Jane Doe
1234 Street Ave.
Raleigh, NC, 27610 **UPDATE NAME**

Is this your home address?

Yes

No

Home address

The website will help you determine if a member of your household has insurance options outside the health care exchange. It will also help you determine if a person is a dependent. For the purpose of the health care exchange, your family includes all the people included on your income tax filing.

Does Hannah Rounds live with one or more children under age 19 and is she the main person taking care of that child or children?

[Learn more about parent and caretaker relatives](#)

Select "Yes" if this person cares for a child under 19—like a son, daughter, or other tax dependent. Some adults can get more help paying for coverage if they take care of a child.

Yes

No

Who does Hannah Rounds live with and take care of?

Kenneth Rounds

Shirley Rounds

Someone else not listed above

You need to know Social Security numbers, birthdates, immigration and disability status, and whether each household member can purchase health insurance through an employer plan.

Income and deductions

Next you'll estimate your income for the coming year. Include all the following forms of income:

- Jobs
- Self-employment income (net)
- Social Security benefits
- Unemployment income
- Retirement income
- Pensions
- Capital gains
- Investment income
- Rental/royalty income
- Farming and fishing income
- Alimony received

Does Jane Doe have any of the following income?

[Learn more about income](#)

Job	Retirement	Rental or royalty income
Self-employment	Pension	Farming or fishing income
Social Security benefits	Capital gains	Alimony received
Unemployment	Investment income	Other income

Job				
Target	\$18,000.00	Yearly	EDIT	REMOVE
Self-employment	\$2,000.00	Monthly	EDIT	REMOVE
Rental or royalty income	\$1,000.00	Monthly	EDIT	REMOVE

+ ADD INCOME FOR HANNAH ROUNDS

SAVE & CONTINUE

Afterward you'll enter deductions. The application calls out student loan interest and alimony paid, but you should estimate all "above-the-line deductions" that should be included. These include:

- Retirement plan contributions: 401(k), 403(b), 457, TSP, SEP-IRA, simple IRA, traditional IRA
- Contributions to a Health Savings Account
- Self-employed health insurance premiums
- Tuition and fees paid
- Educator expenses (up to \$250 per teacher)
- Half self-employment tax
- Moving expenses
- Early-withdrawal penalties from a 1099-INT

Does Jane Doe pay for any of these deductions?

[Learn more about deductions](#)

Alimony Student loan interest Other

If Hannah Rounds pays for certain things that can be deducted on an income tax return, telling us about them could make the cost of health insurance a little lower.

No data available in table



ADD ANOTHER DEDUCTION FOR HANNAH ROUNDS

SAVE & CONTINUE

Do not double-count income or deductions since you'll fill out these forms for each person. If you make a mistake, you can edit it when you review your household summary.

Additional information

Finally, you'll fill out a few other miscellaneous details that will allow the application to confirm that you are eligible for subsidies or marketplace insurance.

Additional information

Review and update the information you previously entered about your family and household. Any updates will help us continue to match you with the best available programs to lower your health coverage costs.



All fields are required unless they're marked optional.

You may need:

- › Information about or updates to current health coverage for anyone on the application.
- › Information not previously provided about any job-related coverage you or your family may be able to get, even if you're not enrolled.
- › If you're eligible for coverage from an employer, you'll need information about the plans your employer offers. See below for more information.

How can I get my employer's coverage information?

You can use the [Employer Coverage Tool](#) to get the information you'll need. Download the form and take it to your employer to complete.

NEXT

It's especially important that you have accurate information about job-related coverage for you and your family. This information will determine your eligibility for subsidies and other government programs.

Completing Obamacare enrollment

After you complete the application, you can review and submit it. At this point, the system will suggest which members of your household should complete CHIP or Medicaid applications. The remaining family members can enroll in a health insurance plan.

View your "Coverage Options at a Glance" and "Eligibility Results" to see if you're eligible for a Special Enrollment Period. If you are, be sure to finish enrolling in coverage. Start with Step 1 below.

Step 1: View Your "Coverage Options at a Glance"

This section gives a quick snapshot of your eligibility. It's important to view your full "Eligibility Results" for more detailed information. Continue to Step 2.

Jane Doe		For Marketplace health plans
John Doe	Eligible	For a premium tax credit of up to \$174 each month for your tax household
Jill Doe		

Step 2 : View Your "Eligibility Results"

Your "Eligibility Results" contain important information about your Marketplace coverage, including your eligibility for coverage, costs, deadlines, and next steps. If you're eligible for coverage through a Marketplace plan, you'll continue to Step 3 to enroll in coverage after you review your results.

[VIEW ELIGIBILITY RESULTS \(PDF\)](#)

Step 3: Continue to enrollment

You've updated and submitted your application, and viewed your "Eligibility Results." Now, you can choose a plan (or keep the same plan, if you have one) and enroll.

[CONTINUE TO ENROLLMENT](#)

Part V: Where to get help enrolling In Obamacare coverage

Because of the complex nature of the marketplace exchange, there are marketplace navigators. These professionals provide free, unbiased help to consumers who want a hand filling out eligibility forms and choosing plans.

Marketplace navigators. You can find local marketplace navigators (<https://localhelp.healthcare.gov/#intro>) through the health care exchange website.

Be advised: The Trump administration has slashed budgets for health care navigators, leading some states to close down the programs altogether. As a result, it may make it difficult to find help locally from a navigator in some states.

Nonprofit organizations. Outside the exchange, nonprofit organizations are working to help people gain coverage by teaching them about their insurance options. Enroll America (<http://familiesusa.org/enroll-america-materials>) offers free expert assistance to anyone who makes an appointment. You can use the connector below to make an appointment with one of their experts.



FIND LOCAL HELP

Need help with your health insurance application? Enter your ZIP code below to find appointments with local application assisters.

25 miles away

Any

SEARCH FOR HELP

Insurance brokers. Brokers can offer another form of help. Brokers aim to make it easier for consumers to compare insurance plans and apply for coverage. Insurance brokers have relationships with some or all of the insurance companies on the marketplace. Using a broker will not increase the price you pay for a plan, and it will not affect your subsidies. However, here's another important note: Online brokers may not have 100 percent accuracy regarding a plan's details. It's important to visit a plan's website before you enroll in a plan.

If you want to work with a broker, consider some of these top online brokers. PolicyGenius (<https://www.policygenius.com/health-insurance>) compares all the plans that meet criteria that you establish, and they serve up the top two plans that meet those criteria. HealthInsurance.com (<https://www.healthinsurance.com/>) makes applications quick and easy, and the site specializes in special enrollment help.

Medicare plan finder. If you're over age 65, use Medicare Plan Finder (<https://www.medicare.gov/find-a-plan/questions/home.aspx?AspxAutoDetectCookieSupport=1>) to find a Medicare plan that works for you.

CHIP: Likewise, if you think your children qualify for CHIP, use Insure Kids Now (<https://www.insurekidsnow.gov/>) to enroll them in your state's plan.

PART VI: Frequently asked questions

What happens if I don't apply for insurance?

What happens if my plan was canceled?

What options do students (and their dependents) have for health insurance?

Where if I don't qualify for a subsidy?

What happens if I don't apply for insurance?

In most cases, you must enroll in health insurance or you'll have to pay a penalty.

The penalty for 2019 hasn't yet been released, but the 2017 penalty was calculated as the greater of 2.5 percent of your income (up to the national average cost of a bronze plan) or \$695 per adult and \$347.50 per child (up to \$2,085).

This steep penalty means that most people are better off purchasing some health insurance.

However, under certain circumstances you can avoid buying insurance and avoid paying the penalty. These are a few of the most common exemptions (<https://www.irs.gov/affordable-care-act/individuals-and-families/aca-individual-shared-responsibility-provision-exemptions>):

- **Health care cost-sharing ministry** (<https://www.magnifymoney.com/blog/featured/guide-to-health-sharing-ministries913950288/>) **members:** Must show evidence of membership
- **Low income, no filing requirement:** If you do not earn enough income to file taxes, then you are automatically exempt from paying a noncoverage penalty.
- **Coverage is unaffordable:** For 2017, if you, your spouse, or your dependents cannot obtain employer coverage or a bronze plan for less than 8.05 percent of your income (after applicable subsidies), you may opt out of coverage. (However, if your individual coverage from an employer costs less than 9.56 percent of your income, and your employer offers family coverage, nobody in the family will qualify for subsidies).
- **Short coverage gap:** You went without insurance for less than three months.
- **Living abroad:** No coverage is required if you live abroad for at least 330 days.
- **General hardships:** (<https://www.healthcare.gov/health-coverage-exemptions/hardship-exemptions/>) These include homelessness, eviction, foreclosure, unpaid medical bills, domestic violence and more. (You must get a marketplace exemption.)
- **Unable to obtain Medicaid:** If you earn less than 138 percent of the federal poverty line, and your state didn't expand Medicaid, you don't have to purchase health insurance.
- **AmeriCorps coverage**
- **Members of qualified religious sects:** Must be granted exemption through HealthCare.gov.

Although you will not pay a penalty, you may still want to seek out catastrophe insurance or some other coverage to help with high potential health costs.

What happens if my plan was canceled?

For 2019, some insurers dropped their insurance plans (<https://www.kff.org/health-reform/issue-brief/an-early-look-at-2019-premium-changes-and-insurer-participation-on-aca-exchanges/>) from the health care exchange. In some states, major insurers Aetna and Humana are exiting the exchange. As a consumer, you cannot assume that the plan you chose in the past will be around next year.

If you used HealthCare.gov in the past, and your insurance plan remains in place, you'll automatically be enrolled in the same plan again this year. This is true even if important variables like the deductible and premiums changed from last year.

If your plan was canceled, HealthCare.gov will automatically enroll you into a new health insurance plan with a price and coverage quality comparable to your previous plan's.

Although the federal exchange will help you opt into a new plan (ensuring that you have some health insurance coverage), it's far better to select a new plan on your own. You can enroll in a new plan Nov. 1 through Dec. 15. If you do not enroll in a new plan during this time, you will be stuck with the automatic enrollment option.

Whether you're shopping for a new plan or reviewing an old plan, take these steps before open enrollment ends.

- **Update personal information on your application.** Your income, household size, where you live and more will affect plan and subsidy eligibility. It's important to keep your application up to date. The plan that fit you last year may no longer be appropriate, but you won't know unless you keep the information current.
- **Review your plan before you re-enroll.** You should receive a notification in the mail if your plan has been changed or canceled. Take the time to understand if the changes affect you.
- **Compare plans that fit your needs.** Consider enlisting free help from a health care navigator, a nonprofit or a broker to help you decide.
- **Choose the plan that best fits your needs and your budget.**

What options do students (and their dependents) have for health insurance?

University students who are enrolled full time have multiple options for health insurance.

Under age 26: All student under age 26 may continue to receive coverage from their parents' insurance plan even if living in another state. Of course, it may make more sense to gain coverage in the state where you're living, so review the coverage network with your parents. Many coverage networks only include doctors in a few ZIP codes.

If you visit an out-of-network doctor, you will face higher deductibles and out-of-pocket maximums. As an alternative to staying on your parents' plan, you can purchase your own health insurance plan through the health care exchanges even if you are a dependent.

Students who are dependents and over age 26 may be required to purchase their own health insurance plans.

University coverage: Many students will opt for a student health plan from their university. In general, student health plans meet minimum qualifying coverage criteria, and are affordable options. However, student health plans are not treated as employer coverage. Because of that, students may still qualify for Medicaid or insurance premiums. Students (especially independent students) should look into these alternatives when reviewing their insurance options.

The spouses and dependents of students must take time to understand their options. These are a few common scenarios:

If a student or spouse has an affordable employer-sponsored plan that covers family members: Student and spouse do not qualify for insurance subsidies or Medicaid. Children may qualify for CHIP. Student and spouse should seek coverage through either the student health plan or the employer-sponsored plan in most cases. All members of the family must have qualified health coverage, or they will pay the individual mandate penalty.

Student health plan doesn't offer coverage for spouse or dependents, and neither spouse has an employer-sponsored health plan: Spouse and dependents can apply for Medicaid, CHIP or subsidized insurance through the health care exchanges (provided they meet income criteria). Student may choose any coverage option (including Medicaid or subsidized insurance) without paying a penalty.

Student health plan offers coverage of spouse or dependents, and neither spouse has an employer-sponsored health plan: Student, spouse and dependents may purchase the student health plan. They can also apply for Medicaid, CHIP or subsidized insurance through the exchanges (provided they meet income criteria). All family members may choose any coverage option without paying a penalty.

Where if I don't qualify for a subsidy?

If you don't qualify for a health insurance subsidy, you can still apply for health insurance through HealthCare.gov or your state's health insurance exchange. However, some insurers offer more or different options outside the exchange. Anyone who doesn't qualify for a health insurance subsidy should consider using an online broker instead to look for plans.

People who don't qualify for a health insurance subsidy should reconsider their health insurance options in 2019. An analysis by the Kaiser Family Foundation said that a number of insurers have requested double-digit premium increases for 2019. Based on initial filings, the change in benchmark silver premiums will likely range from -5 to 49 percent (<https://www.kff.org/health-reform/issue-brief/an-early-look-at-2019-premium-changes-and-insurer-participation-on-aca-exchanges/>) across 21 major cities. (These rates are still being reviewed by regulators and may change, the analysis said.)

With rapidly rising costs, enrollees without subsidies may want to consider the lower-cost bronze plans to see if they meet their health insurance needs.

Part VII: The ultimate Obamacare glossary

This credit can be taken in advance to offset your monthly premium costs. The subsidy is based on your estimated income and can be taken directly from your insurer when you apply for coverage. You must repay credits if you qualify for a smaller subsidy once taxes have been filed. You can learn more about repayment limitations here (<https://www.irs.gov/affordable-care-act/individuals-and-families/four-things-to-know-about-advance-payments-of-the-premium-tax-credit>).

CHIP: Children’s Health Insurance Program	+
Coinsurance	+
Cost Reduction Subsidies	+
Copayment	+
Deductible	+
EPO: Exclusive Provider Organization	+
HMO: Health Maintenance Organization	+
HSA: Health Savings Account	+
Individual Mandate (Tax Penalty)	+
Monthly premiums	+
Out-of-pocket maximum	+
POS: Point of Service	+
PPO: Preferred Provider Organization	+
Preventive Care	+
Provider Network	+
PTC: Premium Tax Credit	+
