What Is the Health Insurance Marketplace?
Health insurance marketplaces are intended to facilitate enrollment in insurance coverage by allowing individuals and families to compare the coverage options available to them and select the one that best meets their needs. You can apply for coverage beginning on October 1, and coverage through the marketplace will begin as early as January 1, 2014.

What Do the Health Insurance Marketplace Plans Cover?
Beginning in 2014, 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?
People with pre-existing conditions will have many new options in the marketplace. 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?
In order to qualify for coverage through the marketplace, you must be a citizen or legal resident of a state and not be incarcerated. In order 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. As an example, the federal poverty level is set at about $11,500 for a single person and $23,500 for a family for four. Affordable health insurance is defined as insurance that costs less than 9.5% of your household income. If you are paying more than 9.5% 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 will 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 will 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 October 1, 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 24/7 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 in order 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 800.318.2596 (TTY: 855.889.4325) for assistance 24 hours a day, 7 days a week. If you want specific information about your state health insurance marketplace, please visit www.healthcare.gov/marketplace/individual.