

TIPS for Enrolling Online*

*Consumers can submit applications by mail or phone, however online enrollment is the preferred and fastest method.

- Open enrollment for 2014 is closed unless you have a specific life-qualifying event that would render a special enrollment period.
- Open enrollment for 2015 begins November 15, 2014 and ends February 15, 2015.
- To start, go to the Marketplace website www.healthcare.gov
- Applying for health coverage on the Marketplace could take anywhere from 45 minutes to 2 hours. If you find more time is needed, you can save your online application and return to it at a later time.
- An email address is necessary for online enrollment. If you do not have one, a free email account can be set up quickly using a site like Yahoo or Gmail.
- Your email address will serve as your User ID. You will need to create a password as well.
A password:
 - Must be between 8 – 20 characters and is case-sensitive.
 - Must include at least one uppercase letter, one lowercase letter, and one number.
 - May include symbols, but not these: = ? < > () ‘ ” / \ &.
 - Cannot contain your username.
- The factors that determine your premium cost and/or financial assistance are: household size, ages of family members, household income, county of residence and tobacco use.
- You will be required to list all members of your family that would be included on your tax return—even if you were not seeking insurance for all of them.
- Questions? Contact the Call Center 24 hours a day, 7 days a week: 1-800-318-2596 (TTY: 1-855-889-4325) be sure to have your Application ID# handy!

ACA Marketplace Checklist For Enrollment Online

To apply for coverage on the Marketplace, you will need to supply some information about yourself and family members. Use this checklist to help you prepare.

1. Birthdates for all members of the household
2. Social security numbers for all members of the household
(Document number for legal immigrants)
3. Income information for every member of the household
(Ex. W-2 form, pay stub, tax statement)
4. Policy numbers for any current insurance plans held by household members
5. Completed **Employer Coverage Tool**
(Applies only to household members who are eligible for their employer's company insurance policy, even if they are not currently on that policy.)

TIPS for Selecting a Policy

All qualified health plans found on the Marketplace will include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventative and wellness services (including some at no cost to the consumer) and chronic disease management
- Pediatric services, including dental* and vision care
(*dental services may be provided by a stand-alone plan)

Health insurance plans found on the Marketplace are grouped into tiers; often called “metal levels”

BRONZE - Plans carry the lowest monthly premiums
Plans have the highest out-of-pocket costs
Covers approximately 60% of health care costs, leaving the other 40% to be paid by you

SILVER - Mid-level premiums and deductibles
Cost-sharing reduction discounts start at this level
Covers approximately 70% of health care costs, leaving the other 30% to be paid by you

GOLD - Plans have higher premiums
Plans contain mid to lower out-of-pocket costs
Covers approximately 80% of health care costs, leaving the other 20% to be paid by you

PLATINUM - Plans include the highest monthly premiums
Plans have the least expensive out of pocket costs
Plans covers approximately 90% of health care costs, leaving the other 10% to be paid by you

CATASTROPHIC plans are available to citizens under 30 years of age or those that first acquired a financial hardship exemption.

Before you enroll in a plan, be sure to check the insurance company’s ‘Provider Directory’—which is an online list of doctors—to see which ones are included in its network. Or, if you have a doctor you want to keep, call their office directly and ask if they accept the health plan that interests you.