

Questions to Ask Regarding Open Enrollment Season

1. When does Open Enrollment begin for the 2021 Health Insurance Marketplace?

The original 2021 Open Enrollment period ran from November 1 through December 15, 2020. However, a Special Enrollment Period has extended the enrollment deadline into 2021 due to the COVID-19 pandemic. The new deadline is August 15 for all states operating under healthcare.gov. If your state appears on this [list](#), use your state's website to enroll in health coverage. Please note that deadlines for enrollment in these states vary.

2. If I fail to enroll in the Marketplace during the Open Enrollment period, can I still get coverage for 2021?

If you do not live in an extended enrollment state and miss Open Enrollment, you will be unable to obtain coverage through the Marketplace unless you have a **qualifying event**.

3. What is considered a qualifying event?

A qualifying event includes getting married, having a baby, losing your health coverage, or moving to a new home.

4. If my state has an extended enrollment period into 2021, how long after I enroll does my plan begin?

For those who sign up during the initial Open Enrollment period (November 1- December 15, 2020), your coverage will begin on January 1, 2021. However, for those who sign-up during the extended open enrollment period (in states that allow it), it depends on when you enrolled.

5. Is my doctor covered on the Marketplace insurance plan I am considering?

Most health insurance websites provide the names of covered physicians. If your doctor is not listed, you can call your doctor's office directly so they can confirm if they are covered by your plan.

6. What other plans should be considered prior to enrollment?

If you are married and your spouse has employer-based coverage, determine if you can be added as a dependent on their plan— make sure to explore the details of the plan to compare with your other coverage options. Employers often contribute to the coverage cost which can make this option more affordable. Also, if you are under the age of 26, your parents can still add you to their employer or private health insurance. If you are a student, you may have coverage options available through your school.

7. How do I select a plan that best fits my needs?

When considering health insurance plans, avoid making your decision based on the monthly payment (also known as "premium") alone. Instead, consider how much you will be utilizing health care services, and if you would rather pay a higher premium every month for lower out-of-pocket costs. Visit the ["How to Pick the Best Plan For You"](#) section to learn more.

8. How can I make health coverage more affordable?

If you enroll in coverage through the Health Insurance Marketplace and your income falls under a certain limit, you may qualify for either an Advanced Premium Tax Credit or

Medicaid. An Advanced Premium Tax Credit can be used to lower your monthly cost (also known as “premium”)— if you do not use the entire tax credit, you can get the remainder refunded upon filing your taxes. Medicaid does not charge any monthly premium, and the household income limit to qualify varies from state to state.

9. How can I learn if I qualify for Medicaid or the Advanced Premium Tax Credit?

Many states have Guides, Navigators, or Application Assistants to answer your questions and can walk you through this process, free of charge. Visit [healthcare.gov](https://www.healthcare.gov) or your state’s exchange website to get in touch with one of these individuals.

10. I’m a parent on a very tight budget -- are there any inexpensive coverage options for my children?

Each state offers either low-cost or free health insurance to children qualifying under the Children’s Health Insurance Program (CHIP) and Medicaid. The requirements for eligibility in each state vary based on income level, as do the names of the programs. If eligible, you can enroll in CHIP and Medicaid at any time, with coverage beginning immediately. If your child is not eligible for CHIP or Medicaid, you may qualify for tax credits to reduce your monthly health insurance premiums.

11. If I enroll in a plan and the coverage is not meeting my needs, should I cancel and enroll in another plan?

If you cancel your coverage, your options for enrolling in another plan may be limited. The Exchange limits enrollment to the designated Open Enrollment Period, that is, unless you have a qualifying life event (i.e. marriage, job change, change in residence, childbirth). The Special Enrollment Period is typically limited to 60 days before and after the qualifying event, so plan accordingly.

12. Are prescription drugs covered on my Marketplace plan?

It depends on your insurance plan and the type of medication. Check your *Summary of Benefits and Coverage* linked to your Marketplace account or visit your insurance company’s website to see what medications are covered.

13. Do the Marketplace plans cover family planning or contraceptive methods?

Yes, certain FDA approved contraceptive methods prescribed by your doctor are covered on your Health Insurance Marketplace plan, such as: barrier methods (i.e. diaphragms), birth control pills, emergency contraception, intrauterine devices, and sterilization procedures.

Note: Religious employers are not required to provide contraceptive coverage.

14. If I have a pre-existing condition, will I still be covered on my Marketplace plan?

Yes, the health insurance plans on the Exchange still protect patients from being dropped or denied insurance because of pre-existing conditions.

15. Are the short-term health plans available outside the Health Insurance Marketplace required to cover pre-existing conditions?

The short-term health plans (sometimes referred to as “junk” or “skinny” plans), which are not part of the Exchange, are NOT required to cover pre-existing conditions, nor are they required to cover the 10 other essential health benefits protected under the Affordable Care Act.

16. Is COVID-19 testing covered by health plans?

[Families First Coronavirus Response Act](#) requires health plans to fully pay for testing considered "medically necessary."

17. What [routine or preventive services](#) are provided by my plan (in network) without a copay or coinsurance?

Even if you haven't met your yearly deductible, all the following Marketplace health plans provide the following preventive care benefits:

- Abdominal aortic aneurysm screening for men who previously smoked
- Alcohol misuse screening/counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for high-risk adults 50-59 years
- Cholesterol and blood pressure screening
- Cholesterol preventive medication for high-risk adults 40-75
- Colorectal cancer screening for adults 50-75
- Depression screening
- Diet counseling for adults at higher risk for chronic disease
- Fall prevention for adults 65+ living in a community setting
- Hepatitis B and Hepatitis C screening for high-risk individuals
- HIV screening for everyone ages 15-65
- Immunization vaccines for recommended adult populations
- Lung cancer screening for high-risk adults 55-80
- Obesity screening/counseling
- Quitting tobacco interventions
- Sexually transmitted infection (STI) prevention counseling for high-risk adults
- Syphilis screening for high-risk adults
- Tuberculosis screening