

ACA Open Enrollment Season 2021

What Families Need to Know About Enrolling in Marketplace Coverage

During the COVID-19 pandemic, it is especially important for families to have comprehensive and affordable health care coverage. The Affordable Care Act (ACA) Open Enrollment season is right around the corner and now is the time for you to review options for your family and choose a health care plan that provides all the health care services your family needs.

What is ACA Open Enrollment?

The ACA created the “Health Insurance Marketplace” (also known as the Health Insurance Exchange), where you can shop for different healthcare plans and learn about financial assistance available to you and your family to make coverage more affordable. The Marketplace has an Open Enrollment period in the Fall of each year, during which you can sign up for a health care plan or switch to a different marketplace health care plan.

When is Open Enrollment?

This year’s Open Enrollment season for states that rely on [healthcare.gov](https://www.healthcare.gov) begins on **Sunday, November 1, 2020** and runs through **Tuesday, December 15, 2020**. You can start the process of learning about and signing up for health insurance online through [healthcare.gov](https://www.healthcare.gov). On the website, you will learn about the private health plans available in your state (if your state runs its own insurance marketplace, the website will connect you to it. These states may also have longer open enrollment periods). If you sign up during the open enrollment period, your coverage will begin on **January 1, 2021**. Medicaid enrollment is year-round.

How do I sign up?

To apply for coverage, you will need to provide some basic information about your family size, household income, proof of residency, and residency status.* Through the application process, you or your family members may be found eligible for Medicaid, in which case you can enroll through [healthcare.gov](https://www.healthcare.gov) or directly through your state’s Medicaid office. If you are eligible for a private plan, you will be told how much financial assistance you can receive to make insurance more affordable. You can choose from plans at four different levels: bronze, silver, gold, or platinum. The least expensive plans (bronze) have fewer benefits and higher out-of-pocket costs, while the most expensive plans (platinum) have more benefits and lower-out-of-pocket costs.

Depending on your income, you may qualify for extra savings. Known as “cost-sharing reductions,” these savings help cover deductibles, copayments, and other out-of-pocket charges. To receive cost-sharing reductions, you must purchase a “silver” plan through the Health Insurance Marketplace. People with lower incomes receive the most assistance.

*Family members who are not applying for coverage for themselves are **not** required to provide information on their immigration status.



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What assistance is available to me when I enroll in Marketplace coverage?

During open enrollment season, it is important to learn about health insurance and talk to people who can help you understand your options. There are people in the community who can help you navigate the enrollment process. To find local help, you can search through localhelp.healthcare.gov and younginvincibles.org/open-enrollment. State marketplaces also include links to find local help.

If you live in a state that uses healthcare.gov, you can also receive information and ask questions through the phone. Call 1-800-318-2596 (TTY for hearing impaired: 1-855-889-4325) with any questions or to apply by phone. This line is open 24 hours a day, seven days a week (closed on federal holidays). States that operate their own exchanges are also required to have call centers to help consumers.

Can I sign up outside of the Open Enrollment season?

Yes, you can sign up for health insurance, or change your current plan, through the Marketplace outside of the open enrollment season if you experience a “qualifying life event” that triggers a Special Enrollment Period (SEP). You generally have 60 days after the qualifying life event to access the SEP and may also be asked to provide proof that you have had coverage in the past 60 days.

The most common reason for accessing an SEP is for the loss of current health coverage. This is especially important given the increasing loss of employer-sponsored health insurance during the COVID-19 pandemic. The loss of Medicaid or CHIP, such as the loss of pregnancy-based coverage during the postpartum period, is also a qualifying life event. Other qualifying life events include 1) changes in household, such as marriage or the birth or adoption of a baby, 2) moving to an area where the plan options are different or moving from a foreign county, 3) gaining lawfully present immigration status, 4) leaving incarceration, and 5) gaining membership in a federally-recognized tribe. The application will screen individuals for SEP eligibility and local assisters can help consumers understand and apply for SEPs.

For more information about SEPs go to: healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period. Note: some states created an emergency special enrollment period due to the ongoing Covid-19 pandemic, through the state insurance marketplace. Check with your state marketplace to find out more.

Remember: You can sign up for Medicaid and the Children’s Health Insurance Program (CHIP) any time of the year, based on eligibility. Also, in 39 states, adults earning up to 138 percent of the Federal Poverty Level are eligible for Medicaid. Learn more about signing up for Medicaid and CHIP at: medicaid.gov.

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