

Enrolling in Marketplace Coverage for 2020

What You Need to Know for Open Enrollment Season

The federal marketplace, through **Healthcare.gov**, has open enrollment that runs from November 1 through December 15, 2019.

Those who currently have marketplace coverage, or will need it in 2020, should make time to shop for plans. If you already have coverage through a marketplace plan, review your information to make sure it is accurate. You can update your application with any income and/or household changes. You might qualify for a different amount of financial assistance or find a different plan that costs less and/or better meets your needs.

Learn more about the basics of health insurance and **what you need to know to enroll through the marketplace.**

WHAT TO LOOK FOR

If your plan is no longer available in 2020, you should receive a notice from your insurer and from the marketplace. Even if your plan is continuing, it pays to shop around and check whether the doctors and/or hospitals your family uses are in the plan networks.

If you're looking for a new plan, there are four categories of health insurance plans to choose from on the marketplace (Bronze, Silver, Gold and Platinum). They're broken up by how costs are shared between you and your insurer. A fifth category, Catastrophic, is available for consumers under 30 years of age or who face a hardship in accessing the other plans. **Learn more about the different plans and network types.**

WHAT'S NEW FOR 2020

There is no penalty for not having minimum essential coverage. In the past, consumers would pay a penalty if they were not enrolled in a health plan. Starting Jan. 1, 2019, that tax penalty was reduced to nothing. If you don't have major medical health insurance for the 2020 coverage year, you'll be on your own for major health care costs, but you won't be penalized at tax time.

Short-term, limited duration options may offer lower premiums, but they won't cover as much. Short-term, limited duration insurance is not available through the marketplaces, but you may see it offered elsewhere. It allows for coverage to fill temporary coverage gaps. While these types of plans are typically cheaper than the marketplace and other individual market health plans, they usually have limited benefits, broader exclusions and higher levels of consumer cost-sharing. Before signing up for a short-term plan, it's important to think through what health care services you and your family may need and check whether those services are covered.

There will be more direct enrollment options. This means you might sign up for a marketplace plan even without visiting **HealthCare.gov**. You might use an insurer's website or a third-party website. These sites might offer you other types of coverage, too, so look closely to know what you're buying. Remember: You can always use **HealthCare.gov** or contact your insurance agent if you want to be sure to get the protections of the marketplace plans.

Your employer may offer you a health reimbursement arrangement. New rules allow employers of all sizes to provide employees and their families with funds they can use to help pay for individual market health plans. If your employer makes this offer, you may not qualify for a premium tax credit through the marketplace. Instead, use the funds from your employer to help pay your premium.

More Information

If you have insurance-related questions or concerns, please contact the Department of Insurance Consumer Affairs Division at 1-877-564-7323. Additional information is available on the Department of Insurance website at **www.doi.nebraska.gov**.