

The Health Insurance Marketplace: 10 Things Providers Need to Know

The Marketplace helps uninsured people find health coverage. As a trusted source for health information, your patients may look to you for help understanding the Marketplace. Here are 10 things you should know:

1. The Marketplace is a way to shop for health coverage. Consumers can get information online about their health coverage options in a way that makes it easy to make side-by-side comparisons of private health insurance plans' benefits, quality, and price, and find out if they're eligible for help paying for health coverage.
2. Each state has a Marketplace, run either by the state, through a state-federal partnership, or by the federal government.
3. Individuals can enroll in coverage during Open Enrollment or during a Special Enrollment Period if they qualify because of a life change. Check [HealthCare.gov](https://www.healthcare.gov) each fall for Open Enrollment dates.
4. Health plans offered in a Marketplace generally will offer comprehensive coverage, including a set of "essential health benefits" with at least these items and services:
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Pregnancy, maternity, and newborn care
 - Mental health and substance use disorder services, including behavioral health treatment (which includes counseling and psychotherapy)
 - Prescription drugs
 - Rehabilitative and habilitated services and devices
 - Laboratory services
 - Preventive and wellness services and chronic disease management
 - Pediatric services, including oral and vision care
5. Individuals can buy insurance through a Marketplace if they live in the U.S., are U.S. citizens or U.S. nationals (or are lawfully present), and aren't currently incarcerated.
6. Nobody can be turned away or charged more because of their sex or a pre-existing condition.
7. Depending on household income and family size, many individuals may qualify for tax credits they can use immediately to help lower their share of monthly premiums, or help that reduces deductible, copayment, or other cost-sharing amounts.
8. Individuals can choose a Marketplace plan by health plan category (bronze, silver, gold, or platinum). The differences among the categories are based on the average percentage of the costs the plan will cover. Catastrophic plans and stand-alone dental plans are also available in some areas.
9. By applying at [HealthCare.gov](https://www.healthcare.gov), consumers can find out if they and/or their household members are eligible for Medicaid, the Children's Health Insurance Program (CHIP), or for help paying for a private health plan offered in the Marketplace.
10. Resources are available:
 - [HealthCare.gov](https://www.healthcare.gov): Where consumers can learn about the Marketplace and find tools to help them compare options, or be connected to appropriate resources in states that are running their own Marketplace.
 - [Marketplace.cms.gov](https://www.marketplace.cms.gov): Where organizations looking for information can get the latest materials and resources and learn more about the Marketplace.
 - [Marketplace Call Center](https://www.healthcare.gov): If you have questions, call 1-800-318-2596. TTY users should call 1-855-889-4325.

Help your patients get ready

Consumers can learn more through local community groups and special events. Trained application assisters are available nationwide to help consumers understand their choices and apply for coverage. In-person help can be found by visiting [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).

