This product was produced at U.S. taxpayer expense.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

Visit HealthCare.gov
Learn more about the Health Insurance Marketplace® and other programs, like Medicaid and the Children’s Health Insurance Program (CHIP).

Ask your employer if it offers health insurance
If your employer doesn’t offer health insurance, you can get coverage through the Marketplace or other sources, like Medicare or TRICARE.

Make a list of questions before it’s time to choose your health plan
For example, “Can I stay with my current doctor?” or “Will this plan cover my health costs when I travel?”

Gather basic information about your household income
You’ll need income information from your W-2, pay stubs, or tax return.

Set your budget
There are different types of health plans to meet a variety of needs and budgets. You’ll need to figure out how much you can spend on premiums each month, and how much you want to pay out of pocket for prescriptions or medical services.

You have the right to get your information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you’ve been discriminated against.

Visit CMS.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice or call 1-800-318-2596.
TTY users can call 1-855-889-4325.
Health insurance options

The Marketplace helps you find health coverage that fits your budget and meets your needs. When you apply for coverage, you can find out all your options and enroll. You can apply for private insurance, Medicaid, or the Children's Health Insurance Program (CHIP) if eligible. Every health plan in the Marketplace offers the same set of essential health benefits, like doctor visits, preventive care, hospitalization, prescriptions, and more. You can compare plans based on price, benefits, and other features important to you before you make a choice.

Insurance plans run by private companies

Insurance plans offered through the Marketplace are run by private companies. You can compare your health coverage options in the Marketplace and find out what your premium, deductibles, and out-of-pocket costs will be before you decide to enroll.

There are protections for you and your household. Insurance plans can't deny you coverage because of pre-existing or chronic conditions, like cancer or diabetes, and they can't charge women and men different premiums.

Get help with costs

When you use the Marketplace, you may be able to get the tax credit to lower your monthly premiums and help with your out-of-pocket costs. When you apply, you'll find out how much you can save.

Explore the Marketplace

Visit HealthCare.gov to get answers to your questions and sign up for email updates about the Marketplace. You can also call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

During Open Enrollment (November 1 – January 15), you can go to HealthCare.gov or your state Marketplace and apply for health coverage, compare all your options, and enroll in a plan.

You may apply for coverage outside Open Enrollment if you qualify for a Special Enrollment Period based on estimated household income or because of a life change, like:

- Losing Medicaid, CHIP, or other coverage
- Getting married
- Having a baby
- Moving
- Changes in your estimated household income

You also can apply for Medicaid and CHIP any time of the year using the same application.