



What to Know if Your Health Insurance Company Cancels Your Plan

Individual health insurance is usually sold as a 12-month contract between you and an insurance company. Health insurers can choose to change or no longer offer (cancel) coverage when your contract with them is over. If this happens, they'll send you a letter.

Most individual and family health plans must cover a minimum set of essential health benefits and provide certain consumer protections.

What are health insurance companies required to do at the end of the 12-month contract?

You'll generally get an offer to renew your policy as long as you continue to pay premiums. This is known as "guaranteed renewal." But the insurance company can make changes, like increasing your premiums or your out-of-pocket costs (like deductibles or copayments) and having fewer covered benefits. If your health insurance company stops offering coverage, you'll get a letter telling you that the plan is ending, with enough time to enroll in a new plan.

If your health insurance company cancels your plan, it must offer you a chance to buy a new one. The only exception is if it has canceled all of the health insurance products it offers to people in your state.

In some cases, your health insurance company may give you the option to renew the coverage you had before January 1, 2014, (and have it renewed each year since then) without the coverage meeting certain federal requirements. If your health insurance company gives you the option to renew your coverage in a plan that doesn't include the minimum set of essential health benefits and certain consumer protections, it must send you a letter explaining this option.

If you're concerned your health insurance company isn't following these requirements, contact your State Insurance Department.

What can't health insurance companies do?

Health insurance companies can't market in a way that discourages people with significant health needs from enrolling in their plans. They also can't discourage certain enrollees from buying certain products (like individual plans that cover a minimum set of essential health benefits and provide certain consumer protections, including plans offered in the Health Insurance Marketplace®.)

What are my options if I get a cancellation letter?

You have rights to help you get the health coverage you need. You have the right to buy any other individual plan that you're eligible for, whether it's offered by your health insurance company or by any other insurance company offering plans through or outside the Marketplace. Visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

If you get a cancellation letter from your health insurance company, you can:

- Buy another plan from your health insurance company, if one's available to you. The health insurance company must allow you to buy any plans available to you, either directly from the company, or from an agent or broker. Call your insurance company's customer service department for more information about plans that may be available in your area.
- Visit [HealthCare.gov](https://www.healthcare.gov) to learn about your options and apply for new coverage through the Marketplace. Some people qualify for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). You can fill out an application to find out if you qualify for savings on a Marketplace plan before you decide to enroll in the plan your health insurance company recommends. Some people may also find out they qualify for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP).

When you apply through the Marketplace, you'll discover all the types of health plans available to you in your area. You can compare plans based on price, benefits, and other features before you sign up for a plan. All Marketplace plans include rights and protections, and cover the same core set of essential health benefits.

You may qualify for savings to help with the cost of monthly premiums and out-of-pocket costs based on your income. To learn more about coverage and savings available to you, visit [HealthCare.gov](https://www.healthcare.gov).

If your individual insurance plan hasn't ended before you apply for Marketplace coverage, give this information when you apply:

- When asked about current coverage, select your name and select "Yes" to show you currently have coverage.
- Then, select the type of coverage you have. For example, Marketplace coverage, Medicaid, CHIP, TRICARE, or another type of coverage.
- Buy a plan from another company outside the Marketplace. Most plans outside the Marketplace include rights and protections. You can contact any health insurance company to find out about plans available in your area, or visit online health insurance sellers to compare prices and features. You can also enroll through an insurance agent or broker. Visit [HealthCare.gov/find-assistance](https://www.healthcare.gov/find-assistance) to find an agent or broker near you.
- Sign up for other coverage that may be available to you. Depending on your situation, this may include options like a group health plan through a job, Medicare, the Veterans health care program, TRICARE, or others.

Can I buy a Catastrophic plan if my plan is canceled?

Catastrophic plans protect you from high medical costs, like from an accident or serious illness. Monthly premiums for Catastrophic plans are usually low and you can't use financial help to lower your costs.

Catastrophic plans work with Health Savings Accounts (HSAs). A Health Savings Account is a type of savings account that lets you set aside money before it's taxed to pay for certain medical expenses.

If your insurance company cancels your plan, you may be able to get a Catastrophic plan if available in your area and one of these applies to you:

- Under 30 years
- Over 30 years and don't qualify for savings on a Marketplace plan
- You qualify for a hardship or affordability exemption

To find out if you qualify for a Catastrophic plan, ask the Marketplace to check for savings when you submit or update your application. Compare the Marketplace plans available to you to find one that meets your needs and budget.

For more information about Catastrophic plans, visit [HealthCare.gov/choose-a-plan/catastrophic-health-plans](https://www.healthcare.gov/choose-a-plan/catastrophic-health-plans).

What if my health insurance company enrolled me in a new plan?

If your plan was canceled and your health insurance company already enrolled you in a new plan, you can still switch to a different Marketplace plan during Open Enrollment (November 1 – January 15 each year). If your plan was canceled outside Marketplace Open Enrollment, you may qualify for a Special Enrollment Period and generally have 60 days before and after the date your coverage ends to enroll in a new Marketplace plan.

Remember, if you buy a plan through the Marketplace, you may qualify for financial help with your monthly premiums and out-of-pocket costs based on your household income and family size. If you buy health insurance outside the Marketplace, you won't get this help.

As soon as you apply, you'll get information about the coverage and financial help available to you. For more help, visit [HealthCare.gov](https://www.healthcare.gov), or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

How can I learn more?

To learn more about coverage through the Marketplace or your benefits and protections, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

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Visit [CMS.gov/accessibility-nondiscrimination](https://www.cms.gov/accessibility-nondiscrimination), or call 1-800-318-2596. TTY users can call 1-855-889-4325.

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