

# 2021 Consumer Guide to HEALTH INSURANCE MARKETPLACE

For use during the Open Enrollment Period

PROVIDED BY:

PHONE:

## GO TO WWW.HEALTHCARE.GOV

### NEW USERS:

- Click **TAKE THE FIRST STEP TO APPLY**
- Fill out the form
- Check the box and click **CREATE ACCOUNT**

HealthCare.gov

Open Enrollment is here - and ends Dec 15

First time applying on HealthCare.gov?

**TAKE THE FIRST STEP TO APPLY**

**Create an account**

If you already have an account, log in. Having trouble? Don't create another account. Forget your password or username?

Iowa

First name Last name

Your email address will also be your username when you log in.

Email address

Use: 8-20 characters Upper & lowercase letters Numbers

Password

Retype password

Pick 3 questions that only you will be able to answer. If you forget your password, we'll ask you these questions to verify your identity.

Pick a question

Type an answer

Pick a question

Type an answer

Pick a question

Type an answer

I understand and agree with the HealthCare.gov privacy policy and terms and conditions.

The Marketplace will send you emails with important enrollment information, updates and reminders. You can unsubscribe at any time by clicking the link at the bottom of any Marketplace email.

**CREATE ACCOUNT**

Already have an account? Log in.

### RETURNING USERS:

- Click **LOG IN TO RENEW/CHANGE PLANS**
- Fill in your Username and Password and click **LOG IN**

HealthCare.gov

Open Enrollment is here - and ends Dec 15

Do you have a Marketplace plan?

**LOG IN TO RENEW/CHANGE PLANS**

**Log in**

Don't have an account? Create one.

Username

Your username may be your email address. Forget your username?

Password

Forget your password?

**LOG IN**

- Select your state and click **START MY APPLICATION**
- Read and check the boxes and select **TAKE ME TO THE APPLICATION**

Need coverage for 2021?

You'll need to:

1. Complete a 2021 application.
2. View your "eligibility results."
3. Enroll at a point by **December 15**, so your coverage can start on January 1. This is the last day to enroll in coverage for 2021.

**START MY APPLICATION**

Want to learn more before you get started?

**FIND OUT WHAT THINGS YOU'LL NEED TO APPLY**

Need coverage for 2020?

Select "Use 2020 Coverage." Then select 2020 and your state from the drop-down list.

**GET 2020 COVERAGE**

Need to do something else?

Click the button below to go to "My Applications & Coverage," where you can take actions like continuing or updating a different application, or picking up an application from your state or the Marketplace Call Center.

**GO TO MY APPLICATIONS & COVERAGE**

I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.

I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a Special Enrollment Period, if I qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.

**TAKE ME TO THE APPLICATION**

- Answer all questions about marital status, dependents, and income.

Apply [Get Results](#) [Get Coverage](#)

### Before you get started

Fill in the information below about your household. [Not applying for coverage in Iowa? Change your state.](#)

Are you single or married?  SINGLE  MARRIED

How many tax dependents, like your children, will you claim on your 2021 tax return?

Of the 4 people above, who are you applying for coverage for? Select all that apply.  ME  MY SPOUSE  NEITHER OF MY DEPENDENTS

How much income will your household make this year? (optional)  \$110,000 OR LESS  MORE THAN \$110,000

Do you want to see if you can get help paying for coverage?  YES  NO

[CONTINUE](#)

- **Make sure to select YES to see if you can get help paying for coverage.** This can not be selected or edited in the future without submitting the application and then going back and updating the application.

How much income will your household make this year? (optional)  \$110,000 OR LESS  MORE THAN \$110,000

You may be able to get help paying for coverage, based on your estimated income. Do you want to see if you qualify?  YES  NO

[CONTINUE](#)

- Continue through the next several screens answering all questions (name, date of birth, address, preferred language, preferred contact method, etc). Click **SAVE & CONTINUE** at the bottom of each section.

- **APPLICATION HELP**  
Select "YES" then **SAVE & CONTINUE**

[← Back](#)

## Application help

**Is a professional helping you complete your application?**  
If a family member or friend is helping you, select "No."  
[Learn about professionals who may help with your application.](#)

Yes  
 No

[Save & continue](#)

- Select "Agent or Broker" then **SAVE & CONTINUE**

**Which type of professional is helping you?**  
Select all that apply.

Navigator

Certified application counselor

Agent or Broker

Other assister

**Save & continue**

- Enter all of my information, including my name and NPN! This is the only way I will be able to assist you with questions or concerns regarding this application as well as questions that may arise throughout the year.

My Name: \_\_\_\_\_

My NPN: \_\_\_\_\_

**Tell us about the Agent or Broker**

**First name**  
\_\_\_\_\_

**Middle initial**  
Optional  
\_\_\_\_\_

**Last name**  
\_\_\_\_\_

**Suffix**  
Optional  
\_\_\_\_\_

**National Producer Number (NPN)**  
\_\_\_\_\_

- Answer ALL remaining identity and income questions.

- Review all income information. If correct, choose **SAVE & CONTINUE**

**Income**

You can enter amounts now, then update \_\_\_\_\_'s income later in the year if \_\_\_\_\_'s situation changes.

Select a type of income \_\_\_\_\_ currently gets this month.  
[Learn more about types of income to report.](#)

[Learn more about reporting job income.](#)

**Employer name**  
\_\_\_\_\_

Enter the amount \_\_\_\_\_ gets paid.  
[Learn how to calculate income.](#)  
\$ \_\_\_\_\_

How often is \_\_\_\_\_ paid this amount?

Hourly

Daily

Weekly

Every 2 weeks

Twice a month

Monthly

Yearly

One time only

Enter a phone number where we can reach \_\_\_\_\_  
\_\_\_\_\_

**Save & continue**

- Answer ALL remaining questions concerning current coverage and changes. If a question asked does not apply to anyone listed leave it blank and select **SAVE & CONTINUE**. If "None" is an option you may select it.

## Recent coverage changes

Did any of these people lose qualifying health coverage between 9/4/2020 and 11/3/2020?

[Learn more about recent loss of coverage.](#)

Save & continue

- Review your application! Select edit next to any section that is not correct. If all information is correct, select **SAVE & CONTINUE**.

## Life changes

Has [redacted] had any of these changes since 9/4/2020?

Got married

Gained a dependent (or became a dependent) due to an adoption, foster care placement, or court order

Moved

Don't select if they moved for vacation or medical treatment.

Was released from incarceration (detention or jail)

None of these changes

Save & continue

- Read and agree to the statements.

## Read & agree to these statements

If you disagree with any of the statements or "attestations," you may be asked to provide additional information. In some cases, you must agree with the statement to continue your Marketplace application.

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns, for the next 5 years. The Marketplace will send me a notice, let me make any changes, and I can opt out at any time.

[Learn more about letting us use your income data.](#)

I agree.

I disagree.

If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health coverage (like Medicare, Medicaid, or the Children's Health Insurance Program (CHIP)), the Marketplace will automatically end their Marketplace plan coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost.

I agree to allow the Marketplace to end the Marketplace coverage of the people on my application in this situation.

I don't give the Marketplace permission to end Marketplace coverage in this situation. I understand that the affected people on my application will no longer be eligible for financial help and must pay full cost for their Marketplace plan.

I know I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can make changes in my Marketplace account or by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). I know a change in my information could affect eligibility for member(s) of my household.

I agree to this statement.

Save & continue

- Sign and submit.

## Sign & submit

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

I agree to this statement.

[redacted], type your full name below to sign electronically.

Sign & submit

- View your eligibility results. This will tell you your next steps, if you qualify for a subsidy and, if so, how much.

### Eligibility results

Results based on your application (ID 3312843376) submitted on 11/04/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

#### Eligibility overview

Progress: Eligible To buy a Marketplace plan

#### Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

#### Continue to enrollment

You've updated and submitted your application, and viewed your "Eligibility Results." Now, you can choose a plan (or keep the same plan, if you have one and it's available) and enroll.

[CONTINUE TO ENROLLMENT](#)

#### Full Medicaid determination

It looks like these people aren't eligible for Medicaid. They can still continue with a Medicaid application if we send their information to the Iowa Medicaid. Do any of these people want us to send their information to the Iowa Medicaid so they can check on Medicaid and The Children's Health Insurance Program (CHIP) eligibility, if applicable?

Yes

None of these people

[SEND TO MEDICAID](#)

- Continue to enrollment and select your 2021 health plan

### Enroll in a health plan

To enroll, you must complete all the steps below and pay your first premium. If you don't finish today, you can come back and finish later.

- 1 Report tobacco use** [Start](#)
- 2 See if plans cover your doctors, hospitals & prescription drugs**  
Enter your doctors and hospitals to see if they're in the plan's network, and drugs to see which plans cover them.
- 3 Choose health plans**  
Shop, compare, and choose health plans.
- 4 Review dental enrollment**  
Choose who should enroll in a separate dental plan.
- 5 Confirm your plan choices & enroll**  
Check your choices one final time, sign the application, and finish your enrollment.

**Optional: Get an estimate of your total yearly costs**  
See how premiums and other costs add up for each plan.