Individual and Family Plans

# ACA Health Insurance Simplified

**How to navigate your options to make an informed decision**



cigna healthcare

# How, where, and when could I purchase a health plan?

## Buying Individual and Family Health Plans.

**If you don't have a plan through your employer, you can buy one on your own through a state or federal health exchange. You can also buy one from a licenced broker or directly through a health insurance company like Cigna Healthcare®.**

**The federal Health Insurance Marketplace®** (also called the "Marketplace" or "Exchange") is the website that helps people shop for and enroll in health care plans available under the Affordable Care Act (ACA), commonly known as "Obamacare." Some states run their own Marketplaces.

Trained insurance professionals–Agents or Brokers can help you enroll in a health insurance plan as well. You won't pay an additional fee if you enroll with a licensed agent or broker.

You may qualify for additional savings when enrolling in health plans through the Marketplace or through the broker:

- You can still qualify for a premium tax credit and other savings if you enroll with an agent or broker. But to get the savings, the agent or broker must enroll you through the Health Insurance Marketplace.
- You may also qualify for government subsidies—like a premium tax credit—that can help you pay your monthly premiums, or for a cost-sharing reduction, which lowers the amount you pay for deductibles, copays, and coinsurance.

**Open Enrollment Period (OEP)** is the yearly period in the fall when people can enroll in a health insurance plan for the next calendar year. You may still be able to enroll in a Marketplace health insurance plan for the current year after OEP is over if you qualify for a Special Enrollment Period (SEP).

**Qualifying Life Event (QLE)** is a change in your situation that can make you eligible for a Special Enrollment Period, allowing you to enroll in health insurance outside the yearly Open Enrollment Period.

**Examples of qualifying life events** (not a full list):

- Loss of health coverage (losing existing health coverage, including job-based, individual, and student plans, losing eligibility for Medicare, Medicaid, or CHIP).
- Changes in household (getting married or divorced, having a baby or adopting a child, death in the family, changes in residence).
- Moving to a different ZIP code or county.
- Other qualifying events: Changes in your income that affect the coverage you qualify for, gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder, becoming a U.S. citizen, leaving incarceration (jail or prison).

# What's right for me - Bronze or Silver Plan?

**All about Plan Levels - What you need to know.**

**If you're looking for an ACA (Affordable Care Act) plan available on the Health Insurance Marketplace®, there are four plan levels, sometimes called "metal levels": Bronze, Silver, Gold, and Platinum.**

**Note: categories have nothing to do with quality of care.**

For each plan category, you'll pay a different percentage of total yearly costs of your care, and your insurance company will pay the rest.

**Bronze Health Plans** usually have the lowest monthly premiums but the highest costs when you get care. Note: Bronze plan deductibles can be very high. This means you could have to pay thousands of dollars of health care costs yourself before your plan starts to pay its share.

**Gold Health Plans** usually have higher monthly premiums but lower costs when you get care. Gold may be a good choice if you use a lot of medical services or would rather pay more up front and know that you'll pay less when you get care.

**Silver Health Plans** fall somewhere in the middle for the premiums and costs. You pay moderate monthly premiums and moderate costs when you need care. Important: If you qualify for "cost sharing reductions" (or extra savings), you can save a lot of money on deductibles, copayments, and coinsurance when you get care — but only if you pick a Silver plan. Silver plans are the most common choice of Marketplace shoppers.

**Platinum Health Plans** - usually have the highest monthly premiums of any plan category but pay the most when you get medical care.

Keep in mind that the plan with the lowest monthly premium may not be the best match for you.

A **High Deductible Plan** may be a better fit if your family is healthy and won't need anything more than preventive care. You'll pay a lower premium (the amount you pay for your plan, usually monthly) but it may take longer for you to meet your deductible.

A **Low-Deductible Plan** may be a better fit if you're older, have a chronic condition, are pregnant, or require expensive prescriptions. You'll pay a higher premium (the amount you pay for your plan, usually monthly) but you can meet your deductible sooner.

## Health Savings Account (HSA)-eligible plans

One way to manage your health care expenses is to enroll in a Health Savings Account (HSA)-eligible plan (also called a High Deductible Health Plan (HDHP)) and open an HSA, a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses, such as:

- Coinsurance
- Copayments
- Deductibles

You can contribute to an HSA only if you have an HSA-eligible plan (also called a High Deductible Health Plan (HDHP)).

If you enroll in an HSA-eligible plan, you may pay a lower monthly premium but have a higher deductible. Unspent HSA balance rolls over year to year, so you can hold and add to the tax-free savings to pay for medical care later.

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# Could I Afford Health Insurance?

**Reduce Health Insurance Costs - What you need to know.**

Premium Tax Credits and Cost Sharing Reduction (CSR) are two types of federal financial assistance given to people who qualify in order to help make health insurance more affordable.

## Health Insurance Cost Savings credits and discounts

**Premium Tax Credit** is a tax credit you can use to lower your monthly insurance payment (called your "premium") when you enroll in a plan through the Health Insurance Marketplace®. Your tax credit is based on the income estimate and household information you put on your Marketplace application.

**Advance Premium Tax Credit (APTC)** is a tax credit you can take in advance to lower your monthly health insurance payment (or "premium"). When you apply for coverage in the Health Insurance Marketplace, you estimate your expected income for the year. If you qualify for a premium tax credit based on your estimate, you can use any amount of the credit in advance to lower your premium.

- If at the end of the year you've taken more premium tax credit in advance than you're due based on your final income, you'll have to pay back the excess when you file your federal tax return.
- If you've taken less than you qualify for, you'll get the difference back.

**Cost Sharing Reduction (CSR)** is a discount that lowers the amount you have to pay for deductibles, copayments, and coinsurance. In the Health Insurance Marketplace®, cost-sharing reductions are often called "extra savings." **If you qualify, you must enroll in a plan in the Silver category to get the extra savings**.

## How do I know if I qualify?

- When you fill out a Marketplace application, you'll find out if you qualify for premium tax credits and extra savings. You can use a premium tax credit for a plan in any metal category. But if you qualify for extra savings on your benefits too, you'll get those savings only if you pick a Silver plan.
- If you qualify for cost-sharing reductions, you also have a lower out-of-pocket maximum — the total amount you'd have to pay for covered medical services per year. When you reach your out-of-pocket maximum, your insurance plan maybe pays 100% of all covered services.
- If you're a member of a federally recognized tribe or an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder, you may qualify for additional cost-sharing reductions.

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# What's Changing in the ACA Marketplace for 2026?

## 1. Subsidy Expiration may increase your healthcare plan cost

The enhanced premium tax credits (EPTCs), which made ACA plans more affordable, are set to expire at the end of 2025. Many ACA plan enrollees could see premiums rise by up to 75% if they auto-renew.

**What you can do:**

- Open Enrollment ends **January 15, 2026,** so start comparing plans early to find another plan that might better fit your needs.
- Update Financial Information on your application promptly.

## 2. Stricter Rules for Income & Tax Filing are in effect for 2026

New federal rules mean you must verify your income and tax filing status to keep your subsidy. If you haven't filed taxes or your income data is outdated, you may lose your subsidy—even if you auto-renew.

**What you can do:**

- File your 2025 taxes promptly.
- Gather documents like pay stubs or tax returns before Open Enrollment.
- Actively renew your coverage—don't rely on auto-renewal.

## 3. Premiums Are Going Up—Explore Your Options

ACA premiums are expected to rise 18–23% on average, with some states seeing even higher increases.

**What you can do:**

- Look into new plan designs that may offer more flexibility.
- Consider off-exchange plans or options compatible with employer reimbursements (ICHRA).
- Compare networks, deductibles, and total costs—not just monthly premiums.

## 4. Your ACA licensed Health Insurance Broker can help

Contact your broker right away so they can update your financial information and help explain different plan options. If you didn't enroll through a broker, visit HealthCare.gov to verify and update your information, including yearly income.

# ACA Health Insurance Glossary

**Affordable Care Act (ACA)** – The comprehensive health care reform law enacted in March 2010 (sometimes known as **ACA, PPACA**, or **"Obamacare"**). The main goal of ACA is to make affordable health insurance available to more people. The law provides consumers with subsidies ("premium tax credits") that lower costs for households with incomes between 100% and 400% of the federal poverty level (FPL).

**Advance Premium Tax Credit (APTC)** – A tax credit you can take in advance to lower your monthly health insurance payment (or "premium"). Your tax credit is based on the income estimate and household information you put on your Marketplace application. When you apply for coverage in the Health Insurance Marketplace®, you estimate your expected income for the year. If you qualify for a premium tax credit based on your estimate, you can use any amount of the credit in advance – referred to as your Advance Premium Tax Credit or APTC – to lower your premium.

**Agent and Broker (Health Insurance)** – A trained insurance professional who can help you enroll in a health insurance plan. Agents may work for a single health insurance company; brokers may represent several companies.

- You won't pay anything additional if you enroll with an agent or broker.
- Agents and brokers often get payments ("commissions") from insurance companies for selling plans. Some may not sell plans of companies they don't represent.
- You can qualify for a premium tax credit and other savings if you enroll with an agent or broker. But to get the savings, the agent or broker must enroll you through the Health Insurance Marketplace.

**Copay (or copayment)** is a flat fee that you pay on the spot each time you go to your doctor or fill a prescription. For example, if you hurt your back and go see your doctor, or you need a refill of your child's asthma medicine, the amount you pay for that visit or medicine is your copay. **Your copay amount is printed right on your health plan ID card**. Copays cover your portion of the cost of a doctor's visit or medication.

**Coinsurance** is a portion of the medical cost you pay after your deductible has been met. Coinsurance is a way of saying that you and your insurance carrier each pay a share of eligible costs that add up to 100 percent.

**Claim** – A request for payment that you or your health care provider submits to your health insurer when you get items or services you think are covered.

**Cost Sharing** – The share of costs covered by your insurance that you pay out of your own pocket. This term generally includes deductibles, coinsurance, and copayments, or similar charges, but it doesn't include premiums, balance billing amounts for non-network providers, or the cost of non-covered services.

**Deductible** is the amount of money per year that you need to pay for your health care costs (such as doctor's visits, medication, etc.) Once you meet your deductible, your plan will begin to help pay for your health care costs. This is called **coinsurance**. **An individual deductible** is the amount **one person** needs to meet for coinsurance to kick in. **A family deductible** is the maximum amount that **a family** needs to meet for coinsurance to kick in for everyone in the family. Most plans cover in-network preventive care at 100% without requiring a deductible to be met. Some plans may even waive the deductible for other covered health care costs.

**Dependent** is a child or other individual for whom a parent, relative, or other person may claim a personal exemption tax deduction. Under the Affordable Care Act, individuals may be able to claim a premium tax credit to help cover the cost of coverage for themselves and their dependents.

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# ACA Health Insurance Glossary

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**Health Insurance Premium** is a monthly fee you pay each month for having health insurance coverage.

**Health Insurance Marketplace** – A service that helps people shop for and enroll in health insurance. The federal government operates the Health Insurance Marketplace, available at HealthCare.gov, for most states. Some states run their own Marketplaces. The Health Insurance Marketplace (also known as the "Marketplace" or "exchange") provides health plan shopping and enrollment services through websites, call centers, and in-person help.

**Health Plan Categories** – Levels of plans in the Health Insurance Marketplace: Bronze, Silver, Gold, and Platinum. Categories (sometimes called "metal levels") are based on how you and your insurance plan split costs. Categories have nothing to do with quality of care. For each plan category, you'll pay a different percentage of total yearly costs of your care, and your insurance company will pay the rest. Total costs include premiums, deductibles, and out-of-pocket costs like copayments and coinsurance.

**Individual and Family Health Insurance Policy** – Policies for people that aren't connected to job-based coverage. Individual health insurance policies are regulated under state law.

**In-network Provide**r – A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check provider directory on **Cigna.com** to see if your doctor, dentist or hospital is in Cigna's provider network.

**Network** – The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

**Open Enrollment Period (OEP)** – The yearly period in the fall when people can enroll in a health insurance plan for the next calendar year.

**Out-of-Pocket Costs** – Your expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered.

**Primary Care Provider (PCP)** – A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

**Qualifying Life Event (QLE)** – A change in your situation — like getting married, having a baby, or losing health coverage — that can make you eligible for a Special Enrollment Period, allowing you to enroll in health insurance outside the yearly Open Enrollment Period.

**Quality Ratings (or 'star' ratings)** – Ratings of health plan quality used in the Health Insurance Marketplace, shown as I to 5 stars on plan information pages. Each health plan has an "Overall" quality rating, which is based on scores for 3 elements: member experience, medical care, and plan administration.

**Special Enrollment Period (SEP)** – When the OEP is over, you may still be able to enroll in a Marketplace health insurance plan for the current year if you qualify for a Special Enrollment Period. You're eligible to enroll during SEP if you have certain life events, like getting married, having a baby, or losing other health coverage.