

The 2022 Consumer's Guide to the HEALTH INSURANCE MARKETPLACE

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A step-by-step guide to applying for health insurance on [Healthcare.gov](https://www.healthcare.gov) for **RETURNING USERS**.

#1. Get Started

- Go to www.healthcare.gov
- Click **LOG IN TO RENEW/CHANGE PLANS** or click **LOG IN** on the top, right-hand side of the page
- Enter your username and password and click **LOG IN**

Log in

Don't have an account? [Create account](#)

Username
Your email address may be your username.

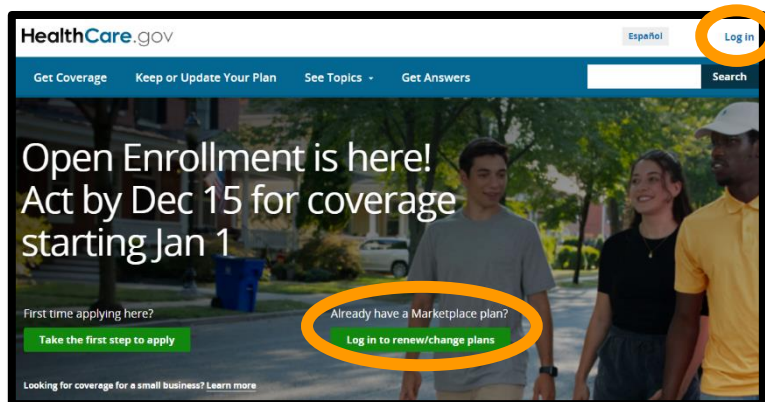
[Forgot your username?](#)

Password

[Show](#)

[Forgot your password?](#)

Log in



#2. Verify Your Identity

- Once logged in, select your state and click **START MY APPLICATION**
- Complete all requested identity and contact information and then click **VERIFY MY IDENTITY**
- Once your identity is verified, check the two boxes to agree to the privacy and use of information disclaimers
- Then select **TAKE ME TO THE APPLICATION**
- On the next page, you can set up your application to check if your household is eligible for lower costs on health coverage
- If your household is likely to qualify for savings, make sure to select **CHECK FOR ALL SAVINGS OPTIONS** and click **CONTINUE**
- On the next several pages you will be asked questions about you and your spouse/dependents (if applicable)
- Answer each question asked and click **SAVE & CONTINUE** after each page of questions

Need coverage for 2022?

You'll need to:

1. Complete a 2022 application.
2. View your "Eligibility Results."
3. Enroll in a plan by **December 15**, so your coverage can start on January 1. The last day to enroll in coverage for 2022 is January 15.

IA

START MY APPLICATION

Privacy & the use of your information

We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. We'll check your answers using the information in our databases and the databases of other federal agencies. If the information doesn't match, we may ask you to send us proof. We won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about citizenship or immigration status.

As part of the application process, we may need to retrieve your information from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security (DHS), and/or a consumer reporting agency. We need this information to check your eligibility for coverage and help paying for coverage if you want it and to give you the best service possible. We may also check your information at a later time to make sure your information is up to date. We'll notify you if we find something has changed.

[Learn more about your data, or view the Privacy Act Statement.](#)

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 qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.

TAKE ME TO THE APPLICATION

Your household is likely to qualify for savings!

We'll ask for more information as you fill out the application to make sure you're eligible, and to see how much you may be able to save.

Choose a savings option:

Check for all savings options. (Recommended)

You'll see your results after you fill out and submit your application. If you're eligible to enroll, you can apply these savings to the plan you select.

Continue without checking for savings options.

You'll still fill out and submit your application. If you're eligible to enroll, you'll pay the full price of your health insurance premiums on the plan you select.

Continue

#3. Enter Agent Information

- After you have selected your contact preferences, you will be asked if you're receiving application help
- Click **YES** and select **AGENT OR BROKER**
- Enter my name and my National Producer Number (NPN)
 - *If I assisted you last year, my information may be automatically populated here for you*
- Then click **SAVE & CONTINUE**

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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

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

Navigator
 Certified application counselor
 Agent or Broker
 Other assister

Tell us about the Agent or Broker

First name

Middle initial
Optional

Last name

Suffix
Optional

National Producer Number (NPN)

Save & continue

Please enter my information here!

My name and NPN must be entered in order for me to help you complete your application and assist you with questions throughout the year.

Agent Name: _____

NPN: _____

#4. Continue With Questions

- You will need to continue to answer several questions, such as marital status, tax relationships, household information, citizenship status, etc.
- Simply answer each question and click **SAVE & CONTINUE**

#5. Review Income Information

- Your income information and expenses will populate from last year
Edit any information that is no longer correct
- Once all information is up-to-date, click **SAVE & CONTINUE**

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Review [redacted]'s income & expenses

[redacted]'s income

Job: [redacted]
\$30,000.00 every year [Edit](#) | [Remove](#)

[Add another income source for \[redacted\]](#)

[redacted]'s expenses

Student loan interest
\$2,500.00 every year [Edit](#) | [Remove](#)

[Add another expense for \[redacted\]](#)

#6. Review Benefits Available Through a Job

- The next two sections will review a couple of benefits available through a job. You simply need to scroll through and click **CONTINUE** after each page
- You will then be asked if you're using or have been offered those coverages. Select Yes or No and then click **SAVE & CONTINUE**
- Next, you'll review your application for accuracy before submitting

#7. Read & Agree to Statements

- The next section will ask you to read and agree to statements
- Once you've read and agreed to the statements, click **SAVE & CONTINUE**

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Read & agree to these statements

If you disagree with any of the statements, you can provide additional information. In some cases, you may be asked to provide additional information to continue your Marketplace application.

To make it easier to determine my eligibility for future years, I agree to allow the Marketplace to use information from tax returns, for the next 5 years. [Learn more about letting us use your income tax return information.](#) **notice, let me make any changes, and I can't be forced to agree to anything.**

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

#8. Sign & Submit

- On the next page, select the box that says **I AGREE TO THIS STATEMENT** and then enter your name to electronically sign the application
- Once signed, click **SIGN & SUBMIT**

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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.

Your Name Here, type your full name below to sign electronically.

Sign & submit

#9. Eligibility Results & Tax Credits

- Click **VIEW ELIGIBILITY NOTICE (PDF)** and then save the Eligibility Results PDF
- Then click **CONTINUE TO ENROLLMENT**
- On the next page click **START**
- Select **USE ALL** tax credits available to you

HealthCare.gov

Your application was received and has been processed.

Eligibility results

Results based on your application (ID: [redacted], submitted on 11/02/2020). Follow these steps below to complete your enrollment. [Learn more about your eligibility results.](#)

Eligibility overview

[redacted] Eligible

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.

You're eligible for a Special Enrollment Period. You must pick a plan by March 1. If you don't, you may not be able to enroll until the next year's Open Enrollment Period.

VIEW ELIGIBILITY NOTICE (PDF)

Continue to enrollment

You've submitted your application and viewed your results. Next, you'll choose a plan. You must pick a plan by March 1 through this Special Enrollment Period.

CONTINUE TO ENROLLMENT

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.

Start

- 1 Decide how much tax credit to use to lower your premium**
- 2 Report tobacco use**
- 3 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.
- 4 Choose health plans**
Shop, compare, and choose health plans.
- 5 Review dental enrollment**
Choose who should enroll in a separate dental plan.

How much of your tax credit do you want to use to lower your premium?

ALL of the tax credit each month.
Good choice if you're pretty sure your 2021 income will be about the same as your estimate.

Your monthly premium will be reduced by \$[redacted].

We'll apply all of your tax credit to your monthly premium. You'll receive none of your tax credit when you file federal taxes.

SOME of the tax credit each month.
Good choice if it's likely your final 2021 income will be higher than your estimate.

NONE of the tax credit each month.
Good choice if you don't want to risk having to pay money back on your federal taxes if anything changes.

Important: If things change - like you get a raise, gain or lose a dependent, or work more or less hours, update your Marketplace application right away.

Save & Continue

#10. Choose a Plan

- If we have not discussed the best plan for you, please **STOP NOW** and contact me at:

HealthCare.gov Your Name Here

Step 3 of 6: See if plans cover your doctors, hospitals & prescription drugs [View steps](#)

See if your doctors, facilities & drugs are covered

Enter your doctors, facilities, and prescription drugs. You'll see if they're covered in the plan's network when you review plans and prices.

What do you want to search for?

Doctors & facilities

Prescription drugs

- If you know what plan you would like, select **SKIP** on the screen above, and then click **SELECT THIS PLAN** under the plan name you wish to enroll in

IMPORTANT: Be sure you understand the provider network for the plan you choose. If you are unsure, CALL ME.

If you do not understand the provider network and go to an out-of-network facility, your out-of-pocket costs could be extremely high.

- You will be asked if you'd like a separate dental plan. Click **NO**. *If you'd like, we can enroll you in a dental plan outside of Healthcare.gov*
- Click **CONTINUE**
- If you are ready, read the statements and agree to continue your enrollment
- Electronically sign and click **CONTINUE**

Are you interested in a separate dental plan?
You may want this if the health coverage you choose doesn't include dental coverage, or if you want different dental coverage.

Yes, continue to dental plan selection.

No, complete health plan enrollment.

I agree with the above statements

I disagree with the above statements.

Tax filer's signature (full name)

Your Name Here

- To finalize your enrollment, you must pay your first month's premium
- Depending on the carrier you chose, you will see a green button to **PAY FOR HEALTH PLAN NOW** or there will be a message that says "your plan will contact you with details about how to pay"
- Follow the instructions you are given

Thank you for being my client and have a wonderful day!