

HealthCare.gov Offers Low-Cost, Quality Health Coverage to People Losing Medicaid or CHIP

Here's What You Need to Know

Medicaid serves as a crucial lifeline, providing health coverage for millions of individuals, including children, parents, seniors, and those with disabilities. States check every year to see if people enrolled in Medicaid or the Children's Health Insurance Program (CHIP) still qualify for coverage. If someone is no longer eligible for Medicaid or CHIP, they will need to find another option for health insurance coverage, like the Health Insurance Marketplace through [HealthCare.gov](https://www.healthcare.gov). [HealthCare.gov](https://www.healthcare.gov) encourages individuals and families to take steps to ensure you don't risk a gap in health coverage.

How will my Medicaid or CHIP coverage be renewed?

States will use the information they have to decide if you or your family member(s) will keep your Medicaid or CHIP coverage. If the state needs more information, they'll send a letter to you electronically or in the mail. You may also receive a call from your state Medicaid or CHIP agency.

What steps should I take to prepare to renew my Medicaid or CHIP coverage each year?

It is important to keep your contact information up to date with your state Medicaid or CHIP agency so that they can reach you when it is time to renew your coverage. Keep an eye on your mail and always open any mail that you get from your state Medicaid or CHIP agency. If you get a renewal form electronically or in the mail, complete the form and return it immediately to avoid a loss of coverage.

What if I am no longer eligible for Medicaid or CHIP?

If you no longer qualify for Medicaid or CHIP, visit [HealthCare.gov](https://www.healthcare.gov) to see if you are eligible to enroll in a low-cost, quality health plan.

Thanks to the new law, more savings are available than ever. Enhanced financial assistance is available for purchasing health coverage through [HealthCare.gov](https://www.healthcare.gov). In fact, four out of five customers can find a plan for \$10 or less per month with this assistance.

What you pay is based on your age, your family size, your household income, where you live, what plan you choose, and other factors.

What does the health insurance offered on HealthCare.gov cover?

The plans available on [HealthCare.gov](https://www.healthcare.gov) provide comprehensive coverage and a wide range of benefits. All medical coverage plans on the platform include essential health benefits, such as preventive services, hospitalizations, prescription drugs, birth control, doctor's visits, emergency care, and more. Moreover, [HealthCare.gov](https://www.healthcare.gov) prohibits any plan from excluding coverage based on preexisting conditions. The Marketplace health plans are supplied by private insurance companies, ensuring quality coverage.

How do I apply for health insurance coverage on HealthCare.gov?

You can easily begin or update your application from the comfort of your own home on [HealthCare.gov](https://www.healthcare.gov). Many individuals complete their applications in a single session.

If you want assistance, you can visit Find Local Help on [HealthCare.gov](https://www.healthcare.gov) at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov) to access our online directory and connect with an agent, broker or assister in your area who can help you with your application and more.

Consumers can also seek help filling out their application by calling the [HealthCare.gov](https://www.healthcare.gov) call center at 1-800-318-2596. The call center is open 24 hours a day, 7 days a week and provides support in more than 200 languages.

Act Now!

If you lose access to Medicaid or CHIP, visit [HealthCare.gov](https://www.healthcare.gov) to determine your eligibility for enrolling in an affordable, high-quality health plan.

Information provided by the U.S. Department of Health and Human Services.