

What's New and What to Watch for in the Upcoming ACA Open Enrollment Period

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It's that time of year again: In most states, the Affordable Care Act's annual open enrollment season for health plans begins [November 1 and lasts through January 15](#).

Current enrollees who do not update their information or select an alternative will be automatically reenrolled in their current plan or, if that plan is no longer available, into a plan with similar coverage.

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Don't Fall for Advertising Scams

While some health plans offer small-dollar gift cards or other incentives to encourage participation in wellness efforts, they would not offer cash cards worth thousands of dollars a month to help with groceries, gas, or rent. Even so, social media and online sites are rife with such promises.

Such ads are among the avenues allegedly used by unscrupulous brokers who enroll or switch plans without the express permission of consumers, [according to a lawsuit filed in Florida](#).

Also, be cautious about the websites you use to search for coverage.

Type "Obamacare" or "cheap health insurance" into a search engine and often what pops up first are sponsored private sector websites unaffiliated with the official state or federal government marketplaces for ACA coverage.

While they may try to look official, they are not. Many such sites offer various options, including non-ACA coverage with limited benefits, [a "secret shopper" study found in 2023](#). Such non-ACA coverage would not qualify for federal subsidies to help consumers pay premiums.

The fine print on some websites says that consumers who provide personal information automatically consent to be contacted by sales agents via phone calls, emails, text messages, or automated systems with prerecorded messages.

When exploring plans, always start with the official federal marketplace's website, healthcare.gov.

Even if you don't live in one of the [29 states served by the federal marketplace](#), its website provides the link to your official enrollment site when you select your state, or the District of Columbia, from a drop-down list. The federal and state marketplaces also have call centers and other ways to get enrollment assistance. The "find local help" link on healthcare.gov, for example, gives consumers a choice of finding assisters or sales agents near them.

Is It Real Insurance?

Another concern: Regulators are seeing an increase in complaints from consumers about offers of health coverage requiring consumers to join a limited liability corporation, or otherwise attest they are working for a specific company. Indeed, at least two states — [Maryland](#) and [Maine](#) — have issued warnings, saying that instead of comprehensive ACA coverage, these are often non-ACA products, amounting to a hodgepodge of discount cards, for example, or limited-indemnity plans. This type of plan pays a flat-dollar amount — say, \$50 for a doctor visit or \$1,000 for a hospital stay — and is meant to buttress more comprehensive coverage, not replace it.

"Unlike major medical plans, some of these self-funded plans only cover preventive services such as a yearly check-up or annual health screening," the warning from the Maine Bureau of Insurance says.

Premiums Might Be Higher...and Other New Things

Some insurers will lower premium rates for 2025, but many others are increasing them.

Although final numbers are still being crunched, experts estimate a median increase of 7% for premiums, [according to an analysis by KFF](#), a health information nonprofit that includes KFF Health News. Most people who buy ACA coverage are eligible for a subsidy to help with the premiums, which is likely to offset much of the increase, although the higher cost means the government will be paying out more for those subsidies.

Rising health costs — including for hospital care and the new class of weight loss drugs — are contributing to the increase.

Some other changes this open season:

- People often referred to as "Dreamers" because they qualified for the Deferred Action for Childhood Arrivals — a federal program offering some protection to those brought to the country as children without proper immigration documentation — can now enroll in ACA

coverage and are eligible for subsidies.

- Short-term plans, which are technically not ACA coverage and not subject to its benefit rules and preexisting benefit protections, can be issued for, at most, only four months of coverage, based on a Biden administration action that took effect with plans starting September 1. It walks back a Trump administration rule that loosened requirements to allow insurers to offer coverage that ranged up to 364 days, and allowed insurers the option of renewing the policies for up to two additional years. Existing plans and those issued before September 1 don't [fall under the new rules](#). But consumers who relied on the longer periods need to check their plans' details and consider enrolling in an ACA plan instead to avoid a situation in which their short-term plan expires early or midyear, potentially leaving them unable to get coverage elsewhere for the remainder of the year.

The Sign-Up Process Might Take Longer, Too

Federal regulators this year wrestled with a growing number of complaints — [200,000 in the first six months alone](#) — from consumers who were being enrolled into or switched from ACA plans without their express permission by agents seeking to gain commissions.

To thwart such efforts, they put new rules in place.

What does that mean for most consumers? If you are working with a new agent — one who wasn't already listed on your ACA plan — you will likely need to get on a three-way call with the federal marketplace to confirm that you are, indeed, authorizing that agent to make changes to your policy for the coming year. Plan on this taking additional time. No one knows how busy the call lines will get during open enrollment.

You don't need to use a broker to enroll. But sorting through the dozens of options on the marketplace is challenging, so most people do seek assistance. Consumers need to weigh not only the monthly premium cost, but also variations in deductibles and copayments for such things as doctor visits, hospitalization, and drugs.

Shop Around

Experts say another consideration when choosing a plan is to check whether its network includes the doctors and hospitals you typically see, as well as whether its formulary covers your prescription medications, and how much it charges for them.

To help with making comparisons, rules kicked in two years ago requiring insurers to include some

“standardized plans” as options, which must all have the same deductibles, and costs for such things as doctor visits, emergency room care, and other consumer cost sharing.

Even so, many people have dozens of options available, which can be daunting.

But one piece of advice remains constant: Whether you are enrolling for the first time or have an existing plan, it’s always worth it to shop around. Even if you don’t change plans, you can make sure the one you have is still your best option.

In most states, consumers must enroll by Dec. 15 to get coverage that begins Jan. 1. Heads up in Idaho, where open enrollment starts earlier — Oct. 15 — but also ends sooner, closing on Dec. 15. In California, New Jersey, New York, Rhode Island, and the District of Columbia, residents can enroll through January 31.

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