What is Open Enrollment?

Open enrollment is the time when consumers can sign up or make changes to their health insurance coverage each year. Once this period ends, you must wait until the next annual enrollment period to make coverage changes, unless you have a qualifying life event. Qualifying events include marriage, divorce, a new baby, moving to another state, and other major life changes.

Many commercial insurance companies are implementing open enrollment periods that match state marketplace periods, generally occurring in the fall in advance of the next calendar year. Employer-based plans can choose their open enrollment period at any point during the year, and some insurance types allow enrollment throughout the year, so it’s important to know when your open enrollment occurs.

Deadlines Do Matter

General open enrollment periods only come around once a year for a limited period of time. Some open enrollment periods last as little as 2 weeks, and some may span more than a month.

But if you delay or miss this period, you will be putting yourself at risk of having no insurance at all, or a plan that does not meet your needs financially or medically.

Give yourself time to complete necessary research, ask questions, and compare your plan options. Rushing and making hasty decisions right before the deadline should be avoided.

If you want to get started earlier, even in advance of the start of open enrollment period, you can begin gathering receipts that help you understand your current costs, and pulling together a list of current providers and medications, to compare with new options.

The Most Common Means to Gain Health Insurance

Health insurance can be purchased or enrolled in through many different outlets. Each type of insurance may have its own deadlines related to annual Open Enrollment, so be sure to check the details with your plan’s administrator.

Health insurance can be:

- Gained in conjunction with an employer by enrolling in a job-sponsored plan
- Connected to a spouse or family member’s plan
- Connected to your parent’s plan if you are under 26 years old
- Purchased directly through an insurer or insurance broker
- Obtained via a government-sponsored plan like Medicare or Medicaid, if eligible
- Secured using Military or Veterans Administration (VA) Benefits, if eligible
- Purchased using an online marketplace. Each state has a marketplace website for individuals and families to buy health insurance directly. State marketplace exchanges offer many kinds of plans designed to meet your budget and healthcare needs. You’ll find links to each state’s marketplace or exchange at www.healthcare.gov
Are You Eligible for Medicare?

If you’re over 65, have been diagnosed with certain medical conditions, or have been deemed disabled by the Social Security Administration, you may be eligible for a federal insurance program called Medicare.

Medicare’s annual election period for open enrollment occurs each year between October 15th and December 7th. Details for this program can be found at www.medicare.com.

Choosing a Private or Commercial Plan on the Open Market

Even if you are eligible for other types of insurance, you can always explore options for private insurance that you coordinate directly. This allows you to purchase health insurance directly from the insurance company, an agent or broker specializing in insurance, or using an online marketplace similar to the options you might have when shopping for a vehicle.

There is not a standardized open enrollment period if you choose to purchase an individual plan on the open market. Be aware that most health plans sold outside of their open enrollment period do not offer comprehensive coverage, so make sure you know exactly what the benefits are before you buy.

Seeking Medicaid Plans

Medicaid does not have a single open enrollment period like other insurance types do, and accepts enrollees throughout the year. If you meet the eligibility requirements in your state, coverage is effective either on the date of the application or the first day of the month of the application. Benefits may be granted retroactively for up to 3 months prior to the month of the application if you were eligible at that time.

You may be eligible for Medicaid, a state-run program for low-income people, families and children, pregnant women, the elderly, and people with disabilities. To be eligible, you must meet both a coverage category as well as not exceed income and asset requirements. Additional information can be found at www.medicaid.gov.

Veterans Benefits or Military Plans

TRICARE is the healthcare program for US Armed Forces military personnel, military retirees, and their dependents. There are different plans available to beneficiaries, but plan availability depends on who you are and where you live. TRICARE follows the same open enrollment as federal employees. The date changes each year, but typically runs from the middle of November to the middle of December.

You may be able to get VA health care benefits if you served in a branch of the military, naval, or air service and receive an honorable discharge. There are annual income limits for this program. You can sign up for Veterans Benefits at any time during the year.

Employer-based plans

Each year your worksite will have a general open enrollment for current employees to make changes or select new coverage, usually a month to 60 days prior to the end of your current plan year.

Check with your employer for the exact dates, or speak with your human resources department if you have questions about your enrollment.