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Getting Health Insurance During Open Enrollment

Getting coverage can seem stressful. But Stride has a better plan: Turn your confusion into clarity with this guide to getting insurance for 2025.

stridehealth.com

Stride

What's inside.

There's only one time of year when anyone can enroll in health insurance or replace their current coverage: Open Enrollment, which runs from Nov. 1 to Jan. 15. Here's everything you need to know about finding the right plan.

Understanding Open Enrollment in five minutes or less

1 The basics

2 Key dates and deadlines

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4 Reasons to re-shop for coverage

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About Stride: Stride offers portable benefits for anyone who needs it, all in one platform. That includes access to affordable insurance; mileage, expense, and income tracking to simplify taxes; free advisors; educational resources; and so much more.

6 things you need to know about Open Enrollment

Too busy to read the whole guide? We got you.

What is it?

Open Enrollment is the time of year anyone can get health insurance or replace their current plan for 2025. That way you're protected against health issues and pricey medical bills.

When is it?

In most states, it runs from Nov. 1, 2024 to Jan. 15, 2025. Apply by Dec. 15, 2024 to get coverage that starts Jan. 1, 2025, or Jan. 15, 2025 for coverage that starts Feb. 1, 2025.

What are some key insurance terms?

Premium: The fixed monthly cost of your plan
Copay: The flat fee you pay for a service
Coinsurance: The percentage of the bill you pay
Deductible: What you pay before your plan kicks in

How do I pick a plan?

First, pick a network type. This is the group of providers you'll have access to, each with its own rules. Then pick a metal tier: Higher tiers offer more coverage, often at a higher cost.

I already have coverage. Now what?

Re-shop! Your health, financial, and family needs don't stay the same, so your insurance shouldn't either. Plus, your current plan's cost and/or coverage may change in 2025.

How can I afford coverage?

You may qualify for income-based government subsidies, or stipends or reimbursements from the company you work for. You can also get a plan with tax-free health savings account.



30% of people who get their insurance through Stride **pay less than $1/month!**

Ready to get covered?

Confused by getting coverage from government sites? Us, too. Stride has a better plan. We recommend your best options, simplify your decision with filters and comparisons, and walk you through the application process — all in just a few minutes. Get started here.

Open Enrollment Period at a glance



I. What it is and why it matters

Open Enrollment is the one time of year anyone can enroll in health insurance or replace their current plan for the upcoming year. In most states, **it runs from November 1 to January 15.**

Why? If we could all start and stop coverage whenever we wanted, many people would wait until they got sick or required expensive medical care before buying insurance, which would make it difficult for health insurance companies to function.

II. How it works

During Open Enrollment, **Americans aged 18 to 64 who aren't already covered by Medicaid, employer-sponsored insurance, their parents, or Veterans Affairs benefits are eligible to get a health plan.** If you already have coverage, this is the time of year you can enroll in a new plan.

If you enroll in insurance before the December 15, your new coverage will start on January 1, 2025. If you enroll before the January 15 deadline, your new coverage will start on February 1, 2025.

But **don't miss these deadlines! If you do, you'll either have to wait until the next year's Open Enrollment Period or qualify for a Special Enrollment Period** during the year to get health insurance (typically, that's only possible if you experience a big life event like having a baby, getting married, or losing job-based coverage).

TIP: Want to learn more? Check out these nine things you should know about Open Enrollment.

Open Enrollment dates to know

Open Enrollment begins	Deadline to get coverage that starts January 1, 2025	Deadline to get coverage that starts February 1, 2025
November 1, 2024	**December 15, 2024**	**January 15, 2025**

Don't miss Open Enrollment! Click below to add it to your calendar.

Google **iCal/Outlook**

TIP: Open Enrollment deadlines can vary by state — check this guide to see if your state has a different timeline.

DID YOU KNOW? This isn't our first rodeo. Stride has helped hundreds of thousands of people get covered for 11 Open Enrollment seasons and counting!

Uninsured? Here are 4 reasons why you need health insurance

1 You can access to no-cost preventative care that keeps you healthy.

All marketplace plans are required to provide certain health care services at no cost, including screenings for common conditions like diabetes and some cancers, vaccinations, annual well woman visits, checkups for your kids, and so much more.

These services are critical to catching and treating certain conditions early on, saving time, money, and — most importantly — lives.

2 You'll avoid expensive medical bills.

Health care can be pricey. But insurance can drastically reduce those costs. For instance, without insurance, a broken leg can cost as much as $7,500*. With insurance, you're covered once you hit your deductible (which is about $2,800 on average). That's $4,700 saved!

Another example: Without insurance, giving birth can cost $18,865*. With insurance, it'll run you just $2,854. That's $16,011 saved!

3 You'll be prepared for the unexpected.

Similarly, having coverage even when you don't typically need health care can be a (literal) lifesaver physically and financially in the event of unexpected illness or injury.

✓ It's more affordable than you think.

It may seem like health insurance is out of your budget. But that's often not the case thanks to tax credits, health savings accounts, and other programs that lower the cost of coverage (more on that on page 10). **44% of people — that's about 9.4 million — got a plan for $10/month or less** during the last Open Enrollment period!

*These are estimates and averages that don't include your monthly premium. The actual cost of care varies based on your coverage, deductible, and more.

Already covered? Here's why you should re-shop.



Even if you currently have health insurance, it may not be the right option for you in the coming year. Here's why:

1. **You may need your plan to cover new doctors or medications next year.**
2. **You may have new health issues that require a different level of coverage.**
3. **You may prefer higher or lower levels of coverage.**
4. **Your current plan may stop covering your current doctors or medications.**
5. **Your income may have changed and you're now eligible for more savings.**
6. **You may have moved and now have new plan options.**
7. **Your family size and/or their needs may have changed.**
8. **The price or coverage of your current plan may change in 2025.**

DID YOU KNOW? Health insurance premiums could change significantly in 2025, with some decreasing by as much as 14% and others increasing by as much as 51%. In other words, **your current plan might get pricier, while another similar plan could stay the same or even become cheaper.**

TIP: Use Stride's customizable shopping tool to make sure you get the right plan for 2025. Find new options and compare them to your current coverage to determine the best plan for you in minutes.

Should you keep your current plan?

Circle your answers, then tally up your choices — your result is based on the letter you selected most often.

1. How satisfied were you with your 2024 coverage?

A. I loved it!
B. It was OK, but could have been better.
C. I did not like it.

2. How much did you have to pay out of pocket for care?

A. About what I expected to pay or less.
B. A little more than I expected to pay.
C. A lot more than I expected to pay.

3. Did your 2024 plan cover your preferred doctors?

A. Yes, they were all covered.
B. Some, but not all.
C. No, my preferred doctors are out-of-network.

4. Are you satisfied with your health insurance carrier?

A. Yes, I'm satisfied with my insurance carrier.
B. They were OK, but could have been better.
C. I'm not satisfied **or** my carrier is no longer available in my area.

5. Do you anticipate any new health care needs in 2025?

A. No, my health is generally stable.
B. Maybe, but nothing major.
C. Yes, my health needs changed and/or I anticipate needing a certain procedure.

6. Did your income change or did you move in 2024?

A. No, neither of these happened.
B. Yes, my income changed.
C. Yes, I moved **or** I moved and my income changed.

Results

Mostly A's: Your current plan is likely a good fit (though it's worth checking to make sure there aren't better options at a more affordable price).
Mostly B's: Though your current coverage isn't a bad fit, you should check for a better, more affordable option that better suites your needs.
Mostly C's: It's time for a better plan — look for a plan that better fits your health needs, budget, and preferred doctors and prescriptions.

Health insurance terms, decoded

Premium

The fixed amount you pay the health insurance company each month for your plan. You pay this regardless of how much you use your insurance.

Deductible

The amount of money you (or your family) have to pay out-of-pocket for health care before your insurance will help cover the cost.

Copay

A set fee (typically a smaller amount, like $20) that you pay for doctor visits and prescriptions. They don't usually count toward your deductible, but do count towards your out-of-pocket maximum.

Coinsurance

The percentage of the doctor's bill you pay after you hit your deductible. Example: If you have a $10,000 surgery, you've met your deductible, and your plan has 20 percent coinsurance, you pay $2,000 maximum.

Health savings account (HSA)

An HSA is a tax-free savings account that lets you reserve funds for a future time when you might have big medical bills. An HSA must be paired with a high-deductible, HSA-eligible health plan. Learn more.

Metal tier

Plans are categorized as bronze, silver, gold, and platinum to represent different price points and coverage amounts. Bronze plans have lower premiums but more out-of-pocket costs; platinum is the reverse.

Out-of-pocket maximum

This is the highest amount you (or your family) pay for covered medical costs — including deductibles, copayments, and coinsurance — in a year.

Network type

A network is the group of medical providers your insurance company contracts with to get discounted rates on medical services. There are four types, each with its own rules: HMO, PPO, EPO, and POS.

TIP: If you're confused by other terms, you're not alone. Visit our health insurance resource hub to demystify the jargon.



Types of health insurance networks

Before getting coverage, it's important to know which plan type suits you. Let's start with networks. A network is a group of medical providers your insurance company contracts to offer discounted rates. There are four types:



Health maintenance organization (HMO)

How it works: You pick a primary care doctor to coordinate all your care and refer you to specialists in the network.
Best for: People who are healthy or have predictable medical needs and want to minimize cost.



Preferred provider organization (PPO)

How it works: You can visit any specialist without a referral, but pay less for "preferred" providers.
Best for: People who see specialists regularly and will pay higher premiums to see any doctor.



Exclusive provider organization (EPO)

How it works: Like a PPO, you don't need referrals. Like an HMO, you pay out-of-pocket to see out-of-network doctors.
Best for: People who are generally healthy, don't often see out-of-network doctors, and want to pay less than a PPO.



Point of service (POS)

How it works: Like an HMO, you need referrals. Like a PPO, you pay less for in-network doctors but can go out of network.
Best for: People who are generally healthy and want to balance affordability and flexibility.

Which health insurance network type is best for you?

Circle your answers, then tally up your choices — your result is based on the letter you selected most often.

1. Do you want a primary doctor to manage your care?

A. Yes or don't care either way
B. Not really, I want to avoid referrals
C. Yes, but I want flexibility to see out-of-network specialists
D. No, I want freedom to see any doctor

2. Do you want to have a wide selection of doctors?

A. No, not necessary
B. Not really, I'm happy to stay in network unless it's an emergency
C. I want to balance choice vs. cost
D. Yes, I want the most flexibility

3. How much are you willing to pay for that flexibility?

A. I want to pay as little as possible
B. I don't want to pay extra for out-of-network flexibility
C. I prefer lower costs with some flexibility
D. I'll pay more; flexibility is important

4. Do you travel or live in multiple locations?

A. No
B. Rarely; I likely only need care in my area
C. Sometimes; I travel occasionally
D. Often; I travel a lot or live other places

Results

Mostly A's: An HMO plan. It's low-cost, but you'll need referrals from a primary care doctor to see specialists. It's ideal if you prioritize lower costs over flexibility.
Mostly B's: An EPO plan. It offers flexibility to see in-network specialists without referrals.
Mostly C's: A POS plan. It combines HMOs and PPOs, balancing cost and flexibility. You need a primary care doctor and referrals, but can see out-of-network providers at a higher cost.
Mostly D's: A PPO plan. It's the most flexible, allowing you to see any in- or out-of-network doctor or specialist without referrals. It's ideal if you have extensive health care needs or travel often.

Types of health insurance metal tiers

Knowing which metal tier fits your health and financial needs is crucial. Plans are divided into metal categories — bronze, silver, gold, and platinum — each offering different levels of cost and coverage. Let's dive into the details:



Bronze

How it works: These plans have a low monthly premium, but little coverage beyond preventative care.
Best for: People who are generally healthy and don't forsee major health care needs.



Silver

How it works: These plans have a higher monthly premium with a lower deductible and out-of-pocket maximum.
Best for: People who use health care but don't have major medical needs.



Gold

How it works: These plans have a high monthly premium and a low deductible.
Best for: People who have consistent medical needs.



Platinum

How it works: These plans have the highest monthly premium and the lowest deductible.
Best for: People who have extensive medical needs.



TIP: A lower monthly premium doesn't always mean lower health care costs over the year. Be sure to weigh other factors such as your deductible, out-of-pocket maximum, and copays. In many cases, a slightly higher premium could reduce your deductible and save you more in the long run. Learn more in our guide to choosing a metal tier.

Which health insurance metal tier is best for you?

Circle your answers, then tally up your choices — your result is based on the letter you selected most often.

1. How often do you go to the doctor?

A. Rarely, only for emergencies
B. A few times a year for checkups
C. Regularly for ongoing medical needs
D. Frequently, I have high health care needs

2. How important is a low monthly premium to you?

A. Extremely important
B. Important
C. Not a priority
D. Not important at all

3. What's your approach to managing health care costs?

A. I handle costs as they come
B. I balance monthly premiums and out-of-pocket costs
C. I pay more per month and less for care
D. I pay for comprehensive coverage

4. How stable is your income?

A. It varies — I need a plan that fits my budget even in lean months
B. Somewhat stable, but I need flexibility
C. Stable
D. Very stable

Results

Mostly A's: A bronze plan. It has the lowest premiums, with higher out-of-pocket (but still in-network) costs. It's best if you're healthy and don't need much medical care.
Mostly B's: A silver plan. It balances premiums and in-network costs. It's best for moderate health needs.
Mostly C's: A gold plan. It has higher premiums and lower in-network costs. It's best for ongoing health needs.
Mostly D's: A platinum plan. It has the highest premiums and most coverage. It's best for major health needs.

How to afford health insurance

Health insurance may seem like a big expense, but it doesn't have to be. Here are four ways to get quality coverage without breaking the bank.



Subsidies

Depending on factors like your income, the government might pay for some or all of your health coverage with subsidies. There are two types:

- **Premium tax credit subsidy:** This covers some or all of your monthly payment.
- **Cost-sharing subsidy:** This lowers the cost of expenses like your deductible, out-of-pocket maximum, and copay/coinsurance. This only applies to silver plans.



Health savings accounts (HSAs)

An HSA is a tax-free savings account for health expenses. It can only be paired with certain high-deductible health plans. If you don't need much health care or want out-of-network care, this allows you to pay a lower monthly premium while setting aside tax-free dollars to offset the potential cost of your deductible or out-of-network care.



Individual Coverage Health Reimbursement Arrangement

Also known as ICHRAs, this benefit allows the company you work for to reimburse you (tax-free!) for the cost of some or all of your marketplace insurance. The best part? This allows you to keep the same coverage even if you leave your current gig.



A stipend for California drivers

If you're a rideshare and delivery driver in California, you may qualify to get up to $490/month from the company you drive for to put towards health coverage. If you drive 25 hours or more per week on average, you get the whole stipend. If you drive between 15 and 24 hours per week on average, you get half ($245/month).



DID YOU KNOW? Stride users save an average of $447/month on health insurance with the help of tax credits.

A special stipend for California drivers

If you're a rideshare or delivery driver in California, you may qualify to get up to $490/month from the company you drive for to pay for health insurance under legislation known as Proposition 22. Here's what you need to know.

How do I qualify?

- If you drive between **15 and 24 hours/week** on average, you're eligible for 50% of the stipend, which is **$245/month.**
- If you drive **25 hours or more per week** on average, you're eligible for 100% of the stipend, which is **$490/month.**



How do I get the stipend?

The company you drive for will let you know if you qualify for half or all of the stipend on a quarterly basis based on your average hours driven per week. If you qualify, you'll need to provide the company proof of health insurance in order to receive the stipend. After that, they'll give you the money on a quarterly basis (as long as you continue to qualify)!



Can I still qualify for tax credits?

Yes, you can qualify for both the Proposition 22 stipend and tax credits so long as you still meet the income and driving hours requirements.



What if I drive for more than one company?

As long as you meet the requirements for driving 15 or more hours per week at each company, you can request to receive the stipend.

TIP: Learn more about Proposition 22 and whether you might qualify with this guide.

How to calculate your income

Depending on your income, you may qualify for government subsidies that lower the cost of coverage. To find out, you'll need to know your modified adjusted gross income. Here's how to calculate it:

1 Calculate your self-employment profit.

Your profit is the self-employment income you receive minus bonus expenses.

How much you think you'll make in total this year		Your total estimated business expenses this year		Your self-employment profit
$	—	$	=	$

What counts as a business expense? It's any cost that's ordinary and necessary in the regular course of business — in other words, it's a reasonable, unavoidable expense in your industry. Check out our tax deductions guide to learn more.

2 Find your adjusted gross income (AGI).

Your AGI is all of your combined sources of income minus a few additional tax breaks you may qualify for.

Your self-employment profit		Any other taxable income you'll make this year	—	Personal deductions	=	Your AGI
$	+	$		$		$

Examples:

- Dividends
- Capital gain
- Wages, salaries, tips
- Social Security benefits

Examples:

- Student loan interest
- Moving expenses
- Self-employment health insurance
- 50% of self-employment taxes

3 Find your modified adjusted gross income (MAGI).

Your MAGI is your AGI, plus a few other sources of income you might be receiving.

Your AGI		Miscellaneous income	=	Your MAGI
$	+	$		$

Examples:

- Tax-exempt foreign income
- Tax-exempt interest
- Non-taxable Social Security benefits

Use this number to see if you qualify for subsidies while you're shopping for coverage!

How to get covered during Open Enrollment

Stride makes it simple.

As a partner of HealthCare.gov, Stride offers the same plans and prices. But we ensure you find the right one with personalized recommendations, filters, and side-by-side comparisons — in three steps.

DID YOU KNOW? It takes 5 minutes or less to get personalized plan recommendations through Stride!

1

Tell us about yourself.

Answer simple questions about your income, location, and family size. We'll recommend the best plans for your needs and uncover extra savings.

2

Match with your perfect plan.

Answer a few extra questions (like what doctors or prescriptions you want covered) to narrow your options. Then use side-by-side comparisons and filter by network, price, and more to determine the best one for you.

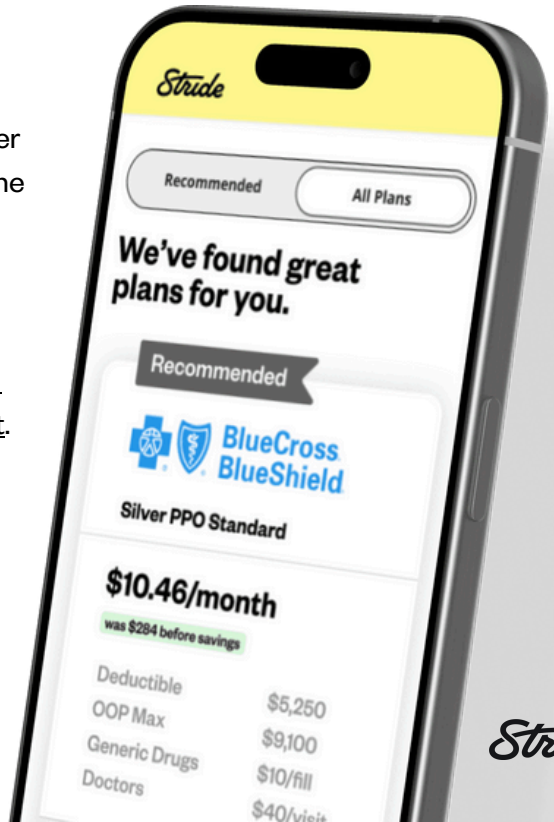
3

Apply in minutes.

Follow the prompts to submit your application. If you have questions, our advisors are on hand for support.

✓

That's it! Get started here.



Stride

Why use Stride to get covered?

You should never compromise when it comes to health coverage. But government sites don't make it easy with confusing jargon, countless plans, and no guidance. Stride makes it simpler to find the right one.

The Stride difference

	Stride	HealthCare.gov
Shop health insurance from **all** available providers.	✓	✓
Automatically uncover tax credits to lower prices. More than 2 in 5 get a plan for **$10/mo or less!**	✓	✓
Discover the best plans for you in **5 min**. or less with a customizable shopping tool.	✓	✗
Pinpoint your best option with filters and **side-by-side comparisons.**	✓	✗
Cut through the confusion with non-commissioned, licensed agents (**with no spam calls**) and FREE guides, tips.	✓	✗
Access dental, vision, and life plans to get all your coverage **in one place**.	✓	✗

DID YOU KNOW? More than 120 major companies use Stride to give their workforce access to health insurance and other benefits, including Uber, Amazon, DoorDash, Instacart, Grubhub, and more.

Options for additonal coverage

Ensure you have total coverage this Open Enrollment season with affordable dental, vision, and disability insurance to supplement your health plan.

Dental insurance

- Plans as low as $30/month with no hidden fees
- Access to hundreds of thousands of dentists nationwide
- Lower-cost dental care
- Coverage that starts the next month



Find my plan.

Vision insurance

- Plans as low as $9/month with no hidden fees
- $100+/year for eyewear
- Access to tens of thousands of eye doctors nationwide
- Coverage that starts the next month



Find my plan.

Disability insurance

- Simple application process with no health exams for most people
- Customizable coverage up to $600 a week
- Confidence you can cover rent, bills, and more if you can't work



Find my plan.

The big takeaways

Having health insurance is the best way to protect your health and wallet, and Open Enrollment is your annual opportunity to make sure you have the right coverage for the coming year. Here's what to remember during Open Enrollment.

Open Enrollment starts Nov. 1.

It lasts until Jan. 15 in most states, and it's the one time of year when you can get new coverage without special circumstances. If you miss it, you may have to wait a whole year to get covered.

Plans change every year, so it pays to re-shop.

Even if you already have coverage from the previous year, it's important to re-check your options to see if you can get a new plan that better suits your health needs or budget in the coming year.

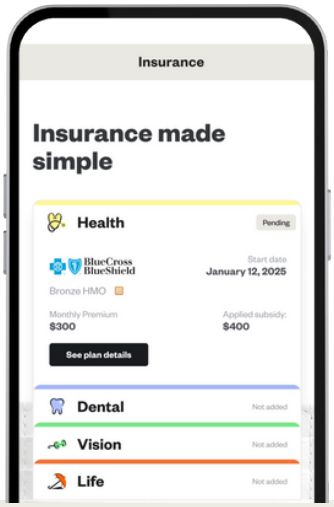
Insurance can be more affordable than you think.

You could get tax credits, stipends, and more to lower the cost of coverage based on factors like your income, job, and location. 44% of people got a plan for $10/month or less with tax credits!

Use Stride to take the stress out of health insurance.

Having any coverage is better than none. But it's also important to find the right plan. Unlike government sites, Stride pinpoints your best option based on your unique needs and budget.

How Stride can help



Download on the App Store

GET IT ON Google Play

Download the FREE Stride app to:

- Slash taxes by an average of $710/year with mileage and expense tracking.
- Get affordable health, dental, vision, and life insurance and manage it in one tab.
- Get more for less with discounts on everyday expenses.
- Consult our free expert support team year-round.

Insurance

As a partner of HealthCare.gov, we offer the same health plans and prices. But we make it simple to find the right one (plus dental, vision, and life coverage to go with it).

Taxes

Stride simplifies 1099 tax prep while maximizing your savings. Track mileage and expenses, link external accounts to uncover deductions, and get IRS-ready reports.

Savings

Stride helps you save on more than just insurance and taxes. Put money back in your pocket with exclusive discounts on gas, prescriptions, food, and more.

We love hearing from you! Contact us at 415-930-9110, support@stridehealth.com, or online.