

Solid Health Insurance Services

Frequently Asked Questions | 2026-2027

Individuals & Families | Small Business | Medicare

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Important: 2027 rates, benefits, limits, and federal rules may still change. This FAQ is written for client education and should be reviewed again when final 2027 carrier and government updates are released.

Individuals & Families

Clear answers for Covered California, private plans, subsidies, and enrollment timing.

Q: Do I have to have health insurance in California?

Yes. California has its own health insurance mandate. Most residents must maintain qualifying health coverage, qualify for an exemption, or pay a state penalty when filing California taxes. The penalty can be significant; it is based on your income and household size. It is usually worth checking whether an affordable plan or subsidy is available before going uninsured.

The good news? There are plans for almost every budget. Even the most affordable plan gives you free preventive care and an annual cap on what you'll ever pay out of pocket.

Q: When is Open Enrollment for 2026 and 2027?

For 2026 coverage, Open Enrollment ran from November 1, 2025, through January 31, 2026. Beginning with the 2027 Enrollment Period coverage, the window is expected to be shorter and will run from November 1, 2026 through December 31, 2026.

Q: What if I miss Open Enrollment?

You may still be able to enroll if you have a [Qualifying Life Event \(QLE\)](#) — such as losing employer coverage, moving, getting married, having a baby, becoming newly lawfully present, or having to pay a tax penalty for not carrying health insurance. In most cases, you have 60 days from the event to apply.

See our guide on [Special Enrollment Periods for 2026](#) if you need to enroll outside of Open Enrollment.

Q: What plans are available to me?

Covered California offers plans from major carriers, including Kaiser Permanente, Blue Shield of California, Health Net, Anthem, and other carriers, depending on your ZIP code. Plans are grouped into Bronze, Silver, Gold, and Platinum tiers. See the [Covered California 2026 Benefit Structure](#) and our overview of the [2026 rates](#).

If your income level is higher than the 400 % Federal Poverty Level, we can assist you in applying directly with the insurance carriers.

Q: Can I get coverage through the Healthcare Exchange?

Yes. Covered California is California's healthcare exchange. Learn more on our [Healthcare Exchange page](#).

Q: Do I qualify for a subsidy?

You may qualify for premium tax credits based on your household size, age, ZIP code, and estimated annual household income (Modified Adjusted Gross Income has to be lower than 400 % of the Federal Poverty Level). Subsidy rules can change from year to year, so update your

income estimate each renewal season and review whether Covered California still has your permission to verify income and eligibility.

The subsidy reduces your monthly premium, sometimes dramatically. The best way to find out your exact amount is to get a quote through us — it's free and takes about 30 seconds.

Q: What income should I use for a quote?

Use your estimated household Modified Adjusted Gross Income (MAGI) for the coverage year. A good starting point is line 11 of your most recent federal tax return(1040), then adjust for expected changes such as retirement, job changes, investment income, or business income.

Q: What if I have very low income?

You may qualify for Medi-Cal, California's free or low-cost health program. Covered California and Medi-Cal use the same application, so the system will help determine which program fits your household income and size.

Q: Should I stay uninsured and just pay the penalty?

Some people stay uninsured and have to pay the tax penalty. But here's the real risk: if something unexpected happens (surgery, hospitalization, a serious diagnosis), you are responsible for the full bill. We're talking tens of thousands of dollars, sometimes more. Even the cheapest plan caps your total out-of-pocket costs — usually under \$10,000. That's a much safer position to be in than paying everything out of pocket with no ceiling.

Even a Bronze plan gives you preventive care and an annual out-of-pocket maximum. Learn how to [maximize your preventive care benefits](#) with any plan.

Q: Can I keep my doctor?

Possibly. Each plan has its own network. Before enrolling or changing plans, verify your doctors, hospitals, and prescriptions. This is especially important when switching between HMO, PPO, and EPO plans.

Q: Can I have Covered California and Medicare at the same time?

Once you are eligible for Medicare, you generally do not qualify for Covered California financial assistance. You must notify Covered California when Medicare begins, and your Covered California plan may not automatically terminate unless you take action.

Q: I'm on a grandfathered plan. Should I switch?

Grandfathered plans have seen major price increases. A Covered California plan may save you money with equal or better benefits. Important: once you leave a grandfathered plan, you cannot return. Let us help you, and [contact us](#) or call us at 310-696-2002 before deciding — we'll compare options at no charge.

Q: How soon can my coverage start?

If you enroll during Open Enrollment or within 60 days of a Qualifying Life Event, coverage can start as early as the 1st of the following month.

Q: Do you offer dental and vision plans?

Yes. Separate dental and vision insurance options are available. [Contact us](#) to learn more.

Q: Can self-employed individuals get health insurance?

Yes. We help freelancers, contractors, and business owners find affordable individual coverage options through Covered California or directly with the insurance carriers.

Q: What information do I need for a quote?

Typically, we need your ZIP code, age, household size, and estimated annual income. The [quote is free](#).

Q: Do health insurance plans include telehealth?

Many plans include virtual doctor visits and telehealth services.

Q: Will I be penalized if I don't have health insurance?

Beginning in 2020, California residents are required to maintain qualifying health insurance, qualify for an exemption, or pay a penalty at tax time. \$ 950 per adult and \$ 475 per dependent child. A family of four without coverage for a full year could face a penalty starting around \$2,850 or 2.5 % based on your gross household income that exceeds the California tax filing threshold. This flat fee amount changes each year.

DEPENDENT COVERAGE

Q: How long can my child remain on my medical insurance?

Under the ACA, dependent children can remain on a parent's medical insurance until **age 26**, regardless of student, marital, or employment status. In the month they turn 26, they will need to buy individual coverage. See [HealthCare.gov — Young Adults & the ACA](#).

Q: How long can my child remain on my dental and vision insurance?

Dental and vision eligibility rules vary by carrier. ACA compliant group plans cover dependent children for dental and vision in their medical insurance to **age 18**. This is **different from medical coverage**, so plan ahead when a child approaches 18 to avoid gaps in dental and vision coverage. Contact us to confirm the rules for your specific plan.

Q: How can I contact Solid Health Insurance?

Call 310-696-2002, email info [@solidhealthinsurance.com](mailto:info@solidhealthinsurance.com), or visit our [Contact Us page](#) to request a quote or speak with a licensed agent.

Key Insurance Terms

Plain-English definitions for the most common health insurance concepts.

Premium

The monthly amount you pay to keep your health insurance active, whether you use it or not. Subsidies from Covered California can lower your premium based on your income.

Deductible

The amount you pay for covered medical services before your insurance starts helping. Preventive care (like annual checkups and vaccines) is usually covered before you meet your deductible. On Silver, Gold, and Platinum plans, doctor services, lab services, urgent care services, and emergency services are often covered before the deductible. Read your Summary of Benefits description.

Copay (Copayment)

A fixed dollar amount you pay for a specific service — like \$30 for a doctor visit or \$15 for a generic prescription.

Coinsurance

Your share of the cost after you've met your deductible, expressed as a percentage. For example, 20% coinsurance means you pay 20%, and insurance pays 80%.

Out-of-Pocket Maximum (OOP Max)

The most you'll ever pay in a plan year for covered in-network services. After that, insurance covers 100% for the rest of the year. One of the most important numbers to compare across plans.

Network

The group of doctors, hospitals, labs, and specialists contracted with your plan at pre-negotiated rates. Staying in-network keeps your costs lower.

Out-of-Network services

Out-of-network (OON) costs happen when you go to a doctor or facility that doesn't have a contract with your insurance.

Because there's no agreed price, the care is usually much more expensive. You may have to pay a higher deductible, much higher out of pocket, and most of the time will pay the full bill upfront

Formulary

Your plan's list of covered prescription drugs is organized into cost tiers. Generic drugs are the lowest cost (Tier 1, 2); brand-name Tier(3, 4), and specialty drugs (Tier 5) cost more. Depending on the metal level, you will have a drug deductible.

Open Enrollment Period (OEP)

The annual window during which you can sign up for, change, or drop a health insurance plan. For Covered California and the individual health insurance carrier, this typically runs November 1 through January 31 (or December 31 for 2027 coverage).

Special Enrollment Period (SEP)

A limited window outside of Open Enrollment when you can enroll in or change a plan due to a qualifying life event such as losing coverage, getting married, having a baby, or moving. You generally have 60 days from the event. See our guide on [Special Enrollment Periods for 2026](#) if you need to enroll outside of Open Enrollment.

ACA / Affordable Care Act

The federal law (also called Obamacare) that created Covered California required coverage of pre-existing conditions and established 10 essential health benefits all compliant plans must include.

HSA (Health Savings Account)

A tax-advantaged savings account available to people enrolled in a qualifying High Deductible Health Plan. You contribute pre-tax dollars, use them for qualified medical expenses, and any unused funds roll over year to year. In 2026 all individual Bronze plans on the Market Exchange and Covered California are HSA compliant.

Medi-Cal

California's Medicaid program providing free or low-cost coverage to eligible low-income adults, children, pregnant women, seniors, and people with disabilities.

COBRA

Lets you continue employer-sponsored health coverage after leaving a job, typically for up to 18 months, depending on state up to 36 months.. You pay the full premium — including what your employer used to cover — which can be costly.

Plan Types: HMO, PPO, EPO & HDHP

HMO (Health Maintenance Organization)

Covers care within a specific network. You choose a Primary Care Physician (PCP) who manages your care and provides referrals to specialists. Lower premiums and out-of-pocket costs but less flexibility. Must stay in-network (except emergencies).

PPO (Preferred Provider Organization)

Gives you freedom to see any doctor or specialist — in or out of network — without a referral. More flexibility but typically higher premiums than HMOs.

EPO (Exclusive Provider Organization)

No referrals needed (like a PPO), but you must stay in-network (like an HMO). A middle ground: often lower premiums than PPOs with more flexibility than HMOs.

HDHP (High Deductible Health Plan) + HSA

Higher deductible than traditional plans but lower monthly premiums. For 2026, the minimum HDHP deductible is \$1,700 self-only or \$3,400 family. Can be paired with an HSA. Not every Bronze plan is HSA-qualified — check the plan details.

What do the metal tiers mean?

- Bronze: lowest premiums, highest out-of-pocket costs
- Silver: mid-range; eligible for Cost-Sharing Reductions if income qualifies
- Gold: higher premiums, lower out-of-pocket costs
- Platinum: highest premiums, lowest out-of-pocket costs

Generally healthy and rarely need care? Bronze or Silver may save you money. Ongoing health needs or regular medications? Gold or Platinum often makes more financial sense. See the full [2026 Benefit Structure](#) for details.

