

Florida Health Insurance

Your Complete 2026 Guide

Understand your coverage options, how subsidies work, and how to find the right plan for your budget — explained in plain English by a local independent advisor.

- ✓ What health insurance actually covers — and what it doesn't
- ✓ The ACA Marketplace explained: on-exchange vs. off-exchange coverage
- ✓ How premium tax credits and subsidies work in 2026
- ✓ Metal tiers: Bronze, Silver, Gold, and Platinum compared
- ✓ Temporary health insurance and when it makes sense
- ✓ Open Enrollment, Special Enrollment, and how not to miss your window
- ✓ Why working with an independent local advisor saves you money

From Your Local NISONA Advisor

As an independent insurance agency, NISONA doesn't work for any single carrier. We represent multiple insurance companies and help Florida residents compare every available option — ACA Marketplace plans, off-exchange plans, short-term coverage, dental, vision, and more. This guide gives you the same honest explanation we give every client.

Kathy Jones, Licensed Insurance Advisor | Sebastian, FL | (888) 564-2326

How Health Insurance Works

Health insurance is a contract between you and an insurance company. You pay a monthly premium to keep coverage active, and in return, the insurer helps pay for covered medical expenses — but how much they pay, and when, depends on a few key terms everyone should understand.

Premium	Your monthly payment to keep your health insurance active — whether or not you use any medical services that month. Premiums vary based on your age, location, plan tier, and whether you qualify for subsidies.
Deductible	The amount you pay out-of-pocket each year before your insurance starts sharing costs. Example: if your deductible is \$2,000, you pay the first \$2,000 in medical bills yourself. After that, your insurer starts covering a share.
Copay	A fixed amount you pay for a specific service — like \$30 for a doctor visit or \$15 for a prescription — regardless of whether you've met your deductible. Some plans have copays; others require you to meet your deductible first.
Coinsurance	After your deductible is met, you and your insurer split costs by a set percentage. With 80/20 coinsurance, your insurer pays 80% and you pay 20% of covered expenses until you hit your out-of-pocket maximum.
Out-of-Pocket Maximum	The most you'll ever pay for covered services in a plan year. Once you hit this limit, your insurer covers 100% of covered costs for the rest of the year. For 2026, ACA-compliant plans cap this at \$9,200 (individual) or \$18,400 (family).
Network	The group of doctors, hospitals, and providers your plan has contracts with. Staying in-network usually means lower costs. Going out-of-network often means higher costs or no coverage at all, depending on your plan type.

On-Exchange vs. Off-Exchange Coverage

This is one of the most misunderstood areas of health insurance — and one of the most important. Where you buy your plan determines whether you can access federal subsidies that could save you hundreds of dollars per month.

What Is the ACA Marketplace?

The ACA Health Insurance Marketplace (sometimes called "the exchange" or "Obamacare") is a government-run platform where you can shop for health insurance that meets Affordable Care Act standards. In Florida, the federal Marketplace is at **HealthCare.gov**. Plans sold here are called "on-exchange" or "on-Marketplace" plans.

The single biggest advantage of buying on the Marketplace: **this is the ONLY place you can access premium tax credits (subsidies)** that lower your monthly premium based on your income.

On-Exchange vs. Off-Exchange: Key Differences

	ON-EXCHANGE (Marketplace)	OFF-EXCHANGE (Direct from Insurer)
Where you buy	HealthCare.gov or a licensed broker	Directly from insurer or through a broker
Premium tax credits	✓ Available if income-eligible	✗ Not available
Cost-sharing reductions	✓ Available on Silver plans	✗ Not available
ACA compliance	✓ Must meet ACA standards	✓ Most plans still ACA-compliant
Plan variety	Carriers approved by the exchange	Sometimes broader carrier selection
Best for	Anyone who may qualify for subsidies	Higher earners who don't qualify for subsidies

How Premium Tax Credits Work in 2026

Premium tax credits are federal subsidies that reduce your monthly health insurance premium. Here's what you need to know:

- **Who qualifies:** Households earning between 100% and 400% of the Federal Poverty Level (FPL) have always qualified. Enhanced subsidies introduced in 2021 extended eligibility above 400% FPL — meaning many middle-income Floridians qualify for some level of subsidy.
- **How they're calculated:** The subsidy is based on the cost of the benchmark Silver plan in your area. The government caps how much of your income you're expected to spend on the benchmark plan — anything above that cap is subsidized.
- **2026 income examples (individual):** At \$20,000/year (~138% FPL), monthly premium after subsidy could be \$0–\$20. At \$35,000/year (~240% FPL), premiums are significantly reduced. At \$60,000/year (~412% FPL), some subsidy may still apply.
- **Cost-Sharing Reductions (CSR):** If you earn under 250% FPL AND choose a Silver plan on the Marketplace, you may also qualify for reduced deductibles and out-of-pocket maximums — a significant additional benefit only available on-exchange.

■ Important: You Can Only Access Subsidies On the Marketplace

If you buy an identical plan directly from an insurer (off-exchange), you lose access to premium tax credits entirely — even if you would have qualified. Always check your subsidy eligibility before buying off-exchange. A licensed advisor can run this comparison for you in minutes.

Understanding Metal Plan Tiers

ACA-compliant health insurance plans are organized into four "metal" tiers — Bronze, Silver, Gold, and Platinum. The tier determines how costs are split between you and the insurer. It has nothing to do with the quality of care.

BRONZE 60% insurer / 40% you	Lowest monthly premium, highest out-of-pocket costs when you use care. Best for people who are generally healthy, rarely need medical services, and want protection mainly against catastrophic events. Deductibles are typically high — often \$5,000–\$8,700.
SILVER 70% insurer / 30% you	The benchmark tier for subsidy calculations. If you qualify for Cost-Sharing Reductions (CSR) — available to those earning under 250% FPL — Silver plans can become dramatically more valuable than they appear, with deductibles as low as \$0–\$500. Always check if you qualify for CSR before choosing Bronze.
GOLD 80% insurer / 20% you	Higher monthly premium, lower out-of-pocket costs when you use care. Best for people who use medical services regularly, take ongoing prescriptions, or have chronic conditions. The higher premium is often offset by lower deductibles and copays throughout the year.
PLATINUM 90% insurer / 10% you	Highest monthly premium, lowest out-of-pocket costs. Insurer covers 90% of costs. Best for people with significant ongoing medical needs who want maximum cost predictability. Less common in Florida's individual market.

The Silver Plan CSR Strategy — Don't Miss This

If your household income falls below 250% of the Federal Poverty Level, a Silver plan on the Marketplace can be significantly better value than it appears. Cost-Sharing Reductions (CSR) are only available on Silver plans, and they can reduce your deductible from \$4,000+ to as low as \$0, with much lower copays and out-of-pocket limits throughout the year. This is one of the biggest hidden advantages in the ACA that many people never discover.

Health Insurance Plan Types

Within each metal tier, plans come in different network structures that determine which doctors and hospitals you can use and whether you need referrals.

<p>HMO Health Maintenance Organization</p>	<p>Requires you to choose a primary care physician (PCP) who coordinates your care. You need a referral from your PCP to see specialists. Must stay in-network except for emergencies.</p> <p>Pros: Lower premiums, lower out-of-pocket costs, less paperwork Cons: Less flexibility, referrals required, no out-of-network coverage</p>
<p>PPO Preferred Provider Organization</p>	<p>No PCP requirement, no referrals needed. You can see any doctor — in-network for lower costs or out-of-network at higher cost.</p> <p>Pros: Maximum flexibility, see any doctor, no referrals Cons: Higher premiums, more complex cost-sharing</p>
<p>EPO Exclusive Provider Organization</p>	<p>Like a PPO in that you don't need referrals, but like an HMO in that you must stay in-network for all non-emergency care.</p> <p>Pros: No referrals, lower premiums than PPO Cons: No out-of-network coverage at all</p>
<p>HDHP High Deductible Health Plan</p>	<p>Any plan (HMO or PPO) with a deductible of at least \$1,700 (individual) in 2026. The main advantage: you can pair it with a Health Savings Account (HSA) for a powerful triple-tax advantage.</p> <p>Pros: Lower premiums, HSA-eligible Cons: Higher deductible before coverage kicks in</p>

Other Coverage Options in Florida

ACA Marketplace plans aren't the only option for every situation. Depending on your circumstances, one of these alternatives may be a better fit.

<p>Temporary / Short-Term Health Insurance</p>	<p>Designed to bridge a gap in coverage — between jobs, after missing Open Enrollment, or while waiting for employer coverage to start. Can become effective as soon as the next day.</p> <p>Key facts: Not ACA-compliant. Excludes pre-existing conditions. Not guaranteed issue. In Florida, initial terms up to 364 days with total duration up to 36 months. Typically much lower premium than ACA plans.</p>
<p>Medicaid</p>	<p>Florida's Medicaid program provides free or very low-cost health coverage to eligible low-income adults, children, pregnant women, and people with disabilities.</p> <p>2026 eligibility (Florida): Adults with children up to 133% FPL. Florida has not expanded Medicaid under the ACA, so childless adults have limited eligibility. Apply through ACCESS Florida at myflorida.com.</p>
<p>COBRA Continuation Coverage</p>	<p>Allows you to continue your former employer's health plan after leaving a job. Keeps the exact same coverage — same doctors, same network — but you pay the full premium yourself, often making it significantly more expensive than alternatives.</p> <p>Duration: Up to 18 months in most cases (up to 36 months in certain situations).</p>
<p>Dental & Vision Insurance</p>	<p>Standard health insurance generally does not cover routine dental or vision care. Standalone dental and vision plans fill this gap and are available year-round with no Open Enrollment restriction.</p> <p>NISONA offers dental and vision plans from top Florida carriers including Florida Blue Dental, Delta Dental, MetLife, Humana, and others.</p>

When and How to Enroll

Health insurance has specific enrollment windows. Outside of these windows, you generally cannot buy an ACA Marketplace plan unless you qualify for a Special Enrollment Period.

Open Enrollment Period (OEP)

November 1 through January 15 in Florida (federal Marketplace). This is when anyone can enroll in or change a health insurance plan for the following year, regardless of health status.

→ **Action: Don't wait until January — enrolling by December 15 ensures coverage starts January 1.**

Special Enrollment Period (SEP)

A 60-day window triggered by a qualifying life event that allows you to enroll outside of Open Enrollment. Qualifying events include: losing job-based coverage, getting married or divorced, having a baby, moving to a new coverage area, or losing Medicaid eligibility.

→ **Action: You have 60 days from the qualifying event — don't let it lapse.**

Year-Round Enrollment (Low Income)

If your income qualifies you for Medicaid or the Children's Health Insurance Program (CHIP), you can apply any time of year — there is no enrollment window restriction.

→ **Action: Apply through ACCESS Florida at myflorida.com at any time.**

Short-Term Plans — Any Time

Temporary / short-term health insurance can be purchased at any time of year with coverage starting as soon as the next day. Not subject to ACA enrollment windows.

→ **Action: Use as a bridge if you've missed Open Enrollment and don't have a qualifying event.**

How to Actually Enroll

Option 1 — HealthCare.gov: Apply directly at healthcare.gov. You can compare plans and apply for subsidies online, but you won't get personalized advice on which plan fits your situation.

Option 2 — Through NISONA (recommended): As a licensed independent broker, NISONA can access HealthCare.gov on your behalf, run your subsidy eligibility, compare every available plan in your county, and help you choose the right metal tier and network type — at no cost to you. Our compensation comes from the insurer, not from you.

Common Questions Answered

What's the difference between a deductible and an out-of-pocket maximum?

Your deductible is what you pay before insurance starts sharing costs. Your out-of-pocket maximum is the most you'll pay in a year — after that, insurance covers 100%. Both reset every January 1.

Can I keep my current doctor?

It depends on the plan's network. Before enrolling, check whether your doctor is in-network for the specific plan you're considering — not just the carrier. A doctor can be in-network for one Humana plan and out-of-network for another Humana plan.

I'm self-employed. Do I qualify for subsidies?

Yes — self-employed individuals can enroll through the Marketplace and qualify for premium tax credits based on their estimated annual net income. Your business expenses reduce your income for subsidy calculation purposes, which often means a larger subsidy than expected.

What happens if I miss Open Enrollment?

Without a qualifying life event (SEP), you generally cannot enroll in an ACA Marketplace plan until the next Open Enrollment. Your options then include temporary/short-term health insurance (available year-round), Medicaid if you qualify, or COBRA if you recently left a job with coverage.

Is there still a penalty for not having health insurance?

There is no federal penalty for being uninsured as of 2019. However, going without coverage means paying 100% of medical costs yourself, which can be financially devastating if you have a serious illness or accident.

Should I choose on-exchange or off-exchange?

Almost always on-exchange, unless you earn too much to qualify for any subsidy (generally over \$60,000/year for an individual in 2026). Even if you think you don't qualify, it's worth checking — many people are surprised to find they do. A NISONA advisor can run this comparison for you in a few minutes.

Why Work With NISONA?

Health insurance decisions are some of the most financially consequential choices you'll make each year. Having an experienced, independent advisor in your corner costs you nothing and can save you hundreds.

✓ Independent & Unbiased

NISONA represents multiple carriers — not just one. We compare every plan available in your county and recommend the one that actually fits your situation, not the one that pays us the most.

✓ Subsidy Expertise

Navigating premium tax credits, cost-sharing reductions, and the interaction between on-exchange and off-exchange options is genuinely complex. We do this every day and know how to maximize your subsidy eligibility.

✓ Local to Florida's Treasure & Space Coast

Based in Sebastian, FL, we understand your local carrier networks, regional hospitals, and the specific plans available in Indian River, Brevard, and surrounding counties.

✓ No Cost to You — Ever

Our service is completely free. We're compensated by the insurance carriers when you enroll — at no additional cost to you and with no impact on your premium.

✓ Year-Round Support

We don't disappear after enrollment. If you have billing questions, claims issues, or need to make a mid-year change due to a life event, we're here to help.

Ready to Find the Right Plan?

Call or contact us for a free, no-pressure consultation. We'll check your subsidy eligibility, compare every plan available in your area, and help you make a confident health insurance decision.

(888) 564-2326 | 772-770-0700

nisona.com | 1627 US Hwy 1, Suite 220, Sebastian, FL 32958

Get an instant quote: healthsherpa.com/?_agent_id=douglas-jones

This guide is for general informational purposes only and reflects health insurance program details as of 2026. Premiums, subsidies, and plan availability vary by county and income. NISONA is an independent insurance agency and is not affiliated with or endorsed by the U.S. Government, the ACA Marketplace, or any individual carrier. Always confirm current plan details with a licensed advisor before enrolling.