



INTERMOUNTAIN

I N S U R A N C E



Your Guide to Oregon Marketplace Health Insurance

Health coverage guidance for individuals and families in Eastern Oregon

Finding the right health insurance can be complicated—especially when premiums, provider networks, tax credits, and plan choices can change from one year to the next.

Intermountain Insurance helps individuals and families throughout Eastern Oregon understand their options through the Oregon Health Insurance Marketplace and choose coverage based on more than just the monthly premium.

Whether you are self-employed, between jobs, retiring before Medicare eligibility, losing employer coverage, turning 26, or simply shopping for a better individual health plan, this guide will help you understand how Marketplace coverage works and what to consider before enrolling.

Need help now?

Call Intermountain Insurance at (541) 314-9075 or email josh@intermountain.insure.

What is the Oregon Health Insurance Marketplace?

The Oregon Health Insurance Marketplace is the state program that connects Oregonians with Affordable Care Act-compliant individual and family health insurance.

For 2026 coverage, Oregon uses the federal HealthCare.gov enrollment platform. Oregon is transitioning to its own state-operated enrollment platform for the 2027 plan year, scheduled to be available for Open Enrollment beginning November 1, 2026. For that reason, the safest starting point going forward is **OregonHealthCare.gov**, which will direct consumers to the appropriate enrollment system. (healthcare.oregon.gov)

Marketplace plans are private health insurance policies issued by insurance companies. They are not government health insurance. However, eligible households may receive federal financial assistance when they enroll through the Marketplace.

All Marketplace health plans cover the Affordable Care Act's essential health benefits, including physician and outpatient care, emergency services, hospitalization, prescription drugs, maternity care, mental health and substance-use treatment, laboratory services, preventive care, and other required benefits. Marketplace plans also cover pre-existing medical conditions and cannot charge a higher premium because of your medical history. (healthcare.gov)

Who should consider Marketplace coverage?

Marketplace insurance is often a good place to begin if you do not have access to Medicare, the Oregon Health Plan, or appropriate employer-sponsored coverage.

Common situations include someone who is self-employed, owns a small business with no employees, works part time, is between jobs, recently lost employer coverage, is retiring before age 65, has aged off a parent's plan at 26, or has an employer plan that may be unaffordable for the household.

Applying does not obligate you to enroll. The Marketplace determines which coverage programs and financial assistance may be available to your household.

Financial help can make a major difference

One of the most important reasons to use the Marketplace is access to the **premium tax credit**.

If you qualify, the credit can be applied in advance to reduce the premium you pay each month. Your eligibility and the amount of assistance are determined using information such as your expected annual household income, household size, tax-filing status, and access to other qualifying health coverage.

Premium tax credits are available only when coverage is obtained through the Marketplace or an approved Marketplace enrollment partner. (healthcare.gov)

Some households may also qualify for **cost-sharing reductions**, sometimes called "extra savings." These can reduce deductibles, copayments, coinsurance, and the plan's maximum out-of-pocket exposure. There is an important catch: **you must select an eligible Silver plan to receive cost-sharing reductions.** (healthcare.gov)

That is one reason the plan with the lowest advertised premium isn't necessarily the least expensive plan for your family.

Marketplace coverage or Oregon Health Plan?

Submitting an application can also identify whether members of your household may qualify for the Oregon Health Plan rather than private Marketplace insurance.

Oregon also has **OHP Bridge**, which provides coverage for certain adults with income above the traditional OHP limit but no higher than 200% of the federal poverty level. OHP Bridge generally has no premiums, deductibles, copayments, or coinsurance for members and includes medical, dental, and behavioral health benefits. Eligibility rules and income limits are updated periodically. (oregon.gov)

Different people in the same family can sometimes qualify for different programs. For example, children may qualify for Oregon Health Plan coverage while the parents qualify for a Marketplace health plan.

This is one area where working through the entire household—not just looking at an online premium quote—can be particularly important.

Understanding Bronze, Silver, and Gold Plans

Marketplace plans are organized into “metal” categories. The metal level does **not** indicate the quality of the insurance company, doctors, or medical care. It describes how costs are generally divided between you and the health plan. (healthcare.gov)

Bronze plans generally have lower premiums but require the member to pay more when medical care is used. They can work well for someone primarily concerned about protection from major medical expenses, but the deductible and other out-of-pocket costs deserve close attention.

Silver plans sit in the middle. They are especially important for households that qualify for cost-sharing reductions because those additional benefits are available only through qualifying Silver plans.

Gold plans generally have higher monthly premiums but lower costs when you receive care. A Gold plan can sometimes make more sense for someone who expects frequent office visits, specialty care, prescriptions, testing, or other regular medical expenses.

The best metal level depends on your total expected costs—not simply which plan has the lowest premium.

Choosing a Plan in Eastern Oregon

This is where comparing plans becomes especially important.

In a rural region, **provider network can matter just as much as premium or deductible**. A plan that looks excellent financially may be a poor fit if your physician, hospital, specialist, pharmacy, or other important provider is outside its network.

Marketplace plans may use HMO, EPO, PPO, or other network structures. Some provide little or no coverage for non-emergency out-of-network care, while others offer greater flexibility at a higher cost. (healthcare.gov)

For Eastern Oregon residents, we recommend looking at the entire picture before choosing a plan:

- Your doctors and preferred local hospital or clinic; specialists you currently see; prescription drugs and the plan's formulary; preferred pharmacies; whether specialty care outside Eastern Oregon may be needed; deductible and copay structure; maximum annual out-of-pocket exposure; HSA eligibility when relevant; and the **net premium after any Marketplace assistance**.

A \$50 difference in monthly premium may be far less important than a several-thousand-dollar difference in deductible, prescription coverage, or out-of-pocket exposure.

Don't assume your current plan is still the best plan

Marketplace plans should be reviewed every year.

Insurance companies can change premiums, provider networks, prescription formularies, deductibles, copayments, and other benefits. Your household income or family circumstances can change as well, which can change your eligibility for financial assistance.

Oregon specifically recommends actively reviewing coverage during Open Enrollment rather than simply relying on automatic renewal. (healthcare.oregon.gov)

Even if you like your current carrier, it makes sense to compare the new year's options before renewing.

When Can You Enroll?

Marketplace **Open Enrollment** generally runs from **November 1 through January 15**.

Enrollment completed by December 15 generally allows coverage to begin January 1. Enrollment completed after December 15 but by January 15 generally begins February 1. ([healthcare.gov](https://healthcare.oregon.gov))

Outside Open Enrollment, you may still qualify for a **Special Enrollment Period** after certain changes in your life. Common examples include loss of other health coverage, marriage, birth or adoption of a child, certain moves, or other qualifying changes. Depending on the event, the enrollment window is commonly 60 days before or after the qualifying event. ([healthcare.gov](https://healthcare.oregon.gov))

Do not wait until the 60th day if you know you are losing coverage. Starting early gives time to resolve eligibility questions and avoid an unintended gap.

What information should you have ready?

Before applying, it helps to gather Social Security numbers and birthdates for household members applying for coverage, home address information, citizenship or eligible immigration information when applicable, expected tax-filing information, details about household income, and information about any employer health coverage available to members of the household. Oregon recommends gathering this information before beginning the enrollment process. (healthcare.oregon.gov)

For plan selection, also prepare a list of your preferred doctors, hospitals, medications, and pharmacies.

After You Enroll

Selecting a plan is not quite the final step.

Your health insurance company—not the Marketplace—collects your premium. Coverage generally does not become active until the insurer receives the first premium payment. ([healthcare.gov](https://healthcare.oregon.gov))

After enrollment, confirm that your policy is active, review your identification cards and plan documents, and verify provider network information before scheduling non-emergency care.

If you receive an advance premium tax credit, keep your Marketplace application current throughout the year. Changes in income, household composition, or access to other insurance can affect the financial assistance for which you qualify. Premium tax credits are ultimately reconciled when you file your federal tax return. ([healthcare.gov](https://healthcare.oregon.gov))

A Special Note for Self-Employed Eastern Oregonians

Farmers, ranchers, independent contractors, business owners, consultants, and other self-employed residents often have income that changes during the year.

Marketplace applicants use an estimate of expected **annual household income**. When circumstances change, the application can be updated so that financial assistance can be recalculated. HealthCare.gov specifically recommends updating the application when income changes rather than waiting until tax time. (healthcare.gov)

For someone whose income fluctuates significantly, thoughtful income estimation and periodic review can be especially important.

2027 Oregon Marketplace Update

Updated August 2026

Oregon's individual health insurance market is changing significantly for 2027.

Oregon is scheduled to launch its own state-based Marketplace enrollment platform for the 2027 plan year, replacing the state's use of the federal HealthCare.gov platform. The transition is required to be ready for Open Enrollment beginning **November 1, 2026**. (healthcare.oregon.gov)

In addition, Oregon regulators report that **Providence Health Plan and PacificSource will leave Oregon's individual insurance market at the end of 2026**. Current 2027 filings indicate that BridgeSpan, Moda, and Regence plan to offer individual coverage statewide, while Kaiser will continue in a more limited group of counties. Final 2027 rates have not yet been approved as of this update. (dfr.oregon.gov)

For Eastern Oregon residents currently enrolled with Providence or PacificSource individual coverage, this makes **active shopping during 2027 Open Enrollment particularly important** rather than relying on automatic plan reassignment.

How Intermountain Insurance Can Help

Health insurance isn't simply a question of finding the lowest premium.

At **Intermountain Insurance**, our goal is to help you understand how the available plans actually fit your household. We can help evaluate Marketplace eligibility, compare premiums and financial assistance, examine deductibles and out-of-pocket exposure, review provider networks and prescription coverage, and assist with the enrollment process.

We understand that health care access in Eastern Oregon can look different from health care access in a large metropolitan area. Your local providers, travel needs, prescription coverage, and access to specialty care all deserve consideration.

Ready to review your options?

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