A practical guide from the American Influencer Council

Self-Employed Creator's Guide to Health Coverage

What every career creator needs to know about health insurance

in partnership with

DISCLAIMER

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CONSULT A PROFESSIONAL
Examples provided in this Guide are for illustrative purposes only and may not apply to your health coverage situation. You are responsible for verifying information as it relates to your individual self-employed circumstances with a qualified professional.

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AI USAGE
This Guide was developed with assistance from Claude (Anthropic), used to research and compile information from cbpp.org, irs.gov, healthcare.gov, healthinsurance.org, hbgsolo.com, medicaid.gov, and usa.gov. Content has been reviewed and edited by AIC staff. Source links are provided throughout for verification.

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WHY HEALTH INSURANCE MATTERS FOR SELF-EMPLOYED CAREER CREATORS

FULL-TIME CREATOR CRITICAL BUSINESS INFRASTRUCTURE: HEALTH COVERAGE

When we began developing this guide, I spent months listening to creators talk about health coverage in their own words across social media, search, and online communities.

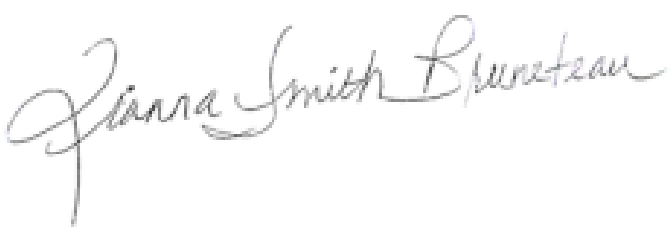
The same questions appeared again and again: What happens when I turn 26? How do I replace coverage through a spouse? What are my options if I leave a traditional job to become self-employed?

I quickly learned that many creators were waiting until the last minute because the process felt overwhelming. I experienced that same frustration while researching health coverage options designed for self-employed professionals.

We created this guide to answer the questions creators are already asking and to provide a practical starting point for understanding health coverage. Our goal is simple: to help career creators make informed decisions with greater confidence and less uncertainty.

No creator should have to choose between pursuing their career and having access to quality care.

QIANNA SMITH BRUNETEAU
American Influencer Council
Founder and Executive Director



WHY HEALTH INSURANCE MATTERS FOR SELF-EMPLOYED CAREER CREATORS

WHICH ONE ARE YOU?

This guide was written for creators navigating a coverage gap. There are four common entry points. Find yours and keep reading.

You just turned 26 or graduated and **aged off a parent's plan**. You've been building your audience and coverage was never something you had to think about. Now it is. This guide starts here.

You're **leaving corporate** to go all in on your creator business. You've had employer-sponsored coverage your whole career and have never had to shop for a plan on your own. The good news: you have more options than you think.

You're going through a **divorce or separation and losing coverage through a spouse's plan**. This is one of the most stressful coverage gaps because it happens at an already difficult time. Losing a spouse's coverage is a qualifying life event. You have 60 days to act.

Your spouse or partner is leaving their corporate job, which means the **household coverage you've relied on is ending**. Whether one of you or both of you need new coverage, this guide walks through every option.

WHY HEALTH INSURANCE MATTERS FOR SELF-EMPLOYED CAREER CREATORS

You built your career on your own terms. That means setting your schedule, choosing your brand partners, and growing your audience at your own pace. But there is **one area where flying solo can leave you exposed: health coverage**.

When you work full-time as a creator, you are running a small business. That means no employer plan, no HR department, and no automatic enrollment. Getting covered is entirely on you.

Many creators go uninsured or underinsured simply because the process feels overwhelming. This guide is here to change that.

A single medical emergency without coverage can cost tens of thousands of dollars and derail everything you have worked to build. Health insurance protects your income, your savings, and your ability to keep creating.

Creator income is variable, which directly affects plan eligibility and subsidy amounts.

Self-employed individuals pay both the employee and employer share of Medicare and Social Security taxes, making deductions critical.

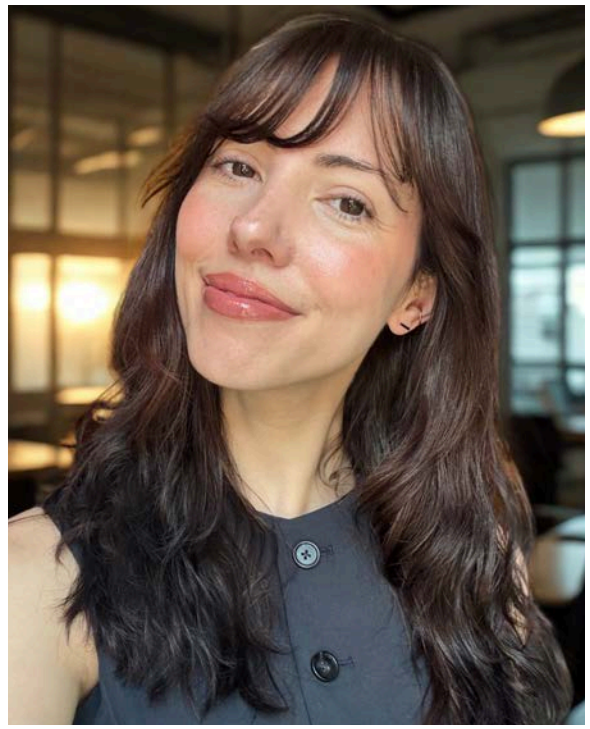
Open Enrollment for 2027 coverage begins November 1, 2026. A 2026 court ruling put the December 15 end date on hold, so the deadline may remain January 15. Aim for December 15 and confirm your exact deadline at HealthCare.gov

RESOURCE HealthCare.gov: Health Coverage for Self-Employed Individuals

REAL TALK: CREATORS ON HEALTH INSURANCE

Health coverage shouldn’t be a barrier to pursuing a career as a creator. I know firsthand how overwhelming it can feel to navigate coverage as a self-employed professional.

This guide was created to answer common questions, reduce uncertainty, and help creators make informed decisions about their future.



SAM DEMASE

Chairwoman, AIC Board of Directors
Founder, Power Mood

REAL TALK: CREATORS ON HEALTH INSURANCE

The fear of losing health insurance delayed my decision to quit my job for months. I had no idea how to secure health coverage as an entrepreneur, and both my husband and I relied on the insurance from my job. Once I finally started researching self-employed options in my state, I easily found the official government marketplace, where I could compare plans and enroll. The process turned out to be pretty simple, and I found a plan that fit my budget. Looking back, I spent months worried about something that turned out to be far easier to navigate than I expected.

JALYN BAIDEN

REAL TALK: CREATORS ON HEALTH INSURANCE

If you’re uninsured, just one medical emergency could deplete your savings. As a creator with variable income, that’s a scary place to be. Not to mention, an emergency that also keeps you from working can drastically cut your revenue. That’s an even tougher place to be without health coverage. Now you’re under pressure to keep generating income while paying for significant, and often unpredictable, medical costs.

Don’t treat health coverage as optional.

GRACE LEMIRE

THE THREE BUCKETS OF HEALTH COVERAGE

Most people have only ever experienced one type of health insurance: employer-sponsored coverage. When you leave a corporate job to go full-time as a creator, or you graduate from college and bypass corporate America to build your own business, that bucket disappears. Understanding what replaces it starts with knowing the three ways Americans get covered.

GOVERNMENT PROGRAMS
Medicaid (income-based, any age) and Medicare (65 and older). Free or very low cost. Eligibility is determined by income and life circumstances, not employment status.

ACA HEALTH INSURANCE MARKETPLACE® PLANS
Government-regulated private insurance sold through HealthCare.gov. Premiums are based on income and subsidies are available. Enrollment is tied to Open Enrollment windows unless you have a qualifying life event.

PRIVATE HEALTH INSURANCE
Plans that operate entirely outside the ACA Health Insurance Marketplace®. No enrollment windows. No government subsidy. No insurer exit risk. You apply directly, qualify based on a health questionnaire, and pay a monthly premium.

Solo Health is a private, self-funded plan in this category.

PRIVATE HEALTH INSURANCE | CONTINUED

Private plans are particularly well-suited to creators because you can enroll as a business owner using your Employer Identification Number (EIN) rather than your Social Security Number (SSN).

Your EIN establishes you as a legitimate business entity, protects your SSN from unnecessary exposure, and reinforces what you already are: a self-employed professional running a real business. If you do not yet have an EIN, applying is free and takes minutes at IRS.gov.

RESOURCE AIC's Self-Employed Tax Guidance for Influencers covers this in detail.

This third bucket is the least understood and the most relevant to creators who do not qualify for Medicaid, want flexibility outside Open Enrollment, and want a plan that is not subject to the insurer exits currently reshaping the ACA Health Insurance Marketplace®.

YOU ARE A SMALL BUSINESS OWNER





If you earn income as a creator without having employees, the IRS considers you self-employed. This includes freelancers, independent contractors, consultants, and full-time content creators. According to HealthCare.gov, self-employed individuals without employees are not considered employers for coverage purposes. This means you shop for coverage as an individual on the Health Insurance Marketplace®, not through the small business SHOP program.

You are likely self-employed if you:

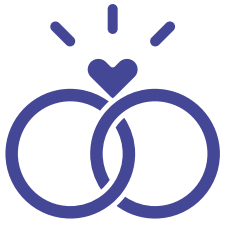
- File a Schedule C with your federal tax return
- Receive 1099 income from brand deals, platforms, or clients
- Have no W-2 employees on your payroll
- Operate as a sole proprietor, single-member LLC, or S-Corp

Your income type matters for coverage. Because creator income fluctuates month to month, you will need to estimate your annual income when applying for a plan. An underestimate can trigger a repayment obligation at tax time. An overestimate means leaving subsidy money on the table.

- Section 10 walks you through how to estimate accurately.

KNOW YOUR COVERAGE STATUS

No employer coverage: You qualify to shop on the Health Insurance Marketplace® during Open Enrollment.



Spouse with employer coverage: You may or may not qualify for Health Insurance Marketplace® subsidies depending on affordability rules.

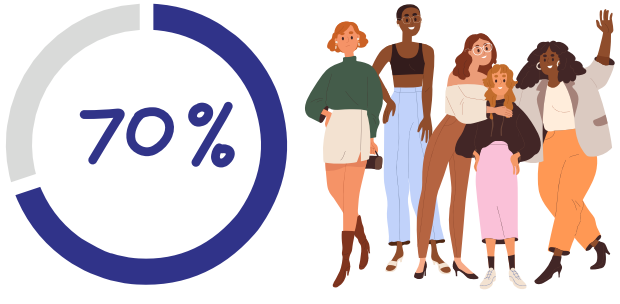
Income under Medicaid threshold: You may qualify for free or low-cost Medicaid.

RESOURCE

- HealthCare.gov: A quick guide to the Health Insurance Marketplace®
- Medicaid.gov

FOR THE CREATOR WHO IS DOING THIS SOLO

YOU DO NOT NEED A SPOUSE TO GET COVERED. YOU DO NOT NEED A CORPORATE JOB TO AFFORD IT



According to Collabstr's 2025 Influencer Marketing Report, **70 percent of creators are female.**

Consistent with the 2024 report, women have led this industry for years.

And yet one of the biggest barriers holding women back from going full-time is the belief that without a corporate job or a spouse's insurance plan, affordable health coverage is out of reach. It is not. That belief is one of the most common myths in the creator economy, and this guide exists to correct it.

The ACA Health Insurance Marketplace® was built exactly for people in your position. **As a single, self-employed creator, you can shop for your own coverage, access Premium Tax Credits based on your income, and potentially pay far less per month than you think**. If your income is variable or lower in a given year, you may even qualify for Medicaid at no cost.

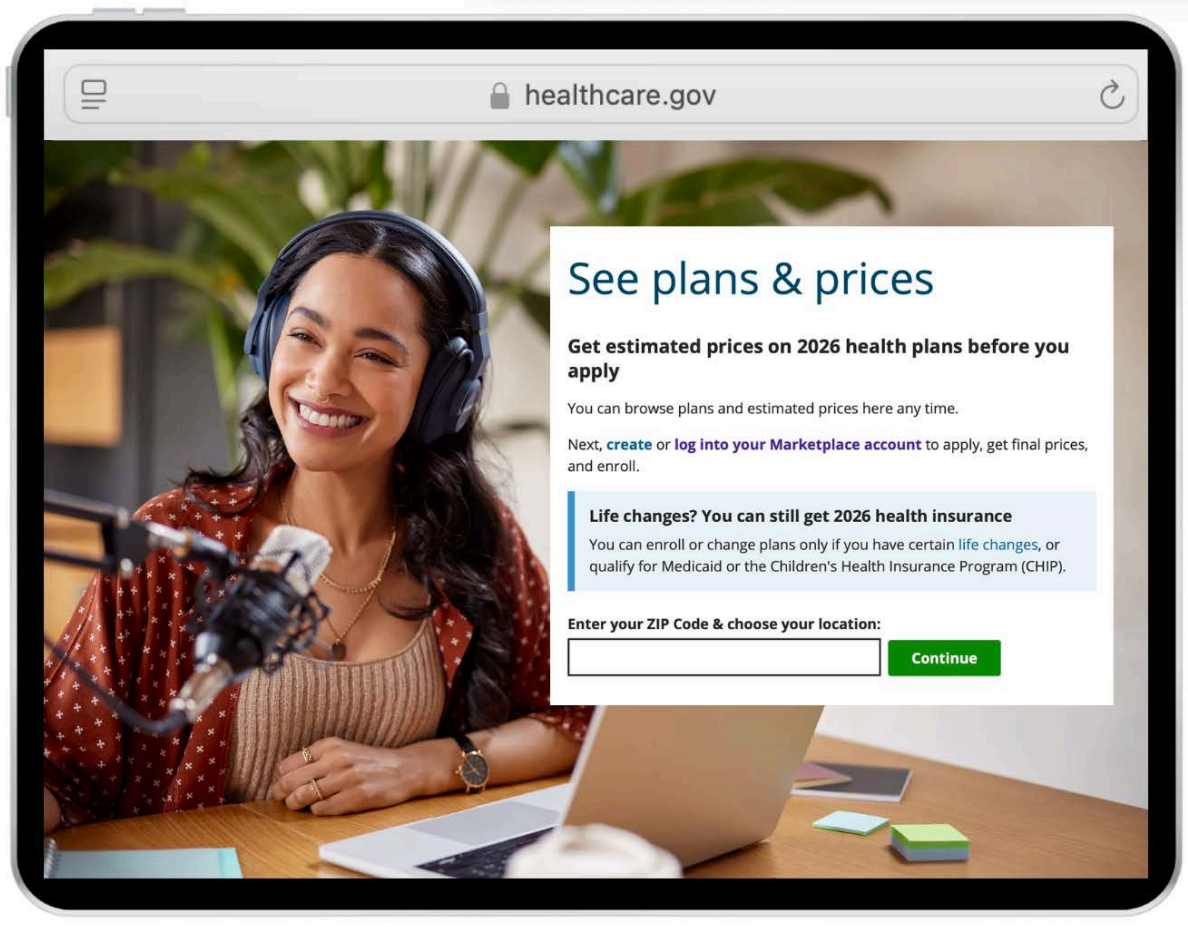
Plans like Solo Health **were designed specifically for the business of one** and are not tied to Open Enrollment windows. And here is the perk that salaried employees do not get: **as a self-employed creator you can deduct 100 percent of your health insurance premiums from your federal taxable income.** Your coverage pays for itself, in part, at tax time.

- See Section 14 for the full breakdown.

UNDERSTANDING YOUR OPTIONS

HEALTH INSURANCE MARKETPLACE® (ACA/OBAMACARE) EXPLAINED

The Health Insurance Marketplace®, created by the Affordable Care Act (ACA), is the most common coverage path for self-employed creators.

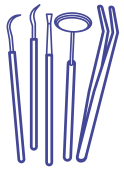


You can apply at HealthCare.gov. Get started by entering your zip code during Open Enrollment or after a qualifying life event.

What the ACA Covers

All Marketplace® plans are required to cover ten essential health benefits, including:

- *Emergency services*
- *Hospitalization*
- *Prescription drug coverage*
- *Preventive and wellness services*
- *Mental health and substance use disorder services*
- *Maternity and newborn care*
- *Pediatric services*



A Note on Dental and Vision

Standard ACA medical plans do not include dental or vision coverage for adults. Both must be purchased as separate standalone plans. You can add a standalone dental plan during Open Enrollment at HealthCare.gov (only when also enrolling in a medical plan). Vision plans are not available on the Marketplace® and must be purchased directly from vision insurers. Pediatric dental and vision are included in ACA plans for children under 19 as an essential benefit.

HEALTH INSURANCE MARKETPLACE® (ACA/OBAMACARE) EXPLAINED

PLAN TIERS: METAL LEVELS

Marketplace® plans come in four tiers. Your monthly premium and out-of-pocket costs vary by tier.

BRONZE

- Lowest monthly premium.
- Highest out-of-pocket costs. Best if you are generally healthy and want to minimize monthly expenses.

New for 2026: All Bronze plans now qualify as HSA-eligible. You can pair a low-premium Bronze plan with a tax-free Health Savings Account to cover out-of-pocket costs.

SILVER

- Moderate monthly premium.
- Moderate out-of-pocket costs. Required tier to access. Cost-Sharing Reductions (CSRs) if eligible.

For creators with variable income, Silver plans are often the smart choice because Cost-Sharing Reductions are only available on Silver tier plans.

GOLD

- Higher monthly premium.
- Lower out-of-pocket costs. Good if you use care regularly.

PLATINUM

- Highest monthly premium.
- Lowest out-of-pocket costs. Best for high medical needs.

HEALTH INSURANCE MARKETPLACE® (ACA/OBAMACARE) EXPLAINED

KEY TERMS TO KNOW

Premium: Your monthly payment to keep coverage active.

Deductible: The amount you pay before insurance kicks in.

Copay: A fixed fee you pay per visit or service.

Coinsurance: Your percentage share of costs after meeting your deductible.

Out-of-Pocket Maximum: The most you will pay in a plan year. After reaching this, the plan covers 100 percent.

RESOURCE

- HealthCare.gov: Health Coverage for Self-Employed Individuals
- Healthinsurance.org: Self-Employed Health Insurance Deduction

MAJOR INSURERS ARE LEAVING THE ACA MARKETPLACE®

The ACA Marketplace® is undergoing significant change. Aetna exited at the end of 2025, forcing approximately 1 million members across 17 states to find new coverage. Cigna confirmed in April 2026 that it will exit at the end of 2026, affecting 369,000 members across 11 states. Baylor Scott & White is also leaving, affecting around 100,000 enrollees in Texas. Centene, the largest Marketplace® carrier in the country, saw its ACA membership drop from 5.6 million to 3.6 million in Q1 2026. UnitedHealthcare is scaling back to select plan tiers only.

The trend reflects a broader industry pullback driven by rising medical costs, expiring federal subsidies, and a shrinking, higher-risk enrollee pool. For creators currently on a Marketplace® plan, this means fewer options and potentially higher premiums heading into 2027.

What this means for creators:

- If your current insurer is exiting, your plan ends December 31, 2026. You will receive notice and qualify for a Special Enrollment Period to select new coverage for 2027.
- Do not wait for November Open Enrollment to start exploring alternatives. The best time to compare options is now.
- Private alternatives like Solo Health are not tied to ACA Open Enrollment, are not affected by insurer exits, and are available year-round. See Section 6.
- If you qualify for Medicaid based on income, that program is not affected by these exits. See Section 4.

Sources: My health insurance company is leaving my market. What can I do?, healthinsurance.org, May 1, 2026

MEDICAID ELIGIBILITY FOR VARIABLE-INCOME CREATORS

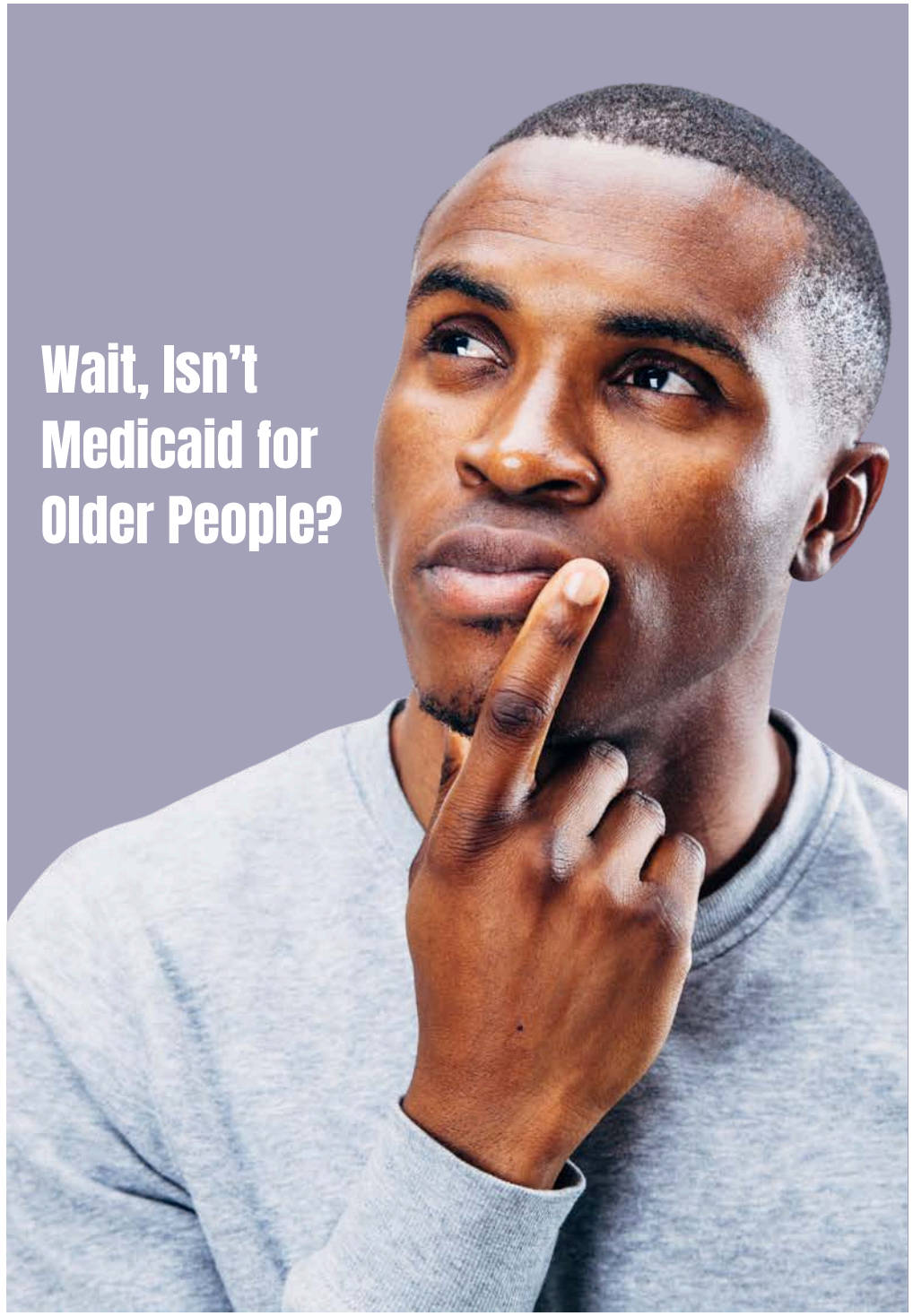
Medicaid is a joint federal and state program that provides free or very low-cost health coverage to people who meet income thresholds.

For self-employed creators, Medicaid is worth understanding because income variability can place you within the eligibility range in lower-earning years.

Medicaid has no age requirement. Anyone can qualify regardless of age. The most common misconception is that Medicaid is only for seniors or the elderly. That is Medicare, which is the federal health insurance program for people 65 and older.

Medicaid is based on your income, not your age.

A 25-year-old creator with a slow revenue year can qualify just as easily as anyone else. In the 40-plus states that expanded Medicaid under the ACA, any low-income adult qualifies based on income alone. If you have had a lower-earning year, it is worth checking whether you qualify before paying for a plan.



GENERAL ELIGIBILITY

Medicaid eligibility is based on your projected annual Modified Adjusted Gross Income (MAGI) and household size. In most states that expanded Medicaid under the ACA, individuals earning up to 138 percent of the Federal Poverty Level (FPL) may qualify.

RESOURCE

- HealthCare.gov: Medicaid and CHIP

HOUSEHOLD SIZE	APPROXIMATE INCOME LIMIT (2026)
Individual	Up to approximately $21,597/year (138% FPL, 2026 estimate)*
Family of 2	Up to approximately $29,187/year
Family of 4	Up to approximately $44,367/year

If your income falls below the Marketplace® subsidy threshold and you live in a state that did not expand Medicaid, you may fall into a coverage gap.

Note: Medicaid thresholds are updated annually. *The individual limit rises to about $22,025 for determinations made later in 2026 under the 2026 guidelines. **Check your state's rules and always verify current figures** at HealthCare.gov or your state Medicaid agency.

COBRA: WHAT IT IS AND WHEN IT MAKES SENSE

COBRA (CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT)

COBRA allows you to continue employer-sponsored health coverage for a limited time after leaving a job.

If you recently left a full-time position to pursue content creation full-time, COBRA may bridge you to your next plan. For most creators, COBRA is a short-term bridge, not a long-term solution. Compare your COBRA premium against Marketplace® options before committing.

When COBRA Makes Sense

- You are mid-treatment and need continuity of care with your current providers.
- You expect Marketplace® plans in your area to be significantly more expensive.
- You are only a few months from the end of the plan year and plan to switch to a Marketplace® plan in January.

Key COBRA Facts

- Coverage continues for up to 18 months after leaving employment.
- You pay the full premium, including the portion your employer previously covered, plus an administrative fee of up to 2 percent. This makes COBRA significantly more expensive than your previous employee cost.
- You must elect COBRA within 60 days of losing employer coverage.
- Losing COBRA coverage is a qualifying event that opens a Special Enrollment Period on the Marketplace®.

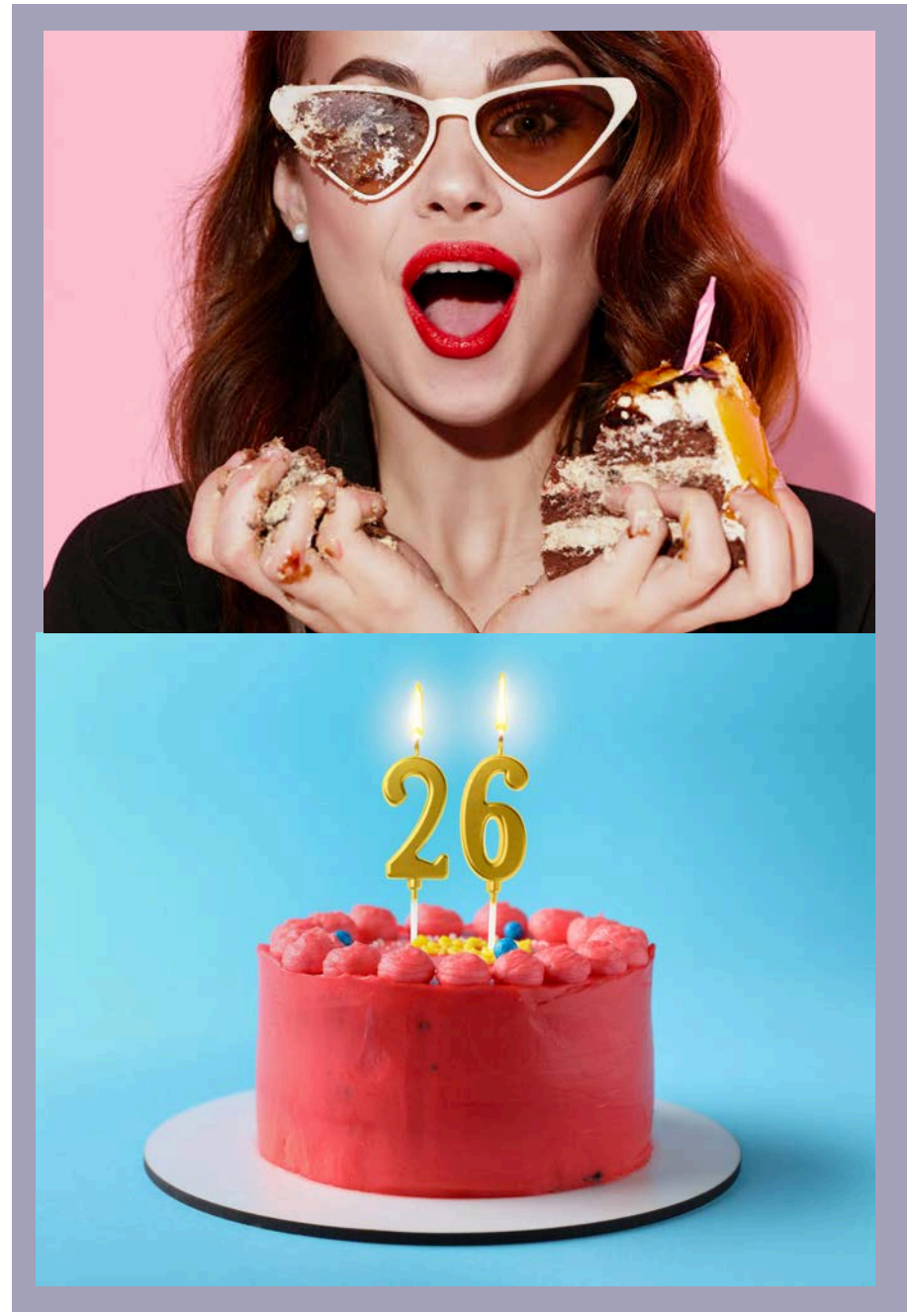
RESOURCE

- HealthCare.gov: Coverage Options Outside Open Enrollment

TURNING 26? YOUR COVERAGE DEADLINE IS COMING

DO NOT WAIT UNTIL YOUR BIRTHDAY. START PLANNING AT LEAST 60 DAYS BEFORE YOU TURN 26.

Under the ACA, you can stay on a parent's health insurance plan until you turn 26. The moment that birthday hits, your deadline is set. This is one of the most common unplanned gaps in the creator economy — especially for younger creators who have been building part-time while still on mom or dad's plan.



When exactly does it end?
It depends on your parent's plan type. Employer-sponsored coverage ends at the end of your birthday month.

A Marketplace® plan through HealthCare.gov lasts through December 31 of the year you turn 26 — even if your birthday is in January.

Check with your parents now so you know your exact deadline. Some states allow coverage past 26.

Verify at HealthCare.gov.

TURNING 26? YOUR COVERAGE DEADLINE IS COMING

Turning 26 is a qualifying life event, which opens a 60-day Special Enrollment Period to enroll in a Marketplace® plan, Solo Health, or any option in this guide.

Your action checklist at 25:

- ✓ Find out exactly when your parent's coverage ends.
- ✓ Estimate your self-employment income for the year.
- ✓ Check your Marketplace® eligibility and subsidy amount at HealthCare.gov.
- ✓ Compare options: Marketplace®, Solo Health, or Medicaid if your income qualifies.
- ✓ Enroll before your birthday or within 60 days of losing coverage. Do not let the window close.

RESOURCE

- HealthCare.gov: Getting covered if you're under 30

SOLO HEALTH

Solo Health: aic Top Pick for Creators

HEALTH PLANS FOR CAREER CREATORS

Solo Health is a self-funded health plan built specifically for creatorpreneurs, 1099 workers, and self-employed professionals. Administered by Vault Admin Services and backed by the Vault Health Captive, the plan provides access to the nationwide MultiPlan PHCS PPO network.

W-2 employees cannot be added to your Solo plan. Independent contractors can establish their own plans using their own EIN. If you grow to have W-2 employees, Healthy Business Group (Solo's parent company) offers separate group plan options.

TOP RATED

It is AIC's top recommended option for full-time creators who want comprehensive, stable medical coverage outside the complexity of the Health Insurance Marketplace®.

RESOURCE

- How Solo Health Works

ENROLL NOW

SOLO HEALTH: OUR TOP PICK FOR CREATORS

WHY SOLO STANDS OUT FOR CREATORS

1

Designed specifically for the business of one. You must be an independent, self-employed business owner with no employees and a federal Tax ID to qualify.

2

Access to 1.4 million-plus in-network providers through the MultiPlan PHCS PPO network, available in all 50 states.

3

Three deductible plan options: $2,500, $5,000, and $10,000. Once the deductible is met, covered services are paid at 100 percent. There are no office visit copays.

4

Two HSA-eligible plan options ($2,500 and $5,000 deductibles). Premiums may be tax deductible as a business expense. Always confirm with a tax professional.

5

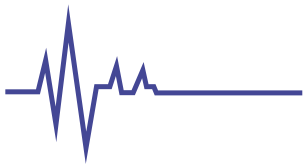
Enrollment is available any time during the calendar year, with coverage effective on the 1st of the month. No ACA Open Enrollment window required. As major insurers including Aetna and Cigna exit the ACA Marketplace®, Solo Health operates entirely outside that system and is not affected by those exits.

6

No annual or lifetime caps. Your covered claims are never capped at an annual or lifetime dollar amount. Solo is structured as a self-funded major medical plan: not a health share, not an indemnity plan.

SOLO HEALTH: OUR TOP PICK FOR CREATORS

WHY SOLO STANDS OUT FOR CREATORS... CONTINUED



Preventive services covered at 100 percent with no deductible. Mental health office visits covered (40 visits per year per member). Physical therapy covered (40 visits per year). Chiropractic care covered (40 visits per year). Emergency services always considered in-network.

No coinsurance. Your deductible is equal to your out-of-pocket maximum. Once you meet your deductible, covered services are paid at 100 percent. There is no separate out-of-pocket maximum to reach.

Pre-existing conditions are covered from day one. **The health questionnaire determines eligibility for the plan — it does not exclude pre-existing conditions from coverage**. If you pass the questionnaire and enroll, your existing conditions are covered immediately.

Legal domestic partners are eligible for coverage. If you have a legalized domestic partnership in your state, your domestic partner can be added to the plan.

Month-to-month. No lock-in. Cancel before any month and you will not be charged the following month. No reason required. Plan rates and deductibles reset every January 1.

Dental and vision available as add-ons after you join. Solo offers two dental plans (preventive and comprehensive) and VSP vision plans. These are separate from the medical plan and can be added at any time.

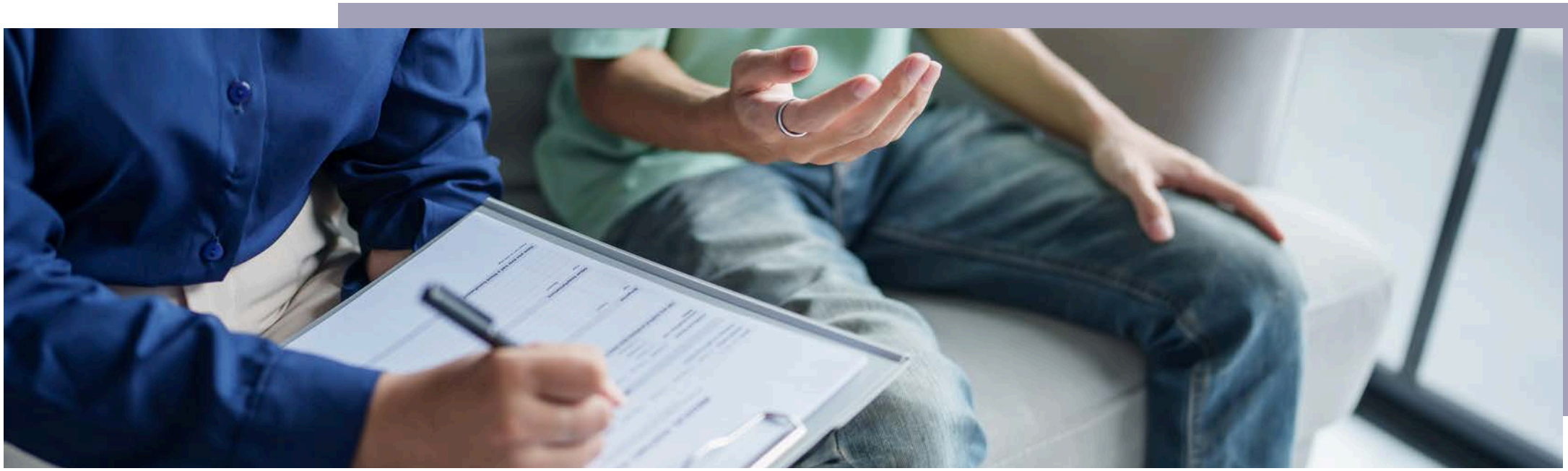
SOLO HEALTH: OUR TOP PICK FOR CREATORS

HOW SOLO WORKS

Solo members join Vault Health Captive, a captive insurance company regulated by the North Carolina Department of Insurance. Each member's business joins the captive as a member-owner.

Collectively, all members own the captive and the money stays in the captive pool to pay claims. Claims are administered by Vault Admin Services. Prescriptions are managed through FairosRx. The captive is backed by Odyssey Re, one of the world's largest reinsurers, which means there is minimal risk of the captive defaulting or members owing additional money.

A short health questionnaire is required to join. If you do not pass the questionnaire, you will not be admitted to the plan.



RESOURCE

- Solo Health Disclosure Statement

FINDING YOUR DOCTORS: A NOTE ON NETWORK NAMES

When verifying a provider is in-network, ask if they accept MultiPlan PHCS (Private Healthcare Systems). Do not ask if they accept Solo — they will not recognize that name. MultiPlan is currently rebranding to Clarative, so some provider offices may use that name instead. MultiPlan, PHCS, and Clarative all refer to the same network.
If a provider comes up in the network search, they are in-network.

If a provider tells you they are not in-network but they appear in the search results, contact Solo's support team — they can do a provider education call to confirm the provider's network status.

RESOURCE • Solo Health Network

OUT-OF-NETWORK COVERAGE: WHAT TO KNOW

Solo does cover out-of-network care, but the best approach is always to ask the provider to bill Vault Admin Services directly using the EDI number on your ID card. This is standard in the insurance industry and most providers can do it. Avoid paying upfront when possible. If you pay out-of-pocket first, the amount applied toward your deductible will be the repriced (reference-based) rate, which may be lower than what you paid.
If your provider gives you a super bill, you can submit it for reimbursement, but the reimbursement will be based on usual and customary rates for your area.

Solo's concierge team can help coach you through this before and during appointments.

RESOURCE • Book a Consultation

FAMILY PLAN DEDUCTIBLE: HOW IT WORKS

Each member on a family plan has their own individual deductible. The family deductible is double the individual amount. On a $5,000 plan with a family of four, each member has a $5,000 individual deductible and the family cap is $10,000. Once any member meets their individual deductible, their costs are covered at 100 percent while others continue toward theirs.

Once the family collectively hits $10,000, all members on the plan are covered at 100 percent for the rest of the year. For couples with no children, each person simply has their own individual deductible. HSA eligibility applies to family plans as well — the deductible amounts double at the family level.

RESOURCE

- Solo Health Summary Plan Description

SOLO HEALTH PLAN SUMMARY

FEATURE	DETAILS
Network	MultiPlan PHCS PPO, 1.4M+ providers, available in all 50 states
Who Qualifies	Self-employed individuals with no employees and a federal Tax ID. Health questionnaire required. Must pass to join.
Enrollment	Available any time during the year. Coverage effective on the 1st of the month. No ACA Open Enrollment window required.
Member Portal	Access ID cards, claims, and benefits at hbgsolo.com.
Cancellation	Month-to-month. Cancel before any month with no fee and no reason required. Rates and deductibles reset January 1.
Domestic Partners	Legal domestic partners are eligible. If your domestic partnership is legalized in your state, your partner can be added to the plan.
W-2 Employees	Cannot be added to Solo plans. Solo is for the self-employed business of one. Contractors can establish their own plans. If you hire W-2 employees, Healthy Business Group offers separate group options.

SOLO HEALTH PLAN SUMMARY... CONTINUED

FEATURE	DETAILS
Dental and Vision Add-Ons	Available after enrollment. Two dental plans (preventive and comprehensive) plus VSP vision plans. Added separately at any time.
Plan Exclusions	Review page 79 of the Summary Plan Description at hbgsolo.com. Acupuncture and massage therapy are not covered. Physical therapy, chiropractic, and mental health are covered at 40 visits each per member per year.
Member Support	Vault Admin Services for claims (888-211-5706). HBG Support Team for plan questions (888-655-4053 or support@hbgnow.com).
Preventive Care	Covered 100% with no deductible. Includes age/gender-appropriate screenings, annual wellness exams, select vaccines, and preventive prescriptions.
Mental Health	Covered 100% after deductible. Office visits capped at 40 per year. Physical therapy and chiropractic: 40 visits each. Prior auth required for inpatient treatment.
Emergency Care	Covered 100% after deductible. Always considered in-network. Seek care at the nearest ER or hospital.


SOLO
HEALTH
Take the right step in your health coverage future
aic Top Pick for Creators
ENROLL NOW

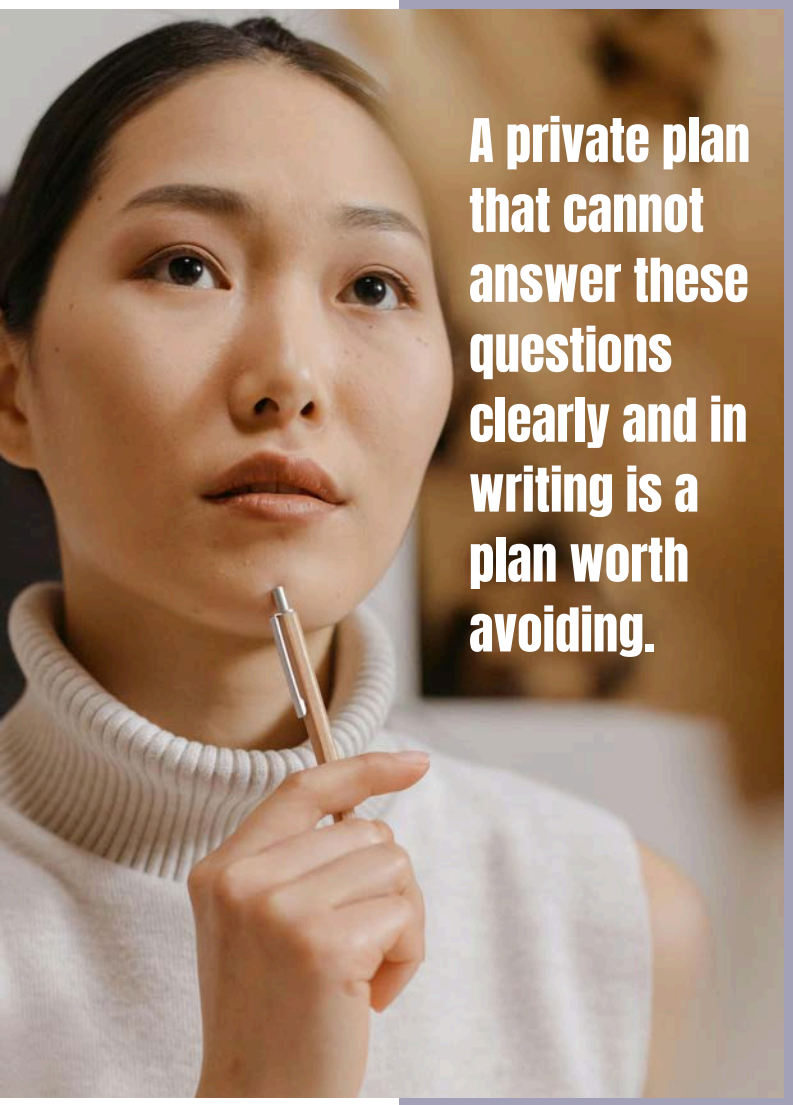
How to Research Other Private Health Insurance Options

AIC has reviewed Solo Health's plan documents and recommends it based on its regulatory structure, network access, and creator-specific design. AIC has not reviewed or vetted other private plans. Any plan you consider should be independently verified.

HOW TO RESEARCH OTHER PRIVATE HEALTH INSURANCE OPTIONS

QUESTIONS TO ASK BEFORE ENROLLING IN ANY PRIVATE PLAN

Solo Health is AIC's recommended option for self-employed creators, but it is not the only private health insurance plan on the market. Other self-funded and private group health plans exist for independent workers and creatorpreneurs. Here is how to evaluate any private plan you encounter.

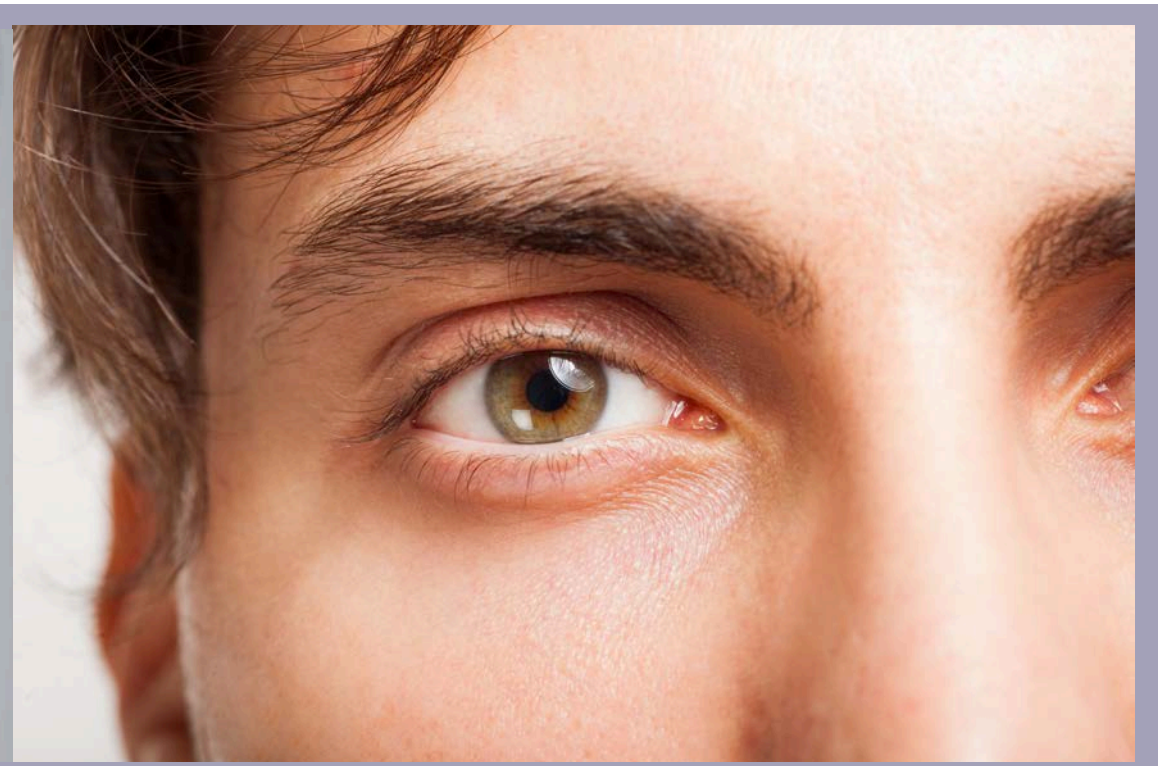


- **Is the plan regulated?** Ask which state insurance department oversees it and verify independently.
- **What network does it use?** Confirm your doctors and local hospitals are included before committing.
- **Is there a health questionnaire or underwriting process?** Understand what conditions may be excluded or declined before you apply.
- **Are there annual or lifetime benefit limits?** ACA-compliant plans prohibit these. Private plans may not.
- **What is excluded?** Request the full Summary of Benefits and Coverage in writing before enrolling.
- **How are claims handled?** Ask who the claims administrator is and how disputes are resolved.
- **Is it HSA-eligible?** If you want to pair it with a Health Savings Account, the plan must qualify as a High-Deductible Health Plan under IRS rules.
- **What is the total annual cost?** Compare the premium plus your estimated out-of-pocket exposure, not just the monthly rate.

DENTAL AND VISION COVERAGE: WHAT CREATORS NEED TO KNOW

Dental and vision are not included in the Solo Health medical plan; however, Solo offers both as separate add-on plans after enrollment. Adult dental and vision are not required essential health benefits under the ACA.

Some Marketplace® plans include them voluntarily — always check plan details. For self-employed creators, both must be sourced separately. The sections below cover your options for each.

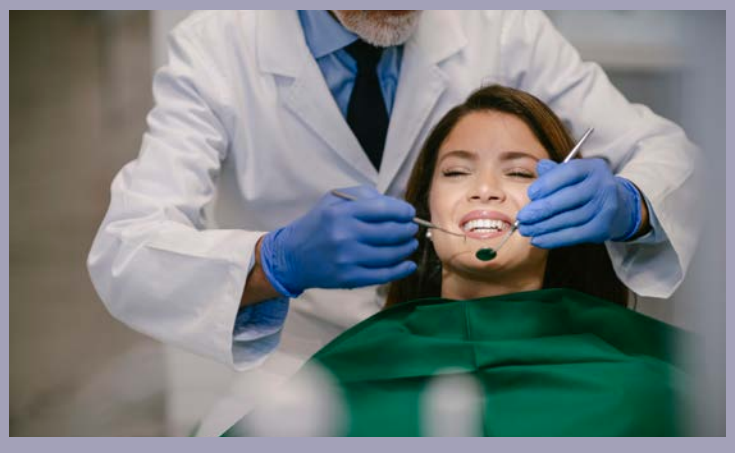


WHAT TO KNOW: DENTAL COVERAGE

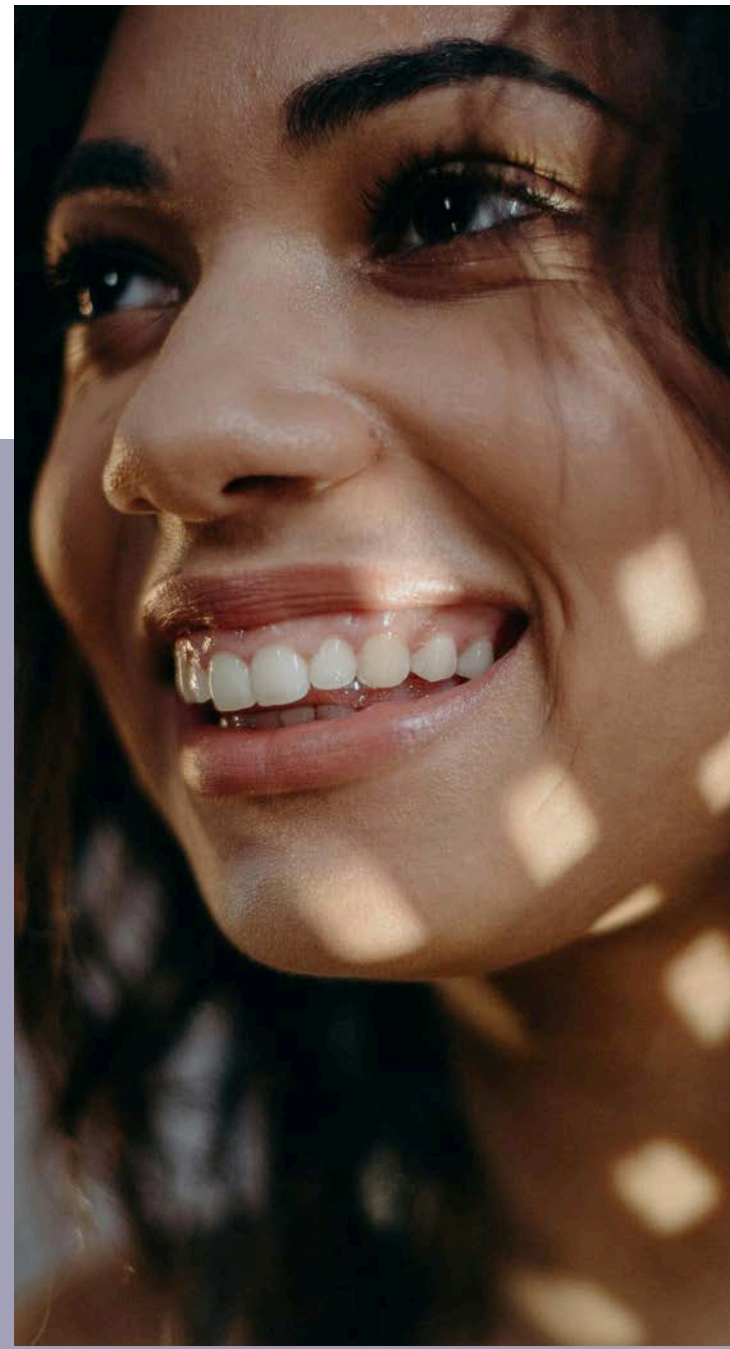
Solo Health offers two separate dental add-on plans, preventive and comprehensive, available at any time after joining. Outside of Solo, standalone dental plans (SADPs) are available through the Health Insurance Marketplace® during Open Enrollment, but only if you are also enrolling in a Marketplace® medical plan at the same time. You cannot purchase a standalone dental plan on HealthCare.gov on its own.

You can also purchase dental plans directly from dental insurers at any time of year with no medical plan requirement.

- Standalone dental plans typically cover preventive care such as cleanings and X-rays, often at no cost, plus basic and major restorative work after a deductible.
- Dental premiums paid for yourself and dependents may be deductible as a self-employed health insurance expense. See Section 14 for IRS deduction details.
- Compare standalone dental plans at HealthCare.gov during Open Enrollment (only available when also enrolling in a Marketplace® medical plan) or shop directly from dental insurers year-round with no medical plan requirement.



DENTAL MEMBERSHIP PLANS: THE CREATOR-FRIENDLY OPTION



A growing number of creators skip traditional dental insurance entirely and use dental membership or savings plans instead. These are not insurance. There are no claims, no waiting periods, and no insurance required. You pay a low annual or monthly fee directly to a dental provider or third-party membership network and receive discounted rates on services immediately.

This model works well for creators who want affordable, flexible access to dental care without the overhead of a full insurance plan.

How Dental Membership Plans Work

- You pay a flat annual or monthly membership fee, typically ranging from $100 to $200 per year for an individual.
- In return, you receive discounted rates on cleanings, X-rays, fillings, crowns, and other services. Members of third-party networks report average savings of around 50 percent on dental procedures.
- No insurance ID cards, no claim forms, and no waiting periods. Coverage is active as soon as the plan activates, typically within 1 to 3 business days.
- No annual spending limits, no pre-existing condition restrictions, and no enrollment windows to worry about.
- **These are not insurance and will not satisfy any insurance requirements, but for generally healthy creators who want to cover routine and preventive care affordably, they are a practical choice.**

DENTAL MEMBERSHIP PLAN EXAMPLES

1. **Aspen Dental Savings Plan**: A provider-based savings plan available at Aspen Dental locations nationwide. Covers preventive and restorative services at discounted rates with no insurance required.

2. **The Smilist Dental Membership**: A membership plan offered by The Smilist dental group, available across locations in New York, New Jersey, Connecticut, Massachusetts, Maryland, and Delaware. Provides affordable access to expert care with no insurance required.

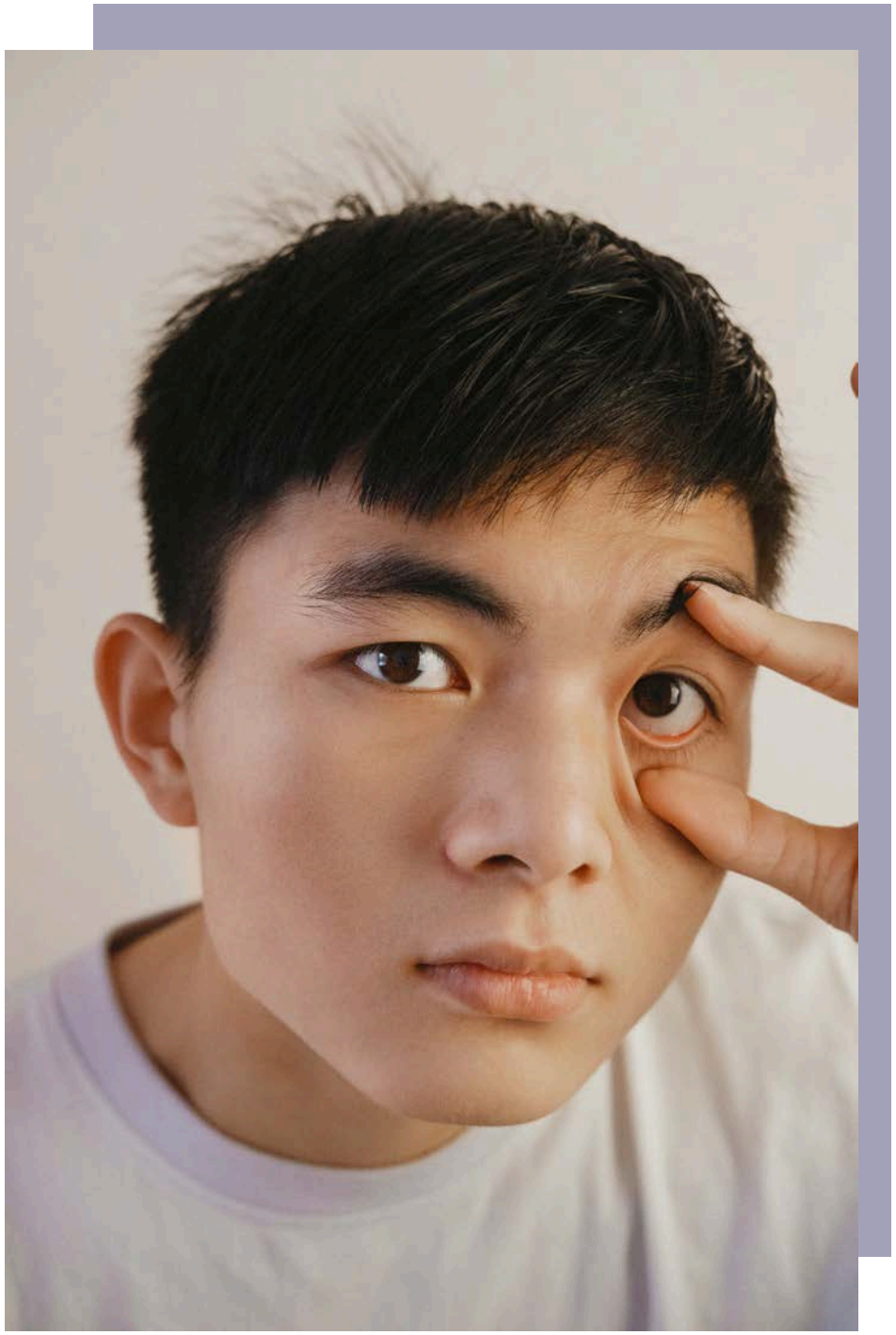
3. **DentalPlans.com**: A marketplace of more than 25 dental savings plans accepted at over 140,000 dentists nationwide. Plans activate in 1 to 3 business days with no insurance required and no annual limits.

4. **Wally (carebywally.com)**: A popular membership among NYC-based creators. At $249 per year, members get unlimited dental cleanings using Swiss Airflow technology, whitening, checkups, X-rays, and 3D scans. No drilling, no scraping, no insurance needed. Wally has completed 400,000-plus cleanings and holds 4.9 stars across 2,000-plus Google reviews. Currently available at Wally locations in New York City.

5. **quipcare (quipcare.com)**: From the creators of the quip electric toothbrush, quipcare is an all-in-one platform to browse, book, and pay for dental care at negotiated rates. Transparent upfront pricing on every service, hand-picked providers, and a membership option that covers preventive care, fillings, crowns, veneers, implants, and clear aligners. Available nationwide via the quipcare app.

Note: Dental membership plans and savings plans are not insurance. They do not satisfy insurance requirements and do not provide reimbursement. They are discount programs that reduce what you pay at participating providers.

WHAT TO KNOW: VISION COVERAGE



Vision coverage is not included in the Solo Health medical plan, but Solo offers VSP vision as a separate add-on plan available at any time after joining.

Vision plans are not available as standalone plans on the Health Insurance Marketplace®. Some Marketplace® medical plans include adult vision coverage voluntarily — check plan details. To purchase a dedicated standalone vision plan, contact a vision insurer directly.

As a creator who spends significant time in front of screens, protecting your vision is a real business expense. The good news: you have more options than most people realize, and many of them require no insurance at all.

Option 1: Standalone Vision Insurance Plans
Standalone vision plans typically cover one annual eye exam plus an allowance toward frames, lenses, or contacts. Vision plans are not available on the Health Insurance Marketplace® and must be purchased directly from vision insurers year-round. Vision premiums for yourself and dependents may qualify for the self-employed health insurance deduction. See Section 14.

WHAT TO KNOW: VISION COVERAGE... CONTINUED

Option 2: Eye Exam Included with Eyewear Purchase (No Insurance Required)
Many creators are skipping vision insurance altogether and going a la carte instead. Several national optical retailers bundle a free eye exam with an eyewear purchase, making it easy and affordable to get an annual exam and new glasses in one visit, no insurance card required.

America's Best: Two pairs of glasses plus a free eye exam starting at $95 for single-vision lenses, $195 for progressives. In-store only. No insurance required.

Stanton Optical: Two pairs plus a free eye exam and free anti-glare starting at $79. Same-day exams available at 300-plus locations nationwide. No insurance required.

Visionworks: Fully a la carte eye care with 750-plus locations across 41 states. Eye exams starting around $75 without insurance, with eyewear available at multiple price points. No insurance required to shop or get examined.

Note: Prices, offers, and locations listed on pages 40 to 43 are subject to change. Confirm current pricing directly with each provider.

WHAT TO KNOW: VISION COVERAGE... CONTINUED

NIH National Eye Institute
Research Today...Vision Tomorrow

Option 3: Free and Low-Cost Eye Care Programs
If cost is a barrier, the National Eye Institute (NEI) at the NIH maintains a directory of programs offering free or low-cost eye exams and eyeglasses.

Options include VSP Eyes of Hope for uninsured individuals with low income, community health centers with on-site eye clinics, and college or university optometry programs that offer reduced-cost exams.

Note: Vision premiums paid for qualifying insurance plans are deductible as a self-employed health insurance expense. a la carte eyewear purchases without an insurance plan are not. Confirm deductibility with a tax professional.

Health Share Plans: Pros, Cons, and Risks

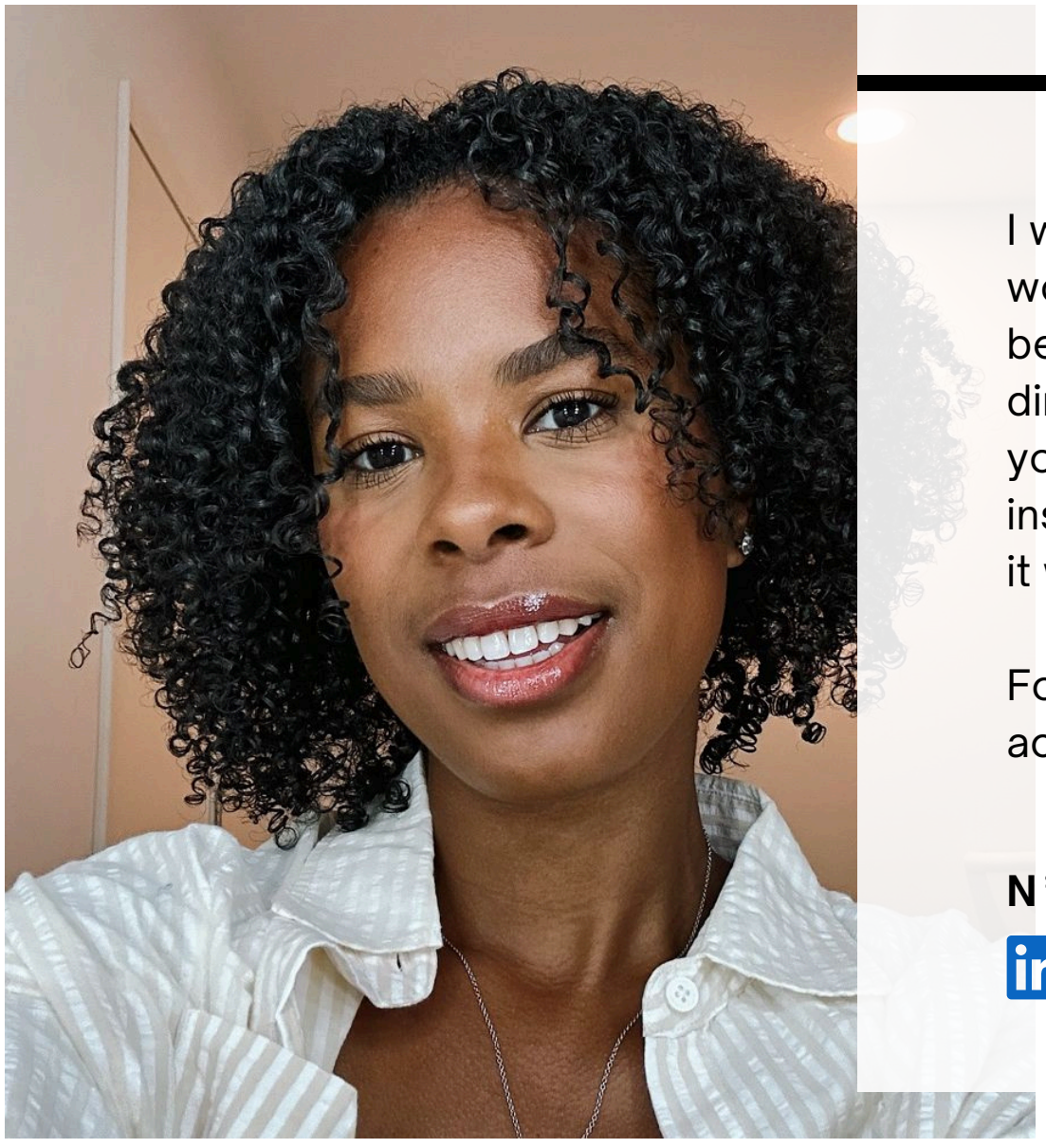
A LOWER-COST ALTERNATIVE — WITH SIGNIFICANT TRADE-OFFS

Health sharing ministries and health share plans are not traditional insurance. Members pool contributions to cover each other's medical costs. These plans are significantly cheaper than ACA-compliant coverage but carry important trade-offs.

POTENTIAL BENEFITS	RISKS	COMMON LIMITATIONS
Lower monthly cost.	Not legally required to pay claims.	Pre-existing conditions may be excluded.
No Open Enrollment restrictions.	Not regulated like insurance.	Mental health coverage often limited or absent.
Flexibility in provider choice.	May require statement of shared beliefs.	No guarantee of payment for large claims.

Health share plans may appeal to creators in good health who want to minimize monthly costs. Because they are not insurance and are not regulated like insurance, they lack the consumer protections of ACA-compliant plans — including no guarantee of claim payment. This is distinct from plans like Solo Health, whose captive structure is subject to oversight by the North Carolina Department of Insurance. Always read the full sharing guidelines before enrolling in any health share plan.

REAL TALK: CREATORS ON HEALTH INSURANCE



I wish I had known that my self-employed health coverage would cover so much less than the employer plan I had before. I also wish I had known about membership-based direct primary care. It works like a monthly membership with your doctor and is far cheaper for everyday care. It is not insurance and does not cover ER visits or hospital stays, so it works best alongside a plan that covers the big things.

For self-employed people, it can make routine care more accessible in price, location, and timing.

N'DEA IRVIN-CHOY

Short-Term Health Insurance Plans

TEMPORARY COVERAGE FOR GAPS BETWEEN PLANS

Short-term health plans provide temporary coverage. How long you can keep one depends on your state, because federal duration limits are currently in flux. In some states a short-term plan lasts only a few months; in others it can run up to about a year. They are cheaper than ACA plans but offer limited benefits and can deny coverage for pre-existing conditions.

When Short-Term Plans May Be Appropriate

- You are between plans and need a few months of coverage.
- You are waiting for Open Enrollment to begin.
- You are in excellent health and need only catastrophic coverage temporarily.

Short-term plans do not satisfy ACA coverage requirements in states that enforce individual mandates. They also do not cover the ten essential health benefits required by ACA-compliant plans.

For full-time creators, short-term plans should be treated as a bridge, not a long-term solution.

RESOURCE

- Healthinsurance.org: How to Choose the Best Health Insurance

COST AND ENROLLMENT

HOW TO ESTIMATE YOUR INCOME FOR COVERAGE PURPOSES

GET THIS NUMBER WRONG AND IT COULD COST YOU AT TAX TIME

When you apply for coverage on the Health Insurance Marketplace®, you are asked to estimate your expected annual income for the current tax year. This is your Modified Adjusted Gross Income (MAGI), which includes all taxable income minus certain deductions.

What Counts as Income for Marketplace® Purposes

- Net self-employment income (revenue minus business expenses)
- Brand deal payments and sponsorships
- Platform revenue from AdSense, Creator Rewards Program, and similar sources
- Freelance or consulting income
- Investment income, rental income, and other taxable sources

RESOURCE

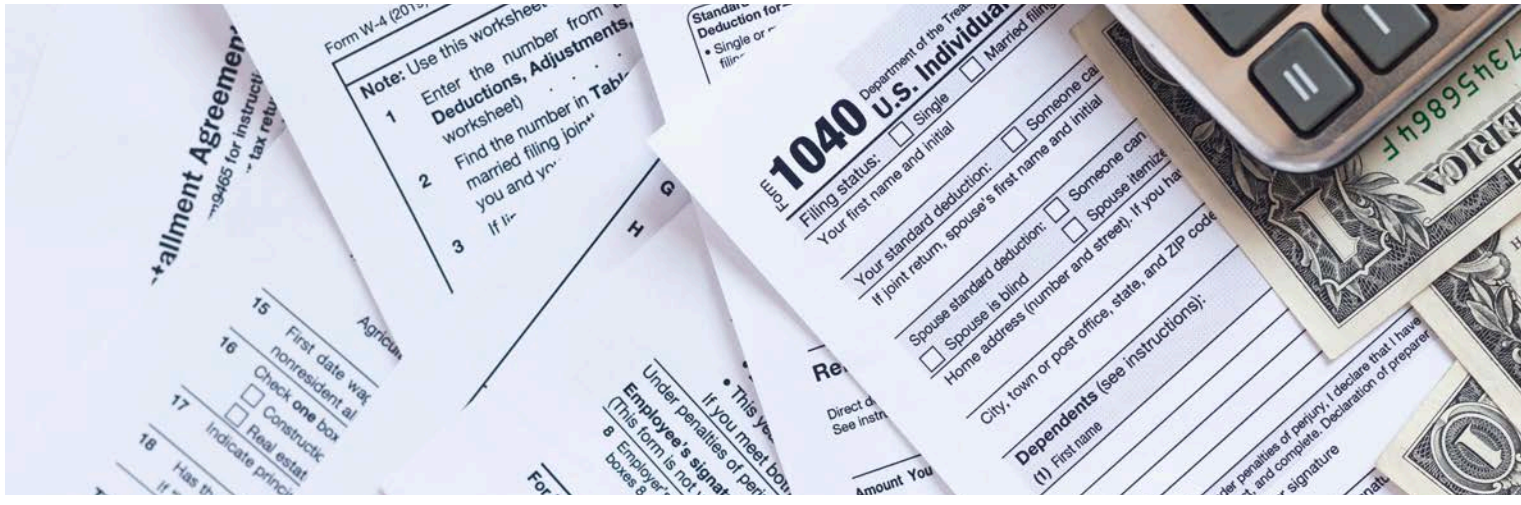
- HealthCare.gov: Reporting Self-Employment Income to the Marketplace®

HOW TO ESTIMATE YOUR INCOME FOR COVERAGE PURPOSES

GET THIS NUMBER WRONG AND IT COULD COST YOU AT TAX TIME... CONTINUED

Tips for Variable-Income Creators

- Use last year's tax return as a starting point.
- Factor in known contracts or brand deals for the upcoming year.
- If income increases significantly mid-year, report changes to the Marketplace® promptly to avoid owing back premium tax credits at tax time.
- If income decreases, report changes to access additional savings.



The Repayment Risk

Premium tax credits are based on the income you estimate for the year. If your actual income ends up higher, you may owe some or all of those credits back when you file taxes. There is no longer a cap on how much you have to repay.

For your 2026 coverage, if you underestimate your income, you repay the full excess when you file (in early 2027), no matter how much you earn. This hits hardest when income is unpredictable, which describes most creators. Use the Marketplace® income estimation tools, update your account whenever your income changes during the year, and consult a tax professional if your income is hard to predict.

PREMIUM TAX CREDITS AND SUBSIDIES

YOUR INCOME IS VARIABLE. YOUR SAVINGS SHOULD REFLECT THAT

Premium Tax Credits (PTCs) reduce your monthly premium cost on the Marketplace®. They are calculated based on your projected income and household size relative to the Federal Poverty Level. According to IRS.gov, “To get this credit, you must meet certain requirements and file a tax return with Form 8962.”

The enhanced Marketplace® premium subsidies expired on December 31, 2025. Marketplace premiums for many subsidized enrollees roughly doubled for 2026. **Compare your net cost carefully**, and check whether you now qualify for Medicaid in a lower-earning year.

Who Qualifies

- Your income is between 100 and 400 percent of the Federal Poverty Level (FPL). The enhanced subsidies that had removed the 400 percent upper limit have expired, so for 2026 that cap applies again. **Congress is debating an extension, but none is law as of publication. Confirm current rules at HealthCare.gov**.
- You are not eligible for affordable employer-sponsored coverage.
- You are not enrolled in Medicare or Medicaid.

YOUR INCOME IS VARIABLE. YOUR SAVINGS SHOULD REFLECT THAT... CONTINUED

Cost-Sharing Reductions (CSRs)

If your income falls between 100 and 250 percent of the FPL and you enroll in a Silver plan, you may also qualify for Cost-Sharing Reductions. These lower your deductible, copays, and out-of-pocket maximum. CSRs are only available on Silver tier plans.

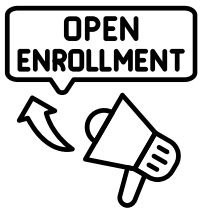
INCOME RANGE	POTENTIAL BENEFIT
100 to 150% FPL	Largest premium tax credit. With the enhanced subsidies expired, expect a small monthly premium for 2026 rather than the $0 plans that were available through 2025.
150 to 200% FPL	Substantial premium tax credit. CSRs available on Silver plans.
200 to 250% FPL	Moderate premium tax credit. Some CSRs available on Silver plans.
250 to 400% FPL	Some premium tax credit. Standard cost-sharing applies.
Above 400% FPL	Generally not eligible for premium tax credits in 2026. The enhanced subsidies that removed this cap expired at the end of 2025. Check HealthCare.gov, as a pending extension could change this.

RESOURCE

- HealthCare.gov: Lower Costs on Coverage
- Healthinsurance.org: Subsidy Calculator

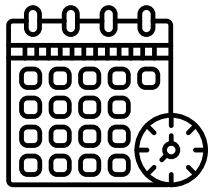
OPEN ENROLLMENT PERIODS AND SPECIAL ENROLLMENT TRIGGERS

KNOW YOUR WINDOW. KNOW YOUR OPTIONS



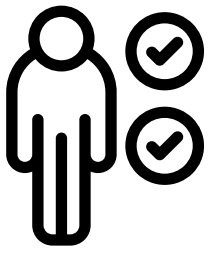
Annual Open Enrollment

Open Enrollment for 2027 ACA Marketplace® coverage begins November 1, 2026. A 2026 court ruling left the closing date unsettled, so enroll by December 15 to be safe and **confirm the deadline at HealthCare.gov**. Coverage purchased by December 15 starts January 1. Note: Some state-run exchanges may have later deadlines. Check your state's exchange for exact dates.



Special Enrollment Periods (SEPs)

Outside of Open Enrollment, you can only enroll or switch plans if you experience a qualifying life event. The SEP window is generally 60 days from the date of the qualifying event.



Qualifying Life Events Include

- Loss of other health coverage, including job loss, end of COBRA, or aging off a parent's plan
- Getting married or divorced
- Having a baby or adopting a child
- Moving to a new area with different plan options
- A significant change in income that affects your eligibility for subsidies

If you missed Open Enrollment and do not have a qualifying life event, your options are Medicaid if your income qualifies (available year-round), off-Marketplace® plans such as Solo Health, short-term coverage, or health share plans until the next Open Enrollment window.

RESOURCE

- Healthinsurance.org: Open Enrollment Guide
- HealthCare.gov: Coverage Outside Open Enrollment

STEP-BY-STEP: HOW TO ENROLL IN COVERAGE

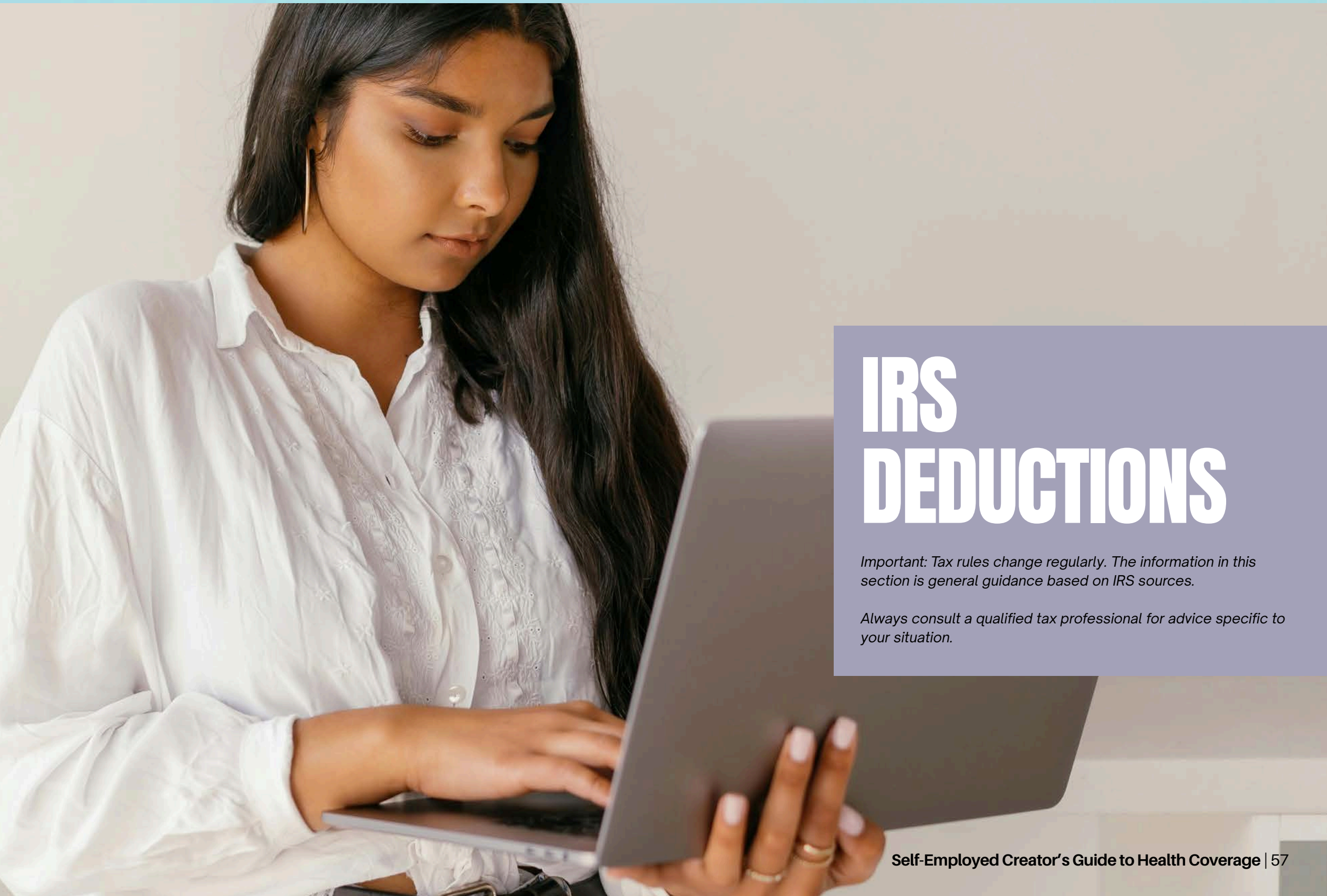
HOW TO ENROLL: A SIMPLE WALKTHROUGH FOR FIRST-TIME BUYERS

Below is a straightforward rundown of how to enroll in a Marketplace® plan. The process typically takes 30 to 60 minutes.

1. Gather your information before you start. You will need your Social Security number, estimated annual income, information on any current health coverage, and basic information for any household members you want to cover.
2. Go to HealthCare.gov. Create an account or log in. If you are in a state with its own Marketplace®, such as Covered California or NY State of Health, go to your state's Marketplace® website instead.
3. Complete your application. Enter your household size and estimated income. The Marketplace® will calculate your eligibility for Premium Tax Credits and Cost-Sharing Reductions.
4. Compare available plans. Review plans by tier, premium, deductible, provider network, and drug formulary. Use the plan comparison tools on the site.
5. Enroll in your chosen plan. Select your plan and confirm enrollment. You will receive a confirmation and instructions on making your first premium payment.
6. Pay your first premium. Coverage does not start until your first payment is processed. Make this payment promptly after enrollment.
7. Set a calendar reminder for the next Open Enrollment. Review your plan each year. Your income and coverage needs may change.

RESOURCE

- HealthCare.gov: How to Apply and Enroll



IRS DEDUCTIONS

Important: Tax rules change regularly. The information in this section is general guidance based on IRS sources.

Always consult a qualified tax professional for advice specific to your situation.

SELF-EMPLOYED HEALTH INSURANCE TAX DEDUCTIONS

THE PERK CORPORATE EMPLOYEES DON'T GET — BUT YOU DO

This is one of the most powerful financial perks of being self-employed. Full-time employees get health insurance through their employer, often with the company covering a portion of the cost.

As a creator, you pay for your own coverage. The IRS acknowledges this and gives you a significant tax benefit in return. If you qualify, you can deduct 100 percent of your health, dental, and vision insurance premiums from your federal taxable income. That means your coverage pays for itself, in part, through tax savings.

SELF-EMPLOYED HEALTH INSURANCE TAX DEDUCTIONS

THE SELF-EMPLOYED HEALTH INSURANCE DEDUCTION: WHAT IT COVERS

According to the IRS instructions for Form 7206, you may be able to deduct premiums paid for medical, dental, and vision insurance for yourself, your spouse, your dependents, and non-dependent children under age 27.

This is an above-the-line deduction, meaning it reduces your adjusted gross income whether or not you itemize. You do not need to file Schedule A to claim it.

- Medical insurance premiums: 100 percent deductible if you qualify. This includes ACA Marketplace® plans and plans like Solo Health.
- Dental insurance premiums: Fully deductible, whether through a standalone dental plan or included in your medical plan.
- Vision insurance premiums: Fully deductible for yourself and dependents. As a creator, your eyes are a business asset.
- Medicare Part B and Part D premiums: Deductible if you are self-employed and voluntarily enrolled.
- Long-term care insurance premiums: Deductible, subject to age-based IRS annual limits per person.

SELF-EMPLOYED HEALTH INSURANCE TAX DEDUCTIONS

THE KEY RULES TO KNOW

Your deduction cannot exceed your net self-employment profit for the year. If you have a low-income year, you cannot deduct more than you earned.

You cannot claim the deduction for any month you were eligible to participate in an employer-subsidized health plan, including through a spouse's employer, even if you did not enroll in it.

If you receive Premium Tax Credits through the Marketplace®, you must reduce your deduction by that amount. You cannot double-dip. This makes income estimation critical. See Section 10.

Report the deduction on Schedule 1 (Form 1040), line 17. Use Form 7206 to calculate the amount. You cannot claim it on Schedule C.

SELF-EMPLOYED HEALTH INSURANCE TAX DEDUCTIONS

HEALTH SAVINGS ACCOUNTS (HSA): ANOTHER CREATOR TAX PERK

If you have a qualifying High-Deductible Health Plan (HDHP), you can open a Health Savings Account (HSA), a triple tax-advantaged account many creators use to lower their tax bill while building a medical savings fund. Two of Solo Health's three plans ($2,500 and $5,000 deductibles) qualify, and new for 2026, all Bronze Marketplace plans qualify too.

2026 HSA Contribution Limits

- Self-only coverage: Up to $4,400 per year.
- Family coverage: Up to $8,750 per year.
- Catch-up contribution (age 55 and older): An additional $1,000 per year.

The Three Tax Benefits of an HSA

- Contributions are tax-deductible: You deduct HSA contributions on your tax return without needing to itemize. Contributions made directly to an HSA are reported on Form 8889 and deducted on Schedule 1.
- Growth is tax-free: Interest and investment gains inside an HSA are not taxed.
- Withdrawals for qualified medical expenses are tax-free: Use the funds for doctor visits, prescriptions, dental, vision, and other IRS-qualified medical costs with no tax owed.

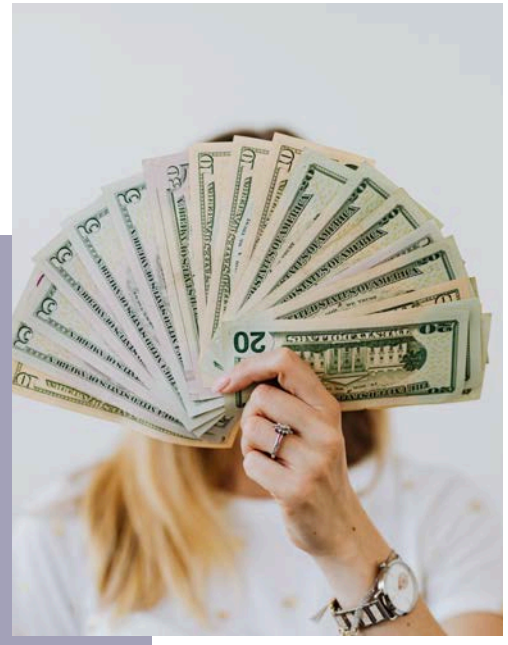
HSA Portability: Your Money, Always

Unlike a Flexible Spending Account (FSA), HSA funds roll over year after year and stay with you if you change plans, switch to a different insurer, or retire. You own the account. There is no "use it or lose it" rule. For a creator whose income and coverage may shift from year to year, this portability is a meaningful advantage.

RESOURCE

- IRS Publication 969: Health Savings Accounts and Other Tax-Favored Health Plans

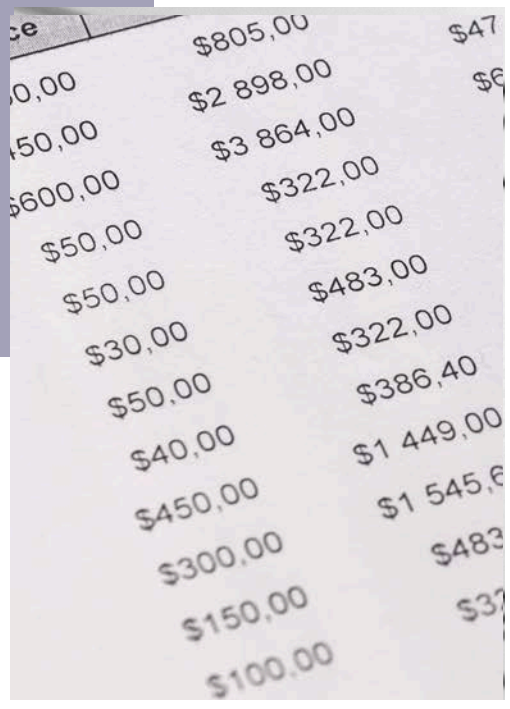
SELF-EMPLOYED HEALTH INSURANCE TAX DEDUCTIONS



The HealthCare.gov Tax Savings Connection

If you enroll through the ACA Marketplace® at HealthCare.gov, you may qualify for Premium Tax Credits that lower your monthly premium. These credits are calculated based on your income and household size.

Creators with variable income should estimate carefully: if you overestimate income, you may qualify for a smaller credit but a larger deduction at tax time. If you underestimate, you may owe credits back. The right balance between your premium tax credit and your self-employed health insurance deduction is where real tax savings live. Talk to a tax professional about which approach maximizes your overall savings.



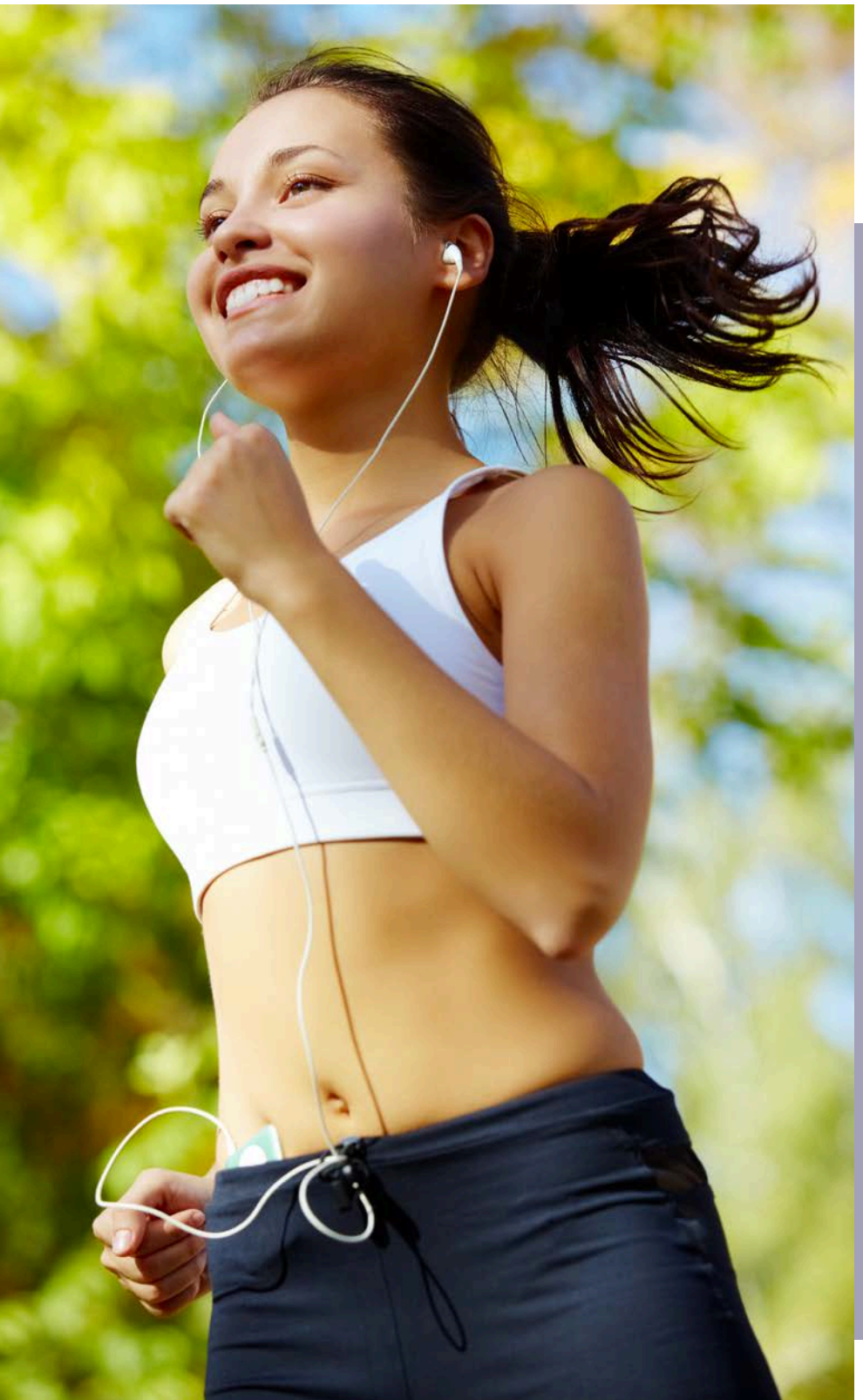
Medical Expense Deductions on Schedule A

If you itemize deductions, you may also deduct qualified out-of-pocket medical expenses that exceed 7.5 percent of your adjusted gross income on Schedule A.

This is separate from the premium deduction above and applies to actual costs paid: doctor visits, prescriptions, lab work, mental health services, dental work, and other IRS-approved expenses. You cannot claim the same premiums under both deductions. See IRS Topic 502 for the full list of qualifying expenses.

For prescription costs, tools like GoodRx can reduce your out-of-pocket costs when prescriptions are not fully covered, which in turn lowers your taxable medical expenses.

EDITORIAL
What Makes You a Good Candidate for Solo?



WHAT MAKES YOU A GOOD CANDIDATE FOR SOLO?

In order to be eligible for Solo, you must be a self-employed business owner with an EIN for your business, and you must pass a brief health questionnaire.

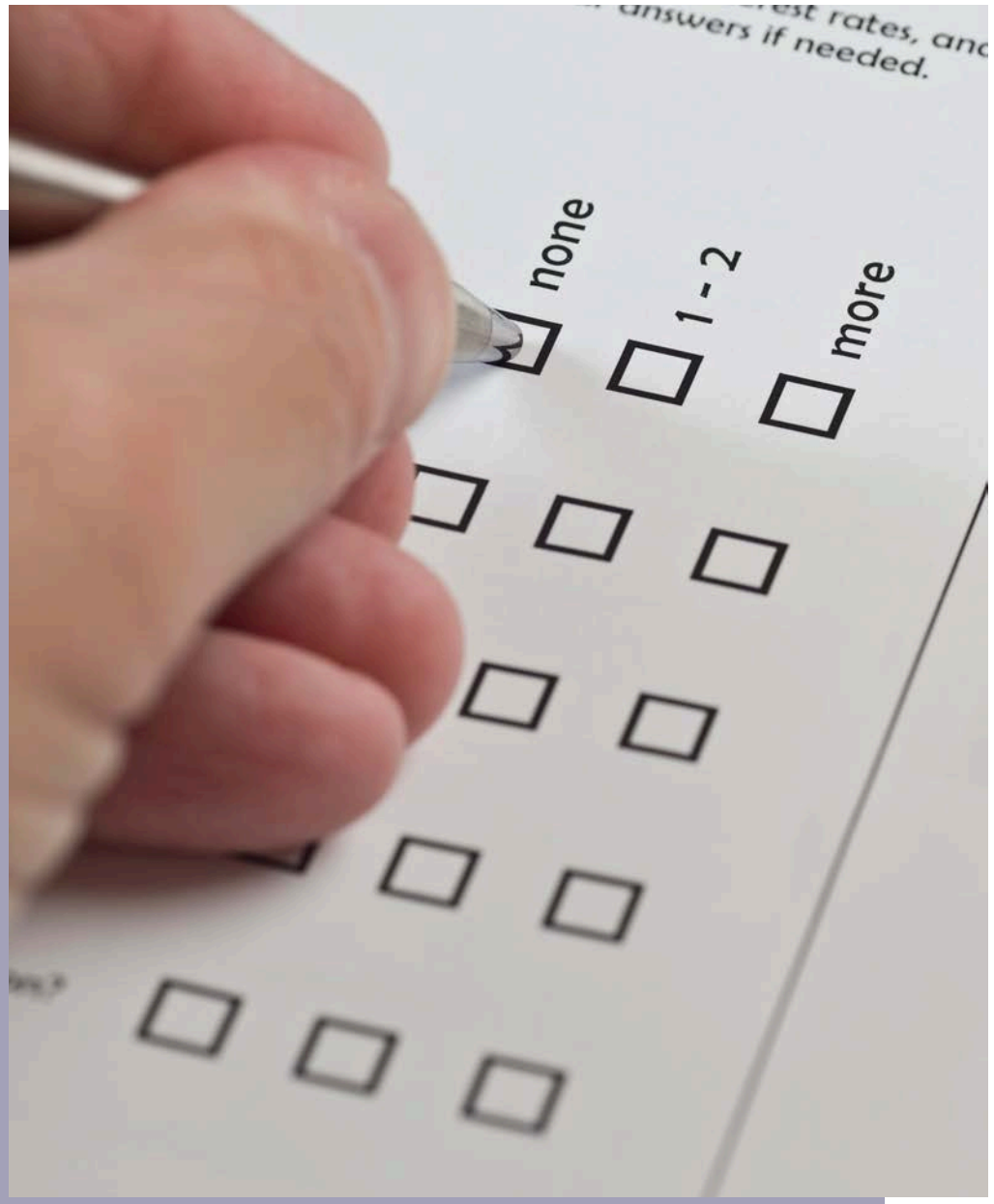
The Health Questionnaire: How Solo Keeps Rates Fair for Everyone

Solo Health isn't traditional health insurance, and that difference starts at the door.

To join Solo, every applicant completes a short health questionnaire. There's no medical exam, no doctor's records request, and no negotiating with an underwriter.

It's a straightforward yes/no screening covering a defined list of serious, high-cost conditions over the past five years, including things like active heart disease, certain cancers, insulin-dependent diabetes, and autoimmune disorders requiring specialty medications.

UNDERSTANDING THE HEALTH QUESTIONNAIRE



SO WHY DOES THE QUESTIONNAIRE EXIST?

The Health Insurance Marketplace® accepts everyone regardless of health history and spreads that cost across the entire pool, including the healthy people who end up subsidizing those with the highest claims.

Solo takes a different approach. By maintaining a healthier, lower-risk member pool, Solo is able to offer major medical coverage at rates that reflect the actual risk profile of the group. Members aren't overpaying to offset costs they didn't generate.

The questionnaire is what makes that math possible. And Solo members can save an average of 30 percent compared to a similar Silver PPO Marketplace® plan.

For independent creators who are often healthy and looking for comprehensive coverage at a fair price, Solo can be a natural fit.

ENROLL NOW

RESOURCES AND NEXT STEPS

GLOSSARY OF KEY INSURANCE TERMS

INSURANCE SPEAKS A DIFFERENT LANGUAGE. HERE IS THE TRANSLATION

TERM	DEFINITION
ACA (Affordable Care Act)	Federal law that established the Health Insurance Marketplace® and protections for consumers, including coverage for pre-existing conditions.
Coinsurance	Your share of costs after meeting your deductible, expressed as a percentage. For example, 20 percent coinsurance means you pay 20 percent of a covered bill.
COBRA	Federal law allowing you to continue employer-sponsored coverage for up to 18 months after leaving a job. You pay the full premium plus an administrative fee of up to 2 percent.
Copay	A fixed amount you pay for a covered service, such as $30 for a primary care visit.
Cost-Sharing Reduction (CSR)	A discount that lowers your deductible and out-of-pocket costs. Only available on Silver plans for eligible income levels.
Deductible	The amount you pay out of pocket before your insurance begins to cover costs.

GLOSSARY OF KEY INSURANCE TERMS

GLOSSARY... CONTINUED

TERM	DEFINITION
FPL (Federal Poverty Level)	A measure of income used to determine eligibility for Marketplace® subsidies and Medicaid. Updated annually.
HSA (Health Savings Account)	A tax-advantaged savings account available with qualifying high-deductible health plans. Contributions are pre-tax, grow tax-free, and can be used for qualified medical expenses. Two of Solo's three plan options are HSA-eligible.
Medicaid	A joint federal and state program providing free or low-cost health coverage based on income and household size. There is no age requirement. Any adult can qualify. In states that expanded Medicaid under the ACA, individuals earning up to 138 percent of the Federal Poverty Level may be eligible.

GLOSSARY OF KEY INSURANCE TERMS

GLOSSARY... CONTINUED

TERM	DEFINITION
Medicare	The federal health insurance program for people age 65 and older, and certain younger people with disabilities. Medicare is not the same as Medicaid. If you are under 65 and self-employed, Medicare generally does not apply to you yet.
MAGI (Modified Adjusted Gross Income)	The income figure used to calculate Marketplace® eligibility. Includes net self-employment income and other taxable income.
Network	The group of doctors, hospitals, and providers that have agreed to provide services at negotiated rates under your plan.
Open Enrollment	The annual period to enroll in or switch Marketplace® plans. It begins November 1. The end date for 2027 coverage is in flux after a June 2026 court ruling; check HealthCare.gov or your state exchange.
Out-of-Pocket Maximum	The most you will pay in a plan year for covered services. After reaching this limit, your plan pays 100 percent.

GLOSSARY OF KEY INSURANCE TERMS

GLOSSARY... CONTINUED

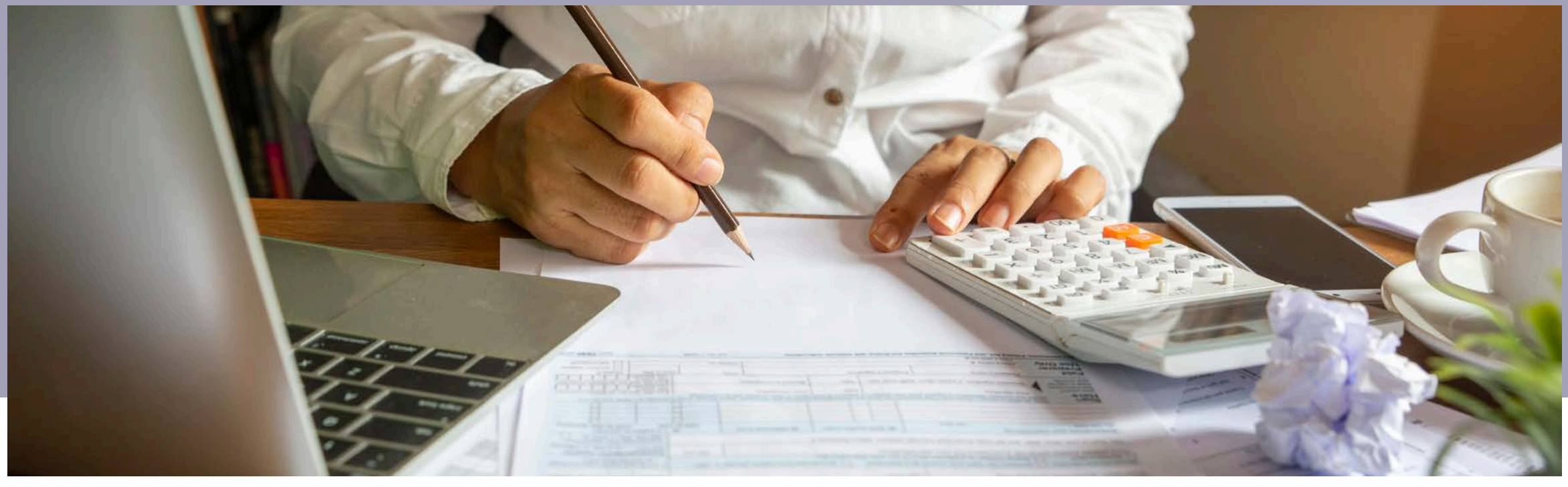
TERM	DEFINITION
PPO (Preferred Provider Organization)	A type of plan that lets you see any doctor without a referral. Out-of-network care is covered at a higher cost.
Premium	Your monthly payment to maintain health coverage.
Premium Tax Credit (PTC)	A subsidy that reduces your monthly Marketplace® premium based on your income and household size.
Reference-Based Pricing	A cost model used by self-funded plans, including Solo Health, to price out-of-network claims based on benchmarks such as Medicare rates and regional cost data. Members using out-of-network providers may incur higher costs under this model.
Special Enrollment Period (SEP)	A 60-day window to enroll in coverage outside of Open Enrollment after a qualifying life event.
Subsidy	Financial assistance that reduces your premium or out-of-pocket costs. Available through the Marketplace® based on income.

CHECKLIST: CHOOSING THE RIGHT PLAN FOR YOUR CREATOR BUSINESS

USE THIS CHECKLIST BEFORE ENROLLING IN ANY HEALTH PLAN.

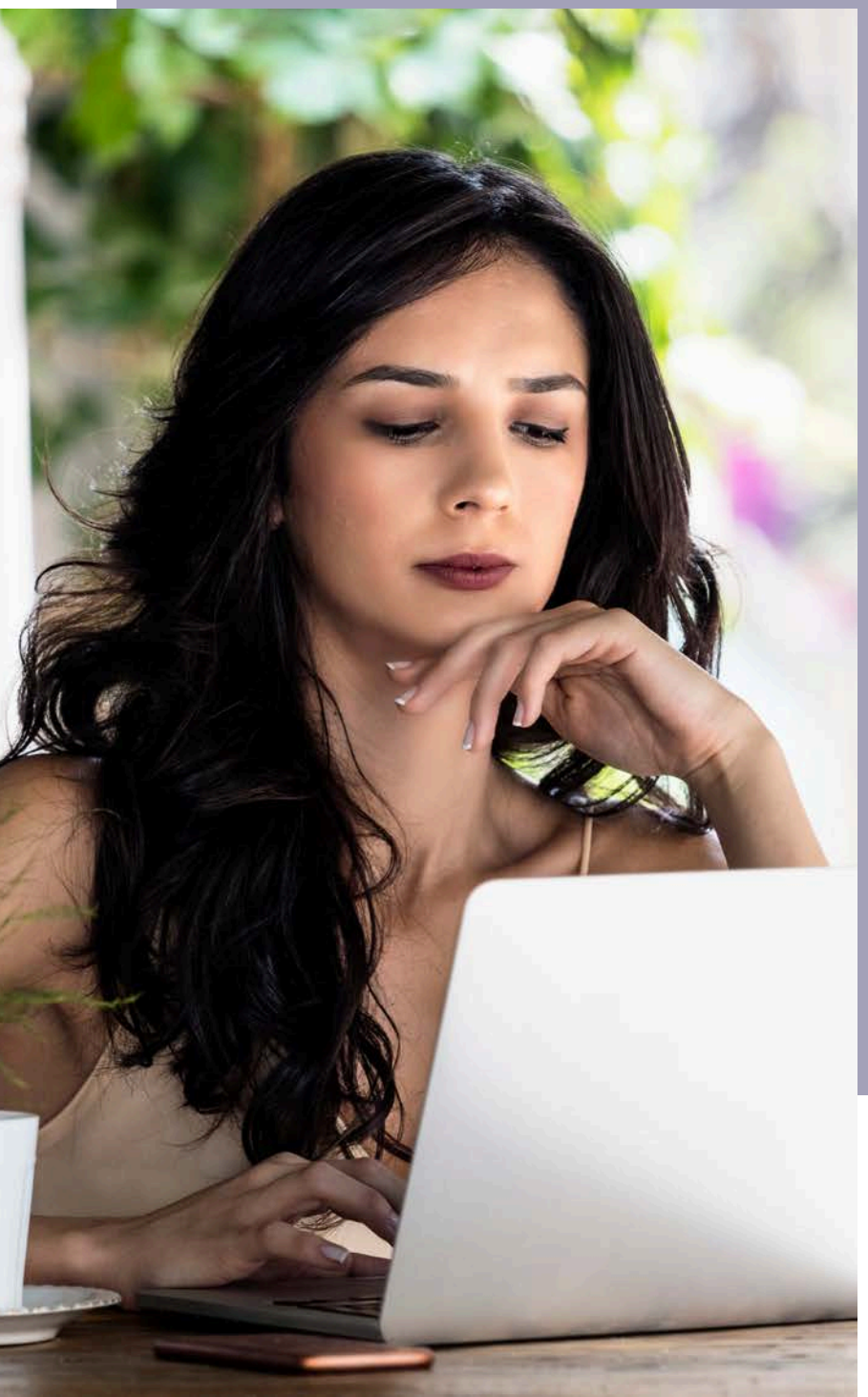
Before You Start

- Estimate your net self-employment income for the coverage year.
- Determine your household size for coverage purposes.
- Check if you have any qualifying life events that open a Special Enrollment Period.
- Review your current care usage: number of doctor visits, prescriptions, and specialist needs.



CHECKLIST: CHOOSING THE RIGHT PLAN FOR YOUR CREATOR BUSINESS

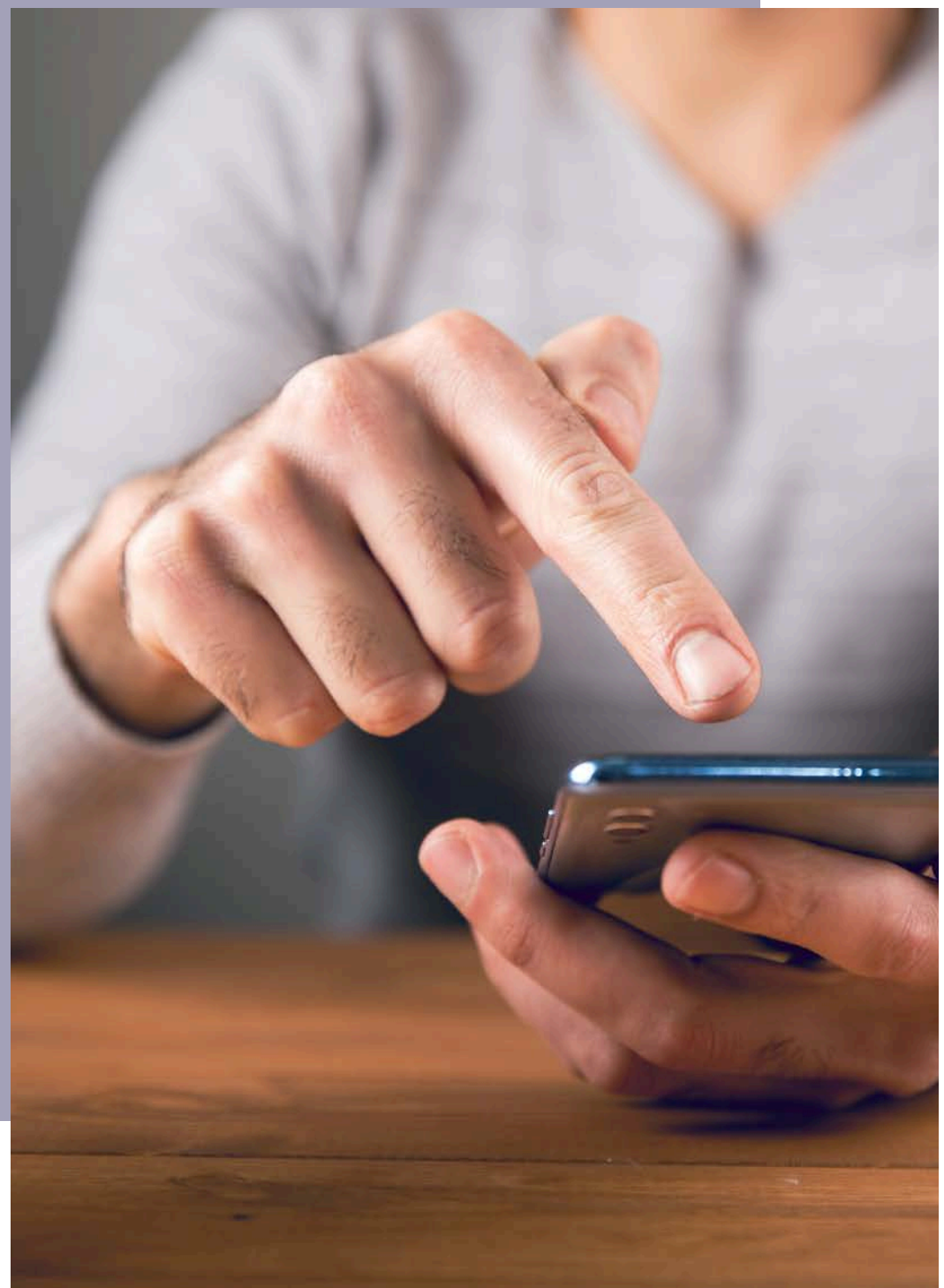
EVALUATING A PLAN



- Check whether your current doctors are in-network.
- Review the drug formulary to confirm your prescriptions are covered.
- Compare the total annual cost: premium plus expected out-of-pocket costs, not just the monthly premium.
- Confirm whether the plan is ACA-compliant or an alternative product such as a health share or group plan.
- Evaluate dental coverage separately. Standard medical plans, including Solo Health, do not include dental. Compare standalone dental plans at HealthCare.gov or directly from dental insurers.
- Evaluate vision coverage separately. As a creator who works on screens, a standalone vision plan covering annual exams and eyewear is a worthwhile investment. Both dental and vision premiums may be deductible as self-employed health insurance expenses.
- Review the deductible, copay structure, and out-of-pocket maximum.

CHECKLIST: CHOOSING THE RIGHT PLAN FOR YOUR CREATOR BUSINESS

AFTER ENROLLING



- Pay your first premium immediately to activate coverage.
- Download or request your insurance ID card.
- Report any significant income changes to the Marketplace® during the year.
- File IRS Form 7206 to claim your self-employed health insurance deduction at tax time.
- Set a reminder to review your plan during the next Open Enrollment window.

ABOUT THE AIC

The American Influencer Council (AIC) is the United States' first 501(c)(6) not-for-profit membership trade association dedicated to the professional advancement of social media career creators.

The AIC is a New York State not-for-profit corporation, incorporated on February 24, 2020, and publicly launched on June 30, 2020, coinciding with the 10th anniversary of Global Social Media Day. The Council was founded on a clear principle: career creators are small business owners who deserve the same professional infrastructure, advocacy, and resources as any other sector of the American workforce.

In six years, we have grown from a founding idea into a globally recognized association — executing over 100 free programs, producing in-house creator research, and becoming the trusted institutional voice for an industry of 39+ million U.S.-based creators.

The AIC provides a professional platform where social media content creators have dedicated career-building support, small business advocacy, and in-house creator-first research.

Everything we produce — from research reports to tax guides to educational panels to the Creators with Influence podcast — is free to access. That's not a feature. It's the foundation of everything we do.

Learn more at americaninfluencercouncil.com.

ABOUT SOLO HEALTH

Solo Health is a major medical health plan built exclusively for self-employed business owners. For years, the self-employed have faced an unfair tradeoff: pay steep ACA Marketplace® rates as an individual, or go without real coverage. Solo was created to close that gap with comprehensive, nationwide coverage designed around how business owners actually live and work.

Solo is a self-funded health plan, a model long used by large employers and now built for businesses of one. A health questionnaire helps maintain a healthier member pool, which supports lower monthly costs than members typically find on the ACA Marketplace®. Every plan includes access to the MultiPlan PHCS network, one of the largest PPO networks in the country, with no referrals required and coverage in all 50 states.

Solo Health is operated by Healthy Business Group (HBG), a company focused on making quality health coverage accessible to entrepreneurs and independent professionals. With simple plan designs where the deductible equals the out-of-pocket maximum, included virtual care, and the freedom to join any month of the year, Solo gives the self-employed what they have always deserved: coverage that works as hard as they do.

Learn more at solo.health.

thank you

DISCOVER

aic EDUCATION

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