Navigating the Health Insurance Marketplace

Everything you need to secure the 2017 health coverage that’s right for you

We’re here to help make the Health Insurance Marketplace process easier. We created this guide to help answer some of your most pressing questions so you can select the plan that is right for you and apply with confidence.
Navigating the Health Insurance Marketplace can be overwhelming and confusing. We’ve gathered everything you need to get started researching the plans that work for you and your family so you can apply for 2017 health coverage with ease once open enrollment starts on Nov. 1, 2016.

What is the Health Insurance Marketplace?

Health Insurance Marketplaces, also called health exchanges, are U.S. organizations created to aid in the purchase of health insurance in each state to comply with the Patient Protection and Affordable Care Act, or ACA. Marketplaces offer standardized, government-regulated healthcare plans to people who don’t have health insurance through a job, Medicare, Medicaid, the Children’s Health Insurance Program (CHIP) or another source.

If you have job-based insurance, you can buy a plan through the marketplace, but you will pay full price unless your employer’s insurance doesn’t meet certain standards. (Most job-based plans meet these standards, but you can read more at healthcare.gov.)

If you have Medicare, you can’t switch to marketplace insurance, supplement your coverage with a marketplace plan or buy a marketplace dental plan.

What are the terms I need to know?

There are lots of terms out there when it comes to selecting a marketplace plan; here are some of the basics.

- **Open enrollment**: A period of time in which you can purchase an individual health insurance plan.
- **Special enrollment**: There may be some exceptions that allow you to enroll outside of open enrollment. Visit [healthcare.gov](http://healthcare.gov) for more details.
- **Premium**: Your payment, usually monthly, for a health insurance plan.
- **Out-of-pocket costs**: Your share of healthcare costs.
- **Deductible**: The amount you owe for covered healthcare services, usually due at the time of service.
- **Copay**: The amount you owe for healthcare services after the deductible is met.
- **Savings**: A type of discount or tax credit that will help lower your insurance premiums or out-of-pocket costs, if you qualify.
## What do marketplace plans cover?

All marketplace plans are offered by private insurance companies with a range of prices and features. Here's what all plans cover.

### Essential health benefits

These include outpatient care; emergency services; hospitalization; pregnancy, maternity and newborn care; mental health and substance abuse disorder services; prescription drugs; laboratory services; rehabilitative and habilitative services and devices to help people with injuries, disabilities and chronic conditions; preventive and wellness services and chronic condition management; and pediatric services, including oral and vision care. Birth control and breastfeeding coverage also are offered with every plan.

### Pre-existing conditions

No insurance plan can reject you, charge you more or refuse to pay for essential health benefits for any condition you had before your coverage started. Once you’re enrolled, the plan can’t deny you coverage or raise your rates based only on your health. This is also true of Medicaid and CHIP. Pregnancy is covered from the day your plan starts. When you have a baby or adopt a child, you qualify for a special enrollment period, meaning you can enroll in or change plans outside of the annual open enrollment period. Your coverage can start from the date of birth or adoption, even if you enroll up to 60 days after.

### Preventive care

Preventive services, such as shots and screening tests, are covered by most health plans at no cost to you. It’s important to note these services are free only when delivered by a doctor or provider who is in your plan’s network.

The only exception is grandfathered plans, which don’t have to cover pre-existing conditions or preventive care. If you have a grandfathered plan and want pre-existing conditions covered, you can switch to a marketplace plan that will cover them during open enrollment or you can buy a marketplace plan outside open enrollment when your grandfathered plan year ends and you qualify for a special enrollment period.

You can add a dental plan to the marketplace plan you select, but it’s not required.

### What dates do I need to know if I plan to sign up for a 2017 plan?

- **Nov. 1, 2016**
  Open enrollment begins.

- **Dec. 15, 2016**
  Enroll by this date for coverage to begin on Jan. 1, 2017.

- **Jan. 31, 2017**
  Open enrollment ends. If you miss this date, you cannot sign up for a plan unless you qualify for special enrollment.

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**What do I need to gather before I apply?**

When you apply for or renew your coverage, you will need to provide information about you and your household, including income, any coverage you currently have and more. Use the checklist below to gather what you need to apply.

| Household size, and home and/or mailing addresses for everyone applying for coverage | Your best estimate for what your household income will be in 2017 |
| Personal information, such as birth dates and Social Security numbers, for everyone in your household who is applying for coverage | Policy numbers for any current health insurance plans covering household members |
| If you’re receiving help completing your application, you’ll need to provide information about the professional helping you apply | A completed "Employer Coverage Tool" for every job-based plan you or someone in your household is eligible for |
| Legal immigration document information | If you have or had coverage in 2016, you’ll need to include notices from your current plan that include your plan ID |
| Information on how you file your taxes |  |
| Employer and income information for every member of your household |  |

**What should I know before I purchase a plan?**

It’s important to be informed about the plan you are selecting. Here are some things to consider.

| **Your family’s healthcare needs and how much coverage you need** |
| **Your out-of-pocket costs** |
| What you pay for insurance depends on your income. Your savings depend on your expected income for the upcoming coverage year. This year, according to healthcare.gov, about 8 in 10 uninsured people who are eligible for marketplace coverage qualify for financial assistance to lower the cost of their monthly premiums. Visit [healthcare.gov](http://healthcare.gov) to get an idea if your expected income is in the range to save. |
| Most people who apply qualify for a premium tax credit that lowers their monthly insurance bill. Some also save on out-of-pocket costs, such as deductibles and copayments. |

| **The doctors and hospitals included in your plan** |
| Not all plans cover your preferred doctors, specialists and hospitals. It’s important to choose a plan that covers Novant Health doctors, hospitals and facilities. |

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What should I know before I purchase a plan? continued

What plans include our doctors and hospitals?
We are participating in the following plan options.

**In North Carolina**
- **Blue Value** from Blue Cross Blue Shield of NC
- **Blue Advantage** from Blue Cross Blue Shield of NC
- **Blue Select** from Blue Cross Blue Shield of NC*

*Not all Novant Health facilities and doctors are designated as tier 1. Please check the BCBSNC provider directory for tier status.

**In Northern Virginia***
- **Anthem Healthkeepers** from Anthem Blue Cross Blue Shield
- **CareFirst Blue Choice** from CareFirst Blue Choice
- **CareFirst Blue Preferred** from CareFirst Blue Cross Blue Shield
- **CareFirst HealthyBlue** from CareFirst Blue Choice
- **UHC Compass** from United Health Care
- **Kaiser Permanente VA** from Kaiser Permanente
- **Cigna VA Connect** from Cigna

*Not all Novant Health UVA Health System facilities and doctors are participating in all plans. Please check plan directories to verify participation status.

What plans do not include our doctors and hospitals?
We are not participating in the following plan options.

**In North Carolina**
- **Blue Local** from Blue Cross Blue Shield of NC
- **Cigna NC Connect** from Cigna

**In South Carolina**
- **A Multistate Plan** from Blue Cross Blue Shield of SC
- **Blue Essential** from Blue Cross Blue Shield of SC

**In Northern Virginia**
- **Innovation Health Leap** from Innovation Health Insurance Company

To see all plans we participate in, visit NovantHealth.org/myplanoptions.
Who can help me select the right plan for me?

Visit localhelp.healthcare.gov to enter your ZIP code or city and state and find trained people in your community who can help you apply, pick a plan and enroll — all for free. Most of these groups are available to meet in person.

What happens if I do not get a health plan in 2017?

If you don’t have qualifying health insurance, you may have to pay a fee. In 2016, people who didn’t have health insurance coverage had to pay a penalty of either 2.5 percent of their income or $695 per adult/$347.50 per child, whichever was higher. Some cases may qualify for an exemption from this requirement.

How do I apply for coverage?

You can apply for coverage in four ways:

- **Online:** Get started at healthcare.gov.
- **By phone:** Call 1-800-318-2596 (TTY 1-855-889-4325) 24 hours a day, seven days a week.
- **With in-person help:** Visit localhelp.healthcare.gov for a list of trained people in your community who can assist you in filling out an application and enrolling.
- **With a paper application:** Download and print the application PDF and instructions at healthcare.gov. Once you mail it in, you’ll get eligibility results by mail within two weeks.

Learn more about Novant Health plan participation

- Visit NovantHealth.org/healthmarketplace
- **Call a Novant Health-trained financial counselor**
  - Greater Winston-Salem area: 336-718-5393
  - Greater Charlotte area: 704-384-0539
  - Brunswick area: 910-721-1783
  - Northern Virginia area: 703-369-8020

To learn more about the marketplace, visit healthcare.gov for the latest information.