Navigating the Health Insurance Marketplace

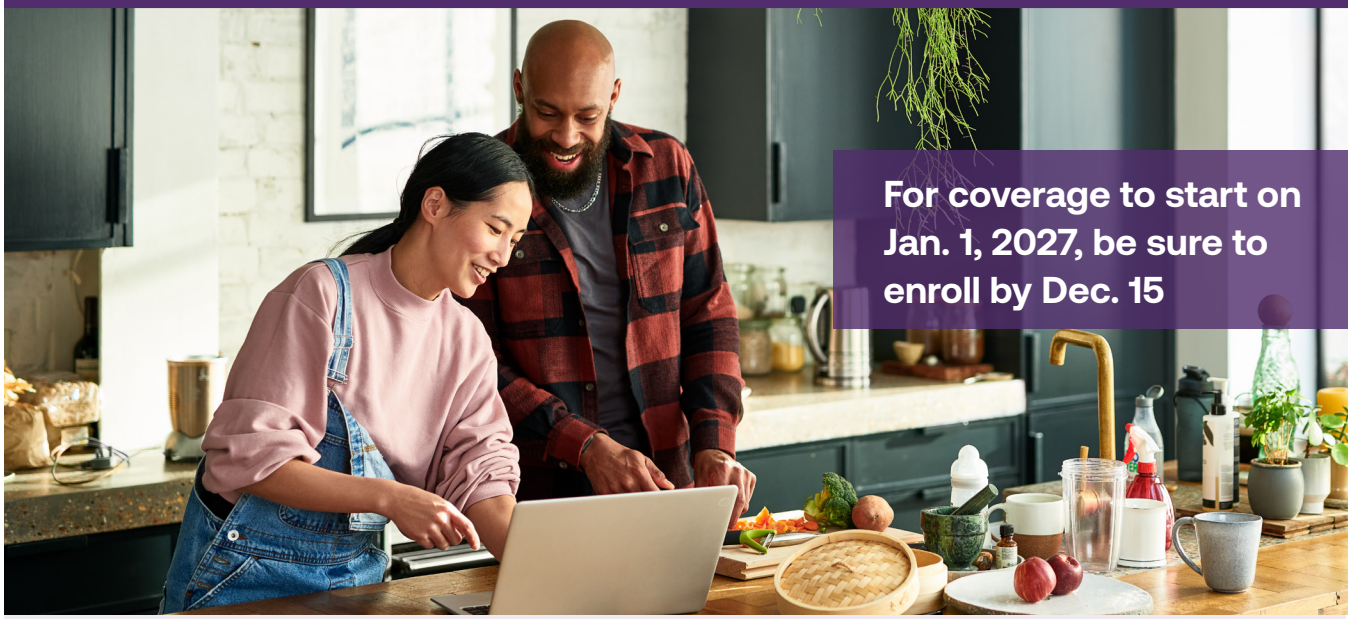
Everything you need to secure the 2027 health coverage that's right for you.

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.

Disclaimer: Novant Health has made every effort to provide accurate information as of Oct. 1, 2026. Visit healthcare.gov to learn more about the latest changes for Health Insurance Marketplace.

NOVANT® HEALTH

Let us help with your 2027 coverage.



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 2027 health coverage with ease during open enrollment, which starts on Nov. 1, 2026.

What is the Health Insurance Marketplace?

Health Insurance Marketplaces, also called health insurance exchanges, are created to help in the purchase of health insurance in each state to comply with the Affordable Care Act, or ACA.

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options.

You may also be eligible for a tax credit that lowers your monthly premium right away. **The open enrollment period for health insurance coverage through healthcare.gov starts on Nov. 1 and runs through Dec. 15 for coverage to start on Jan. 1, 2027. To have coverage start on Feb. 1, 2027, you have until Jan. 15, 2027 to enroll.**

Outside of the open enrollment periods, you can only enroll in or change coverage if you qualify for a Special Enrollment Period.

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** 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.

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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

- Outpatient care
- Emergency services
- Hospitalization
- Pregnancy
- Maternity and newborn care
- Behavioral health services
- Substance use 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
- Chronic condition management
- Pediatric services, including oral and vision care
- Birth control and breastfeeding coverage

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 Children's Health Insurance Program (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 Marketplace 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 key dates do you need to know?

Nov. 1, 2026
Open enrollment begins.

Dec. 15, 2026
Enroll by Dec. 15 to have coverage effective Jan. 1, 2027.

Jan. 15, 2027
Open enrollment ends.

Feb. 1, 2027
Enroll between Dec. 16 and Jan. 15 for coverage to take effect Feb. 1, 2027.

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

What should I know before I purchase a Marketplace 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. Many people currently enrolled in a Marketplace plan may qualify for more tax credits. Health insurance premiums after these new savings will go down. Visit **healthcare.gov** to get an idea if your expected income is in the range to save.

Many 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 includes in-network access to Novant Health doctors, hospitals and facilities.

Consumers should be cautious when purchasing plans not sold on the Marketplace. Some plans may not have a contracted provider network. That means consumers could be expected to make large payments upfront to receive services. Healthcare.gov is the best place to go for up-to-date plans covered under the Affordable Care Act. Talk to a trained agent when shopping for a plan.

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What should I know before I purchase a Marketplace plan?

What plans include our doctors and hospitals?

We are participating in the following Marketplace plan options.

In North Carolina

Novant Health is participating in the following 2027 Marketplace plan options:[1]

- **Ambetter** of North Carolina Inc.
- **Blue Home with Novant Health** from Blue Cross and Blue Shield of North Carolina
- **Blue Value** from Blue Cross and Blue Shield of North Carolina
- **Blue Advantage** from Blue Cross and Blue Shield of North Carolina
- **Oscar Health** Individual and family plans from Oscar Health
- **UHC Individual & Family Plans** from UnitedHealthcare

[1] Not all plans are sold in all regions. Consult healthcare.gov for options in your area.

Act now by comparing Marketplace plan options on healthcare.gov to ensure your 2027 plan includes your doctor(s) and Novant Health.

In South Carolina

Novant Health is participating in the following 2027 Marketplace plan options:[1]

- **Ambetter from Absolute Total Care Blue Essentials** from Blue Cross Blue Shield of South Carolina
- **Blue Options** from Blue Cross Blue Shield of South Carolina
- **Molina Healthcare** of South Carolina, Inc.
- **Oscar Health** Individual and family plans from Oscar Health
- **UHC Individual & Family Plans** from UnitedHealthcare

[1] Not all plans are sold in all regions. Consult healthcare.gov for options in your area.

Act now by comparing Marketplace plan options on healthcare.gov to ensure your 2027 plan includes your doctor(s) and Novant Health.

What plans do not include our doctors and hospitals?

Visit NovantHealth.org/HealthMarketplace for an up-to-date list for plans that do not include Novant Health doctors and hospitals.

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To see all plans we participate in, visit NovantHealth.org/HealthMarketplace

Marketplace plan comparison worksheet

Use this worksheet to compare different plans. It helps you collect all the information you need to choose the right plan.

Applicant name: _____ Tax credit (monthly): _____ Date: _____

Number of people in the plan: _____ Eligible for cost-sharing reductions? ☐ No ☐ 73% ☐ 87% ☐ 94%

	Option 1 (or current plan)	Option 2	Option 3
Insurance company			
Health plan name			
Metal tier (Bronze, Silver, Gold, Platinum)			
Plan type (HMO, PPO, POS, EPO or other)			
Monthly premium (after tax credit)			
Deductible (medical/drug or combined) (If family deductible: aggregated or embedded?)			
Out-of-pocket maximum (OOP max)			

Copays/Coinsurance		Amount		Amount		Amount	
			Deductible applies? (check if yes)		Deductible applies? (check if yes)		Deductible applies? (check if yes)
Primary care provider (PCP) visit							
Specialist visit							
Prescriptions	Generic drugs						
	Preferred brand name drugs						
	Nonpreferred brand name drugs						
	Specialty drugs						
ER visit							
Inpatient hospital stay							
Other service:							
Other service:							
Other service:							

Healthcare providers	In-network/Covered?	In-network/Covered?	In-network/Covered?
Current doctor/provider:			
Other provider or hospital:			
Current prescription drugs:			

Other considerations			
Other consideration:			
Other consideration:			
Other consideration:			

Worksheet used with permission from Center on Budget and Policy Priorities

continued

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.

How do I apply for coverage?

You can apply for coverage in four ways:

- **Online**: Get started at **healthcare.gov**.
- **By phone**: Call 800-318-2596 (TTY 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.

Why enroll in health insurance?

Health insurance is important because it helps pay for care while protecting you financially in the event of an expensive health condition. Research also shows that people with health insurance are more likely to have a regular doctor and receive care when they need it.

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

Learn more about Novant Health plan participation.

Visit NovantHealth.org/HealthMarketplace

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