

# Health Insurance Marketplace FAQ

*Disclaimer: Novant Health has made every effort to provide accurate information as of Oct. 13, 2017. Visit [HealthCare.gov](http://HealthCare.gov) to learn more about the latest changes for Health Insurance Marketplace.*

## 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'll 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](http://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.

## When is open enrollment?

Open enrollment, or the period of time in which you can purchase an individual health insurance plan, starts Nov. 1, 2017 and ends Dec. 15, 2017. You must be enrolled by Dec. 15 to have 2018 health insurance coverage. If you already have a plan under ACA and do nothing, on Dec. 16 you will be auto-enrolled in the same plan – but it will be too late to change your plan because the enrollment period will already have closed.

## What do marketplace plans cover?

All marketplace plans are offered by private insurance companies with a range of prices and features. All plans cover the following areas:

- **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 are also 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 should I know before I purchase a plan?**

Things to consider include:

- **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](http://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 co-payments.
- **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.

## **What plans allow me to use Novant Health doctors and hospitals?**

**In North Carolina:**

Novant Health is participating in the following 2018 health insurance plans:

- BlueValue from Blue Cross Blue Shield of NC
- BlueAdvantage from Blue Cross Blue Shield of NC
- BlueSelect from Blue Cross Blue Shield of NC

### **In northern Virginia:**

- **Novant Health UVA Health System Prince William Medical Center and Haymarket Medical Centers** are participating in the following plan options:
  - Anthem Healthkeepers from Anthem Blue Cross Blue Shield
  - CareFirst BlueChoice, BluePreferred and HealthyBlue from CareFirst Blue Choice
  - Kaiser Permanente VA from Kaiser Permanente
  - Cigna VA Connect from Cigna
- **Novant Health UVA Health System Culpeper Medical Center** is participating in the following plan options:
  - Anthem Healthkeepers from Anthem Blue Cross Blue Shield

\*Not all Novant Health UVA Health System hospitals and doctors are participating. Please check the plan directory for participation status.

### **What plans do NOT include Novant Health doctors and hospitals?**

#### **In North Carolina:**

- BlueLocal from Blue Cross Blue Shield of NC
- Cigna NC Connect from Cigna

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

Use the checklist below to gather what you need to apply.

- Household size: Visit [healthcare.gov/income-and-household-information/household-size](https://www.healthcare.gov/income-and-household-information/household-size) to figure out whom in your household needs coverage.
- 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 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 in 2018.
- 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 in 2017, you'll need to include notices from your current plan that include your plan ID.

## Where can I find more information?

Visit [Healthcare.gov](https://www.healthcare.gov) for information related to the health insurance marketplace. You can find additional resources at [NovantHealth.org/healthmarketplace](https://www.novanthealth.org/healthmarketplace) and [NovantHealthUVA.org/healthmarketplace](https://www.novanthealthuva.org/healthmarketplace).

For questions or to speak with a Marketplace representative, contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

- Available 24 hours a day, 7 days a week
- Closed Thanksgiving Day and Christmas Day

Novant Health also has financial counselors:

- Greater Winston-Salem area: 336-718-5393
- Greater Charlotte area: 704-384-0539
- Brunswick area: 910-721-1783
- Northern Virginia area: 703-369-8020

## Key terms:

- **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](https://www.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.
- **Co-pay**: 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.