

Financial Ratings Series

WeissRatings
& Grey House Publishing

Financial Literacy Basics: Understanding Health Insurance Plans

2026



GREY HOUSE PUBLISHING

Financial Literacy Basics: Understanding Health Insurance Plans



Financial Literacy Basics: Understanding Health Insurance Plans 2026 Edition



GREY HOUSE PUBLISHING



<https://greyhouse.weissratings.com>

Grey House Publishing
4919 Route 22, PO Box 56
Amenia, NY 12501-0056
(800) 562-2139

Weiss Ratings
11780 US Highway 1, Suite 201
Palm Beach Gardens, FL 33408
(561) 627-3300

Copyright © Grey House Publishing and Weiss Ratings. This publication contains original and creative work and is fully protected by all applicable copyright laws, as well as by laws covering misappropriation, trade secrets and unfair competition. Additionally, Grey House Publishing and Weiss Ratings have added value to the underlying factual material through one or more of the following efforts: unique and original selection; expression; arrangement; coordination; and classification. None of the content of this publication may be reproduced, stored in a retrieval system, redistributed, or transmitted in any form or by any means (electronic, print, mechanical, photocopying, recording or otherwise) without the prior written permission of Grey House Publishing. "Weiss Ratings" is a trademark protected by all applicable common law and statutory laws.



Published by Grey House Publishing, Inc., located at 4919 Route 22, Amenia, NY 12501; telephone 518-789-8700. Grey House Publishing neither guarantees the accuracy of the data contained herein nor assumes any responsibility for errors, omissions or discrepancies. Grey House Publishing accepts no payment for listing; inclusion in the publication of any organization, agency, institution, publication, service or individual does not imply endorsement of the publisher.



2026 Edition
ISBN: 979-8-89179-278-4

Table of Contents

Understanding Health Insurance Plans.....	1
What is a Health Insurance Plan?.....	1
ACA Plan Costs	2
Your Health Insurance Policy.....	3
Summary of Benefits & Coverage	8
Other Services Covered	9
Sample Employer-Provided Private Health Plan Costs.....	10
Sample ACA Benefit Plan Costs.....	11
Insurance Card	12
Types of Health Insurance Plans.....	14
Managed-Care Plans.....	14
Pros & Cons of Managed-Care Plans	15
Common Exclusions	16
Fee-for-Service Plans.....	17
High Deductible Health Plans	17
Health Savings Accounts.....	18
Direct Primary Care/Concierge Medical Care	19
COBRA.....	19
Supplemental Health Insurance Plans	20
Association Health Plans	21
Health Care Sharing Plans.....	21
Military Health Care	22
Veterans' Health Care	23
Medicaid	23
Medicare	24
Dental & Vision Insurance.....	25
Disability Insurance.....	25
Do I Really Need Health Insurance.....	26
Shop Around	27
Health Insurance Premiums: Statistics	28
Weiss Ratings' Recommended Health Insurers	31
Weiss Ratings' Weakest Health Insurers.....	47
Appendices	59
Quote Comparison Worksheet	61

Helpful Resources	62
State Insurance Commissioners.....	63
ACA Marketplaces by State	65
Application for Health Coverage & Help Paying Costs	67
Sample Summary of Benefits & Coverage	84
Sample Private Health Insurance Enrollment Form	91
Glossary	92
Sources.....	94
What Our Ratings Mean.....	95
Terms & Conditions	96

Welcome!

Grey House Publishing and Weiss Ratings are proud to announce the eighth edition of ***Financial Literacy Basics***. Each volume in this series provides readers with easy-to-understand guidance on how to manage their finances. Designed for those who are just starting out, as well as those who may need help handling their finances, the volumes in this series outline, step-by-step, how to make the most of your money, which pitfalls to avoid, what to watch out for, and the necessary tools to make sure you are fully equipped to manage your finances.

Each of these eight volumes focus on specific ways to take the guesswork out of financial planning—how to stick to a budget, how to manage debt, how to buy a car or rent an apartment, how to calculate the cost of college, and how to start saving for retirement—all information necessary to get started on your financial future. Each volume is devoted to a specific topic. Combined, they provide you with a full range of helpful information on how to best manage your money. Individual volumes are:

- How to **Make and Stick to a Budget**
- How to **Manage Debt**
- Starting a **401(k)**
- Understanding **Health Insurance Plans**
- **Renting an Apartment & Understanding Renters Insurance**
- Calculating the **Cost of College & Understanding Student Loans**
- **Buying a Car & Understanding Auto Insurance**
- What to Know About **Checking Accounts**

Filled with valuable information that includes helpful, hands-on worksheets and planners, these volumes are designed to point you toward a solid financial future with clear suggestions, supportive guidance, and easy-to-follow dos and don'ts.

Financial Literacy Basics:

Understanding Health Insurance Plans



Understanding Health Insurance Plans

No one wants to suffer from sickness or injury, but we all do at some point.

Even if you're young and lead a healthy lifestyle, you'll need medical attention one day. You might come down with the flu or fall and break a bone. You might even suffer a serious illness.

If you get sick or are injured, you'll need to see a doctor and might even require a hospital stay. You'll also need medication. Medical bills and prescriptions are extremely expensive—they are one of the leading causes of bankruptcy in the United States.

This is where health insurance comes into play. Health insurance helps you pay for routine preventative care such as checkups and vaccinations. It helps you pay medical bills. In most cases, it helps you pay for prescription medications. Health insurance helps cover your medical expenses if you need serious care.



What is a Health Insurance Plan?

A health insurance plan is an agreement with an insurance provider to pay for some or all of your medical expenses.

These expenses can range from simple doctor visits to life-changing events such as pregnancy, major surgery, or a serious illness.

Most health insurance plans fall into three broad categories:

- Private Health Plans
- Medicaid
- Medicare

Private health plans are offered through your employer or can be purchased individually. As the name suggests, they are typically run through a private business such as an insurance company or health care provider. Private health insurers offer numerous plans, each offering a range of benefits that vary by cost and services covered. According to the Census Bureau, 65.6% of Americans



have some form of private health insurance¹.

Medicaid is a government-run health care plan designed to help low-income individuals and families. Medicaid is funded by the federal government but run by state governments, so eligibility and coverage rules vary by state. See page 23 for more information about Medicaid.

Medicare is a government-sponsored plan for people 65 and older, or those who are disabled or suffer from a long-term illness. Medicare is divided into four parts that help cover hospital expenses, doctor visits, and prescription drug costs. See page 24 for more information about Medicare.

In 2010, the U.S. government passed the **Affordable Care Act (ACA)** as a way to increase access to health care for more Americans. The ACA, which is often referred to as Obamacare (after former President Barack Obama), is not a health care plan in itself. It was designed to provide

ACA PLAN COSTS

ACA Health Insurance Plan Cost Breakdown by Tier

Metal Tier	Portion you pay out of pocket	Portion of bills your plan pays
Bronze	40%	60%
Silver	30%	70%
Gold	20%	80%
Platinum	10%	90%

Source: <https://www.healthcare.gov/choose-a-plan/plans-categories/>

¹

<https://www.census.gov/library/publications/2023/demo/p60-281.html>



coverage to millions of uninsured Americans, lower health care costs, and improve efficiency in the health care system. The ACA set up health-insurance marketplaces as a way for individuals to compare and shop for coverage.

The ACA provides tax breaks and financial help for eligible individuals who cannot afford to pay the full cost of a plan.

Another provision of the ACA is that young people covered under their parent's health care can stay on that plan until their twenty-sixth birthday even if they are working, live on their own, or get married.



Your Health Insurance Policy

When you sign up for health insurance, you enter into an agreement with the insurance carrier. They will provide specific services and coverage to you in exchange for a fee. This fee is paid either by you, your employer, or a combination of both. The terms of this agreement are written in a document called your **health insurance policy**.

This policy can sometimes be confusing and contain many unfamiliar terms. If you have any questions, it is

always best to talk to your insurance provider.

The following section explains some of the more common terms used on your health insurance policy.

Premium

A premium is a monthly fee you pay to an insurance company or health-plan provider to keep your policy active.

If you have an insurance plan through work, your employer will usually pay a portion of the premium. You would be responsible for the rest, usually though an amount taken directly from your paycheck.

Premium amounts vary by plan, but the recent KFF Employer Health Benefits Survey² reports that the average premium for an employer-based plan in 2024 was \$8,951 a year to cover a single individual and \$25,572 for family coverage. The portion of the premium that the worker paid was \$1,368 per year for single coverage and \$6,296 for family coverage.

Typically, the more you pay for your premium, the lower your costs will be for other services.

² <https://www.kff.org/health-costs/report/2024-employer-health-benefits-survey/>



Coverage

Coverage is the risks and liabilities the insurance company has agreed to cover. This includes the specific health issues the company is responsible for covering and the amount of money it will pay. Health care coverage usually pays for services such as doctor visits, hospital stays, and prescription medications.

Deductible

A deductible is the amount of money you must pay each year for medical expenses before your insurance plan starts paying. Deductibles also vary by plan and can range from zero to more than \$17,000. In 2024, the average annual deductible for a work-related health plan was \$1,787 for a single person³.

If your annual deductible was \$1,787, for example, and you went for X-rays that cost \$500, you would be responsible for the entire amount. If you later spent time in a hospital and your bill was \$4,000, you would only have to pay the first \$1,287 of the bill, so your total out of pocket would be your deductible of \$1,787. Your plan would cover the remaining \$2,713 and other medical costs that you incur during the year. Many plans cover simple procedures such as doctor

visits or flu shots without you having to pay from your deductible.

Copayment

A copayment, or copay for short, is a fixed and often small fee that you must pay when you receive certain medical services. For example, each time you visit your doctor for a checkup, you may have a copay of \$20. You are usually responsible for paying that amount at the time of the visit. Your insurance company will cover the rest of the cost. Copays may also apply to the cost of prescription medication.

Coinsurance

Coinsurance is similar to a copay except that the fee you are responsible for is a percentage of the cost of the services rather than a fixed amount. If you have to spend time in the hospital, for example, you may have to pay 20% of the cost while your insurance company covers the remaining 80%. In most plans, you will need to pay your deductible first before you start paying coinsurance. If you haven't met your deductible at the time of the visit you'd pay 100% of the services.

In-Network Provider

An in-network provider, or network provider, is a member of a group of doctors, hospitals, pharmacies, and other health care facilities who is

³ <https://www.kff.org/health-costs/report/2024-employer-health-benefits-survey/>



under contract with an insurance company to provide services at discounted rates. These providers can range from your primary-care physician to the lab facilities you go to for blood work. Your copay, coinsurance, and overall cost of services will be lower if you see a provider in your network.

Out-of-Network Provider

This is a provider who is not a part of your insurance company's contracted group of doctors and health care facilities. In most cases, you will have to pay higher prices for services at out-of-network providers. Be aware that some insurance plans do not even cover services outside of their network.

Out-of-Pocket Maximum

This is the maximum amount you would have to pay for covered medical services each year. This cost includes all copays, coinsurance, and deductibles but does not cover premiums.

The out-of-pocket maximum varies by plan. Health care marketplace plans covered by the ACA, for example, have a 2025 maximum of \$9,200 for an individual and \$18,400 for a family.

This means that if you had a serious medical condition, the most you would have to pay per year will be

\$9,200; the insurance company would pay all the costs over that amount.

The out-of-pocket maximum will increase in 2026, to \$21,200 for a family and \$10,600 for single coverage.

Explanation of Benefits (EOB)

After you use your health care plan, your insurer will send you a statement notifying you how your claim was processed for payment. An EOB can sometimes be confusing because it looks like a medical bill even though it is only meant to explain the costs your insurer picked up and the costs you are responsible for paying. To avoid confusion, an insurer will often include the words "this is not a bill" on an EOB.

A sample EOB appears on the next page. An EOB typically includes the following information:

- Date of service
- Place of service
- Type of service (sometimes in the form of medical billing codes)
- Amount billed to your insurance
- Amount covered by your plan
- Amount not covered by your plan
- Codes explaining the reasons a service was not covered
- Your copayment
- Your deductible





READING YOUR EXPLANATION OF BENEFITS (EOB)

You may receive an EOB from your health plan after your visit with the provider. It will show you the total charges for your visit and how much you and your health plan owe. An EOB is NOT A BILL. You can also use it to track how you and your family use your coverage. You may get a separate bill from the provider.

Here's an example of an Explanation of Benefits.

Your health plan's Customer Service Number may be near the plan's logo or on the back of your EOB.

1. Phone Numbers

You can call your health plan if you have questions about finding a provider or what your coverage includes.

2. Payee is the person who will receive any reimbursement for over-paying the claim.

EXPLANATION OF BENEFITS

1 Customer Service Number: 1-800-123-4567

Statement Date: XXXXXX

Document Number: XXXXXXXXXXXX

Member Name:

Address:

City, State, Zip:



THIS IS NOT A BILL

Subscriber Number: XXXXXXXXXXXX

ID: XXXXXXXX

Group: ABCDE

Group Number: XXXXX

Patient Name: XXXXXX

Provider:

Claim Number: XXXXXXXX

Date Received: XXXXXXXXXXXX

Payee: **2**

Date Paid: XXXXXXXX

3. Service Description

shows the health services you received, like a medical visit, lab test, or screening.

4. Provider Charges

is the amount your provider bills for your visit.

5. Allowed Charges

is the amount your provider will be paid; this may not be the same as the Provider Charges.

Claim Detail				What your Provider Can Charge You		Your Responsibility			Total Claim Cost		
Line No.	Date of Service	Service Description	Claim Status			Co Pay	Deductible	Coinsurance	Paid by Insurer	What You Owe	Remark Code
				Provider Charges	Allowed Charges						
1	3/20/22-3/20/22	Medical care	Paid	\$31.60	\$2.15	\$0.00	\$0.00	\$0.00	\$2.15	\$0.00	PDC
2	3/20/22-3/20/22	Medical care	Paid	\$375.00	\$118.12	\$35.00	\$0.00	\$0.00	\$83.12	\$35.00	PDC
			Total	\$406.60	\$120.27	\$35.00	\$0.00	\$0.00	\$85.27	\$35.00	PDC

Remark Code: PDC—Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.

6. Paid by Insurer

is the amount your health plan will pay to your provider.

7. What You Owe is the amount you owe after your insurer has paid everything else. You may have already paid part of this amount. Payments made directly to your provider may not be subtracted from this amount.

8. Remark Code

is a note from the health plan that explains more about the costs, charges, and paid amounts for your visit.

Pay your bills

Pay your bills and keep all paperwork in a safe place. Some providers will not see you if you have unpaid bills. You may be able to pay your bills online or over the phone. This can vary depending on your health plan and coverage.

Appeals

If you disagree with a coverage or payment decision by your health plan, you may be able to appeal. If you think you were charged for tests or services your coverage should pay for, keep the bill. Call your health plan right away. Health plans have call and support centers to help.

Source: <https://www.cms.gov/files/document/11819-sample-explanation-benefits-508.pdf>



- The amount you are responsible for paying
- The amount your insurance company will pay

Pre-authorization

In some cases, your insurer will want to know that a specific treatment, type of service, or prescription drug is medically necessary before they will agree to cover the cost.

Pre-authorization is typically coordinated between your insurer and your health care provider. Emergency services and most basic medical needs do not require pre-authorization.

Services and procedures that usually do require pre-approval include:

- Gastrointestinal tests such as endoscopies and colonoscopies
- Home health care services such as skilled nursing and hospice visits
- X-rays, computerized tomography (CT) scans, and ultrasounds
- Sleep studies
- Surgical procedures
- Non-emergency ambulance services
- Specialty drugs
- Durable medical equipment
- Inpatient hospital services

Drug List (Formulary)

A list of prescription drugs covered by a specific health plan is called a formulary.

Each health care plan has its own formulary consisting of generic and brand-name drugs approved by a panel of doctors, nurses, and pharmacists.

If a drug is on your plan's formulary you will typically have a lower copay; drugs not on the list will cost you more.

Most formularies are divided into a tiered system with specific copays or deductibles attached to each tier. For example, your copay for a Tier 1 drug may be much less than a Tier 2 drug.

- **Tier 1:** These drugs are usually generic medications. Generic drugs are copies of brand-name drugs with the same active ingredients, dosage, effects, and safety considerations as their counterparts.
- **Tier 2:** These drugs are usually preferred brand-name medications. Brand-name drugs are named and marketed by the pharmaceutical companies that developed them. After the drug patent runs out, other



companies can make generic copies of the medication.

- **Tier 3:** These drugs are usually brand-name medications that are not preferred by the health plan. A drug may be placed in this tier if it is new and not fully proven safe, or if there is an equally effective drug at a lower tier.
- **Tier 4:** These are usually specialty medications for use on patients with serious conditions such as cancer or multiple sclerosis.

Primary Care Provider

This is the health care professional you see first to treat common medical conditions. In most cases, this will be your personal doctor but it can also be a physician assistant or nurse practitioner.

Specialist

This is a doctor who has received additional education and advanced training in a specialized area. Cardiologists, for example, specialize in treating heart-related conditions; dermatologists treat issues relating to the skin.

Excluded Services

These are medical services that your plan will not cover. Excluded services

vary by plan, but are typically services your insurer does not consider medically necessary. These may include cosmetic or plastic surgery, or weight-loss surgery.

Preventive Services

These are services to help prevent illness or detect more serious conditions at an early stage.

Preventive services include a wide range of procedures such as flu shots, mammograms, cancer screenings, and alcohol and drug counseling.

Many health care plans will cover these services without charging you a copay or coinsurance. All marketplace plans sold under the ACA are required to cover preventive services at no charge to you.



Summary of Benefits & Coverage

If you are comparing insurance plans, or want to get a better understanding of what is covered in your existing plan, ask your insurer for a copy of the Summary of Benefits & Coverage for your existing plan or the plan you're researching.

The Summary of Benefits & Coverage is a document that the insurance



company is required to give you. It spells out, in layman's language, what services are covered in your plan and what your out-of-pocket costs will be.

The insurance company is also required to give you a Glossary of the terms they used in the Summary so you fully understand the details of the plan.

A sample Summary of Benefits & Coverage Document is provided in the Appendix of this volume.



Other Services Covered

Services covered under a particular health insurance plan will vary depending on which plan you have and which insurer you use. Be sure to read your Summary of Benefits & Coverage document carefully to make sure you are aware of the specific services your plan covers.

Some of the more commonly overlooked services your health insurance plan might cover include:

- Hearing Aids
- Eye Exams for Children
- Eyeglasses for Children
- Dental Care for Children
- Chiropractic Care

- Infertility Treatment
- Mental/Behavioral Health Outpatient Services
- Mental/Behavioral Health Inpatient Services
- Habilitative Services (Physical or Occupational Therapy, Speech Therapy)
- Bariatric Services (Weight Loss Surgery)
- Outpatient Rehabilitation Services
- Skilled Nursing Facility Care
- Private-duty Nursing

Call your insurance company if you have questions about what is covered in your plan and how much the insurance company will cover for the services you need.

It's always a good idea to get specific information on the costs of a procedure, and the percentage of what your insurance company will cover, before you go ahead with any medical procedure.

Some services require pre-approval, so it makes sense to talk with both your doctor and your insurance company to make sure you fully understand your coverage.



Sample Employer-Provided Private Health Plan Costs

Plan Cost Sharing Highlights	
Annual Deductible	\$2,500 Person/\$5,000 Family
Annual Out-of-Pocket Maximum	\$6,550 Person/\$13,100 Family
Primary Care Physician Office Visits	\$20 copay after deductible is met
Specialist Office Visits	\$50 copay after deductible is met
Preventative & Well Care Services	
Well Child Care & Immunizations	Covered in Full, No Deductible, No Copay
Adult Annual Physical	
Mammography	
Prostate Cancer Screening	
Annual Pap Test & Ob/Gyn Exam	
Immunizations for Adults	
Colonoscopy	
Bone Density Tests	
Physician Office Services	
Diagnostic Laboratory Services	Primary: \$20 copay/ Specialist: \$50 copay
Diagnostic X-ray	Primary: \$20 copay/ Specialist: \$50 copay
Advanced Imaging Services	\$150 after deductible is met
Rehabilitative Services	\$50 copay after deductible is met
Allergy Services	\$50 copay after deductible is met
Chemotherapy	\$50 copay after deductible is met
Inpatient Services-Hospital	
Medical/Surgical Admissions	\$800 copay after deductible is met
Surgical Services	\$100 copay after deductible is met
Inpatient Physical Rehabilitation	\$800 copay after deductible is met
Outpatient Hospital Services	
Hospital Rehab Services	\$40 copay after deductible is met
Diagnostic Laboratory Services	\$40 copay after deductible is met
Diagnostic X-ray	\$50 copay after deductible is met
Advanced Imaging Services	\$150 copay after deductible is met
Ambulatory/Outpatient Surgery	\$100 copay after deductible is met
Prescription Coverage	
Tier 1	Pharm: \$10 copay/ Mail: \$25 copay
Tier 2	Pharm: \$35 copay/ Mail: \$87.50 copay
Tier 3	Pharm: 50% coinsurance/ Mail: 50% coinsurance
Prescription Drug Deductible	None
Emergency Care	
Emergency Room (ER) Visit	\$250 copay after deductible is met
Urgent Care Centers/Telemedicine	\$50 / \$0 after deductible is met
Ambulance	\$250 copay after deductible is met
Behavioral Health Services	
Mental Health Inpatient Hospital	\$800 copay after deductible is met
Mental Health Outpatient	\$20 copay after deductible is met
Substance Abuse Inpatient Hospital	\$800 copay after deductible is met
Substance Abuse Outpatient	\$20 copay after deductible is met
Residential Treatment	\$800 copay after deductible is met
Psychiatry Office Visits	\$50 copay after deductible is met
Maternity Services	
Prenatal Care	Covered in Full
Physician Delivery	\$50 copay after deductible is met
Inpatient Hospital Services	\$800 copay after deductible is met
Other Services	
Skilled Nursing Facility	\$800 copay after deductible is met
Home Health Care	\$50 copay after deductible is met
Hospice	Inpatient: \$800 copay/Outpatient: \$40 copay
Durable Medical Equipment	50% coinsurance
Diabetic Supplies & Equipment	\$20 copay after deductible is met
Chiropractic Benefit	\$50 copay after deductible is met
Vision Care	
Adult Vision Care	Not covered
Pediatric Vision Care	\$50 copay after deductible is met



Sample ACA Benefit Plan Costs

MEDICAL COST SHARES			
Coverage Tier	Bronze	Silver	Gold
Coverage	Covers 60% average annual cost	Covers 70% average annual cost	Covers 80% average annual cost
Monthly Premium	Individual: \$310	Individual: \$381	Individual: \$463
Deductible	Individual: \$4,900	Individual: \$3,850	Individual: \$250
Annual Wellness Exam	\$0	\$0	\$0
Preventative Screenings & Immunizations	In Network: No Cost	In Network: No Cost	In Network: No Cost
Primary Care Visit	In Network: \$45 Copay	In Network: \$30 Copay	In Network: 20% Coinsurance
Specialty Care Visit	In Network: 50% Coinsurance	In Network: \$45 Copay	In Network: 40% Coinsurance
Emergency Room Care	In Network: \$1,000 Copay after deductible	In Network: 40% Coinsurance after deductible	In Network: \$1,000 Copay after deductible
Laboratory Outpatient	In Network: 50% Coinsurance	In Network: 40% Coinsurance	In Network: 40% Coinsurance
X-Ray and Diagnostics	In Network: 50% Coinsurance	In Network: 40% Coinsurance	In Network: 40% Coinsurance
Annual Out-of-Pocket Maximum	\$9,200 individual	\$9,200 individual	\$7,500 individual

These are sample costs. Visit www.healthcare.gov to estimate the costs based on your needs. Platinum plans, which cover 90% of health care expenses, are rarely offered to individuals, so that plan is not included in this chart.

DRUG COST SHARES—30 DAY SUPPLY			
Generic Drugs (Tier 1)	In Network: No charge after deductible	In Network: No charge after deductible	In Network: 10% coinsurance after deductible
Preferred Drugs (Tier 2)	In Network: 20% Coinsurance	In Network: 20% Coinsurance	In Network: 30% Coinsurance
Non-preferred Drugs (Tier 3)	In Network: 35% Coinsurance	In Network: 30% Coinsurance	In Network: 35% Coinsurance
Specialty Drugs (Tier 4)	In Network: 45% Coinsurance	In Network: 40% Coinsurance	In Network: 45% Coinsurance





Insurance Card

When you sign up for a health plan, your insurer will give you an insurance card. This card is about the size of your driver's license.

Any time you receive medical services, you'll need to show your insurance card to the health care provider. The card not only acts as proof that you have health insurance but also lets the provider know where to send the bill. In some cases, your doctor's office may make a copy of your insurance card to keep on file. This may allow you to skip a step when you visit your doctor for a checkup, but you'll still need to show your card for many other services.

Different insurers use different formats for their cards, but all cards contain the same basic information. Among the most common pieces of information on your card are the following:

- **Insurance company name**
- **Your name or the policyholder's name:** This can be a parent or spouse if you are covered under their insurance. Some cards may also include your date of birth.

- **Member identification number:** This is a unique ID number assigned to you. This allows doctors or health providers to verify your insurance information.
- **Group number:** This is a unique ID number assigned to the employer that purchased the health plan. This number allows your health provider to identify the benefits of your plan.
- **Type of plan:** This tells your health provider what type of plan you have. Some of the most common plans are health maintenance organizations (HMOs), preferred provider organizations (PPOs), and exclusive provider organizations (EPOs). If these plans sound like alphabet soup to you, don't worry, we'll explain them next.
- **Copayment:** These are the various out-of-pocket amounts you owe at the time of service.
- **Phone numbers:** These are usually toll-free numbers for you or your doctor to contact your insurance company with any questions about your plan.
- **Prescription copayment:** The out-of-pocket amount you owe for your prescription medication.





YOUR INSURANCE CARD

Your health plan probably sent you an insurance card with information about your coverage. Hold on to it. You will need it when you see a provider or if you call your health plan to ask a question. Your card may look different from the one below but should have the same type of information. Some health plans don't provide cards but should give you this information in another way. Contact your plan if you did not receive a card or cannot understand it.

1. Member Name

This is usually printed on your card.

3. Group Number

This number is used to track the specific benefits your plan offers.

4. Copayment

These are the amounts that you will owe when you get health care.

5. Phone Numbers

You can call your health plan if you have questions about finding a provider or what your coverage includes.

7. Prescription Copayments

These are the amounts that you will owe for each prescription you have filled.

2. Member Number

This number is used to identify you. It tells your provider how to bill your health plan. If your spouse or children are also on your coverage, your member numbers may look very similar.

6. Plan Type

Your card might have a label like HMO or PPO to describe the type of plan you have. These labels tell you what type of network your plan has, so you can see which providers are "in-network" for you.

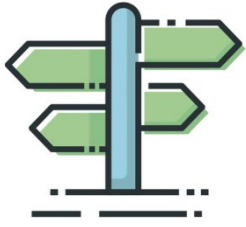
8. Pricing Information

New pricing information will be shown on any physical or electronic insurance identification card provided (usually found on the back of the card) to you including, applicable deductibles, applicable out-of-pocket maximum limitations, and a telephone number and website where you can get help or more information.

The sample insurance card is titled "Insurance Company" and features a medical star icon. It contains the following information:

- Member Name:** Jane Doe (1)
- Member Number:** XXX XXX XXXX (2)
- Group Number:** XXX XXX XXXX (3)
- PCP Copay:** \$15.00 (4)
- Specialist Copay:** \$25.00 (4)
- Emergency Room Copay:** \$25.00 (4)
- Member Service:** 800 XXX XXXX (5)
- Plan Type:** 134 (6)
- Effective Date:** 1/1/21
- Prescription Group #:** 123456789
- Prescription Copay:** \$15.00 Generic, \$25.00 Name brand (7)

Source: <https://www.cms.gov/files/document/11818-sample-insurance-card-english.pdf>



Types of Health Insurance Plans

With the many types of health care plans

available, making a final decision can be difficult.

Selecting the right one depends on your needs, how much you can afford, and how much freedom you want in choosing your own doctor.



Managed-Care Plans

A managed-care plan uses a network of

health care providers to “manage” the cost of health care within the network.

A managed-care network consists of a group of doctors, hospitals, clinics, and other health care providers that have agreed to reduce the cost of medical services for members of an insurance plan. In return, plan members may be required to stay within the network when seeking care.

The four most common types of managed-care plans are:

1. Health Maintenance Organization (HMO)

An HMO is usually the least expensive type of managed-care plan but also gives you the least amount of freedom in choosing a doctor or hospital.

An HMO requires you to select a primary care physician (PCP) from within its own network. You can make this choice from a list provided by your plan provider. If you just signed up for an HMO or transferred from another type of plan, this may mean you will have to change your doctor.

HMOs also cover a wider range of preventative services. Out-of-pocket charges such as deductibles and copays are generally lower than in other plans and many HMOs do not require a deductible at all. The tradeoff is that HMOs typically do not cover any out-of-network services except in the case of an emergency.

In an HMO, all your health care needs must be coordinated through your primary care physician (PCP). In most cases, if you need to see a specialist you must first get a referral from your PCP. The specialist must also be within the HMO network. For example, if you have an ear problem, you will need to be examined by your PCP. If your PCP cannot treat the



issue, they will refer you to an ear, nose, and throat specialist within your network. Women who need to see an obstetrician/gynecologist do not have to get a referral from their PCP to see an in-network OB/GYN.

2. Preferred Provider Organization (PPO)

A PPO also has a network of health care providers but you are not required to choose a PCP or stay within the network for care. You do not need a referral to see a specialist and you are free to choose one either in-network or out-of-network.

The “preferred” in the plan’s title means that the PPO encourages you to stay within the network by offering lower rates, full coverage, and smaller copays for in-network services. While deductibles and copays can be higher than an HMO, they are considerably less than if you venture outside the network for care.

3. Exclusive Provider Organization (EPO)

An EPO is similar to an HMO but with a small degree of flexibility. An EPO plan does require you to stay within a network, but does not always require you to choose a primary care physician (PCP). You also do not typically need a PCP referral to see a specialist. EPOs tend to offer more coverage with lower rates and copays than PPOs, but they do not cover out-

of-network service except in an emergency.

4. Point-of-Service (POS)

A POS plan combines many of the features of an HMO and PPO.

A POS usually requires you to designate a primary care physician (PCP) and you will need their referral to see a specialist. Services from your PCP are typically not subject to a deductible.

While you can see health care providers outside the plan’s network, doing so will cost you more in higher deductibles and copays. Some services may also not be covered if you use an out-of-network provider.



Pros & Cons of Managed-Care Plans

The main benefit to managed-care plans is that they tend to keep your medical costs down.

Premiums, deductibles, and copays are almost always lower and most in-network services are covered under the plans. Because most services are conducted within a network, you will often have less claims to file and less paperwork to fill out.



Some plans may also offer free preventive services such as annual wellness checkups and immunizations.

A major drawback with managed-care plans is that they offer limited personal choice in where you receive your medical care.

If you have been seeing a family doctor for many years, you may be forced to switch to a less-familiar physician inside the plan's network. If you need to see a specialist, you may also have to go through the extra step of first getting your PCP's approval. The specialist you see may also not be one of your choosing.

While most managed-care plans allow out-of-network providers to cover emergency services, some services may not be covered. For example, if you go to the emergency room at an out-of-network hospital, the emergency room visit may be covered but follow-up care by the hospital's doctors may not be.



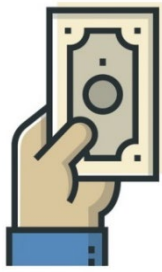
Common Exclusions

Managed-care plans typically cover more types of services than other plans, but not all plans are alike.

Each plan has its own list of approved services it will pay for and those it will not cover. While exclusions vary, here are some common medical expenses that most managed-care plans will not cover:

- **Cosmetic Surgery:** Also called plastic surgery, these types of procedures can include liposuction surgery, rhinoplasty, face and neck lifts, and tummy tucks.
- **Non-Traditional Treatments:** Also called alternative medicine, these may include acupuncture, chiropractic treatments, and energy therapy.
- **Home Care and Private Nursing Care:** These can include in-home visits by a private nurse and long-term care such as a nursing home for the elderly.





Fee-for-Service Plans (Indemnity Plans)

Fee-for-service plans are the oldest form of health insurance and allow you almost complete freedom in choosing your medical care.

When you visit a doctor or go to a hospital for a medical issue, the health care provider will submit a claim to your insurance company for payment. Your insurer will pay a pre-determined percentage of the costs. You will be responsible for the rest in the forms of deductibles, copays, and coinsurance up to an out-of-pocket maximum.

In many cases, you have to pay the costs up front and your insurance company will reimburse you its share afterwards. You have no restrictions on the doctors you choose and do not need a referral for a specialist.

You will generally have to pay higher premiums, deductibles, and copays and have more paperwork to deal with yourself.



High Deductible Health Plans

A high-deductible health plan (HDHP) is a plan with a higher deductible than a traditional insurance plan. That means that you are responsible for paying for a larger share of your health care costs before your insurance plan will start to pay.

An HDHP offers lower monthly premiums, but the trade-off is that you pay more of your health care costs yourself.

The drawback to an HDHP, particularly if you are older or are in poor health, is that the deductible is usually quite high and you must pay that amount before your health plan starts to pay for covered services.

The good news is once your deductible is met, you are covered 100% for the remainder of that calendar year. If, for example, you face a diagnosis that requires long term treatments, surgeries, etc., you have protection for in-network care, co-payments and prescriptions.

For 2026, the IRS defines a high deductible health plan as any plan with a deductible of at least \$1,700 for an individual or \$3,400 for a family. That means that if you had single health coverage, you would be responsible for the first \$1,700 of your



health care costs before your insurance plan would start to pay.

All HDHPs have a maximum yearly out-of-pocket cost, which includes deductibles, copayments, and coinsurance. For 2026, the out-of-pocket maximum is \$8,500 for an individual or \$17,000 for a family. That means that if you have health care costs in excess of \$8,500 during the course of a year, your health insurance plan will pay for the balance of your costs. Out-of-pocket maximums do not apply to out-of-network services.

As with any insurance plan, be sure you read and understand what the plan will cover and what you will be responsible for paying before you sign up for a HDHP.



Health Savings Accounts

Health savings accounts (HSA) can be opened by individuals who are enrolled in high deductible health plans (HDHP).

A health savings account allows you to save for certain medical expenses and invest those dollars to increase their value over time, much like an individual retirement account. HSA investment earnings are not taxable until withdrawal.

HSA contributions are made on a pre-tax basis, which means they are not taxed by the federal government and they reduce the amount of your earnings that are taxable.

The IRS defines annual contribution limits, as well as catch-up limits for individuals over the age of 55. Medicare participants are not eligible for an HSA. In 2026, the maximum contribution for an individual will be \$4,400 and \$8,750 for a family.

Withdrawals from an HSA can be made at any time for medical expenses as defined by the IRS.

Employers can make HSA contributions, and many do so as a way of encouraging employees to participate in an HDHP which offers the participant lower monthly premiums but higher deductible amounts.

Opening an HSA at your first employment opportunity allows you to invest for several years when your medical expenses are usually at the lowest level of your lifetime. Those funds accumulate over the years. At the age of 50, if you require major surgery, the balance in your HSA will more than cover your deductible.

Look for HSA calculators online to dig deeper into your specific financial needs and goals.





Direct Primary Care / Concierge Medical Care

Direct primary care, also known as concierge medical care, is a relatively new service provided by a growing number of primary care physicians.

In this model, the patient pays a monthly fee to the physician. The patient gets 24/7 access to their primary care physician via phone calls and emails. Plus, most direct primary care plans offer same-day or next-day appointments. Most direct primary care agreements cost \$80 to \$180 per month.

This approach is designed to give the patient greater access to, and more time with, their doctor than under more traditional plans. Direct primary care agreements vary but most cover general medical care like wellness visits, prevention screenings, diagnostic tests and minor urgent care services. These visits are not billed through insurance they are covered by the monthly fee that you pay your doctor.

Keep in mind that direct primary care is not an insurance plan. You are paying your doctor for your routine medical care. Visits to specialists, urgent care, or the hospital are not covered. Prescriptions are not covered as well. If you are

hospitalized or require major medical care you will have to pay out-of-pocket.

Most people who opt for the convenience and accessibility of a direct primary care plan also carry a high-deductible health insurance plan so they are covered in the event of a major medical emergency.

Before signing up for a direct care plan or making changes to your insurance plan, be sure to ask your primary care physician about any exclusions, limitations, restrictions, or other requirements of their plan.



COBRA

This rather intimidating name comes from the

Consolidated Omnibus Budget Reconciliation Act of 1985.

It is a special type of insurance coverage for people who have lost their job. If your employer offers a group health plan and has more than 20 employees, they must allow you the option to continue to receive your health coverage even after your employment ends.

To qualify for COBRA, you must either have been fired or laid off, or a spouse or parent who had you on their policy must have been fired or



laid off, gotten divorced, or died.

Under COBRA, your benefits will stay the same as when you were employed, with the same coverage limits, copays, and deductibles.

But, your monthly premiums will rise considerably because you will be paying the full price of the premium rather than sharing the cost with your employer.

Coverage begins the date you sign up for COBRA and can last for 18 months. If you become ill during this period, coverage can be extended another 18 months.



Supplemental Health Insurance Plans

Supplemental health insurance, also called gap insurance, is additional health insurance you can purchase to cover some of the costs and out-of-pocket expenses that your regular insurance plan does not cover.

In many cases, these plans pay the benefits to you, rather than to a doctor or hospital.

These plans are not a replacement for health insurance. Instead, they are designed to help you pay for expenses due to an emergency, an illness, or an accident.

The costs for supplemental insurance can be quite low. But, take the time to make sure you are not duplicating what is already covered under your regular health insurance.

If you are at a higher risk for an accident or serious illness, then it might make sense to pay the additional costs for a supplemental plan. Make sure that the extra cost makes sense.

Types of Supplemental Insurance

- **Supplemental Hospital & Doctor Insurance** pays you a fixed fee for certain medical procedures, lab tests, prescription drug copays, and surgical procedures.
- **Supplemental Travel Insurance** provides assistance for medical and other emergency events that occur when you are traveling out of the country.
- **Supplemental Accident Insurance** pays benefits for accidental injuries, beyond what your regular health insurance would cover.
- **Supplemental Hospital Insurance** pays benefits if you are hospitalized. Most plans pay a fixed amount based on how many days you are in the hospital.



- **Supplemental Critical Illness Insurance** pays a lump sum amount if you are diagnosed with a qualifying serious illness.
- **Student Health Insurance** is designed for college students who are not covered under their parents' insurance plan. Students can also qualify for coverage under an ACA plan or a catastrophic health plan.



Association Health Plans

In the past, an Association Health Plan (AHP) allowed small businesses to group together in order to buy health insurance. It was required that the association's members share a common purpose or economic goal in order to qualify to be part of the association. The Trump administration relaxed these regulations in 2018, so the sole purpose of an association can now be to provide health insurance to its members.

If you are considering an association health plan, be aware of the following:

- Association health plans do not have to include the ten "essential health benefits" that

the ACA requires. Preventative care, outpatient care, prescription drugs, pediatric services, and other essential services may not be covered. Be sure to read the plan details carefully before signing up.

- Association health plans can charge different rates based on age, gender, industry, and location. That means that older workers, women, and workers in high-risk industries could pay higher premiums.
- Make sure to read the fine print before signing up for an association health plan. Carefully compare your coverage options and potential out-of-pocket costs with an ACA plan to make sure you are making the right decision for your circumstances.



Health Care Sharing Plans

There has been a recent increase in the number and availability of health care sharing plans, also called health care sharing ministries.

Health care sharing plans are not health insurance. They are voluntary programs that may or may not



reimburse you for health care-related costs.

Health care sharing ministries are not regulated by state or federal law, so there is no guarantee that your claims will be paid.

If you are considering a health care sharing plan, take note of the following:

- You are not guaranteed to be reimbursed for health care costs. Someone else in the plan may choose to pay, or not pay, your medical bills. If no one agrees to pay your medical bills, you are responsible for payment.
- Insurance companies typically negotiate discounted rates for health care procedures. Health care sharing plans do not offer this, so you may have to negotiate lower rates yourself, or pay the higher price.
- Health care sharing plans do not have annual out-of-pocket maximums, so if you have a significant illness or hospital stay, you will be responsible for the entire bill, regardless of how high it is.
- Health care sharing plans might not cover birth control or other family planning expenses due to their religious beliefs.
- Be sure to carefully read the fine print and ask questions before you sign up for a health care sharing plan.



Military Health Care

All active-duty military personnel, retired military personnel, National Guard and Reserve members, and eligible members of their families are covered under a military health care program called TRICARE.

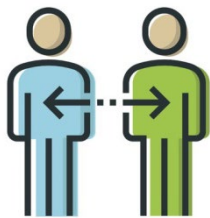
TRICARE covers all branches of the United States Uniformed Services: Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force, Commissioned Corps of the Public Health Service, and the National Oceanic and Atmospheric Administration.

The three most basic TRICARE programs are:

- **TRICARE Prime:** This program works similarly to an HMO in that it usually has lower costs, is coordinated through a primary care manager, and offers less freedom of choice. All active-duty military personnel must sign up for TRICARE Prime.



- **TRICARE Extra:** This program also requires you to choose a provider within a network, but also offers a fee-for-service option. You do not have to sign up for TRICARE Extra and it is only available in the United States.
- **TRICARE Standard:** This is a fee-for-service program similar to TRICARE Extra except that you do not have to choose a network provider. It is available worldwide.



Veterans' Health Care

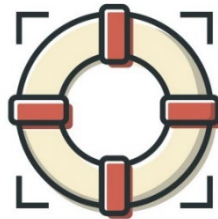
If you served in the active military service and were separated under any condition other than dishonorable, you may qualify for Veterans' Health Care (VA) benefits.

VA health care covers appointments with primary care providers and specialists. Veterans' benefits also cover additional services like home health and geriatric care, medical equipment, prosthetics, and prescriptions.

Current and former members of the Reserves or National Guard may be eligible for VA health benefits as well. You must have been called to active duty by a federal order and

completed the period for which you were called or ordered to active duty.

Information about VA Health care and the application process can be found here: <https://www.va.gov/health-care/>



Medicaid

Medicaid is a health-insurance program for low-income individuals and families. It is run

by a cooperative effort between both federal and state governments. This means that each state is allowed to determine its own eligibility guidelines.

Medicaid covers children, the elderly, blind people, disabled people, pregnant women, and others who are eligible to receive federal assistance. In forty states and the District of Columbia, people who receive Supplemental Security Income (SSI) payments are automatically eligible for Medicaid. SSI is a federal government program that provides assistance for living expenses to low-income seniors, the blind, and disabled people.

The federal government requires that Medicaid has to cover certain services including inpatient and outpatient hospital services, physician services, pediatric services, laboratory and X-ray services, and nursing and home-



health care services. Additional coverage beyond these mandatory services will vary by state.

To qualify for Medicaid, people must meet the following basic guidelines:

- Maintain their disabled status
- Have been eligible for SSI payments for at least one month
- Meet any other eligibility rules imposed by a state, including a resources test to determine financial eligibility
- Need Medicaid in order to work
- Have total earnings insufficient to replace SSI, Medicaid, and any publicly funded care



Medicare

Medicare is a federal health insurance program for people who are 65 or older, disabled, or suffering from permanent kidney failure that requires either a transplant or dialysis.

Medicare is funded through a 1.45% payroll tax removed from the paycheck of every working American. Employers must contribute another 1.45% for a total of 2.9%.

If you look at your paycheck or paystub, you may see an amount of money with the letters FICA next to it. This stands for the Federal Insurance Contributions Act and it is your contribution to the Medicare fund.

Medicare is broken down into four parts:

- **Medicare Part A:** This covers inpatient hospital services, nursing home services, and hospice care. No premium is required if the patient has paid into the FICA fund for at least ten years.
- **Medicare Part B:** This covers outpatient services such as doctor's visits, medical equipment, physical therapy, and some preventative care. Part B coverage requires a monthly premium. The standard monthly premium in 2025 is \$185. High-income individuals pay more.
- **Medicare Part C:** Also known as Medicare Advantage, this is a health plan run by Medicare but offered through private insurance companies. As with any private plan, coverage may vary, but the plan must at least provide the same coverage as Medicare Part A and Part B.
- **Medicare Part D:** This provides prescription drug coverage.



Part D plans are offered through private insurance companies that are approved by Medicare. Each insurer has its own plan; all require some form of premium, while some plans may also require a deductible.

People who have Medicare Part A or Part B can also purchase a Medicare Supplement Insurance, or Medigap, policy. These policies help pay for the health care costs that Medicare does not cover, like copayments, coinsurance, deductibles, and medical care when you travel outside the United States. Medigap policies are sold by private insurers, so make sure you compare prices from several different insurance providers before you sign up for Medicare Supplement Insurance.



Dental & Vision Insurance

Depending on your health insurance plan, you may be covered for a wide range of services from a basic checkup to fixing a broken leg.

However, two of the most common types of services that people need on a regular basis—dental and vision care—are typically not covered under

traditional insurance plans. While some plans include dental and vision in their main coverage, many require you to purchase additional insurance to cover your dental and vision care.

These stand-alone plans can be purchased through your employer or on your own. In many cases, they have the same characteristics as traditional types of insurance. They may be similar to an HMO, PPO, or fee-for-service plan and may require a premium, deductible, and copay.

Alternative dental and vision plans offer you discounted dental or vision services in exchange for a monthly or yearly fee. These are not considered true insurance plans but are similar to buying a membership in a retail store club and receiving a percentage off your purchase.



Disability Insurance

This type of health insurance is intended to replace some or all of a worker's salary in the event they become disabled.

It does not cover medical care or provide for long-term care. Short-term disability usually covers a person for up to two years while long-term

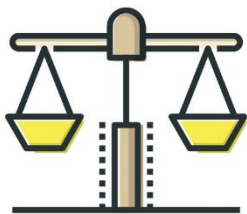


disability can extend from several years up to a person's death.

Many employers offer disability insurance to their employees and pay for most, or all, of the coverage. If your employer does not offer this benefit, you may be able to purchase coverage through a professional association or directly from an insurance provider.

According to the Social Security Administration, "more than one in four 20-year-olds will experience a disability for 90 days or more before they reach 67."

If you are injured in a car accident, have a back injury, or have a heart attack, having disability insurance means that you won't have to go without any income while you are recovering.



Do I Really Need Health Insurance?

The Centers for Disease Control and Prevention explains that, "not having health insurance makes a difference in people's access to needed medical care and their financial security."

The barriers the uninsured face means they are less likely to receive preventive care, are more likely to be

hospitalized for conditions that could have been prevented, and are more likely to die in the hospital than those with insurance.

The financial impact can also be severe. Uninsured families already struggling financially to meet basic needs can quickly gain insurmountable levels of medical debt from medical bills, even for minor problems."

Only you can make the final decision on whether or not to purchase health insurance, but you should know the risk you face by being uninsured.

Accidents do happen, so make sure you explore all of your options before making the decision to remain uninsured.

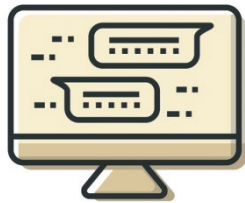
- Check the ACA Marketplace in your state to see if you qualify for tax credits or Medicaid.
- Check the ACA Marketplace in your state to see if you qualify for a catastrophic plan.
- If your employer offers health insurance, compare costs between what you would pay for insurance through your employer versus what you might pay through the marketplace exchanges.
- If you are under the age of 26, you can stay on your parents'



health insurance plan until you reach that age.

- When applying for a new job, make sure to ask what health insurance and other benefits they offer. Weigh these benefits carefully when comparing job offers.

As with any important decision, shop around, compare plans, and get as much information as possible so you can make the most informed and educated decision you can for yourself and your family.



Shop Around

The average person will pay a significant amount of money on health care throughout their lifetime. Any savings you can take advantage of will benefit you over the long run.

If you are trying to decide between two jobs, make sure you ask about

health insurance benefits. If one employer has a better health plan, or contributes more towards their employee's health insurance, take that into consideration.

If your employer does not offer a contribution towards your health care, you may be able to get a better rate if you apply for health care through your state's ACA marketplace.

Depending on your income, you may also be eligible for tax breaks or subsidies through the ACA as well.

An application for **ACA Health Coverage & Help Paying Costs** is included in the Appendix of this volume for your convenience.

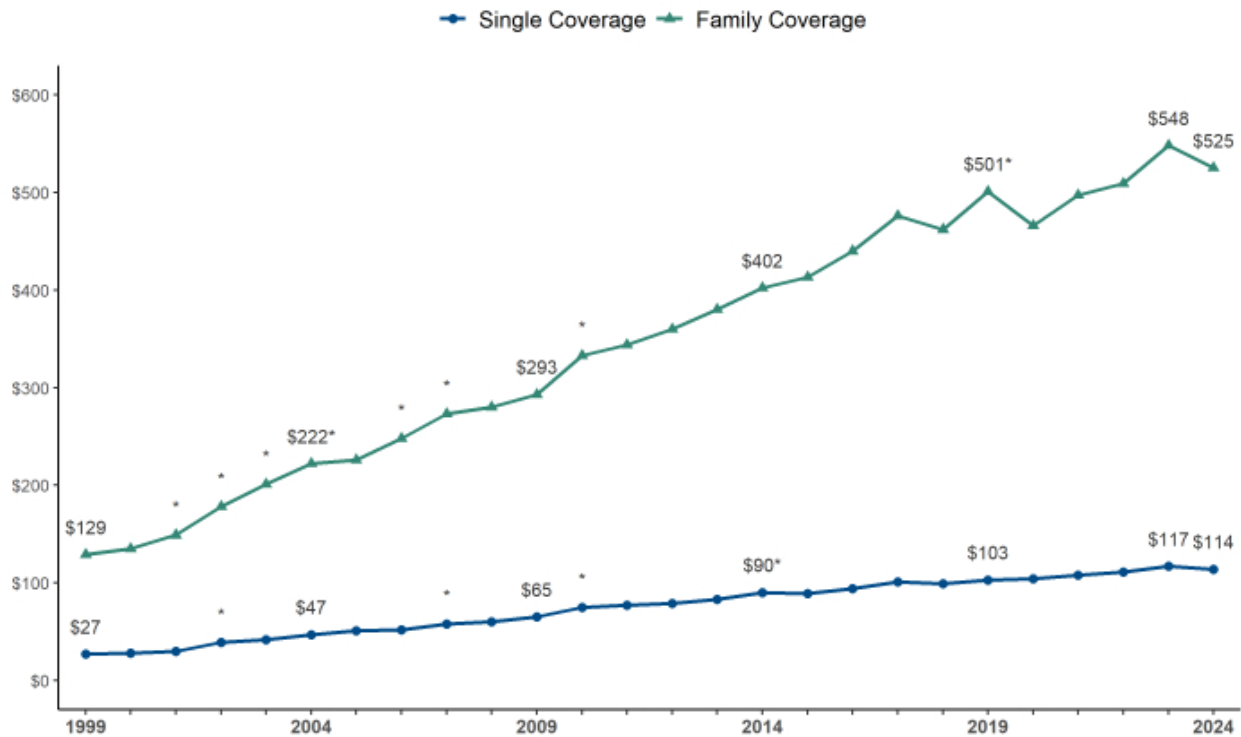
A **Quote Comparison Worksheet** is also included in the Appendix, which will help you compare the costs and benefits of different plans.

A sample **Summary of Benefits & Coverage** document is also included to help you see how you can compare plans side-by-side.



Health Insurance Premiums: Statistics

Figure 6.3
Average Monthly Worker Premium Contributions for Single and Family Coverage, 1999-2024



* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

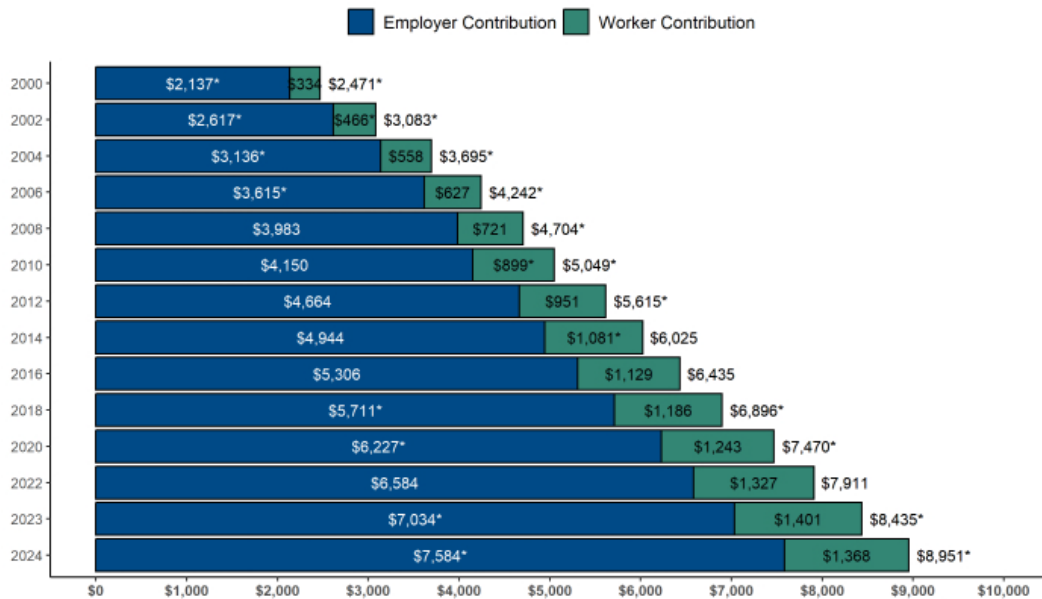
SOURCE: KFF Employer Health Benefits Survey, 2018-2024; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

The chart above shows the change in worker premium contributions for single and family coverage from 1999 to 2024. During that time, monthly premiums increased from \$129 to \$525 for family coverage and increased from \$27 to \$114 for single coverage.

Source: <https://www.kff.org/report-section/ehbs-2023-section-6-worker-and-employer-contributions-for-premiums/>



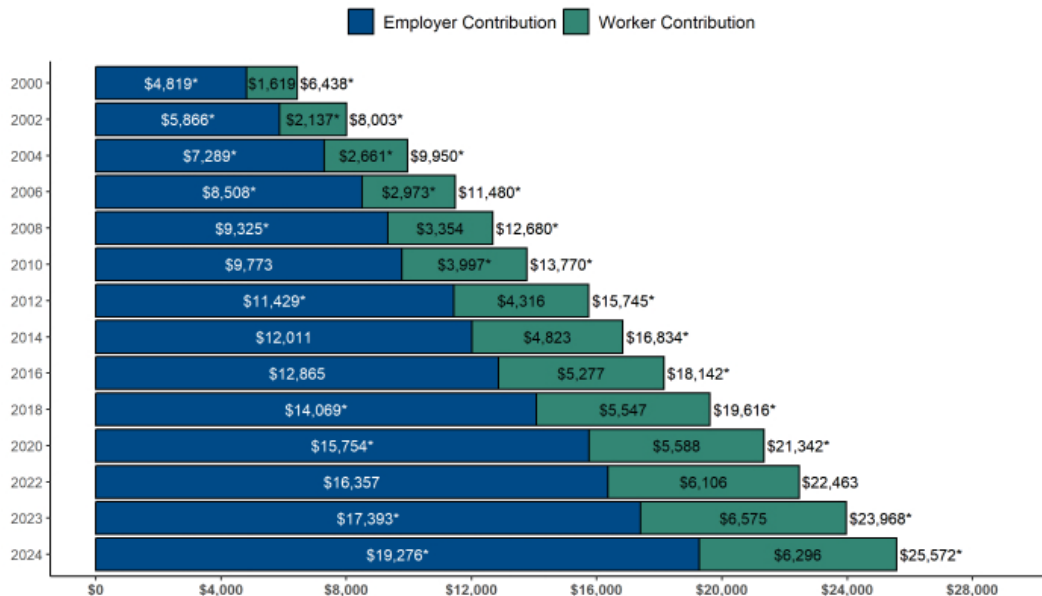
Figure 6.4
Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Single Coverage, 1999-2024



* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

SOURCE: KFF Employer Health Benefits Survey, 2018-2024; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

Figure 6.5
Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2024



* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

SOURCE: KFF Employer Health Benefits Survey, 2018-2024; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

The charts above show the change in worker and employer contributions to health insurance premiums from 2000 to 2024. Coverage for a single person increased from \$2,137 to \$8,951 per year. Family coverage increased from \$6,438 to \$25,572 per year. The worker contribution for single coverage increased from \$334 to \$1,368 and the worker contribution for family coverage increased from \$1,619 to \$6,296.

Source: <https://www.kff.org/report-section/ehbs-2024-section-6-worker-and-employer-contributions-for-premiums/>





Weiss Ratings' Recommended Health Insurers

The following pages list Weiss Ratings' Recommended Health Insurers (based strictly on financial safety) and the states in which they are licensed to do business. These insurers currently receive a Weiss Safety Rating of A+, A, A-, or B+, indicating their strong financial position. Companies are listed by their Safety Rating and then alphabetically within each Safety Rating grouping.

If an insurer is not on this list, it should not be automatically assumed that the firm is weak. Indeed, there are many firms that have not achieved a B+ or better rating but are in relatively good condition with adequate resources to cover their risk. Not being included in this list should not be construed as a recommendation to cancel a policy.

Weiss Safety Rating	Our rating is measured on a scale from A to F and considers a wide range of factors. Highly rated companies are, in our opinion, less likely to experience financial difficulties than lower-rated firms. See "What Our Ratings Mean" in the Appendix for a definition of each rating category.
Name	The insurance company's legally registered name, which can sometimes differ from the name that the company uses for advertising. An insurer's name can be very similar to the name of other companies which may not be on this list, so make sure you note the exact name before contacting your agent.
City & State	The city in which the company's corporate office is located and the state in which the company's corporate office is located.
Licensed In	The states in which an insurer is licensed to conduct business.
Website	The company's web address
Telephone	The telephone number to call for information on purchasing an insurance policy from the company.

To get Weiss Safety Rating for a company not included here, or to check the latest rating for these companies, go to <https://greyhouse.weissratings.com>.

The following list of Recommended Health Insurers is based on ratings as of September 17, 2025. Visit <https://greyhouse.weissratings.com> to check the latest rating of these companies.





A+ Rated Health Insurers

Insurer: **BLUE CROSS BLUE SHIELD OF AZ**
Rating: A+
Headquarters: Phoenix, AZ
Licensed In: AZ
Website: www.azblue.com
Telephone: (602) 864-4100

Insurer: **BLUE CROSS OF CA PTNSHP INC**
Rating: A+
Headquarters: Woodland Hills, CA
Licensed In: CA
Telephone: (800) 407-4627

Insurer: **BLUE CROSS OF CALIFORNIA**
Rating: A+
Headquarters: Woodland Hills, CA
Licensed In: CA
Website: www.anthem.com
Telephone: (800) 333-3883

Insurer: **CA PHYSICIANS SERVICE**
Rating: A+
Headquarters: Oakland, CA
Licensed In: CA
Website: www.blueshieldca.com
Telephone: (510) 607-2000

Insurer: **HMO LOUISIANA INC**
Rating: A+
Headquarters: Baton Rouge, LA
Licensed In: LA
Website: www.bcbsla.com
Telephone: (225) 295-3307

Insurer: **HMO PARTNERS INC**
Rating: A+
Headquarters: Little Rock, AR
Licensed In: AR
Website: www.healthadvantage-hmo.com
Telephone: (501) 378-2000

Insurer: **INLAND EMPIRE HEALTH PLAN**
Rating: A+
Headquarters: Rancho Cucamonga, CA
Licensed In: CA
Website: www.iehp.org
Telephone: (909) 890-2000



Insurer:	SIERRA H&L INS CO
Rating:	A+
Headquarters:	Las Vegas, NV
Licensed In:	All states and VI
Website:	www.sierrahealthandlife.com
Telephone:	(702) 242-7732
Insurer:	UNITEDHEALTHCARE (MIDLANDS)
Rating:	A+
Headquarters:	Omaha, NE
Licensed In:	AL, AR, IA, IL, IN, KS, MO, NE
Telephone:	(402) 445-5600
Insurer:	UPMC FOR YOU INC
Rating:	A+
Headquarters:	Pittsburgh, PA
Licensed In:	PA
Website:	www.upmchealthplan.com
Telephone:	(412) 434-1200
Insurer:	VOLUNTEER STATE HLTH PLAN INC
Rating:	A+
Headquarters:	Chattanooga, TN
Licensed In:	TN
Website:	bluecare.bcbst.com
Telephone:	(423) 535-7192
Insurer:	WELLPOINT WEST VIRGINIA INC
Rating:	A+
Headquarters:	Charleston, WV
Licensed In:	WV
Website:	www.elevancehealth.com
Telephone:	(877) 864-2273

A Rated Health Insurers

Insurer:	ARCADIAN HEALTH PLAN INC
Rating:	A
Headquarters:	Louisville, KY
Licensed In:	AK, AL, AR, AZ, CA, ID, IN, KY, ME, MO, NE, NH, OK, SC, TX, VA, WA, WV, WY
Telephone:	(502) 580-1000
Insurer:	BC&BS OF MS A MUTUAL INS CO
Rating:	A
Headquarters:	Flowood, MS
Licensed In:	MS
Website:	www.bcbsms.com
Telephone:	(601) 664-4590



Insurer:	CAREPLUS HEALTH PLANS INC
Rating:	A
Headquarters:	Louisville, KY
Licensed In:	FL
Website:	www.careplushealthplans.com
Telephone:	(305) 441-9400
Insurer:	CARESOURCE OHIO INC
Rating:	A
Headquarters:	Dayton, OH
Licensed In:	OH
Website:	www.caresource.com
Telephone:	(937) 531-3300
Insurer:	COMMENCEMENT BAY RISK MGMT INS
Rating:	A
Headquarters:	Portland, OR
Licensed In:	OR, UT, WA
Website:	www.commbayrisk.com
Telephone:	(503) 721-7189
Insurer:	GOLDEN SECURITY INS CO
Rating:	A
Headquarters:	Chattanooga, TN
Licensed In:	AR, GA, MS, TN
Telephone:	(423) 535-5600
Insurer:	HUMANA BENEFIT PLAN OF IL INC
Rating:	A
Headquarters:	Louisville, KY
Licensed In:	All states except NY
Telephone:	(502) 580-1000
Insurer:	HUMANA HLTH BENEFIT PLAN OF LA
Rating:	A
Headquarters:	Metairie, LA
Licensed In:	LA
Telephone:	(504) 219-6600
Insurer:	HUMANA MEDICAL PLAN INC
Rating:	A
Headquarters:	Louisville, KY
Licensed In:	FL, KY, MS, NC, OR, VA
Website:	www.humana.com
Telephone:	(305) 626-5616
Insurer:	MOUNT CARMEL HEALTH PLAN INC
Rating:	A
Headquarters:	Columbus, OH
Licensed In:	IA, OH
Website:	https://medigold.com
Telephone:	(407) 754-5667



Insurer: **TEXAS CHILDRENS HLTH PLAN INC**
Rating: A
Headquarters: Bellaire, TX
Licensed In: TX
Website: www.texaschildrenshealthplan.org
Telephone: (832) 828-1020

A- Rated Health Insurers

Insurer: **ASURIS NORTHWEST HEALTH**
Rating: A-
Headquarters: Portland, OR
Licensed In: OR, WA
Website: www.asuris.com
Telephone: (503) 721-7189

Insurer: **BOSTON MED CENTER HEALTH PLAN**
Rating: A-
Headquarters: Charlestown, MA
Licensed In: MA, NH
Website: www.wellsense.org
Telephone: (617) 748-6000

Insurer: **CARE IMPROVEMENT PLUS SOUTH**
Rating: A-
Headquarters: Minnetonka, MN
Licensed In: All states except CA, WI
Website: www.uhc.com/medicare
Telephone: (952) 936-1300

Insurer: **CARITEN HEALTH PLAN INC**
Rating: A-
Headquarters: Louisville, KY
Licensed In: AL, AZ, IL, KS, MO, NM, TN, TX
Website: www.humana.com
Telephone: (865) 470-3993

Insurer: **CHA HMO INC**
Rating: A-
Headquarters: Louisville, KY
Licensed In: AZ, CO, HI, IA, IL, IN, KS, KY, MO, NE, NM, SD, TX
Website: www.humana.com
Telephone: (502) 580-1000

Insurer: **CMNTY CARE HLTH PLAN OF NV INC**
Rating: A-
Headquarters: Norfolk, VA
Licensed In: NV
Website: www.elevancehealth.com
Telephone: (757) 490-6900



Insurer: **GRP HOSPITALIZATION & MED SVCS**
Rating: A-
Headquarters: Owings Mills, MD
Licensed In: DC, MD, VA
Website: individual.carefirst.com
Telephone: (410) 581-3000

Insurer: **HAWAII MGMT ALLIANCE ASSN**
Rating: A-
Headquarters: Honolulu, HI
Licensed In: HI
Website: www.hmaa.com
Telephone: (808) 791-7550

Insurer: **HUMANA HLTH BENEFIT PLAN OF LA**
Rating: A-
Headquarters: Metairie, LA
Licensed In: LA
Website: www.humana.com
Telephone: (504) 219-6600

Insurer: **HUMANA INS CO (WI)**
Rating: A-
Headquarters: De Pere, WI
Licensed In: All states except NY, also licensed in AS, GU, MP, VI
Website: www.humana.com
Telephone: (920) 336-1100

Insurer: **HUMANA WI HEALTH ORG INS CORP**
Rating: A-
Headquarters: Milwaukee, WI
Licensed In: CT, DE, HI, IA, KY, MA, MD, MN, MS, MT, NC, NE, NJ, NV, OH, OK, PA, RI, SD, VA, VT, WI
Website: www.humana.com
Telephone: (262) 408-4300

Insurer: **HUMANA WI HEALTH ORG INS CORP**
Rating: A-
Headquarters: Waukesha, WI
Licensed In: CT, DE, HI, IA, KY, MA, MD, MN, MS, MT, NC, NE, NJ, NV, OH, OK, PA, RI, SD, VA, WI
Telephone: (262) 408-4300

Insurer: **INTERCOMMUNITY HLTH PLANS INC**
Rating: A-
Headquarters: Corvallis, OR
Licensed In: OR
Website: www.ihntogether.org
Telephone: (541) 768-5328



Insurer:	MCLAREN HEALTH PLAN INC
Rating:	A-
Headquarters:	Flint, MI
Licensed In:	MI
Website:	www.mclarenhealthplan.org
Telephone:	(810) 733-9723
Insurer:	OXFORD HEALTH PLANS (NJ) INC
Rating:	A-
Headquarters:	Shelton, CT
Licensed In:	(No states)
Website:	www.oxhp.com
Telephone:	(203) 447-4500
Insurer:	REGENCE BCBS OF OR
Rating:	A-
Headquarters:	Portland, OR
Licensed In:	OR, WA
Website:	www.regence.com
Telephone:	(503) 721-7189
Insurer:	REGENCE BCBS OF UT
Rating:	A-
Headquarters:	Portland, OR
Licensed In:	UT
Website:	www.regence.com
Telephone:	(503) 721-7189
Insurer:	SAN JOAQUIN COUNTY HEALTH
Rating:	A-
Headquarters:	French Camp, CA
Licensed In:	CA
Website:	www.hpsj.com
Telephone:	(888) 936-7526
Insurer:	SCAN HEALTH PLAN
Rating:	A-
Headquarters:	Long Beach, CA
Licensed In:	CA
Website:	www.scanhealthplan.com
Telephone:	(800) 559-3500
Insurer:	SELECTHEALTH INC
Rating:	A-
Headquarters:	Murray, UT
Licensed In:	ID, NV, UT
Website:	https://selecthealth.org
Telephone:	(801) 442-5000



Insurer: **UNITEDHEALTHCARE CMNTY (MI)**
Rating: A-
Headquarters: Southfield, MI
Licensed In: MI
Telephone: (248) 331-4389

Insurer: **UNITEDHEALTHCARE OF WA INC**
Rating: A-
Headquarters: Minnetonka, MN
Licensed In: WA
Telephone: (952) 936-1300

Insurer: **USABLE MUTUAL INS CO**
Rating: A-
Headquarters: Little Rock, AR
Licensed In: AR, FL, GA, TX
Website: www.arkansasbluecross.com
Telephone: (501) 378-2000

Insurer: **WELLPOINT NEW JERSEY INC**
Rating: A-
Headquarters: Norfolk, VA
Licensed In: (No states)
Website: www.provider.wellpoint.com/new-jersey-provider/home
Telephone: (800) 331-1476

B+ Rated Health Insurers

Insurer: **ABSOLUTE TOTAL CARE INC**
Rating: B+
Headquarters: Columbia, SC
Licensed In: SC
Website: www.absolutetotalcare.com
Telephone: (866) 433-6041

Insurer: **AETNA BETTER HEALTH INC (NJ)**
Rating: B+
Headquarters: Princeton, NJ
Licensed In: (No states)
Website: www.aetnabetterhealth.com/newjersey
Telephone: (855) 232-3596

Insurer: **AMERIGROUP WASHINGTON INC**
Rating: B+
Headquarters: Norfolk, VA
Licensed In: WA
Website: www.elevancehealth.com
Telephone: (800) 331-1476



Insurer: **AMGP GEORGIA MANAGED CARE CO**
Rating: B+
Headquarters: Indianapolis, IN
Licensed In: GA
Telephone: (678) 587-4840

Insurer: **ANTHEM HEALTH PLANS OF KY INC**
Rating: B+
Headquarters: Louisville, KY
Licensed In: KY
Telephone: (888) 641-5224

Insurer: **ANTHEM HLTH PLANS OF MAINE INC**
Rating: B+
Headquarters: South Portland, ME
Licensed In: ME
Telephone: (866) 583-6182

Insurer: **ANTHEM KY MNGD CARE PLAN INC**
Rating: B+
Headquarters: Louisville, KY
Licensed In: KY
Website: www.elevancehealth.com
Telephone: (888) 641-5224

Insurer: **BLUE CROSS & BLUE SHIELD OF NC**
Rating: B+
Headquarters: Durham, NC
Licensed In: NC
Website: www.bluecrossnc.com
Telephone: (919) 489-7431

Insurer: **BLUE CROSS OF ID CARE PLUS INC**
Rating: B+
Headquarters: Meridian, ID
Licensed In: ID
Website: www.bcidaho.com
Telephone: (208) 345-4550

Insurer: **BLUECHOICE HEALTHPLAN OF SC**
Rating: B+
Headquarters: Columbia, SC
Licensed In: SC
Website: www.bluechoicesc.com
Telephone: (803) 786-8466

Insurer: **BLUECROSS BLUESHIELD OF TN INC**
Rating: B+
Headquarters: Chattanooga, TN
Licensed In: GA, TN
Website: www.bcbst.com
Telephone: (423) 535-3865



Insurer: **BUCKEYE CMNTY HLTH PLAN INC**
Rating: B+
Headquarters: Saint Louis, MO
Licensed In: OH
Website: www.buckeyehealthplan.com
Telephone: (314) 725-4477

Insurer: **CAPITAL HEALTH PLAN INC**
Rating: B+
Headquarters: Tallahassee, FL
Licensed In: FL
Website: www.capitalhealth.com
Telephone: (850) 383-3333

Insurer: **CARESOURCE GEORGIA CO**
Rating: B+
Headquarters: Atlanta, GA
Licensed In: GA
Telephone: (678) 214-7500

Insurer: **CMNTY CARE HLTH PLAN OF NE INC**
Rating: B+
Headquarters: Lincoln, NE
Licensed In: NE
Website: www.elevancehealth.com
Telephone: (800) 331-1476

Insurer: **COMPCARE HEALTH SVCS INS CORP**
Rating: B+
Headquarters: Waukesha, WI
Licensed In: KY, WI
Website: www.elevancehealth.com
Telephone: (262) 523-4020

Insurer: **EL PASO FIRST HEALTH PLANS INC**
Rating: B+
Headquarters: El Paso, TX
Licensed In: TX
Website: www.elpasohealth.com
Telephone: (915) 298-7198

Insurer: **ESSENCE HEALTHCARE INC**
Rating: B+
Headquarters: Maryland Heights, MO
Licensed In: AR, IL, IN, KY, MO, TX, WA
Website: www.essencehealthcare.com
Telephone: (314) 209-2780



Insurer: **FLORIDA HEALTH CARE PLAN INC**
Rating: B+
Headquarters: Daytona Beach, FL
Licensed In: FL
Website: www.fhcp.com
Telephone: (386) 676-7176

Insurer: **HEALTH PARTNERS PLANS INC**
Rating: B+
Headquarters: Philadelphia, PA
Licensed In: NJ, PA
Website: www.healthpartnersplans.com
Telephone: (215) 849-9606

Insurer: **HEALTHFIRST HEALTH PLAN INC**
Rating: B+
Headquarters: New York, NY
Licensed In: NY
Website: <https://healthfirst.org>
Telephone: (212) 801-6000

Insurer: **HIGHMARK BCBSD INC**
Rating: B+
Headquarters: Wilmington, DE
Licensed In: DE
Website: www.highmarkbcbsde.com
Telephone: (302) 421-3000

Insurer: **HIGHMARK INC**
Rating: B+
Headquarters: Pittsburgh, PA
Licensed In: PA
Website: <https://highmark.com>
Telephone: (412) 544-7000

Insurer: **HUMANADENTAL INS CO**
Rating: B+
Headquarters: De Pere, WI
Licensed In: All states except NY
Website:
Telephone: (920) 336-1100

Insurer: **MEDICA HEALTH PLANS**
Rating: B+
Headquarters: Minnetonka, MN
Licensed In: IA, MN, ND, NE, SD
Website: www.medica.com
Telephone: (952) 992-2900



Insurer:	MEDICAL MUTUAL OF OHIO
Rating:	B+
Headquarters:	Cleveland, OH
Licensed In:	GA, IN, MI, NC, OH, PA, SC, WI, WV
Telephone:	(216) 687-7000
Insurer:	MISSOURI CARE INC
Rating:	B+
Headquarters:	Saint Louis, MO
Licensed In:	MO
Telephone:	(314) 444-7512
Insurer:	MMM MULTI HEALTH LLC
Rating:	B+
Headquarters:	San Juan, PR
Licensed In:	PR
Website:	www.mmm-pr.com
Telephone:	(787) 622-3000
Insurer:	OPTIMUM CHOICE INC
Rating:	B+
Headquarters:	Rockville, MD
Licensed In:	DC, DE, MD, VA, WV
Telephone:	(240) 632-8109
Insurer:	OXFORD HEALTH INS INC
Rating:	B+
Headquarters:	Minnetonka, MN
Licensed In:	CT, NJ, NY, PA
Website:	www.oxhp.com
Telephone:	(952) 406-4923
Insurer:	PA HEALTH & WELLNESS INC
Rating:	B+
Headquarters:	Saint Louis, MO
Licensed In:	PA
Website:	www.centene.com
Telephone:	(314) 725-4477
Insurer:	PACIFCSOURCE CMNTY SOLUTIONS
Rating:	B+
Headquarters:	Springfield, OR
Licensed In:	OR
Website:	paci-csource.com/medicaid
Telephone:	(541) 686-1242
Insurer:	PEACH STATE HEALTH PLAN INC
Rating:	B+
Headquarters:	Saint Louis, MO
Licensed In:	GA
Website:	www.pshpggeorgia.com
Telephone:	(314) 725-4477



Insurer: **PREFERRED CARE PARTNERS INC**
Rating: B+
Headquarters: Miami, FL
Licensed In: FL
Website: www.mypreferredcare.com
Telephone: (305) 670-8438

Insurer: **REGENCE BLUESHIELD OF ID INC**
Rating: B+
Headquarters: Portland, OR
Licensed In: ID, WA
Website: www.regence.com
Telephone: (503) 721-7189

Insurer: **SAN MATEO HEALTH COMMISSION**
Rating: B+
Headquarters: South San Francisco, CA
Licensed In: CA
Website: www.hpsm.org
Telephone: (650) 616-0050

Insurer: **SCOTT & WHITE HEALTH PLAN**
Rating: B+
Headquarters: Temple, TX
Licensed In: TX
Website: www.bswhealthplan.com
Telephone: (254) 298-3000

Insurer: **SHARP HEALTH PLAN**
Rating: B+
Headquarters: San Diego, CA
Licensed In: CA
Website: www.sharphealthplan.com
Telephone: (858) 499-8300

Insurer: **SUNSHINE STATE HEALTH PLAN INC**
Rating: B+
Headquarters: Saint Louis, MO
Licensed In: FL
Website: www.sunshinehealth.com
Telephone: (314) 725-4477

Insurer: **UNITEDHEALTHCARE BNFTS OF TX**
Rating: B+
Headquarters: Minnetonka, MN
Licensed In: AZ, CO, NV, OR, TX, WA
Website: www.myuhc.com
Telephone: (952) 979-7329



Insurer: **UNITEDHEALTHCARE CMNTY (TX)**
Rating: B+
Headquarters: Sugar Land, TX
Licensed In: TX
Website: www.uhc.com/communityplan
Telephone: (832) 500-6437

Insurer: **UNITEDHEALTHCARE INS CO OF NY**
Rating: B+
Headquarters: Hauppauge, NY
Licensed In: DC, NY
Website: www.unitedhealthgroup.com
Telephone: (877) 832-7734

Insurer: **UNITEDHEALTHCARE OF LA INC**
Rating: B+
Headquarters: Metairie, LA
Licensed In: LA
Telephone: (504) 849-1603

Insurer: **UNITEDHEALTHCARE OF NY INC**
Rating: B+
Headquarters: Minnetonka, MN
Licensed In: NY
Website: www.unitedhealthcare.com
Telephone: (952) 406-4923

Insurer: **WELLCARE OF MAINE INC**
Rating: B+
Headquarters: Saint Louis, MO
Licensed In: ME
Website: www.centene.com
Telephone: (314) 725-4477

Insurer: **WELLPOINT IOWA INC**
Rating: B+
Headquarters: Norfolk, VA
Licensed In: IA
Website: www.elevancehealth.com
Telephone: (800) 331-1476





Weiss Ratings' Weakest Health Insurers

The following pages list Weiss Ratings' Weakest Health Insurers (based strictly on financial safety) and the states in which they are licensed to do business. These insurers currently receive a Weiss Safety Rating of E+, E or E-, indicating their very weak financial position.

These companies currently demonstrate what we consider to be significant weaknesses and has also failed some of the basic tests that we use to identify fiscal stability. Therefore, even in a favorable economic environment, it is our opinion that policyholders could incur significant risks. Companies are listed by their Safety Rating and then alphabetically within each Safety Rating grouping.

Weiss Safety Rating	Our rating is measured on a scale from A to F and considers a wide range of factors. Highly rated companies are, in our opinion, less likely to experience financial difficulties than lower-rated firms. See "What Our Ratings Mean" in the Appendix for a definition of each rating category.
Name	The insurance company's legally registered name, which can sometimes differ from the name that the company uses for advertising. An insurer's name can be very similar to the name of other companies which may not be on this list, so make sure you note the exact name before contacting your agent.
City & State	The city in which the company's corporate office is located and the state in which the company's corporate office is located.
Licensed In	The states in which an insurer is licensed to conduct business.
Telephone	The telephone number to call for information on purchasing an insurance policy from the company.

To get Weiss Safety Rating for a company not included here, or to check the latest rating for these companies, go to <https://greyhouse.weissratings.com>.

The following list of Weakest Health Insurers is based on ratings as of September 17, 2025. Visit <https://greyhouse.weissratings.com> to check the latest rating of these companies.





E- Rated Health Insurers

Insurer: **ALIGNMENT HEALTH PLAN INC**
Rating: E-
Headquarters: Orange, CA
Licensed In: CA
Telephone: (844) 310-2247

Insurer: **ALIGNMENT HLTH PLAN OF AZ INC**
Rating: E-
Headquarters: Orange, CA
Licensed In: AZ
Telephone: (844) 310-2247

Insurer: **ALIGNMENT HLTH PLAN OF NC INC**
Rating: E-
Headquarters: Orange, CA
Licensed In: NC
Telephone: (844) 310-2247

Insurer: **ALIGNMENT HLTH PLAN OF NV INC**
Rating: E-
Headquarters: Orange, CA
Licensed In: NV
Telephone: (844) 310-2247

Insurer: **ANGLE INS CO OF UTAH**
Rating: E-
Headquarters: Salt Lake City, UT
Licensed In: UT
Telephone: (801) 252-6576

Insurer: **BRIGHT HEALTH CO OF ARIZONA**
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: AZ
Telephone: (612) 238-1321

Insurer: **BRIGHT HEALTH CO OF ARIZONA**
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: AZ
Telephone: (612) 238-1321

Insurer: **BRIGHT HEALTH CO OF GEORGIA**
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: GA
Telephone: (612) 238-1321



Insurer: **BRIGHT HEALTH CO OF NC**
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: NC
Telephone: (612) 238-1321

Insurer: **BRIGHT HEALTH INS CO**
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: AL, AZ, CO, LA, NE, OK, SC, TX, UT, VA, WA
Telephone: (612) 238-1321

Insurer: **BRIGHT HLTH CO OF SC INC**
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: SC
Telephone: (612) 238-1321

Insurer: **BRIGHT HLTH INS CO OF IL**
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: IL
Telephone: (612) 238-1321

Insurer: **BRIGHT HLTH INS CO OF NEW YORK**
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: NY
Telephone: (612) 238-1321

Insurer: **BRIGHT HLTH INS CO OH**
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: (No states)
Telephone: (612) 238-1321

Insurer: **BRIGHT HLTH INS CO TN**
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: TN
Telephone: (612) 238-1321

Insurer: **CARE N CARE INS CO OF NC INC**
Rating: E-
Headquarters: Greensboro, NC
Licensed In: NC
Telephone: (336) 790-4386

Insurer: **CARECONNECT INS CO**
Rating: E-
Headquarters: East Hills, NY
Licensed In: (No states)
Telephone: (516) 401-5830



Insurer: **CCA HEALTH MICHIGAN INC**
Rating: E-
Headquarters: Farmington Hills, MI
Licensed In: MI
Telephone: (248) 715-5400

Insurer: **CCA HEALTH PLANS OF CA INC**
Rating: E-
Headquarters: Cerritos, CA
Licensed In: CA
Telephone: (909) 319-8533

Insurer: **CENTRAL MASS HEALTH LLC**
Rating: E-
Headquarters: Worcester, MA
Licensed In: MA
Telephone: (508) 334-0252

Insurer: **CLEVER CARE OF GOLDEN STATE**
Rating: E-
Headquarters: Arcadia, CA
Licensed In: CA
Telephone: (833) 388-8168

Insurer: **CMNWLTH CARE ALLIANCE MA LLC**
Rating: E-
Headquarters: Boston, MA
Licensed In: MA
Telephone: (617) 426-0600

Insurer: **DOCTORS HEALTHCARE PLANS INC**
Rating: E-
Headquarters: Coral Gables, FL
Licensed In: FL
Telephone: (786) 578-0954

Insurer: **FOR YOUR BENEFIT INC**
Rating: E-
Headquarters: San Francisco, CA
Licensed In: CA
Telephone: (415) 216-0088

Insurer: **FRIDAY HEALTH PLANS**
Rating: E-
Headquarters: Alamosa, CO
Licensed In: CO, NM
Telephone: (719) 589-3696

Insurer: **GROUP HEALTH PLAN INC**
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: MN, ND, SD
Telephone: (952) 883-6000



Insurer: **HAMASPIK INC**
Rating: E-
Headquarters: Monsey, NY
Licensed In: NY
Telephone: (855) 552-4642

Insurer: **ICIRCLE SERVICES OF THE FINGER**
Rating: E-
Headquarters: Webster, NY
Licensed In: NY
Telephone: (844) 424-7253

Insurer: **IMPERIAL HEALTH PLAN OF CA INC**
Rating: E-
Headquarters: Pasadena, CA
Licensed In: CA
Telephone: (800) 838-8271

Insurer: **LASSO HEALTHCARE INS CO**
Rating: E-
Headquarters: Chicago, IL
Licensed In: All states except CA, CO, CT, ID, ME, MI, NJ, NY, VT, WA, WI
Telephone: (800) 918-4024

Insurer: **MMM FLORIDA INC**
Rating: E-
Headquarters: Miami, FL
Licensed In: FL
Telephone: (786) 584-4600

Insurer: **OCHSNER HEALTH PLAN INC**
Rating: E-
Headquarters: New Orleans, LA
Licensed In: LA
Telephone: (504) 559-8067

Insurer: **OSCAR HEALTH PLAN OF CA**
Rating: E-
Headquarters: Marina Del Rey, CA
Licensed In: CA
Telephone: (855) 672-2755

Insurer: **OSCAR HEALTH PLAN OF CA**
Rating: E-
Headquarters: Marina Del Rey, CA
Licensed In: CA
Telephone: (855) 672-2755

Insurer: **PROMINENCE HEALTHFIRST FL INC**
Rating: E-
Headquarters: Reno, NV
Licensed In: FL
Telephone: (775) 770-9300



Insurer: **PROMINENCE HEALTHFIRST OF TX**
Rating: E-
Headquarters: Reno, NV
Licensed In: TX
Telephone: (775) 770-9300

Insurer: **SCAN HEALTH PLAN NV INC**
Rating: E-
Headquarters: Long Beach, CA
Licensed In: NV
Telephone: (562) 989-5100

Insurer: **SOLIS HEALTH PLANS INC**
Rating: E-
Headquarters: Doral, FL
Licensed In: FL
Telephone: (305) 913-0055

Insurer: **SONDER HEALTH PLANS INC**
Rating: E-
Headquarters: Atlanta, GA
Licensed In: GA
Telephone: (888) 977-5015

Insurer: **TRUE HEALTH NEW MEXICO INC**
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: NM
Telephone: (612) 238-1321

Insurer: **TRUE HEALTH NEW MEXICO INC**
Rating: E-
Headquarters: Albuquerque, NM
Licensed In: NM
Telephone: (505) 633-8020

Insurer: **UNIVERSAL CARE INC**
Rating: E-
Headquarters: Westminster, CA
Licensed In: CA
Telephone: (866) 255-4795

Insurer: **UNIVERSITY OF MI HLTH MEDICARE**
Rating: E-
Headquarters: East Lansing, MI
Licensed In: MI
Telephone: (517) 364-8400



E Rated Health Insurers

Insurer: **ARKANSAS SUPERIOR SELECT INC**
Rating: E
Headquarters: Little Rock, AR
Licensed In: AR
Telephone: (501) 372-1922

Insurer: **AUXILIO SALUD PLUS INC**
Rating: E
Headquarters: San Juan, PR
Licensed In: (No states)
Telephone: (787) 758-2000

Insurer: **BANNER HEALTH INS GRP INC**
Rating: E
Headquarters: Phoenix, AZ
Licensed In: AZ
Telephone: (833) 516-1007

Insurer: **BANNER HEALTH PLAN INC**
Rating: E
Headquarters: Phoenix, AZ
Licensed In: AZ
Telephone: (833) 516-1007

Insurer: **CARE N CARE INS CO**
Rating: E
Headquarters: Farmers Branch, TX
Licensed In: TX
Telephone: (817) 810-5213

Insurer: **CLEAR SPRING HLTH CMNTY CARE**
Rating: E
Headquarters: Park Ridge, IL
Licensed In: IL
Telephone: (224) 332-2395

Insurer: **CLEAR SPRING HLTH CMNTY CARE**
Rating: E
Headquarters: Park Ridge, IL
Licensed In: IL
Telephone: (847) 696-8500

Insurer: **CMNWLTH CARE ALLIANCE RI LLC**
Rating: E
Headquarters: Boston, MA
Licensed In: RI
Telephone: (617) 426-0600



Insurer: **CURATIVE INS CO**
Rating: E
Headquarters: Austin, TX
Licensed In: TX
Telephone: (855) 428-7284

Insurer: **HOPKINS HEALTH ADVANTAGE INC**
Rating: E
Headquarters: Hanover, MD
Licensed In: MD
Telephone: (410) 424-4718

Insurer: **JUSTIFY HOLDINGS INC**
Rating: E
Headquarters: Louisville, KY
Licensed In: KY
Telephone: (502) 585-7900

Insurer: **MARY WASHINGTON HEALTH PLAN**
Rating: E
Headquarters: Fredericksburg, VA
Licensed In: VA
Telephone: (540) 741-2507

Insurer: **MEMORIALCARE SELECT HLTH PLAN**
Rating: E
Headquarters: Fountain Valley, CA
Licensed In: CA
Telephone: (855) 367-7747

Insurer: **NW OH BUS ALLIANCE HLTH**
Rating: E
Headquarters: Maumee, OH
Licensed In: OH
Telephone: (419) 891-5200

Insurer: **RYDER HEALTH PLAN INC**
Rating: E
Headquarters: Humacao, PR
Licensed In: PR
Telephone: (787) 852-0846

Insurer: **SOUTH DAKOTA STATE MED HLDG CO**
Rating: E
Headquarters: Sioux Falls, SD
Licensed In: SD
Telephone: (605) 334-4000

Insurer: **WESTERN HEALTH ADVANTAGE**
Rating: E
Headquarters: Sacramento, CA
Licensed In: CA
Telephone: (888) 227-5942



E+ Rated Health Insurers

Insurer: **ALTERWOOD ADVANTAGE INC**
Rating: E+
Headquarters: Owings Mills, MD
Licensed In: MD
Telephone: (667) 262-9412

Insurer: **BRIGHT HLTH INS CO OF NEW YORK**
Rating: E+
Headquarters: Minneapolis, MN
Licensed In: NY
Telephone: (612) 238-1321

Insurer: **COOK CHILDRENS HEALTH PLAN**
Rating: E+
Headquarters: Fort Worth, TX
Licensed In: TX
Telephone: (682) 885-2419

Insurer: **GROUP HLTH COOP OF EAU CLAIRE**
Rating: E+
Headquarters: Altoona, WI
Licensed In: WI
Telephone: (715) 552-4300

Insurer: **HPMP OF FLORIDA INC**
Rating: E+
Headquarters: Miami, FL
Licensed In: FL
Telephone: (305) 262-1292

Insurer: **IMPERIAL INS COS INC**
Rating: E+
Headquarters: Pasadena, CA
Licensed In: AZ, NM, NV, TX, UT
Telephone: (626) 838-5100

Insurer: **IMPERIAL INS COS INC**
Rating: E+
Headquarters: Pasadena, CA
Licensed In: AZ, NM, NV, TX, UT
Telephone: (800) 708-8273

Insurer: **MCS ADVANTAGE INC**
Rating: E+
Headquarters: San Juan, PR
Licensed In: PR
Telephone: (787) 758-2500



Insurer: **PARAMOUNT CARE INDIANA INC**
Rating: E+
Headquarters: Toledo, OH
Licensed In: IN
Telephone: (419) 887-2500

Insurer: **SENDERO HEALTH PLANS INC**
Rating: E+
Headquarters: Austin, TX
Licensed In: TX
Telephone: (512) 978-8454

Insurer: **SUPERIOR VISION OF NJ INC**
Rating: E+
Headquarters: Linthicum, MD
Licensed In: (No states)
Telephone: (410) 752-0121

Insurer: **TAKECARE INS CO**
Rating: E+
Headquarters: Tamuning, GU
Licensed In: AS, GU, MP
Telephone: (671) 300-7143

Insurer: **TURNINGPOINT HLTHCR SOLUTIONS**
Rating: E+
Headquarters: Lake Mary, FL
Licensed In: (No states)
Telephone: (850) 322-8159

Insurer: **WELLCARE HEALTH INS OF NY INC**
Rating: E+
Headquarters: Saint Louis, MO
Licensed In: NY
Telephone: (314) 725-4477

Insurer: **WELLCARE OF CALIFORNIA INC**
Rating: E+
Headquarters: Saint Louis, MO
Licensed In: CA
Telephone: (866) 999-3945





Appendices

Quote Comparison Worksheet	61
Helpful Resources	62
State Insurance Commissioners	63
ACA Marketplaces by State	65
Application for Health Coverage & Help Paying Costs.....	67
Sample Summary of Benefits & Coverage.....	84
Sample Private Health Insurance Enrollment Form.....	91
Glossary	93
Sources.....	94
What Our Ratings Mean	95
Terms & Conditions	96





Quote Comparison Worksheet

Using the worksheet below is a great way to stay organized as you compare the premium quotes from different insurance companies. It allows you to easily compare companies and how much they will charge you for each type of coverage you may be considering.

If you are planning to contact more than three companies, be sure to make copies of this worksheet beforehand.

Company Name			
Phone # or Web			
Address			
Monthly Premium			
In-Network Deductible			
In-Network Out of Pocket Limit			
Out-of-Network Deductible			
Out-of-Network Limit			
In-Network Coinsurance			
Out-of-Network Coinsurance			
Other			
Discounts			
TOTAL			



Helpful Resources

Contact any of the following organizations for further information about purchasing health insurance.

- **Your state department of insurance** - See the following pages for a specific contact
- **National Association of Insurance Commissioners** - www.naic.org
- **Insurance Information Institute** - www.iii.org
- **Independent Insurance Agents & Brokers of America**
www.independentagent.com/default.aspx
- **Weiss Ratings, LLC** provides financial strength ratings for health insurance plans nationwide: www.weissratings.com
- **COBRA Insurance**
Telephone: 1-877-279-7959 www.cobrainsurance.com
- **Healthcare.gov**: Official website of the Affordable Care Act marketplace.
Telephone: 1-800-318-2596 www.healthcare.gov
- **Health Insurance Portability and Accountability Act (HIPAA)**: Legislation passed by the US Congress in 1996 to protect the privacy of Americans' medical information, limit exclusions for pre-existing conditions, and ensure health coverage if a person loses a job.
- **United States Department of Labor**
Telephone: 1-866-4-USA-DOL www.dol.gov
- **HIPPA Information from the DOL**:
<https://www.dol.gov/general/topic/health-plans/portability>
- **National Coalition for Health Care**: The NCHC is a coalition of about 100 businesses, labor unions, consumer groups, insurance providers, and health care providers with a stated goal of improving the health care landscape in the United States.
Telephone: (202-638-7151) <https://nchc.org>
- **TRICARE Insurance**
www.tricare.mil



State Insurance Commissioners' Departmental Contact Information

State	Official's Title	Website Address	Phone
Alabama	Commissioner	www.aldoi.gov	(334) 269-3550
Alaska	Director	https://www.commerce.alaska.gov/web/ins/	(907) 269-7900
Arizona	Director	https://difi.az.gov/	(602) 364-3100
Arkansas	Commissioner	www.insurance.arkansas.gov	(501) 371-2600
California	Commissioner	www.insurance.ca.gov	(916) 492-3500
Colorado	Commissioner	https://dora.colorado.gov/	(303) 894-7499
Connecticut	Commissioner	https://portal.ct.gov/cid	(860) 297-3800
Delaware	Commissioner	https://insurance.delaware.gov/	(302) 674-7300
Dist. of Columbia	Commissioner	https://disb.dc.gov/	(202) 727-8000
Florida	Commissioner	www.floir.com/	(850) 413-3140
Georgia	Commissioner	www.oci.ga.gov/	(404) 656-2070
Hawaii	Commissioner	http://cca.hawaii.gov/ins/	(808) 586-2790
Idaho	Director	www.doi.idaho.gov	(208) 334-4250
Illinois	Director	https://idoi.illinois.gov/	(217) 558-2757
Indiana	Commissioner	www.in.gov/idoi/	(317) 232-2385
Iowa	Commissioner	https://iid.iowa.gov/	(515) 654-6600
Kansas	Commissioner	https://insurance.kansas.gov/	(785) 296-3071
Kentucky	Commissioner	https://insurance.ky.gov/ppc/new_default.aspx	(502) 564-3630
Louisiana	Commissioner	www.ldi.la.gov/	(225) 342-5900
Maine	Superintendent	www.maine.gov/pfr/insurance/	(207) 624-8475
Maryland	Commissioner	http://insurance.maryland.gov/Pages/default.aspx	(410) 468-2000
Massachusetts	Commissioner	https://www.mass.gov/orgs/division-of-insurance	(617) 521-7794
Michigan	Director	http://www.michigan.gov/difs	(517) 284-8800
Minnesota	Commissioner	http://mn.gov/commerce/	(651) 539-1500
Mississippi	Commissioner	https://www.mid.ms.gov/	(601) 359-3569
Missouri	Director	www.insurance.mo.gov	(573) 751-4126



State	Official's Title	Website Address	Phone
Montana	Commissioner	https://csimt.gov/	(406) 444-2040
Nebraska	Director	https://doi.nebraska.gov/	(402) 471-2201
Nevada	Commissioner	https://doi.nv.gov/	(775) 687-0700
New Hampshire	Commissioner	www.insurance.nh.gov/	(603) 271-2261
New Jersey	Commissioner	www.nj.gov/dobi/index.html	(609) 292-7272
New Mexico	Superintendent	www.osi.state.nm.us/	(505) 827-4601
New York	Superintendent	www.dfs.ny.gov/	(212) 709-3500
North Carolina	Commissioner	https://www.ncdoi.gov/	(919) 807-6000
North Dakota	Commissioner	https://www.insurance.nd.gov/	(701) 328-2440
Ohio	Director	www.insurance.ohio.gov	(614) 644-2658
Oklahoma	Commissioner	https://www.oid.ok.gov/	(405) 521-2828
Oregon	Insurance Commissioner	http://dfr.oregon.gov/Pages/index.aspx	(503) 947-7980
Pennsylvania	Commissioner	www.pa.gov/agencies/insurance	(717) 787-7000
Puerto Rico	Commissioner	https://www.ocs.pr.gov/en-us	(787) 304-8686
Rhode Island	Superintendent	https://dbr.ri.gov/insurance-overview	(401) 462-9500
South Carolina	Director	www.doi.sc.gov	(803) 737-6160
South Dakota	Director	http://dlr.sd.gov/insurance/default.aspx	(605) 773-3563
Tennessee	Commissioner	http://tn.gov/commerce/	(615) 741-2241
Texas	Commissioner	www.tdi.texas.gov/	(512) 676-6000
Utah	Commissioner	www.insurance.utah.gov	(801) 957-9200
Vermont	Commissioner	www.dfr.vermont.gov/	(802) 828-3301
Virgin Islands	Lieutenant Governor	https://ltg.gov.vi/	(340) 774-7166
Virginia	Commissioner	www.scc.virginia.gov/consumers/insurance/	(804) 371-9741
Washington	Commissioner	www.insurance.wa.gov	(360) 725-7000
West Virginia	Commissioner	www.wvinsurance.gov	(304) 558-3354
Wisconsin	Commissioner	https://oci.wi.gov/Pages/Homepage.aspx	(608) 266-3586
Wyoming	Commissioner	http://doi.wyo.gov/	(307) 777-7401



ACA Marketplaces by State

State	Website
Alabama	https://www.healthcare.gov/get-coverage
Alaska	https://www.healthcare.gov/get-coverage
Arizona	https://www.healthcare.gov/get-coverage
Arkansas	https://www.healthcare.gov/get-coverage
California	http://www.coveredca.com/
Colorado	http://www.connectforhealthco.com/
Connecticut	http://www.accesshealthct.com/
Delaware	https://www.healthcare.gov/get-coverage
District of Columbia	https://dchealthlink.com/
Florida	https://www.healthcare.gov/get-coverage
Georgia	https://www.healthcare.gov/get-coverage
Hawaii	https://www.healthcare.gov/get-coverage
Idaho	http://www.yourhealthidaho.org/
Illinois	https://www.healthcare.gov/get-coverage
Indiana	https://www.healthcare.gov/get-coverage
Iowa	https://www.healthcare.gov/get-coverage
Kansas	https://www.healthcare.gov/get-coverage
Kentucky	https://www.healthcare.gov/get-coverage
Louisiana	https://www.healthcare.gov/get-coverage
Maine	https://www.healthcare.gov/get-coverage
Maryland	http://www.marylandhealthconnection.gov/
Massachusetts	https://www.healthcare.gov/get-coverage
Michigan	https://www.healthcare.gov/get-coverage
Minnesota	https://www.mnsure.org/
Mississippi	https://www.healthcare.gov/get-coverage
Missouri	https://www.healthcare.gov/get-coverage



ACA Marketplaces by State

State	Website
Montana	https://www.healthcare.gov/get-coverage
Nebraska	https://www.healthcare.gov/get-coverage
Nevada	https://www.healthcare.gov/get-coverage
New Hampshire	https://www.healthcare.gov/get-coverage
New Jersey	https://www.healthcare.gov/get-coverage
New Mexico	https://www.healthcare.gov/get-coverage
New York	http://nystateofhealth.ny.gov/
North Carolina	https://www.healthcare.gov/get-coverage
North Dakota	https://www.healthcare.gov/get-coverage
Ohio	https://www.healthcare.gov/get-coverage
Oklahoma	https://www.healthcare.gov/get-coverage
Oregon	https://www.healthcare.gov/get-coverage
Pennsylvania	https://www.healthcare.gov/get-coverage
Rhode Island	http://www.healthsourceri.com/
South Carolina	https://www.healthcare.gov/get-coverage
South Dakota	https://www.healthcare.gov/get-coverage
Tennessee	https://www.healthcare.gov/get-coverage
Texas	https://www.healthcare.gov/get-coverage
Utah	https://www.healthcare.gov/get-coverage
Vermont	https://portal.healthconnect.vermont.gov
Virginia	https://www.healthcare.gov/get-coverage
Washington	http://www.wahealthplanfinder.org/
West Virginia	https://www.healthcare.gov/get-coverage
Wisconsin	https://www.healthcare.gov/get-coverage
Wyoming	https://www.healthcare.gov/get-coverage





Application for Health Coverage & Help Paying Costs

➔ Apply faster online at HealthCare.gov



Use this application to find out what coverage you qualify for

- Marketplace plans that offer comprehensive coverage to help you stay well.
- A tax credit that can immediately help lower your premiums for health coverage.
- Free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). **Certain income levels may qualify for free or low-cost programs.**



Who can use this application?

- Use this application to apply for anyone in your household.
- **Apply even if you, your spouse, or your child already have health coverage. You could be eligible for free or lower-cost coverage.**
- If you're single, you may be able to use a short form. Visit HealthCare.gov.
- Households that include eligible immigrants can apply. You can apply for your child even if you aren't eligible for coverage. Applying won't affect your immigration status or chances of becoming a permanent resident or citizen.
- If someone is helping you fill out this application, you may need to complete Appendix C.



What you may need to apply

- Social Security Numbers (SSNs) (or document numbers for any eligible immigrants who need coverage).
- Employer and income information for everyone in your household (like from pay stubs, W-2 forms, or wage and tax statements).
- Policy numbers for any current health insurance.
- Information about any job-related health insurance available to your household.



Why do we ask for this information?

We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. **We'll keep all the information you provide private and secure, as required by law.** For the Privacy Act Statement, visit HealthCare.gov, or check the instructions.



What happens next?

Make a copy to keep, then send your complete, signed application to the address on page 10. **If you don't have all the information we ask for, sign and submit your application anyway.** We'll follow up with you within 1–2 weeks, and **you may get a call from the Marketplace if we need more information.** You'll get an Eligibility Notice in the mail after we process your application. If you don't hear from us, contact the Marketplace Call Center. Filling out this application doesn't mean you have to buy health coverage.



Get help with this application

- **Online:** HealthCare.gov.
- **Phone:** Call the Marketplace Call Center at **1-800-318-2596**. TTY users can call **1-855-889-4325**.
- **In-person:** There may be assisters in your area who can help. Visit HealthCare.gov, or call the Marketplace Call Center at **1-800-318-2596** for more information.
- **En Español:** Llame a nuestro centro de ayuda gratis al **1-800-318-2596**.
- **Other languages:** If you need help in a language other than English, call **1-800-318-2596** and tell the customer service representative the language you need. We'll get you help at no cost to you.

You have the right to get your information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit CMS.gov/About-CMS/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice or call **1-800-318-2596**. TTY users can call **1-855-889-4325**.

This product was produced at U.S. taxpayer expense.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health and Human Services.



HealthCare.gov



Step 1: Tell us about yourself.

(We need 1 adult in the household to be the contact person for your application.)

1. First name		Middle name		Last name		Suffix	
2. Home address (Leave blank if you don't have one.)						3. Home address 2	
4. City		5. State	6. ZIP code		7. County		
8. Mailing address (if different from home address)						9. Mailing address 2	
10. City		11. State	12. ZIP code		13. County		
14. Phone number				15. Second phone number			
16. Do you want to get information about this application by email? ☐ Yes ☐ No							
Email address:							
17. Preferred language: Written				Spoken			

Step 2: Tell us about your household.

Who do you need to include on this application?

Complete the Step 2 pages for each person in your household, even if the person has health coverage already. The information in this application helps us make sure everyone gets the best coverage they can. The amount of help or type of program you qualify for is based on the number of people in your household and your household income. If you don't include someone, even if they already have health coverage, your eligibility results could be affected.

For adults who need coverage

Include these people **even if they aren't applying for health coverage for themselves**:

- Any spouse.
- Any child under age 21 they live with, including stepchildren.
- Any other person on the same federal income tax return (including any children over age 21 who are claimed on a parent's tax return). You don't need to file taxes to get health coverage.

For children under age 21 who need coverage

Include these people **even if they aren't applying for health coverage themselves**:

- Any parent (or stepparent) they live with.
- Any sibling they live with.
- Any child they live with, including stepchildren.
- Any spouse they live with.
- Any other person on the same federal income tax return. You don't need to file taxes to get health coverage.

Complete Step 2 for each person in your household.

Start with yourself, then add other adults and children. If you have more than 2 people in your household, you'll need to make a copy of the pages and attach them.

You don't need to provide immigration status or SSNs for household members who don't need health coverage. We'll keep all the information you provide private and secure, as required by law. We'll use personal information only to check if you're eligible for health coverage.

Step 2: PERSON 1 (Start with yourself.)



Complete Step 2 for yourself, your spouse/partner and dependents who live with you, and/or anyone on your same federal income tax return if you file one. Go to page 1 for more information about who to include. If you don't file a tax return, remember to still add the people in your household.

1. First name		Middle name	Last name	Suffix
2. Relationship to PERSON 1? SELF		3. Are you married? ☐ Yes ☐ No		4. Date of birth (mm/dd/yyyy)
5. Sex ☐ Female ☐ Male				
6. Social Security Number (SSN) - -				
★ We need an SSN if you want health coverage and have an SSN or can get one. We use SSNs to check income and other information to find out who's eligible for help paying for health coverage. For more information on getting an SSN, visit SSA.gov, or call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.				
7. Do you plan to file a federal income tax return NEXT YEAR? You can still apply for coverage even if you don't file a federal income tax return. ☐ YES. If yes, answer items a through c. ☐ NO. If no, skip to item c.				
a. Will you file jointly with a spouse? ☐ Yes ☐ No If yes, write name of spouse:				
b. Will you claim any dependents on your tax return? ☐ Yes ☐ No If yes, list name(s) of dependents:				
c. Will you be claimed as a dependent on someone's tax return? ☐ Yes ☐ No If yes, list the name of the tax filer: How are you related to the tax filer?				
8. Are you pregnant? ☐ Yes ☐ No a. If yes, how many babies are expected during this pregnancy?				
9. Do you need health coverage? Even if you have coverage, there might be a program with better coverage or lower costs. ☐ YES. If yes, answer all the questions below. ↓ ☐ NO. If no, skip to the income questions on page 3. Leave the rest of this page blank. →				
10. Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.), a special health care need, or live in a medical facility or nursing home? ☐ Yes ☐ No				
11. Are you a U.S. citizen or U.S. national? ☐ Yes ☐ No				
12. Are you a naturalized or derived citizen? (This usually means you were born outside the U.S.) ☐ YES. If yes, complete a and b. ☐ NO. If no, continue to question 13.				
a. Alien number: 		b. Certificate number: 		After you complete a and b, skip to question 14.
13. If you aren't a U.S. citizen or U.S. national, do you have eligible immigration status? ☐ YES. Enter document type and ID number. Go to instructions.				
Immigration document type	Status type (optional)	Write your name as it appears on your immigration document. 		
Alien or I-94 number 		Card number or passport number 		
SEVIS ID or expiration date (optional) 		Other (category code or country of issuance) 		
a. Have you lived in the U.S. since 1996? ☐ Yes ☐ No				
b. Are you, or your spouse or parent, a veteran or an active-duty member of the U.S. military? ☐ Yes ☐ No				
14. Do you want help paying for medical bills from the last 3 months? ☐ Yes ☐ No				
15. Do you live with at least one child under the age of 19, and are you the main person taking care of this child? (Fill in "yes" if you or your spouse takes care of this child.) ☐ Yes ☐ No				
List the names and relationships of any children under 19 that live with you in your household: 				
16. Are you a full-time student? ☐ Yes ☐ No 17. Were you in foster care at age 18 or older? ☐ Yes ☐ No				

continued on the next page



Optional: (Providing this information won't impact eligibility, plan options, or costs.)

Fill in all that apply.

18. If Hispanic/Latino, ethnicity:

☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other _____

19. Race:

☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Filipino ☐ Japanese ☐ Korean ☐ Asian Indian ☐ Chinese

☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other _____

Step 2: PERSON 1 (Continue with yourself.)

Current job & income information

☐ **Employed:** If you're currently employed, tell us about your income. Start with item 20.

☐ **Not employed:**
Skip to item 30.

☐ **Self-employed:**
Skip to item 29.

Current job 1:

20. Employer name

a. Employer address (optional)

b. City

c. State

d. ZIP code

21. Employer phone number

(____)____-____

22. Wages/tips (before taxes)

\$ _____

☐ Hourly

☐ Weekly

☐ Every 2 weeks

☐ Twice a month

☐ Monthly

☐ Yearly

23. Average hours worked each WEEK

Current job 2: (If you have additional jobs and need more space, attach another sheet of paper.)

24. Employer name

a. Employer address (optional)

b. City

c. State

d. ZIP code

25. Employer phone number

(____)____-____

26. Wages/tips (before taxes)

\$ _____

☐ Hourly

☐ Weekly

☐ Every 2 weeks

☐ Twice a month

☐ Monthly

☐ Yearly

27. Average hours worked each WEEK

28. In the past year, did you: ☐ Change jobs ☐ Stop working ☐ Start working fewer hours ☐ None of these

29. If self-employed, answer a and b:

a. Type of work:

b. How much net income (profits once business expenses are paid) will you get from this self-employment this month? Go to instructions.

\$ _____

continued on the next page





30. **Other income you get this month:** Fill in all that apply, and give the amount and how often you get it. Fill in here if none. ☐

Note: You **don't** need to tell us about income from child support, veteran's payments, or Supplemental Security Income (SSI).

☐ Unemployment

\$ How often?

☐ Alimony received (**Note:** Only for divorces finalized before 1/1/2019.)

\$ How often?

☐ Pension

\$ How often?

☐ Net farming/fishing

\$ How often?

☐ Social Security

\$ How often?

☐ Net rental/royalty

\$ How often?

☐ Retirement accounts

\$ How often?

☐ Other income, type:

\$ How often?

31. **Deductions:** Fill in all that apply, and give the amount and how often you pay it. If you pay for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

Don't include child support that you pay, or a cost already considered in your answer to net self-employment (question 29b).

☐ Alimony paid (**Note:** Only for divorces finalized before 1/1/2019.)

\$ How often?

☐ Other deductions, type:

\$ How often?

☐ Student loan interest

\$ How often?

32. **Complete this question if your income changes during the year,** like if you only work at a job for part of the year or get a benefit for certain months. If you don't expect changes to your monthly income, skip to the next person.

Your total income **this year**

\$

Your total income **next year** (if you think it'll be different)

\$

☐ Fill in if you think your income will be hard to predict.

Thanks! This is all we need to know about you.

Step 2: PERSON 2

Note: If this person doesn't need health coverage, just answer questions 1–10 on this page. Make a copy of pages 5–7 if there are more than 2 people in your household.



Page 5 of 11

Complete this section for your spouse/partner and children who live with you, and/or anyone on your same federal income tax return if you file one. If you don't file a tax return, remember to still add household members who live with you. Go to page 1 for more information about who to include.

1. First name		Middle name	Last name		Suffix
2. Relationship to PERSON 1? Go to instructions.		3. Is PERSON 2 married?		4. Date of birth (mm/dd/yyyy)	
		☐ Yes ☐ No			
6. Social Security Number (SSN)					
		★ We need this if you want health coverage for PERSON 2, and PERSON 2 has an SSN.			
7. Does PERSON 2 live at the same address as PERSON 1? ☐ Yes ☐ No					
If no, list address:					
8. Does PERSON 2 plan to file a federal income tax return NEXT YEAR? (You can still apply for coverage even if PERSON 2 doesn't file a federal income tax return.)					
☐ YES. If yes, answer items a through c. ☐ NO. If no, skip to item c.					
a. Will PERSON 2 file jointly with a spouse? ☐ Yes ☐ No					
If yes, write name of spouse:					
b. Will PERSON 2 claim any dependents on his or her tax return? ☐ Yes ☐ No					
If yes, list name(s) of dependents:					
c. Will PERSON 2 be claimed as a dependent on someone's tax return? ☐ Yes ☐ No					
If yes, list the name of the tax filer: How is PERSON 2 related to the tax filer?					
9. Is PERSON 2 pregnant? ☐ Yes ☐ No a. If yes, how many babies are expected during this pregnancy?					
10. Does PERSON 2 need health coverage? (Even if PERSON 2 has coverage, there might be a program with better coverage or lower costs.)					
☐ YES. If yes, answer all the questions below. ↓ ☐ NO. If no, skip to the income questions on page 6. Leave the rest of this page blank. →					
11. Does PERSON 2 have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.), a special health care need, or live in a medical facility or nursing home? ☐ Yes ☐ No					
12. Is PERSON 2 a U.S. citizen or U.S. national? ☐ Yes ☐ No					
13. Is PERSON 2 a naturalized or derived citizen? (This usually means they were born outside the U.S.)					
☐ YES. If yes, complete a and b. ☐ NO. If no, continue to question 14.					
a. Alien number		b. Certificate number		After you complete a and b, skip to question 15.	
14. If PERSON 2 isn't a U.S. citizen or U.S. national, do they have eligible immigration status? ☐ YES. Enter document type and ID number. Go to instructions.					
Immigration document type:		Status type (optional):		Write PERSON 2's name as it appears on their immigration document.	
Alien or I-94 number			Card number or passport number		
SEVIS ID or expiration date (optional)			Other (category code or country of issuance)		
a. Has PERSON 2 lived in the U.S. since 1996? ☐ Yes ☐ No					
b. Is PERSON 2, or PERSON 2's spouse or parent, a veteran or an active-duty member of the U.S. military? ☐ Yes ☐ No					
15. Does PERSON 2 want help paying for medical bills from the last 3 months? ☐ Yes ☐ No					
16. Does PERSON 2 live with at least one child under the age of 19, and is PERSON 2 the main person taking care of this child? (Fill in "yes" if PERSON 2 or their spouse takes care of this child.) ☐ Yes ☐ No					
17. Tell us the names and relationships of any children under 19 that live with PERSON 2 in their household: (These can be the same children listed on page 2.)					
Was PERSON 2 in foster care at age 18 or older? ☐ Yes ☐ No					
Answer these questions if PERSON 2 is 22 or younger:					
18. Did PERSON 2 have insurance through a job and lose it within the past 3 months? ☐ Yes ☐ No					
a. If yes, end date: b. Reason the insurance ended:					
19. Is PERSON 2 a full-time student? ☐ Yes ☐ No					

continued on the next page



Optional: (Providing this information won't impact eligibility, plan options, or costs.)

Fill in all that apply.

20. If Hispanic/Latino, ethnicity:

☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other _____

21. Race:

☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Filipino ☐ Japanese ☐ Korean ☐ Asian Indian ☐ Chinese

☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other _____

Step 2: PERSON 2

Tell us about any income PERSON 2 gets. Complete this page even if PERSON 2 doesn't need health coverage.

Current job & income information

☐ **Employed:** If **PERSON 2** is currently employed, tell us about their income. Start with item 22.

☐ **Not employed:** Skip to item 32.

☐ **Self-employed:** Skip to item 31.

Current job 1:

22. Employer name

a. Employer address (optional)

b. City

c. State

d. ZIP code

23. Employer phone number

() -

24. Wages/tips (before taxes)

☐ Hourly

☐ Weekly

☐ Every 2 weeks

25. Average hours worked each WEEK

\$

☐ Twice a month

☐ Monthly

☐ Yearly

Current job 2: (If PERSON 2 has more jobs, attach another sheet of paper.)

26. Employer name

a. Employer address (optional)

b. City

c. State

d. ZIP code

27. Employer phone number

() -

28. Wages/tips (before taxes)

☐ Hourly

☐ Weekly

☐ Every 2 weeks

29. Average hours worked each WEEK

\$

☐ Twice a month

☐ Monthly

☐ Yearly

30. In the past year, did **PERSON 2**: ☐ Change jobs ☐ Stop working ☐ Start working fewer hours ☐ None of these

31. If **PERSON 2** is self-employed, complete a and b:

a. Type of work:

b. How much net income (profits once business expenses are paid) will **PERSON 2** get from this self-employment this month? Go to instructions.

\$

continued on the next page





32. **Other income PERSON 2 gets this month:** Fill in all that apply, and give the amount and how often PERSON 2 gets it. Fill in here if none. ☐

Note: You **don't** need to tell us about PERSON 2's income from child support, veteran's payments, or Supplemental Security Income (SSI).

☐ Unemployment

\$ How often?

☐ Alimony received (**Note:** Only for divorces finalized before 1/1/2019.)

\$ How often?

☐ Pension

\$ How often?

☐ Net farming/fishing

\$ How often?

☐ Social Security

\$ How often?

☐ Net rental/royalty

\$ How often?

☐ Retirement accounts

\$ How often?

☐ Other income, type:

\$ How often?

33. **Deductions:** Fill in all that apply, and give the amount and how often PERSON 2 gets it. If PERSON 2 pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

Don't include child support that PERSON 2 pays, or a cost already considered in the answer to net self-employment (question 31b).

☐ Alimony paid (**Note:** Only for divorces finalized before 1/1/2019.)

\$ How often?

☐ Other deductions, type:

\$ How often?

☐ Student loan interest

\$ How often?

34. **Complete only if PERSON 2's income changes during the year**, like if PERSON 2 only works at a job for part of the year or gets a benefit for certain months. If PERSON 2 doesn't expect changes to their monthly income, skip to the next person.

PERSON 2's total income **this year**

\$

PERSON 2's total income **next year**

\$

☐ Fill in if they think their income will be hard to predict.

Thanks! This is all we need to know about PERSON 2.

Step 3: American Indian or Alaska Native (AI/AN) household member(s)



1. Are you or is anyone in your household American Indian or Alaska Native?

- ☐ **NO.** If no, continue to Step 4. ☐ **YES.** If yes, continue to Step 4, plus complete Appendix B and include with application.

Step 4: Your household's health coverage

1. Was anyone on this application found not eligible for Medicaid or the Children's Health Insurance Program (CHIP) in the past 90 days? (Select yes only if someone was found not eligible for this coverage by your state, not by the Marketplace.)

☐ Yes ☐ No

Who?

Date:

Or, was anyone on this application found not eligible for Medicaid or CHIP due to their immigration status in the last 5 years? ☐ Yes ☐ No

Who?

Did anyone on this application apply for coverage during the Marketplace Open Enrollment Period or after a qualifying life event? ☐ Yes ☐ No

Who?

2. Is anyone listed on this application offered health coverage from a job? Check yes even if the coverage is from someone else's job, like a parent or spouse, even if they don't accept the coverage. Check no if the only coverage offered is COBRA.

☐ **YES.** Continue and then complete Appendix A.

☐ **NO.**

If yes, is this a state employee benefit plan? ☐ Yes ☐ No

Is anyone listed on the application offered an individual coverage Health Reimbursement Arrangement (HRA) or a Qualified Small Employer HRA (QSEHRA)? ☐ Yes ☐ No

3. Is anyone enrolled in health coverage now?

☐ **YES.** If yes, continue to item 4.

☐ **NO.** If no, skip item 5.

4. Information about current health coverage. (Make a copy of this page if more than 2 people have health coverage now.)

Write the type of coverage, like employer insurance, COBRA, Medicaid, CHIP, Medicare, TRICARE, VA health care program, Peace Corps, or other. (Don't tell us about TRICARE if you have Direct Care or Line of Duty.)

Name of person enrolled in health coverage

Type of coverage:

☐ Employer insurance ☐ COBRA ☐ Medicaid ☐ CHIP ☐ Medicare ☐ TRICARE ☐ VA health care program ☐ Peace Corps ☐ Other

If it's employer insurance: (You'll also need to complete Appendix A.)

Name of health insurance company

Policy/ID number

If it's another kind of coverage: ☐ Fill in if this is Marketplace health coverage.

Name of health insurance company

Policy/ID number

Is this a limited-benefit plan, like a school accident policy? ☐ Yes ☐ No

PERSON 1:

Name of person enrolled in health coverage

Type of coverage:

☐ Employer insurance ☐ COBRA ☐ Medicaid ☐ CHIP ☐ Medicare ☐ TRICARE ☐ VA health care program ☐ Peace Corps ☐ Other

If it's employer insurance: (You'll also need to complete Appendix A.)

Name of health insurance company

Policy/ID number

If it's another kind of coverage: ☐ Fill in if this is Marketplace health coverage.

Name of health insurance company

Policy/ID number

Is this a limited-benefit plan, like a school accident policy? ☐ Yes ☐ No

PERSON 2:



Step 5: Your agreement & signature

1. Do you agree to allow the Marketplace to use income data, including information from tax returns, for the next 5 years? ☐ Yes ☐ No

To make it easier to determine your eligibility for help paying for coverage in future years, you can agree to allow the Marketplace to use updated income data, including information from tax returns. The Marketplace will send a notice and let you make any changes. The Marketplace will check to make sure you're still eligible, and may have to ask you to confirm that your income still qualifies. You can opt out at any time.

If no, automatically update my information for the next: ☐ 5 years ☐ 4 years ☐ 3 years ☐ 2 years ☐ 1 year

☐ Don't use my tax data to renew my eligibility for help paying for health coverage (selecting this option may impact your ability to get help paying for coverage at renewal).

2. Is anyone applying for health insurance on this application incarcerated (detained or jailed)? ☐ Yes ☐ No

If yes, tell us the person's name. The name of the incarcerated person is:

☐ Fill in here if this person is facing disposition of charges.

If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), the Marketplace will automatically end their Marketplace plan coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost.

☐ I agree to allow the Marketplace to end the Marketplace coverage of the people on my application in this situation.

☐ I don't give the Marketplace permission to end Marketplace coverage in this situation. I understand that the affected people on my application will no longer be eligible for financial help and must pay full cost for their Marketplace plan.

If anyone on this application is eligible for Medicaid:

- I'm giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I'm also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.
- Does any child on this application have a parent living outside of the home? ☐ Yes ☐ No
- If yes, I know I'll be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I may not have to cooperate.
- I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.
- I know that I must tell the Health Insurance Marketplace® within 30 days if anything changes (and is different than) what I wrote on this application. I can visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 to report any changes. I understand that a change in my information could affect my eligibility as well as eligibility for member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, or disability. I can file a complaint of discrimination by visiting [HHS.gov/civil-rights/filing-a-complaint](https://www.hhs.gov/civil-rights/filing-a-complaint).
- I know that information on this form will be used only to determine eligibility for health coverage, help paying for coverage (if requested), and for lawful purposes of the Marketplace and programs that help pay for coverage.

We need this information to check your eligibility for help paying for health coverage if you choose to apply. We'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us confirmation.

What should I do if I think my Eligibility Notice is wrong?

You'll get an Eligibility Notice in the mail after we process your application. If you don't agree with what you qualify for, in many cases, you can ask for an appeal. Review your Eligibility Notice to find appeals instructions specific to each person in your household who applies for coverage, including how many days you have to request an appeal. Here's important information to consider when requesting an appeal:

- You can have someone request or participate in your appeal if you want to. That person can be a friend, relative, lawyer, or other individual. Or, you can request and participate in your appeal on your own.
- If you request an appeal, you may be able to keep your eligibility for coverage while your appeal is pending.
- The outcome of an appeal could change the eligibility of other members of your household.

To appeal your Marketplace eligibility results, visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals). Or, call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325. You can also mail an appeal request form or your own letter requesting an appeal to Health Insurance Marketplace, Dept. of Health and Human Services, Attn: Appeals, 465 Industrial Blvd., London, KY 40750-0001. You can appeal eligibility for purchasing health coverage through the Marketplace, enrollment periods, tax credits, cost-sharing reductions, Medicaid, and CHIP, if you were denied these. If you qualify for tax credits or cost-sharing reductions, you can appeal the amount we determined you're eligible for. Depending on your state, you may be able to appeal through the Marketplace or you may have to request an appeal with the state Medicaid or CHIP agency.

PERSON 1 should sign this application. If you're an authorized representative, you may sign here as long as PERSON 1 signed Appendix C.

Signature

Date signed (mm/dd/yyyy)

--	--

If you're signing this application outside of Open Enrollment (November 1–January 15), make sure you review Appendix D ("Questions about life changes").

Step 6: Mail completed application



Mail your signed application to:

Health Insurance Marketplace
Dept. of Health and Human Services
465 Industrial Blvd.
London, KY 40750-0001



If you want to register to vote, you can complete a voter registration form at eac.gov.

Get help in a language other than English

If you, or someone you're helping, has questions about the Health Insurance Marketplace®, you have the right to get help and information in your language at no cost to you. To talk to an interpreter, call **1-800-318-2596**.

Here's a listing of some of the available languages and the same message provided above in those languages:

Español (Spanish)

Usted tiene el derecho a recibir ayuda e información en su idioma sin costo alguno. Para comunicarse con un intérprete en español relacionado con el Mercado de seguros médicos, llame al 1-800-318-2596.

中文 (Chinese)

你有權利免費用您的語言獲得幫助和資訊。要用中文與傳譯員探討健康保險市場，請致電 1-800-318-2596。

tiếng Việt (Vietnamese)

Quý vị có quyền nhận sự giúp đỡ và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên bằng tiếng Việt về Thị Trường Bảo Hiểm Sức Khỏe, xin gọi số 1-800-318-2596.

한국어 (Korean)

귀하는 귀하의 언어로 도움과 정보를 무료로 받을 수 있는 권리가 있습니다. 한국어로 건강 보험 시장(Health Insurance Marketplace)에 대하여 통역사에게 이야기하려면, 1-800-318-2596 번으로 전화하십시오.

العربية (Arabic)

لك الحق في الحصول على المساعدة والمعلومات في اللغة الخاصة بك مجاناً. وللتحدث مع مترجم في اللغة العربية حول سوق التأمين الصحي، يرجى الاتصال على 1-800-318-2596.

Kreyòl (French Creole)

Ou gen tout dwa pou resevwa èd ak enfòmasyon nan lang ou pou gratis. Pou pale avèk yon entèpretè an Kreyòl konsènan Mache Asirans Medikal (Health Insurance Marketplace), rele 1-800-318-2596.

Tagalog (Tagalog)

Mayroon kang karapatan makakuha ng tulong at impormasyon sa iyong wika na walang gastos. Upang makipag-usap sa isang tagapagsalin sa Tagalog tungkol sa Health Insurance Marketplace, tumawag sa 1-800-318-2596.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1191. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



NEED HELP WITH YOUR APPLICATION? Visit HealthCare.gov, or call us at **1-800-318-2596**. Para obtener una copia de este formulario en Español, llame **1-800-318-2596**. If you need help in a language other than English, call **1-800-318-2596** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users can call **1-855-889-4325**.

Polski (Polish)

Każdy ma prawo uzyskać bezpłatnie pomoc i informacje we własnym języku. Aby porozmawiać z tłumaczem po polsku na temat Rynku Ubezpieczeń Zdrowotnych (Health, Insurance Marketplace), należy zadzwonić pod numer 1-800-318-2596.

Русский (Russian)

Вы имеете право бесплатно получить помощь и информацию на родном языке. Чтобы поговорить с переводчиком на русском о платформе Health Insurance Marketplace (рынок медицинского страхования), позвоните по телефону 1-800-318-2596.

Français (French)

Vous avez le droit d'obtenir de l'aide et des renseignements dans votre langue sans aucun coût. Pour consulter un interprète en français quant au Marché d'assurance santé, composez le 1-800-318-2596.

Deutsch (German)

Sie haben das Recht, Hilfe und Informationen kostenlos in Ihrer eigenen Sprache in Anspruch zu nehmen. Um mit einem Dolmetscher für die deutsche Sprache über den „Health Insurance Marketplace“ zu sprechen, rufen Sie bitte diese Nummer an: 1-800-318-2596.

ગુજરાતી (Gujarati)

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો 1-800-318-2596

Português (Portuguese)

Você tem o direito de obter ajuda e informação em seu idioma e sem nenhum custo adicional. Para falar com um intérprete de [Português] sobre o Mercado de Seguros de Saúde, ligue para 1-800-318-2596.

Italiano (Italian)

Se voi, o una persona che state aiutando volete chiarimenti mercato delle assicurazioni mediche (Health Insurance Marketplace), avete il diritto di ottenere assistenza e informazioni nella vostra lingua a titolo gratuito. Per parlare con un interprete potete chiamare il numero 1-800-318-2596

日本語 (Japanese)

ご自身か、もしくはサポートされている誰かがHealth Insurance Marketplaceに問い合わせたい場合は、日本語サポートと情報提供を無料で得る資格を有しています。1-800-318-2596までご連絡いただき、通訳とお話してください。



Appendix A: Health Coverage from Jobs



Form Approved
OMB No. 0938-1191
Expires: 09/30/2027

You **DON'T** need to answer these questions unless someone in the household is eligible for health coverage from a job, even if they don't accept the coverage. You also don't need to answer these questions if the only coverage someone is offered is COBRA. Attach a copy of this page for each job that offers coverage.

Tell us about the job that offers coverage.

Make a copy of this page and take it to the employer who offers coverage to help you answer these questions.

Employee information

1. Employee name (First, Middle, Last)	2. Employee Social Security Number (SSN)
	- -

Employer information

3. Employer/company name	
4. Employer Identification Number (EIN)	5. Employer phone number
-	() -

Now, enter the information of the person or department who manages employee benefits. We may contact this person if we need more information:

6. Person or department we can contact about employee health coverage		
7. Employer address (the Marketplace may send notices to this address)		
8. City	9. State	10. ZIP code
11. Phone number (if different from above)	12. Email address	
() -		

13. Is the employee offered health coverage by this employer? Only select "yes" if they'll have an offer of coverage as of the beginning of next month, or as of January 1 if applying during Open Enrollment (November 1-January 15).

☐ YES (Continue) ☐ NO (EMPLOYER: STOP and return this form to the employee.
EMPLOYEE: Return to your application for Marketplace coverage.)

Does the employer offer a health plan that covers this employee's spouse or dependent(s)?

☐ YES. If yes, which people? ☐ Spouse ☐ Dependent(s) ☐ NO (Go to question 14.)

List the names of anyone else in the employee's household who's eligible for coverage from this job.

Name

Name

Name

continued on the next page



Tell us about the health coverage offered by this employer.

14. Do the plans offered by the employer meet the minimum value standard*?

☐ **YES** (Go to question 15.) ☐ **NO** (STOP and return this form to employee.)

15. How much would the employee have to pay for the lowest cost plan offered **to the employee only** that meets the minimum value standard*? Don't include family plans.

a. Employee would pay this premium: \$

Note: Enter the lowest amount the employee could pay for health coverage.

b. Employee would pay this amount: ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Once a month ☐ Quarterly ☐ Yearly

16. **If other household members are listed for question 13:** How much would the employee pay for the lowest-cost plan that covers the employee and the household members listed in question 13? If the employer offers wellness programs, enter the premium that the employee would pay if the employee got the maximum discount for any tobacco cessation programs and didn't get any other discounts based on wellness programs.

a. Employee would pay this premium: \$

b. Employee would pay this amount: ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Once a month ☐ Quarterly ☐ Yearly

*A health plan meets the minimum value standard if pays at least 60% of the total cost of medical services for a standard population and offers substantial coverage of hospital and doctor services. Most job-based plans meet the minimum value standard.

Appendix B: American Indian or Alaska Native (AI/AN) Household Member(s)



Form Approved
OMB No. 0938-1191
Expires: 09/30/2027

Complete this appendix if you or a household member are American Indian or Alaska Native and are applying for coverage. Submit this with your "Application for Health Coverage & Help Paying Costs."

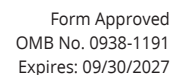
Tell us about your American Indian or Alaska Native household member(s).

American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They also may not have to pay cost sharing and may get special monthly enrollment periods. Answer the questions below to make sure your household gets the most help possible.

Note: If you have more people to include, make a copy of this page and attach.

AI/AN PERSON 1:	1. Name (First name, Middle name, Last name)		
	2. Member of a federally recognized tribe? ☐ Yes ☐ No		
	If yes, Tribe name:		State tribe is located in:
AI/AN PERSON 1:	3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? ☐ Yes ☐ No		
	If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs? ☐ Yes ☐ No		
	4. Certain money received may not be counted for Medicaid or the Children's Health Insurance Program (CHIP). List any income (amount and how often) reported on your application that includes money from these sources:		
	- Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties - Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations) - Money from selling things that have cultural significance		
	Income type:		How often?
	☐ Self-employment ☐ Rental or royalty ☐ Farming or fishing ☐ Other: _____	\$ _____	_____

AI/AN PERSON 2:	1. Name (First name, Middle name, Last name)		
	2. Member of a federally recognized tribe? ☐ Yes ☐ No		
	If yes, Tribe name:		State tribe is located in:
AI/AN PERSON 2:	3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? ☐ Yes ☐ No		
	If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs? ☐ Yes ☐ No		
	4. Certain money received may not be counted for Medicaid or the Children's Health Insurance Program (CHIP). List any income (amount and how often) reported on your application that includes money from these sources:		
	- Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties - Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations) - Money from selling things that have cultural significance		
	Income type:		How often?
	☐ Self-employment ☐ Rental or royalty ☐ Farming or fishing ☐ Other: _____	\$ _____	_____



For certified application counselors, navigators, agents, and brokers only

Complete this section if you're a certified application counselor, navigator, agent, or broker filling out this application for somebody else.

You can choose an authorized representative.

You can give a trusted person permission to talk about this application with us, access your information, and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an "authorized representative." If you ever need to change or remove your authorized representative, contact the Marketplace. If you're a legally appointed representative for someone on this application, submit proof with the application.

By signing, you allow this person to sign your application, get official information about this application, and act for you on all future matters related to this application.



Appendix D: Questions about life changes



Form Approved
OMB No. 0938-1191
Expires: 09/30/2027

(You must complete the rest of this application along with this page. Don't submit this page by itself.)

If anyone on this application experienced certain life changes—like losing health coverage, getting married, or having a baby—in the past 60 days (OR expects to in the next 60 days), fill out this page and include it with your completed, signed application. Certain life changes allow your coverage through the Marketplace to start right away. We also recommend you answer these questions if you're applying outside Open Enrollment (November 1–January 15).

These questions are optional. If your life circumstances haven't changed, you can leave the answers blank. You can enroll in Medicaid and the Children's Health Insurance Program (CHIP) any time of the year, even if you didn't experience life changes. Members of federally recognized tribes and Alaska Native shareholders can enroll in coverage through the Marketplace any time of the year.

Tell us about changes in your household.

1. Did anyone lose qualifying health coverage in the last 60 days, or expect to lose qualifying health coverage in the next 60 days?

Name(s)	Date coverage ended or will end (mm/dd/yyyy)
	/ /

2. Did anyone get married in the last 60 days?

Name(s)	Date (mm/dd/yyyy)
	/ /

a. Did any of these people have qualifying health coverage at any time in the last 60 days? ☐ Yes ☐ No

If yes, enter their name(s) below:

Name(s)

3. Did anyone get released from incarceration (detention or jail) in the last 60 days?

Name(s)	Date (mm/dd/yyyy)
	/ /

4. Did anyone gain eligible immigration status in the last 60 days?

Name(s)	Date (mm/dd/yyyy)
	/ /

5. Was anyone adopted, placed for adoption, or placed for foster care in the last 60 days?

Name(s)	Date (mm/dd/yyyy)
	/ /

6. Did anyone become a dependent due to a child support or other court order in the last 60 days?

Name(s)	Date (mm/dd/yyyy)
	/ /

7. Did anyone move in the last 60 days?

Name(s)	Date of move (mm/dd/yyyy)
	/ /

a. What is the ZIP code of your previous address? ☐ Fill in here if you moved from a foreign country or U.S. territory

b. Did any of these people have qualifying health coverage at any time in the last 60 days? ☐ Yes ☐ No

If yes, enter their name(s) below:

Name(s)



NEED HELP WITH YOUR APPLICATION? Visit [HealthCare.gov](https://www.healthcare.gov), or call us at 1-800-318-2596. Para obtener una copia de este formulario en Español, llame 1-800-318-2596. If you need help in a language other than English, call 1-800-318-2596 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users can call 1-855-889-4325.

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsil.com/bb/ind/bb_sosd79bfilip_il_2025.pdf or by calling 1-800-892-2803. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Individual: Participating \$3,850; Non-Participating \$15,000 Family: Participating \$7,700; Non-Participating \$45,000	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. In-Network Preventive Health Care Services and certain services with a <u>copayment</u> are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Individual: Participating \$9,200; Non-Participating Unlimited Family: Participating \$18,400; Non-Participating Unlimited	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance billing</u> charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsil.com/myblueplus or call 1-800-892-2803 for a list of Participating Providers.	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (<u>balance billing</u>). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the specialist.

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30/visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Virtual Visits: \$30/visit. See your benefit booklet* for details.
	<u>Specialist</u> visit	\$45/visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	<u>Referral</u> required.
	<u>Preventive</u> care/ <u>screening</u> /immunization	No Charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Referral</u> may be required. <u>Preauthorization</u> may also be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Referral</u> required. <u>Preauthorization</u> may also be required; see your benefit booklet* for details.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association
SBC IL POS IND-2025

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com/bb/ind/bb_sosd79bfilip_il_2025.pdf

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.bcbsil.com/rx25h/6T	Generic drugs (Preferred)	No Charge after <u>deductible</u>	No Charge after <u>deductible</u>	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. <u>Specialty drugs</u> are limited to a 30-day supply except for certain FDA-designated dosing regimens. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. Any differences between the cost of the generic drug and the cost of the brand name drug will apply to the <u>deductible</u> or out-of-pocket maximum. The applicable cost sharing (by tier) and the cost difference between the generic and brand will never exceed the overall cost of the drug. All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable <u>copayment/coinsurance</u> . The amount you may pay per 30-day supply of a covered insulin drug, regardless of quantity or type, shall not exceed \$100, when obtained from a Participating Pharmacy.
	Generic drugs (Non-Preferred)	10% <u>coinsurance</u>	10% <u>coinsurance</u>	
	Brand drugs (Preferred)	20% <u>coinsurance</u>	20% <u>coinsurance</u>	
	Brand drugs (Non-Preferred)	30% <u>coinsurance</u>	30% <u>coinsurance</u>	
	<u>Specialty drugs</u> (Preferred)	40% <u>coinsurance</u>	40% <u>coinsurance</u>	
	<u>Specialty drugs</u> (Non-Preferred)	50% <u>coinsurance</u>	50% <u>coinsurance</u>	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	40% <u>coinsurance</u>	\$2,000/visit plus 50% <u>coinsurance</u>	<u>Referral</u> required. <u>Preauthorization</u> may also be required; see your benefit booklet* for details.
	Physician/surgeon fees	40% <u>coinsurance</u>	50% <u>coinsurance</u>	
	<u>Emergency room care</u>	40% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need immediate medical attention	<u>Emergency medical transportation</u>	40% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> may be required for non-emergency transportation; see your benefit booklet* for details.
	<u>Urgent care</u>	\$45/visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	None

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association
SBC IL POS IND-2025

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com/bb/ind/bb_sosd79bfillp_il_2025.pdf

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	40% <u>coinsurance</u>	\$2,000/visit plus 50% <u>coinsurance</u>	Referral required. <u>Preauthorization</u> may also be required, see your benefit booklet* for details.
	Physician/surgeon fees	40% <u>coinsurance</u>	50% <u>coinsurance</u>	Referral required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30/office visit; <u>deductible</u> does not apply 40% <u>coinsurance</u> for other outpatient services	50% <u>coinsurance</u>	Referral may be required. Telepsychiatry benefits are available; see your benefit booklet* for details.
	Inpatient services	40% <u>coinsurance</u>	\$2,000/visit plus 50% <u>coinsurance</u>	Referral required. <u>Preauthorization</u> may also be required; see your benefit booklet* for details.
If you are pregnant	Office visits	Primary Care: \$30 Specialist: \$45; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Copayment applies to first prenatal visit (per pregnancy). Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	40% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services	40% <u>coinsurance</u>	\$2,000/visit plus 50% <u>coinsurance</u>	
If you need help recovering or have other special health needs	Home health care	40% <u>coinsurance</u>	50% <u>coinsurance</u>	Referral required. <u>Preauthorization</u> may also be required, see your benefit booklet* for details.
	Rehabilitation services	\$30/visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Referral required. <u>Preauthorization</u> may also be required, see your benefit booklet* for details.
	Habilitation services	\$30/visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	
	Skilled nursing care	40% <u>coinsurance</u>	50% <u>coinsurance</u>	Referral required. <u>Preauthorization</u> may also be required, see your benefit booklet* for details.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association
SBC IL POS IND-2025

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com/bb/ind/bb_sosd79bfillip_il_2025.pdf

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If your child needs dental or eye care	<u>Durable medical equipment</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	Referral required. <u>Preauthorization</u> may also be required, see your benefit booklet* for details.
	<u>Hospice services</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	Referral required. <u>Preauthorization</u> may also be required, see your benefit booklet* for details.
	Children's eye exam	No Charge; <u>deductible</u> does not apply	Not Covered	One visit per year. Out-of-Network reimbursement will not exceed the retail cost. See your benefit booklet* (Pediatric Vision Care Benefits) for details.
	Children's glasses	No Charge; <u>deductible</u> does not apply	100% <u>coinsurance</u>	One pair of glasses per year up to age 19. Reimbursement for frames, lenses and lens options purchased Out-of-Network is available (not to exceed the retail cost). See your benefit booklet* (Pediatric Vision Care Benefits) for details.
	Children's dental check-up	Not Covered	Not Covered	None

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association
SBC IL POS IND-2025

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsil.com/bb/ind/bb_sosd79bfilip_il_2025.pdf

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Dental care (Adult)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Abortion care
- Bariatric surgery
- Chiropractic care (Chiropractic and Osteopathic manipulation limited to 25 visits per calendar year)
- Cosmetic surgery (when medically necessary)
- Hearing aids (1 per ear every 24 months)
- Infertility treatment (covered for 4 procedures per benefit period)
- Private-duty nursing (with the exception of inpatient private-duty nursing)
- Routine eye care (Adult)
- Routine foot care (when medically necessary)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-892-2803. You may also contact your state insurance department at 1-877-527-9431. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-800-892-2803 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at 1-877-527-9431 or visit <http://insurance.illinois.gov>.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Not Applicable

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-892-2803.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-892-2803.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-892-2803.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-892-2803.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association
SBC IL POS IND-2025



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$3,850
- **Specialist copayment** \$45
- **Hospital (facility) coinsurance** 40%
- **Other coinsurance** 40%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$3,850
<u>Copayments</u>	\$30
<u>Coinsurance</u>	\$2,400
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$6,340

The plan would be responsible for the other costs of these EXAMPLE covered services.

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$3,850
- **Specialist copayment** \$45
- **Hospital (facility) coinsurance** 40%
- **Other coinsurance** 40%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$1,300
<u>Copayments</u>	\$1,600
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$2,920

The plan would be responsible for the other costs of these EXAMPLE covered services.

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$3,850
- **Specialist copayment** \$45
- **Hospital (facility) coinsurance** 40%
- **Other coinsurance** 40%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$2,100
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,400

The plan would be responsible for the other costs of these EXAMPLE covered services.

SAMPLE PRIVATE HEALTH INSURANCE ENROLLMENT FORM

TO BE COMPLETED BY EMPLOYER	Group#	Subgroup#	Effective Date	Product ID#	Product ID#
Employee Class	Employee Dept.		Approved by	Employee ID#	Employer ID#

1. INFORMATION ABOUT YOURSELF INSTRUCTIONS TO EMPLOYEE:

Please print or type and complete Sections 1 through 5.

Employee Name (Last, First, Initial, Suffix)		Marital Status ☐ Single ☐ Married			
Address		City	State	Zip	County
Phone		Employer		Date Employed	☐ Active ☐ Retiree
Do you or any other family members have health insurance?		☐ Yes If yes, by whom?	Spouse's health insurance Carrier (if other than yours)	Coverage level	Spouse's health Insurance ID#
Eligible for Medicare?		☐ Yes ☐ No	Employee ID#	Spouse ID#	
Employee		☐ A Effective Date	☐ B Effective Date	Spouse	☐ A Effective Date ☐ Effective Date

2. ENROLLMENT/CHANGE

FOR address or Primary Care Physician changes, call our customer service department or visit our website.

A ☐ New Applicant Reason		B ☐ Termination	
☐ Name Change	☐ New Hire	☐ Remove Dependent(s) only (please specify)	
☐ COBRA	☐ Open Enrollment		
☐ Add Dependent	☐ COBRA/State Continuation	Reason:	
☐ Plan Transfer	☐ Qualifying Event (describe)	☐ Termination of Employment ☐ Opting for Other Coverage	
☐ Address Change	☐ Other	☐ Moved from Area ☐ Other	
		☐ Dependent to 30	

* Choose a Primary Care Physician for each applicant in Section 4.

Effective Date of Change

Effective Date of Change

4. INFORMATION ABOUT ALL FAMILY MEMBERS YOU WANT ENROLLED UNDER YOUR PLAN

(if you are applying for an HMO or POS, you must choose a Primary Care Physician for each family member)

1. Name (First, Middle, Last)	☐ Male ☐ Female	Date of Birth ____ / ____ / ____	Relationship to Employee (self)
Primary Care Physician (First, Last)		Social Security#	PCP#
2. Name (First, Middle, Last)	☐ Male ☐ Female	Date of Birth ____ / ____ / ____	Relationship to Employee (spouse)
Primary Care Physician (First, Last)		Social Security#	PCP#
3. Name (First, Middle, Last)	☐ Male ☐ Female	Date of Birth ____ / ____ / ____	Relationship to Employee
Primary Care Physician (First, Last)		Social Security#	PCP#
4. Name (First, Middle, Last)	☐ Male ☐ Female	Date of Birth ____ / ____ / ____	Relationship to Employee
Primary Care Physician (First, Last)		Social Security#	PCP#

5. SIGNATURE

I have read and agree to the authorization of the reverse side of this form

Signature

Date

Glossary

This glossary contains the most important terms used in this publication.

COBRA	Short for the Consolidated Omnibus Budget Reconciliation Act of 1985, it is a type of health insurance coverage for people who have lost their jobs.
Coinsurance	A predetermined percentage of the cost of medical services that must be paid by the policy holder.
Copayment	A small predetermined fee that must be paid by the policy holder for certain medical services.
Deductible	The amount of money that must be paid by the policy holder out-of-pocket before an insurance plan begins paying.
Drug List	A list of prescription drugs covered by a specific health plan. It is also called a formulary.
Excluded Services	Medical services that are not covered by an insurance plan.
Explanation of Benefits	A statement sent to a policy holder by an insurance company detailing how a claim was processed for payment.
Fee-for-Service Plan	Medical services not coordinated through a network of health care providers. Health care providers are paid per services rendered. Insurance companies either pay the provider directly or reimburse the policy holder.
Insurance Card	A card issued by an insurance provider that acts as proof of insurance and contains



	important information such as policy details and identification numbers.
Managed-Care Plan	Medical services coordinated through a network of health care providers. Managed-care plans may require a policy holder to stay within a network for the services to be covered.
Network Provider	A member of a group of doctors, hospitals, pharmacies, and health care facilities under contract with an insurance company to provide services at discounted rates.
Out-of-pocket Maximum	The maximum amount of out-of-pocket costs a policy holder is responsible for paying each year.
Preauthorization	An assurance from a health care provider that a treatment, service, or prescription drug is medically necessary before an insurance provider will agree to cover the cost.
Premium	A monthly fee paid to an insurance company or health-plan provider to keep an insurance policy active. If an insurance plan is issued through work, in many cases an employer will pay a portion of the premium.
Preventive Services	Services to help prevent illness or detect more serious conditions at an early stage.
Primary Care Provider	The health care professional a patient sees first, such as a personal doctor.
Specialist	A doctor who has received advanced training in a specialized area.
TRICARE	Health insurance coverage for active-duty and retired military personnel, members of the National Guard and Reserve, and eligible members of their families.



SOURCES

<https://www.cbo.gov/publication/51130>

<http://kff.org/report-section/ehbs-2016-summary-of-findings/>

https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/reports/51130-Health_Insurance_Premiums_OneCol.pdf

<https://www.healthcare.gov/glossary/>

<https://resources.ehealthinsurance.com/individual-and-family/different-types-health-insurance-plans>

<http://www.webmd.com/health-insurance/types-of-health-insurance-plans#1>

<http://www.bcbsm.com/index/health-insurance-help/faqs/topics/how-health-insurance-works/difference-hmo-ppo-epo.html>

<https://www.nerdwallet.com/blog/health/dental-insurance/>

<http://www.military.com/benefits/veterans-health-care/military-medical-benefits-overview.html>

<https://www.healthpocket.com/health-care-research/infostat/top-10-excluded-services-obamacare>

<https://www.cdc.gov/ncbddd/disabilityandhealth/hcp.html>

<https://www.ehealthinsurance.com/health-plans>

<https://www.cdc.gov/nchs/fastats/health-insurance.htm>

<https://www.medicaid.gov/medicaid/benefits/list-of-benefits/index.html>

<https://www.medicare.gov/sign-up-change-plans/decide-how-to-get-medicare/whats-medicare/what-is-medicare.html>

http://money.cnn.com/retirement/guide/retirementliving_healthcare.moneymag/index3.htm

<http://www.ncsl.org/research/health/health-insurance-premiums.aspx>



Weiss Ratings: What Our Ratings Mean

- | | | |
|----------|-------------------|--|
| A | Excellent. | The company offers excellent financial security. It has maintained a conservative stance in its investment strategies, business operations and underwriting commitments. While the financial position of any company is subject to change, we believe that this company has the resources necessary to deal with severe economic conditions. |
| B | Good. | The company offers good financial security and has the resources to deal with a variety of adverse economic conditions. It comfortably exceeds the minimum levels for all of our rating criteria, and is likely to remain healthy for the near future. However, in the event of a severe recession or major financial crisis, we feel that this assessment should be reviewed to make sure that the firm is still maintaining adequate financial strength. |
| C | Fair. | The company offers fair financial security and is currently stable. But during an economic downturn or other financial pressures, we feel it may encounter difficulties in maintaining its financial stability. |
| D | Weak. | The company currently demonstrates what, in our opinion, we consider to be significant weaknesses which could negatively impact policyholders. In an unfavorable economic environment, these weaknesses could be magnified. |
| E | Very Weak. | The company currently demonstrates what we consider to be significant weaknesses and has also failed some of the basic tests that we use to identify fiscal stability. Therefore, even in a favorable economic environment, it is our opinion that policyholders could incur significant risks. |
| F | Failed. | The company is deemed failed if it is either 1) under supervision of an insurance regulatory authority; 2) in the process of rehabilitation; 3) in the process of liquidation; or 4) voluntarily dissolve after disciplinary or other regulatory action by an insurance regulatory authority. |
-
- | | |
|----------|--|
| + | The plus sign is an indication that the company is in the upper third of the letter grade. |
| - | The minus sign is an indication that the company is in the lower third of the letter grade. |
| U | Unrated. The company is unrated for one or more of the following reasons: (1) total assets are less than \$1 million; (2) premium income for the current year was less than \$100,000; or (3) the company functions almost exclusively as a holding company rather than as an underwriter; or, (4) in our opinion, we do not have enough information to reliably issue a rating. |



Terms and Conditions

This document is prepared strictly for the confidential use of our customer(s). It has been provided to you at your specific request. It is not directed to, or intended for distribution to or use by, any person or entity who is a citizen or resident of or located in any locality, state, country or other jurisdiction where such distribution, publication, availability or use would be contrary to law or regulation or which would subject Weiss Ratings, LLC or its affiliates to any registration or licensing requirement within such jurisdiction.

No part of the analysts' compensation was, is, or will be, directly or indirectly, related to the specific recommendations or views expressed in this research report.

This document is not intended for the direct or indirect solicitation of business. Weiss Ratings, LLC, and its affiliates disclaim any and all liability to any person or entity for any loss or damage caused, in whole or in part, by any error (negligent or otherwise) or other circumstances involved in, resulting from or relating to the procurement, compilation, analysis, interpretation, editing, transcribing, publishing and/or dissemination or transmittal of any information contained herein.

Weiss Ratings, LLC has not taken any steps to ensure that the securities or investment vehicle referred to in this report are suitable for any particular investor. The investment or services contained or referred to in this report may not be suitable for you and it is recommended that you consult an independent investment advisor if you are in doubt about such investments or investment services. Nothing in this report constitutes investment, legal, accounting or tax advice or a representation that any investment or strategy is suitable or appropriate to your individual circumstances or otherwise constitutes a personal recommendation to you.

The ratings and other opinions contained in this document must be construed solely as statements of opinion from Weiss Ratings, LLC, and not statements of fact. Each rating or opinion must be weighed solely as a factor in your choice of an institution and should not be construed as a recommendation to buy, sell or otherwise act with respect to the particular product or company involved.

Past performance should not be taken as an indication or guarantee of future performance, and no representation or warranty, expressed or implied, is made regarding future performance. Information, opinions and estimates contained in this report reflect a judgment at its original date of publication and are subject to change without notice. Weiss Ratings, LLC offers a notification service for rating changes on companies you specify. For more information visit WeissRatings.com or call 1-877-934-7778. The price, value and income from any of the securities or financial instruments mentioned in this report can fall as well as rise.

This document and the information contained herein is copyrighted by Weiss Ratings, LLC. Any copying, displaying, selling, distributing or otherwise delivering of this information or any part of this document to any other person or entity is prohibited without the express written consent of Weiss Ratings, LLC, with the exception of a reviewer or editor who may quote brief passages in connection with a review or a news story.

Weiss Ratings' Mission Statement

Weiss Ratings' mission is to empower consumers, professionals, and institutions with high quality advisory information for selecting or monitoring a financial services company or financial investment. In doing so, Weiss Ratings will adhere to the highest ethical standards by maintaining our independent, unbiased outlook and approach to advising our customers.





<https://greyhouse.weissratings.com>

The Weiss Financial Ratings Series, published by Weiss Ratings and Grey House Publishing, offers libraries, schools, universities and the business community a wide range of investing, banking, insurance, and financial literacy tools. Visit www.greyhouse.com or <https://greyhouse.weissratings.com> for more information about the titles and online tools below.

- Weiss Ratings Financial Literacy Basics
- Weiss Ratings Financial Literacy: Planning For the Future
- Weiss Ratings Financial Literacy: How to Become an Investor
- Weiss Ratings Guide to Banks
- Weiss Ratings Guide to Credit Unions
- Weiss Ratings Guide to Health Insurers
- Weiss Ratings Guide to Property & Casualty Insurers
- Weiss Ratings Guide to Life & Annuity Insurers
- Weiss Ratings Investment Research Guide to Stocks
- Weiss Ratings Investment Research Guide to Bond & Money Market Mutual Funds
- Weiss Ratings Investment Research Guide to Stock Mutual Funds
- Weiss Ratings Investment Research Guide to Exchange-Traded Funds
- Weiss Ratings Consumer Guides
- Weiss Ratings Medicare Supplement Insurance Buyers Guide
- Weiss Financial Ratings Online – <https://greyhouse.weissratings.com>



Box Set: 979-8-89179-278-4



Grey House
Publishing

4919 Route 22, Amenia, NY 12501
518-789-8700 • 800-562-2139 • FAX 845-373-6360
www.greyhouse.com • e-mail: books@greyhouse.com