

Financial Ratings Series

**WeissRatings**  
& Grey House Publishing

# Financial Literacy Basics: Understanding Health Insurance Plans

2019/20



GREY HOUSE PUBLISHING

# Financial Literacy Basics: Understanding Health Insurance Plans







# Financial Literacy Basics: Understanding Health Insurance Plans 2019/20 Edition



GREY HOUSE PUBLISHING





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# Welcome!

Grey House Publishing and Weiss Ratings are proud to announce the third 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 and for those who may need help handling their finances, volumes in this series outline, step-by-step, how to make the most of your money, which pitfalls to avoid, and what to watch out for, and give you the necessary tools to make sure you are fully equipped to manage your finances.

Volumes in this series take the guesswork out of financial planning—how to manage a checking account, how to stick to a budget, how to pay back student loans quickly—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**
- Understanding the **Cost of College, Student Loans** & How to Pay Them Back
- **Buying a Car** & Understanding **Auto Insurance**
- What to Know About **Checking Accounts**

Filled with valuable information alongside helpful worksheets and planners, these volumes are designed to point you in the right direction toward a solid financial future, and give you helpful guidance along the way.



# Financial Literacy Basics:

## Understanding Health Insurance Plans



### Understanding Health Insurance Plans

No one wants to suffer a sickness or an 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 your arm. 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 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 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 2018 figures from the Centers for Disease Control and Prevention, 65.1 percent





of Americans under age 65 had some form of private health insurance.

**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 20 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 20 for more information about Medicare.

In 2010, the US 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 coverage to millions of uninsured Americans, lower health care costs, and improve efficiency in the health-care system. The Act set up health-insurance marketplaces as a way for individuals to compare and shop for coverage. It also required all Americans to have a health-care plan or face a tax penalty. That tax penalty, however, was repealed in 2017 and ceased at the end of 2018.

## 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/>



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 Act is that young people covered under a parent's health care can stay on that plan until their twenty-sixth birthday. This means that if you are under twenty-six, you have the option of staying on your parent's plan even if you find a new job, move out of the house, or get married.

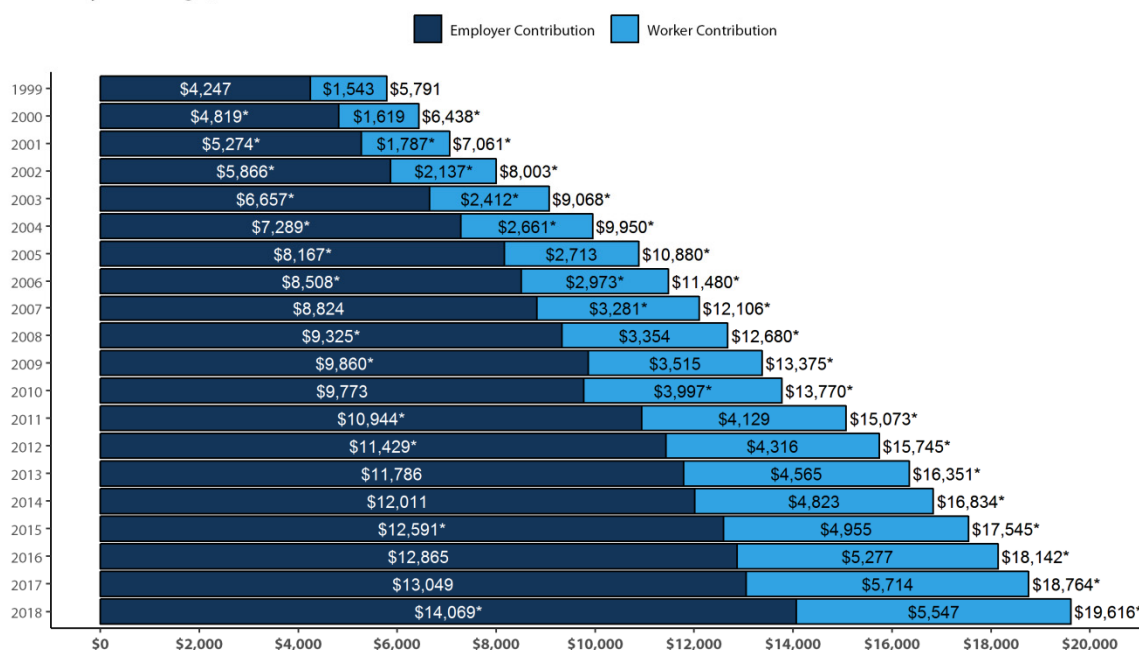


## Health Insurance Policy

When you sign up for health insurance, you enter into an agreement with the insurance carrier to provide specific services and coverage in return for a relatively small 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.

**Figure 6.5**

**Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2018**



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

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

The chart above shows the change in Worker and Employer contributions to family coverage health insurance premiums from 1999 to 2018. During that time premiums increased from \$5,791 to \$19,616, Worker contribution increased from \$1,543 to \$5,547 and Employer contribution increased from \$4,247 to \$14,069.

Source: <http://files.kff.org/attachment/Report-Employer-Health-Benefits-Annual-Survey-2018>



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 on the policy.

### Premium

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

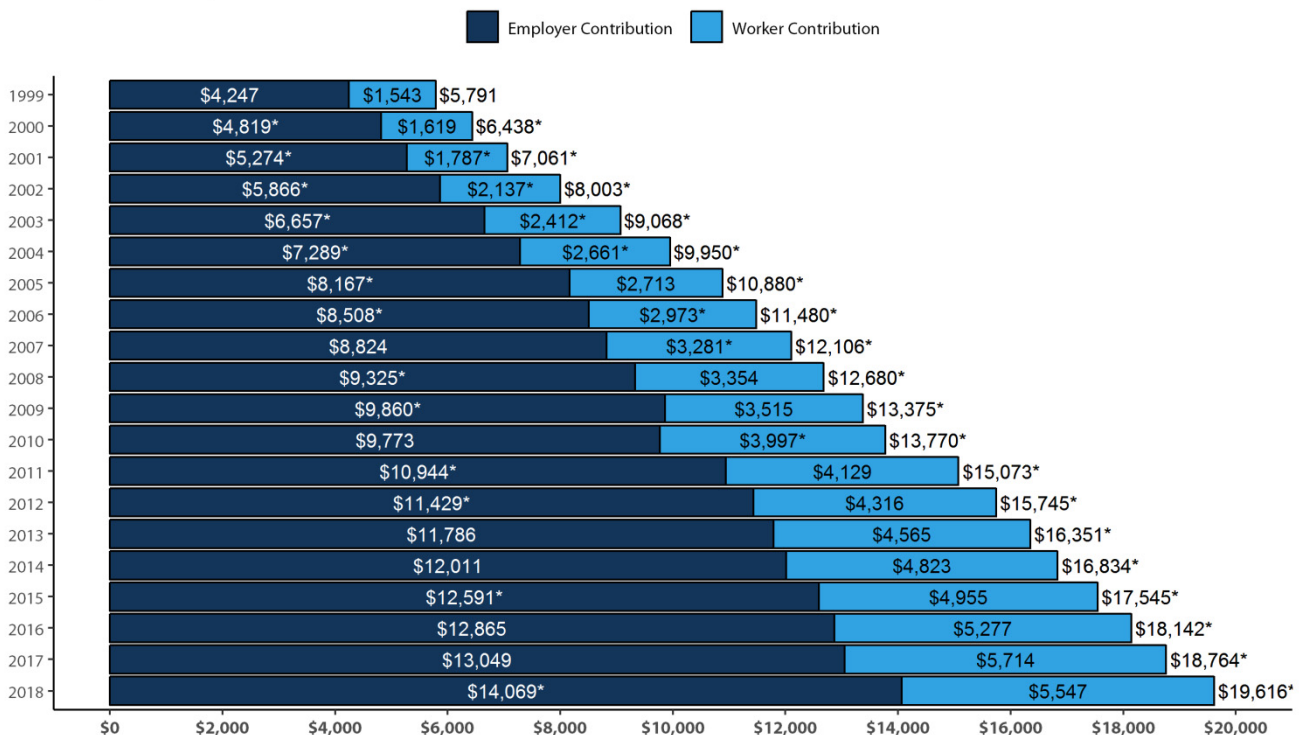
If you have an insurance plan through work, your employer will usually pay a portion of the premium. You would be responsible for the rest, an amount taken directly from your paycheck.

Premium amounts vary by plan, but the 2018 KFF Employer Health Benefits Survey reports that the average premium for an employer-based plan in 2018 was \$6,896 a year to cover a single individual and \$19,616 for family coverage.

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

**Figure 6.5**

**Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2018**



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

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

Source: <http://files.kff.org/attachment/Report-Employer-Health-Benefits-Annual-Survey-2018>





## Sample Private Health Plan (EPO) Benefit Costs

Plan Cost Sharing Highlights	
Annual Deductible	\$600 Person/\$1,200 Family
Annual Out-of-Pocket Maximum	\$4,000 Person/\$8,000 Family
Primary Care Physician Office Visits	\$10 copay*
Specialist Office Visits	\$40 copay*
Preventative & Well Care Services	
Well Child Care & Immunizations	Covered in Full
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	PCP: \$10 copay*/ Spec. \$40 copay*
Diagnostic X-ray	PCP: \$10 copay*/ Spec. \$50 copay*
Advanced Imaging Services	PCP: \$0 copay*/ Spec. \$150 copay*
Rehabilitative Services	\$40 copay*
Allergy Services	\$40 copay*
Chemotherapy	\$40 copay*
Inpatient Services-Hospital	
Medical/Surgical Admissions	\$800 copay*
Surgical Services	\$50 copay*
Inpatient Physical Rehabilitation	\$800 copay*
Outpatient Hospital Services	
Hospital Rehab Services	\$40 copay*
Diagnostic Laboratory Services	\$40 copay*
Diagnostic X-ray	\$50 copay*
Advanced Imaging Services	\$150 copay*
Ambulatory/Outpatient Surgery	\$100 copay*
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*
Urgent Care Centers	\$40 copay*
Ambulance	\$250 copay*
Behavioral Health Services	
Mental Health Inpatient Hospital	\$800 copay*
Mental Health Outpatient	\$10 copay*
Substance Abuse Inpatient Hospital	\$800 copay*
Substance Abuse Outpatient	\$10 copay*
Residential Treatment	\$800 copay*
Psychiatry Office Visits	\$40 copay*
Maternity Services	
Prenatal Care	Covered in Full
Physician Delivery	\$50 copay*
Inpatient Hospital Services	\$800 copay*
Other Services	
Skilled Nursing Facility	\$800 copay*
Home Health Care	\$40 copay*
Hospice	Inpatient: \$800 copay*/Outpatient: \$40 copay*
Durable Medical Equipment	50% coinsurance*
Diabetic Supplies & Equipment	\$10 copay*
Chiropractic Benefit	\$40 copay*
Vision Care	
Adult Vision Care	Not covered
Pediatric Vision Care	\$40 copay*

\*Deductible applies to this benefit



## Sample ACA Benefit Plan Costs

MEDICAL COST SHARES				
Coverage Category	Bronze	Silver	Gold	Platinum
	Covers 60% average annual cost	Covers 70% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Annual Wellness Exam	\$0	\$0	\$0	\$0
Primary Care Visit	\$70*	\$45	\$35	\$20
Specialty Care Visit	\$90*	\$70	\$55	\$40
Urgent Care Visit	\$120*	\$90	\$60	\$40
Emergency Room Facility	Full cost until out-of-pocket maximum is met	\$250 once medical deductible is met	\$250	\$150
Laboratory Tests	\$40	\$35	\$35	\$20
X-Ray and Diagnostics	Full cost until out-of-pocket maximum is met	\$65	\$50	\$40
Deductible	Individual: \$6,000 medical \$500 drug  Family: \$12,000 medical \$1,000 drug	Individual: \$2,250 medical \$250 drug  Family: \$4,500 medical \$500 drug	N/A	N/A
Annual Out-of-Pocket Maximum	\$6,500 individual and \$13,000 family	\$6,250 individual and \$12,500 family	\$6,200 individual and \$12,400 family	\$4,000 individual and \$8,000 family
Benefits shown in blue are not subject to a deductible.				
*Copay is for any combination of the first three visits. After three visits, they will be at full cost until the out-of-pocket maximum is met.				
DRUG COST SHARES—30 DAY SUPPLY				
Generic Drugs (Tier 1)	up to \$500, after deductible is met	\$15 or less	\$15 or less	\$5 or less
Preferred Drugs (Tier 2)	up to \$500, after deductible is met	\$50 after drug deductible	\$50 or less	\$15 or less
Non-preferred Drugs (Tier 3)	up to \$500, after deductible is met	\$70 after drug deductible	\$70 or less	\$25 or less
Specialty Drugs (Tier 4)	up to \$500, after deductible is met	20% up to \$250 after drug deductible	20% up to \$250	10% up to \$250



## 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 \$10,000. In 2018, the average deductible for a work-related health plan was \$1,491<sup>1</sup>.

This means that if you went for X-rays and the cost was \$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 \$991 of the bill. Your plan would cover the remaining \$3,009. Many plans cover simple procedures such as doctor visits or flu shots without you having to pay from your deductible.

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<sup>1</sup> Average Health Care Deductible Nearly \$1,500 for Individual Coverage Through an Employer Plan, September 11, 2018  
[https://www.ifebp.org/aboutus/pressroom/releases/Pages/Average-Health-Care-Deductible-Nearly-\\$1,500-for-Individual-Coverage-Through-an-Employer-Plan.aspx](https://www.ifebp.org/aboutus/pressroom/releases/Pages/Average-Health-Care-Deductible-Nearly-$1,500-for-Individual-Coverage-Through-an-Employer-Plan.aspx)

## 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. In most plans, you will not be responsible for paying coinsurance until after your deductible is met. If you have to spend time in the hospital, for example, you may have to pay 20 percent of the cost while your insurance company covers the remaining 80 percent.

## Network Provider

A network provider is a member of a group of doctors, hospitals, pharmacies, and other health-care facilities who is 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 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, but for health-care marketplace plans covered by the ACA, the 2019 maximum was \$7,900 for an individual and \$15,800 for a family. This means that if you had a serious medical condition, the most you would have to pay per year would be \$7,900; the insurance company would pay all the costs over that amount.

### **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.

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

### **Preauthorization**

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



## Reading your Explanation of Benefits



After you visit your provider, you may receive an Explanation of Benefits (EOB) from your insurer. This is an overview of the total charges for your visit and how much you and your health plan will have to pay. An EOB is NOT A BILL and helps to make sure that only you and your family are using your coverage. You may get a bill separately from the provider.

### Here's an example of an Explanation of Benefits

Your insurance plan's or Medicaid or CHIP agency's **Customer Service Number** may be near the plan's logo or on the back of your EOB.

Customer service: 1-800-123-4567

Insurance plan logo

Statement date: XXXXXXXX  
Document number: XXXXXXXXXXXXXXXXXXXXXXXX  
THIS IS NOT A BILL  
Subscriber number: XXXXXXXXXX ID: XXXXXXXXXX Group: A3CDE Group number: XXXXXXXX  
Patient name: XXXXXXXX  
Date received: XXXXXXXX  
Provider: XXXXXXXX  
Payee: XXXXXXXX  
Claim number: XXXXXXXXXXXXXXXX  
Date paid: XXXXXXXXXXXXXXXX

Claim Detail		What your provider can charge you		Your responsibility		Total Claim Cost					
Line No.	Date of Service	Service Description	Claim Status	Provider Charges	Allowed Charges	Co-pay	Deductible	Co-insurance	Paid by Insurer	What You Owe	Remark Code
1	3/20/14	Medical care	Paid	\$31.60	\$2.15	\$0.00	\$0.00	\$0.00	\$2.15	\$0.00	PDC
2	3/20/14	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	

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



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CMS Product No. 11819  
Revised July 2018

Pay your bills and keep any paperwork. Some providers will not see you if you have unpaid medical bills. You may be able to go online to look up your own health information, such as screening and test results or prescribed medications. This can help you take charge of managing your health.

### APPEALS AND GRIEVANCES

If you have a complaint or are dissatisfied with a denial of coverage for claims under your health plan, you may be able to appeal or file a grievance. For questions about your rights, or assistance, you can contact your insurance plan or state Medicaid or CHIP program. If you think you were charged for tests or services your coverage is supposed to pay for, keep the bill and call the phone number on your insurance card or plan documentation right away. Insurance companies have call and support centers to help plan members.

- 1 Service Description** is a description of the health care services you received, like a medical visit, lab tests, or screenings.
- 2 Provider Charges** is the amount your provider bills for your visit.
- 3 Allowed Charges** is the amount your provider will be reimbursed; this may not be the same as the Provider Charges.
- 4 Paid by Insurer** is the amount your insurance plan will pay to your provider.
- 5 Payee** is the person who will receive any reimbursement for over-paying the claim.
- 6 What You Owe** is the amount the patient or insurance plan member owes after your insurer has paid everything else. You may have already paid a portion of this amount, and payments made directly to your provider may not be subtracted from this amount.
- 7 Remark Code** is a note from the insurance plan that explains more about the costs, charges, and paid amounts for your visit.

Contact your health plan if you have questions about your EOB.

Preauthorization 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, weight-loss surgery, or infertility treatments.

## 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.



## 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 and serves the same basic function.

Any time you receive medical services, you'll need to show your insurance card to the health-care provider. This not only acts as proof 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. They will be discussed later on.
- **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 or Other Document

You probably received a membership package with information about your coverage from either your health plan or your state Medicaid or CHIP program. Read this information because you will need it when you see a provider or if you call your insurance company to ask a question. If you can't read or understand it, call your health plan or state Medicaid or CHIP program and ask them to explain it to you.

You may have received a card or other document as proof of your insurance. Your card may look different from this one, but should have the same type of information. Some health plans don't have cards, but you should have received this information in another way. If you didn't receive a card, contact your health plan to see if you should have.

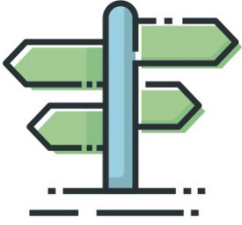
The following information may be included on your insurance card or another document from your health plan or state Medicaid or CHIP program.

- 1 Member name and date of birth.** These are usually printed on your card.
- 2 Member number.** This number is used to identify you so your provider knows how to bill your health plan. If your spouse or children are also on your coverage, your member numbers may look very similar.
- 3 Group number.** This number is used to track the specific benefits of your plan. It's also used to identify you so your provider knows how to bill your insurance.
- 4 Plan type.** Your card might have a label like HMO, PPO, HSA, Open, or another word to describe the type of plan you have. These tell you what type of network your plan has and which providers you can see who are "in-network" for you.
- 5 Copayment.** These are the amounts that you will owe when you get health care.
- 6 Phone numbers.** You can call your health plan if you have questions about finding a provider or what your coverage includes. Phone numbers are sometimes listed on the back of your card.
- 7 Prescription copayment.** These are the amounts that you will owe for each prescription you have filled.

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Revised July 2018





## 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

Just like the name suggests, 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 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 doctors.

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 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, he or she 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 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 PCP and you will need his or her 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 and 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 doctor checkups and immunizations.

A major drawback with the plans is that they offer limited personal choice in choosing 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 within 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.



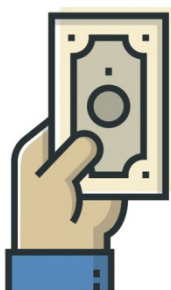
## Common Exclusions

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 and rhinoplasty, more commonly known as a "nose job."
- **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.





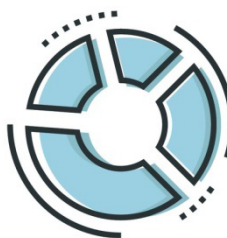
## Fee-for-Service Plans (Indemnity Plans)

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 predetermined 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 process.



## 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 jobs. If your employer offers a group health plan and has more than 20 employees, it must allow you the option to continue to receive that 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 his or her policy must have been fired or laid off, gotten divorced, or died.

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

Your premiums would rise considerably because you would be paying the full price 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.







## 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.

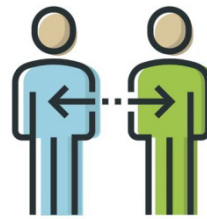
TRICARE covers all seven branches of the United States Uniformed Services: Army, Navy, Air Force, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, and the National Oceanic and Atmospheric Administration.

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

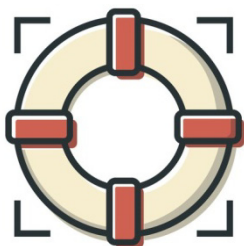
If you served in the active military service and were separated under any condition other than dishonorable, you may qualify for VA health care benefits. Current and former members of the Reserves or National Guard who were called to active duty by a federal order and completed the full period for which they were called or ordered to active duty may be eligible for VA health benefits as well.

Information about VA Healthcare and the application process can be found here:

<https://www.va.gov/HEALTHBENEFITS/index.asp>







## Disability Insurance

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

It does not cover medical care or provide for long-term care. Short-term disability usually covers a person 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.



## Dental and Vision Insurance

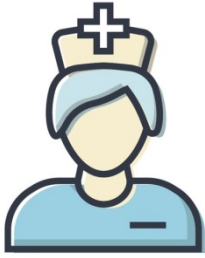
Depending on your health insurance plan, you may be covered for a wide range of services from a basic checkup to fixing a broken leg.

However, two of the most common types of service 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 teeth and eyesight.

These standalone plans can be bought 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 plans offer you discounted dental and 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.





## Medicaid

Medicaid is a health-insurance program for financially struggling families and individuals.

It is run by a cooperative effort between both federal and state governments, which means that each state is allowed to make up its own eligibility guidelines.

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

While coverage varies by state, the federal government requires that all states 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.

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 older than 65, people who are disabled, and people suffering from permanent kidney failure that requires either a transplant or dialysis.

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

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.

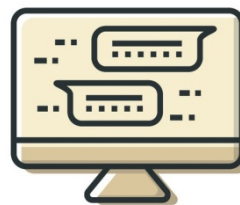


Medicare is broken down into four parts:

- 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 2019 is \$135.50. High-income individuals would 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 health care costs that Medicare does not cover, like copayments, coinsurance and 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.



## Shop Around

The average person will pay a significant amount of money

on healthcare 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 health care, you



may be able to get a better rate if you apply for healthcare 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 of this volume, which will help you compare the costs and benefits of different plans.





# 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.

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>.

<b>Weiss Safety Rating</b>	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.
<b>Name</b>	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.
<b>City &amp; State</b>	The city in which the company's corporate office is located and the state in which the company's corporate office is located.
<b>Licensed In</b>	The states in which an insurer is licensed to conduct business.
<b>Website</b>	The company's web address
<b>Telephone</b>	The telephone number to call for information on purchasing an insurance policy from the company.

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





## A+ Rated Health Insurers

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Insurer: **AMERICAN FAMILY LIFE INS CO**  
Rating: A+  
Headquarters: Madison, WI  
Licensed In: All states except NY, PR  
Website: <https://www.amfam.com>  
Telephone: (608) 249-2111

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

Insurer: **BLUE CROSS OF CALIFORNIA**  
Rating: A+  
Headquarters: Thousand Oaks, CA  
Licensed In: CA  
Website: [www.bluecrossca.com](http://www.bluecrossca.com)  
Telephone: 916-403-0526

Insurer: **CALIFORNIA PHYSICIANS SERVICE**  
Rating: A+  
Headquarters: San Francisco, CA  
Licensed In: CA  
Website: [www.blueshieldca.com](http://www.blueshieldca.com)  
Telephone: 415-229-5195

Insurer: **CARE 1ST HEALTH PLAN INC**  
Rating: A+  
Headquarters: Monterey Park, CA  
Licensed In: CA, TX  
Website: <http://www.care1st.com/ca>  
Telephone: (323) 889-6638

Insurer: **COUNTRY LIFE INS CO**  
Rating: A+  
Headquarters: Bloomington, IL  
Licensed In: All states except CA, DC, HI, NH, NJ, NY, VT, PR  
Website: <https://www.countryfinancial.com>  
Telephone: (309) 821-3000

Insurer: **HMO LOUISIANA INC**  
Rating: A+  
Headquarters: Baton Rouge, LA  
Licensed In: LA  
Website: <http://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](http://www.healthadvantage-hmo.com)  
Telephone: (501) 221-1800

Insurer: **PHYSICIANS MUTUAL INS CO**  
Rating: A+  
Headquarters: Omaha, NE  
Licensed In: All states except PR  
Website: [www.physiciansmutual.com](http://www.physiciansmutual.com)  
Telephone: (402) 633-1000

Insurer: **VOLUNTEER STATE HEALTH PLAN INC**  
Rating: A+  
Headquarters: Chattanooga, TN  
Licensed In: No States  
Website: <http://bluecare.bcbst.com>  
Telephone: (423) 535-5600

## A Rated Health Insurers

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Insurer: **AMALGAMATED LIFE INS CO**  
Rating: A  
Headquarters: White Plains, NY  
Licensed In: All states, the District of Columbia and Puerto Rico  
Website: <http://www.amalgamatedlife.com>  
Telephone: (914) 367-5000

Insurer: **BERKLEY LIFE & HEALTH INS CO**  
Rating: A  
Headquarters: Urbandale, IA  
Licensed In: All states except PR  
Website: <https://www.berkley.com>  
Telephone: (609) 584-6990

Insurer: **EMI HEALTH**  
Rating: A  
Headquarters: Murray, UT  
Licensed In: ID, UT  
Website: <http://www.emihealth.com>  
Telephone: (801) 262-7476

Insurer: **FEDERATED LIFE INS CO**  
Rating: A  
Headquarters: Owatonna, MN  
Licensed In: All states except AK, DC, HI, PR  
Website: <https://www.federatedinsurance.com>  
Telephone: (507) 455-5200



Insurer: **GARDEN STATE LIFE INS CO**  
Rating: A  
Headquarters: Galveston, TX  
Licensed In: All states except PR  
Website: <https://www.americannational.com>  
Telephone: (409) 763-4661

Insurer: **GUARDIAN LIFE INS CO OF AMERICA**  
Rating: A  
Headquarters: New York, NY  
Licensed In: All states except PR  
Website: <https://www.guardianlife.com>  
Telephone: (212) 598-8000

Insurer: **INLAND EMPIRE HEALTH PLAN**  
Rating: A  
Headquarters: Pomona, CA  
Licensed In: CA  
Website: [www.iehpa.org](http://www.iehpa.org)  
Telephone: 909-623-6333

Insurer: **KAISER FOUNDATION HEALTH PLAN INC**  
Rating: A  
Headquarters: Bakersfield, CA  
Licensed In: CA  
Website: [www.kaiserpermanente.org](http://www.kaiserpermanente.org)  
Telephone: 661-664-5016

Insurer: **LIFEWISE ASR CO**  
Rating: A  
Headquarters: Mountlake Terrace, WA  
Licensed In: AK, CA, ID, MD, OR, WA  
Website: <http://www.lifewiseac.com>  
Telephone: (425) 918-4575

Insurer: **MEDICAL MUTUAL OF OHIO**  
Rating: A  
Headquarters: Cleveland, OH  
Licensed In: GA, IN, MI, NC, OH, PA, SC, WV, WI  
Telephone: (216) 687-7000

Insurer: **OPTIMA HEALTH PLAN**  
Rating: A  
Headquarters: Virginia Beach, VA  
Licensed In: VA  
Website: <http://www.optimahealth.com>  
Telephone: (757) 552-7401



Insurer: **PRIORITY HEALTH**  
Rating: A  
Headquarters: Grand Rapids, MI  
Licensed In: MI  
Website: [www.priorityhealth.com](http://www.priorityhealth.com)  
Telephone: (616) 942-0954

Insurer: **SHELTERPOINT LIFE INS CO**  
Rating: A  
Headquarters: Garden City, NY  
Licensed In: CA, CO, CT, DC, DE, FL, IL, MD, MA, MI, MN, NJ, NY, NC, PA, RI, SC, TN  
Website: <https://www.shelterpoint.com>  
Telephone: (516) 829-8100

Insurer: **SOUTHERN FARM BUREAU LIFE INS CO**  
Rating: A  
Headquarters: Jackson, MS  
Licensed In: AL, AR, CO, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA, PR  
Website: [www.sfbli.com](http://www.sfbli.com)  
Telephone: (601) 981-7422

Insurer: **USAA LIFE INS CO**  
Rating: A  
Headquarters: San Antonio, TX  
Licensed In: All states except NY, PR  
Website: <https://www.usaa.com>  
Telephone: (210) 498-1411

Insurer: **USABLE MUTUAL INS CO**  
Rating: A  
Headquarters: Little Rock, AR  
Licensed In: AR, TX  
Telephone: (501) 378-2000

## A- Rated Health Insurers

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Insurer: **AMERICAN FAMILY LIFE ASR CO OF NY**  
Rating: A-  
Headquarters: Albany, NY  
Licensed In: CT, MA, NJ, NY, ND, VT  
Website: <https://www.aflac.com>  
Telephone: (518) 438-0764

Insurer: **AMERICAN HEALTH & LIFE INS CO**  
Rating: A-  
Headquarters: Fort Worth, TX  
Licensed In: All states except NY, PR  
Website: <https://www.onemainsolutions.com>  
Telephone: (800) 307-0048



Insurer: **AMERIGROUP NEW JERSEY INC**  
Rating: A-  
Headquarters: Virginia Beach, VA  
Licensed In: NJ  
Website: <https://www.amerigroup.com>  
Telephone: (757) 490-6900

Insurer: **AMERIGROUP TEXAS INC**  
Rating: A-  
Headquarters: Virginia Beach, VA  
Licensed In: TX  
Website: <https://www.amerigroup.com>  
Telephone: (757) 490-6900

Insurer: **AMERIGROUP WASHINGTON INC**  
Rating: A-  
Headquarters: Virginia Beach, VA  
Licensed In: WA  
Website: <https://www.amerigroup.com>  
Telephone: (757) 490-6900

Insurer: **ANTHEM HEALTH PLANS OF MAINE INC**  
Rating: A-  
Headquarters: South Portland, ME  
Licensed In: ME  
Website: <https://www.anthem.com>  
Telephone: (866) 583-6182

Insurer: **ANTHEM KENTUCKY MANAGED CARE PLAN**  
Rating: A-  
Headquarters: Louisville, KY  
Licensed In: KY  
Website: <https://www.anthem.com>  
Telephone: (800) 331-1476

Insurer: **BLUE CROSS BLUE SHIELD HEALTHCARE GA**  
Rating: A-  
Headquarters: Atlanta, GA  
Licensed In: GA  
Website: <https://www.bcbsga.com>  
Telephone: (404) 842-8000

Insurer: **BLUE CROSS BLUE SHIELD OF MS, MUTUAL**  
Rating: A-  
Headquarters: Flowood, MS  
Licensed In: MS  
Website: [www.bcbsms.com](http://www.bcbsms.com)  
Telephone: (601) 664-4590





Insurer:	<b>CHESAPEAKE LIFE INS CO</b>
Rating:	A-
Headquarters:	North Richland Hills, TX
Licensed In:	All states except NJ, NY, VT, PR
Website:	<a href="http://www.healthmarketsinc.com">http://www.healthmarketsinc.com</a>
Telephone:	(817) 255-3100
Insurer:	<b>CIGNA LIFE INS CO OF NEW YORK</b>
Rating:	A-
Headquarters:	Philadelphia, PA
Licensed In:	AL, DC, MO, NY, PA, TN
Website:	<a href="http://www.cigna.com">http://www.cigna.com</a>
Telephone:	(215) 761-1000
Insurer:	<b>COMPCARE HEALTH SERVICES INS CORP</b>
Rating:	A-
Headquarters:	Waukesha, WI
Licensed In:	WI
Website:	<a href="https://www.anthem.com">https://www.anthem.com</a>
Telephone:	(262) 523-4020
Insurer:	<b>ESSENCE HEALTHCARE INC</b>
Rating:	A-
Headquarters:	Maryland Heights, MO
Licensed In:	IL, MO, TX, WA
Website:	<a href="http://www.essencehealthcare.com">http://www.essencehealthcare.com</a>
Telephone:	(314) 209-2780
Insurer:	<b>FIDELITY SECURITY LIFE INS CO</b>
Rating:	A-
Headquarters:	Kansas City, MO
Licensed In:	All states except PR
Website:	<a href="http://www.fslins.com">http://www.fslins.com</a>
Telephone:	(816) 756-1060
Insurer:	<b>FIRST RELIANCE STANDARD LIFE INS CO</b>
Rating:	A-
Headquarters:	New York, NY
Licensed In:	DC, DE, NY
Website:	<a href="http://www.reliancestandard.com">http://www.reliancestandard.com</a>
Telephone:	(212) 303-8400
Insurer:	<b>GROUP HEALTH PLAN INC</b>
Rating:	A-
Headquarters:	Minneapolis, MN
Licensed In:	MN
Website:	<a href="https://www.healthpartners.com">https://www.healthpartners.com</a>
Telephone:	(952) 883-6000



Insurer: **HEALTHY ALLIANCE LIFE INS CO**  
Rating: A-  
Headquarters: Saint Louis, MO  
Licensed In: KS, MO  
Website: <https://www.anthem.com>  
Telephone: (314) 923-4444

Insurer: **LIFE INS CO OF BOSTON & NEW YORK**  
Rating: A-  
Headquarters: Athol Springs, NY  
Licensed In: NY  
Website: <http://www.lifeofboston.com>  
Telephone: (800) 645-2317

Insurer: **MASSACHUSETTS MUTUAL LIFE INS CO**  
Rating: A-  
Headquarters: Springfield, MA  
Licensed In: All states, the District of Columbia and Puerto Rico  
Website: <https://www.massmutual.com>  
Telephone: (413) 788-8411

Insurer: **NEW YORK LIFE INS CO**  
Rating: A-  
Headquarters: New York, NY  
Licensed In: All states, the District of Columbia and Puerto Rico  
Website: <http://www.newyorklife.com>  
Telephone: (212) 576-7000

Insurer: **NIPPON LIFE INS CO OF AMERICA**  
Rating: A-  
Headquarters: New York, NY  
Licensed In: All states except ME, NH, WY, PR  
Website: <http://www.nipponlifebenefits.com>  
Telephone: (212) 682-3000

Insurer: **ORANGE PREVENTION & TREATMENT INTEGR**  
Rating: A-  
Headquarters: Orange, CA  
Licensed In: CA  
Website: [www.caloptima.org](http://www.caloptima.org)  
Telephone: 714-796-6122

Insurer: **PACIFIC GUARDIAN LIFE INS CO LTD**  
Rating: A-  
Headquarters: Honolulu, HI  
Licensed In: AK, AZ, CA, CO, HI, ID, IA, LA, MO, MT, NE, NV, NM, OK, OR, SD, TX, UT, WA, WY  
Website: <http://www.pacificguardian.com>  
Telephone: (808) 955-2236



Insurer: **PACIFIC LIFE INS CO**  
Rating: A-  
Headquarters: Newport Beach, CA  
Licensed In: All states except NY, PR  
Website: <http://www.pacificlife.com>  
Telephone: (949) 219-3011

Insurer: **PARAMOUNT ADVANTAGE**  
Rating: A-  
Headquarters: Maumee, OH  
Licensed In: OH  
Website: <http://www.paramounthealthcare.com>  
Telephone: (419) 887-2500

Insurer: **PRIORITY HEALTH CHOICE INC**  
Rating: A-  
Headquarters: Grand Rapids, MI  
Licensed In: MI  
Website: <http://www.priorityhealth.com>  
Telephone: (616) 942-0954

Insurer: **STANDARD LIFE & ACCIDENT INS CO**  
Rating: A-  
Headquarters: Galveston, TX  
Licensed In: All states except ME, NH, NJ, NY, PR  
Website: <https://slaico.americannational.com>  
Telephone: (409) 763-4661

Insurer: **STANDARD LIFE INS CO OF NY**  
Rating: A-  
Headquarters: White Plains, NY  
Licensed In: NY  
Website: <https://www.standard.com>  
Telephone: (914) 989-4400

Insurer: **TRANS OCEANIC LIFE INS CO**  
Rating: A-  
Headquarters: San Juan, PR  
Licensed In: FL, PR  
Website: <https://tolic.com>  
Telephone: (787) 620-2680x2319

Insurer: **USABLE LIFE**  
Rating: A-  
Headquarters: Little Rock, AR  
Licensed In: All states except NY, PR  
Website: <https://www.usablelife.com>  
Telephone: (501) 375-7200



## B+ Rated Health Insurers

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Insurer: **ADVANCE INS CO OF KANSAS**  
Rating: B+  
Headquarters: Topeka, KS  
Licensed In: KS  
Website: <http://www.advanceinsurance.com>  
Telephone: (785) 273-9804

Insurer: **AETNA BETTER HEALTH INC (A NJ CORP)**  
Rating: B+  
Headquarters: Princeton, NJ  
Licensed In: NJ  
Website: <https://www.aetnabetterhealth.com/newjersey>  
Telephone: (855) 232-3596

Insurer: **AETNA BETTER HEALTH OF TEXAS INC**  
Rating: B+  
Headquarters: Blue Bell, PA  
Licensed In: TX  
Website: <https://www.aetnabetterhealth.com/texas>  
Telephone: (800) 872-3862

Insurer: **AETNA BETTER HLTH OF KY INS CO**  
Rating: B+  
Headquarters: Louisville, KY  
Licensed In: KY  
Website: <http://www.aetnabetterhealth.com/kentucky>  
Telephone: (800) 627-4702

Insurer: **ALLIANZ LIFE INS CO OF NY**  
Rating: B+  
Headquarters: Minneapolis, MN  
Licensed In: CT, DC, IL, MN, MO, NY, ND  
Website: <https://www.allianzlife.com/new-york?legacy=/new>  
Telephone: (763) 765-2913

Insurer: **AMERICAN FAMILY MUTL INS CO SI**  
Rating: B+  
Headquarters: Madison, WI  
Licensed In: AZ, CO, FL, GA, ID, IL, IN, IA, KS, MN, MO, MT, NE, NV, NM, NC, ND, OH, OR, SC, SD, TN, TX, UT, VA, WA, WI, WY  
Website: [www.amfam.com](http://www.amfam.com)  
Telephone: (608) 249-2111

Insurer: **AMERICAN FIDELITY ASR CO**  
Rating: B+  
Headquarters: Oklahoma City, OK  
Licensed In: All states except NY  
Website: <https://americanfidelity.com>  
Telephone: (405) 523-2000





Insurer: **AMERICAN UNITED LIFE INS CO**  
Rating: B+  
Headquarters: Indianapolis, IN  
Licensed In: All states except PR  
Website: <https://www.oneamerica.com>  
Telephone: (317) 285-1877

Insurer: **AMFIRST INS CO**  
Rating: B+  
Headquarters: Ridgeland, MS  
Licensed In: AL, AZ, AR, FL, GA, LA, MD, MI, MS, NC, OH, OK, PA, SC, TN, TX, VA, WV  
Website: <http://www.amfirstinsco.com>  
Telephone: (601) 956-2028

Insurer: **AMGP GEORGIA MANAGED CARE CO INC**  
Rating: B+  
Headquarters: Atlanta, GA  
Licensed In: GA  
Website: <https://www.amerigroup.com>  
Telephone: (678) 587-4840

Insurer: **ASSURITY LIFE INS CO**  
Rating: B+  
Headquarters: Lincoln, NE  
Licensed In: All states except NY, PR  
Website: [www.assurity.com](http://www.assurity.com)  
Telephone: (402) 476-6500

Insurer: **AXA EQUITABLE LIFE INS CO**  
Rating: B+  
Headquarters: New York, NY  
Licensed In: All states, the District of Columbia and Puerto Rico  
Website: <https://us.axa.com>  
Telephone: (212) 554-1234

Insurer: **BEST LIFE & HEALTH INS CO**  
Rating: B+  
Headquarters: Irvine, CA  
Licensed In: No States  
Website: <http://www.bestlife.com>  
Telephone: (949) 253-4080

Insurer: **BLUE CROSS & BLUE SHIELD MA HMO BLUE**  
Rating: B+  
Headquarters: Boston, MA  
Licensed In: MA  
Website: <https://home.bluecrossma.com>  
Telephone: (617) 246-5000



Insurer: **BLUE CROSS BLUE SHIELD OF ALABAMA**  
Rating: B+  
Headquarters: Birmingham, AL  
Licensed In: AL  
Telephone: (205) 220-2100

Insurer: **BLUE CROSS BLUE SHIELD OF SC INC**  
Rating: B+  
Headquarters: Columbia, SC  
Licensed In: SC  
Website: [www.southcarolinablues.com](http://www.southcarolinablues.com)  
Telephone: (803) 788-3860

Insurer: **BLUECROSS BLUESHIELD OF TENNESSEE**  
Rating: B+  
Headquarters: Chattanooga, TN  
Licensed In: TN  
Website: [www.bcbst.com](http://www.bcbst.com)  
Telephone: (423) 535-5600

Insurer: **BOSTON MUTUAL LIFE INS CO**  
Rating: B+  
Headquarters: Canton, MA  
Licensed In: All states, the District of Columbia and Puerto Rico  
Telephone: (781) 828-7000

Insurer: **CAPITAL DISTRICT PHYSICIANS HEALTH P**  
Rating: B+  
Headquarters: Albany, NY  
Licensed In: CA, NY  
Website: [www.cdphp.com](http://www.cdphp.com)  
Telephone: (518) 641-3000

Insurer: **CHRISTIAN FIDELITY LIFE INS CO**  
Rating: B+  
Headquarters: Phoenix, AZ  
Licensed In: All states except AK, CA, CT, DC, DE, HI, IA, ME, MD, MA, MI, MN, NH, NJ, NY, NC, PA, RI, VT, WI, PR  
Website: <http://www.oxfordlife.com>  
Telephone: (602) 263-6666

Insurer: **COMPANION LIFE INS CO**  
Rating: B+  
Headquarters: Columbia, SC  
Licensed In: All states except CA, CT, HI, NJ, NY, PR  
Website: <http://www.companionlife.com>  
Telephone: (803) 735-1251



Insurer: **DEAN HEALTH PLAN INC**  
Rating: B+  
Headquarters: Madison, WI  
Licensed In: WI  
Website: <http://www.deancare.com>  
Telephone: (608) 836-1400

Insurer: **DEARBORN NATIONAL LIFE INS CO**  
Rating: B+  
Headquarters: Downers Grove, IL  
Licensed In: All states except NY  
Website: <http://www.dearbornnational.com>  
Telephone: (800) 348-4512

Insurer: **DELAWARE AMERICAN LIFE INS CO**  
Rating: B+  
Headquarters: Wilmington, DE  
Licensed In: All states except PR  
Website: <https://www.metlife.com>  
Telephone: (302) 594-2000

Insurer: **EDUCATORS HEALTH PLANS LIFE ACCIDENT**  
Rating: B+  
Headquarters: Murray, UT  
Licensed In: AZ, FL, NV, OH, PA, TX, UT  
Website: <https://www.emihealth.com>  
Telephone: (801) 262-7476

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

Insurer: **EXCELLUS HEALTH PLAN INC**  
Rating: B+  
Headquarters: Rochester, NY  
Licensed In: NY  
Website: [www.excellusbcbs.com](http://www.excellusbcbs.com)  
Telephone: (585) 453-6325

Insurer: **FIRST SYMETRA NATL LIFE INS CO OF NY**  
Rating: B+  
Headquarters: New York, NY  
Licensed In: NY  
Website: <https://www.symetra.com>  
Telephone: (425) 256-8000



Insurer: **FLORIDA HEALTH CARE PLAN INC**  
Rating: B+  
Headquarters: Holly Hill, FL  
Licensed In: FL  
Website: [www.fhcp.com](http://www.fhcp.com)  
Telephone: (386) 676-7100

Insurer: **FREEDOM LIFE INS CO OF AMERICA**  
Rating: B+  
Headquarters: Fort Worth, TX  
Licensed In: All states except AK, CA, CT, DC, HI, ID, ME, MA, MT, NH, NJ, NY, ND, RI, VT, WI, PR  
Website: <http://www.ushealthgroup.com>  
Telephone: (817) 878-3300

Insurer: **GEISINGER HEALTH PLAN**  
Rating: B+  
Headquarters: Danville, PA  
Licensed In: NJ, PA  
Website: [www.thehealthplan.com](http://www.thehealthplan.com)  
Telephone: (570) 271-8777

Insurer: **GERBER LIFE INS CO**  
Rating: B+  
Headquarters: White Plains, NY  
Licensed In: All states, the District of Columbia and Puerto Rico  
Website: <http://www.gerberlife.com>  
Telephone: (914) 272-4000

Insurer: **HANNOVER LIFE REASSURANCE CO OF AMER**  
Rating: B+  
Headquarters: Orlando, FL  
Licensed In: All states, the District of Columbia and Puerto Rico  
Website: [www.hannover-re.com/209448/welcome#/overlay/1315](http://www.hannover-re.com/209448/welcome#/overlay/1315)  
Telephone: (407) 649-8411

Insurer: **HEALTH OPTIONS INC**  
Rating: B+  
Headquarters: Jacksonville, FL  
Licensed In: FL  
Website: <https://www.floridablue.com>  
Telephone: (904) 791-6111

Insurer: **HEALTH PLAN OF NEVADA INC**  
Rating: B+  
Headquarters: Las Vegas, NV  
Licensed In: NV  
Website: <https://www.myhpnonline.com>  
Telephone: (702) 242-7732





Insurer: **HEALTHPARTNERS**  
Rating: B+  
Headquarters: Bloomington, MN  
Licensed In: MN  
Website: <https://www.healthpartners.com>  
Telephone: (952) 883-6000

Insurer: **HEALTHPARTNERS INS CO**  
Rating: B+  
Headquarters: Minneapolis, MN  
Licensed In: IA, MN, NE, ND, WI  
Website: <https://www.healthpartners.com>  
Telephone: (952) 883-6000

Insurer: **HUMANA BENEFIT PLAN OF ILLINOIS**  
Rating: B+  
Headquarters: Louisville, KY  
Licensed In: All states except CA, FL, NY, UT, PR  
Website: <https://www.humana.com>  
Telephone: (502) 580-1000

Insurer: **HUMANA INS CO OF KENTUCKY**  
Rating: B+  
Headquarters: Louisville, KY  
Licensed In: CA, CO, KY, TX  
Website: <https://www.humana.com>  
Telephone: (502) 580-1000

Insurer: **ILLINOIS MUTUAL LIFE INS CO**  
Rating: B+  
Headquarters: Peoria, IL  
Licensed In: All states except AK, DC, HI, NY, PR  
Website: [www.illinoismutual.com](http://www.illinoismutual.com)  
Telephone: (309) 674-8255

Insurer: **K S PLAN ADMINISTRATORS LLC**  
Rating: B+  
Headquarters: Houston, TX  
Licensed In: TX  
Website: <http://www.kelseycareadvantage.com>  
Telephone: (713) 442-0757

Insurer: **KAISER FNDTN HLTH PLAN OF WA**  
Rating: B+  
Headquarters: Renton, WA  
Licensed In: WA  
Website: <https://wa.kaiserpermanente.org>  
Telephone: (206) 448-5600



Insurer: **M LIFE INS CO**  
Rating: B+  
Headquarters: Portland, OR  
Licensed In: AZ, CO, DE, MI, NE, NJ, OH  
Website: <http://www.mfin.com>  
Telephone: (503) 414-7336

Insurer: **MCLAREN HEALTH PLAN INC**  
Rating: B+  
Headquarters: Flint, MI  
Licensed In: MI  
Website: <http://www.mclarenhealthplan.org>  
Telephone: (810) 733-9723

Insurer: **MINNESOTA LIFE INS CO**  
Rating: B+  
Headquarters: Saint Paul, MN  
Licensed In: All states except NY  
Website: <https://www.securian.com>  
Telephone: (651) 665-3500

Insurer: **MUTUAL OF AMERICA LIFE INS CO**  
Rating: B+  
Headquarters: New York, NY  
Licensed In: All states except PR  
Website: <http://www.mutualofamerica.com>  
Telephone: (212) 224-1600

Insurer: **NATIONAL CASUALTY CO**  
Rating: B+  
Headquarters: Columbus, OH  
Licensed In: All states except PR  
Website: <https://nationwideexcessandsurplus.com>  
Telephone: (480) 365-4000

Insurer: **NATIONAL FOUNDATION LIFE INS CO**  
Rating: B+  
Headquarters: Fort Worth, TX  
Licensed In: All states except CT, FL, HI, IL, MD, MA, MI, MN, NH, NJ, NY, RI, VT, WV, WI, PR  
Telephone: (817) 878-3300

Insurer: **NATIONAL INCOME LIFE INS CO**  
Rating: B+  
Headquarters: Syracuse, NY  
Licensed In: NY  
Website: <http://www.nilife.com>  
Telephone: (315) 451-8180



Insurer: **NORTH AMERICAN INS CO**  
Rating: B+  
Headquarters: Phoenix, AZ  
Licensed In: AL, CO, DC, IL, IN, KS, LA, MD, MI, MN, MO, NM, ND, OH, OK, OR, PA, SC, TX, WI  
Website: <http://www.oxfordlife.com>  
Telephone: (877) 667-9368

Insurer: **NORTHWESTERN MUTUAL LIFE INS CO**  
Rating: B+  
Headquarters: Milwaukee, WI  
Licensed In: All states except PR  
Website: <https://www.northwesternmutual.com>  
Telephone: (414) 271-1444

Insurer: **OHIO NATIONAL LIFE ASR CORP**  
Rating: B+  
Headquarters: Cincinnati, OH  
Licensed In: All states except NY  
Website: <https://www.ohionational.com>  
Telephone: (513) 794-6100

Insurer: **OXFORD LIFE INS CO**  
Rating: B+  
Headquarters: Phoenix, AZ  
Licensed In: All states except NY, VT, PR  
Website: <http://www.oxfordlife.com>  
Telephone: (602) 263-6666

Insurer: **PARAMOUNT INS CO (OH)**  
Rating: B+  
Headquarters: Maumee, OH  
Licensed In: MI, OH  
Website: <http://www.paramounthealthcare.com>  
Telephone: (419) 887-2500

Insurer: **PRINCIPAL LIFE INS CO**  
Rating: B+  
Headquarters: Des Moines, IA  
Licensed In: All states, the District of Columbia and Puerto Rico  
Website: <https://www.principal.com>  
Telephone: (515) 247-5111

Insurer: **PROVIDENCE HEALTH ASR**  
Rating: B+  
Headquarters: Beaverton, OR  
Licensed In: OR, WA  
Website: <https://healthplans.providence.org>  
Telephone: (503) 574-7500



Insurer: **REGENCE BL CROSS BL SHIELD OREGON**  
Rating: B+  
Headquarters: Portland, OR  
Licensed In: OR, WA  
Website: <https://www.regence.com>  
Telephone: (503) 225-5221

Insurer: **SAN MATEO HEALTH COMMISSION**  
Rating: B+  
Headquarters: French Camp, CA  
Licensed In: CA  
Website: [www.hpsm.org](http://www.hpsm.org)  
Telephone: 209-461-2211

Insurer: **SECURITY HEALTH PLAN OF WI INC**  
Rating: B+  
Headquarters: Marshfield, WI  
Licensed In: WI  
Website: <https://www.securityhealth.org>  
Telephone: (715) 221-9555

Insurer: **SENTRY INS A MUTUAL CO**  
Rating: B+  
Headquarters: Stevens Point, WI  
Licensed In: All states, the District of Columbia and Puerto Rico  
Website: [www.sentry.com](http://www.sentry.com)  
Telephone: (715) 346-6000

Insurer: **STANDARD INS CO**  
Rating: B+  
Headquarters: Portland, OR  
Licensed In: All states except NY  
Website: <https://www.standard.com>  
Telephone: (971) 321-7000

Insurer: **STANDARD SECURITY LIFE INS CO OF NY**  
Rating: B+  
Headquarters: New York, NY  
Licensed In: All states, the District of Columbia and Puerto Rico  
Website: <https://www.sslicny.com>  
Telephone: (212) 355-4141

Insurer: **STATE FARM MUTUAL AUTOMOBILE INS CO**  
Rating: B+  
Headquarters: Bloomington, IL  
Licensed In: All states except PR  
Website: <https://www.statefarm.com>  
Telephone: (309) 766-2311





Insurer: **TENNESSEE FARMERS LIFE INS CO**  
Rating: B+  
Headquarters: Columbia, TN  
Licensed In: TN  
Website: <https://www.fbitn.com>  
Telephone: (931) 388-7872

Insurer: **TOTAL HEALTH CARE USA INC**  
Rating: B+  
Headquarters: Detroit, MI  
Licensed In: MI  
Website: <https://thcml.com>  
Telephone: (313) 871-2000

Insurer: **TRUSTMARK INS CO**  
Rating: B+  
Headquarters: Lake Forest, IL  
Licensed In: All states, the District of Columbia and Puerto Rico  
Website: <http://www.trustmarkcompanies.com>  
Telephone: (847) 615-1500

Insurer: **TRUSTMARK LIFE INS CO**  
Rating: B+  
Headquarters: Lake Forest, IL  
Licensed In: All states except PR  
Website: <http://www.trustmarkcompanies.com>  
Telephone: (847) 615-1500

Insurer: **UNICARE HEALTH PLAN OF WEST VIRGINIA**  
Rating: B+  
Headquarters: Thousand Oaks, CA  
Licensed In: WV  
Website: <https://www.unicare.com>  
Telephone: (877) 864-2273

Insurer: **UNITED HEALTHCARE INS CO OF IL**  
Rating: B+  
Headquarters: Chicago, IL  
Licensed In: IL  
Website: <http://www.unitedhealthgroup.com>  
Telephone: (312) 424-4460

Insurer: **UNITED HEALTHCARE OF NY INC**  
Rating: B+  
Headquarters: Shelton, CT  
Licensed In: NY  
Website: <http://www.uhc.com>  
Telephone: (203) 447-4439



Insurer: **UNITED HEALTHCARE OF WISCONSIN INC**  
Rating: B+  
Headquarters: Wauwatosa, WI  
Licensed In: AZ, IL, IA, KY, NC, OH, TN, VA, WI  
Website: <http://www.uhc.com>  
Telephone: (414) 443-4000

Insurer: **UNITED WORLD LIFE INS CO**  
Rating: B+  
Headquarters: Omaha, NE  
Licensed In: All states except CT, NY, PR  
Website: <http://www.mutualofomaha.com>  
Telephone: (402) 342-7600

Insurer: **UNITEDHEALTHCARE OF OREGON**  
Rating: B+  
Headquarters: Minnetonka, MN  
Licensed In: OR, WA  
Website: <https://www.myuhc.com>  
Telephone: (952) 936-1300

Insurer: **UNIVERSAL LIFE INS CO**  
Rating: B+  
Headquarters: San Juan, PR  
Licensed In: PR  
Website: <http://www.universalpr.com>  
Telephone: (787) 706-7337

Insurer: **UPMC FOR YOU INC**  
Rating: B+  
Headquarters: Pittsburgh, PA  
Licensed In: PA  
Website: <https://www.upmchealthplan.com>  
Telephone: (412) 434-1200

Insurer: **UPMC HEALTH PLAN INC**  
Rating: B+  
Headquarters: Pittsburgh, PA  
Licensed In: OH, PA, WV  
Website: <https://www.upmchealthplan.com>  
Telephone: (412) 434-1200

Insurer: **UPPER PENINSULA HEALTH PLAN INC**  
Rating: B+  
Headquarters: Marquette, MI  
Licensed In: MI  
Telephone: (906) 225-7500



Insurer: **UTIC INS CO**  
Rating: B+  
Headquarters: Birmingham, AL  
Licensed In: AL, TN  
Website: <https://www.bluerxalatenn.com>  
Telephone: (205) 220-2100

Insurer: **VIRGINIA PREMIER HEALTH PLAN INC**  
Rating: B+  
Headquarters: Richmond, VA  
Licensed In: VA  
Website: [www.vapremier.com](http://www.vapremier.com)  
Telephone: (804) 819-5151X5212

Insurer: **WELLMARK OF SOUTH DAKOTA INC**  
Rating: B+  
Headquarters: Sioux Falls, SD  
Licensed In: SD  
Website: <https://www.wellmark.com>  
Telephone: (605) 373-7200



## 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.

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>.

<b>Weiss Safety Rating</b>	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.
<b>Name</b>	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.
<b>City &amp; State</b>	The city in which the company's corporate office is located and the state in which the company's corporate office is located.
<b>Licensed In</b>	The states in which an insurer is licensed to conduct business.
<b>Website</b>	The company's web address
<b>Telephone</b>	The telephone number to call for information on purchasing an insurance policy from the company.

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





## E- Rated Health Insurers

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Insurer: **ACCESS SENIOR HEALTHCARE INC**  
Rating: E-  
Headquarters: Woodland Hills, CA  
Licensed In: CA  
Telephone: 818-710-0315

Insurer: **AMERICAS 1ST CHOICE SOUTH CAROLINA**  
Rating: E-  
Headquarters: Columbia, SC  
Licensed In: SC  
Website: <https://sch.americas1stchoice.com>  
Telephone: (888) 563-3289

Insurer: **AMERIHEALTH NEBRASKA INC**  
Rating: E-  
Headquarters: Philadelphia, PA  
Licensed In: NE  
Telephone: (215) 937-8000

Insurer: **ASPIRE HEALTH PLAN**  
Rating: E-  
Headquarters: Monterey, CA  
Licensed In: CA  
Website: [www.aspirehealthplan.org](http://www.aspirehealthplan.org)  
Telephone: 831-625-4965

Insurer: **CARECONNECT INS CO**  
Rating: E-  
Headquarters: East Hills, NY  
Licensed In: NY  
Website: <https://www.careconnect.com>  
Telephone: (516) 405-7500

Insurer: **CDI GROUP INC**  
Rating: E-  
Headquarters: Camarillo, CA  
Website: <http://www.thecdigroup.com>  
Telephone: (800) 874-1986

Insurer: **CHILDRENS MEDICAL CENTER HEALTH PLAN**  
Rating: E-  
Headquarters: Irving, TX  
Licensed In: TX  
Website: <https://www.childrensmedicalcenterhealthplan.com>  
Telephone: (214) 456-7000



Insurer: **CONSTELLATION HEALTH LLC**  
Rating: E-  
Headquarters: San Juan, PR  
Licensed In: PR  
Website: <http://constellationhealthpr.com>  
Telephone: (787) 304-4041

Insurer: **CRYSTAL RUN HEALTH INS CO INC**  
Rating: E-  
Headquarters: Middletown, NY  
Licensed In: No States  
Website: <http://crystalrunhp.com>  
Telephone: (845) 703-6422

Insurer: **FAMILYCARE HEALTH PLANS INC**  
Rating: E-  
Headquarters: Portland, OR  
Licensed In: OR  
Website: <https://www.familycareinc.org>  
Telephone: (503) 222-3205

Insurer: **GHS INS CO**  
Rating: E-  
Headquarters: Chicago, IL  
Licensed In: AR, CO, IL, IN, KS, NM, OK, TX  
Website: <http://www.bcbsok.com>  
Telephone: (312) 653-6000

Insurer: **HEARTLANDPLAINS HEALTH**  
Rating: E-  
Headquarters: Federal Way, WA  
Licensed In: NE  
Website: <https://www.heartlandplainshealth.com>  
Telephone: (866) 789-7747

Insurer: **INDIANA UNIVERSITY HEALTH PLANS INC**  
Rating: E-  
Headquarters: Indianapolis, IN  
Licensed In: IN  
Website: <https://www.iuhealthplans.org>  
Telephone: (317) 963-4822

Insurer: **MMM HEALTHCARE LLC**  
Rating: E-  
Headquarters: San Juan, PR  
Licensed In: PR  
Website: <https://www.mmm-pr.com>  
Telephone: (787) 622-3000



Insurer: **NEW MEXICO HEALTH CONNECTIONS**  
Rating: E-  
Headquarters: Albuquerque, NM  
Licensed In: NM  
Website: <http://www.mynmhc.org>  
Telephone: (505) 633-8023

Insurer: **OSCAR HEALTH PLAN OF CALIFORNIA**  
Rating: E-  
Headquarters: Culver City, CA  
Licensed In: CA  
Telephone: 424-261-4363

Insurer: **OSCAR INS CORP**  
Rating: E-  
Headquarters: New York, NY  
Licensed In: NY  
Website: <https://www.hioscar.com>  
Telephone: (646) 403-3677

Insurer: **PROVIDENCE HEALTH NETWORK**  
Rating: E-  
Headquarters: Torrance, CA  
Licensed In: CA  
Telephone: 805-705-4451

Insurer: **PROVIDER PARTNERS HEALTH PLAN INC**  
Rating: E-  
Headquarters: Timonium, MD  
Licensed In: MD  
Website: <http://www.pphealthplan.com>  
Telephone: (410) 308-2300

Insurer: **SENDERO HEALTH PLANS INC**  
Rating: E-  
Headquarters: Austin, TX  
Licensed In: TX  
Website: <http://www.senderohealth.com>  
Telephone: (512) 978-8454

Insurer: **SENIOR AMERICAN INS CO**  
Rating: E-  
Headquarters: Fort Washington, PA  
Licensed In: AL, AZ, CO, LA, NM, OH, PA, VA  
Website: <http://www.aflltc.com>  
Telephone: (215) 918-0515



Insurer: **SENIOR HEALTH INS CO OF PENNSYLVANIA**  
Rating: E-  
Headquarters: Carmel, IN  
Licensed In: All states except CT, NY, RI, VT, PR  
Website: <http://www.shipltc.com>  
Telephone: (317) 566-7500

Insurer: **STANFORD HEALTH CARE ADVANTAGE**  
Rating: E-  
Headquarters: San Diego, CA  
Licensed In: CA  
Telephone: 858-658-8662

Insurer: **STEWARD HEALTH CHOICE UTAH INC**  
Rating: E-  
Headquarters: South Jordan, UT  
Licensed In: UT  
Website: <https://www.stewardhealthchoiceut.org>  
Telephone: (801) 984-3388

Insurer: **UNIV OF MD HEALTH ADVANTAGE INC**  
Rating: E-  
Headquarters: Timonium, MD  
Licensed In: MD  
Website: <http://www.ummedicareadvantage.org>  
Telephone: (410) 878-7709

Insurer: **UNIVERSAL CARE**  
Rating: E-  
Headquarters: Cypress, CA  
Licensed In: CA  
Website: [www.universalcare.com](http://www.universalcare.com)  
Telephone: 916-451-1592

Insurer: **VENTURA COUNTY HEALTH CARE PLAN**  
Rating: E-  
Headquarters: Westminster, CA  
Licensed In: CA  
Website: [www.vchca.org/hcp/](http://www.vchca.org/hcp/)  
Telephone: 562-981-4004



## E Rated Health Insurers

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Insurer: **AIDS HEALTHCARE FOUNDATION MCO OF FL**  
Rating: E  
Headquarters: Los Angeles, CA  
Licensed In: FL  
Telephone: (323) 860-5200

Insurer: **ALIGNMENT HEALTH PLAN**  
Rating: E  
Headquarters: Orange, CA  
Licensed In: CA  
Telephone: 657-218-7731

Insurer: **ALLCARE HEALTH PLAN INC**  
Rating: E  
Headquarters: Grants Pass, OR  
Licensed In: OR  
Website: <https://www.allcarehealth.com>  
Telephone: (888) 460-0185

Insurer: **ARKANSAS SUPERIOR SELECT INC**  
Rating: E  
Headquarters: North Little Roc, AR  
Licensed In: AR  
Website: [www.superiorselectinc.com](http://www.superiorselectinc.com)  
Telephone: (501) 372-1922

Insurer: **BAPTIST HEALTH PLAN INC**  
Rating: E  
Headquarters: Lexington, KY  
Licensed In: IL, IN, KY, OH, TN, WV  
Website: [www.baptisthealthplan.com](http://www.baptisthealthplan.com)  
Telephone: (859) 269-4475

Insurer: **BROWN & TOLAND HEALTH SERVICES**  
Rating: E  
Headquarters: Oakland, CA  
Licensed In: CA  
Telephone: 415-322-9897

Insurer: **CHINESE COMMUNITY HEALTH PLAN**  
Rating: E  
Headquarters: San Francisco, CA  
Licensed In: CA  
Website: [www.cchphmo.com](http://www.cchphmo.com)  
Telephone: 415-955-8800





Insurer: **CIGNA HEALTHCARE OF NEW JERSEY INC**  
Rating: E  
Headquarters: Bloomfield, CT  
Licensed In: NJ  
Website: <http://www.cigna.com>  
Telephone: (860) 226-6000

Insurer: **DIGNITY HEALTH PROVIDER RESOURCES**  
Rating: E  
Headquarters: El Segundo, CA  
Licensed In: CA  
Telephone: 310-252-8834

Insurer: **FRIDAY HEALTH PLANS OF CO INC**  
Rating: E  
Headquarters: Alamosa, CO  
Licensed In: CO  
Website: [www.slvhmo.com](http://www.slvhmo.com)  
Telephone: (719) 589-3696

Insurer: **GHS MANAGED HEALTH CARE PLANS INC**  
Rating: E  
Headquarters: Chicago, IL  
Licensed In: OK  
Website: <http://www.bcbsok.com>  
Telephone: (312) 653-6000

Insurer: **HEALTHFIRST HEALTH PLAN NEW JERSEY**  
Rating: E  
Headquarters: New York, NY  
Licensed In: NJ  
Website: <http://healthfirst.org>  
Telephone: (212) 801-6000

Insurer: **HOPKINS HEALTH ADV INC**  
Rating: E  
Headquarters: Glen Burnie, MD  
Licensed In: MD  
Telephone: (410) 424-4948

Insurer: **LOUISIANA HEALTHCARE CONNECTIONS INC**  
Rating: E  
Headquarters: Saint Louis, MO  
Licensed In: LA  
Website: <http://www.louisianahealthconnect.com>  
Telephone: (314) 725-4477



Insurer: **MODA HEALTH PLAN INC**  
Rating: E  
Headquarters: Portland, OR  
Licensed In: AK, CA, ID, OR, TX, WA  
Website: <https://www.modahealth.com>  
Telephone: (503) 228-6554

Insurer: **MONARCH HEALTH PLAN**  
Rating: E  
Headquarters: Irvine, CA  
Licensed In: CA  
Website: [www.monarchhealthplan.com](http://www.monarchhealthplan.com)  
Telephone: 949-923-3350

Insurer: **PACIFICARE OF ARIZONA INC**  
Rating: E  
Headquarters: Minnetonka, MN  
Licensed In: AZ  
Website: <http://www.uhc.com>  
Telephone: (952) 936-1300

Insurer: **PIEDMONT WELLSTAR HEALTHPLANS INC**  
Rating: E  
Headquarters: Atlanta, GA  
Licensed In: GA  
Website: <http://pwplans.org>  
Telephone: (678) 505-2895

Insurer: **PIONEER EDUCATORS HEALTH TRUST**  
Rating: E  
Headquarters: Portland, OR  
Licensed In: OR  
Telephone: (503) 224-8390

Insurer: **PREMIER HEALTH INSURING CORP**  
Rating: E  
Headquarters: Dayton, OH  
Licensed In: OH  
Website: <http://www.premierhealthplan.org>  
Telephone: (937) 499-9588

Insurer: **SHA LLC**  
Rating: E  
Headquarters: Austin, TX  
Licensed In: TX  
Website: <http://www.firstcare.com>  
Telephone: (512) 257-6001



Insurer: **ULTIMATE HEALTH PLANS INC**  
Rating: E  
Headquarters: Spring Hill, FL  
Licensed In: FL  
Website: <http://www.chooseultimate.com>  
Telephone: (352) 835-7151

Insurer: **UNION FIDELITY LIFE INS CO**  
Rating: E  
Headquarters: Overland Park, KS  
Licensed In: All states except NY, PR  
Telephone: (913) 982-3700

Insurer: **VALUE BEHAVIORAL HEALTH OF PA**  
Rating: E  
Headquarters: Chesapeake, VA  
Licensed In: PA  
Website: <http://www.vbh-pa.com>  
Telephone: (757) 459-5418

Insurer: **WESTERN GROCERS EMPLOYEE BENEFITS**  
Rating: E  
Headquarters: Clackamas, OR  
Licensed In: AK, OR, WA  
Website: <http://www.westerngrocerstrust.com>  
Telephone: (503) 968-2360

Insurer: **WESTERN HEALTH ADVANTAGE**  
Rating: E  
Headquarters: Sacramento, CA  
Licensed In: CA  
Website: [www.westernhealth.com](http://www.westernhealth.com)  
Telephone: 916-563-3183



## E+ Rated Health Insurers

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Insurer: **AMERICASHEALTH PLAN INC**  
Rating: E+  
Headquarters: Ventura, CA  
Licensed In: CA  
Telephone: 615-714-0232

Insurer: **CENTRAL HEALTH PLAN OF CALIFORNIA**  
Rating: E+  
Headquarters: Diamond Bar, CA  
Licensed In: CA  
Website: [www.centralhealthplan.com](http://www.centralhealthplan.com)  
Telephone: 626-388-2390

Insurer: **COOK CHILDRENS HEALTH PLAN**  
Rating: E+  
Headquarters: Fort Worth, TX  
Licensed In: TX  
Website: <http://www.cookchp.org>  
Telephone: (817) 334-2247

Insurer: **DAVITA HEALTHCARE PARTNERS PLAN INC**  
Rating: E+  
Headquarters: Oxnard, CA  
Licensed In: CA  
Telephone: 805-981-5006

Insurer: **ELAN INSURANCE USVI INC**  
Rating: E+  
Headquarters: Miami, FL  
Licensed In: No States  
Website: <https://www.elan.insure>  
Telephone: (305) 590-8936

Insurer: **GROUP HEALTH COOP OF EAU CLAIRE**  
Rating: E+  
Headquarters: Altoona, WI  
Licensed In: WI  
Website: [www.group-health.com](http://www.group-health.com)  
Telephone: (715) 552-4300

Insurer: **MCS ADVANTAGE INC**  
Rating: E+  
Headquarters: San Juan, PR  
Licensed In: PR  
Website: <https://www.mcs.com.pr/en>  
Telephone: (787) 758-2500



Insurer: **MVP HEALTH INS CO**  
Rating: E+  
Headquarters: Schenectady, NY  
Licensed In: NY, VT  
Website: <https://swp.mvphealthcare.com>  
Telephone: (518) 370-4793

Insurer: **OKLAHOMA SUPERIOR SELECT INC**  
Rating: E+  
Headquarters: Oklahoma City, OK  
Licensed In: OK  
Telephone: (405) 602-5488

Insurer: **PROSPECT HEALTH PLAN**  
Rating: E+  
Headquarters: Los Angeles, CA  
Licensed In: CA  
Telephone: 310-228-3745

Insurer: **RIVERLINK HEALTH**  
Rating: E+  
Headquarters: Federal Way, WA  
Licensed In: OH  
Website: <https://www.riverlinkhealth.com>  
Telephone: (866) 789-7747

Insurer: **SOUNDPATH HEALTH**  
Rating: E+  
Headquarters: Federal Way, WA  
Licensed In: WA  
Website: <https://www.soundpathhealth.com>  
Telephone: (866) 789-7747

Insurer: **SYMPHONIX HEALTH INS INC**  
Rating: E+  
Headquarters: Schaumburg, IL  
Licensed In: All states except NY, PR  
Website: <https://www.uhcmedicareolutions.com>  
Telephone: (224) 231-1451

Insurer: **UNITED SECURITY ASR CO OF PA**  
Rating: E+  
Headquarters: Souderton, PA  
Licensed In: All states except AL, CT, HI, IA, ME, NH, NJ, NM, NY, RI, VT, WY, PR  
Website: <https://www.usaofpa.com>  
Telephone: (215) 723-3044





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# 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 next page for a specific contacts
- **National Association of Insurance Commissioners** - [www.naic.org](http://www.naic.org)
- **Insurance Information Institute** - [www.iii.org](http://www.iii.org)
- **Independent Insurance Agents & Brokers of America**  
[www.independentagent.com/default.aspx](http://www.independentagent.com/default.aspx)
- **Weiss Ratings, LLC** provides financial strength ratings for health insurance plans nationwide: [www.weissratings.com](http://www.weissratings.com)
- **COBRA Insurance**  
Telephone: 1-877-279-7959 [www.cobrainsurance.com](http://www.cobrainsurance.com)
- **HealthCare.gov**: Official website of the Affordable Care Act marketplace.  
Telephone: 1-800-318-2596 [www.healthcare.gov](http://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](http://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) [www.nchc.org](http://www.nchc.org)
- **TRICARE Insurance**  
[www.tricare.mil](http://www.tricare.mil)



## State Insurance Commissioners' Departmental Contact Information

State	Official's Title	Website Address	Telephone
Alabama	Commissioner	<a href="http://www.aldoi.org">www.aldoi.org</a>	(334) 269-3550
Alaska	Director	<a href="https://www.commerce.alaska.gov/web/ins/">https://www.commerce.alaska.gov/web/ins/</a>	(800) 467-8725
Arizona	Director	<a href="https://insurance.az.gov/">https://insurance.az.gov/</a>	(602) 364-2499
Arkansas	Commissioner	<a href="http://www.insurance.arkansas.gov">www.insurance.arkansas.gov</a>	(800) 852-5494
California	Commissioner	<a href="http://www.insurance.ca.gov">www.insurance.ca.gov</a>	(800) 927-4357
Colorado	Commissioner	<a href="https://www.colorado.gov/pacific/dora/node/90616">https://www.colorado.gov/pacific/dora/node/90616</a>	(800) 866-7675
Connecticut	Commissioner	<a href="http://www.ct.gov/cid/site/default.asp">http://www.ct.gov/cid/site/default.asp</a>	(800) 203-3447
Delaware	Commissioner	<a href="http://delawareinsurance.gov/">http://delawareinsurance.gov/</a>	(800) 282-8611
Dist. of Columbia	Commissioner	<a href="http://disb.dc.gov/">http://disb.dc.gov/</a>	(202) 727-8000
Florida	Commissioner	<a href="http://www.floir.com/">www.floir.com/</a>	(850) 413-3140
Georgia	Commissioner	<a href="http://www.oci.ga.gov/">www.oci.ga.gov/</a>	(800) 656-2298
Hawaii	Commissioner	<a href="http://cca.hawaii.gov/ins/">http://cca.hawaii.gov/ins/</a>	(808) 586-2790
Idaho	Director	<a href="http://www.doi.idaho.gov">www.doi.idaho.gov</a>	(800) 721-3272
Illinois	Director	<a href="http://www.insurance.illinois.gov/">www.insurance.illinois.gov/</a>	(866) 445-5364
Indiana	Commissioner	<a href="http://www.in.gov/idoi/">www.in.gov/idoi/</a>	(800) 622-4461
Iowa	Commissioner	<a href="https://iid.iowa.gov/">https://iid.iowa.gov/</a>	(877) 955-1212
Kansas	Commissioner	<a href="http://www.ksinsurance.org">www.ksinsurance.org</a>	(800) 432-2484
Kentucky	Commissioner	<a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a>	(800) 595-6053
Louisiana	Commissioner	<a href="http://www.lds.la.gov/">www.lds.la.gov/</a>	(800) 259-5300
Maine	Superintendent	<a href="http://www.maine.gov/pfr/insurance/">www.maine.gov/pfr/insurance/</a>	(800) 300-5000
Maryland	Commissioner	<a href="http://insurance.maryland.gov/Pages/default.aspx">http://insurance.maryland.gov/Pages/default.aspx</a>	(800) 492-6116
Massachusetts	Commissioner	<a href="http://www.mass.gov/ocabr/government/oca-agencies/doi-lp/">www.mass.gov/ocabr/government/oca-agencies/doi-lp/</a>	(877) 563-4467
Michigan	Director	<a href="http://www.michigan.gov/difs">http://www.michigan.gov/difs</a>	(877) 999-6442
Minnesota	Commissioner	<a href="http://mn.gov/commerce/">http://mn.gov/commerce/</a>	(651) 539-1500
Mississippi	Commissioner	<a href="http://www.mid.ms.gov/">http://www.mid.ms.gov/</a>	(601) 359-3569
Missouri	Director	<a href="http://www.insurance.mo.gov">www.insurance.mo.gov</a>	(800) 726-7390
Montana	Commissioner	<a href="http://csimt.gov/">http://csimt.gov/</a>	(800) 332-6148
Nebraska	Director	<a href="http://www.doi.nebraska.gov/">www.doi.nebraska.gov/</a>	(402) 471-2201
Nevada	Commissioner	<a href="http://www.doi.nv.gov/">www.doi.nv.gov/</a>	(888) 872-3234
New Hampshire	Commissioner	<a href="http://www.nh.gov/insurance/">www.nh.gov/insurance/</a>	(800) 852-3416
New Jersey	Commissioner	<a href="http://www.state.nj.us/dobi/">www.state.nj.us/dobi/</a>	(800) 446-7467
New Mexico	Superintendent	<a href="http://www.osi.state.nm.us/">www.osi.state.nm.us/</a>	(855) 427-5674
New York	Superintendent	<a href="http://www.dfs.ny.gov/">www.dfs.ny.gov/</a>	(800) 342-3736
North Carolina	Commissioner	<a href="http://www.ncdoi.com">www.ncdoi.com</a>	(855) 408-1212
North Dakota	Commissioner	<a href="http://www.nd.gov/ndins/">www.nd.gov/ndins/</a>	(800) 247-0560
Ohio	Lieutenant Governor	<a href="http://www.insurance.ohio.gov">www.insurance.ohio.gov</a>	(800) 686-1526
Oklahoma	Commissioner	<a href="http://www.ok.gov/oid/">www.ok.gov/oid/</a>	(800) 522-0071
Oregon Insurance	Commissioner	<a href="http://dfr.oregon.gov/Pages/index.aspx">http://dfr.oregon.gov/Pages/index.aspx</a>	(888) 877-4894
Pennsylvania	Commissioner	<a href="http://www.insurance.pa.gov/">www.insurance.pa.gov/</a>	(877) 881-6388
Puerto Rico	Commissioner	<a href="http://www.ocs.gobierno.pr">www.ocs.gobierno.pr</a>	(787) 304-8686
Rhode Island	Superintendent	<a href="http://www.dbr.state.ri.us/divisions/insurance/">www.dbr.state.ri.us/divisions/insurance/</a>	(401) 462-9500
South Carolina	Director	<a href="http://www.doi.sc.gov">www.doi.sc.gov</a>	(803) 737-6160
South Dakota	Director	<a href="http://dlr.sd.gov/insurance/default.aspx">http://dlr.sd.gov/insurance/default.aspx</a>	(605) 773-3563
Tennessee	Commissioner	<a href="http://tn.gov/commerce/">http://tn.gov/commerce/</a>	(615) 741-2241
Texas	Commissioner	<a href="http://www.tdi.texas.gov/">www.tdi.texas.gov/</a>	(800) 578-4677
Utah	Commissioner	<a href="http://www.insurance.utah.gov">www.insurance.utah.gov</a>	(800) 439-3805
Vermont	Commissioner	<a href="http://www.dfr.vermont.gov/">www.dfr.vermont.gov/</a>	(802) 828-3301
Virgin Islands	Lieutenant Governor	<a href="http://ltg.gov.vi/division-of-banking-and-insurance.html">http://ltg.gov.vi/division-of-banking-and-insurance.html</a>	(340) 774-7166
Virginia	Commissioner	<a href="http://www.scc.virginia.gov/boi/">www.scc.virginia.gov/boi/</a>	(804) 371-9741
Washington	Commissioner	<a href="http://www.insurance.wa.gov">www.insurance.wa.gov</a>	(800) 562-6900
West Virginia	Commissioner	<a href="http://www.wvinsurance.gov">www.wvinsurance.gov</a>	(888) 879-9842
Wisconsin	Commissioner	<a href="http://oci.wi.gov">oci.wi.gov</a>	(800) 236-8517
Wyoming	Commissioner	<a href="http://doi.wyo.gov/">http://doi.wyo.gov/</a>	(800) 438-5768





# Application for Health Coverage & Help Paying Costs

Form Approved  
OMB No. 0938-1213

➔ **Apply faster online at [HealthCare.gov](https://www.healthcare.gov)**



## Use this application to see what coverage you qualify for

- Affordable private health insurance plans that offer comprehensive coverage to help you stay well.
- A new tax credit that can immediately help pay your premiums for health coverage.
- Free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP).

**You may qualify for a free or low-cost program, even if you earn as much as \$98,400 a year (for a family of 4).**



## Who can use this application?

- Use this application to apply for anyone in your family.
- **Apply even if you or your child already has health coverage. You could be eligible for lower-cost or free coverage.**
- If you're single, you may be able to use a short form. Visit [HealthCare.gov](https://www.healthcare.gov).
- Families that include 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 (or document numbers for any eligible immigrants who need coverage).
- Employer and income information for everyone in your family (for example, 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 family.



## 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.** To view the Privacy Act Statement, visit [HealthCare.gov](https://www.healthcare.gov) or see instructions.



## What happens next?

Send your complete, signed application to the address on page 7. **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 receive a call from the Marketplace if we need more information.** You'll get an eligibility determination letter in the mail after your application is processed. 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](https://www.healthcare.gov).
- **Phone:** Call the Marketplace Call Center at **1-800-318-2596**. TTY users should call **1-855-889-4325**.
- **In person:** There may be counselors in your area who can help. Visit [HealthCare.gov](https://www.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 the information in this product in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. Visit [www.cms.gov/about-cms/agency-Information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-Information/aboutwebsite/cmsnondiscriminationnotice.html), or call the Marketplace Call Center at **1-800-318-2596** for more information. TTY users should call **1-855-889-4325**.





Please print in capital letters using black or dark blue ink only.

Fill in the circles (○) like this → ●.

## STEP 1: Tell us about yourself.

(We need one adult in the family to be the contact person for your application.)

1. First name		Middle name		Last name		Suffix	
<input type="text"/>							
2. Home address (Leave blank if you don't have one.)						3. Apartment or suite number	
<input type="text"/>						<input type="text"/>	
4. City		5. State	6. ZIP code		7. County, parish, or township		
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>		
8. Mailing address (if different from home address)						9. Apartment or suite number	
<input type="text"/>						<input type="text"/>	
10. City		11. State	12. ZIP code		13. County, parish, or township		
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>		
14. Daytime phone number				15. Evening phone number			
( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
16. Do you want to get information about this application by email? ..... <input type="radio"/> Yes <input type="radio"/> No							
Email address: <input type="text"/>							
17. What's your preferred spoken language? What's your preferred written language?							
<input type="text"/>							

## STEP 2: Tell us about your family.

### Who do you need to include on this application?

Complete the Step 2 pages for every person in your family and 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 family and their incomes. 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 themselves:*

- Any spouse
- Any son or daughter 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 son or daughter they live with, including stepchildren
- 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 family.

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

You don't need to provide immigration status or a Social Security Number (SSN) for family 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 children who live with you, and/or anyone on your same federal income tax return if you file one. See page 1 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

1. First name		Middle name	Last name	Suffix
<div style="border: 1px solid black; height: 20px;"></div>				
2. Relationship to PERSON 1? <b>SELF</b>	3. Are you married? <input type="radio"/> Yes <input type="radio"/> No	4. Date of birth (mm/dd/yyyy) <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></div>		5. Sex <input type="radio"/> Male <input type="radio"/> Female
6. Social Security Number (SSN) <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>				
<div><div></div><b>We need a Social Security number (SSN) if you want health coverage and have an SSN or can get one.</b> We use SSNs to check income and other information to see who's eligible for help paying for health coverage. If you need help getting an SSN, visit <a href="https://www.socialsecurity.gov">socialsecurity.gov</a>, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</div>				
7. Do you plan to file a federal income tax return NEXT YEAR? <i>You can still apply for coverage even if you don't file a federal income tax return.</i> <input type="radio"/> <b>YES. If yes</b> , please answer questions a–c. <input type="radio"/> <b>NO. If no</b> , skip to question c.				
a. Will you file jointly with a spouse? ..... <input type="radio"/> Yes <input type="radio"/> No <b>If yes</b> , write name of spouse: <div style="border: 1px solid black; display: inline-block; width: 500px; height: 20px;"></div>				
b. Will you claim any dependents on your tax return? ..... <input type="radio"/> Yes <input type="radio"/> No <b>If yes</b> , list name(s) of dependents: <div style="border: 1px solid black; display: inline-block; width: 500px; height: 20px;"></div>				
c. Will you be claimed as a dependent on someone's tax return? ..... <input type="radio"/> Yes <input type="radio"/> No <b>If yes</b> , please list the name of the tax filer: <div style="border: 1px solid black; display: inline-block; width: 300px; height: 20px;"></div> How are you related to the tax filer? <div style="border: 1px solid black; display: inline-block; width: 300px; height: 20px;"></div>				
8. Are you pregnant? ..... <input type="radio"/> Yes <input type="radio"/> No a. <b>If yes</b> , how many babies are expected during this pregnancy? <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>				
9. Do you need health coverage? <i>Even if you have coverage, there might be a program with better coverage or lower costs.</i> <input type="radio"/> <b>YES. If yes</b> , answer all the questions below. <input type="radio"/> <b>NO. If no</b> , 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.) or live in a medical facility or nursing home? ..... <input type="radio"/> Yes <input type="radio"/> No				
11. Are you a <b>U.S. citizen</b> or <b>U.S. national</b> ? ..... <input type="radio"/> Yes <input type="radio"/> No				
12. Are you a <b>naturalized</b> or <b>derived citizen</b> ? <i>(This usually means you were born outside the U.S.)</i> <input type="radio"/> <b>YES. If yes</b> , complete a and b. <input type="radio"/> <b>NO. If no</b> , continue to question 13.				
a. Alien number: <div style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></div>		b. Certificate number: <div style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></div>		After you complete a and b, SKIP to question 14.
13. <b>If you aren't a U.S. citizen or U.S. national</b> , do you have eligible immigration status? <input type="radio"/> <b>YES</b> . Enter document type and ID number. <i>See instructions.</i>				
Immigration document type	Status type (optional)	Write your name as it appears on your immigration document.		
<div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 500px; height: 20px;"></div>		
Alien or I-94 number <div style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></div>		Card number or passport number <div style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></div>		
SEVIS ID or expiration date (optional) <div style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></div>		Other (category code or country of issuance) <div style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></div>		
a. Have you lived in the U.S. since 1996? ..... <input type="radio"/> Yes <input type="radio"/> No				
b. Are you, or your spouse or parent, a veteran or an active-duty member of the U.S. military? ..... <input type="radio"/> Yes <input type="radio"/> No				
14. Do you want help paying for medical bills from the last 3 months? ..... <input type="radio"/> Yes <input type="radio"/> 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? <i>(Select "yes" if you or your spouse takes care of this child.)</i> ..... <input type="radio"/> Yes <input type="radio"/> No				
16. Tell us the names and relationships of any children under 19 that live with you in your household: <div style="border: 1px solid black; display: inline-block; width: 800px; height: 20px;"></div>				
17. Are you a full-time student? ..... <input type="radio"/> Yes <input type="radio"/> No 18. Were you in foster care at age 18 or older? ..... <input type="radio"/> Yes <input type="radio"/> No				
<b>Optional:</b> <i>(Fill in all that apply.)</i>	19. <b>If Hispanic/Latino, ethnicity:</b> <input type="radio"/> Mexican <input type="radio"/> Mexican American <input type="radio"/> Chicano/a <input type="radio"/> Puerto Rican <input type="radio"/> Cuban <input type="radio"/> Other _____			
	20. <b>Race:</b> <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Asian Indian <input type="radio"/> Chinese <input type="radio"/> Vietnamese <input type="radio"/> Other Asian <input type="radio"/> Native Hawaiian <input type="radio"/> Guamanian or Chamorro <input type="radio"/> Samoan <input type="radio"/> Other Pacific Islander <input type="radio"/> 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 question 21.

☐ **Not employed:**  
Skip to question 31.

☐ **Self-employed:**  
Skip to question 30.

**Current job 1:**

21. Employer name

a. Employer address

b. City

c. State

d. ZIP code

22. Employer phone number

23. Wages/tips (before taxes)

☐ Hourly☐ Weekly☐ Every 2 weeks\$ ☐ Twice a month☐ Monthly☐ Yearly

24. Average hours worked each WEEK

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

25. Employer name

a. Employer address

b. City

c. State

d. ZIP code

26. Employer phone number

27. Wages/tips (before taxes)

☐ Hourly☐ Weekly☐ Every 2 weeks\$ ☐ Twice a month☐ Monthly☐ Yearly

28. Average hours worked each WEEK

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

30. 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? See instructions.

\$ 31. **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).

<input type="radio"/> Unemployment	\$ <input type="text"/>	How often? <input type="text"/>	<input type="radio"/> Alimony received	\$ <input type="text"/>	How often? <input type="text"/>
<input type="radio"/> Pension	\$ <input type="text"/>	How often? <input type="text"/>	<input type="radio"/> Net farming/fishing	\$ <input type="text"/>	How often? <input type="text"/>
<input type="radio"/> Social Security	\$ <input type="text"/>	How often? <input type="text"/>	<input type="radio"/> Net rental/royalty	\$ <input type="text"/>	How often? <input type="text"/>
<input type="radio"/> Retirement accounts	\$ <input type="text"/>	How often? <input type="text"/>	<input type="radio"/> Other income Type: <input type="text"/>	\$ <input type="text"/>	How often? <input type="text"/>

32. **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.**NOTE:** You shouldn't include child support that you pay, or a cost already considered in your answer to net self-employment (question 30b).

<input type="radio"/> Alimony paid	\$ <input type="text"/>	How often? <input type="text"/>	<input type="radio"/> Other deductions Type: <input type="text"/>	\$ <input type="text"/>	How often? <input type="text"/>
<input type="radio"/> Student loan interest	\$ <input type="text"/>	How often? <input type="text"/>			

33. **Complete this question if your income changes during the year**, like if you only work at a job for part of the year or receive 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 will be different)\$ **Thanks! This is all we need to know about you.**

**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 should call 1-855-889-4325.



## STEP 2: PERSON 2

Note: If this person doesn't need health coverage, just answer questions 1–11 on this page. Make a copy of pages 4–5 if there are more than 2 people in your household.

Complete this page 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 family members who live with you. See page 1 for more information about who to include.

1. First name		Middle name		Last name		Suffix	
<div style="border: 1px solid black; height: 20px;"></div>							
2. Relationship to PERSON 1? <i>See instructions.</i>		3. Is PERSON 2 married?		4. Date of birth (mm/dd/yyyy)		5. Sex	
<div style="border: 1px solid black; height: 20px;"></div>		<input type="radio"/> Yes <input type="radio"/> No		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		<input type="radio"/> Male <input type="radio"/> Female	
6. Social Security Number (SSN)				<div style="border: 1px solid black; padding: 5px;"><b>★ We need this if you want health coverage for PERSON 2, and PERSON 2 has an SSN.</b></div>			
<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>					
7. Does PERSON 2 live at the same address as PERSON 1? ..... <input type="radio"/> Yes <input type="radio"/> No							
If no, list address: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>							
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.)							
<input type="radio"/> YES. If yes, please answer questions a–c. <input type="radio"/> NO. If no, skip to question c.							
a. Will PERSON 2 file jointly with a spouse? ..... <input type="radio"/> Yes <input type="radio"/> No							
If yes, write name of spouse: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>							
b. Will PERSON 2 claim any dependents on his or her tax return? ..... <input type="radio"/> Yes <input type="radio"/> No							
If yes, list name(s) of dependents: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>							
c. Will PERSON 2 be claimed as a dependent on someone's tax return? ..... <input type="radio"/> Yes <input type="radio"/> No							
If yes, please list the name of the tax filer: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>							
How is PERSON 2 related to the tax filer? <div style="border: 1px solid black; width: 100%; height: 20px;"></div>							
9. Is PERSON 2 pregnant? ..... <input type="radio"/> Yes <input type="radio"/> No a. If yes, how many babies are expected during this pregnancy? <div style="border: 1px solid black; width: 50px; height: 20px;"></div>							
10. Does PERSON 2 need health coverage? (Even if PERSON 2 has coverage, there might be a program with better coverage or lower costs.)							
<input type="radio"/> YES. If yes, answer all the questions below. <input type="radio"/> NO. If no, SKIP to the income questions on page 5. 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.) or live in a medical facility or nursing home? ..... <input type="radio"/> Yes <input type="radio"/> No							
12. Is PERSON 2 a U.S. citizen or U.S. national? ..... <input type="radio"/> Yes <input type="radio"/> No							
13. Is PERSON 2 a naturalized or derived citizen? (This usually means they were born outside the U.S.)							
<input type="radio"/> YES. If yes, complete a and b. <input type="radio"/> NO. If no, continue to question 14.							
a. Alien number				b. Certificate number			
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>				<div style="border: 1px solid black; width: 100%; height: 20px;"></div>			
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? <input type="radio"/> YES. Enter document type and ID number. See instructions.							
Immigration document type:		Status type (optional):		Write PERSON 2's name as it appears on their immigration document.			
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>			
Alien or I-94 number				Card number or passport number			
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>				<div style="border: 1px solid black; width: 100%; height: 20px;"></div>			
SEVIS ID or expiration date (optional)				Other (category code or country of issuance)			
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>				<div style="border: 1px solid black; width: 100%; height: 20px;"></div>			
a. Has PERSON 2 lived in the U.S. since 1996? ..... <input type="radio"/> Yes <input type="radio"/> No							
b. Is PERSON 2, or PERSON 2's spouse or parent, a veteran or an active-duty member of the U.S. military? ..... <input type="radio"/> Yes <input type="radio"/> No							
15. Does PERSON 2 want help paying for medical bills from the last 3 months? ..... <input type="radio"/> Yes <input type="radio"/> 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? (Select "yes" if PERSON 2 or their spouse takes care of this child.) ..... <input type="radio"/> Yes <input type="radio"/> 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.)							
<div style="border: 1px solid black; height: 40px;"></div>							
18. Was PERSON 2 in foster care at age 18 or older? ..... <input type="radio"/> Yes <input type="radio"/> No							
<b>Please answer these questions if PERSON 2 is 22 or younger:</b>							
19. Did PERSON 2 have insurance through a job and lose it within the past 3 months? ..... <input type="radio"/> Yes <input type="radio"/> No							
a. If yes, end date: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> b. Reason the insurance ended: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>							
20. Is PERSON 2 a full-time student? ..... <input type="radio"/> Yes <input type="radio"/> No							
<b>Optional:</b> 21. If Hispanic/Latino, ethnicity: <input type="radio"/> Mexican <input type="radio"/> Mexican American <input type="radio"/> Chicano/a <input type="radio"/> Puerto Rican <input type="radio"/> Cuban <input type="radio"/> Other _____							
(Fill in all that apply.) 22. Race: <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Asian Indian <input type="radio"/> Chinese <input type="radio"/> Vietnamese <input type="radio"/> Other Asian <input type="radio"/> Native Hawaiian <input type="radio"/> Guamanian or Chamorro <input type="radio"/> Samoan <input type="radio"/> Other Pacific Islander <input type="radio"/> 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 his/her income. Start with question 23.
- ☐ **Not employed:** Skip to question 33.
- ☐ **Self-employed:** Skip to question 32.

**Current job 1:**

23. Employer name

a. Employer address

b. City

c. State

d. ZIP code

24. Employer phone number

25. Wages/tips (before taxes)

☐ Hourly☐ Weekly☐ Every 2 weeks

26. Average hours worked each WEEK

\$

☐ Twice a month☐ Monthly☐ Yearly**Current job 2:** (If PERSON 2 has more jobs, attach another sheet of paper.)

27. Employer name

a. Employer address

b. City

c. State

d. ZIP code

28. Employer phone number

29. Wages/tips (before taxes)

☐ Hourly☐ Weekly☐ Every 2 weeks

30. Average hours worked each WEEK

\$

☐ Twice a month☐ Monthly☐ Yearly31. In the past year, did PERSON 2: ☐ Change jobs ☐ Stop working ☐ Start working fewer hours ☐ None of these**32. If PERSON 2 is self-employed, answer the following questions:**

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? See instructions.

\$

33. **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).

<input type="radio"/> Unemployment	\$	How often?	<input type="radio"/> Alimony received	\$	How often?
<input type="radio"/> Pension	\$	How often?	<input type="radio"/> Net farming/fishing	\$	How often?
<input type="radio"/> Social Security	\$	How often?	<input type="radio"/> Net rental/royalty	\$	How often?
<input type="radio"/> Retirement accounts	\$	How often?	<input type="radio"/> Other income Type:	\$	How often?

34. **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.**NOTE:** You shouldn't include child support that PERSON 2 pays, or a cost already considered in the answer to net self-employment (question 32b).

<input type="radio"/> Alimony paid	\$	How often?	<input type="radio"/> Other deductions Type:	\$	How often?
<input type="radio"/> Student loan interest	\$	How often?			

35. **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 receives a benefit for certain months. If you don't expect changes to PERSON 2's monthly income, skip to the next person. ➡PERSON 2's total income **this year**

\$

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

\$

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

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## STEP 3: American Indian or Alaska Native (AI/AN) family member(s)

1. Are you or is anyone in your family 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 family's health coverage

1. For every year that you got a premium tax credit, did your household file a tax return and reconcile any premium tax credit you used?

☐ YES, premium tax credits were reconciled. Fill in the circle only if ALL of these apply to you:

- ☐ You used advance payments of premium tax credits (APTC) in one or more past years to help lower your costs for Marketplace coverage.
- ☐ The tax filer for your household filed a federal income tax return for each of these years.
- ☐ The tax filer(s) submitted IRS Form 8962 ([healthcare.gov/help/reconciling-your-tax-credit/](https://www.healthcare.gov/help/reconciling-your-tax-credit/)) with the tax return.

2. 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 4 years? ☐ Yes ☐ No

Who?

Did anyone on this application apply for coverage during the Marketplace open enrollment period? ☐ Yes ☐ No

Who?

3. 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.

☐ YES. Continue and then complete Appendix A. Is this a state employee benefit plan? ☐ Yes ☐ No

☐ NO.

4. Is anyone enrolled in health coverage now?

☐ YES. If yes, continue to question 5.

☐ NO. If no, SKIP to Step 5.

5. 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

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



## 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 prove that your income still qualifies. You can opt out at any time.

If no, automatically update my information for the next:

- ☐ 4 years      ☐ 2 years      ☐ Don't use my tax data to renew my eligibility for help paying for health coverage  
☐ 3 years      ☐ 1 year      (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 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, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [www.hhs.gov/ocr/office/file](https://www.hhs.gov/ocr/office/file).
- 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 proof.

### What should I do if I think my eligibility results are wrong?

If you don't agree with what you qualify for, in many cases, you can ask for an appeal. Please 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 should 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, 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 (between November 1 and December 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 [www.eac.gov](https://www.eac.gov).



**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 should call 1-855-889-4325.

# Getting 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 talk to an interpreter, call **1-800-318-2596**.

Here's a listing 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.

## 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.



**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 should call **1-855-889-4325**.

## Getting Help in a Language Other than English (Continued)

### 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



Form Approved  
OMB No. 0938-1191

## Health Coverage from Jobs

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. 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)
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

### Employer information

3. Employer/company name	
<input type="text"/>	
4. Employer Identification Number (EIN)	5. Employer phone number
<input type="text"/> - <input type="text"/>	( <input type="text"/> ) <input type="text"/> - <input type="text"/>

**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		
<input type="text"/>		
7. Employer address (the Marketplace may send notices to this address)		
<input type="text"/>		
8. City	9. State	10. ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Phone number (if different from above)	12. Email address	
( <input type="text"/> ) <input type="text"/> - <input type="text"/>	<input type="text"/>	

### 13. Is the employee currently eligible for coverage offered by this employer, or will the employee become eligible in the next 3 months?

☐ **YES** (Continue) ☐ **NO (EMPLOYER: STOP and return this form to the employee.**

**a. If the employee isn't eligible today, including as a result of a waiting or probationary period, when will the employee be eligible for coverage? (mm/dd/yyyy)**

**EMPLOYEE: return to your application for Marketplace coverage.)**

**b. 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**





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

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

(Go to next question.)

☐ Employer won't make any of these changes.

**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 should call **1-855-889-4325**.

# Appendix B



Form Approved  
OMB No. 0938-1191

## American Indian or Alaska Native Family Member (AI/AN)

Complete this appendix if you or a family 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 family 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 family 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? ..... <input type="radio"/> Yes <input type="radio"/> No	
	If yes, Tribe name:	State tribe is located in:
	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? ..... <input type="radio"/> Yes <input type="radio"/> 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? ..... <input type="radio"/> Yes <input type="radio"/> 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:	
	<ul style="list-style-type: none"><li>Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties</li><li>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)</li><li>Money from selling things that have cultural significance</li></ul>	
	\$	How often?

AI/AN PERSON 2:	1. Name (First name, Middle name, Last name)	
	2. Member of a federally recognized tribe? ..... <input type="radio"/> Yes <input type="radio"/> No	
	If yes, Tribe name:	State tribe is located in:
	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? ..... <input type="radio"/> Yes <input type="radio"/> 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? ..... <input type="radio"/> Yes <input type="radio"/> 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:	
	<ul style="list-style-type: none"><li>Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties</li><li>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)</li><li>Money from selling things that have cultural significance</li></ul>	
	\$	How often?

# Appendix C



Form Approved  
OMB No. 0938-1191

## Assistance with completing this application

### 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.

1. Application start date (mm/dd/yyyy)	
<input type="text"/>	
2. First name, Middle name, Last name, & Suffix	
<input type="text"/>	
3. Organization name	
<input type="text"/>	
4. ID number (if applicable)	5. Agents/Brokers only: NPN number
<input type="text"/>	<input type="text"/>

### You can choose an authorized representative.

You can give a trusted person permission to talk about this application with us, see 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.

1. Name of authorized representative (First name, Middle name, Last name)		
<input type="text"/>		
2. Address		3. Apartment or suite number
<input type="text"/>		<input type="text"/>
4. City	5. State	6. ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Phone number		
<input type="text"/>		
8. Organization name		
<input type="text"/>		
9. ID number (if applicable)		
<input type="text"/>		

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.



10. Signature of PERSON 1 listed on this application	11. Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

# Appendix D



Form Approved  
OMB No. 0938-1191

## Questions about life changes

(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 in the past 60 days, fill out the following questions. Certain life changes allow your coverage through the Marketplace to start right away. We also recommend you answer these questions if you're applying after the annual Open Enrollment Period ends and before the next annual Open Enrollment Period starts.

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?

Names	Date coverage ended or will end (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Check here if coverage ended because not paying premiums.	

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

Names	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
a. Did any of these people have qualifying health coverage at any time in the last 60 days? ..... <input type="radio"/> Yes <input type="radio"/> No	
If yes, enter their name(s) below:	
Names	
<input type="text"/>	

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

Names	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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

Names	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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

Names	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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

Names	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

#### 7. Did anyone change their primary place of living in the last 60 days?

Names	Date of move (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

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:

Names
<input type="text"/>

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