

Financial Ratings Series

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Financial Literacy Basics: Understanding Health Insurance Plans

2022



GREY HOUSE PUBLISHING

Financial Literacy Basics: Understanding Health Insurance Plans



Financial Literacy Basics: Understanding Health Insurance Plans 2022 Edition



GREY HOUSE PUBLISHING



<https://greyhouse.weissratings.com>

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2022 Edition
ISBN: 978-1-64265-890-3

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Welcome!

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

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

- How to **Make and Stick to a Budget**
- How to **Manage Debt**
- Starting a **401(k)**
- Understanding **Health Insurance** Plans
- **Renting an Apartment** & Understanding **Renters Insurance**
- 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 that includes helpful, hands-on worksheets and planners, these volumes are designed to point you toward a solid financial future with clear suggestions, supportive guidance and easy-to-follow dos and don'ts.

Financial Literacy Basics:

Understanding Health Insurance Plans



Understanding Health Insurance Plans

No one wants to suffer from 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.

And, as we navigate through the COVID-19 pandemic, many of us are thinking about how much health insurance coverage we have.

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 a serious illness.

Most health insurance plans fall into three broad categories:

- Private Health Plans
- Medicaid
- Medicare

Private health plans are offered through your employer or can be purchased individually. As the name suggests, they are typically run through a private business such as an insurance company or health care



provider. Private health insurers offer numerous plans, each offering a range of benefits that vary by cost and services covered. According to the 2020 Census, 66.5 percent of Americans 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 23 for more information about Medicaid.

Medicare is a government-sponsored plan for people 65 and older, or those who are disabled or suffer from a long-term illness. Medicare is divided

into four parts that help cover hospital expenses, doctor visits, and prescription drug costs. See page 23 for more information about Medicare.

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

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

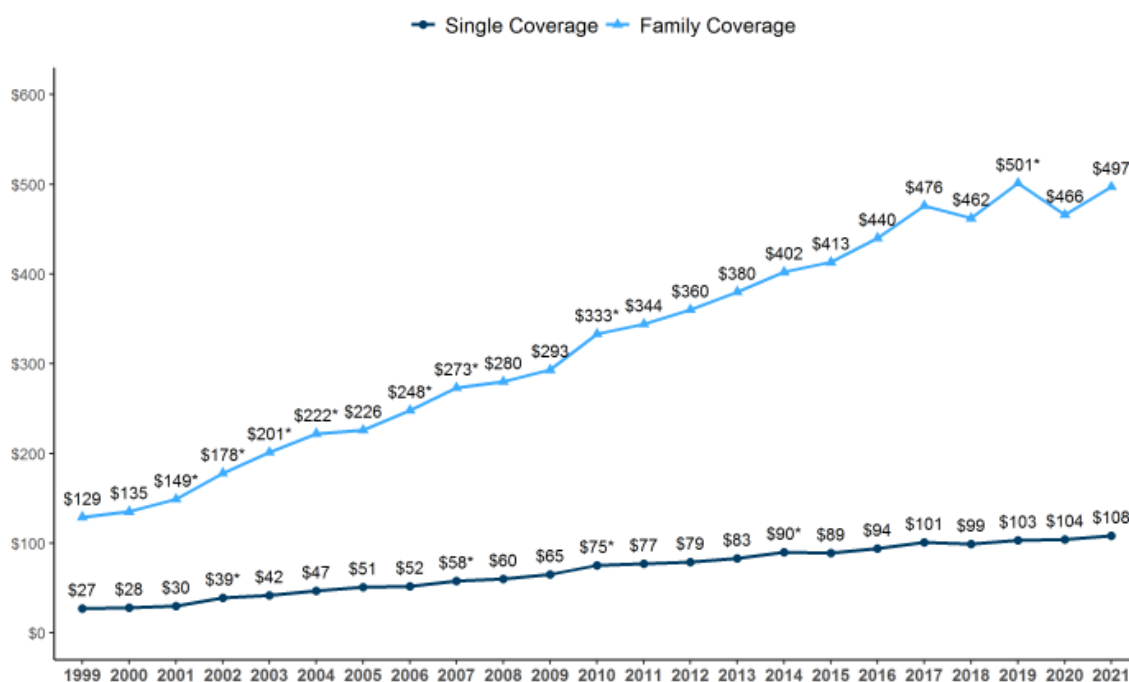


Your Health Insurance Policy

When you sign up for health insurance, you enter into an agreement with the insurance carrier 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 6.3

Average Monthly Worker Premium Contributions for Single and Family Coverage, 1999-2021



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

SOURCE: KFF Employer Health Benefits Survey, 2018-2021; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

The chart above shows the change in worker premium contributions for single and family coverage from 1999 to 2021. During that time monthly premiums increased from \$129 to \$497 for family coverage and increased from \$27 to \$108 for single coverage.

Source: <https://www.kff.org/report-section/ehbs-2021-section-6-worker-and-employer-contributions-for-premiums>



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.

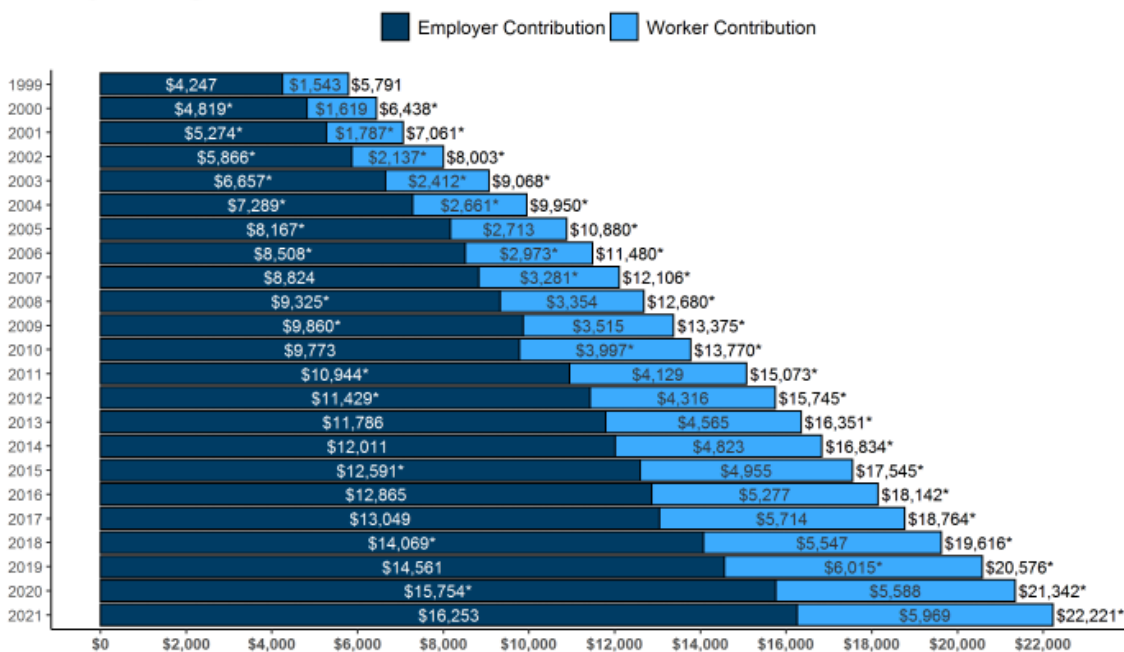
Premium

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 2021 KFF Employer Health Benefits Survey reports that the average premium for an employer-based plan in 2021 was \$7,739 a year to cover a single individual and \$22,221 for family coverage.

Figure 6.5
Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2021



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

SOURCE: KFF Employer Health Benefits Survey, 2018-2021; 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 2021. During that time premiums increased from \$5,791 to \$22,221, worker contribution increased from \$1,543 to \$5,969 and employer contribution increased from \$4,247 to \$16,253.

Source: <https://www.kff.org/report-section/ehbs-2021-section-6-worker-and-employer-contributions-for-premiums>



Sample Employer-Provided Private Health Plan Costs

Plan Cost Sharing Highlights	
Annual Deductible	\$2,500 Person/\$5,000 Family
Annual Out-of-Pocket Maximum	\$6,350 Person/\$12,700 Family
Primary Care Physician Office Visits	\$20 copay after deductible is met
Specialist Office Visits	\$50 copay after deductible is met
Preventative & Well Care Services	
Well Child Care & Immunizations Adult Annual Physical Mammography Prostate Cancer Screening Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy Bone Density Tests	Covered in Full, No Deductible, No Copay
Physician Office Services	
Diagnostic Laboratory Services	Primary: \$20 copay/ Specialist: \$50 copay
Diagnostic X-ray	Primary: \$20 copay/ Specialist: \$50 copay
Advanced Imaging Services	\$150 after deductible is met
Rehabilitative Services	\$50 copay after deductible is met
Allergy Services	\$50 copay after deductible is met
Chemotherapy	\$50 copay after deductible is met
Inpatient Services-Hospital	
Medical/Surgical Admissions	\$800 copay after deductible is met
Surgical Services	\$100 copay after deductible is met
Inpatient Physical Rehabilitation	\$800 copay after deductible is met
Outpatient Hospital Services	
Hospital Rehab Services	\$40 copay after deductible is met
Diagnostic Laboratory Services	\$40 copay after deductible is met
Diagnostic X-ray	\$50 copay after deductible is met
Advanced Imaging Services	\$150 copay after deductible is met
Ambulatory/Outpatient Surgery	\$100 copay after deductible is met
Prescription Coverage	
Tier 1	Pharm: \$10 copay/ Mail: \$25 copay
Tier 2	Pharm: \$35 copay/ Mail: \$87.50 copay
Tier 3	Pharm: 50% coinsurance/ Mail: 50% coinsurance
Prescription Drug Deductible	None
Emergency Care	
Emergency Room (ER) Visit	\$250 copay after deductible is met
Urgent Care Centers/Telemedicine	\$50 / \$0 after deductible is met
Ambulance	\$250 copay after deductible is met
Behavioral Health Services	
Mental Health Inpatient Hospital	\$800 copay after deductible is met
Mental Health Outpatient	\$20 copay after deductible is met
Substance Abuse Inpatient Hospital	\$800 copay after deductible is met
Substance Abuse Outpatient	\$20 copay after deductible is met
Residential Treatment	\$800 copay after deductible is met
Psychiatry Office Visits	\$50 copay after deductible is met
Maternity Services	
Prenatal Care	Covered in Full
Physician Delivery	\$50 copay after deductible is met
Inpatient Hospital Services	\$800 copay after deductible is met
Other Services	
Skilled Nursing Facility	\$800 copay after deductible is met
Home Health Care	\$50 copay after deductible is met
Hospice	Inpatient: \$800 copay/Outpatient: \$40 copay
Durable Medical Equipment	50% coinsurance
Diabetic Supplies & Equipment	\$20 copay after deductible is met
Chiropractic Benefit	\$50 copay after deductible is met
Vision Care	
Adult Vision Care	Not covered
Pediatric Vision Care	\$50 copay after deductible is met



Sample ACA Benefit Plan Costs

MEDICAL COST SHARES			
Coverage Category	Bronze	Silver	Gold
Coverage	Covers 60% average annual cost	Covers 70% average annual cost	Covers 80% average annual cost
Monthly Premium	Individual: \$362 Family: \$1,017	Individual: \$380 Family: \$1,245	Individual: \$449 Family: \$1,472
Deductible	Individual: \$8,700 Family: \$17,400	Individual: \$6,100 Family: \$12,200	Individual: \$3,500 Family: \$12,000
Annual Wellness Exam	\$0	\$0	\$0
Preventative Screenings & Immunizations	In Network: No Cost	In Network: No Cost	In Network: No Cost
Primary Care Visit	In Network: No charge after deductible	In Network: No charge after deductible	In Network Tier 1: \$0-40
Specialty Care Visit	In Network: No charge after deductible	In Network: No charge after deductible	In Network Tier 1: \$40-55
Emergency Room Care	In Network: No charge after deductible	In Network: No charge after deductible	In Network Tier 1: \$500-\$650
Laboratory Outpatient	No charge after deductible	In Network: No charge after deductible	In Network Tier 1: \$0-10
X-Ray and Diagnostics	No charge after deductible	In Network: No charge after deductible	In Network Tier 1: \$75
Annual Out-of-Pocket Maximum	\$8,700 individual and \$17,400 family	\$8,700 individual and \$17,400 family	\$6,000 individual and \$12,000 family
These are sample costs. Visit www.healthcare.gov to estimate the costs based on your needs. Platinum plans, which cover 90% of health care expenses, are rarely offered to individuals, so that plan is not included in this chart.			

DRUG COST SHARES—30 DAY SUPPLY			
Generic Drugs (Tier 1)	In Network: \$23	In Network: No charge after deductible	In Network Tier 1: \$3
Preferred Drugs (Tier 2)	In Network: No charge after deductible	In Network: No charge after deductible	In Network Tier 1: \$50
Non-preferred Drugs (Tier 3)	In Network: No charge after deductible	In Network: No charge after deductible	In Network Tier 1: \$250
Specialty Drugs (Tier 4)	In Network: No charge after deductible	In Network: No charge after deductible	In Network Tier 1: \$550



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

Coverage

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

Deductible

A deductible is the amount of money you must pay each year for medical expenses before your insurance plan starts paying. Deductibles also vary by plan and can range from zero to more than \$17,000. In 2021, the average annual deductible for a work-related health plan was \$1,669¹.

If your annual deductible was \$1,669, for example, and 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 \$1,669 of the bill, so your total out of pocket would be your deductible of \$1,669. Your plan would cover the remaining \$2,831 and other medical costs that you incur

during the year. Many plans cover simple procedures such as doctor visits or flu shots without you having to pay from your deductible.

Copayment

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

Coinsurance

Coinsurance is similar to a copay except that the fee you are responsible for is a percentage of the cost of the services rather than a fixed amount. 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.

In-Network Provider

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

¹<https://www.kff.org/health-costs/report/2021-employer-health-benefits-survey/>.



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

Out-of-Network Provider

This is a provider who is not a part of your insurance company's contracted group of doctors and health care facilities. In most cases, you will have to pay higher prices for services at out-of-network providers. Be aware that some insurance plans do not even cover services outside 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 2022 maximum was \$8,700 for an individual and \$17,400 for a family. This means that if you had a serious medical condition, the most you would have to pay per year would be \$8,700; 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



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: XXXXXX
Document number: XXXXXXXXXXXXXXXXXXXXXXXX
Subscriber number: XXXXXXXXXXXXXXXX
THIS IS NOT A BILL

Member name: XXXXXX
Address: XXXXXX
City, State, Zip: XXXXXX

ID: XXXXXXXXXXXXXXXX
Group: ABCDE
Group number: XXXXXXXX

Patient name: XXXXXX
Date received: XXXXXXXX

Provider: XXXXXX
Payee: XXXXXXXX

Claim number: XXXXXXXXXXXXXXXX
Date paid: XXXXXXXX

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.

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.

Visit go.cms.gov/c2c for more information
Paid for by the Department of Health & Human Services.

OMS Product No. 11819
Revised July 2018

Pre-authorization

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

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

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

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

Drug List (Formulary)

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

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

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

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

- **Tier 1:** These drugs are usually generic medications. Generic drugs are copies of brand-name drugs with the same active ingredients, dosage, effects, and safety considerations as their counterparts.
- **Tier 2:** These drugs are usually preferred brand-name medications. Brand-name drugs are named and marketed by the pharmaceutical companies that developed them. After the drug patent runs out, other companies can make generic copies of the medication.
- **Tier 3:** These drugs are usually brand-name medications that are not preferred by the health plan. A drug may be placed in this tier if it is new and not fully proven safe, or if there is an



equally effective drug at a lower tier.

- **Tier 4:** These are usually specialty medications for use on patients with serious conditions such as cancer or multiple sclerosis.

Primary Care Provider

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

Specialist

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

Excluded Services

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

Preventive Services

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

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

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



Other Services

If you are comparing insurance plans, or want to get a better understanding of what is covered in your existing plan, read your Summary of Benefits information carefully. Coverage will vary depending on which plan you have and which insurer you use, but you may be surprised to find out that your health insurance will cover a percentage of one or more of the following services:

- Hearing Aids
- Eye Exams for Children
- Eyeglasses for Children



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

Call your insurance company if you have questions about what is covered in your plan and how much the insurance company will cover for the services you need. It's always a good idea to get specific information on the costs of a procedure, and the percentage of what your insurance company will cover, before you go ahead with any medical procedure. Some services require pre-approval, so it make sense to talk with your doctor and your insurance company first to make sure you fully understand your coverage.



Insurance Card

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

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

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

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



- **Member identification number:** This is a unique ID number assigned to you. This allows doctors or health providers to verify your insurance information.
- **Group number:** This is a unique ID number assigned to the employer that purchased the health plan. This number allows your health provider to identify the benefits of your plan.
- **Type of plan:** This tells your health provider what type of plan you have. Some of the most common plans are health maintenance organizations (HMOs), preferred provider organizations (PPOs), and exclusive provider organizations (EPOs). If these plans sound like alphabet soup to you, don't worry. 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.

INSURANCE COMPANY NAME

Plan type **4**

Effective date

Prescription Group # XXXXX

Prescription Copay
\$15.00 Generic
\$20.00 Name brand

Member Name: Jane Doe **1**

Member Number: XXX-XX-XXX **2**

Group Number: XXXXX-XXX **3**

PCP Copay \$15.00
Specialist Copay \$25.00
Emergency Room Copay \$75.00

Member Service: 800-XXX-XXXX **6**

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.



Visit go.cms.gov/c2c for more information

Paid for by the Department of Health & Human Services.

CMS Product No. 11818
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 primary care physician (PCP). In most cases, if you need to see a specialist you must first get a referral from your PCP. The specialist must also be within the HMO network. For example, if you have an ear problem you will need to be examined by your PCP. If your PCP cannot treat the



issue, 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 their referral to see a specialist. Services from your PCP are typically not subject to a deductible.

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



Pros & Cons of Managed Care Plans

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

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

Some plans may also offer free preventive services such as doctor



checkups and immunizations.

A major drawback with managed-care 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.



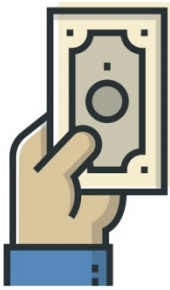
Common Exclusions

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 pre-determined percentage of the costs. You will be responsible for the rest in the forms of deductibles, copays, and coinsurance up to an out-of-pocket maximum.

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

You will generally have to pay higher premiums, deductibles, and copays and have more paperwork to process.



High Deductible Health Plans

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

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

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

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

For 2022, the IRS defines a high deductible health plan as any plan with a deductible of at least \$1,400 for an individual or \$2,800 for a family. That means that you would be responsible for the first \$1,400 of



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

All HDHPs have a maximum yearly out-of-pocket cost, which includes deductibles, copayments and coinsurance. For 2022, the out-of-pocket maximum is \$7,050 for an individual or \$14,100 for a family. That means that if you have health care costs in excess of \$7,050 during the course of a year, your health insurance plan will pay for the balance of your costs. Out-of-pocket maximums do not apply to out-of-network services.

As with any insurance plan, be sure you read the fine print before you sign up for a HDHP.



Health Savings Accounts

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

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

HSA contributions are made on a pre-tax basis, which means they are not taxed by the federal government and

they reduce the amount of your earnings that are taxable.

The IRS defines annual contribution limits, as well as catch-up limits for individuals over the age of 55. Medicare participants are not eligible for an HSA. In 2022, the maximum contribution for an individual is \$3,650 and \$7,300 for a family.

Withdrawals from an HSA can be made at any time for medical expenses as defined by the IRS. Employers can make HSA contributions, and many do so as a way of encouraging employees to participate in an HDHP which offers the participant lower monthly premiums but higher deductible amounts.

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

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





Direct Primary Care / Concierge Medical Care

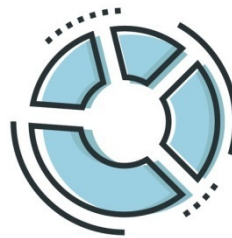
Direct primary care, also known as

concierge medical care, is a relatively new service provided by a growing number of primary care physicians. In this model, the patient pays a monthly fee to the physician. The patient gets 24/7 access to their primary care physician via phone calls and emails. Plus, most direct primary care plans offer same-day or next-day appointments. Most direct primary care agreements cost \$80 to \$180 per month. This approach is designed to give the patient greater access to, and more time with, their doctor than under more traditional plans. Direct primary care agreements vary but most cover general medical care like wellness visits, prevention screenings, diagnostic tests and minor urgent care services. These visits are not billed through insurance they are covered by the monthly fee that you pay your doctor.

Keep in mind that direct primary care is not an insurance plan. You are paying your doctor for your routine medical care. Visits to specialists, urgent care or the hospital are not covered. Prescriptions are not covered as well. If you are hospitalized or require major medical care you will have to pay out-of-pocket.

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

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



COBRA

This rather intimidating name comes from the

Consolidated Omnibus Budget Reconciliation Act of 1985.

It is a special type of insurance coverage for people who have lost their 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 their policy must have been fired or laid off, gotten divorced, or died.

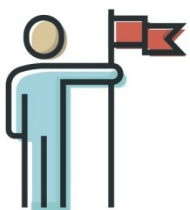
Under COBRA, your benefits would stay the same as when you were



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.

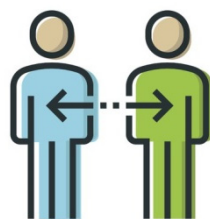
TRICARE covers all seven branches of the United States Uniformed Services: Army, Navy, Air Force, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, and the National Oceanic and Atmospheric Administration.

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

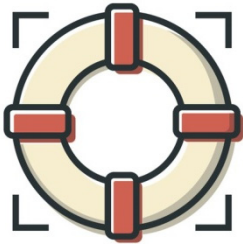
If you served in the active military service and were separated under any condition other than dishonorable, you may qualify for Veterans' Health Care (VA) benefits. Current and former members of the Reserves or National Guard who were called to active duty by a federal order and completed the full period for which they were called or ordered to active



duty may be eligible for VA health benefits as well.

Information about VA Health care 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 they become 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 & 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 low-income families and individuals. It is run

by a cooperative effort between both federal and state governments. This 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



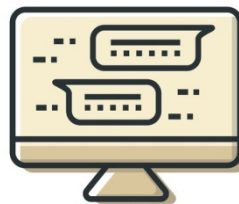
money with the letters FICA next to it. This stands for the Federal Insurance Contributions Act and it is your contribution to the Medicare fund.

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 2022 is \$170.10. 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 health care throughout their lifetime. Any savings you can take advantage of will benefit you over the long run.

If you are trying to decide between two jobs, make sure you ask about health insurance benefits. If one employer has a better health plan, or contributes more towards their



employee's health insurance, take that into consideration.

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

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

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

A Quote Comparison Worksheet is also included in the Appendix 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>.

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

The following list of Recommended Health Insurers is based on ratings as of February 3, 2022. Visit <https://greyhouse.weissratings.com> to check the latest rating of these companies.



A+ Rated Health Insurers

Insurer: **BLUE CROSS BLUE SHIELD OF ARIZONA**
Rating: A+
Headquarters: Phoenix, AZ
Licensed In: AZ
Telephone: (602) 864-4100

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

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

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

Insurer: **HMO PARTNERS INC**
Rating: A+
Headquarters: Little Rock, AR
Licensed In: AR
Telephone: (501) 551-1800

Insurer: **KAISER FOUNDATION HEALTH PLAN INC**
Rating: A+
Headquarters: Bakersfield, CA
Licensed In: CA
Website: www.kaiserpermanente.org
Telephone: 661-664-5016



A Rated Health Insurers

Insurer: **ANTHEM KENTUCKY MANAGED CARE PLAN**
Rating: A
Headquarters: Louisville, KY
Licensed In: KY
Telephone: (888) 641-5224

Insurer: **BLUE CROSS BLUE SHIELD OF MS, MUTUAL**
Rating: A
Headquarters: Flowood, MS
Licensed In: MS
Telephone: (601) 664-4590

Insurer: **CAPITAL HEALTH PLAN INC**
Rating: A
Headquarters: Tallahassee, FL
Licensed In: FL
Telephone: (850) 383-3333

Insurer: **COMPCARE HEALTH SERVICES INS CORP**
Rating: A
Headquarters: Waukesha, WI
Licensed In: WI
Telephone: (262) 523-4020

Insurer: **EMI HEALTH**
Rating: A
Headquarters: Murray, UT
Licensed In: ID, UT
Telephone: (801) 262-7476

Insurer: **FLORIDA HEALTH CARE PLAN INC**
Rating: A
Headquarters: Holly Hill, FL
Licensed In: FL
Telephone: (386) 676-7100

Insurer: **HIGHMARK WESTERN & NERN NY INC**
Rating: A
Headquarters: Buffalo, NY
Licensed In: NY
Telephone: (716) 887-6900

Insurer: **HUMANA INS CO (WI)**
Rating: A
Headquarters: De Pere, WI
Licensed In: All states except NY, PR
Telephone: (920) 336-1100



Insurer: **INLAND EMPIRE HEALTH PLAN**
Rating: A
Headquarters: Pomona, CA
Licensed In: CA
Website: www.iehp.org
Telephone: 909-623-6333

Insurer: **KAISER PERMANENTE INS CO**
Rating: A
Headquarters: Oakland, CA
Licensed In: CA, CO, DC, GA, HI, KS, MD, MO, OH, OR, SC, VA, WA
Telephone: (877) 847-7572

Insurer: **PRIORITY HEALTH**
Rating: A
Headquarters: Grand Rapids, MI
Licensed In: MI
Telephone: (616) 942-0954

Insurer: **UNICARE HEALTH PLAN OF WEST VIRGINIA**
Rating: A
Headquarters: Thousand Oaks, CA
Licensed In: WV
Telephone: (877) 864-2273

A- Rated Health Insurers

Insurer: **ABSOLUTE TOTAL CARE INC**
Rating: A-
Headquarters: Columbia, SC
Licensed In: SC
Telephone: (866) 433-6041

Insurer: **AMERIGROUP NEW JERSEY INC**
Rating: A-
Headquarters: Virginia Beach, VA
Licensed In: NJ
Telephone: (757) 490-6900

Insurer: **AMERIGROUP WASHINGTON INC**
Rating: A-
Headquarters: Virginia Beach, VA
Licensed In: WA
Telephone: (757) 490-6900

Insurer: **AMGP GEORGIA MANAGED CARE CO INC**
Rating: A-
Headquarters: Atlanta, GA
Licensed In: GA
Telephone: (678) 587-4840



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

Insurer: **BLUECROSS BLUESHIELD OF TENNESSEE**
Rating: A-
Headquarters: Chattanooga, TN
Licensed In: TN
Telephone: (423) 535-3865

Insurer: **CAPITAL DISTRICT PHYSICIANS HEALTH P**
Rating: A-
Headquarters: Albany, NY
Licensed In: CA, NY
Telephone: (518) 641-3000

Insurer: **CMNTY CARE HLTH PLAN OF NV INC**
Rating: A-
Headquarters: Virginia Beach, VA
Licensed In: NV
Telephone: (757) 490-6900

Insurer: **DEAN HEALTH PLAN INC**
Rating: A-
Headquarters: Madison, WI
Licensed In: WI
Telephone: (608) 836-1400

Insurer: **ESSENCE HEALTHCARE INC**
Rating: A-
Headquarters: Maryland Heights, MO
Licensed In: IL, MO, TX, WA
Telephone: (314) 209-2780

Insurer: **HEALTH FIRST COMM PLANS INC**
Rating: A-
Headquarters: Rockledge, FL
Licensed In: FL
Telephone: (321) 434-5600

Insurer: **HEALTH OPTIONS INC**
Rating: A-
Headquarters: Jacksonville, FL
Licensed In: FL
Telephone: (904) 791-6111

Insurer: **HEALTHSUN HEALTH PLANS INC**
Rating: A-
Headquarters: Coconut Grove, FL
Licensed In: FL
Telephone: (305) 448-8100



Insurer: **HUMANA MEDICAL PLAN INC**
Rating: A-
Headquarters: Miramar, FL
Licensed In: FL, KY, MS, NC, OR, VA
Telephone: (305) 626-5616

Insurer: **INDEPENDENT CARE HEALTH PLAN**
Rating: A-
Headquarters: Milwaukee, WI
Licensed In: IL, WI
Telephone: (414) 223-4847

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: **REGENCE BL CROSS BL SHIELD OREGON**
Rating: A-
Headquarters: Portland, OR
Licensed In: OR, WA
Telephone: (503) 225-5221

Insurer: **SCAN HEALTH PLAN**
Rating: A-
Headquarters: San Jose, CA
Licensed In: CA
Website: www.scanhealthplan.com
Telephone: 650-404-3798

Insurer: **UNITED HEALTHCARE INS CO OF IL**
Rating: A-
Headquarters: Chicago, IL
Licensed In: IL
Telephone: (312) 424-4460

Insurer: **UNITED HEALTHCARE OF THE MIDLANDS**
Rating: A-
Headquarters: Omaha, NE
Licensed In: AL, AR, IL, IN, IA, KS, MO, NE
Telephone: (402) 445-5600

Insurer: **VIVA HEALTH INC**
Rating: A-
Headquarters: Birmingham, AL
Licensed In: AL
Telephone: (205) 558-7466



Insurer: **WELLCARE OF GEORGIA INC**
Rating: A-
Headquarters: Tampa, FL
Licensed In: GA
Telephone: (813) 206-6200

Insurer: **WELLCARE OF TEXAS INC**
Rating: A-
Headquarters: Tampa, FL
Licensed In: AZ, TX
Telephone: (813) 206-6200

B+ Rated Health Insurers

Insurer: **AETNA BETTER HLTH OF KY INS CO**
Rating: B+
Headquarters: Louisville, KY
Licensed In: KY
Telephone: (855) 300-5528

Insurer: **AMERIGROUP INS CO**
Rating: B+
Headquarters: Virginia Beach, VA
Licensed In: TX
Telephone: (757) 490-6900

Insurer: **AULTCARE INS CO**
Rating: B+
Headquarters: Canton, OH
Licensed In: OH
Telephone: (330) 363-4057

Insurer: **BLUE CARE NETWORK OF MICHIGAN**
Rating: B+
Headquarters: Southfield, MI
Licensed In: MI
Telephone: (248) 799-6400

Insurer: **BLUE CROSS & BLUE SHIELD MA HMO BLUE**
Rating: B+
Headquarters: Boston, MA
Licensed In: MA
Telephone: (617) 246-5000

Insurer: **BLUE CROSS BLUE SHIELD OF NC**
Rating: B+
Headquarters: Durham, NC
Licensed In: NC
Telephone: (919) 489-7431



Insurer: **BLUE CROSS COMPLETE OF MICHIGAN**
Rating: B+
Headquarters: Philadelphia, PA
Licensed In: MI
Telephone: (215) 937-8000

Insurer: **BLUE CROSS OF IDAHO HEALTH SERVICE**
Rating: B+
Headquarters: Meridian, ID
Licensed In: ID
Telephone: (208) 345-4550

Insurer: **CHILDRENS COMMUNITY HEALTH PLAN INC**
Rating: B+
Headquarters: Milwaukee, WI
Licensed In: WI
Telephone: (800) 482-8010

Insurer: **COMMUNITY CARE BEHAVIORAL HEALTH**
Rating: B+
Headquarters: Pittsburgh, PA
Licensed In: PA
Telephone: (412) 454-2120

Insurer: **FREEDOM HEALTH INC**
Rating: B+
Headquarters: Tampa, FL
Licensed In: FL
Telephone: (813) 506-6000

Insurer: **GEISINGER HEALTH PLAN**
Rating: B+
Headquarters: Danville, PA
Licensed In: NJ, PA
Telephone: (570) 271-8777

Insurer: **GOLDEN SECURITY INS CO**
Rating: B+
Headquarters: Chattanooga, TN
Licensed In: AR, MS, TN
Telephone: (423) 535-5600

Insurer: **GROUP HOSP & MEDICAL SERVICES INC**
Rating: B+
Headquarters: Owings Mills, MD
Licensed In: DC, MD, VA
Telephone: (410) 581-3000



Insurer: **HEALTH CARE SVC CORP A MUT LEG RES**
Rating: B+
Headquarters: Chicago, IL
Licensed In: All states except AL, CA, HI, IA, KS, LA, MS, NV, NH, NY, NC, ND, RI, SD, TN, VT, WA, WY, PR
Telephone: (312) 653-6000

Insurer: **HEALTHFIRST HEALTH PLAN INC**
Rating: B+
Headquarters: New York, NY
Licensed In: NY
Telephone: (212) 801-6000

Insurer: **HEALTHPARTNERS INS CO**
Rating: B+
Headquarters: Minneapolis, MN
Licensed In: IA, MN, NE, ND, WI
Telephone: (952) 883-6000

Insurer: **HEALTHSPRING OF FLORIDA INC**
Rating: B+
Headquarters: Doral, FL
Licensed In: FL
Telephone: (305) 229-7461

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

Insurer: **HMO COLORADO**
Rating: B+
Headquarters: Denver, CO
Licensed In: CO, NV
Telephone: (303) 831-2131

Insurer: **HUMANA BENEFIT PLAN OF ILLINOIS**
Rating: B+
Headquarters: Louisville, KY
Licensed In: All states except CA, FL, NY, UT, PR
Telephone: (502) 580-1000

Insurer: **HUMANA WISCONSIN HEALTH ORGANIZATION**
Rating: B+
Headquarters: Waukesha, WI
Licensed In: DE, KY, MT, NJ, OH, RI, VA, WI
Telephone: (262) 408-4300



Insurer: **INDEPENDENT HEALTH ASSOC INC**
Rating: B+
Headquarters: Buffalo, NY
Licensed In: NY
Telephone: (716) 631-3001

Insurer: **KERN HEALTH SYSTEMS**
Rating: B+
Headquarters: Los Angeles, CA
Licensed In: CA
Telephone: 213-694-1250

Insurer: **KEYSTONE HEALTH PLAN EAST INC**
Rating: B+
Headquarters: Philadelphia, PA
Licensed In: PA
Telephone: (215) 241-2400

Insurer: **MDWISE INC**
Rating: B+
Headquarters: Indianapolis, IN
Licensed In: IN
Telephone: (317) 822-7300

Insurer: **MOUNT CARMEL HEALTH PLAN INC**
Rating: B+
Headquarters: Columbus, OH
Licensed In: OH
Telephone: (614) 546-3211

Insurer: **MY CHOICE WISCONSIN HEALTH PLAN INC**
Rating: B+
Headquarters: Madison, WI
Licensed In: WI
Website: www.mychoicewi.org
Telephone: (608) 240-0020

Insurer: **OPTIMUM CHOICE INC**
Rating: B+
Headquarters: Rockville, MD
Licensed In: DC, DE, MD, VA, WV
Telephone: (240) 632-8109

Insurer: **OXFORD HEALTH PLANS (CT) INC**
Rating: B+
Headquarters: Shelton, CT
Licensed In: CT, NJ
Telephone: (203) 447-4500



Insurer: **PHYSICIANS HEALTH PLAN OF NO IN**
Rating: B+
Headquarters: Fort Wayne, IN
Licensed In: IN
Telephone: (260) 432-6690

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

Insurer: **PRIORITY HEALTH CHOICE INC**
Rating: B+
Headquarters: Grand Rapids, MI
Licensed In: MI
Telephone: (616) 942-0954

Insurer: **REGENCE BLUE CROSS BLUE SHIELD OF UT**
Rating: B+
Headquarters: Salt Lake City, UT
Licensed In: UT
Telephone: (801) 333-2000

Insurer: **REGENCE BLUESHIELD OF IDAHO INC**
Rating: B+
Headquarters: Lewiston, ID
Licensed In: ID, WA
Telephone: (208) 746-2671

Insurer: **SAN JOAQUIN CNTY HEALTH**
Rating: B+
Headquarters: French Camp, CA
Licensed In: CA
Website: <http://www.hpsj.com>
Telephone: (888) 936-7526

Insurer: **SECURITY HEALTH PLAN OF WI INC**
Rating: B+
Headquarters: Marshfield, WI
Licensed In: WI
Telephone: (715) 221-9555

Insurer: **SELECTHEALTH INC**
Rating: B+
Headquarters: Murray, UT
Licensed In: ID, UT
Telephone: (801) 442-5000



Insurer: **SHARP HEALTH PLAN**
Rating: B+
Headquarters: Long Beach, CA
Licensed In: CA
Website: www.sharp.com
Telephone: 714-377-3215

Insurer: **UNITED HEALTHCARE OF TX INC**
Rating: B+
Headquarters: Minnetonka, MN
Licensed In: TX
Telephone: (952) 936-1300

Insurer: **UNITED HEALTHCARE OF WISCONSIN INC**
Rating: B+
Headquarters: Wauwatosa, WI
Licensed In: AZ, IL, IA, KY, NC, OH, TN, VA, WI
Telephone: (414) 443-4000

Insurer: **UNITEDHEALTHCARE BENEFITS OF TEXAS**
Rating: B+
Headquarters: Minnetonka, MN
Licensed In: TX
Telephone: (952) 979-7329

Insurer: **UNITEDHEALTHCARE COMMUNITY PLAN INC**
Rating: B+
Headquarters: Southfield, MI
Licensed In: MI
Telephone: (248) 559-5656

Insurer: **UNITEDHEALTHCARE COMMUNITYPLAN OHIO**
Rating: B+
Headquarters: Minnetonka, MN
Licensed In: OH
Telephone: (952) 931-4014

Insurer: **UNITEDHEALTHCARE OF OREGON**
Rating: B+
Headquarters: Minnetonka, MN
Licensed In: OR, WA
Telephone: (952) 936-1300

Insurer: **UPMC FOR YOU INC**
Rating: B+
Headquarters: Pittsburgh, PA
Licensed In: PA
Telephone: (412) 434-1200



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

Insurer: **VISTA HEALTH PLAN INC**
Rating: B+
Headquarters: Philadelphia, PA
Licensed In: PA
Telephone: (215) 241-2400





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>.

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

The following list of Weakest Health Insurers is based on ratings as of February 3, 2022. Visit <https://greyhouse.weissratings.com> to check the latest rating of these companies.



E- Rated Health Insurers

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

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

Insurer: **BAYCARE SELECT HEALTH PLANS**
Rating: E-
Headquarters: Clearwater, FL
Licensed In: FL
Telephone: (727) 519-1766

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

Insurer: **CARECONNECT INS CO**
Rating: E-
Headquarters: East Hills, NY
Licensed In: NY
Telephone: (516) 401-5830

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

Insurer: **CHILDRENS MEDICAL CENTER HEALTH PLAN**
Rating: E-
Headquarters: Irving, TX
Licensed In: TX
Telephone: (214) 456-7000



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

Insurer: **FLORIDA TRUE HEALTH INC**
Rating: E-
Headquarters: Palm Beach Gardens, FL
Licensed In: FL
Telephone: (215) 937-8000

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

Insurer: **GHS INS CO**
Rating: E-
Headquarters: Chicago, IL
Licensed In: AR, CO, IL, IN, KS, NM, OK, TX
Telephone: (312) 653-6000

Insurer: **GOLDEN STATE MEDICARE HEALTH PLAN**
Rating: E-
Headquarters: Seal Beach, CA
Licensed In: CA
Website: www.goldenstatemhp.com
Telephone: 608-347-4897

Insurer: **HCSC INS SERVICES CO**
Rating: E-
Headquarters: Chicago, IL
Licensed In: All states except CT, HI, ME, NH, NJ, NY, VT, PR
Telephone: (312) 653-6000

Insurer: **HUMANA HEALTH PLANS OF PUERTO RICO**
Rating: E-
Headquarters: San Juan, PR
Licensed In: PR
Telephone: (787) 282-7900

Insurer: **INDIANA UNIVERSITY HEALTH PLANS INC**
Rating: E-
Headquarters: Indianapolis, IN
Licensed In: IN
Telephone: (317) 963-4822



Insurer: **MMM FLORIDA INC**
Rating: E-
Headquarters: Miami, FL
Licensed In: FL
Telephone: (844) 212-9858

Insurer: **MMM HEALTHCARE LLC**
Rating: E-
Headquarters: San Juan, PR
Licensed In: PR
Telephone: (787) 622-3000

Insurer: **NEW MEXICO HEALTH CONNECTIONS**
Rating: E-
Headquarters: Albuquerque, NM
Licensed In: NM
Telephone: (866) 668-9002

Insurer: **NEXTLEVEL HEALTH PARTNERS INC**
Rating: E-
Headquarters: Oak Park, IL
Licensed In:
Telephone: (844) 807-9734

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
Telephone: (646) 403-3677

Insurer: **PROVIDER PARTNERS HEALTH PLAN OF PA**
Rating: E-
Headquarters: Linthicum Height, MD
Licensed In: PA
Telephone: (410) 308-2300

Insurer: **SEASIDE HEALTH PLAN**
Rating: E-
Headquarters: San Diego, CA
Licensed In: CA
Telephone: 858-927-5360

Insurer: **SPARTAN PLAN NY INC**
Rating: E-
Headquarters: Glen Allen, VA
Licensed In: NY
Telephone: (804) 396-6412



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: www.healthchoiceutah.com
Telephone: (801) 984-3388

Insurer: **ULTIMATE HEALTH PLANS INC**
Rating: E-
Headquarters: Spring Hill, FL
Licensed In: FL
Telephone: (352) 835-7151

Insurer: **VIBRA HEALTH PLAN INC**
Rating: E-
Headquarters: Harrisburg, PA
Licensed In: PA
Telephone: (717) 510-6200

Insurer: **VITALITY HEALTH PLAN OF CA INC**
Rating: E-
Headquarters: Cerritos, CA
Licensed In:
Website: www.vitalityhp.net
Telephone: (866) 333-3530

Insurer: **WESTERN GROCERS EMPLOYEE BENEFITS**
Rating: E-
Headquarters: Clackamas, OR
Licensed In: AK, OR, WA
Telephone: (503) 968-2360



E Rated Health Insurers

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
Telephone: (888) 460-0185

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

Insurer: **CALIFORNIA HEALTH & WELLNESS PLAN**
Rating: E
Headquarters: Sacramento, CA
Licensed In: CA
Telephone: 818-676-8486

Insurer: **CIGNA HEALTHCARE OF NEW JERSEY INC**
Rating: E
Headquarters: Bloomfield, CT
Licensed In: NJ
Telephone: (860) 226-6000

Insurer: **DOCTORS HEALTHCARE PLANS INC**
Rating: E
Headquarters: Coral Gables, FL
Licensed In: FL
Telephone: (786) 460-3427

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

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



Insurer: **MODA HEALTH PLAN INC**
Rating: E
Headquarters: Portland, OR
Licensed In: AK, CA, ID, OR, TX, WA
Telephone: (503) 228-6554

Insurer: **OPTIMA HEALTH INS CO**
Rating: E
Headquarters: Virginia Beach, VA
Licensed In: VA
Telephone: (757) 552-7401

Insurer: **PREMIER HEALTH INSURING CORP**
Rating: E
Headquarters: Dayton, OH
Licensed In: OH
Telephone: (937) 499-9588

Insurer: **PROVIDER PARTNERS HEALTH PLAN INC**
Rating: E
Headquarters: Linthicum Height, MD
Licensed In: MD
Telephone: (410) 308-2300

Insurer: **UNIVERSAL CARE**
Rating: E
Headquarters: Cypress, CA
Licensed In: CA
Website: www.universalcare.com
Telephone: 916-451-1592

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



E+ Rated Health Insurers

Insurer: **COOK CHILDRENS HEALTH PLAN**
Rating: E+
Headquarters: Fort Worth, TX
Licensed In: TX
Telephone: (682) 885-2149

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

Insurer: **ELAN INSURANCE USVI INC**
Rating: E+
Headquarters: ,
Licensed In: No States
Telephone: (305) 890-1544

Insurer: **GOOD SAMARITAN INS PLAN OF SD**
Rating: E+
Headquarters: Glen Allen, VA
Licensed In: SD
Telephone: (804) 396-6412

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

Insurer: **GUARANTY ASSURANCE CO**
Rating: E+
Headquarters: Sugar Land, TX
Licensed In: LA
Website: www.fclldental.com
Telephone: (281) 313-7150

Insurer: **LOUISIANA HEALTHCARE CONNECTIONS INC**
Rating: E+
Headquarters: Saint Louis, MO
Licensed In: LA
Telephone: (314) 725-4477

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



Insurer: **MONARCH HEALTH PLAN**
Rating: E+
Headquarters: Irvine, CA
Licensed In: CA
Website: www.monarchhealthplan.com
Telephone: 949-923-3350

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

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

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

Insurer: **SEQUOIA HEALTH PLAN INC**
Rating: E+
Headquarters: Visalia, CA
Licensed In:

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

Insurer: **TAKECARE INS CO**
Rating: E+
Headquarters: Tamuning, GU
Licensed In: No States
Telephone: (671) 300-7142

Insurer: **UNITEDHEALTHCARE INSURANCE COMPANY O**
Rating: E+
Headquarters: Schaumburg, IL
Licensed In: All states except NY, PR
Website: www.uhc.com
Telephone: (224) 231-1451





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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
- **Insurance Information Institute** - www.iii.org
- **Independent Insurance Agents & Brokers of America**www.independentagent.com/default.aspx
- **Weiss Ratings, LLC** provides financial strength ratings for health insurance plans nationwide: www.weissratings.com
- **COBRA Insurance**
Telephone: 1-877-279-7959 www.cobrainsurance.com
- **Health care.gov**: Official website of the Affordable Care Act marketplace.
Telephone: 1-800-318-2596 www.health.care.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-DOLwww.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
- **TRICARE Insurance**
www.tricare.mil



State Insurance Commissioners' Departmental Contact Information

State	Official's Title	Website Address	Phone
Alabama	Commissioner	www.aldoi.gov	(334) 269-3550
Alaska	Director	https://www.commerce.alaska.gov/web/ins/	(907) 269-7900
Arizona	Director	https://insurance.az.gov/	(602) 364-3100
Arkansas	Commissioner	www.insurance.arkansas.gov	(501) 371-2600
California	Commissioner	www.insurance.ca.gov	(916) 492-3500
Colorado	Commissioner	https://dora.colorado.gov/	(303) 894-7499
Connecticut	Commissioner	https://portal.ct.gov/cid	(860) 297-3800
Delaware	Commissioner	https://insurance.delaware.gov/	(302) 674-7300
Dist. of Columbia	Commissioner	http://disb.dc.gov/	(202) 727-8000
Florida	Commissioner	www.floir.com/	(850) 413-3140
Georgia	Commissioner	www.oci.ga.gov/	(404) 656-2070
Hawaii	Commissioner	http://cca.hawaii.gov/ins/	(808) 586-2790
Idaho	Director	www.doi.idaho.gov	(208) 334-4250
Illinois	Director	www2.illinois.gov/	(217) 558-2757
Indiana	Commissioner	www.in.gov/idoi/	(317) 232-2385
Iowa	Commissioner	https://iid.iowa.gov/	(515) 654-6600
Kansas	Commissioner	https://insurance.kansas.gov/	(785) 296-3071
Kentucky	Commissioner	https://insurance.ky.gov/ppc/new_default.aspx	(502) 564-3630
Louisiana	Commissioner	www.lidi.la.gov/	(225) 342-5900
Maine	Superintendent	www.maine.gov/pfr/insurance/	(207) 624-8475
Maryland	Commissioner	http://insurance.maryland.gov/Pages/default.aspx	(410) 468-2000
Massachusetts	Commissioner	https://www.mass.gov/orgs/division-of-insurance	(617) 521-7794
Michigan	Director	http://www.michigan.gov/difs	(517) 284-8800
Minnesota	Commissioner	http://mn.gov/commerce/	(651) 539-1500
Mississippi	Commissioner	http://www.mid.ms.gov/	(601) 359-3569
Missouri	Director	www.insurance.mo.gov	(573) 751-4126
Montana	Commissioner	http://csimt.gov/	(406) 444-2040
Nebraska	Director	www.doi.nebraska.gov/	(402) 471-2201
Nevada	Commissioner	www.doi.nebraska.gov/	(775) 687-0700
New Hampshire	Commissioner	www.nh.gov/insurance/	(603) 271-2261
New Jersey	Commissioner	www.state.nj.us/dobi/	(609) 292-7272
New Mexico	Superintendent	www.osi.state.nm.us/	(505) 827-4601
New York	Superintendent	www.dfs.ny.gov/	(212) 709-3500
North Carolina	Commissioner	https://www.ncdoi.gov/	(919) 807-6000
North Dakota	Commissioner	https://www.insurance.nd.gov/	(701) 328-2440
Ohio	Director	www.insurance.ohio.gov	(614) 644-2658
Oklahoma	Commissioner	https://www.oid.ok.gov/	(405) 521-2828
Oregon	Insurance Commissioner	http://dfr.oregon.gov/Pages/index.aspx	(503) 947-7980
Pennsylvania	Commissioner	www.insurance.pa.gov/	(717) 787-7000
Puerto Rico	Commissioner	https://ocs.pr.gov/English/Pages/default.aspx	(787) 304-8686
Rhode Island	Superintendent	https://dbr.ri.gov/contact/	(401) 462-9500
South Carolina	Director	www.doi.sc.gov	(803) 737-6160
South Dakota	Director	http://dlr.sd.gov/insurance/default.aspx	(605) 773-3563
Tennessee	Commissioner	http://tn.gov/commerce/	(615) 741-2241
Texas	Commissioner	www.tdi.texas.gov/	(512) 676-6000
Utah	Commissioner	www.insurance.utah.gov	(801) 957-9200
Vermont	Commissioner	www.dfr.vermont.gov/	(802) 828-3301
Virgin Islands	Lieutenant Governor	https://ltg.gov.vi/	(340) 774-7166
Virginia	Commissioner	https://scc.virginia.gov/pages/Home	(804) 371-9741
Washington	Commissioner	www.insurance.wa.gov	(360) 725-7000
West Virginia	Commissioner	www.wvinsurance.gov	(304) 558-3354
Wisconsin	Commissioner	https://oci.wi.gov/Pages/Homepage.aspx	(608) 266-3586
Wyoming	Commissioner	http://doi.wyo.gov/	(307) 777-7401





Application for Health Coverage & Help Paying Costs

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



Use this application to see what coverage you qualify for

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



Who can use this application?

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



What you may need to apply

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



Why do we ask for this information?

We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. **We'll keep all the information you provide private and secure, as required by law.** 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 8. **If you don't have all the information we ask for, sign and submit your application anyway.** We'll follow up with you within 1–2 weeks, and **you may get a call from the Marketplace if we need more information.** You'll get an Eligibility Notice in the mail after we process your application. If you don't hear from us, contact the Marketplace Call Center. Filling out this application doesn't mean you have to buy health coverage.



Get help with this application

- **Online:** [HealthCare.gov](https://www.healthcare.gov).
- **Phone:** Call the Marketplace Call Center at **1-800-318-2596**. TTY users can call **1-855-889-4325**.
- **In-person:** There may be 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 Marketplace information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice), or call the Marketplace Call Center at **1-800-318-2596** for more information. TTY users can call **1-855-889-4325**.

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

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HealthCare.gov



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 household 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. Home address 2
<input type="text"/>			<input type="text"/>
4. City	5. State	6. ZIP code	7. County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Mailing address (if different from home address)			9. Mailing address 2
<input type="text"/>			<input type="text"/>
10. City	11. State	12. ZIP code	13. County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Phone number		15. Second 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. Preferred language: Written		Spoken	
<input type="text"/>		<input type="text"/>	

Step 2: Tell us about your household.

Who do you need to include on this application?

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

For adults who need coverage:

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

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

For children under age 21 who need coverage:

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

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

Complete Step 2 for each person in your household.

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

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



Step 2: PERSON 1 (Start with yourself.)

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

1. First name		Middle name	Last name	Suffix
<div></div>				
2. Relationship to PERSON 1?	3. Are you married?		4. Date of birth (mm/dd/yyyy)	5. Sex
SELF	<input type="radio"/> Yes <input type="radio"/> No		<div></div>	<input type="radio"/> Female <input type="radio"/> Male
6. Social Security Number (SSN) <div></div>				
<p>★ We need an SSN if you want health coverage and have an SSN or can get one. We use SSNs to check income and other information to see who's eligible for help paying for health coverage. For more information on getting an SSN, visit socialsecurity.gov, or call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.</p>				
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"/> YES. If yes , answer items a through c. <input type="radio"/> NO. If no , skip to item c.				
a. Will you file jointly with a spouse? <input type="radio"/> Yes <input type="radio"/> No				
If yes, write name of spouse: <div></div>				
b. Will you claim any dependents on your tax return? <input type="radio"/> Yes <input type="radio"/> No				
If yes, list name(s) of dependents: <div></div>				
c. Will you be claimed as a dependent on someone's tax return? <input type="radio"/> Yes <input type="radio"/> No				
If yes, list the name of the tax filer: <div></div> How are you related to the tax filer? <div></div>				
8. Are you pregnant? <input type="radio"/> Yes <input type="radio"/> No a. If yes, how many babies are expected during this pregnancy? <div></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"/> YES. If yes , answer all the questions below. <input type="radio"/> NO. If no , SKIP to the income questions on page 3. Leave the rest of this page blank.				
10. Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.), a special health care need, or live in a medical facility or nursing home? <input type="radio"/> Yes <input type="radio"/> No				
11. Are you a U.S. citizen or U.S. national? <input type="radio"/> Yes <input type="radio"/> No				
12. Are you a naturalized or derived citizen? <i>(This usually means you were born outside the U.S.)</i>				
<input type="radio"/> YES. If yes , complete a and b. <input type="radio"/> NO. If no , continue to question 13.				
a. Alien number:		b. Certificate number:		After you complete a and b, SKIP to question 14.
<div></div>		<div></div>		
13. If you aren't a U.S. citizen or U.S. national, do you have eligible immigration status? <input type="radio"/> YES . 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></div>	<div></div>	<div></div>		
Alien or I-94 number		Card number or passport number		
<div></div>		<div></div>		
SEVIS ID or expiration date (optional)		Other (category code or country of issuance)		
<div></div>		<div></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>(Fill in "yes" if you or your spouse takes care of this child.)</i> <input type="radio"/> Yes <input type="radio"/> No				
List the names and relationships of any children under 19 that live with you in your household:				
<div></div>				
16. Are you a full-time student? <input type="radio"/> Yes <input type="radio"/> No		17. Were you in foster care at age 18 or older? <input type="radio"/> Yes <input type="radio"/> No		
Optional: <i>(Fill in all that apply.)</i>		18. 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 <div></div>		
		19. 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 <div></div>		

**Step 2: PERSON 1** (Continue with yourself.)**Current job & income information**

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

☐ **Not employed:**
Skip to item 30.

☐ **Self-employed:**
Skip to item 29.

Current job 1:

20. Employer name

a. Employer address (optional)

b. City

c. State

d. ZIP code

21. Employer phone number

22. Wages/tips (before taxes)

☐ Hourly☐ Weekly☐ Every 2 weeks

23. Average hours worked each WEEK

\$

☐ Twice a month☐ Monthly☐ Yearly**Current job 2:** (If you have additional jobs and need more space, attach another sheet of paper.)

24. Employer name

a. Employer address (optional)

b. City

c. State

d. ZIP code

25. Employer phone number

26. Wages/tips (before taxes)

☐ Hourly☐ Weekly☐ Every 2 weeks

27. Average hours worked each WEEK

\$

☐ Twice a month☐ Monthly☐ Yearly28. In the past year, did you: ☐ Change jobs ☐ Stop working ☐ Start working fewer hours ☐ None of these

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

a. Type of work:

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

\$

30. **Other income you get this month:** Fill in all that apply, and give the amount and how often you get it. Fill in here if none. ☐**NOTE:** You **don't** need to tell us about income from child support, veteran's payments, or Supplemental Security Income (SSI).☐ Unemployment

\$

How often?

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

\$

How often?

☐ Pension

\$

How often?

☐ Net farming/fishing

\$

How often?

☐ Social Security

\$

How often?

☐ Net rental/royalty

\$

How often?

☐ Retirement accounts

\$

How often?

☐ Other income, type: _____

\$

How often?

31. **Deductions:** Fill in all that apply, and give the amount and how often you pay it. If you pay for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.**NOTE:** You shouldn't include child support that you pay, or a cost already considered in your answer to net self-employment (question 29b).☐ Alimony paid (**Note:** Only for divorces finalized before 1/1/2019.)

\$

How often?

☐ Other deductions, type: _____

\$

How often?

☐ Student loan interest

\$

How often?

32. **Complete this question if your income changes during the year**, like if you only work at a job for part of the year or 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'll be different)

\$

☐ Fill in if you think your income will be hard to predict.**Thanks! This is all we need to know about you.**

Step 2: PERSON 2

Note: If this person doesn't need health coverage, just answer questions 1-10 on this page. Make a copy of pages 4-5 if there are more than 2 people in your household.



Page 4 of 9

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 household members who live with you. See page 1 for more information about who to include.

1. First name		Middle name		Last name		Suffix	
2. Relationship to PERSON 1? <i>See instructions.</i>		3. Is PERSON 2 married?		4. Date of birth (mm/dd/yyyy)		5. Sex	
<input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="radio"/> Female <input type="radio"/> Male	
6. Social Security Number (SSN)				★ We need this if you want health coverage for PERSON 2, and PERSON 2 has an SSN.			
7. Does PERSON 2 live at the same address as PERSON 1?		<input type="radio"/> Yes <input type="radio"/> No					
If no, list address: <input type="text"/>							
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, answer items a through c. <input type="radio"/> NO. If no, skip to item c.							
a. Will PERSON 2 file jointly with a spouse? <input type="radio"/> Yes <input type="radio"/> No							
If yes, write name of spouse: <input type="text"/>							
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: <input type="text"/>							
c. Will PERSON 2 be claimed as a dependent on someone's tax return? <input type="radio"/> Yes <input type="radio"/> No							
If yes, list the name of the tax filer: <input type="text"/>				How is PERSON 2 related to the tax filer? <input type="text"/>			
9. Is PERSON 2 pregnant? <input type="radio"/> Yes <input type="radio"/> No a. If yes, how many babies are expected during this pregnancy? <input type="text"/>							
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.), a special health care need, 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			
<input type="text"/>				<input type="text"/>			
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. <i>See instructions.</i>							
Immigration document type:		Status type (optional):		Write PERSON 2's name as it appears on their immigration document.			
<input type="text"/>		<input type="text"/>		<input type="text"/>			
Alien or I-94 number				Card number or passport number			
<input type="text"/>				<input type="text"/>			
SEVIS ID or expiration date (optional)				Other (category code or country of issuance)			
<input type="text"/>				<input type="text"/>			
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? (Fill in "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.)							
<input type="text"/>							
Was PERSON 2 in foster care at age 18 or older? <input type="radio"/> Yes <input type="radio"/> No							
Answer these questions if PERSON 2 is 22 or younger:							
18. Did PERSON 2 have insurance through a job and lose it within the past 3 months? <input type="radio"/> Yes <input type="radio"/> No							
a. If yes, end date: <input type="text"/>				b. Reason the insurance ended: <input type="text"/>			
19. Is PERSON 2 a full-time student? <input type="radio"/> Yes <input type="radio"/> No							
Optional: (Fill in all that apply.)		20. 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 <input type="text"/>					
		21. 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 <input type="text"/>					

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 item 22.

☐ **Not employed:** Skip to item 32.

☐ **Self-employed:** Skip to item 31.

Current job 1:

22. Employer name

a. Employer address (optional)

b. City

c. State

d. ZIP code

23. Employer phone number

24. Wages/tips (before taxes)

☐ Hourly

☐ Weekly

☐ Every 2 weeks

25. Average hours worked each WEEK

\$

☐ Twice a month

☐ Monthly

☐ Yearly

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

26. Employer name

a. Employer address (optional)

b. City

c. State

d. ZIP code

27. Employer phone number

28. Wages/tips (before taxes)

☐ Hourly

☐ Weekly

☐ Every 2 weeks

29. Average hours worked each WEEK

\$

☐ Twice a month

☐ Monthly

☐ Yearly

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

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

a. Type of work:

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

\$

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

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

☐ Unemployment

\$

How often?

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

\$

How often?

☐ Pension

\$

How often?

☐ Net farming/fishing

\$

How often?

☐ Social Security

\$

How often?

☐ Net rental/royalty

\$

How often?

☐ Retirement accounts

\$

How often?

☐ Other income, type:

\$

How often?

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

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

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

\$

How often?

☐ Other deductions, type:

\$

How often?

☐ Student loan interest

\$

How often?

34. **Complete only if PERSON 2's income changes during the year**, like if PERSON 2 only works at a job for part of the year or 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**

\$

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

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



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

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

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

Step 4: Your household's health coverage

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

☐ Yes ☐ No

Who?

Date:

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

Who?

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

Who?

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

☐ **YES.** Continue and then complete Appendix A. ☐ **NO.**

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

Is anyone listed on the application offered an individual coverage Health Reimbursement Arrangement (HRA)

or a Qualified Small Employer HRA (QSEHRA)? ☐ Yes ☐ No

3. Is anyone enrolled in health coverage now?

☐ **YES. If yes**, continue to question 4. ☐ **NO. If no**, SKIP to Step 5.

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

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

Name of person enrolled in health coverage

Type of coverage:

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

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

Name of health insurance company

Policy/ID number

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

Name of health insurance company

Policy/ID number

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

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

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

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

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

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

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

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

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

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

If anyone on this application is eligible for Medicaid:

• I'm giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I'm also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.

• Does any child on this application have a parent living outside of the home? ☐ Yes ☐ No

• If yes, I know I'll be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I may not have to cooperate.

• I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.

• I know that I must tell the Health Insurance Marketplace® within 30 days if anything changes (and is different than) what I wrote on this application. I can visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** to report any changes. I understand that a change in my information could affect my eligibility as well as eligibility for member(s) of my household.

• I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [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 confirmation.

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

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

• You can have someone request or participate in your appeal if you want to. That person can be a friend, relative, lawyer, or other individual.

Or, you can request and participate in your appeal on your own.

• If you request an appeal, you may be able to keep your eligibility for coverage while your appeal is pending.

• The outcome of an appeal could change the eligibility of other members of your household.

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

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

Signature

Date signed (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--

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



Step 6: Mail completed application



Mail your signed application to:

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



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

Get help in a language other than English

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

Here's a listing of 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.



Get help in a language other than English (Continued)

Polski (Polish)

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

Русский (Russian)

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

Français (French)

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

Deutsch (German)

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

ગુજરાતી (Gujarati)

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કૉલ 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。

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



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

Appendix A: Health Coverage from Jobs



Form Approved
OMB No. 0938-1191
Expires: 09/30/2022

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

Tell us about the job that offers coverage.

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

Employee information

1. Employee name (First, Middle, Last)	2. Employee Social Security Number (SSN)
<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 offered health coverage by this employer? Only select "yes" if they'll have an offer of coverage as of the beginning of next month, or as of January 1 if applying during Open Enrollment.

☐ **YES** (Continue)

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

EMPLOYEE: Return to your application for Marketplace coverage.)

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

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

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

Name

Name

Name

continued on the next page



Tell us about the health coverage offered by this employer.

14. Does the employer offer a health plan that meets the minimum value standard*?

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

15. How much would the employee have to pay for the lowest cost plan offered **to the employee only** that meets the minimum value standard*? Don't include family plans. **NOTE:** If the employer offers wellness programs, enter the premium that the employee would pay if the employee got the maximum discount for any tobacco cessation programs and didn't get any other discounts based on wellness programs.

a. Employee would pay this premium: \$

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

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

NOTE: If the premium changes, come back and update your application.

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

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



Form Approved
OMB No. 0938-1191
Expires: 09/30/2022

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

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

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

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

AI/AN PERSON 1:	1. Name (First name, Middle name, Last name)		
	<input type="text"/>		
	2. Member of a federally recognized tribe? <input type="radio"/> Yes <input type="radio"/> No		
	If yes, Tribe name:		State tribe is located in: <input type="text"/>
AI/AN PERSON 1:	3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? <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">• Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties• Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)• Money from selling things that have cultural significance		
AI/AN PERSON 1:	Income type:		How often?
	<input type="radio"/> Self-employment <input type="radio"/> Rental or royalty <input type="radio"/> Farming or fishing <input type="radio"/> Other: <input type="text"/>		<input type="text"/>

AI/AN PERSON 2:	1. Name (First name, Middle name, Last name)		
	<input type="text"/>		
	2. Member of a federally recognized tribe? <input type="radio"/> Yes <input type="radio"/> No		
	If yes, Tribe name:		State tribe is located in: <input type="text"/>
AI/AN PERSON 2:	3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? <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">• Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties• Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)• Money from selling things that have cultural significance		
AI/AN PERSON 2:	Income type:		How often?
	<input type="radio"/> Self-employment <input type="radio"/> Rental or royalty <input type="radio"/> Farming or fishing <input type="radio"/> Other: <input type="text"/>		<input type="text"/>

Appendix C: Help with Completing this Application



Form Approved
OMB No. 0938-1191
Expires: 09/30/2022

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. Home address 2
<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"/>



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

Appendix D: Questions about life changes



Form Approved
OMB No. 0938-1191
Expires: 09/30/2022

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

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

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

Tell us about changes in your household.

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

Name(s)	Date coverage ended or will end (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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

Name(s)	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? ☐ Yes ☐ No

If yes, enter their name(s) below:

Name(s)

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

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

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

Name(s)	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?

Name(s)	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?

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

7. Did anyone move in the last 60 days?

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

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

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

If yes, enter their name(s) below:

Name(s)

SAMPLE PRIVATE HEALTH INSURANCE ENROLLMENT FORM

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

1. INFORMATION ABOUT YOURSELF INSTRUCTIONS TO EMPLOYEE: Please print or type and complete Sections 1 through 5.

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

2. ENROLLMENT/CHANGE

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

A ☐ New Applicant Reason **B** ☐ Termination
☐ Name Change ☐ New Hire ☐ Remove Dependent(s) only (please specify)
☐ COBRA ☐ Open Enrollment
☐ Add Dependent ☐ COBRA/State Continuation
☐ Plan Transfer ☐ Qualifying Event (describe) _____
☐ Address Change ☐ Other _____
☐ Dependent to 30 _____

3. CHOOSE COVERAGE

☐ HMO* ☐ EPO
☐ PPO ☐ Prescription Drug Only
☐ Indemnity ☐ High Deductible EPO
☐ Dental ☐ High Deductible PPO
☐ POS*

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

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

Effective Date of Change **Effective Date of Change**
 (if you are applying for an HMO or POS, you must choose a Primary Care Physician for each family member)
 1. Name (First, Middle, Last) Relationship to Employee (self) Social Security# PCP#
☐ Male ☐ Female Date of Birth ____ / ____ / ____
 Primary Care Physician (First, Last)
 2. Name (First, Middle, Last) Relationship to Employee (spouse)
☐ Male ☐ Female Date of Birth ____ / ____ / ____
 Primary Care Physician (First, Last)
 3. Name (First, Middle, Last) Relationship to Employee
☐ Male ☐ Female Date of Birth ____ / ____ / ____
 Primary Care Physician (First, Last)
 4. Name (First, Middle, Last) Relationship to Employee
☐ Male ☐ Female Date of Birth ____ / ____ / ____
 Primary Care Physician (First, Last)
 5. Name (First, Middle, Last) Relationship to Employee
☐ Male ☐ Female Date of Birth ____ / ____ / ____
 Primary Care Physician (First, Last)

5. SIGNATURE

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

Signature _____ Date _____

Glossary

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

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



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



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

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



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



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Box Set: 978-1-64265-890-3

ISBN 978-1-64265-890-3



9 781642 658903 >

Grey House
Publishing

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