

Financial Ratings Series

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Financial Literacy: Planning for the Future
**Making the Right Healthcare
Coverage Choices**

2019/20



GREY HOUSE PUBLISHING

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2019/20 Edition

A pile of US dollar bills, including \$100 and \$50 bills, is scattered across the bottom of the page. A white rectangular box with a black border is centered over the pile.

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Welcome!

Grey House Publishing and Weiss Ratings are proud to announce the second edition of ***Financial Literacy: Planning for the Future***. Each volume in this series provides readers with easy-to-understand guidance on how to manage their finances. This eight-volume set provides helpful guidance to readers who are ready for the next step in their financial planning—starting a family, buying a home, weighing insurance options, protecting themselves from identify theft, planning for college and so much more. Designed as a complement to ***Financial Literacy Basics***, ***Financial Literacy: Planning for the Future*** takes readers even further towards their financial goals.

Written in easy-to-understand language, these guides take the guesswork out of financial planning. Each guide is devoted to a specific topic relevant to making big decisions with significant financial impact. Combined, these eight guides provide readers with helpful information on how to best manage their money and plan for their future and their family's future. Readers will find helpful guidance on:

- Financial Planning for **Living Together, Getting Married & Starting a Family**
- **Buying a Home**
- **Insurance Strategies & Estate Planning** to Protect Your Family
- Making the Right **Healthcare Coverage** Choices
- Protect Yourself from **Identify Theft & Other Scams**
- **Starting a Career & Career Advancement**
- **Saving for Your Child's Education**
- **Retirement Planning Strategies** & the Importance of Starting Early

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

Planning for the Future: Making the Right Healthcare Coverage Choices



Healthcare: Essential Health Benefits

The Affordable Care Act of 2010 (ACA) outlined ten “essential health benefits,” a list of medical services that, taken together, comprises a minimum federal standard for health insurance coverage in the United States. The ACA requires all plans sold on the healthcare exchanges—also known as Obamacare plans—to provide these benefits. Many employer-based plans include these benefits, too, although private insurers are not mandated to include all of these benefits in plans sold outside of the exchanges. Nonetheless, a declaration of standards—and the requirement that these benefits be included in plans sold on the exchanges—sends a strong message to insurance companies and employers.

Every plan, according to the ACA, must cover the following groups of services:

- Outpatient care or ambulatory patient services;
- Emergency services;
- Hospitalization (like surgery and overnight stays);
- Pregnancy, maternity, and newborn care (both before and after birth);
- Mental health and substance use disorder services, including counseling and psychotherapy;
- Prescription drugs;
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills);
- Laboratory services;
- Preventive and wellness services and chronic disease management; and



- Pediatric services, including oral and vision care.

Note that although pediatric dental and vision care are on the list, adult dental and vision did not make the cut. These are not considered “essential” health benefits, and they are not included in the majority of health insurance plans sold in the U.S.

How does it work in practice?

Health insurance plans cover some or all of the costs for an insured individual’s medical and surgical expenses.

In brief, when an insured person needs a service, the provider will ask them for their insurance information before providing the service. The provider then bills the insurer rather than the patient, referencing the insured patient’s policy. (In rare cases, the insured person pays the provider out-of-pocket and is then reimbursed.)



Health Insurance Costs: Historic Trends

Health insurance began as an uncontroversial means for people to finance their healthcare expenses. Especially in the twenty-first century, however, it has become a highly contested and politicized issue. Health insurance premiums for the average family or individual have grown enormously in recent decades, almost tripling in the last 20 years. This trend started years ago, and it parallels the growth of healthcare costs generally.

In 1960, healthcare spending totaled 5% of the United States’ gross domestic product. Today, healthcare costs are 17.9% of GDP, and that number is rising every year. The Affordable Care Act of 2010, as its name suggests, was a first step towards addressing the rising costs of healthcare in the United States. The ACA enacted reforms that were designed to improve the accessibility, affordability, and quality of health care.





Average Annual Premiums

In 2018, annual premiums reached **\$19,616 for an average U.S. family**

and \$6,896 for an individual.¹ That's a 5% increase for families from the year before and a 3% increase for individuals.

If you have an employer-based health insurance plan, then your employer is picking up much of that cost: the average covered worker in 2018 contributed \$5,547 towards the cost of the premium for family coverage. Add in the spending on out-of-pocket expenses like co-pays and deductibles, and it's no wonder the subject is a highly contested one.

The average American family spends nearly \$5,000 per year, or 7.5% of their income after taxes, on healthcare.

The Affordable Care Act took full effect in 2014. It was successful in reducing the numbers of the uninsured. In 2016, there were 28 million uninsured people in the United States, or 8.8% of the population. That's down from 44 million in 2013, a significant change.

However, in 2017, the number of uninsured people increased by nearly 700,000 people. This was the first increase since implementation of the ACA and was due, in part, because health insurance is no longer required by the federal government.

Healthcare Expenditures in the United States

The Centers for Medicare and Medicaid Services outlines that the U.S. health care spending increased 3.9 percent to reach \$3.5 trillion, or \$10,739 per person in 2017.

Health care spending growth in 2017 was similar to average growth rates from 2008 to 2013. There was much faster growth in 2014 and 2015 because of insurance coverage expansion brought on by the ACA and high rates of growth in retail prescription drug spending.

The overall share of gross domestic product (GDP) related to health care spending was 17.9 percent in 2017, equal to what it was in 2016.

¹ This and subsequent 2018 data is from Kaiser Family Foundation, *Employer Health Benefits: 2018 Annual Survey*. Menlo Park, CA. <http://files.kff.org/attachment/Report-Employer-Health-Benefits-Annual-Survey-2018>





Types of Health Insurance Plans

The United States Census estimates that 91.2% of the

United States population has health insurance, and the majority of Americans are covered by work-related plans. According to the Census, this accounted for 56.0% of the population in 2017. The next highest category contains people covered by government programs, namely Medicaid and Medicare. Medicaid accounted for 19.3 percent of the population, and Medicare accounted for 17.2 percent. The remainder had either direct purchase plans (16.0%) or they had coverage through the military (4.8%). Direct purchase plans were primarily plans purchased on the exchanges or marketplaces that were put in place by the Affordable Care Act in 2014.²

More than half of the U.S. population – 56.0% – has health insurance through an employer-sponsored health insurance plan.

Another way to look at these numbers is to break them out by private versus public health insurance. Private insurance companies provide coverage for people with work-related plans (56.0% of the population) and people with direct purchase plans (16.0%). That's 72% of the population. The remaining 28% have public or government health insurance, through Medicare, Medicaid, or the military.

Source of Health Insurance Coverage ³	Percent of Population
Employer-based health insurance	56.0%
Medicaid	19.3%
Medicare	17.2%
Direct purchase (<i>mostly through exchanges</i>)	16.0%
Military healthcare	4.8%

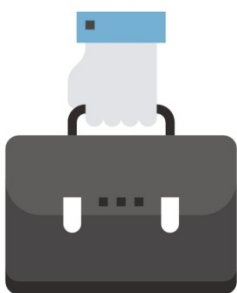
Health insurance is a complex subject; it's also an increasingly important feature of our lives. At different points, an adult person might access healthcare through two or three or even all of the above sources of healthcare coverage.

² Edward R. Berchick, Emily Hood and Jessica C. Barnett. *Health Insurance Coverage in the United States: 2017*. Current Population Reports, Sept. 2018. United States Census Bureau.

³ Ibid.



This guide will look at the three health insurance options that are most relevant to the average American consumer. Following their order of prevalence, it begins with employer-based health insurance. This is followed by the government program Medicaid, which is covering a growing portion of the population. The last is health insurance plans that can be purchased on the exchanges that were instituted by the Affordable Care Act.



Employer-Based Health Insurance

This is the most common kind of health insurance in the United States. Unless you are on a government plan, work-related insurance is very likely to be the least expensive and the most satisfying option – if it's available to you.

According to the Kaiser Family Foundation, 57 percent of companies in the U.S. offered health benefits to their employees in 2018.⁴ That's actually down from 66% of employers in 1999. The size of the company matters a lot, but even 47% of very

small companies – with 3 to 9 employees – offered health benefits to their employees.

Size of company	Percentage Offering Health Benefits, 2018
3-9 workers	47%
10-24 workers	64%
25-49 workers	71%
50-199 workers	91%
200 +	99%

It's the norm to offer benefits to spouses and dependents. Increasingly, companies are offering benefits to domestic partners as well. In 2018, 45% of companies did so, up from 36% in 2017 and 27% in 2016.

⁴ Kaiser Family Foundation, *Employer Health Benefits: 2018 Annual Survey*. Menlo Park, CA. <http://files.kff.org/attachment/Report-Employer-Health-Benefits-Annual-Survey-2018>





Signing Up

When you join a company, there is a specific length of time after you start

working at a new company before you are eligible to enroll in the health insurance program, the **waiting period**.

How common is a waiting period? About 71% of workers in 2018 had waiting periods before they could join the insurance plan offered by their employer. The Affordable Care Act generally requires that waiting periods not be longer than 90 days, but sometimes employers offer an “orientation period” that comes before the waiting period. But it’s uncommon: according to Kaiser, only 4% of workers surveyed said that they had to wait longer than three months. And the average time to wait was 1.9 months.

Your company might automatically enroll you, or you might have to request enrollment. Be sure to ask.



Kinds of Plans

If you get health insurance through your employer, you’ll most likely be enrolled in one of

four types of plans: a **PPO**, an **HMO**, a **POS**, or an **HDHP** that has an **HSA**. Most employers only offer one type, but some large companies offer their employees a choice of types of plans. A fifth kind of plan is called an **indemnity** plan. These were once extremely common and they are now extremely rare, but indemnity plans are included here for the sake of completeness. These are the five types:

- **PPO – Preferred provider organization.** The most common kind of plan. In 2018, 49 percent of workers with health insurance through their employer were enrolled in a PPO. These plans typically offer a wider choice of healthcare service providers than HMO plans. They do not require a primary care physician to act as a referrer to specialists and hospital visits.
- **HMO – Health maintenance organization.** These are plans usually more restrictive than PPOs. Providers must be “in-network.” The insured will be asked to choose a primary care



physician (PCP) who acts a sort of gatekeeper to specialists.

- **POS – Point-of-service plan.** A kind of hybrid between a PPO and an HMO. These plans allow out-of-network visits, but they also require a primary care physician to approve visits to specialist or hospital visits.
- **HDHP/SO – High-deductible health plan with a savings option.** These are designed to work in conjunction with a savings component such a Health Savings Account (HSA).
- **Indemnity or Conventional** – In 1988, before the dominance of managed care options, indemnity plans accounted for a whopping 73% of all employer-based health insurance plans. Today they account for a little less than 1%.

PPOs, HMOs, POS plans, and HDHP are all **managed care plans**. This kind of plan rose very quickly in the 1990s, and, in 2018, they accounted for more than 99% of all employer-based health insurance plans. Managed care means that the plan is built upon a managed network of healthcare providers and healthcare facilities, like hospitals. Doctors and other providers in the network are encouraged to provide their services for lower rates in order to have access to a large customer base. The customers, in

turn, are usually restricted to use only the providers in the network.

There are significant regional variations in the popularity of plan types:

- Covered workers in the South (55%) are more likely to be enrolled in PPOs than workers in other regions.
- Covered workers in the Midwest (39%) are more likely to be enrolled in a high deductible plan with a savings option (HDHP/SOs) than workers in other regions.
- Covered workers in the West (19%) are less likely to be enrolled in a high deductible plan with a savings option (HDHP/SOs).





1. Preferred Provider Organization (PPO)

This is the most common type of managed care plan today. About 49% of people with employer-based health insurance are enrolled in PPOs.

A PPO plan provides flexible options for the insured to choose among providers who are **both in-network and out-of-network**. When you visit an in-network physician or provider, the cost of your copay will be low to encourage you to use in-network healthcare providers. But the plan will still afford some coverage for visits when you want to see an out-of-network provider. For example, your copay might be 40% when you visit an out-of-network doctor, meaning you will pay for 40% of the visit and the PPO will pay for the other 60%.

With a PPO, you can usually visit any doctor or specialist at will. This is a key difference between PPOs and HMOs. In an HMO, you are typically required to obtain a referral from your primary care physician before you can see another doctor such as a specialist.

PPO plans are designed to have many of the cost-saving features associated with an HMO (like having a network of

providers) but to give more flexibility to the insured. PPO plans typically have higher premiums and deductibles than HMO plans. A deductible is the annual amount of money that the insured has to pay before the insurance kicks in.

According to Kaiser's data, the average deductible for an individual PPO plan was \$1,204 in 2018.

The chief benefit of a PPO is its flexibility, but this comes at a cost. PPO plans typically have higher premiums and a deductible that you will have to pay.



2. Health Maintenance Organization (HMO)

An HMO plan is the least expensive type of health insurance plan. Your premiums will be lower and there may be no deductible, or only a small one, but an HMO plan is the least flexible for the insured. While a PPO allows the insured to visit doctors who are in-network and out-of-network, albeit at different costs, an HMO plan only allows the insured to visit doctors who are in-network.



Also, the insured will be required to select a primary care physician (PCP) from a list provided by the HMO. This means that if you already have a doctor and you're signing up with an HMO because of a new job, it's likely that you will have to change doctors.

The primary care physician, usually a general practitioner or a family doctor, will be responsible for coordinating your healthcare. In practice, if you want to see a specialist – like a dermatologist, for instance – you will have to go through your primary care physician first. Your PCP will write you a referral to a specialist when he or she deems it medically necessary, and the specialists that you visit must also be within the network. This added step restricting access to doctors is one of the chief cost-saving mechanisms in an HMO.

With HMOs, out-of-pocket expenses are generally lower than they are with other kinds of plans. For example, many HMOs do not have a deductible.



3. Point of Service Plan (POS)

This type of plan only accounted for 6% of all employer-

based health insurance plans in 2018, down from 10% in 2017. A point of service plan is a hybrid between a PPO and HMO. It's called a "point of service plan" because the insured ostensibly gets to choose – each time they see a provider – whether to use HMO or PPO services.

A POS plan will typically have some rules that resemble HMO plans. For example, you will have to select an in-network doctor to be your primary care physician. However, like PPO plans, you will be allowed to see out-of-network doctors.



4. High Deductible Health Plan (HDHP)

Sometimes these are called "consumer-driven health plans" or CDHPs. This kind of plan has grown in popularity in recent years. Today, nearly a third of people with employer-based health insurance have this type of plan. An HDHP plan typically renders services just like an



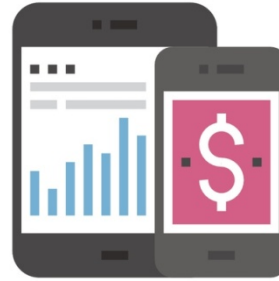
HMO or PPO, but it has distinct features that set it apart. The most important of these is, as you might have guessed, a high deductible. The other distinctive feature is a savings component, usually a Health Savings Account, or HSA, that allows you to save money before it is taxed. This money goes into a special account that can be used for medical expenses later.

These are the distinguishing characteristics of an HDHP:

- Higher deductible than other plans;
- Services are rendered like an HMO or PPO;
- Savings component; and
- Usually a lower premium.

How high are the deductibles?

Well, it depends. The IRS defines an HDHP for an individual in 2020 as a plan with a deductible of at least \$1,400 and an out-of-pocket maximum of \$6,900. For a family plan in 2020, the out-of-pocket maximum is \$13,800 and the minimum deductible is \$2,800. The average HDHP deductible in 2018 was a little over \$2,245, but about 24% of people with HDHP plan have a deductible of more than \$3,000.



Health Savings Accounts (HSAs)

HDHP plans usually include a Health

Savings Account (HSA) that allows you save money for healthcare expenses before it is taxed. You can decide how much money to contribute to your HSA account, and it will deducted from your paycheck. Sometimes, an employer will start your HSA for you with an initial deposit.

The maximum amount that you can contribute to an HSA in 2019 is \$3,500 for an individual plan, and \$7,000 for a family. In addition, people over 55 were allowed to contribute an additional \$1,000 annually.

You will be sent a debit card – or possibly checks – that you can use to pay for eligible medical expenses and the funds will draw on your HSA savings. Eligible expenses include copays and expenses that meet your deductible and other qualified expenses that might not be covered by your plan.

Because HDHPs usually have lower premiums, they *can* be a less costly option, but only if you don't need a lot of medical care.



An HDHP might be a good idea if you are young and healthy, but this kind of plan might be less favored by older adults or families.

- Alternative medicine; and
- Home health care or private nurses.



Managed Care Plans and Exclusions

The goal of managed care plans is to keep costs down by relying on the “in-network” principle. This works, in practice, by restricting you to the doctors and providers that are part of the plan, or at least nudging you with financial incentives to stay in-network when you are seeking healthcare.

Most managed care plans will allow you to obtain emergency services from out-of-network providers. If you are out of town and need to visit the emergency room, the trip will likely be covered.

Another way managed care plans keep costs down is by excluding certain types of treatments from coverage.

Every plan is different and will have its own list of exclusions, but these are the most common medical expenses that managed care plans won't cover:

- Cosmetic surgery;



Indemnity Plans

The last kind of insurance plan, indemnity plans, are rare, but they are worth knowing about.

Thirty years ago, the overwhelming majority of health insurance plans were indemnity plans, and managed care plans evolved out of this simpler species. Many of the terms used in healthcare plans today, things like coinsurance and out-of-pocket-maximum, were developed to make indemnity plans work effectively. An indemnity plan is a fairly straightforward fee-for-service plan. You can visit any doctor who will take you as a patient.

Here's how the payment works. The insurance company will give a benefit summary that lists services and shows how much they approve as typical costs for those services. Anything the provider charges you beyond that amount, you are required to pay.



This is complicated only a little by the prevalence of coinsurance. An indemnity plan will not usually pay for *all* of the cost of a doctor visit. You will be required to make a coinsurance payment. Typically they pay for about 80% of the cost, but it can vary. Sometimes they pay 70% and you are responsible for the other 30%.

Here's an example. Suppose you want to see Dr. Tan, a dermatologist. Dr. Tan doesn't have to be "in-network" because there is no network. You ask Dr. Tan how much a visit will cost, and she says \$225. You can check your summary of benefits and see that the insurance company approves \$200 for a dermatologist visit. This means that you can either find a dermatologist who doesn't charge as much as Dr. Tan, or pay the difference.

Now factor in your **coinsurance**. This is a predetermined percentage of costs that you are required to pay. In our example, let's say that the insurance company will pay 80% of the approved rate, which in this case is \$160. You will pay the other 20% *plus* the difference between Dr. Tan's fee and the approved cost. Your total fee, then, will be \$65.

In many cases, with an indemnity plan, you have to pay the costs upfront, then the insurance company will reimburse you. Usually, an indemnity plan will mean higher premiums,

deductibles, and coinsurance costs, as well as more paperwork for you.



Deductibles, Premiums, Copayments & Coinsurance

Healthcare.gov⁵ provides the following explanations of these important terms and offers some advice on how they affect the rates you pay out of pocket and the amounts your insurer will cover.

Deductible

A deductible is the amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

- Many plans pay for certain services, like a checkup or disease management programs, before you've met your deductible. Check your plan details. All ACA health plans pay the full cost of certain

⁵ <https://www.healthcare.gov/glossary>



preventive benefits before you meet your deductible.

- Some plans have separate deductibles for certain services, like prescription drugs.
- Family plans often have both an individual deductible, which applies to each person, and a family deductible, which applies to all family members.
- Generally, plans with lower monthly premiums have higher deductibles. Plans with higher monthly premiums usually have lower deductibles.

Premium

This is the amount you pay for your health insurance every month. In addition to your premium, you usually have to pay other costs for your health care, including a deductible, copayments, and coinsurance.

When shopping for a plan, keep in mind that the plan with the lowest monthly premium may not be the best match for you. If you need a lot of health care, a plan with a slightly higher premium but a lower deductible may save you quite a bit of money.

Coinsurance

Coinsurance is the percentage of costs of a covered health care service

you pay (20%, for example) after you've paid your deductible.

Generally speaking, plans with low monthly premiums have higher coinsurance, and plans with higher monthly premiums have lower coinsurance.

Copayment

Your copayment is a fixed amount (\$20, for example) that you pay for a covered health care service after you've paid your deductible.

- Let's say your health insurance plan's allowable cost for a doctor's office visit is \$100. Your copayment for a doctor visit is \$20.
- If you've paid your deductible: You pay \$20, usually at the time of the visit.
- If you haven't met your deductible: You pay \$100, the full allowable amount for the visit.
- Copayments (sometimes called "copays") can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Generally plans with lower monthly premiums have higher copayments. Plans with higher monthly premiums usually have lower copayments.





About Dental and Vision Care

Two of the most common kinds of healthcare

services that most people need are often not included in insurance plans. While many workplace health insurance plans offer some form of dental or vision, the amount that the employer contributes to the premium is usually far less than the amount that they contribute to the main insurance premium. Small companies are less likely to offer dental or vision, but most large companies do. According to the Kaiser Family Foundation, the average contribution to the premiums for dental and vision care by large companies is as follows:

- Dental - 67%
- Vision - 54%

Dental and vision care plans can be structured like HMOs, PPOs, or indemnity plans. They may have premiums, deductibles, and copays.

A common alternative to insurance plans for dental and vision is a plan that offers discounted services in exchange for a monthly fee. These aren't true insurance plans; the concept here is more like retail stores that offer memberships with special member pricing.



Employer-based Health Insurance Summary

How much does the typical

employee pay for their employer-based health insurance coverage? There is a lot of variety among companies, plans, and even regions in the United States. But in 2018, according to the Kaiser Family Foundation annual survey, employee contributions to their health insurance premiums averaged 18% of the premium for individual insurance and 29% for family coverage.⁶ That means the average monthly employee contributions in 2018 were \$98 for individuals (\$1,186 annually) and \$462 for families (\$5,547 annually).

There is a lot of variation in how much employees were expected to contribute towards premiums, but for individual coverage in 2018:

- 12% were in plans where the employer paid the full premium;
- 63% were required to pay 25% or less of the premium; and

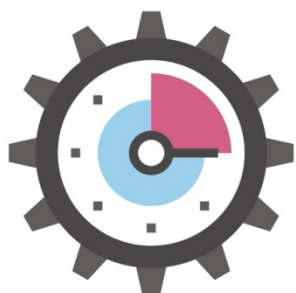
⁶ Data from the Kaiser Family Foundation, *Employer Health Benefits: 2018 Annual Survey*. Menlo Park, CA. <http://files.kff.org/attachment/Report-Employer-Health-Benefits-Annual-Survey-2018>



- 2% were required to pay more than half the premium.

For family coverage in 2018:

- 3% were in plans where the employer paid the full premium;
- 50% were required to pay 25% or less of the premium; and
- 15% were required to pay more than half the premium.



COBRA: Keeping Your Employer- Based Health Insurance After Leaving Your Job

The Consolidated Budget Omnibus Reconciliation Act of 1985 mandated a provision that allows employees to keep their employer-based health insurance for a limited period after they've lost their jobs.

There are some qualification restrictions and other important details to know. The most important of these is that COBRA isn't cheap: although you can keep your health insurance exactly as it was before, you'll now be paying the full monthly

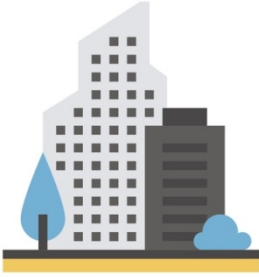
premium on the plan. The percentage of the premium that your employer had been paying will fall on your shoulders.

You can qualify for COBRA whether you are fired, laid off, or quit your job voluntarily. Your benefits will remain the same. Typically you can continue COBRA coverage for eighteen months.

COBRA can be an important stop-gap when you are between jobs. However, since the passage of the Affordable Care Act, it may not be your best option.

Check to see if you qualify for a special enrollment in your state's health insurance marketplace, and then compare the plans available there with your COBRA plan. The marketplaces typically have limited, fixed enrollment periods, but special enrollments periods are also allowed following events like changes in your income or moving to a new state. The normal period allowed for a special enrollment in most states' health insurance exchanges is 60 days after an individual's change in status, like losing or quitting your job.





Government Plans: Medicaid

Medicaid came into existence in 1965 at the same time as Medicare. Medicaid

was designed to provide health care coverage to low-income families and individuals, and Medicare was designed to provide healthcare coverage to retired people and the elderly. Today, all states, Washington D.C., and the U.S. territories have Medicaid programs in place.

In all states, Medicaid provides health coverage for some low-income people, families and children, pregnant women, the elderly, and people with disabilities. In some states the program covers all low-income adults below a certain income level.

Because of the rising cost of healthcare in the United States, Medicaid has expanded significantly since the program began.

There are two ways to look at this: its growth in terms of people using Medicaid and its growth in terms of total healthcare spending. Today, a little more than one in five Americans receives Medicaid benefits – the highest proportion it's ever been. However, Medicaid spending viewed as a proportion of spending on healthcare shows a different picture.

Remember that healthcare spending has risen from 5% of the United States gross domestic product in the 1960s to 17.9% today. Spending on Medicaid accounts for one in six dollars spent in the health care system⁷.

Medicaid is paid for by the federal government but administered separately by each state. The states follow rules established by the federal government so that the programs are consistent – although not identical – across the country.

Beginning in 2014, the Affordable Care Act allowed states to expand eligibility for Medicaid, and most states have done so. In thirty-two states, families and individuals must have incomes below 138% of the Federal Poverty Level (FPL) to qualify for Medicaid.

How much is that? For a single person in 2019, the FPL is \$12,490, so earning \$17,236 or less qualifies. For a family of three, the FPL is \$21,330, so the qualifying income is \$29,435.

Increasingly, Medicaid is being managed through Medicaid managed care organizations, or **MCOs**. These are essentially HMOs that are paid by the Medicaid program to manage Medicaid care. Just as with enrolling in an HMO, the insured person will be

⁷ <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-spending-growth-fy-2018-2019/>



sent a benefit plan and an insurance card, and they must select an in-network primary care physician who acts as a gatekeeper to specialist providers.

Medicaid typically has very good coverage: for example, there are no deductibles and little or no copays are charged for doctor visits and prescription drugs.

However, not all doctors accept new patients who have Medicaid. Medicaid programs vary by state and each state Medicaid agency maintains their own list of professionals that accept Medicaid. You can contact your health plan or state Medicaid agency to find a list of doctors that accept Medicaid payments.



Affordable Care Act: Health Insurance Marketplaces

About 16% of the population has health insurance purchased directly from insurers. The vast majority of these plans were purchased on the health insurance marketplaces, or exchanges, that were mandated by the Affordable Care Act.

Every state and the District of Columbia has an exchange, whether

fully state-run, federally-facilitated, or a blend. You can link to your state's health insurance marketplace by visiting healthcare.gov to explore your options. When you visit the exchange website, you can enter some basic personal and financial information and find out what kinds of plans you qualify for and what the annual and monthly premiums will cost.



Marketplace Plans and Subsidies

The government subsidizes a portion of the premium for individuals and families who can't afford the full premium. The subsidies are given on a sliding scale that depends upon your income. Subsidies are available for individuals making up to 400% of the Federal Poverty Level, so individuals earning \$48,560 or less can qualify; for a family of four the amount is \$100,400.

The plans for which you can enroll in the marketplace can extend from Medicaid to plans in which the premium is partially subsidized to plans in which the insured pays the full premium. It depends on your income.

The marketplace subsidies ease the costs of health insurance for



individuals and families who earn too much money to qualify for Medicaid yet are still unable to afford health insurance. (Remember that the average premium for a family in 2018 was over \$19,600.)

In 2018, about eighty-seven percent of the 10.6 million people with ACA plans received a subsidy.

The cost of a plan purchased on the exchange will vary depending on factors like your income, your age, family size, and the state in which you live. You might pay very little if your income falls within a certain range. The maximum income at which an individual qualified for a subsidy in 2019 remains at \$48,560, but the number could be twice that for a family of four – or lower, depending on your state and other factors. The only way to know for sure what you would have to pay for a plan is to go to the exchange website and enter your information.

If you do not qualify for a subsidy, your coverage could be expensive, but the cost will still be less than what you would pay to purchase a plan on your own outside of the exchange. Remember, too, that less expensive plans will have high deductibles and other out-of-pocket expenses.

How do the subsidies work?

The subsidies are technically tax credits, and you might sometimes hear them referred to that way. However, the “tax credits” are normally applied in advance to the cost of the premium, so that your monthly payments will already reflect the subsidy.



Types of ACA Plans

Through the exchanges, you can select from

four different types of plans at four different price points. These are Bronze, Silver, Gold and Platinum. Catastrophic plans – bare-bones coverage – are generally available for people under 30 who don’t want to purchase a regular plan, and for people who qualify for a hardship exemption. All of the plans sold on the exchanges must cover the ten essential benefits that were listed in the Affordable Care Act:

- Outpatient care
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services,



including behavioral health treatment

- Prescription drugs
- Rehabilitative services
- Laboratory services
- Preventative care; and
- Pediatric services, including oral and vision care for children.

The key difference between the four tiers is that lower-tier plans will have lower premiums but higher co-pays and higher deductibles. In general, with a Bronze plan – which is the lowest tier with the least expensive premium – you will pay about 40% of your medical costs. With a platinum plan – the highest tier – you will only pay 10% of your medical costs, but your premium will be much higher.

ACA Plan Category	You pay:
Bronze	40%
Silver	30%
Gold	20%
Platinum	10%

A Bronze plan might be a good choice if you are healthy and only want a low-cost way to protect

A Comparison of ACA Health Plans

Bronze

- Lowest monthly premiums
- Highest costs when you need medical care
- Deductibles can be thousands of dollars a year

Silver

- Moderate monthly premiums
- Moderate costs when you need care
- Deductibles are usually lower than the deductibles of Bronze plans

Gold

- High monthly premiums
- Low costs when you need care
- Deductibles are usually low

Platinum

- Highest monthly premiums
- Lowest costs when you get care
- Deductibles are very low



yourself from worst-case medical scenarios, like serious illnesses and injuries.

A Silver plan usually offers additional savings beyond the subsidy you might qualify for. These are called “cost-sharing reductions.”

Gold and Platinum options are important for people with predictable high medical costs; for example, if you have a serious pre-existing condition, then it could make good financial sense to purchase one of these plans.



Catastrophic Plans

Catastrophic health insurance plans have low monthly premiums and very high deductibles.

If you are uninsured, have lost your current insurance, or in between plans, they may be an affordable way to protect yourself from worst-case scenarios, like getting seriously sick or injured. But you pay most routine medical expenses yourself.

Only the following people are eligible:

- People under 30
- People of any age with a hardship exemption or affordability exemption (based

on Marketplace or job-based insurance being unaffordable)

The monthly premiums for catastrophic plans are usually low, but you can’t use a premium tax credit to reduce your cost. If you qualify for a premium tax credit based on your income, a Bronze or Silver plan is likely to be a better value. Make sure to do your homework and compare your options.

The amount you have to pay yourself for most services before the plan starts to pay anything, your deductible, are very high. For 2019, the deductible for all Catastrophic plans is \$7,900. After you spend that much, your insurance company pays for all covered services, with no copayment or coinsurance.

- Catastrophic plans cover the same essential health benefits as other Marketplace plans.
- Like other plans, Catastrophic plans cover certain preventive services at no cost.
- They also cover at least 3 primary care visits per year before you’ve met your deductible.





Enrolling in an ACA Health Insurance Plan

You can enroll in a marketplace plan during **open enrollment**, which usually begins in November, or during a **special enrollment period**. In 2018, nearly 11.8 million people signed up for or were automatically enrolled in an ACA plan, compared to 12.2 million in 2017 and 12.7 million in 2016.

Special enrollment periods allow you to sign up for a plan at any time during the year, as long as you meet a special condition. If you just lost your job or you just moved to a new state, for example, you will be allowed to purchase health insurance on the exchange, even though the open enrollment period is past.

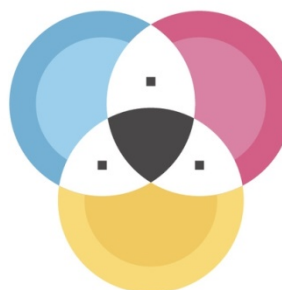
Special enrollment is available if you:

- lose your existing health insurance;
- move;
- get married; or
- have a baby or adopt a child.

Typically, you will have sixty days after the qualifying event to sign up for a plan. If you miss that deadline, then

you will likely have to wait for the next open enrollment period.

The appendix in the back of this volume lists the marketplace exchange website for each state and includes a copy of the PDF application if you choose to apply by mail.



Health Insurance Rights & Protections

The health care law offers rights and protections that make coverage more fair and easy to understand. Some rights and protections apply to plans in the Health Insurance Marketplace or other individual insurance, some apply to job-based plans, and some apply to all health coverage. The protections outlined below may not apply to grandfathered health insurance plans.⁸

How the health care law protects you:

- Requires insurance plans to cover people with pre-existing health conditions, including pregnancy, without charging more

⁸ <https://www.healthcare.gov/health-care-law-protections/rights-and-protections/>



- Provides free preventive care
- Gives young adults more coverage options
- Ends lifetime and yearly dollar limits on coverage of essential health benefits
- Helps you understand the coverage you're getting
- Holds insurance companies accountable for rate increases
- Makes it illegal for health insurance companies to cancel your health insurance just because you get sick
- Protects your choice of doctors
- Protects you from employer retaliation

Additional rights and benefits:

- Breastfeeding equipment and support
- Birth control methods and counseling
- Mental health and substance abuse services
- The right to appeal a health plan decision
- The right to choose an individual Marketplace plan

rather than the one your employer offers you



Supplemental Health Insurance Plans

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

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

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

The costs for supplemental insurance can be quite low. But, take the time to make sure you are not duplicating what is already covered under your regular health insurance. If you are at a higher risk for an accident or serious illness, then it might make sense to pay the additional costs for a supplemental plan. Make sure that the extra cost makes sense.



Types of Supplemental Insurance

- **Supplemental Hospital & Doctor Insurance** pays you a fixed fee for certain medical procedures, lab tests, prescription drug copays and surgical procedures.
- **Supplemental Travel Insurance** provides assistance for medical and other emergency events when you are traveling out of the country.
- **Supplemental Accident Insurance** pays benefits for accidental injuries, beyond what your regular health insurance would cover.
- **Supplemental Hospital Insurance** pays benefits if you are hospitalized. Most plans pay a fixed amount based on how many days you are in the hospital.
- **Supplemental Critical Illness Insurance** pays a lump sum amount if you are diagnosed with a qualifying serious illness.
- **Student Health Insurance** is designed for college students who are not covered under their parents' insurance plan. Students can also qualify for coverage under an ACA plan or for a catastrophic health plan.



Do I Really Need Health Insurance?

The Centers for Disease Control and Prevention explains

that, “not having health insurance makes a difference in people’s access to needed medical care and their financial security.

The barriers the uninsured face means they are less likely to receive preventive care, are more likely to be hospitalized for conditions that could have been prevented, and are more likely to die in the hospital than those with insurance.

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

Only you can make the final decision on whether or not to purchase health insurance, but you should know the risk you face by being uninsured. Accidents do happen, so make sure you explore all of your options before making the ultimate decision to remain uninsured.

- Check the ACA Marketplace in your state to see if you qualify for subsidies or Medicaid.



- Check the ACA Marketplace in your state to see if you qualify for a Catastrophic plan.
- If your employer offers health insurance, compare costs between what you would pay for insurance through your insurer versus what you might pay through the marketplace exchanges.
- If you are under the age of 26, you can stay on your parents' health insurance plan until you reach that age.
- When applying for a new job, make sure to ask what health insurance and other benefits they offer. Weigh these benefits carefully when comparing job offers.

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



Weiss Ratings' Recommended Health Insurers

The following pages list Weiss Ratings' Recommended Health Insurers (based strictly on financial safety) licensed to do business in the United States. 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, 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 the date of publication.



A+ Rated Health Insurers

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

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

Insurer: **CHESAPEAKE LIFE INS CO**
Rating: A+
Headquarters: North Richland Hills, TX
Licensed In: All states except NJ, NY, VT, PR
Website: <http://www.healthmarketsinc.com>
Telephone: (817) 255-3100

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



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

Insurer: **HMO PARTNERS INC**
Rating: A+
Headquarters: Little Rock, AR
Licensed In: AR
Website: www.healthadvantage-hmo.com
Telephone: (501) 221-1800

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

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

A Rated Health Insurers

Insurer: **AMALGAMATED LIFE INS CO**
Rating: A
Headquarters: White Plains, NY
Licensed In: All states except PR
Website: <http://www.amalgamatedlife.com>
Telephone: (914) 367-5000

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

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



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

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

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

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

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

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

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



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

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

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

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

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

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

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



Insurer: **USAA LIFE INS CO**
Rating: **A**
Headquarters: San Antonio, TX
Licensed In: All states except NY, PR
Website: <https://www.usaa.com>
Telephone: (210) 531-8722

A- Rated Health Insurers

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

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

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

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

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

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



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

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

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

Insurer: **CIGNA LIFE INS CO OF NEW YORK**
 Rating: A-
 Headquarters: Philadelphia, PA
 Licensed In: AL, DC, MO, NY, PA, TN
 Website: <http://www.cigna.com>
 Telephone: (215) 761-1000

Insurer: **COMPCARE HEALTH SERVICES INS CORP**
 Rating: A-
 Headquarters: Waukesha, WI
 Licensed In: WI
 Website: <https://www.anthem.com>
 Telephone: (262) 523-4020

Insurer: **ESSENCE HEALTHCARE INC**
 Rating: A-
 Headquarters: Maryland Heights, MO
 Licensed In: IL, MO, TX, WA
 Website: <http://www.essencehealthcare.com>
 Telephone: (314) 209-2780

Insurer: **FIDELITY SECURITY LIFE INS CO**
 Rating: A-
 Headquarters: Kansas City, MO
 Licensed In: All states except PR
 Website: <http://www.fslins.com>
 Telephone: (816) 756-1060



Insurer: **FIRST RELIANCE STANDARD LIFE INS CO**
Rating: A-
Headquarters: New York, NY
Licensed In: DC, DE, NY
Website: <http://www.reliancestandard.com>
Telephone: (212) 303-8400

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

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

Insurer: **HUMANA MEDICAL PLAN INC**
Rating: A-
Headquarters: Miramar, FL
Licensed In: FL, KY, MS, NC, OR, VA
Website: <https://www.humana.com>
Telephone: (305) 626-5616

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
Website: <http://www.info.kaiserpermanente.org/html/kpic/i>
Telephone: (877) 847-7572

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

Insurer: **MADISON NATIONAL LIFE INS CO INC**
Rating: A-
Headquarters: Madison, WI
Licensed In: All states except NY, PR
Website: <https://www.madisonlife.com>
Telephone: (800) 356-9601



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

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

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

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

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

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

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



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

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

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

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

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

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

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



B+ Rated Health Insurers

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

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

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

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

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

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

Insurer: **ANTHEM LIFE INS CO**
Rating: B+
Headquarters: Worthington, OH
Licensed In: All states except NY, RI, VT, PR
Website: www.anthem.com
Telephone: (614) 433-8800



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

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

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

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

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

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

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



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

Insurer: **BOSTON MUTUAL LIFE INS CO**
 Rating: B+
 Headquarters: Canton, MA
 Licensed In: All states, the District of Columbia and Puerto Rico
 Website: <https://www.bostonmutual.com>
 Telephone: (781) 828-7000

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

Insurer: **CARE WISCONSIN HEALTH PLAN INC**
 Rating: B+
 Headquarters: Madison, WI
 Licensed In: WI
 Website: <https://www.carewisc.org>
 Telephone: (608) 240-0020

Insurer: **CHILDRENS COMMUNITY HEALTH PLAN INC**
 Rating: B+
 Headquarters: Milwaukee, WI
 Licensed In: WI
 Website: <https://childrenscommunityhealthplan.org>
 Telephone: (800) 482-8010

Insurer: **COMMUNITY CARE BEHAVIORAL HEALTH**
 Rating: B+
 Headquarters: Pittsburgh, PA
 Licensed In: PA
 Website: <http://www.ccbh.com>
 Telephone: (412) 454-2120

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



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

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

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

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

Insurer: **FIDELITY SECURITY LIFE INS CO OF NY**
Rating: B+
Headquarters: Kansas City, MO
Licensed In: MS, NY
Website: <http://www.fslins.com>
Telephone: (800) 821-7303

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

Insurer: **GEISINGER HEALTH PLAN**
Rating: B+
Headquarters: Danville, PA
Licensed In: NJ, PA
Website: <https://www.geisinger.org/health-plan>
Telephone: (570) 271-8777



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

Insurer: **HANNOVER LIFE REASSURANCE CO OF AMER**
 Rating: B+
 Headquarters: Orlando, FL
 Licensed In: All states, the District of Columbia and Puerto Rico
 Website: <https://www.hannover-re.com>
 Telephone: (407) 649-8411

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

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

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

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

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



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

Insurer: **INDEPENDENT CARE HEALTH PLAN**
Rating: B+
Headquarters: Milwaukee, WI
Licensed In: IL, WI
Website: <http://www.icarehealthplan.org>
Telephone: (414) 223-4847

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

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

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

Insurer: **MDWISE INC**
Rating: B+
Headquarters: Indianapolis, IN
Licensed In: IN
Website: <http://www.mdwise.org>
Telephone: (317) 822-7300

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



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

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

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

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

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

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

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



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

Insurer: **REGENCE BLUE CROSS BLUE SHIELD OF UT**
Rating: B+
Headquarters: Salt Lake City, UT
Licensed In: UT
Website: <https://www.regence.com>
Telephone: (801) 333-2000

Insurer: **REGENCE BLUESHIELD OF IDAHO INC**
Rating: B+
Headquarters: Lewiston, ID
Licensed In: ID, WA
Website: <https://www.regence.com>
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
Website: <https://www.securityhealth.org>
Telephone: (715) 221-9555

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

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



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

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

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

Insurer: **TRIPLE-S SALUD INC**
 Rating: B+
 Headquarters: San Juan, PR
 Licensed In: PR
 Website: <https://salud.grupotriples.com>
 Telephone: (787) 749-4949

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

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

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



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

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

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

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

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

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

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



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

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

Insurer: **VISTA HEALTH PLAN INC**
 Rating: B+
 Headquarters: Philadelphia, PA
 Licensed In: PA
 Website: <https://www.ibx.com>
 Telephone: (215) 241-2400

Insurer: **VIVA HEALTH INC**
 Rating: B+
 Headquarters: Birmingham, AL
 Licensed In: AL
 Website: <http://www.vivahealth.com>
 Telephone: (205) 939-1718

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



Weiss Ratings' Weakest Health Insurers

The following pages list Weiss Ratings' Weakest Health Insurers (based strictly on financial safety) licensed to do business in the United States. 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, 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. Lower-rated companies are, in our opinion, more likely to experience financial difficulties than higher-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 the date of publication.



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: **CARE N CARE INS CO OF NORTH CAROLINA**
Rating: E-
Headquarters: Greensboro, NC
Licensed In: NC
Website: <https://www.healthteamadvantage.com>
Telephone: (336) 790-4386

Insurer: **CARECONNECT INS CO**
Rating: E-
Headquarters: East Hills, NY
Licensed In: No States
Website: <https://www.careconnect.com>
Telephone: (516) 405-7500

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

Insurer: **CHILDRENS MEDICAL CENTER HEALTH PLAN**
Rating: E-
Headquarters: Irving, TX
Licensed In: TX
Website: www.childrensmedicalcenterhealthplan.com
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: **COMMUNITY CARE ALLIANCE OF ILLINOIS**
 Rating: E-
 Headquarters: Chicago, IL
 Licensed In: IL
 Website: <https://www.ccaillinois.com>
 Telephone: (312) 605-9847

Insurer: **CRYSTAL RUN HEALTH PLAN LLC**
 Rating: E-
 Headquarters: Middletown, NY
 Licensed In: NY
 Website: www.crystalrunhp.com
 Telephone: (845) 703-6422 14518

Insurer: **FAMILYCARE HEALTH PLANS INC**
 Rating: E-
 Headquarters: Portland, OR
 Licensed In: OR
 Website: <https://www.familycareinc.org>
 Telephone: (503) 471-2103

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

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

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

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



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

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

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

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

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

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

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



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

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

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

Insurer: **VENTURA COUNTY HEALTH CARE PLAN**
Rating: E-
Headquarters: Westminister, CA
Licensed In: CA
Website: www.vchca.org/hcp/
Telephone: 562-981-4004



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
Website: <https://www.allcarehealth.com>
Telephone: (888) 460-0185

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

Insurer: **CHOICE PHYSICIANS NETWORK**
Rating: E
Headquarters: Apple Valley, CA
Licensed In: CA
Telephone: 626-229-9828

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

Insurer: **CRYSTAL RUN HEALTH INS CO INC**
Rating: E
Headquarters: Middletown, NY
Licensed In: NY
Website: www.crystalrunhp.com
Telephone: (845) 703-6422

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



Insurer: **FRIDAY HEALTH PLANS OF CO INC**
 Rating: E
 Headquarters: Alamosa, CO
 Licensed In: CO
 Website: <https://www.fridayhealthplans.com>
 Telephone: (719) 589-3696

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

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

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

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

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

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



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

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

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

Insurer: **VALUEOPTIONS OF NEW JERSEY INC**
Rating: E
Headquarters: Chesapeake, VA
Licensed In: NJ
Telephone: (757) 459-5418

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

Insurer: **BEACON HEALTH OPTIONS OF PA**
 Rating: E+
 Headquarters: Chesapeake, VA
 Licensed In: PA
 Website: www.beaconhealthoptions.com
 Telephone: (757) 459-5418

Insurer: **BRIGHT HEALTH INS CO**
 Rating: E+
 Headquarters: Minneapolis, MN
 Licensed In: AZ, CO
 Website: <https://brighthouseplan.com>
 Telephone: (612) 238-1321

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

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

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

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



Insurer: **ELAN INSURANCE USVI INC**
Rating: E+
Licensed In: No States
Website: www.elan.insure
Telephone: (305) 890-1544

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

Insurer: **GUARANTY ASSURANCE CO**
Rating: E+
Headquarters: Sugar Land, TX
Licensed In: LA
Website: <http://www.dinadental.com>
Telephone: (281) 276-7150

Insurer: **HOPKINS HEALTH ADV INC**
Rating: E+
Headquarters: Glen Burnie, MD
Licensed In: MD
Website: <https://www.hopkinsmedicare.com>
Telephone: (410) 424-4948

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

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

Insurer: **PIONEER EDUCATORS HEALTH TRUST**
Rating: E+
Headquarters: Portland, OR
Licensed In: OR
Telephone: (503) 299-3401

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



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

Insurer: **SYMPHONIX HEALTH INS INC**
Rating: E+
Headquarters: Schaumburg, IL
Licensed In: All states except NY, PR
Telephone: (224) 231-1451

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

Insurer: **VIBRA HEALTH PLAN INC**
Rating: E+
Headquarters: Harrisburg, PA
Licensed In: PA
Website: <http://www.vibrahealthplan.com>
Telephone: (717) 510-6200

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



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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
- **HealthCare.gov**: Official website of the Affordable Care Act marketplace.
Telephone: 1-800-318-2596 www.healthcare.gov
- **Health Insurance Portability and Accountability Act (HIPAA)**: Legislation passed by the US Congress in 1996 to protect the privacy of Americans' medical information, limit exclusions for pre-existing conditions, and ensure health coverage if a person loses a job.
- **United States Department of Labor**
Telephone: 1-866-4-USA-DOL www.dol.gov
- **HIPPA Information from the DOL**:
<https://www.dol.gov/general/topic/health-plans/portability>
- **National Coalition for Health Care**: The NCHC is a coalition of about 100 businesses, labor unions, consumer groups, insurance providers, and health-care providers with a stated goal of improving the health-care landscape in the United States.
Telephone: (202-638-7151) www.nchc.org
- **TRICARE Insurance**
www.tricare.mil



State Insurance Commissioners' Departmental Contact Information

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



ACA Marketplaces by State

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



ACA Marketplaces by State

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





Application for Health Coverage & Help Paying Costs

Form Approved
OMB No. 0938-1213

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



Use this application to see what coverage you qualify for

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

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



Who can use this application?

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



What you may need to apply

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



Why do we ask for this information?

We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. **We'll keep all the information you provide private and secure, as required by law.** To view the Privacy Act Statement, visit [HealthCare.gov](https://www.healthcare.gov) or see instructions.



What happens next?

Send your complete, signed application to the address on page 7. **If you don't have all the information we ask for, sign and submit your application anyway.** We'll follow up with you within 1–2 weeks, and **you may receive a call from the Marketplace if we need more information.** You'll get an eligibility determination letter in the mail after your application is processed. If you don't hear from us, contact the Marketplace Call Center. Filling out this application doesn't mean you have to buy health coverage.



Get help with this application

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

You have the right to get the information in this product in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. Visit www.cms.gov/about-cms/agency-Information/aboutwebsite/cmsnondiscriminationnotice.html, or call the Marketplace Call Center at **1-800-318-2596** for more information. TTY users should call **1-855-889-4325**.



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

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

STEP 1: Tell us about yourself.

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

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

STEP 2: Tell us about your family.

Who do you need to include on this application?

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

For adults who need coverage:

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

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

For children under age 21 who need coverage:

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

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

Complete Step 2 for each person in your family.

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

You don't need to provide immigration status or a Social Security Number (SSN) for family members who don't need health coverage. We'll keep all the information you provide private and secure, as required by law. We'll use personal information only to check if you're eligible for health coverage.



STEP 2: PERSON 1 (Start with yourself.)

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

1. First name		Middle name	Last name	Suffix
<div></div>				
2. Relationship to PERSON 1? SELF	3. Are you married? <input type="radio"/> Yes <input type="radio"/> No	4. Date of birth (mm/dd/yyyy) <div></div>		5. Sex <input type="radio"/> Male <input type="radio"/> Female
6. Social Security Number (SSN) <div></div>				
<p>★ We need a Social Security number (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. If you need help getting an SSN, visit socialsecurity.gov, or call Social Security at 1-800-772-1213. TTY users should 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, please answer questions a–c. <input type="radio"/> NO. If no, skip to question 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, please 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.) 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: <div></div>		b. Certificate number: <div></div>		After you complete a and b, SKIP to question 14.
13. If you aren't a U.S. citizen or U.S. national, do you have eligible immigration status? <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 <div></div>		Card number or passport number <div></div>		
SEVIS ID or expiration date (optional) <div></div>		Other (category code or country of issuance) <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>(Select "yes" if you or your spouse takes care of this child.)</i> <input type="radio"/> Yes <input type="radio"/> No				
16. Tell us the names and relationships of any children under 19 that live with you in your household: <div></div>				
17. Are you a full-time student? <input type="radio"/> Yes <input type="radio"/> No 18. Were you in foster care at age 18 or older? <input type="radio"/> Yes <input type="radio"/> No				
Optional: <i>(Fill in all that apply.)</i>	19. 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 _____			
	20. Race: <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Asian Indian <input type="radio"/> Chinese <input type="radio"/> Vietnamese <input type="radio"/> Other Asian <input type="radio"/> Native Hawaiian <input type="radio"/> Guamanian or Chamorro <input type="radio"/> Samoan <input type="radio"/> Other Pacific Islander <input type="radio"/> Other _____			

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

☐ **Employed:** If you're currently employed, tell us about your income. Start with question 21.

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

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

Current job 1:

21. Employer name

a. Employer address

b. City

c. State

d. ZIP code

22. Employer phone number

23. Wages/tips (before taxes)

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

24. Average hours worked each WEEK

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

25. Employer name

a. Employer address

b. City

c. State

d. ZIP code

26. Employer phone number

27. Wages/tips (before taxes)

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

28. Average hours worked each WEEK

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

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

a. Type of work:

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

\$ 31. **Other income you get this month:** Fill in all that apply, and give the amount and how often you get it. Fill in here if none. ☐**NOTE:** You **don't** need to tell us about income from child support, veteran's payments, or Supplemental Security Income (SSI).

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

32. **Deductions:** Fill in all that apply, and give the amount and how often you pay it. If you pay for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.**NOTE:** You shouldn't include child support that you pay, or a cost already considered in your answer to net self-employment (question 30b).

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

33. **Complete this question if your income changes during the year**, like if you only work at a job for part of the year or receive a benefit for certain months. If you don't expect changes to your monthly income, skip to the next person. ➡Your total income **this year**\$ Your total income **next year** (if you think it will be different)\$ **Thanks! This is all we need to know about you.**

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



STEP 2: PERSON 2

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

Current job & income information

- ☐ **Employed:** If **PERSON 2** is currently employed, tell us about his/her income. Start with question 23.
- ☐ **Not employed:** Skip to question 33.
- ☐ **Self-employed:** Skip to question 32.

Current job 1:

23. Employer name

a. Employer address

b. City

c. State

d. ZIP code

24. Employer phone number

25. Wages/tips (before taxes)

☐ Hourly

☐ Weekly

☐ Every 2 weeks

26. Average hours worked each WEEK

\$

☐ Twice a month

☐ Monthly

☐ Yearly

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

27. Employer name

a. Employer address

b. City

c. State

d. ZIP code

28. Employer phone number

29. Wages/tips (before taxes)

☐ Hourly

☐ Weekly

☐ Every 2 weeks

30. Average hours worked each WEEK

\$

☐ Twice a month

☐ Monthly

☐ Yearly

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

32. If PERSON 2 is self-employed, answer the following questions:

a. Type of work:

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

\$

33. **Other income PERSON 2 gets this month:** Fill in all that apply, and give the amount and how often PERSON 2 gets it. Fill in here if none. ☐
NOTE: You **don't** need to tell us about PERSON 2's income from child support, veteran's payments, or Supplemental Security Income (SSI).

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

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

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

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

35. **Complete only if PERSON 2's income changes during the year,** like if PERSON 2 only works at a job for part of the year or receives a benefit for certain months. If you don't expect changes to PERSON 2's monthly income, skip to the next person. ➡

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

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

\$

\$

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



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

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

☐ NO. If no, continue to Step 4.

☐ YES. If yes, continue to Step 4, plus complete Appendix B and include with application.

STEP 4: Your family's health coverage

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

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

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

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

☐ Yes ☐ No

Who?

Date:

Or, was anyone on this application found not eligible for Medicaid or CHIP due to their immigration status in the last 4 years? ☐ Yes ☐ No

Who?

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

Who?

3. Is anyone listed on this application offered health coverage from a job? Check yes even if the coverage is from someone else's job, like a parent or spouse, even if they don't accept the coverage.

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

☐ NO.

4. Is anyone enrolled in health coverage now?

☐ YES. If yes, continue to question 5.

☐ NO. If no, SKIP to Step 5.

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

Write the type of coverage, like employer insurance, COBRA, Medicaid, CHIP, Medicare, TRICARE, VA health care program, Peace Corps, or other.

(Don't tell us about TRICARE if you have Direct Care or Line of Duty.)

Name of person enrolled in health coverage

Type of coverage:

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

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

Name of health insurance company

Policy/ID number

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

Name of health insurance company

Policy/ID number

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

Name of person enrolled in health coverage

Type of coverage:

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

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

Name of health insurance company

Policy/ID number

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

Name of health insurance company

Policy/ID number

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



STEP 5: Your agreement & signature

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

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

If no, automatically update my information for the next:

- ☐ 4 years ☐ 2 years ☐ Don't use my tax data to renew my eligibility for help paying for health coverage
☐ 3 years ☐ 1 year (selecting this option may impact your ability to get help paying for coverage at renewal.)

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

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

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

If anyone on this application is eligible for Medicaid:

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

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

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

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

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

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

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

Signature

Date signed (mm/dd/yyyy)

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

STEP 6: Mail completed application



Mail your signed application to:
Health Insurance Marketplace
Dept. of Health and Human Services
465 Industrial Blvd.
London, KY 40750-0001



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



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

Glossary

Affordable Care Act of 2010 (ACA):	Also known as the Patient Protection and Affordable Care Act and commonly called Obamacare. A health reform legislation that was signed into law by President Barack Obama in 2010.
CDHP:	Stands for consumer-driven health plan. Another term for high-deductible health plans, or HDHPs.
COBRA:	A program that allows you to keep your employment-based health insurance plan for a limited period, usually eighteen months, after you leave your job for any reason. Requires the insured to pay the full premium. Stands for the Consolidated Budget Reconciliation Act of 1985.
Coinsurance:	In some health insurance plans, a predetermined percentage of the costs of healthcare services that you are required to pay while the insurance company pays the rest.
Consumer-Driven Health Plan:	See CDHP.
Copayment (Copay):	In managed healthcare plans, a predetermined fee that the insured is required to pay for routine services like doctor visits or prescription drugs.
Essential Health Benefits:	A set of ten healthcare benefits named in the Affordable Care Act which must be covered by all individually-sold health insurance plans including those that are sold on state health insurance marketplaces.



HDHP:	Stands for high-deductible health plan. A type of managed healthcare plan that has lower premiums and higher deductibles than other plans and typically includes a savings component called a Health Savings Account (HSA) to set aside money for healthcare expenses.
High-Deductible Health Plan:	See HDHP.
Health Insurance Marketplaces:	Also called Health Insurance Exchanges. Organizations in each state through which people can purchase individual health insurance plans at reduced costs. Mandated by the Affordable Care Act of 2010 and functional since 2014.
Health Savings Account:	See HSA.
HAS:	Stands for health savings account. A tax-advantaged savings account that allows you to set aside money to spend on qualified healthcare services. Often comes with a debit card linked to the account.
Health Maintenance Organization:	See HMO.
HMO:	Stands for health maintenance organization. A type of managed healthcare plan that requires a primary care physician and strict adherence to in-network providers.
In-Network:	In managed healthcare plans, refers to those doctors and hospitals who are part of the plan and whose services the insured can utilize.



Indemnity Health Insurance:	A nearly obsolete form of health insurance in which the insurance company guarantees compensation to the insured for healthcare received from any provider that the insured chooses. Indemnity plans typically pay only according to a fixed price schedule for services.
Managed Care Plan:	A kind of health insurance plan that became the dominant form of health insurance in the 1990s. The plan contracts with health care providers and medical facilities to provide care for members at reduced costs.
Marketplace Health Insurance:	Also called Obamacare Plans. Health insurance plans sold to consumers on the health insurance exchanges that were mandated by the Affordable Care Act.
Medicaid:	A federal health insurance program that assists low-income families and individuals. Passed into law in 1965 alongside Medicare.
Medicare:	A federal health insurance program that assists people who are 65 and older. Passed into law in 1965.
Obamacare:	An informal term for the Affordable Care Act of 2010 and its many provisions.
Obamacare Plan:	An informal term for a Marketplace Health Insurance plan.
Open Enrollment Period:	A period that recurs annually (and usually begins in November) when people are allowed sign up for a marketplace health insurance plan using the Health Insurance Marketplaces mandated by the Affordable Care Act. See also special enrollment period.



Out-of-Network:	In managed healthcare plans, refers to those doctors and hospitals who are not part of the plan and whose services the insured either cannot utilize or must pay more to visit.
Point of Service Plan:	See POS.
POS:	Stands for point of service plan. A type of managed healthcare plan that is a hybrid between a PPO and an HMO.
PPO:	Stands for preferred provider organization. The most common kind of managed healthcare plan in the United States. Allows visits to both in-network and out-of-network doctors.
Preferred Provider Organization:	See PPO.
Special Enrollment Period:	A period of time, usually 60 days, after a qualifying event (like losing your insurance or moving or having a child) when you are allowed to sign up for a marketplace health insurance plans using the Health Insurance Marketplaces that were mandated by the Affordable Care Act. See also open enrollment period.



Further Reading

Barnett, Jessica and Edward R. Berchick. "Health Insurance Coverage in the United States: 2016." Current Population Reports, Sept. 2017. United States Census Bureau.
<https://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-260.pdf>

HealthCare.gov at <http://www.healthcare.gov/>

Kaiser Family Foundation. Employer Health Benefits: 2017 Annual Survey. Menlo Park, CA.
<http://files.kff.org/attachment/Report-Employer-Health-Benefits-Annual-Survey-2017>

Kongstvedt, Peter R. Health Insurance and Managed Care: What They Are and How They Work. Fourth edition. Jones & Bartlett Learning. Burlington, MA, 2015.



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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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