Financial Ratings Series

Weiss Ratings & Grey House Publishing

Financial Literacy: Planning for the Future

Making the Right Healthcare Coverage Choices

2024/25

GREY HOUSE PUBLISHING

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Welcome!

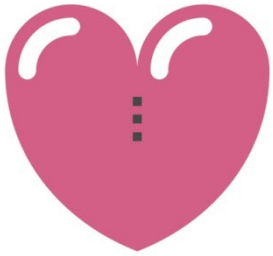
Grey House Publishing and Weiss Ratings are proud to announce the fifth edition of *Financial Literacy: Planning for the Future*. Each volume in this series provides readers with easy-to-understand guidance on how to manage their finances. This eight-volume set assists readers who are ready for one—or more—of many important next steps 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. *Financial Literacy: Planning for the Future* takes readers 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**
- Making the Right **Health Care 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 Health Care Coverage Choices



Health Care: 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 health care 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 United States.

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 health care 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 health care costs generally.

In 1960, health care spending totaled 5% of the United States' gross domestic product. Today, health care costs are 18.3% of Gross Domestic Product (GDP). Healthcare spending is expected to grow to 19.6% of GDP in 2031[1].

The Affordable Care Act of 2010, as its name suggests, was a first step towards addressing the rising costs of health care in the United States. The ACA enacted reforms that were designed to improve the accessibility, affordability, and quality of health care.

The Affordable Care Act took full effect in 2014. It was successful in

[1] https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/nhe-fact-sheet

reducing the numbers of the uninsured. In 2022, there were 27.6 million uninsured people in the United States, or 8.4% of the population. That's down from 44 million in 2013, a significant change.

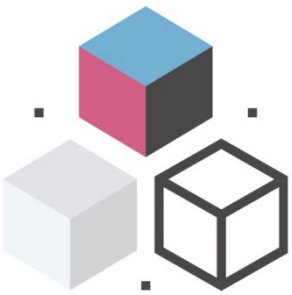
One of the factors affecting the number of insured and uninsured recently was the COVID-19 pandemic. The CDC found that during the pandemic, the overall number of Americans without health insurance dropped by 5.6 million people, from 2019 to 2022[2].

Average Annual Premiums

In 2023, annual premiums reached $23,968 for an average U.S. family and $8,435 for an individual.[3] The average family premium has increased 22% in the last 5 years and has increase 47% since 2013.

If you have an employer-based health insurance plan, then your employer will usually pick up much of that cost: the average covered worker in 2023 contributed $6,575 towards the cost of the premium for family coverage. Between premiums, and spending on out-of-pocket expenses like co-pays and deductibles, Americans are spending a considerable amount of money on their healthcare.

The average American household[4] spent $5,850 in 2022, or 8% of their income after taxes, on health care. That includes health insurance, medical services, prescription drugs, and medical supplies.



Types of Health Insurance Plans

The United States Census estimates that 92.1% of the United States population had health insurance coverage in 2022.

The majority of Americans (54.5%) are covered by work-related plans, according to the Census. The next highest category contains people covered by government programs, namely Medicare and Medicaid. Medicare accounted for 18.8% of the population, and Medicaid accounted for 18.7%.

2 https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2023/202305.htm

3 This and subsequent 2023 data from https://www.kff.org/report-section/ehbs-2023-section-1-cost-of-health-insurance/

4 https://www.bls.gov/cex/tables.htm

More than half of the U.S. population – 54.5% – has health insurance through an employer-sponsored health insurance plan.

The remainder had either direct purchase plans (9.9%) or they had coverage through the military's TRICARE program (2.4%). Direct purchase plans were primarily plans purchased on the exchanges or marketplaces that were put in place by the Affordable Care Act in 2014.[5]

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 (54.5% of the population) and people with direct purchase plans (9.9%). That's 64.4% of the population. The remaining 35.6% have public or government health insurance, through Medicare, Medicaid, or the military.

Source of Health Insurance Coverage	Percent of Population*
Employer-based health insurance	54.5%
Medicaid	18.8%
Medicare	18.7%
Direct purchase (mostly through ACA exchanges)	9.9%
TRICARE	2.4%

* The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

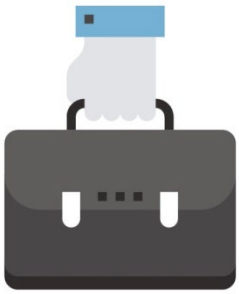
Health insurance is a complex subject; it's also an increasingly important feature of our lives. Throughout a person's life, he or she might access health care through two or three or even all of the above sources of health care coverage.

This guide will look at the three health insurance options that are most common among average American consumers.

Following their order of prevalence, we'll begin with employer-based health insurance. This is followed by the government program Medicaid, which is covering a growing portion of

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

the population. The last plans that we'll discuss are the 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.

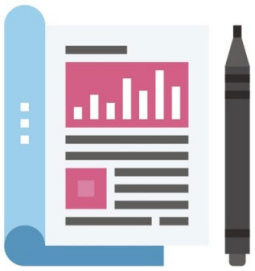
According to the Kaiser Family Foundation, 53% of companies in the U.S. offered health benefits to their employees in 2023.[6] That's actually down from 66% of employers in 1999. The size of the company matters a lot. 94% of companies with 50 or more workers offered health benefits in 2023. That number drops significantly for companies with less than 10 employees.

Most employer-based health insurance plans offer benefits to spouses and dependents.

Increasingly, companies are offering benefits to domestic partners as well. A 2023 survey by the Kaiser Family Foundation,[7] found that 45% percent of large firms (200+ workers) offered coverage to same-sex domestic partners. That number has been consistent over the past 10 years (42% in 2012 and 45% in 2023).

Many companies offer additional health and wellness programs to their employees. These programs can include:

- Health Risk Assessments
- Biometric Screenings
- Health & Wellness Promotion Programs
- Disease Management Programs



Signing Up

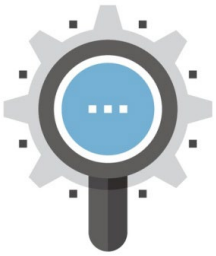
When you start a new job, there will likely be a specific length of time that you have to wait before being able to enroll in the company's health insurance program, known as the **waiting period**.

6 https://www.kff.org/health-costs/report/2023-employer-health-benefits-survey/

7 https://www.kff.org/private-insurance/issue-brief/has-marriage-equality-for-lgbtq-people-impacted-access-to-domestic-partner-health-benefits/

Most people have a waiting period before they can 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.

After the waiting period, you might be automatically enrolled 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. 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**. This is the most common kind of plan. In 2023, 47% of workers with health insurance through their employer were enrolled in a PPO. These plans typically offer a wider choice of health care 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 as a sort of gatekeeper to specialists. In 2023, 13% of workers were covered by an HMO.

- **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. In 2023, 10% of workers were covered by a point-of-service plan.

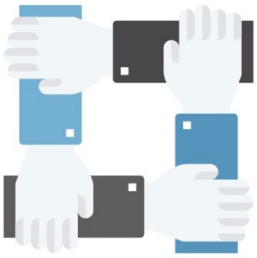
- **HDHP/SO – High-deductible health plan with a savings**

option. A high-deductible plan has a set amount that you have to pay out-of-pocket before your insurance will start to pay. High-deductible plans are designed to work in conjunction with a savings component such a Health Savings Account (HSA). That means that you can put money into a special tax-exempt account and use those funds towards your out-of-pocket medical expenses. This is the second most popular type of plan, with 29% of covered workers enrolled in an HDHP/SO. Enrollment in high-deductible plans has increased over the past decade.

- **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 2023, 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 health care providers and health care 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.



1. Preferred Provider Organization (PPO)

This is the most common type of managed care plan today. About 47% 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**. Your insurance company works with the group of doctors and providers who are in your network so they will offer services at a lower rate. The doctors and providers who are out-of-network have not agreed to these discounted rates, so your costs will be higher if you see a doctor out-of-network.

Your copay might be 20% for both in-network and out-of-network doctors, but you'll end up paying more out-of-network because the overall charge will be higher.

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 $1,245 in 2021.

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 health care. 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 10% of all employer-based health insurance plans in 2023. 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 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.

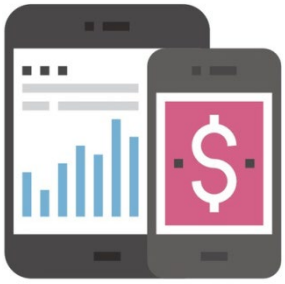
These are the distinguishing characteristics of an HDHP:

- 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 2024 as a plan with a deductible of at least $1,600 and an out-of-pocket maximum of $8,050. For a family plan in 2024, the out-of-pocket maximum will be $16,100 and the minimum deductible is $3,200.

In 2023, 31% of covered workers were enrolled in a health plan with a deductible of more than $2,000 for single coverage.



Health Savings Accounts (HSAs)

HDHP plans usually include a Health Savings Account (HSA) that allows you save money for health care expenses before it is taxed. You can decide how much money to contribute to your HSA account, and it will be 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 2024 is $4,150 for an individual plan, and $8,300 for a family. In addition, people over 55 are allowed to contribute an additional $1,000 annually.

You will be sent a debit card or checks that you can use to pay for eligible medical expenses and the funds will draw from your HSA savings account. 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.

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 health care.

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

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, from which managed care plans evolved. Many of the terms used in health care plans today, 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. You are required to pay the difference between what the provider charges and what the insurance company pays.

This is complicated a little by coinsurance payments. An indemnity plan will not usually pay for *all* of the cost of a doctor visit. 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%—the coinsurance payment.

Here's an example. Suppose you want to see Dr. Phillips, a dermatologist. Dr. Phillips doesn't have to be "in-network" because there is no network. Her office visit costs $225. You 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. Phillips, 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. Phillips' 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 and 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.gov[8] 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 an annual 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 preventive benefits before you meet your deductible.

- Some plans have separate deductibles for certain services, like prescription drugs.

[8] https://www.healthcare.gov/glossary

- 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 that you are responsible for (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.

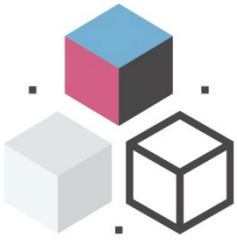
- Let's say your health insurance plan's allowable cost for a doctor's office visit is $100. Your copayment for a doctor visit is $20.

- 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.



Direct Primary Care /Concierge Medical Care

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

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

Most direct primary care agreements cost $80 to $180 per month. This approach is designed to give the patient greater access to, and more time with, their doctor than under more traditional plans. Direct primary care agreements vary but most cover general medical care like wellness visits, prevention screenings, diagnostic tests, and minor urgent care services. These visits are not billed through insurance, but are covered by the monthly fee that you pay your doctor.

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

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

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

About Dental & Vision Care

Two of the most common kinds of health care services—dental and vision—are often not included in insurance plans. While many workplace health insurance plans offer some form of dental or vision coverage, the amount that the employer contributes to the premium is usually far less than the amount that they contribute to the main insurance premium.

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

premiums, deductibles, and copays. They usually have a maximum amount that they will pay each year, so keep that in mind when you're scheduling appointments or services.

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 2023, according to the Kaiser Family Foundation annual survey, employee contributions to their health insurance premiums averaged 17% of the premium for individual insurance and 30% for family coverage.[9]

That means the average monthly employee contributions in 2023 were $118 for individuals ($1,420 annually) and $596 for families ($7,158 annually).

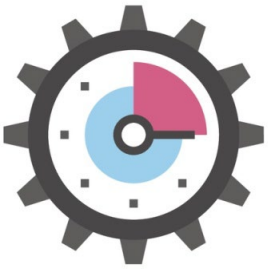
There is a lot of variation in how much employees were expected to contribute towards premiums, but for individual coverage in 2023:

- 13% were in plans where the employer paid the full premium;
- 67% were required to pay 25% or less of the premium;
- 17% were required to pay between 25% and 50% of the premium; and
- 3% were required to pay more than half the premium.

For family coverage in 2023:

- 4% were in plans where the employer paid the full premium;
- 52% were required to pay 25% or less of the premium;
- 29% were required to pay between 25% and 50% of the premium; and
- 15% were required to pay more than half the premium.

9 https://www.kff.org/report-section/ehbs-2023-summary-of-findings/



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

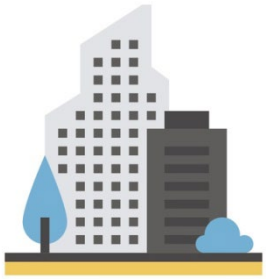
The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 mandated a provision that allows employees to keep their employer-based health insurance for a limited period of time after they've lost or left their jobs.

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 in 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 compare those plans with your COBRA plan. The marketplaces typically have limited, fixed enrollment periods, but special enrollment 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 a 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 health care 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 health care 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 health care spending. In 2021, a little more than one in five Americans (21.1%) receives Medicaid benefits[10]. However, Medicaid spending viewed as a proportion of spending on health care shows a different picture. Remember that health care spending has risen from 5% of the United States gross domestic product in the 1960s to 18.3% today. Spending on Medicaid accounts for 17% of the dollars spent in the health care system[11].

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—though 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. To date, fourty-one states, including DC, have adopted the Medicaid expansion, where 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 2024, the FPL is $14,580, so earning $20,120 or less qualifies. For a family of three, the FPL is $24,860, so the qualifying income is $34,307.

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 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 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

[10] https://www.kff.org/interactive/medicaid-state-fact-sheets/

[11] https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet

your health plan or state Medicaid agency to find a list of doctors that accept Medicaid payments.

Affordable Care Act: Health Insurance Marketplaces

About 9.9% of the population[12] 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.

[12] https://www.census.gov/library/publications/2023/demo/p60-281.html

Marketplace Plans & Subsidies

The government subsidizes a portion of the premium for individuals and families who can't afford the full premium in the form of an Advance Premium Tax Credit (APTC).

The APTC is a tax credit you can take in advance to lower your monthly health insurance premium. When you apply for coverage in the Health Insurance Marketplace, you estimate your expected income for the year. If you qualify for a premium tax credit based on your estimate, you can use any amount of the credit in advance to lower your premium.

At least through 2025, people purchasing coverage through the Marketplace have to pay no more than 8.5% of their household income (an ACA-specific calculation) for the benchmark plan. The benchmark plan is the second-lowest-cost Silver plan. People with lower incomes pay a smaller-than-normal percentage of their income for the benchmark plan – as low as $0 for people with income that doesn't exceed 150% of the poverty level.

The plans for which you can enroll in the marketplace extend from Medicaid, to plans in which the premium is reduced with a tax credit,

to plans in which the insured pays the full premium. It depends on your income.

The marketplace tax credits 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 2023 was $23,968.

In 2023, about 91% of the 15.6 million people with ACA plans received Advanced Premium Tax Credits[13].

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.

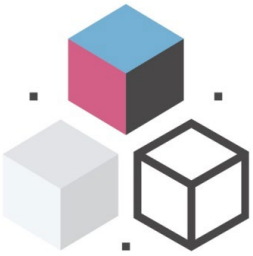
If you do not qualify for a tax credit, your coverage could be expensive, but the cost will still be less than what you would pay to purchase a plan on your own outside of the exchange. Remember, too, that less expensive plans will have high deductibles and other out-of-pocket expenses.

[13] https://www.kff.org/other/state-indicator/effectuated-marketplace-enrollment-and-financial-assistance

How do the tax credits work?

The tax credit is normally applied in advance to the cost of your premium, so that your monthly payments will already reflect the subsidy.

To see if you qualify for a tax credit to reduce your premium, go to the exchange website for your state and enter your information. It's easy to shop around to see what plans are available to you, find out if you qualify for a tax credit, and see how much the plans will cost.



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.

Platinum plans, which cover 90% of health care expenses, are sometimes available in some markets, but are rarely offered to individuals.

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 are listed in the Affordable Care Act:

1. Outpatient care
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance abuse disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative services
8. Laboratory services
9. Preventative care;
10. 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 yourself from worst-case medical scenarios, like serious illnesses and injuries.

A Silver plan usually offers additional savings that you might qualify for beyond the subsidy. 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.

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 need care
- Deductibles are very low

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)

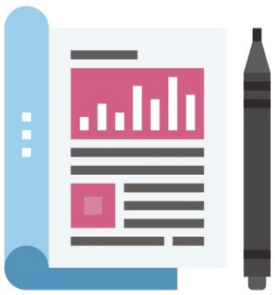
The monthly premiums for catastrophic plans are usually low, but you can't use a premium tax credit to reduce your cost. If you qualify for a premium tax credit based on your income, a Bronze or Silver plan is likely to be a better value. Make sure to do your homework and compare your options.

Your deductible, which is the amount that you have to pay yourself before

the plan starts to pay anything, is very high.

For 2024, the deductible for all Catastrophic plans is $9,450. 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 are required to start paying 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**.

Over 18.2 million people signed up for, or were automatically enrolled in, an ACA plan in 2023, compared to 8.4 million in 2019.

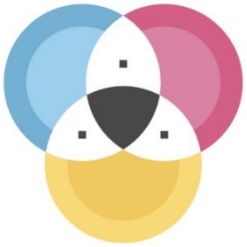
Special enrollment periods allow you to sign up for a plan at any time during the year, as long as you meet a special condition. For example, if you just lost your job or you just moved to a new state, you will be allowed to purchase health insurance on the exchange, even though the regular open enrollment period has 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 laws in the Affordable Care Act offer rights and protections that make coverage more fair and easier 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.[14]

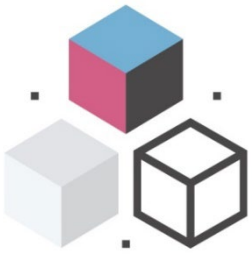
How the health care law protects you:

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

[14] https://www.healthcare.gov/health-care-law-protections/rights-and-protections/



Supplemental Health Insurance Plans

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

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

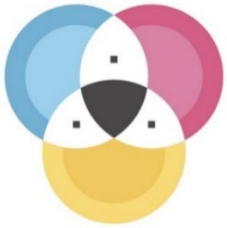
These plans are not a replacement for health insurance. Instead, they are designed to help you pay for expenses due to an emergency, an illness, or an accident.

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

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

Types of Supplemental Insurance

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

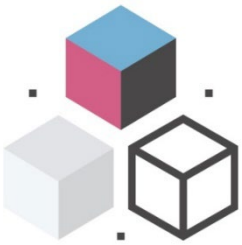


Association Health Plans

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

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

- Association health plans do not have to include the ten "essential health benefits" that the ACA requires. Preventative care, outpatient care, prescription drugs, pediatric services, and other essential services may not be covered. Be sure to read the plan details carefully before signing up.
- Association health plans can charge different rates based on age, gender, industry, and location. That means that older workers, women, and workers in high-risk industries could pay higher premiums.
- Make sure to read the fine print before signing up for an association health plan. Carefully compare your coverage options and potential out-of-pocket costs with an ACA plan to make sure you are making the right decision for your circumstances.



Health Care Sharing Plans

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

Health care sharing plans are not health insurance. They are voluntary programs that may or may not reimburse you for health care-related costs.

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

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

- You are not guaranteed to be reimbursed for health care costs. Someone else in the plan may choose to pay, or not pay, your medical bills. If no

one agrees to pay your medical bills, you are responsible for payment.

- Insurance companies typically negotiate discounted rates for health care procedures. Health care sharing plans do not offer this, so you may have to negotiate lower rates yourself, or pay the higher price.

- Health care sharing plans do not have annual out-of-pocket maximums, so if you have a significant illness or hospital stay, you will be responsible for the entire bill, regardless of how high it is.

- Health care sharing plans might not cover birth control or other family planning expenses due to their religious beliefs.

- Be sure to carefully read the fine print and ask questions before you sign up for a health care sharing plan.

Do I Really Need Health Insurance?

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

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

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

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

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

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

- Check the ACA Marketplace in your state to see if you qualify for a catastrophic plan.

- If your employer offers health insurance, compare costs between what you would pay for insurance through your 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 March 28, 2024. Visit https://greyhouse.weissratings.com to check the latest rating of these companies.

A+ Rated Health Insurers

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

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

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

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

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

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

Insurer:	SIERRA H&L INS CO
Rating:	A+
Headquarters:	Las Vegas, NV
Licensed In:	All states and VI
Website:	www.sierrahealthandlife.com
Telephone:	(702) 242-7732

Insurer: UNICARE HEALTH PLAN OF WV INC
Rating: A+
Headquarters: Charleston, WV
Licensed In: WV
Website: www.elevancehealth.com
Telephone: (877) 864-2273

Insurer: UNITEDHEALTHCARE (MIDLANDS)
Rating: A+
Headquarters: Omaha, NE
Licensed In: AL, AR, IA, IL, IN, KS, MO, NE
Website: www.uhc.com
Telephone: (402) 445-5000

Insurer: UPMC FOR YOU INC
Rating: A+
Headquarters: Pittsburgh, PA
Licensed In: DE, PA
Website: www.upmchealthplan.com
Telephone: (412) 434-1200

Insurer: VOLUNTEER STATE HLTH PLAN INC
Rating: A+
Headquarters: Chattanooga, TN
Licensed In: TN
Website: https://bluecare.bcbst.com
Telephone: (423) 535-7192

A Rated Health Insurers

Insurer: BC&BS OF MS A MUTUAL INS CO
Rating: A
Headquarters: Flowood, MS
Licensed In: MS
Website: www.bcbsms.com
Telephone: (601) 664-4590

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

Insurer: CAREPLUS HEALTH PLANS INC
Rating: A
Headquarters: Louisville, KY
Licensed In: FL
Website: www.careplushealthplans.com
Telephone: (305) 441-9400

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

Insurer: HUMANA BENEFIT PLAN OF IL INC
Rating: A
Headquarters: Louisville, KY
Licensed In: All states except NY
Website: www.humana.com
Telephone: (502) 580-1000

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

Insurer: MCLAREN HEALTH PLAN INC
Rating: A
Headquarters: Flint, MI
Licensed In: MI
Website: www.mclarenhealthplan.org
Telephone: (810) 733-9723

Insurer: MOUNT CARMEL HEALTH PLAN INC
Rating: A
Headquarters: Columbus, OH
Licensed In: IA, OH
Website: https://medigold.com
Telephone: (407) 754-5667

Insurer: PRIORITY HEALTH
Rating: A
Headquarters: Grand Rapids, MI
Licensed In: MI
Website: www.priorityhealth.com
Telephone: (616) 464-8931

Insurer: PROVIDENCE HEALTH PLAN
Rating: A
Headquarters: Beaverton, OR
Licensed In: OR, WA
Website: www.providencehealthplan.com
Telephone: (503) 574-7500

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

A- Rated Health Insurers

Insurer: AMERIGROUP NEW JERSEY INC
Rating: A-
Headquarters: Virginia Beach, VA
Licensed In: (No states)
Website: www.amerigroup.com
Telephone: (757) 490-6900

Insurer: ARCADIAN HEALTH PLAN INC
Rating: A-
Headquarters: Louisville, KY
Licensed In: AK, AL, AR, AZ, CA, ID, IN, KY, ME, MO, NE, NH, OK, SC, TX, VA, WA, WV
Website: www.humana.com
Telephone: (502) 580-1000

Insurer: BLUE CROSS & BLUE SHIELD OF AL
Rating: A-
Headquarters: Birmingham, AL
Licensed In: AL
Website: www.bcbsal.org
Telephone: (205) 220-2100

Insurer: BRIDGEWAY HEALTH SOLUTIONS OF
Rating: A-
Headquarters: Saint Louis, MO
Licensed In: AZ
Website: www.centene.com
Telephone: (314) 725-4477

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

Insurer: CARESOURCE OHIO INC
Rating: A-
Headquarters: Dayton, OH
Licensed In: OH
Website: www.caresource.com
Telephone: (937) 531-3300

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

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

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

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

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

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

Insurer: MDWISE INC
Rating: A-
Headquarters: Indianapolis, IN
Licensed In: IN
Website: www.mdwise.org
Telephone: (317) 822-7300

Insurer: OXFORD HEALTH PLANS (NJ) INC
Rating: A-
Headquarters: Shelton, CT
Licensed In: (No states)
Website: www.oxhp.com
Telephone: (203) 447-4500

Insurer: REGENCE BCBS OF OR
Rating: A-
Headquarters: Portland, OR
Licensed In: OR, WA
Website: www.regence.com
Telephone: (503) 721-7189

Insurer: REGENCE BCBS OF UT
Rating: A-
Headquarters: Portland, OR
Licensed In: UT
Website: www.regence.com
Telephone: (503) 721-7189

Insurer: SELECTHEALTH INC
Rating: A-
Headquarters: Murray, UT
Licensed In: ID, NV, UT
Website: https://selecthealth.org
Telephone: (801) 442-5000

Insurer: UNITEDHEALTHCARE CMNTY (OH)
Rating: A-
Headquarters: Minnetonka, MN
Licensed In: OH
Website: www.uhccommunityplan.com
Telephone: (952) 931-4014

Insurer: YAMHILL COUNTY CARE ORG INC
Rating: A-
Headquarters: Mcminnville, OR
Licensed In: OR
Website: www.yamhillcco.org
Telephone: (503) 376-7418

B+ Rated Health Insurers

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

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

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

Insurer:	ANTHEM HEALTH PLANS OF KY INC
Rating:	B+
Headquarters:	Louisville, KY
Licensed In:	KY
Website:	www.elevancehealth.com
Telephone:	(888) 641-5224

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

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

Insurer:	BC&BS OF MA HMO BLUE INC
Rating:	B+
Headquarters:	Boston, MA
Licensed In:	MA
Website:	www.bluecrossma.org
Telephone:	(617) 246-5791

Insurer: BLUE CARE NETWORK OF MICHIGAN
Rating: B+
Headquarters: Southfield, MI
Licensed In: MI
Website: www.bcbsm.com
Telephone: (248) 799-6400

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

Insurer: BLUE CROSS COMPLETE OF MI LLC
Rating: B+
Headquarters: Philadelphia, PA
Licensed In: MI
Website: www.mibluecrosscomplete.com
Telephone: (215) 937-8000

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

Insurer: BLUE CROSS OF IDAHO HEALTH SVC
Rating: B+
Headquarters: Meridian, ID
Licensed In: ID
Website: www.bcidaho.com
Telephone: (208) 345-4550

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

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

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

Insurer: CARE IMPROVEMENT PLUS OF TEXAS
Rating: B+
Headquarters: Minnetonka, MN
Licensed In: AL, CO, IA, IL, IN, NC, NE, NM, PA, SC, TN, TX, VA
Website: www.uhcmedicaresolutions.com
Telephone: (952) 936-1300

Insurer: CAREFIRST OF MARYLAND INC
Rating: B+
Headquarters: Owings Mills, MD
Licensed In: DC, MD
Website: https://individual.carefirst.com
Telephone: (410) 581-3000

Insurer: CARESOURCE GEORGIA CO
Rating: B+
Headquarters: Atlanta, GA
Licensed In: GA
Website: www.caresource.com
Telephone: (678) 214-7500

Insurer: CMNTY CARE BEHAVIORAL HLTH ORG
Rating: B+
Headquarters: Pittsburgh, PA
Licensed In: PA
Website: www.ccbh.com
Telephone: (412) 454-2120

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

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

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

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

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

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

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

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

Insurer: HIGHMARK WEST VIRGINIA INC
Rating: B+
Headquarters: Parkersburg, WV
Licensed In: WV
Website: www.highmarkbcbswv.com
Telephone: (304) 424-7700

Insurer:	HLTHCARE SVC CORP A MUTUAL
Rating:	B+
Headquarters:	Chicago, IL
Licensed In:	All states except AL, CA, HI, IA, KS, LA, MS, NC, ND, NH, NV, NY, RI, SD, TN, VT, WA, WY
Website:	www.hcsc.com
Telephone:	(800) 654-7385

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

Insurer:	KEYSTONE HEALTH PLAN EAST INC
Rating:	B+
Headquarters:	Philadelphia, PA
Licensed In:	PA
Website:	www.ibx.com
Telephone:	(215) 241-2400

Insurer:	MEDICAL MUTUAL OF OHIO
Rating:	B+
Headquarters:	Cleveland, OH
Licensed In:	GA, IN, MI, NC, OH, PA, SC, WI, WV
Website:	www.medmutual.com
Telephone:	(216) 687-7000

Insurer:	MISSOURI CARE INC
Rating:	B+
Headquarters:	Saint Louis, MO
Licensed In:	MO
Website:	www.elevancehealth.com
Telephone:	(314) 444-7512

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

Insurer:	OPTIMA HEALTH PLAN
Rating:	B+
Headquarters:	Virginia Beach, VA
Licensed In:	VA
Website:	www.sentara.com
Telephone:	(757) 552-7401

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

Insurer: OPTIMUM HEALTHCARE INC
Rating: B+
Headquarters: Tampa, FL
Licensed In: FL
Website: www.youroptimumhealthcare.com
Telephone: (813) 506-6000

Insurer: OXFORD HEALTH INS INC
Rating: B+
Headquarters: Minnetonka, MN
Licensed In: CT, NJ, NY, PA
Website: www.oxhp.com
Telephone: (952) 406-4923

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

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

Insurer: SAN JOAQUIN COUNTY HEALTH
Rating: B+
Headquarters: French Camp, CA
Licensed In: CA
Website: www.hpsj.com
Telephone: (888) 936-7526

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

Insurer: SCAN HEALTH PLAN
Rating: B+
Headquarters: Long Beach, CA
Licensed In: CA
Website: www.scanhealthplan.com
Telephone: (800) 559-3500

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

Insurer: UNITEDHEALTHCARE (NEW ENGLAND)
Rating: B+
Headquarters: Minnetonka, MN
Licensed In: MA, ME, NH, PA, RI, VT
Website: www.uhc.com
Telephone: (952) 912-6815

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

Insurer: UNITEDHEALTHCARE CMNTY (MI)
Rating: B+
Headquarters: Southfield, MI
Licensed In: MI
Website: www.uhccommunityplan.com
Telephone: (248) 331-4389

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

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

Insurer: UNITEDHEALTHCARE OF AR INC
Rating: B+
Headquarters: Minnetonka, MN
Licensed In: AR
Website: www.uhc.com
Telephone: (952) 979-7572

Insurer: UNITEDHEALTHCARE OF FL INC
Rating: B+
Headquarters: Maitland, FL
Licensed In: FL
Website: www.uhc.com
Telephone: (407) 659-7041

Insurer: UNITEDHEALTHCARE OF KY LTD
Rating: B+
Headquarters: Lexington, KY
Licensed In: IN, KY
Website: www.uhc.com
Telephone: (859) 825-6132

Insurer: UNITEDHEALTHCARE OF NY INC
Rating: B+
Headquarters: Shelton, CT
Licensed In: NY
Website: www.uhc.com
Telephone: (203) 447-4439

Insurer: UNITEDHEALTHCARE OF OREGON INC
Rating: B+
Headquarters: Minnetonka, MN
Licensed In: OR, WA
Website: www.uhcprovider.com
Telephone: (952) 936-1300

Insurer: UNITEDHEALTHCARE OF PA INC
Rating: B+
Headquarters: Pittsburgh, PA
Licensed In: PA
Website: www.uhccommunityplan.com
Telephone: (412) 858-4000

Insurer: UNITEDHEALTHCARE OF WA INC
Rating: B+
Headquarters: Minnetonka, MN
Licensed In: WA
Website: www.uhc.com
Telephone: (952) 936-1300

Insurer:	UNITEDHEALTHCARE OF WI INC
Rating:	B+
Headquarters:	Milwaukee, WI
Licensed In:	AZ, DE, IA, IL, KS, KY, MA, MD, ME, MO, MS, NC, NE, NH, OH, OK, PA, RI, TN, VA, VT, WI
Website:	www.uhc.com
Telephone:	(414) 443-4000

Insurer:	UNITEDHEALTHCARE(RIVER VALLEY)
Rating:	B+
Headquarters:	Moline, IL
Licensed In:	AR, GA, IA, IL, KS, KY, LA, MO, MS, NC, NJ, OH, OK, SC, TN, TX, VA
Website:	www.myuhc.com
Telephone:	(309) 736-4600

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

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 March 28, 2024. Visit https://greyhouse.weissratings.com to check the latest rating of these companies.

E- Rated Health Insurers

Insurer:	ALIGNMENT HEALTH PLAN INC
Rating:	E-
Headquarters:	Orange, CA
Licensed In:	CA
Website:	www.alignmenthealthplan.com
Telephone:	(844) 310-2247

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

Insurer:	AMERICASHEALTH PLAN INC
Rating:	E-
Headquarters:	Oxnard, CA
Licensed In:	CA
Website:	www.americashp.com
Telephone:	(800) 633-3313

Insurer:	ANGLE INS CO OF UTAH
Rating:	E-
Headquarters:	Salt Lake City, UT
Licensed In:	UT
Website:	www.anglehealth.com
Telephone:	(855) 590-0333

Insurer:	ASPIRE HEALTH PLAN
Rating:	E-
Headquarters:	Monterey, CA
Licensed In:	CA
Website:	www.aspirehealthplan.org
Telephone:	(855) 570-1600

Insurer:	BAY AREA ACCOUNTABLE CARE
Rating:	E-
Headquarters:	Emeryville, CA
Licensed In:	CA
Website:	www.canopyhealth.com
Telephone:	(888) 822-6679

Insurer:	BAYCARE SELECT HEALTH PLANS
Rating:	E-
Headquarters:	Clearwater, FL
Licensed In:	FL
Website:	www.baycareplus.org
Telephone:	(727) 519-1766

Insurer: BRIGHT HEALTH CO OF ARIZONA
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: AZ
Website: www.brighthealthcare.com
Telephone: (612) 238-1321

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

Insurer: BRIGHT HEALTH INS CO OF FL
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: FL
Website: www.brighthealthcare.com
Telephone: (612) 238-1321

Insurer: BRIGHT HLTH INS CO OF IL
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: IL
Website: www.brighthealthcare.com
Telephone: (612) 238-1321

Insurer: CARE N CARE INS CO OF NC INC
Rating: E-
Headquarters: Greensboro, NC
Licensed In: NC
Website: www.healthteamadvantage.com
Telephone: (336) 790-4386

Insurer: CARECONNECT INS CO
Rating: E-
Headquarters: East Hills, NY
Licensed In: (No states)
Website: www.careconnect.com
Telephone: (516) 401-5830

Insurer: CHINESE COMMUNITY HEALTH PLAN
Rating: E-
Headquarters: San Francisco, CA
Licensed In: CA
Website: https://cchphealthplan.com
Telephone: (415) 955-8800

Insurer: CLEVER CARE OF GOLDEN STATE
Rating: E-
Headquarters: Arcadia, CA
Licensed In: CA
Website: www.clevercarehealthplan.com
Telephone: (657) 224-1888

Insurer: CRYSTAL RUN HEALTH PLAN LLC
Rating: E-
Headquarters: Middletown, NY
Licensed In: NY
Website: www.crystalrunhp.com
Telephone:

Insurer: DOCTORS HEALTHCARE PLANS INC
Rating: E-
Headquarters: Coral Gables, FL
Licensed In: FL
Website: www.doctorshcp.com
Telephone: (786) 578-0954

Insurer: ELAN INS GROUP INC
Rating: E-
Headquarters: Miami, FL
Licensed In: VI
Website: www.elan.insure
Telephone: (305) 890-1544

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

Insurer: FRIDAY HEALTH PLANS
Rating: E-
Headquarters: Alamosa, CO
Licensed In: CO, NM
Website: www.fridayhealthplans.com
Telephone: (719) 589-3696

Insurer: GROUP HEALTH PLAN INC
Rating: E-
Headquarters: Minneapolis, MN
Licensed In: MN, ND, SD
Website: www.healthpartners.com
Telephone: (952) 883-6000

Insurer: HAMASPIK INC
Rating: E-
Headquarters: Monsey, NY
Licensed In: NY
Website: www.hamaspik.com
Telephone: (855) 552-4642

Insurer: HEALTH CHOICE UTAH INC
Rating: E-
Headquarters: Murray, UT
Licensed In: (No states)
Website: www.healthchoiceutah.com
Telephone: (801) 646-7296

Insurer: ICIRCLE SERVICES OF THE FINGER
Rating: E-
Headquarters: Webster, NY
Licensed In: NY
Website: www.icirclecny.org
Telephone: (844) 424-7253

Insurer: IMPERIAL HEALTH PLAN OF CA INC
Rating: E-
Headquarters: Pasadena, CA
Licensed In: CA
Website: www.imperialhealthplan.com
Telephone: (800) 838-8271

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

Insurer: OSCAR HEALTH PLAN OF CA
Rating: E-
Headquarters: Marina Del Rey, CA
Licensed In: CA
Website: www.hioscar.com
Telephone: (855) 672-2755

Insurer: PHP MEDICARE
Rating: E-
Headquarters: Lansing, MI
Licensed In: MI
Website: www.phpmichigan.com
Telephone: (517) 364-8400

Insurer: PROMINENCE HEALTHFIRST FL INC
Rating: E-
Headquarters: Reno, NV
Licensed In: FL
Website: www.prominencehealthplan.com
Telephone: (775) 770-9300

Insurer: PROMINENCE HEALTHFIRST OF TX
Rating: E-
Headquarters: Reno, NV
Licensed In: TX
Website: https://prominencehealthplan.com
Telephone: (775) 770-9300

Insurer: SOLIS HEALTH PLANS INC
Rating: E-
Headquarters: Doral, FL
Licensed In: FL
Website: www.solishealthplans.com
Telephone: (305) 913-0055

Insurer: THE CDI GROUP INC
Rating: E-
Headquarters: Camarillo, CA
Licensed In: CA
Telephone: (800) 874-1986

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

Insurer: UNIVERSAL CARE INC
Rating: E-
Headquarters: Westminster, CA
Licensed In: CA
Website: www.bndhmo.com
Telephone: (866) 255-4795

E Rated Health Insurers

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

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

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

Insurer: BANNER HEALTH INS GRP INC
Rating: E
Headquarters: Phoenix, AZ
Licensed In: AZ
Website: www.bannerhealth.com/medicare
Telephone: (833) 516-1007

Insurer: BANNER HEALTH PLAN INC
Rating: E
Headquarters: Phoenix, AZ
Licensed In: AZ
Website: www.bannerhealth.com/medicare
Telephone: (833) 516-1007

Insurer: CIGNA HEALTHCARE OF NJ INC
Rating: E
Headquarters: Bloomfield, CT
Licensed In: (No states)
Website: www.cigna.com
Telephone: (860) 226-6000

Insurer: EXPERIENCE HEALTH INC
Rating: E
Headquarters: Durham, NC
Licensed In: NC
Website: www.experiencehealthnc.com
Telephone: (919) 489-7431

Insurer: HOPKINS HEALTH ADVANTAGE INC
Rating: E
Headquarters: Hanover, MD
Licensed In: MD
Website: www.hopkinsmedicare.com
Telephone: (410) 424-4718

Insurer: IMPERIAL INS COS INC
Rating: E
Headquarters: Pasadena, CA
Licensed In: AZ, NM, NV, TX, UT
Website: www.imperialhealthplan.com
Telephone: (800) 708-8273

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

Insurer: MEMORIALCARE SELECT HLTH PLAN
Rating: E
Headquarters: Fountain Valley, CA
Licensed In: CA
Website: www.memorialcareselecthealthplan.org
Telephone: (855) 367-7747

Insurer: PROVIDER PTNRS HLTH PLAN OF PA
Rating: E
Headquarters: Linthicum Heights, MD
Licensed In: PA
Website: www.pphealthplan.com
Telephone: (443) 275-9800

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

Insurer: WESTERN HEALTH ADVANTAGE
Rating: E
Headquarters: Sacramento, CA
Licensed In: CA
Website: www.westernhealth.com
Telephone: (888) 227-5942

E+ Rated Health Insurers

Insurer:	AVERA HEALTH PLANS INC
Rating:	E+
Headquarters:	Sioux Falls, SD
Licensed In:	IA, NE, SD
Website:	www.averahealthplans.com
Telephone:	(605) 322-4500

Insurer:	COOK CHILDRENS HEALTH PLAN
Rating:	E+
Headquarters:	Fort Worth, TX
Licensed In:	TX
Website:	www.cookchp.org
Telephone:	(682) 885-2419

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

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

Insurer:	PROVIDER PTNRS HLTH PLAN INC
Rating:	E+
Headquarters:	Linthicum Heights, MD
Licensed In:	IL, MD
Website:	www.pphealthplan.com
Telephone:	(443) 275-9800

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

Insurer:	SEQUOIA HEALTH PLAN INC
Rating:	E+
Headquarters:	Visalia, CA
Licensed In:	CA
Website:	www.sequoiahealthipa.com
Telephone:	(844) 896-1039

Insurer:	TAKECARE INS CO
Rating:	E+
Headquarters:	Tamuning, GU
Licensed In:	AS, GU, MP
Website:	www.takecareasia.com
Telephone:	(671) 300-7143

Appendices

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 contact
- **National Association of Insurance Commissioners** - www.naic.org
- **Insurance Information Institute** - www.iii.org
- **Independent Insurance Agents & Brokers of America**
  www.independentagent.com/default.aspx
- **Weiss Ratings, LLC** provides financial strength ratings for health insurance plans nationwide: www.weissratings.com
- **COBRA Insurance**
  Telephone: 1-877-279-7959 http://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 https://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	Phone
Alabama	Commissioner	www.aldoi.gov	(334) 269-3550
Alaska	Director	https://www.commerce.alaska.gov/web/ins/	(907) 269-7900
Arizona	Director	https://insurance.az.gov/	(602) 364-3100
Arkansas	Commissioner	www.insurance.arkansas.gov	(501) 371-2600
California	Commissioner	www.insurance.ca.gov	(916) 492-3500
Colorado	Commissioner	https://dora.colorado.gov/	(303) 894-7499
Connecticut	Commissioner	https://portal.ct.gov/cid	(860) 297-3800
Delaware	Commissioner	https://insurance.delaware.gov/	(302) 674-7300
Dist. of Columbia	Commissioner	http://disb.dc.gov/	(202) 727-8000
Florida	Commissioner	www.floir.com/	(850) 413-3140
Georgia	Commissioner	www.oci.ga.gov/	(404) 656-2070
Hawaii	Commissioner	http://cca.hawaii.gov/ins/	(808) 586-2790
Idaho	Director	www.doi.idaho.gov	(208) 334-4250
Illinois	Director	www.illinois.gov/	(217) 558-2757
Indiana	Commissioner	www.in.gov/idoi/	(317) 232-2385
Iowa	Commissioner	https://iid.iowa.gov/	(515) 654-6600
Kansas	Commissioner	https://insurance.kansas.gov/	(785) 296-3071
Kentucky	Commissioner	https://insurance.ky.gov/ppc/new_default.aspx	(502) 564-3630
Louisiana	Commissioner	www.ldi.la.gov/	(225) 342-5900
Maine	Superintendent	www.maine.gov/pfr/insurance/	(207) 624-8475
Maryland	Commissioner	http://insurance.maryland.gov/Pages/default.aspx	(410) 468-2000
Massachusetts	Commissioner	https://www.mass.gov/orgs/division-of-insurance	(617) 521-7794
Michigan	Director	http://www.michigan.gov/difs	(517) 284-8800
Minnesota	Commissioner	http://mn.gov/commerce/	(651) 539-1500
Mississippi	Commissioner	http://www.mid.ms.gov/	(601) 359-3569
Missouri	Director	www.insurance.mo.gov	(573) 751-4126

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

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

Health Insurance Marketplace

Form Approved
OMB No. 0938-1191
Expires: 10/31/2025

Application for Health Coverage & Help Paying Costs

Apply faster online at HealthCare.gov

Use this application to find out what coverage you qualify for

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

Who can use this application?

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

What you may need to apply

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

Why do we ask for this information?

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

What happens next?

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

Get help with this application

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

You have the right to get your information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against.

Visit **CMS.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice** or call **1-800-318-2596**. TTY users can call **1-855-889-4325**.

HealthCare.gov

Print in capital letters using black or dark blue ink only.
Fill in the circles (◯) like this → ●.

Step 1: Tell us about yourself.

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

1. First name	Middle name	Last name	Suffix

2. Home address (Leave blank if you don't have one.)	3. Home address 2

4. City	5. State	6. ZIP code	7. County

8. Mailing address (if different from home address)	9. Mailing address 2

10. City	11. State	12. ZIP code	13. County

14. Phone number	15. Second phone number
( ) -	( ) -

16. Do you want to get information about this application by email? ..... ◯ Yes ◯ No

Email address:

17. Preferred language:	Written	Spoken

Step 2: Tell us about your household.

Who do you need to include on this application?

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

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

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

For children under age 21 who need coverage
Include these people **even if they aren't applying for health coverage themselves:**

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

Complete Step 2 for each person in your household.

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

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

Step 2: PERSON 1 (Start with yourself.)

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

1. First name | Middle name | Last name | Suffix

2. Relationship to PERSON 1? **SELF**

3. Are you married? ◯ Yes ◯ No

4. Date of birth (mm/dd/yyyy) ___/___/_____

5. Sex ◯ Female ◯ Male

6. **Social Security Number (SSN)** ___-___-_____

★ **We need an SSN if you want health coverage and have an SSN or can get one.** We use SSNs to check income and other information to find out who's eligible for help paying for health coverage. For more information on getting an SSN, visit **SSA.gov**, or call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.

7. **Do you plan to file a federal income tax return NEXT YEAR?** You can still apply for coverage even if you don't file a federal income tax return.
◯ **YES. If yes,** answer items a through c. ◯ **NO. If no,** skip to item c.

a. Will you file jointly with a spouse? ◯ Yes ◯ No
If yes, write name of spouse:

b. Will you claim any dependents on your tax return? ◯ Yes ◯ No
If yes, list name(s) of dependents:

c. Will you be claimed as a dependent on someone's tax return? ◯ Yes ◯ No
If yes, list the name of the tax filer: | How are you related to the tax filer?

8. Are you pregnant? ◯ Yes ◯ No a. **If yes,** how many babies are expected during this pregnancy? ☐

9. **Do you need health coverage?** Even if you have coverage, there might be a program with better coverage or lower costs.
◯ **YES. If yes**, answer all the questions below. ◯ **NO. If no,** skip to the income questions on page 3. Leave the rest of this page blank.

10. Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.), a special health care need, or live in a medical facility or nursing home? ◯ Yes ◯ No

11. Are you a **U.S. citizen** or **U.S. national**? ◯ Yes ◯ No

12. Are you a **naturalized** or **derived citizen**? (This usually means you were born outside the U.S.)
◯ **YES. If yes,** complete a and b. ◯ **NO. If no,** continue to question 13.
a. Alien number: | b. Certificate number:
After you complete a and b, skip to question 14.

13. **If you aren't a U.S. citizen or U.S. national,** do you have eligible immigration status? ◯ **YES.** Enter document type and ID number. Go to instructions.
Immigration document type | Status type (optional) | Write your name as it appears on your immigration document.
Alien or I-94 number | Card number or passport number
SEVIS ID or expiration date (optional) | Other (category code or country of issuance)

a. Have you lived in the U.S. since 1996? ◯ Yes ◯ No
b. Are you, or your spouse or parent, a veteran or an active-duty member of the U.S. military? ◯ Yes ◯ No

14. Do you want help paying for medical bills from the last 3 months? ◯ Yes ◯ No

15. Do you live with at least one child under the age of 19, and are you the main person taking care of this child? (Fill in "yes" if you or your spouse takes care of this child.) ◯ Yes ◯ No
List the names and relationships of any children under 19 that live with you in your household:

16. Are you a full-time student? ◯ Yes ◯ No | 17. Were you in foster care at age 18 or older? ◯ Yes ◯ No

continued on the next page

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

Fill in all that apply.

18. If Hispanic/Latino, ethnicity:
○ Mexican ○ Mexican American ○ Chicano/a ○ Puerto Rican ○ Cuban ○ Other _____

19. Race:
○ White ○ Black or African American ○ American Indian or Alaska Native ○ Filipino ○ Japanese ○ Korean ○ Asian Indian ○ Chinese
○ Vietnamese ○ Other Asian ○ Native Hawaiian ○ Guamanian or Chamorro ○ Samoan ○ Other Pacific Islander ○ Other _____

Choose one response.

20. Sex assigned at birth (may be found on your birth certificate):
○ Female ○ Male ○ Other: _____ ○ Don't know ○ Prefer not to answer

21. Current gender:
○ Female ○ Male ○ Transgender female ○ Transgender male ○ A different term: _____ ○ Don't know ○ Prefer not to answer

22. Sexual orientation:
○ Bisexual ○ Lesbian or gay ○ Straight (not lesbian or gay) ○ A different term: _____ ○ Don't know ○ Prefer not to answer

Step 2: PERSON 1 (Continue with yourself.)

Current job & income information

○ **Employed:** If you're currently employed, tell us about your income. Start with item 23.

○ **Not employed:** Skip to item 33.

○ **Self-employed:** Skip to item 32.

Current job 1:

23. Employer name

a. Employer address (optional)

b. City | c. State | d. ZIP code | 24. Employer phone number ( ) -

25. Wages/tips (before taxes) $
○ Hourly ○ Weekly ○ Every 2 weeks ○ Twice a month ○ Monthly ○ Yearly

26. Average hours worked each WEEK

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

27. Employer name

a. Employer address (optional)

b. City | c. State | d. ZIP code | 28. Employer phone number ( ) -

29. Wages/tips (before taxes) $
○ Hourly ○ Weekly ○ Every 2 weeks ○ Twice a month ○ Monthly ○ Yearly

30. Average hours worked each WEEK

31. **In the past year, did you:** ○ Change jobs ○ Stop working ○ Start working fewer hours ○ None of these

32. **If self-employed, answer a and b:**

a. Type of work:

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

continued on the next page

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

◯ Unemployment
$ How often?

◯ Pension
$ How often?

◯ Social Security
$ How often?

◯ Retirement accounts
$ How often?

◯ Alimony received (**Note:** Only for divorces finalized before 1/1/2019.)
$ How often?

◯ Net farming/fishing
$ How often?

◯ Net rental/royalty
$ How often?

◯ Other income, type: _____
$ How often?

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

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

◯ Alimony paid (**Note:** Only for divorces finalized before 1/1/2019.)
$ How often?

◯ Student loan interest
$ How often?

◯ Other deductions, type: _____
$ How often?

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

Your total income **this year**
$

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

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

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

Step 2: PERSON 2

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

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

1. First name | Middle name | Last name | Suffix

2. Relationship to PERSON 1? Go to instructions.

3. Is PERSON 2 married? ◯ Yes ◯ No

4. Date of birth (mm/dd/yyyy) ___/___/_____

5. Sex ◯ Female ◯ Male

6. Social Security Number (SSN) ___-___-____ ★ **We need this if you want health coverage for PERSON 2, and PERSON 2 has an SSN.**

7. Does PERSON 2 live at the same address as PERSON 1? ◯ Yes ◯ No

If no, list address:

8. **Does PERSON 2 plan to file a federal income tax return NEXT YEAR?** (You can still apply for coverage even if PERSON 2 doesn't file a federal income tax return.)

◯ **YES. If yes,** answer items a through c. ◯ **NO. If no,** skip to item c.

a. Will PERSON 2 file jointly with a spouse? ◯ Yes ◯ No

If yes, write name of spouse:

b. Will PERSON 2 claim any dependents on his or her tax return? ◯ Yes ◯ No

If yes, list name(s) of dependents:

c. Will PERSON 2 be claimed as a dependent on someone's tax return? ◯ Yes ◯ No

If yes, list the name of the tax filer: | How is PERSON 2 related to the tax filer?

9. Is PERSON 2 pregnant? ◯ Yes ◯ No a. **If yes,** how many babies are expected during this pregnancy? ☐

10. **Does PERSON 2 need health coverage?** (Even if PERSON 2 has coverage, there might be a program with better coverage or lower costs.)

◯ **YES. If yes**, answer all the questions below. ◯ **NO. If no,** skip to the income questions on page 6. Leave the rest of this page blank.

11. Does PERSON 2 have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.), a special health care need, or live in a medical facility or nursing home? ◯ Yes ◯ No

12. Is PERSON 2 a **U.S. citizen** or **U.S. national**? ◯ Yes ◯ No

13. Is PERSON 2 a **naturalized** or **derived citizen**? (This usually means they were born outside the U.S.)

◯ **YES. If yes,** complete a and b. ◯ **NO. If no,** continue to question 14.

a. Alien number | b. Certificate number

After you complete a and b, skip to question 15.

14. **If PERSON 2 isn't a U.S. citizen or U.S. national,** do they have eligible immigration status? ◯ **YES.** Enter document type and ID number. Go to instructions.

Immigration document type: | Status type (optional): | Write PERSON 2's name as it appears on their immigration document.

Alien or I-94 number | Card number or passport number

SEVIS ID or expiration date (optional) | Other (category code or country of issuance)

a. Has PERSON 2 lived in the U.S. since 1996? ◯ Yes ◯ No

b. Is PERSON 2, or PERSON 2's spouse or parent, a veteran or an active-duty member of the U.S. military? ◯ Yes ◯ No

15. Does PERSON 2 want help paying for medical bills from the last 3 months? ◯ Yes ◯ No

16. Does PERSON 2 live with at least one child under the age of 19, and is PERSON 2 the main person taking care of this child? (Fill in "yes" if PERSON 2 or their spouse takes care of this child.) ◯ Yes ◯ No

17. Tell us the names and relationships of any children under 19 that live with PERSON 2 in their household: (These can be the same children listed on page 2.)

Was PERSON 2 in foster care at age 18 or older? ◯ Yes ◯ No

Answer these questions if PERSON 2 is 22 or younger:

18. Did PERSON 2 have insurance through a job and lose it within the past 3 months? ◯ Yes ◯ No

a. **If yes**, end date: ___/___/_____ b. Reason the insurance ended:

19. Is PERSON 2 a full-time student? ◯ Yes ◯ No

continued on the next page

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

Fill in all that apply.

20. If Hispanic/Latino, ethnicity:
○ Mexican ○ Mexican American ○ Chicano/a ○ Puerto Rican ○ Cuban ○ Other _____

21. Race:
○ White ○ Black or African American ○ American Indian or Alaska Native ○ Filipino ○ Japanese ○ Korean ○ Asian Indian ○ Chinese
○ Vietnamese ○ Other Asian ○ Native Hawaiian ○ Guamanian or Chamorro ○ Samoan ○ Other Pacific Islander ○ Other _____

Choose one response.

22. Sex assigned at birth (may be found on PERSON 2's birth certificate):
○ Female ○ Male ○ Other: _____ ○ Don't know ○ Prefer not to answer

23. Current gender:
○ Female ○ Male ○ Transgender female ○ Transgender male ○ A different term: _____ ○ Don't know ○ Prefer not to answer

24. Sexual orientation:
○ Bisexual ○ Lesbian or gay ○ Straight (not lesbian or gay) ○ A different term: _____ ○ Don't know ○ Prefer not to answer

Step 2: PERSON 2

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

Current job & income information

○ **Employed:** If **PERSON 2** is currently employed, tell us about their income. Start with item 25.

○ **Not employed:** Skip to item 35.

○ **Self-employed:** Skip to item 34.

Current job 1:

25. Employer name

a. Employer address (optional)

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

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

29. Employer name

a. Employer address (optional)

b. City | c. State | d. ZIP code | 30. Employer phone number ( ) -

31. Wages/tips (before taxes) $

○ Hourly ○ Weekly ○ Every 2 weeks
○ Twice a month ○ Monthly ○ Yearly

32. Average hours worked each WEEK

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

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

a. Type of work:

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

continued on the next page

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

◯ Unemployment **$** How often?	◯ Alimony received (**Note:** Only for divorces finalized before 1/1/2019.) **$** How often?
◯ Pension **$** How often?	◯ Net farming/fishing **$** How often?
◯ Social Security **$** How often?	◯ Net rental/royalty **$** How often?
◯ Retirement accounts **$** How often?	◯ Other income, type: _____ **$** How often?

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

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

◯ Alimony paid (**Note:** Only for divorces finalized before 1/1/2019.) **$** How often?	◯ Other deductions, type: _____ **$** How often?
◯ Student loan interest **$** How often?	

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

PERSON 2's total income **this year** **$**	PERSON 2's total income **next year** **$** ◯ Fill in if they think their income will be hard to predict.

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

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

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

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

Step 4: Your household's health coverage

1. **Was anyone on this application found not eligible for Medicaid or the Children's Health Insurance Program (CHIP) in the past 90 days?** (Select yes only if someone was found not eligible for this coverage by your state, not by the Marketplace.) ◯ Yes ◯ No

Who? Date:

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

Who?

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

Who?

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

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

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

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

3. **Is anyone enrolled in health coverage now?**

◯ **YES. If yes,** continue to item 4. ◯ **NO. If no,** skip to Step 5.

4. **Information about current health coverage.** (Make a copy of this page if more than 2 people have health coverage now.)
Write the type of coverage, like employer insurance, COBRA, Medicaid, CHIP, Medicare, TRICARE, VA health care program, Peace Corps, or other. (Don't tell us about TRICARE if you have Direct Care or Line of Duty.)

PERSON 1:

Name of person enrolled in health coverage

Type of coverage:

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

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

Name of health insurance company | Policy/ID number

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

Name of health insurance company | Policy/ID number

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

PERSON 2:

Name of person enrolled in health coverage

Type of coverage:

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

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

Name of health insurance company | Policy/ID number

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

Name of health insurance company | Policy/ID number

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

Step 5: Your agreement & signature

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

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

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

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

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

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

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

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

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

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

If anyone on this application is eligible for Medicaid:

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

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

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

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

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

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

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

Signature	Date signed (mm/dd/yyyy)
	/ /

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

Step 6: Mail completed application

Mail your signed application to:

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

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

Get help in a language other than English

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

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

Español (Spanish)

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

中文 (Chinese)

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

tiếng Việt (Vietnamese)

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

한국어 (Korean)

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

العربية (Arabic)

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

Kreyòl (French Creole)

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

Tagalog (Tagalog)

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

Get help in a language other than English (Continued)

Polski (Polish)

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

Русский (Russian)

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

Français (French)

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

Deutsch (German)

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

ગુજરાતી (Gujarati)

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

Português (Portuguese)

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

Italiano (Italian)

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

日本語 (Japanese)

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

Appendix A: Health Coverage from Jobs

Form Approved
OMB No. 0938-1191
Expires: 10/31/2025

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

Tell us about the job that offers coverage.

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

Employee information

1. Employee name (First, Middle, Last)

2. Employee Social Security Number (SSN) ___ - ___ - ____

Employer information

3. Employer/company name

4. Employer Identification Number (EIN) __ - _____

5. Employer phone number (___) ___ - ____

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

6. Person or department we can contact about employee health coverage

7. Employer address (the Marketplace may send notices to this address)

8. City

9. State

10. ZIP code

11. Phone number (if different from above) (___) ___ - ____

12. Email address

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

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

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

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

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

Name

Name

Name

continued on the next page

Tell us about the health coverage offered by this employer.

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

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

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

a. Employee would pay this premium: **$**

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

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

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

a. Employee would pay this premium: **$**

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

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

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Expires: 10/31/2025

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

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

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

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

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

AI/AN PERSON 1:

1. Name (First name, Middle name, Last name)

2. Member of a federally recognized tribe? ◯ Yes ◯ No

If yes, Tribe name: | State tribe is located in:

3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? ◯ Yes ◯ No

If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs? ◯ Yes ◯ No

4. Certain money received may not be counted for Medicaid or the Children's Health Insurance Program (CHIP). List any income (amount and how often) reported on your application that includes money from these sources:

- Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties
- Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)
- Money from selling things that have cultural significance

Income type: ◯ Self-employment ◯ Rental or royalty ◯ Farming or fishing ◯ Other: _____ | $ | How often?

AI/AN PERSON 2:

1. Name (First name, Middle name, Last name)

2. Member of a federally recognized tribe? ◯ Yes ◯ No

If yes, Tribe name: | State tribe is located in:

3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? ◯ Yes ◯ No

If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs? ◯ Yes ◯ No

4. Certain money received may not be counted for Medicaid or the Children's Health Insurance Program (CHIP). List any income (amount and how often) reported on your application that includes money from these sources:

- Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties
- Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)
- Money from selling things that have cultural significance

Income type: ◯ Self-employment ◯ Rental or royalty ◯ Farming or fishing ◯ Other: _____ | $ | How often?

Appendix C: Help with Completing this Application

Form Approved
OMB No. 0938-1191
Expires: 10/31/2025

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

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

1. Application start date (mm/dd/yyyy)

2. First name, Middle name, Last name, & Suffix

3. Organization name

4. ID number (if applicable)

5. Agents/Brokers only: NPN number

You can choose an authorized representative.

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

1. Name of authorized representative (First name, Middle name, Last name)

2. Address

3. Home address 2

4. City

5. State

6. ZIP code

7. Phone number

( ) -

8. Organization name

9. ID number (if applicable)

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

10. Signature of PERSON 1 listed on this application

11. Date signed (mm/dd/yyyy)

Appendix D: Questions about life changes

Form Approved
OMB No. 0938-1191
Expires: 10/31/2025

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

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

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

Tell us about changes in your household.

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

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

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

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

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

If yes, enter their name(s) below:

Name(s)

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

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

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

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

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

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

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

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

7. Did anyone move in the last 60 days?

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

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

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

If yes, enter their name(s) below:

Name(s)

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 you 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 health care services that you are required to pay while the insurance company pays the rest.

Consumer-Driven Health Plan: See CDHP.

Copayment (Copay): In managed health care 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 health care 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 health care 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 health care 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 health care 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 health care plan that requires a primary care physician and strict adherence to in-network providers.

In-Network: In managed health care 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 health care 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 manage health care 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 health care plan that is a hybrid between a PPO and an HMO.

PPO: Stands for preferred provider organization. The most common kind of managed health care 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 plan using the Health Insurance Marketplaces that were mandated by the Affordable Care Act. See also open enrollment period.

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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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