



CONSORTIUM FOR CITIZENS
WITH DISABILITIES

Time to Check Your Health Insurance

Why is now a good time to take a closer look at your health care needs and options?

2017 Open Enrollment

November 1, 2016
open enrollment begins

December 15, 2016
enroll before this date to have
coverage January 1, 2017

January 31, 2017
open enrollment ends

If you're uninsured or looking for more affordable health insurance, the “open enrollment” period is the time to visit healthcare.gov or your state’s exchange. During “open enrollment”, private health insurance options can be reviewed and coverage can be purchased. People with low and moderate incomes may be able to get financial help to pay for health insurance coverage. Assistance to pay for premiums and other cost-sharing may be available for individuals and families, depending on which plan is purchased. If you get health insurance through your employer, Medicaid or Medicare, you are not eligible for this assistance. You can also sign up for insurance outside of the open enrollment period, if you lost your job, married, divorced or had a baby.

Do you already have health insurance through the Marketplace?

It is also important to update your income and household information in the Marketplace to make sure you get the assistance that is available.

- This is a good time to check your health insurance coverage and see if it still meets your healthcare needs.
- You may enroll in a different plan each year or you will be automatically re-enrolled in your current plan or a similar one by December 15, 2016.
- If a new plan does not cover your providers or services, seek more information about transition rights.
- You should carefully read all health insurance notices and updates.

You may enroll in Medicaid and the Children’s Health Insurance Program (CHIP) at any time, year round. Certain requirements must be met to qualify for these public programs. Medicaid provides long-term services and supports to people with disabilities.

Why should you check your coverage?

- Even if you like your current health plan, new plans may be available and premiums or cost sharing may have changed since last year.
- Even if your income has not changed, you could be eligible for more financial assistance.
- If your income has increased, updating your information with the Marketplace will help avoid paying future penalties.

If you have a disability or a health condition, pay attention to details or possible changes:

- Are a broad range of health care providers included in the health plan's network of providers?
- Are there enough medical specialists in the network to meet your needs?
- Are needed medications included in the plan's list of covered drugs?
- Is there adequate access to non-clinical, disability-specific services and supports?
- Does the plan have service limits, such as caps or limits on the number of office visits for therapy services?
- Are mental health services covered to the same extent that other "physical" health benefits are covered?

Are you or your family members uninsured?

Most individuals will be able to get health insurance coverage regardless of pre-existing health conditions or prior denial of coverage. Interested individuals can go online, enter information and review insurance options. Information on monthly premiums, deductible costs, doctors, hospitals and which drugs are covered by a plan should be available. Enrollment is limited to individuals who live in the United States, are U.S. citizens, nationals, or non-citizens who are lawfully present, and not currently incarcerated.

If you have not signed up for an insurance plan, it is important to note that you may be subject to a fee for not having health care coverage. If you or your dependents do not have insurance that qualifies as minimum essential coverage for tax year 2016, you may have to pay either 2.5 percent of your household income with a maximum of what the national average premium is for a bronze plan, or a flat fee of \$695 per uncovered adult and \$347.50 per child under 18, with a maximum of \$2085 -- whichever is higher.

Where to get help?

Purchasing health insurance can be complicated. If you or your family member needs assistance with understanding the options, [healthcare.gov](http://www.healthcare.gov) can help. This website has information about seeking assistance in local communities, explanations of health insurance terms, enrollment information, assistance with out-of-pocket cost estimation and much more. There is also a 24-hour phone line for consumer assistance at 1-800-318-2596 to call for help.

In addition, each state has health insurance "navigators" to assist individuals with enrollment in health insurance plans. Individual health plan information should be available in late October 2016 on the [website](#). If you would like more information on specific topics, the [National Disability Navigator Resource Collaborative](http://www.nationaldisabilitynavigator.org/) (<http://www.nationaldisabilitynavigator.org/>) has a comprehensive set of materials available on disability issues and the Affordable Care Act.

Website: www.healthcare.gov

Phone: [1-800-318-2596](tel:1-800-318-2596) (Available 24/7 with access to 150 languages)

TTY: [1-855-889-4325](tel:1-855-889-4325)

In-Person Assistance Resources: localhelp.healthcare.gov