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## Application Checklist for the Health Insurance Marketplace

Open enrollment for the health insurance marketplace began on October 1. The marketplace offers plans with different levels of coverage and price. It is important to enroll in a health plan that is the best match for your expected health needs. The National Health Council created this checklist to help you ask the right questions to balance your health care services needs with your budget.

### Before shopping for plans, check to see if you are eligible for coverage in the marketplace

Do you already have coverage through an employer or a government insurance program (for example, Medicare, Medicaid, CHIP, VA, or TRICARE)?

**If yes, then you DO NOT have to make any changes to your current insurance coverage.**

**If no, then you may be eligible to enroll in a health insurance plan in the marketplace.**

Use this tool and the definitions at the end to help get organized before you shop for coverage. This information can also help you compare plans when you are ready to decide on a marketplace health plan.

First, you will need to collect some information and paperwork.

### Information and Paperwork Requirements for the Application

- Social Security number for each person in your household who is applying for a marketplace plan
- Employer and income information for each person in your household who is applying for a marketplace plan. This might be a pay stub or W-2 form.
- Policy numbers for your current health insurance plans (if any)

# Application Checklist for the Health Insurance Marketplace

There will be many different health plans available in the health insurance marketplace in your state. It may help to narrow down the options. You can do this by comparing your expected health care to each plan's coverage and cost for those services. This Application Checklist will help you ask the right questions so you can pick a plan that meets your health care and budget needs.

## ESTIMATING YOUR HEALTH CARE NEEDS

*Use this form to fill out all of your estimated health care needs.*

How many doctor visits do you have each year? What doctors do you see? Include your primary care doctor, specialists, and physical and occupational therapists.

How many times a year do you get care at an urgent care center or emergency room?

Have you been hospitalized in the last year?

Circle one: Yes or No. If yes, list the number of times and the length of your usual hospital stay.

Do you expect to need surgery or another major procedure in the next year?

Circle one: Yes or No. If yes, list the procedures you expect to have in the next year.

Do you take any prescription medications? Include medications from a pharmacy, that are sent to you, or that are administered at the doctor's office.

List all of the prescription drug(s) you take:

Do you have any chronic conditions that could put you at risk of high health costs?

Circle one: Yes or No. If yes, list the services you may need that for this condition:

# Application Checklist for the Health Insurance Marketplace

## ESTIMATING YOUR FINANCIAL ASSISTANCE

*Answer these questions to figure out if you can qualify for lower cost health insurance*

Do you qualify for Medicaid in your state?

Eligibility varies by state, and you will be notified if you qualify during the first step of applying for a marketplace plan.

Do you qualify for a subsidy to help lower the cost of your monthly premium?

You may qualify if your annual income is up to about \$46,000 for an individual and \$94,000 for a family of four. It will lower the cost of your monthly premium for any marketplace plan.

Do you qualify for the lower cost plans in addition to a premium subsidy?

You may qualify for assistance in paying your deductible, copays, and coinsurance if your annual income is between about \$11,500 to \$28,700 for an individual and about \$23,600 to \$58,900 for a family of four. In order to receive cost-sharing assistance, you *must* enroll in a silver plan.

## SELECTING A SPECIFIC MARKETPLACE PLAN

*Answer these questions for each plan to help you choose the right marketplace plan for you*

### Determining the Right Level Plan

Are you in good health? Do you have savings you could use for unexpected health costs?

If so, a bronze or silver plan may work for you.

Are your health care needs and costs moderate? Are you concerned about your ability to pay for unexpected medical costs out of pocket?

If so, a silver or gold plan may work for you.

Do you have a chronic condition or high health care costs? Are you concerned that you may not be able to pay for unexpected health costs?

If so, a gold or platinum plan may work for you.

### Covered Benefits and Costs

Are the services you expect to need in the coming year covered by the health plan?

Marketplace plans may have some differences in the specific services they cover.

What is the plan's deductible? Are there separate deductibles for medical and prescription drug costs?

What are you required to pay for doctor visits? Is it the same for a primary care doctor or a specialist?

What would you be required to pay for a hospital stay?

Are there limits on the number of services you may receive per year?

This may apply to specific types of services, like chiropractic care or physical therapy.

# Application Checklist for the Health Insurance Marketplace

## Coverage for Prescription Medications

Are your medications covered by the plan (that is, are they listed on the plan's formulary)?

You can find a link to the formulary from the marketplace website.

What is the formulary tier for each of your medicines? What is the cost for each tier? Is it a set amount (a copayment) or a share of the medicine's cost (coinsurance)?

Is there a separate deductible for prescription medications?

If you take medications but rarely use other health services, you might spend less out-of-pocket if you choose a plan with a low deductible just for medications.

Is there a separate out-of-pocket maximum for prescription drugs?

If you take more than one medication on the highest formulary tiers, you may pay less overall if you choose a plan with a separate out-of-pocket maximum for prescriptions.

What are the options if your provider prescribes you a drug that is not on the plan's formulary?

## Access to Providers

Are your doctors, including specialists, and pharmacy in the plan's network? Is your preferred hospital in the plan's network?

You should check the plan's network for all of your preferred doctors or hospitals. If you get care from a doctor or hospital not in the plans' network, you may be charged more in out-of-pocket costs. It is very important to check how much more you would have to pay if you chose a doctor or hospital that is not in the plan's network.

Will the plan require a referral to see a specialist or get other services?

## GLOSSARY

**Formulary tier:** The list of medicines a plan covers. Formularies often cover medications on different tiers. Each tier is associated with a specific cost. Lower tiers usually have lower out-of-pocket costs than higher tiers. Marketplace plans may have very high costs associated with drugs covered on higher tiers.

**Copayment:** The specific dollar amount owed each time a medical service is granted. For example, you may have to pay a copayment (e.g., \$20) each time you visit your primary care physician.

**Coinsurance:** A set percentage of the total cost of an item or service. The patient owes this amount after meeting the deductible on the health plan. For example, you may have to pay a coinsurance amount of 20 percent each time you visit your primary care physician.

**Deductible:** A set dollar amount of annual expenses that you must pay before the insurer will pay any expenses.

**Network:** Health plans will have a list of health care professions (a network) from whom you can receive the most affordable care. These networks may include preferred and non-preferred providers. Preferred providers will charge lower out-of-pocket costs than non-preferred providers. Some plans may not pay for care that you receive from providers who are not in the plan's network.