



## Health Insurance Open Enrollment Checklist

### Description

The path to good health is not a one-way street; rather, it relies on our decision to pick the right options.



With the rollout of the Affordable Care Act (“Obama Care”), health insurance exchanges have been set up offering nearly all Americans the opportunity to view and purchase a health insurance plan that best meets their needs.

Open enrollment for these health insurance marketplaces typically begins at November 1 and persists until December 15. However, state health departments may make the decision to extend the enrollment period, further incenting those who need health insurance to buy it.

Deciding whether to renew your current health insurance plan or to pursue a new one can be tough. Before you make a decision this year, be sure to weigh all of your options accordingly. Check out these important open enrollment tips to get started.

### Open Enrollment Dates Have Changed

Typically, the federal government begins the health insurance open enrollment period on November 1 and closes on January 1. For 2017, open enrollment starts at the same date but now closes on

December 15, lasting six weeks.

Some state governments have passed legislation that changes these deadlines. Some states are extending the time that people have to buy health insurance. Currently, those states are:

- California – Nov. 1 to Jan. 31
- Colorado – Nov. 1 to Jan. 12
- D.C. – Nov. 1 to Jan. 31
- Massachusetts – Nov. 1 to Jan. 31
- Minnesota – Nov. 1 to Jan. 14
- Washington – Nov. 1 to Jan. 15
- New York – Nov. 1 to Jan. 1

This isn't an exhaustive list, as each state may have different rules. If you're unsure, go to [healthcare.gov](https://www.healthcare.gov) to see your state's specific enrollment period.

## Open Enrollment is a Time of Change

Open Enrollment is your annual opportunity to reflect upon your benefit elections and make any needed changes for the upcoming year. During this period, you may add or remove eligible dependents, and alter your benefit elections, with most changes going into effect on January 1, 2018.

## Before You Apply, Have These Documents on Hand

When you apply for or renew your coverage this year, you may need to provide some information about you and your household. This may include:

- Home and/or mailing addresses for everyone applying for coverage.
- Information such as birth dates and Social Security numbers.
- Document information for legal immigrants.
- Information on how you file your taxes.
- An estimate of your household income for the *following year*.
- Policy numbers for any current health plans covering members of your household.

If you're unsure what plan best fits your needs or how to apply/renew, it may be best to seek out a professional who can help you apply.

## All Health Plans Must Cover the 10 Essential Benefits

All health plans, no matter the level, must provide some coverage for at least 10 essential benefits. They are:

1. Preventive and wellness visits
2. Maternity care
3. Mental and behavioral health treatment
4. Services to help people with injuries, disabilities, or chronic conditions'
5. Lab tests

6. Outpatient care
7. Pediatric care
8. Prescription drugs
9. Emergency room services
10. Hospitalization

In addition to the essential health benefits, all plans through the health insurance Marketplace cover pre-existing conditions and preventive services.

## It's Crucial You Don't Miss Open Enrollment

If you happen to miss open enrollment, you can still get insurance, but you'll need a reason to buy it. This is called a Special Enrollment Period (SEP). So if you moved, got married or divorced, had a new baby, changed jobs or are on the dreaded and expensive COBRA plan, then you qualify for SEP.

If you qualify for a SEP, you usually have up to 60 days following the event to enroll in a plan. If you miss that window, you have to wait until the next Open Enrollment Period to apply. Job-based plans must provide a special enrollment period of at least 30 days.

If you still fail to get health insurance, you will be subject to Obamacare taxes, which could be as much as 2.5% of your income.

## There are Four Tiers of Plans

To offer you the most options to meet your financial needs, there are four types of plans.

1. **Bronze:** Health plan pays 60% of the medical bill, you pay 40%. Out-of-pocket costs are the highest but have the lowest monthly costs
2. **Silver:** Health plan pays 70% of the medical bill, you pay 30%. The most common choice because their costs fall in the middle compared to the other plans.
3. **Gold:** Health plan pays 80% of the medical bill, you pay 20%. They have high premiums, meaning that you'll have less out-of-pocket costs in the form of deductibles, copays, and coinsurance.
4. **Platinum:** Health plan pays 90% of the medical bill, you pay 10%. Out-of-pocket costs are the lowest but have the highest monthly costs.

Keep in mind that these percentages aren't always that clear-cut. You might pay more or less for a service. It all depends on what's detailed in your insurance terms.

## Employer Health Insurance Has Different Guidelines

If you qualify for employer-sponsored health insurance, you will likely want to buy health insurance through your employer and will not be affected by the fall open enrollment period for the government-run marketplaces. Ask your employer when its open enrollment period is.

## Open Enrollment is Only for Health Insurance

Open enrollment is not for auto, life insurance or long-term care insurance. Those are completely

separate products that you can buy on your own any time of year. It's also not for Medicare, which has its own separate enrollment period.

### **Category**

1. Insurance

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