

Washington Healthplanfinder Enrollment Guide

A STEP-BY-STEP GUIDE THROUGH THE
ENROLLMENT PROCESS WITH A NAVIGATOR



washington
healthplanfinder

click. compare. covered.

What Navigators Do

Navigators are a knowledgeable, trusted resource, and we can walk you through the insurance enrollment process one on one.

Here are some ways we can support you:

- Explaining eligibility, enrollment, and program rules
- Helping you understand the benefits and costs of each health plan, so you can choose the best plan that fits your needs
- Protecting your confidentiality and privacy
- Providing cultural, language and disability access

Navigators must also follow some rules built to protect you.

We may not:

- Charge you for services we provide to you
- Have a private or personal interest in any insurance company
- Encourage you to enroll in a specific plan or switch from one plan to another



Why Insurance Matters

HEALTH INSURANCE PROTECTS YOU FROM HIGH COSTS

Did you know the average cost of a 3-day hospital stay is \$30,000? Or that fixing a broken leg can cost up to \$35,000? Having health coverage can help protect you from high, unexpected costs like these.

PROTECT YOUR FUTURE

You protect yourself and your family from financial losses when you purchase health insurance. A trip to the hospital can be much more costly than you might expect.






AVERAGE HOSPITAL COST IN WASHINGTON AND NATIONAL

CONDITION	WA. STATE	NATIONAL
STROKE	\$23,049	\$24,336
PNEUMONIA	\$16,989	\$18,825
CHEST PAIN	\$19,238	\$18,505
CHRONIC BREATHING DIFFICULTY	\$17,952	\$19,026
URINARY TRACT INFECTION	\$19,583	\$20,822
ANEMIA AND RELATED DISORDERS	\$18,826	\$21,586
UNBLOCK HEART ARTERY	\$71,453	\$66,021

HOW MUCH WOULD IT COST?

Below is a list of injuries and what it could cost without insurance:



-  Dehydration and Nutrition Disorders: \$17,854
-  Heart Failure: \$16,896
-  Back Surgery without Fusion: \$29,851
-  Fusion for Back Vertebrae: \$117,430
-  Hip or Knee Replacement: \$56,488

Source: CMS 2013 price data release for fiscal year ending Sept. 30, 2012.

Important: These billing and payment data are not indicators of clinical quality and should not be viewed as such.

Very few of us can pay for health care out of pocket.

With insurance...

- You pay a premium each month.
- But, the cost of most health care is shared between you and the insurance company.
- You benefit because the insurance company has negotiated lower payment rates with doctors.
- The most you have to pay in a year is capped.

Source: Consumer Union, Things to Consider When Engaging Consumers.

How Insurance Works

Health insurance protects you from high costs.



EXAMPLE HEALTH PLAN

- ❑ \$250 ER co-pay
- ❑ \$2,000 deductible
- ❑ 20% co-insurance



\$10,000
ER visit



BILL ER visit: \$10,000

Patient pays:
ER co-pay (\$250)
+ deductible (\$2,000)
+ 20% co-insurance of
remainder of bill (\$1,550)
\$250 + \$2,000 + \$1,550

Patient Total: \$3,800

Key Terms

Co-pay

A fixed amount you pay for a covered health care service.

Deductible

The amount you will spend on your health care before your health plan starts to pay some of your health care costs.

Co-insurance

Your share of the cost of a covered health care service, after you have paid your health plan's deductible.

**Without
health
insurance:
\$10,000!**

Health Care Costs through the Year



Your premium is the amount **you pay each month** for your health plan.



premium



At the start of the year, **you pay** for most of your health care until you've reached your deductible.



1

deductible



Once you've met your deductible amount, you will **share the cost** of care with your insurance company. This is called "co-insurance".



2

co-insurance



Once you've hit your out-of-pocket maximum, your **health plan pays all** of your covered services for the rest of the year.

**YOUR COST?
FREE**

3

out-of-pocket maximum

Free Preventive Services

Most health plans cover a set of preventive services such as shots and screenings at no cost to you.



Screenings and counseling

- Depression screening
- Diabetes (Type 2) screening
- Drug and tobacco counseling
- Cholesterol screening
- Colorectal cancer screening
- Obesity and diet counseling
- STDs and HIV screening

Services for children & youth

- Behavioral and developmental assessments
- Iron and fluoride supplements
- Screenings and counseling
- Vaccines
- Vision screening

Vaccinations

- Hepatitis A & B
- Herpes Zoster
- Human Papillomavirus (HPV)
- Influenza (flu shot)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella

Services for women

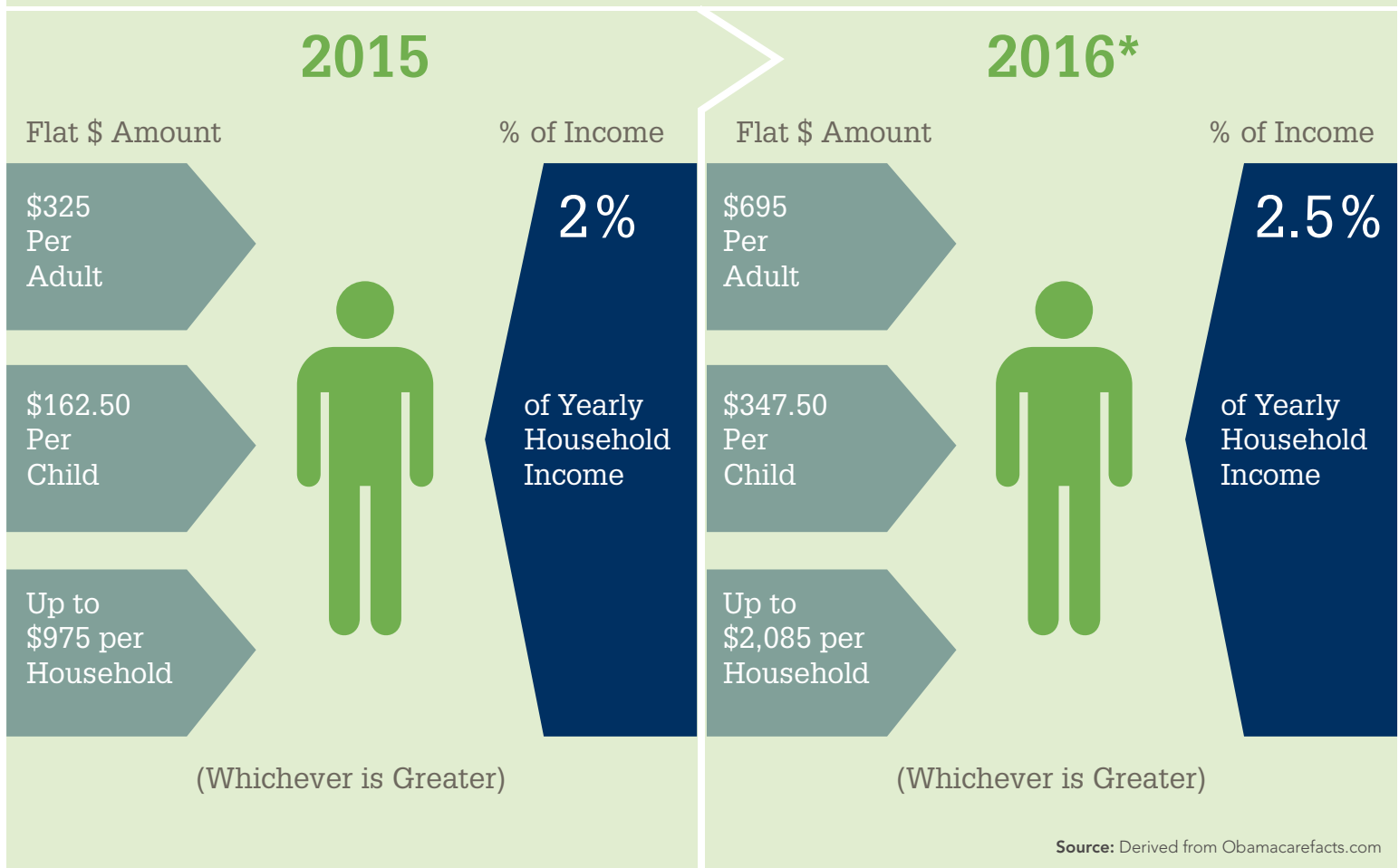
- Breastfeeding support
- Mammograms
- Contraceptives
- Domestic violence screening
- STDs and HIV screening
- Wellness visits

Open Enrollment is Limited

Open enrollment is a set time during the year that you can sign up for health coverage. Open enrollment starts in the fall. Make sure to take advantage of the next open enrollment period before it's too late.

Tax penalty

If you don't get health care coverage, you might have to **pay a fine** on your taxes.



* Beginning in 2017, the tax penalty will be adjusted annually for inflation.

Information You Will Need to Apply

Get these papers ready for enrollment.

- Legal name(s) of all family members.
- Birth date(s) of all family members.
- ID number (SSN or immigration documents) for those seeking insurance.
- Income before taxes for any family members that work.
- Tax filing status, or what you report on your IRS tax forms.
- Proof of income, if your income has changed in the past year.
- Current health insurance information (coverage dates, group number and policy number).
- Proof of immigration status (you have 90 days to submit this after you apply).
- Proof of Tribal membership, if enrolled in a federally-recognized tribe or an Alaska Native shareholder in an Alaska Native Corporation.

It's safe to apply

Facts about you and your family cannot be used against you for immigration enforcement reasons. What you share is private. It will only be used to find out if you can sign up for a health plan.



Your Current Health Insurance

There are some rules about what you are eligible for if you or your family already has health insurance.

Health coverage through your workplace

If you are offered health coverage through your workplace but want to enroll through *Washington Healthplanfinder*, in most cases you will not get financial help (like tax credits). There are two exceptions:

1. The insurance through your workplace is too costly. The insurance costs more than 9.5% of your household income.
2. The insurance through your workplace doesn't pay at least 60% of the health care expenses for the people on the health plan.

Even if you are not eligible for financial help, you can still enroll through *Washington Healthplanfinder*.

Family coverage through your workplace

If your insurance through work costs less than 9.5% of your household income to cover you, then any coverage offered to your family by your employer is automatically considered affordable, too. This is true even if the price to cover your family costs more than 9.5% of your household income.

In this case, your family will not get financial help through *Washington Healthplanfinder*. But, they can still enroll. If your workplace does not offer your family coverage, then they are still eligible for tax credits.



Medicare

If you are on Medicare, you do not need to make any changes to your health coverage and do not need to enroll through *Washington Healthplanfinder*. People on Medicare do not qualify for tax credits. People on Medicare who are older than 65 do not qualify for Washington Apple Health (Medicaid).

Eligibility for Financial Help

Depending on how much you earn, you could get financial help with the cost of insurance. There are three ways to get financial help through *Washington Healthplanfinder*.

- 1. Lower costs on monthly premiums.** Tax credits help lower the cost of your health insurance premium payments each month. Tax credit amounts are based on your income and are set by the federal government.
- 2. Lower costs at the doctor's office.** Cost-sharing reductions lower the amount of health care costs you pay at the time you get health care, such as going to the doctor. The amount you save depends on your income and family size.
- 3. Free coverage.** Individuals with lower incomes qualify for free coverage, called Washington Apple Health (Medicaid). If you are eligible for Washington Apple Health, you will be given the option to choose a managed care plan.

Washington Apple Health managed care plan steps:

- Find the health plans available in your area.
- Search for a provider.
- Choose a health plan.
If you do not select a plan, you will be automatically assigned to one in your area, but **you can switch plans at any time.**



Washington Healthplanfinder determines your eligibility for financial help.

Health Insurance Premium Tax Credits

There is a set limit on the amount a household with lower income will pay monthly for health insurance.

How tax credits are calculated

The limit on your premium is based on your income, and set on a sliding scale. That limit is compared to the price of the 2nd lowest-cost Silver plan offered to you through *Washington Healthplanfinder*. Tax credits make up the difference.

Example:

- Nelly makes \$1,800/month
- Nelly's Silver plan costs \$215/month
- Nelly's premium limit is \$100/month
- Nelly receives a tax credit of \$115/month
- Nelly pays \$100 and uses the \$115 tax credit to pay her monthly premium



You must file taxes when you get tax credits

When you file taxes, the amount of tax credits you got during the year (based on your estimated income) is compared to the amount of tax credits you were allowed to get (based on your real income at the end of the year). This is called "tax credit reconciliation," and you must do this yearly to keep getting tax credits.

At tax time, you will get a form mailed to you called a 1095-A: Health Insurance Marketplace Statement. Keep it safe and use the form to complete your taxes.

Metal Level Guide

Plans in *Washington Healthplanfinder* are separated into four categories, called metal levels. Find out what metal level may be right for you.

Answer a few questions about yourself	BRONZE	SILVER	GOLD PLATINUM
How often do you go to the doctor?	Annual physical	1-3 times/year	4+ times/year
How many prescription drugs do you need/use?	None	1-3 drugs	 4+ drugs
How many times do you go to the ER in a year?	Once or less	Maybe a few times	Often
Are you planning to have surgery or have a baby?	No	Maybe	Yes
If you get sick, you'd be willing to pay a _____	\$3,750 - \$6,500 deductible*	\$1,250 - \$5,000 deductible*	\$250 - \$2,000 deductible*
How much are you willing to pay for your monthly premium?	\$	\$\$	\$\$\$ - \$\$\$\$
Do you qualify for lower out-of-pocket costs, called Cost Sharing Reductions?	No	Yes? You must choose a Silver plan to get these cost savings!	No

This is an educational tool only and is not intended as a plan recommendation. Health insurance plans differ.
 *Based on 2015 plan pricing.

Plan Term Review

The *Washington Healthplanfinder* shopping screens have a lot of important information. Make sure you understand what each term means to find a plan right for you.

Insurance Company				Estimated Premium \$ _____ Estimated price after \$ _____ tax credit.	
PLAN: _____ Metal Level					
More information on this plan >					
PLAN SUMMARY					
DEDUCTIBLE \$ _____ The amount you will spend on your health care before your health plan starts to pay some or all of the costs.	HEALTHCARE PROVIDER Add Click "Add" to search and select a provider.	OUT-OF-POCKET MAXIMUM \$ _____ The most you will pay in a single year out of pocket.	EMERGENCY ROOM \$ _____ The amount you will pay for an emergency room visit.	PRIMARY CARE CO-PAY \$ _____ A fixed amount you pay for a covered health care service.	

CO-INSURANCE	PREMIUM	IN-NETWORK	OUT-OF-NETWORK
Your share of the cost of a covered service. You start to pay co-insurance after you have paid your deductible.	The amount you pay each month for your health plan. You pay this even if you don't get any health services.	Doctors and other health care providers approved by your health plan.	Doctors and other health care providers not approved by your health plan.



What to Expect After You Enroll



*If documentation is required, this wait time may increase.

Once you receive your bill, pay your insurance company!

- You won't have health coverage until you've made your first payment.
- Your enrollment packet and ID card will arrive in the mail once you've paid your first bill.
- Make sure you understand your monthly payment due dates from your insurance company.
- Use this checklist to contact *Washington Healthplanfinder* or your insurance company to maintain your coverage through the year.

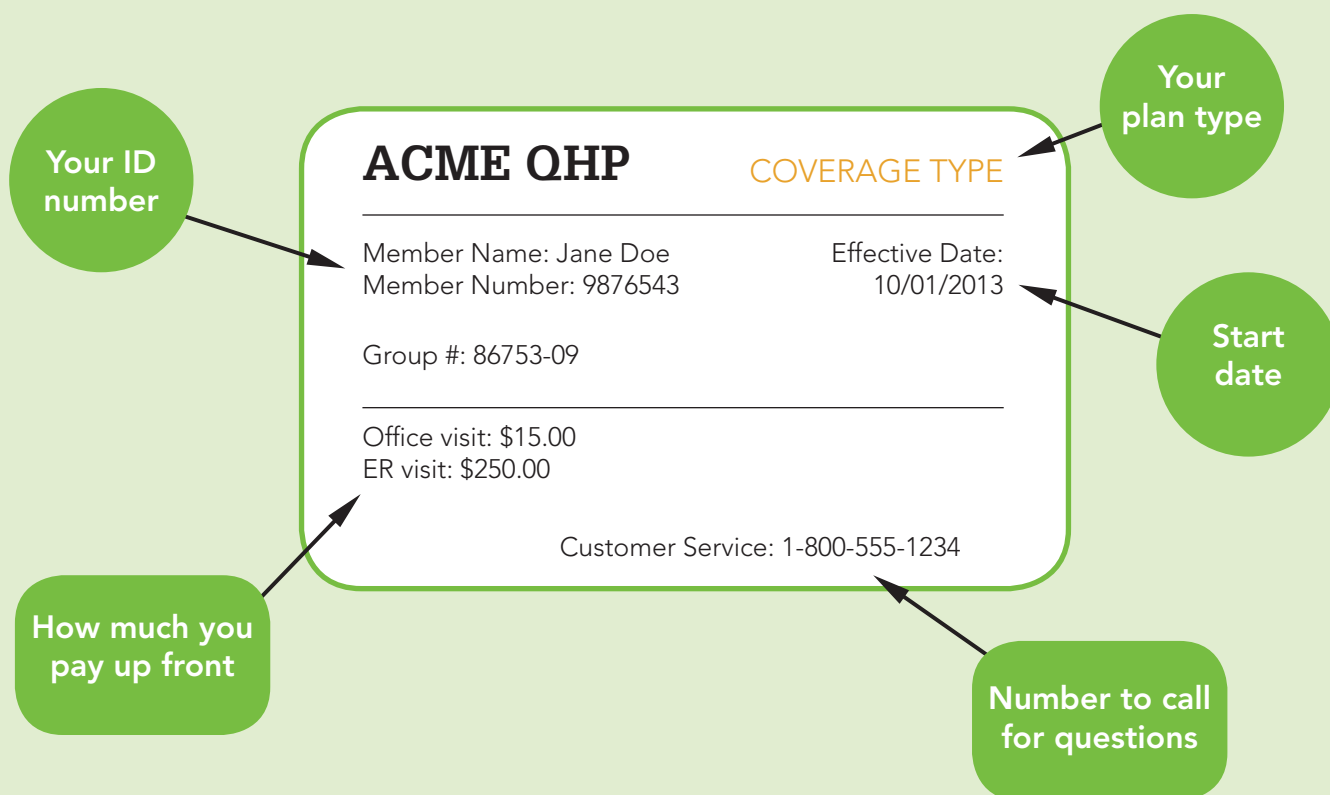
CHECKLIST	Washington Healthplanfinder	Your Health/Dental Insurance Company
Make your monthly premium payments	✗	✓
Claims and benefits of your coverage	✗	✓
Report life changes	✓	✗
Renew your coverage every fall	✓	✗
Get your 1095-A Statement for tax filing	✓	✗
Report changes to your contact information	✓	✗

Understand Your Insurance Card

Your insurance card is your proof of insurance. Bring it with you when you go to the doctor or pharmacy.

Not all insurance cards are alike.

Many insurance cards will have similar information. Your member number, coverage type, and out-of-pocket costs may be listed on the card. If you have any questions, or want to find a doctor that is in your network, contact your insurance company's customer service using the number on the front or back of the card.



If you are enrolled in Washington Apple Health...

You'll receive a blue Services Card (also called a ProviderOne card). Keep this card. Your Services Card shows you are enrolled in Apple Health. About a month after completing your enrollment, you will receive a health plan ID card. Keep this card, too! Take both of your cards with you when you go to the doctor, pharmacy, or other health care provider.

Source: Health Care Authority First Timers' Guide to Washington Apple Health

Road Map to Health

1

Put your health first

- Maintain a healthy lifestyle at home, at work, and in the community
- Get your recommended screenings and manage chronic conditions
- Keep all of your health information in one place

2

Understand your coverage

- Check with your health plan to see what services are covered
- Understand your costs (premiums, co-pays, deductible, co-insurance)
- Know the difference between in – and out-of-network services, and the out-of-pocket costs to you of each

3

Know where to go for care

- Use an ER for life-threatening situations
- Primary care is the best place to go when it's not an emergency
- Make an appointment
- Be prepared for your visit

4

Find a health care provider

- Ask people you trust and/or do research on the internet
- Check you health plan's list of providers
- If you're assigned a provider, contact your plan if you want to change



We Are Here to Help

We will follow up with you during the year, so you have the support you need to stay covered.

Here are some important reminders:

- If you enrolled in a Qualified Health Plan, remember that in about a week you'll need to pay your first bill.
- If your income changes during the year, report that change through *Washington Healthplanfinder*.

At Tax Time

- You'll receive important tax return documents called a 1095-A or a 1095-B to help you file your taxes for the year you were covered through *Washington Healthplanfinder*.

Need Language Help?

- Everyone has a right to free help and information in their own language. To speak to someone for free in a language you understand, call 1-855-923-4633. For more information, visit: www.wahbexchange.org/language-resources.

Questions?

- Visit www.knowyourplan.org for more information about health insurance.
- Give your Navigator a call. We are here to help.

Navigator Information

Name: _____

Organization: _____

Phone: _____

Email: _____





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click. compare. covered.

wahealthplanfinder.org

1-855-WAFINDER

1-855-923-4633