

ENROLLMENT TIPS!

Creating an Account for Your Online Marketplace Application

- Go to www.healthcare.gov.
- Click the “Login” button on the top right hand corner of the page then click “Create one”
- Follow the prompts to enter your basic information, create a password, and create 3 security questions and answers. Your login ID will be the email you used to create the account.
- Check your e-mail account for an e-mail from the Marketplace to confirm your account.

Online Application

- After confirming your account, return to www.healthcare.gov and log in to your account.
- Select “Start a new application or update an existing one”.
- Under “Need Coverage for 2018?” select your state and click “Start My Application”.
- Current enrollees: Do not update your 2017 application, this may affect your current coverage.
- If you are new to healthcare.gov, you will need to “Verify your Identity”.
 - Enter your basic information and then follow the prompts.
 - Answer verification questions. If you cannot be verified, you may be prompted to contact Experian or the Marketplace.
 - If you cannot be verified, you can complete an application over the phone with the Marketplace, 1-800-318-2596

Household Information

Your “Marketplace Household” includes everyone on your taxes: yourself, your spouse, if married, and any tax dependents. Your financial assistance will be based on the number of people on your taxes, even if all of those people are not applying for insurance through the Marketplace.

Tips:

- If someone is not in your tax household, they must complete their own application. Ex: parents who live with you, but are not your tax dependent; unmarried partners.
- The application should reflect the year for which you are applying for coverage, this may differ from the year during which you are completing the application.
- You must file taxes to qualify for financial assistance, if you are married you must file jointly.
- You will be asked to provide each family member’s legal name, address, social security number, immigration status; those not applying for coverage will not be asked for their immigration status or SSN.

Income Information

The marketplace uses Modified Adjusted Gross Income (MAGI) to determine your eligibility for financial assistance. MAGI is adjusted gross income plus any tax-exempt Social Security, interest, or foreign

income. You must enter income information for each household member, even if that individual is not applying for coverage. Remember that you are estimating for the year you are applying for coverage.

MAGI: Modified Adjusted Gross Income	
<p>Count:</p> <ul style="list-style-type: none"> • Taxable wages/salary • Profit from self-employment • Social Security benefits (SSDI, retirement) • Unemployment benefits • Alimony received • Most retirement benefits (including VA pensions) • Interest (including tax-exempt interest) • Rental income 	<p>Do not count:</p> <ul style="list-style-type: none"> • Child support received • Supplemental Security Income (SSI) • Workers' compensation payments • Veteran's benefits (service-related disability) • Gifts/Inheritances • Pre-tax deductions (IRAs, childcare, health) • Alimony paid • Social Security of dependents who aren't required to file taxes

It is important to be as accurate as possible! The income on your application will be compared to the income on your taxes at the end of the year. If the income on the application is less than your actual income, you may get an additional refund; if the income on the application is more than your actual income, you may be responsible to repay back the portion of the financial assistance you received.

Current Health Insurance

If you are insured or eligible for other health insurance, (ex: Medicaid, Medicare, or a job-based coverage) you are likely not eligible for financial assistance in the Marketplace. It is important to answer the questions about current coverage or offers of coverage accurately. If you do not, and receive financial assistance, you may have to repay some or all of the financial assistance you received.

Reading Your Eligibility Letter

When your application has been successfully completed you will receive an Eligibility Letter. This letter will include:

- The date of application and **application number**.
- An Eligibility Results table that will show (1) eligibility to purchase insurance on the Marketplace; (2) if you qualify for financial assistance; (3) if the Marketplace needs more information; and (4) if your application was sent to Virginia to see if you qualify for Medicaid.

If the Marketplace requires more information, the section below the Eligibility Table will outline what you need to send and the deadline. **You will lose your financial assistance if you do not submit the required documents by the deadline.** You can upload the documents to your online account or mail them to the address provided in the Eligibility Letter. If you mail the documents, include the barcode that is included in your Eligibility Letter.

Picking Your Plan

- It is important to compare all costs, including deductibles, out-of-pocket maximums, and the cost of services, not just premiums!

- Generally, lower metal levels will have lower premiums but cost more for medical services, higher metal levels will have high premiums, but lowers costs for medical services.
- Make sure your doctors and medications are covered! You can access each plans network (covered doctors, facilities, labs) and list of covered drugs by looking at the “Plan Details”.
- If you qualify for extra financial help, the Silver Plans will have lower costs for medical services.

This chart may help you compare plans:

	Current Plan	Option 1	Option 2	Option 3
Health Plan Information				
Plan name				
Plan Type (POS,HMO)				
Metal Tier				
Premium				
Deductible				
Out-of-Pocket Max.				
Cost-sharing Charges (Copays/Coinsurance)				
Primary care visit				
Specialist visit				
Emergency room				
Inpatient hospital stay				
Other:				
Other:				
Prescriptions				
Generic (Tier 1)				
Preferred brand (Tier 2)				
Non-preferred brand (Tier 3)				
Specialty (Tier 4)				

Glossary of common terms:

Premium - The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Deductible - The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay.

Out-of-Pocket Maximum - The most you pay during a policy period before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover.

Co-payment - A fixed amount (ex, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Co-insurance - Your share of the costs of a covered health care service, calculated as a percent (ex, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe.

Post Enrollment Checklist

You've completed your application and plan selection through the Marketplace, but your **ENROLLMENT IS NOT COMPLETE!** You must pay your first month's premium on time before your plan will begin. Some people are also asked to **submit additional documents**, if you fail to do so by the deadline in your eligibility notice you **will lose your financial assistance.**

CALL THE INSURANCE COMPANY

- Call insurance company in **one week** and state that you enrolled in a plan through the ACA Marketplace.
- Confirm that they received the enrollment and your information is accurate.
- Confirm that the start date of your plan.
- Confirm the name of the plan.
- Confirm your premium amount.
- Ask when the first premium payment is due.
- Ask when each monthly premium payment will be due.
- Establish how you would like to pay current and future premiums (i.e., by check, automatic debit from checking account, etc.)
- Ask when you will receive your insurance cards or if you can go online and print temporary cards. If you need medical care before this, ask how the doctor or pharmacist can make a claim.

SUBMIT ADDITIONAL INFORMATION

- Submit documents requested by the Marketplace to resolve inconsistencies (**failure to do so will result in loss of Premium Tax Credits!**).

EXPERIENCE A LIFE CHANGE?

Update the Marketplace if you have a change in income, family size, address, Medicaid or Medicare eligibility, or gaining an offer of employer sponsored health insurance. You can do this by logging into your Marketplace account at healthcare.gov or calling 1-800-318-2596. **It is important to report all changes as soon as they happen!** If you receive more premium tax credits than you're eligible for based on your *actual* income, household size and filing status, **you may have to pay back money when you file your federal income tax return.**

Contact your health insurer with questions about billing, coverage, network, or to appeal an insurance company decision regarding coverage for a lab test, physician visit, procedure or medication.

***If you have questions at any time in the application process you can reach out to the marketplace call center at 1-800-318-2596 or you can call a local Enroll VA navigator at 1-888-392-5132**

This project is supported by the U.S. Department of Health and Human Services, FOA CA-NAV-15-001 from CMS. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.