

Facts about Open Enrollment

Here's a cheat sheet with the key facts you need to know about Open Enrollment:

- 1. HealthCare.gov Deadlines: For the 39 states using HealthCare.gov, Open Enrollment begins on November 1 and ends on December 15. December 15th is the new FINAL deadline to enroll for 2018. If you miss this deadline, the only way to get coverage in 2018 is to have a qualifying life event.
- 2. Non-HealthCare.gov Deadlines: Here's a rundown of the states with their own exchanges, their websites and deadlines:

State	State Based Marketplace	Deadline for 2018 Coverage
California	Covered California	January 31, 2018
Colorado	Connect for Health Colorado	January 12, 2018
Connecticut	Access Health CT	December 22, 2017
District of Columbia	DC Health Link	January 31, 2018
Idaho	Your Health Idaho	December 15, 2017
Maryland	Maryland Health Connection	December 15, 2017
Massachusetts	Health Connector	January 23, 2018
Minnesota	MNSure	January 14, 2018
New York	NY State of Health	January 31, 2018
Rhode Island	Health Source RI	December 31, 2017
Vermont	Vermont Health Connect	December 15, 2017
Washington	Washington Health Plan Finder	January 15, 2018

- **3. Affordable Options:** Eight out 10 people qualify for financial help so most people can find plans with premiums between \$50-\$100 per month -- many can find plans for less than \$50.
- **4. Renewing Coverage:** If you already have coverage, Open Enrollment is the time to compare your options. Plans, prices and financial assistance change every year and most people can save money by actively renewing their coverage.
- 5. 24/7 Call Center: To enroll or get assistance, people can call the Marketplace call center 24/7 (except Thanksgiving) during Open Enrollment at 1(800) 318-2596 and talk to a trained enrollment specialist.



- **6. In-person assistance:** Confidential, unbiased in-person assistance is available <u>you can make an appointment here</u>. You can talk through your family's individual situation with a trained enrollment specialist.
- 7. Plan Types: Depending on which type of plan you choose Bronze, Silver, Gold or Platinum you'll pay a different percentage of total yearly costs for your care, and your insurance company will pay the rest. Bronze has the highest out-of-pocket costs, but the lowest monthly premiums. Silver is the only plan that qualifies for financial help to lower your out-of-pocket costs what you pay for your deductible. Platinum plans have the least out-of-pocket costs, but the highest monthly premiums.
- **8.** Lower your out-of-pocket costs: In addition to financial help that lowers premiums each month, many people also qualify for lower out-of-pockets costs through Cost Sharing Reductions. You must choose a silver plan to get these savings. Qualifying for these savings depends on your income see if you qualify here.
- 9. 10 Essential Health Benefits: All health plans must cover these basic health services:
 - **Doctor's visits**—Outpatient care you get without being admitted to a hospital such as a doctor's visit for the flu;
 - **Trips to the emergency room**—the average cost of which can exceed the average month's rent;
 - **Treatment in the hospital** for inpatient care which, for an average three-day stay, can cost \$30,000;
 - Care before and after a baby is born—because without insurance, a C-section can cost \$50,000;
 - Mental health and substance use disorder services—which include behavioral health treatment, counseling, and psychotherapy—for which cost can be as much of a barrier as stigma;
 - Your prescription drugs—as nearly half of all Americans took a prescription drugs in the last thirty days;
 - Services and devices to help injured individuals recover, as well as those with disabilities or chronic conditions. This includes physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation;
 - Lab tests which, as reporters have found, can have widely varying costs even for simple blood tests;
 - Preventive services including counseling, cancer screenings, and vaccines to keep individuals healthy and care for managing chronic diseases; and
 - **Pediatric services** including dental care and vision care for children.
- **10. Penalty:** If you do not have coverage from another source, you may have to pay a penalty of \$695 or 2.5% of your household income -- whichever is greater.