NATIONAL WOMEN'S LAW CENTER
EXPANDING THE POSSIBILITIES

# A Checklist for Women: Key Tips for Open Enrollment

November 2014

The health care law makes health coverage more affordable and easier to obtain for millions of American women. Beginning November 15, women and their families will again have the opportunity to enroll in health insurance through Health Insurance Marketplaces, which operate in every state. The Marketplace will allow individuals to comparison shop to find the insurance plan that best meets their needs and budget. Women who are currently uninsured and women who already purchase insurance on their own can buy coverage through the Marketplace.

Enrollment in health insurance through the Marketplace begins November 15, and coverage will be effective as early as January 1, 2015. As you and your family prepare for enrollment in, or renewal of health coverage, here are some important questions to consider and tips for evaluating your options.

## If you already have insurance through the Marketplace:

If you purchased insurance through the Marketplace last year, you will receive letters from your health insurance company and from the Marketplace. These letters will include information about changes to your monthly premium, whether the plan you are currently enrolled in will continue, and information about how your income is calculated for the financial help you may receive.

If you make no updates to your personal information or do not actively choose a new plan, you will be automatically enrolled in the same plan or another plan offered by the same insurance company you have now. However, a new plan could have different premium, cost-sharing responsibilities, or networks than the plan you are currently enrolled in.

**Whether you like you current plan or not, you should visit the Marketplace (www.healthcare.gov) to update your personal information and browse the other health plans offered this year.** As you decide whether to renew your plan or enroll in a new plan, here are a few things to consider:

- ✓ Do you like your current plan?
  - o Have the healthcare services you needed been covered by your plan?
  - o Has the cost-sharing been manageable this year?
  - o Were the specific doctors, clinics, or other providers you needed included in your plan network?

- ✓ Are you expecting any changes to your health care needs, such as getting pregnant?

  *If you expect to see a doctor more frequently in the future because of a new medical condition or if you are expecting to become pregnant, you may want think more about how you pay for insurance and medical costs. For example, would you prefer to pay more each month in premiums and have a lower deductible?*

- ✓ Have you updated the Marketplace about any life changes, including changes in income, changes in family size, or a new address?

  *Changes in income, family size, location, and immigration status can all effect how much financial help you are eligible for. You and your family might qualify for more help to afford insurance. Be sure to update the Marketplace about these changes so you have an accurate assessment of how much you will have to pay for health insurance.*

- ✓ Have you or your spouse been offered health insurance coverage?

  *If you or your spouse has an offer of health coverage through an employer, you may no longer be eligible for financial help to purchase coverage on the Marketplace.*

- ✓ How does your plan compare to others offered on Marketplace this year?

  *In many places, there are more plans offered on the Marketplace this year; it's important to compare the new plan options with the plan you're enrolled in. Some of the new plans may better fit your needs and budget.*

  - o Is there a more affordable option this year?
  - o Is there a plan that provides better coverage for your health care needs, including prescription drugs?

## If this is your first time enrolling through the Marketplace:

If you are currently uninsured or purchase insurance on your own, outside of the Marketplace, you can enroll in an affordable, comprehensive health plan starting on November 15 with coverage effective as early as January 1, 2015. As you prepare for your first open enrollment, here are some key questions and tips to consider:

- ✓ What are your healthcare needs?

  *Thinking about your health care needs should help you understand what health plan will be best for you. Depending on how often you go to the doctor or how many medications your need covered, you may want to pay higher or lower premiums, or have higher or lower cost sharing when you need care. And, if you know in advance any providers you want to continue to see or the names of medications you're on, then you can check to see if the provider or medication is covered by a particular plan.*

  - o Do you have a health condition, like diabetes, that needs frequent monitoring?
  - o Do you expect to have any major health related expenses, such as pregnancy care, this year?
  - o Do you have medications you'll need covered by your insurance?
  - o Do you have specific doctors, clinics, or other providers you want to have in your plan?

✓ What's your budget?

*Depending on your income, you and your family may get help with your health insurance premiums, or qualify for free or low-cost health insurance. Remember that health insurance will protect you from financial risk if you get sick or need care. Insurance covers many basic health services with no additional cost for you and if you get sick or need urgent care, insurance will cover many of the services you'll need. Be prepared to pay your first month's premium before coverage will be effective.*

- o What can you afford for monthly health insurance premiums and an annual deductible?
- o Would higher cost-sharing with lower premiums be better for you, or lower cost-sharing with higher premiums?
- o Would you prefer a plan with lower cost-sharing but less flexibility to see specialists or plan with more flexibility and higher costs to you?

✓ Would in-person assistance help you understand your options and make your decision?

*Choosing between health insurance plans can be difficult. If you need help applying for insurance or determining which plan is right for you, you can get in-person assistance (sometimes called "navigators" or "assistors") in-person at local organizations, by phone, or online. You can find local help here: localhelp.healthcare.gov.*

✓ Have you gathered important documents for you and your family?

- o Social Security cards
- o Income documents, such as tax returns or W2s
- o Citizenship and immigration documents
- o Name of doctors or medicine

✓ Have you reviewed important health insurance terms to help you understand your coverage options?

*See below for definitions of many of the terms that you'll see as you enroll in coverage as well as terms used in this checklist.*

## Key terms to know before you enroll:

- Coinsurance is one of the ways you share the cost of medical care with your health insurance company. Coinsurance is calculated as percentage of the allowed amount for a service. For example, if the health insurance or plan's allowed amount for an office visit is $100, and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance company pays the rest of the allowed amount.
- A copayment (sometimes called a "co-pay") is the money you pay for your health services such as a doctor's appointment or when you visit the hospital; it is one of the ways you share the cost of medical care with your health insurance company. Co-payments are set dollar amounts and do not fluctuate with the allowed amount for a service but may be different for different services like a visit to your primary care provider or a specialist.
- Cost-sharing refers to the share of medical costs that you pay out of your own pocket. Cost-sharing generally includes deductibles, coinsurance, and copayments, or similar charges, but doesn't include premiums.

- A deductible is the amount you pay for covered health care services before your health plan begins to pay your health care bills. For example, if your deductible is $1,000, your plan won't pay for your health services until you've paid $1,000 yourself. However, any payments you make for services your plan does not cover—perhaps acupuncture or message therapy—will not count towards your deductible. The deductible does not apply to preventive services—including well-woman visits, birth control, and breastfeeding support and supplies—which are covered without any patient cost-sharing and any other services your plan excludes from the deductible.
- Premium is the monthly amount you must pay towards your health insurance coverage. You pay this whether you use health services or not.
- Health insurance is a way to help pay for your health care. You pay premiums to the health insurance company, even when you are well. In return, the health insurance company pays most of you medical bills when you get sick or hurt.