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Plan now for health insurance open enrollment

Marketplace open enrollment for 2016 begins Nov. 1.

MANHATTAN, Kan. – If you haven't already, it's time for you and your family to review your health insurance options, as annual open enrollment in the Kansas Health Insurance Marketplace (<https://www.healthcare.gov>) for 2016 coverage begins Nov. 1. Many employers and some public programs, such as Medicare, also use the fall as a time for annual enrollment or the renewal of health insurance plans.

Marketplace enrollment continues through Jan. 31, 2016. The last day to enroll in or change plans for new coverage to start Jan. 1, 2016, is Dec. 15. The last day to enroll in or change plans for new coverage to start Feb. 1, 2016, is Jan. 15. If you wait to enroll by Jan. 31, that coverage will take effect March 1, 2016.

While there are a few exceptions, the Affordable Care Act requires that you are insured for at least nine months out of every year, or you will have to pay a penalty at tax time for being uninsured, said Roberta Riportella, Kansas Health Foundation professor of community health at Kansas State University.

Generally, you can only buy health insurance coverage during annual open enrollment periods. If you experience a qualifying life event (<https://www.healthcare.gov/glossary/qualifying-life-event/>), such as losing job coverage, getting married or having a child, you can change your health insurance outside of the open enrollment period in a special enrollment period.

Riportella, also a health care policy expert for K-State Research and Extension, said it is difficult to change coverage if you don't experience a qualifying life event, so it's best to take advantage of the open enrollment period.

Specifications for enrollment in health insurance coverage, by type of coverage, include:

- **Insurance coverage through an employer:** your employer determines the open enrollment dates. The dates vary from employer to employer. If you have a spouse, you will likely have two different open enrollment periods to keep track of each year. If you are not sure when your next job-based open enrollment period is, ask your employer.
- **Insurance from the marketplace:** the marketplace open enrollment period is Nov. 1, 2015 through Jan. 31, 2016.
- **Insurance through Medicare:** Medicare's initial enrollment period is a seven-month window surrounding your 65th birthday, or for those under 65 and disabled, the seven months surrounding the 25th month of disability. Special enrollment

periods for Medicare vary, and specific rules and timing can be found on the Medicare website (<http://www.medicare.gov/Pubs/pdf/11219.pdf>). If a beneficiary has missed the initial enrollment period and is not eligible for a special enrollment period, the Medicare general enrollment period runs Jan. 1 to March 31 each year, with coverage beginning July 1 of that year.

- **Insurance though KanCare:** this is Kansas' Medicaid program. Applications for KanCare can be submitted at any time.

Delays in enrollment and coverage, and penalties, may apply if the consumer does not enroll at the appropriate time. If obtaining insurance through the marketplace, log on to www.healthcare.gov. To learn more about how to enroll in the marketplace or KanCare, call the marketplace, available 24/7, at 800-318-2596. The Kansas Health Institute also has resources on its website (<http://www.khi.org/>).

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Sidebar: Tips for choosing the right health insurance plan

MANHATTAN, Kan. – A health insurance plan, also called a policy, is a legally binding contract of usually one year between an insurance company and the insured. Roberta Riportella, Kansas Health Foundation professor of community health at Kansas State University and K-State Research and Extension, encourages Kansans to pay attention to the details on how the plan will work.

Those details should include the benefits covered, how much you will pay and a selected set of health care providers called a provider network, she said. You should review several aspects of insurance policies before you choose which one is right for you and your family.

Also, since health insurance plans change from year to year, it is important to review the details of your renewal contract. The plans could change on items such as provider networks and prescription drug coverage, as examples.

Different medical situations require more care than others, Riportella said. Before examining the benefits in each plan, understand your current health care needs first and identify if you're at risk for a particular need within the next year. You will be trying to match as best you can your predicted needs with the coverage and costs of eligible plans.

“Some future needs are not as predictable,” Riportella said. “The best we can do is plan around the needs we know we have today.”

The benefit packages within different plans will likely differ, she said, but because of the Affordable Care Act, all plans are now required to cover at minimum the same basic set of benefits (<https://www.healthcare.gov/glossary/essential-health-benefits/>), which are usual medical and hospital care needs and prescription medicines.

How much the plan will cost in a typical year will likely weigh in your health insurance coverage decision. The premium is the monthly fixed charge you pay for the plan, regardless of how much medical care you use or do not use, Riportella said. That makes the premium the most predictable of all the costs.

If you are buying health insurance in the marketplace, bronze level plans will likely have the least costly premiums, and silver, gold and platinum plans have higher premiums.

“As with anything, you get what you pay for,” Riportella said. “If you pay more up front in premiums, you will pay less for each service you use down the road. You also may get a more complete plan that covers more benefits.”

“If you are relatively healthy and comfortable with carrying risk, you can choose a policy with a low premium such as a bronze plan,” she added. “Those policies, however, are likely to have the highest cost-sharing arrangements. That means you could be paying large copayments or coinsurance for your care expenses. If you have a significant health event, that might bring you close to the out-of-pocket maximum—the maximum amount a person will have to pay for health care expenses within the year.”

You could be in a situation where you and your family members are better off with different policies, she said. As an example, younger adults typically don’t need the same coverage as their middle-aged parents. Policies for younger adults are usually much less expensive, which makes separate policies a reasonable choice. Further, sometimes spouses have different health care needs, so considering different policies might be the best option in that case also.

“If situations exist where family members might benefit from different plans, you should look at a variety of options,” Riportella said. “Usually an employer offers only an individual plan or a family plan. Depending on income level and tax credit eligibility, you might benefit from finding a plan in the marketplace for the children or the spouse. This would especially be true if there is a young adult in the family who might be best off with a low premium cost but high deductible catastrophic plan.”

Young adults under age 30, and some lower income individuals, are eligible to select a catastrophic policy with a low premium but high deductible. This type of plan requires you to pay out of pocket most of the everyday costs of health care except for preventive services, which are free of charge to the insured.

Those who are purchasing a plan in the marketplace might also be eligible for tax credits to help pay for premiums, which can make their plans more affordable. Riportella said a family of four with an annual income less than \$97,000 is eligible for this premium assistance. If the same family has an annual income less than \$60,625, that family is eligible for assistance in paying the coinsurance and copayments. Those income levels for eligibility adjust each spring, based on the federal poverty level.

When you have employer-sponsored insurance and are considering plans for other family members in the marketplace, your eligibility for tax credits to help pay for premiums in marketplace plans can get complicated, Riportella said. It is best to speak to the benefit counselors at your workplace or call the marketplace at 800-318-2596 to learn more.

Another way to help you save money on health care is studying the various plans' specific provider networks and drug formulary.

If you are already on medications, Riportella said it's important to review the formulary list to see that the drugs you and your doctor prefer are on it. Check also to make sure your local preferred pharmacy is within the provider network. While you may be allowed to go to doctors and pharmacies not in the network, it almost always will cost you more.

“Insurance companies make deals with doctors, hospitals, pharmacies and other health care providers so that those providers will accept less than their usual charges,” she said. “This works to keep payments to those providers more reasonable, and therefore, premiums for the insurance are more reasonable. Provider groups accept these payments, because it guarantees them a flow of patients more likely to select their services.”

People should also remember that they cannot be denied health insurance because of a pre-existing condition and cannot have a policy canceled due to becoming sick. You can, however, lose your insurance coverage for non-payment of premiums.

Each person's and family's situation is different, so if you have specific questions about your health insurance coverage, you might have a local navigator, someone specifically trained to help you understand the marketplace, in your community who can help. Find out if you have a local navigator available in your community on HealthCare.gov (<https://www.healthcare.gov/glossary/navigator/>).

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K-State Research and Extension is a short name for the Kansas State University Agricultural Experiment Station and Cooperative Extension Service, a program designed to generate and distribute useful knowledge for the well-being of Kansans. Supported by county, state, federal and private funds, the program has county Extension offices, experiment fields, area Extension offices and regional research centers statewide. Its headquarters is on the K-State campus, Manhattan.

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