



Frequently Asked Questions about Using Your Coverage Starting January 1, 2014

NY State of Health Individual Marketplace

Now that you've enrolled in a health plan through NY State of Health, you may have some questions about how to use your health plan coverage. See the below for answers to some frequently asked questions. If you have a question that is not answered below, you should call your health plan directly. A list of health plan customer service phone numbers appears at the end of this document.

Using Your Coverage

Will I be covered for health care services I receive on or after January 1st if I haven't received my health plan identification (ID) card yet?

Yes. Your health plan will cover services you use starting January 1, 2014 as long as you pay your premium within 10 days of receiving your invoice (bill) from the plan.

Your health care provider can check with your insurer about your coverage. Providers can call health plans or check electronically through a plan's website to confirm that you are enrolled in a Marketplace health plan.

You can review your health plan's provider network [here](#).

If your provider cannot confirm your enrollment, you may have to agree to pay for the services and submit a claim to your health plan for payment after you get your care. It is likely that by the time you get a bill from your provider, you will already be entered into your health plan's system. You should call your provider and have them submit their bill directly to your health plan. Call your health plan if you have questions about whether a service is covered or about how to use your coverage.

How can I pay my premium bill for January 1st coverage?

You need to pay your health plan – not NY State of Health – **no later than 10 days after you receive your invoice (bill)** from your plan. You can pay your bill by mail. Some plans may accept payment online or over the phone. Plans must accept the following forms of payment: paper checks, cashier's checks, money orders, electronic funds transfer (EFT), and all general-purpose pre-paid debit cards. Contact your health plan for more information about payment options or if the due date is a problem for you.

When will I get membership ID cards for my health insurance plan?

Your health plan will mail you an enrollment package and membership ID card within 7 days of receiving your premium payment.

I thought I bought a health plan but my insurer doesn't have a record of my enrollment. What should I do?

Call the NY State of Health Customer Service Center at 1-855-355-5777. A trained representative can assist you. If there was a problem with the Marketplace systems that prevented you from getting coverage even though you tried to enroll before December 24, you may be eligible to get coverage as soon as possible.

How can my health care provider confirm that I am enrolled in a Marketplace health plan?

Providers can call health plans or check electronically through a health plan's website to confirm Marketplace enrollment of their patients.

Providers

How can I find out if health care providers - my doctor, hospital, or medical group or clinic - are in my new NY State of Health plan?

To find out if your doctors and other health care providers are included in your Marketplace health plan or to find a participating provider if you don't have one yet you can:

1. Visit your health plan's website and check their provider directory, which is a list of the doctors, hospitals, and other health care providers that your plan contracts with to provide care. A list of health plans, websites and phone numbers is [available here](#).
2. Call your insurer to ask about specific providers. Your health plan will have the most up to date information about which providers are in their network.
4. Call your doctor's office. They can tell you if they accept your health plan.
5. Call the NY State of Health Customer Service Center (1-855-355-5777) where a trained representative can give you your insurer's phone number or check the provider directory online.

My new health plan doesn't include my doctor in the provider network but I am getting treatment for a serious condition. What should I do?

Call your health plan to let them know about your treatment. Health plans may be required to cover your treatment for a transition period after you change plans if you are in the middle of a course of treatment for a serious condition (life-threatening, degenerative, disabling, or if you have entered the

second month of pregnancy). Your plan may also be able to work with your current doctor while you finish your treatment beyond this transition period. Call your provider and let them know your insurance is changing and ask them to work with your new health plan. Your provider is not required to accept the plan's payment rate for transitional coverage.

I've already enrolled in a Marketplace plan and I just found out that my doctor isn't in my plan's provider network. Is there anything I can do?

If you're already enrolled in a Marketplace plan, you can switch to another Marketplace plan during Open Enrollment, which ends on March 31, 2014, or to another plan offered outside the Marketplace. If you decide to switch plans, ask your doctor which health plans they work with.

If you decide to cancel your current policy, you should check with your health plan on the terms. You will need to cancel your current policy according to the legal terms of the policy (10 days after receipt of policy) before you can select a new health plan in the Marketplace.

If you're eligible for a tax credit, you'll be able to apply your tax credit to the new plan's premium to lower your costs. You can only apply the tax credit toward plans you buy through the Marketplace.

You'll want to find out when your new coverage will start before you cancel your current plan so you don't have a gap in coverage. After March 31, 2014, you will not be able to change your plan until the next open enrollment period, which starts on November 15, 2014.

Does my new insurance plan cover my prescription medication?

Health plans will cover some or all of the cost of certain prescription medications. Medications on your plan's "formulary" (approved list of covered medications) usually will cost you less than medications that are not on the formulary. To find out which prescriptions are covered through your Marketplace plan you can:

- Visit your health plan website to review a list of prescriptions that are covered.
- Standard Benefit Summaries are [available here](#).
- Call your health plan directly to find out what is covered. Your health plan's phone number is on your insurance card and on the health plan website.
- Review any coverage materials that your plan mailed to you.

I'm at the pharmacy to pick up my prescription, and they said my plan no longer covers it. What do I do?

Some health plans may allow a one-time refill for your medication after you first enroll. Ask your insurer if they offer a one-time refill until you can discuss next steps with your doctor. If you can't get a one-time refill, you have the right to follow your health plan's drug exceptions process that may allow you to

get a prescribed drug that’s not normally covered by your health plan. The details of every health plan’s exceptions process are different, so you should contact your health plan for more information.

My insurer denied my request for an exception. Can I appeal?

If your health insurance company won’t pay for your prescription, you have the right to appeal the decision and have it reviewed by an independent third party. To learn more about the appeals process, please consult your insurance policy or refer to the NYS Department of Financial Services website at <http://www.dfs.ny.gov/insurance/extapp/extappqa.htm>

Can I go to my regular pharmacy to get my medication?

Different health plans allow you to get your medications from different pharmacies (called “in-network pharmacies”). Call your health plan or visit their website to find out if your regular pharmacy is in-network under your new plan and, if not, what pharmacies in your area are in-network. You also may be able to get your prescription through the mail.

Emergency Care

Can I go to any hospital for emergency services?

If you believe you have an emergency condition you may go to any hospital emergency room and the hospital will treat you even if you don’t have health insurance. Your health plan can't charge you more for getting emergency services at an “out-of-network” hospital, which includes hospitals that are outside of New York. In an emergency, you do not need prior approval from your health plan before getting emergency services.

How much will I have to pay for emergency services?

The cost varies based on your health plan. Most plans charge a co-payment or co-insurance for emergency services. You will be charged the same in-network co-payment or co-insurance for emergency services received at hospitals that are out-of-network. However, for PPO coverage, you also may be responsible to pay the balance of the out-of-network provider’s charge if it is greater than the health plan’s allowed amount.

Health Plan Customer Service Phone Numbers

Health Plan	Customer Service Phone Number
Affinity	1-888-543-6973
American Progressive (Today’s Options NY)	1-866-422-5009
BlueCross BlueShield of Western NY	1-855-826-6996
BlueShield of Northeastern NY	1-855-826-6996
CDPHP - Capital District Physicians Health Plan	1-855-236-7113
EmblemHealth	1-800-233-1831
Empire Blue Cross/ Empire Blue Cross Blue Shield	1-800-385-2036
Excellus Blue Cross Blue Shield	1-800-817-8400

Univera Healthcare	1-800-817-6700
Fidelis Care	1-888-343-3547
Health Republic Insurance (NY CO-OP)	1-888-990-5702
Healthfirst New York	1-888-250-2220
Independent Health	1-800-501-3439
MetroPlus Health Plan (Market Plus)	1-855-809-4073; TTY, 711
MVP Health Plan, Inc	1-800-825-5687
North Shore LIJ	1-855-706-7545
Oscar Insurance Corporation	1-855-672-2769
United Healthcare	1-877-856-2429
United Healthcare (Oxford)	1-866-561-7530