



NY STATE OF HEALTH ENROLLMENT WEBINAR
DECEMBER 12, 2018

QUESTIONS & ANSWERS

ELIGIBILITY & ENROLLMENT

What information do I need to have when I'm ready to start my application?

We ask about income and other information about you to tell you what coverage you qualify for and if you can get help paying for it. We keep all the information you provide private, as required by law. If you plan to apply for financial assistance to help pay for your coverage, it is helpful to have the following information available:

- Social Security numbers (or document numbers for legal immigrants who need health insurance)
- Birth dates
- Employer and income information for everyone in your family
 - paystubs from the last 30 days
 - for self-employed individuals, recent tax returns or profit and loss statements
- Policy numbers for any current health insurance
- Information about any job-related health insurance available to your family
- List of current doctors (to verify plan participation)

What types of income are considered when applying for financial assistance?

The Marketplace uses Modified Adjusted Gross Income (MAGI) to determine eligibility for financial assistance. MAGI includes income from employment, as well as any other form of taxable income. It also includes other sources of income that may or may not be taxable, such as social security benefits, some foreign income, and tax-exempt interest. The Marketplace application has a drop-down menu to help you determine which types of income to include. Assets are not considered in the determination of eligibility for financial assistance for Marketplace plans.

I'm applying for coverage for 2019. Should I use my 2018 income or my 2019 income on the application?

The application asks for your projected income for 2019. Eligibility for financial assistance is based on your income for the year that you have that coverage.

I expect to only need coverage for 6 months. Should I still apply?

You should go ahead and apply. When you no longer need coverage, you can cancel your Marketplace coverage. You should notify NY State of Health when you want to cancel your coverage. We ask that individuals provide 14-days notice when cancelling their coverage.

What are the enrollment deadlines and when will coverage begin?

Consumers can enroll in Qualified Health Plan coverage during the annual Open Enrollment Period and in certain circumstances outside of open enrollment if they have a qualifying life event. Open enrollment for 2019 is November 1, 2018 through January 31, 2019. The deadlines to enroll are:

- December 15, 2018 for coverage beginning January 1, 2019
- January 15, 2019 for coverage beginning February 1, 2019
- January 31, 2019 for coverage beginning March 1, 2019

Eligible consumers can enroll in Medicaid, the Essential Plan, and Child Health Plus at any time during the year.

When I turn 26 I will no longer be covered by my parents' health insurance plan. What are my options?

When you “age off” of your parents’ coverage, you may be eligible to enroll in through the Marketplace. You will need to apply for coverage within 60 days of turning 26.

What are the income guidelines for various Marketplace programs?

The income eligibility levels vary by program. To qualify for Medicaid, an individual can earn up to \$16,754 a year and a family of four can earn up to \$34,638 a year. For Essential Plan coverage with no monthly premium, an individual can earn up to \$18,210 and a family of four can earn up to \$36,900. For Essential Plan coverage with a \$20 monthly premium, an individual can earn up to \$24,280 and a family of four can earn up to \$50,200. To qualify for advance payment of the premium tax credits when enrolling in a Qualified Health Plan, an individual can earn up to \$48,560 and a family of four can make up to \$100,400.

Can I continue to receive federal financial assistance (tax credits) if I didn't file taxes last year?

Federal rules require that you file taxes to be eligible for tax credits. This is because tax credits are determined based on an estimate of your income but must be reconciled at year end to your actual income when you file your federal income taxes. This structure allows you to receive tax credits in advance, instead of waiting until tax time, to get help paying for coverage.

If you do not file your taxes or fail to reconcile the tax credits received, you will not be eligible for tax credits for the following plan year. You can still enroll in a plan during the Open Enrollment Period but you will not be eligible for financial assistance. When you file your taxes from the previous year, your eligibility for financial assistance can be redetermined at that time.

Assistors are available to help with this process.

Is there a way to estimate how much financial assistance I'm eligible for?

Yes. The NY State of Health website homepage (www.nystateofhealth.ny.gov) includes the link to a premium estimator tool. Click the orange button that says, "View Plans and Estimate Your Costs." You will be prompted to enter your zip code to see plans available in your county. You can narrow your search further by selecting to search by coverage tier, insurer, county, type of coverage, metal level, and quality rating. You can also "estimate financial help" by entering your household size and income. Your search criteria will generate a list of plans that are available in your county and display the monthly premium before and after any tax credits you may be eligible for.

I am a 25-year old married adult residing with my parents. Can I stay on my parents' health plan?

Yes, in many cases you can stay on your parents' health plan until you turn 26. (The requirement that insurers offer coverage to children through age 26 on a parent's plan applies to insured products, but not self-funded plans.)

If you decide to apply for coverage on your own, eligibility for financial assistance is based on household income and tax filing status. If a married individual is not claimed as a dependent on anyone else's tax returns, he/she can apply for coverage separately using his/her own income information, regardless of whether all parties reside at the same address. There can be multiple tax families living in one house.

Can self-employed individuals and freelancers with income that fluctuates during the year enroll through the Marketplace?

Yes. When it comes to estimating income, we recommend you make your best estimate based on the information you have at the time. Previous year tax returns can help, as well as a thorough consideration of upcoming changes in revenues and expenses (e.g., a busy season, fewer anticipated clients, etc.). We encourage you to update your income in your Marketplace application throughout the year in order to best reflect your financial circumstances and eligibility for assistance. Further, providing accurate and timely information to the Marketplace throughout the coverage year can help mitigate any discrepancy that may occur when you reconcile tax credits received on your federal income taxes.

Can I switch plans at any time throughout the year?

Generally, no. However, there are certain instances in which a change in insurers is permitted. For example, if you are eligible for a different program type entirely, (e.g., your eligibility changes from Qualified Health Plan to Medicaid or Essential Plan), or are enrolled and become newly eligible or ineligible for tax credits, you will be permitted to select a new health insurance plan during the year. In most cases though, you can only change insurers during the annual open enrollment/renewal period.

Can you describe the annual renewal process?

There are two types of renewal: automatic and manual. When you get to the end of the NY State of Health application, you will be asked to select one type. If you select automatic renewal, the Marketplace will re-determine your eligibility by checking various state and federal data sources and let you know what you qualify for in the next year. (If we are unable to re-determine your eligibility for any reason, we will notify you.) If you select manual renewal, you will need to update your information and complete the application without the automated process facilitated by the Marketplace.

Consumers can always update their accounts and/or provide documentation if circumstances are different from what is determined by the Marketplace.

All enrolled individuals will receive a notice 30-days in advance of the enrollment deadline with instructions for renewal. Regardless of renewal type, NYSOH recommends that all consumers login to their account to confirm the details of coverage for the upcoming year.



COVERAGE OPTIONS

What are the coverage options for adult children?

Children over the age of 19 are not eligible for coverage through Child Health Plus. Depending on tax filing status and income, adult children may be eligible for Medicaid, the Essential Plan, or a Qualified Health Plan.

Do I have a choice of Health Plans?

Consumers have a wide range of plans to choose from in 2019 across the state. There are 12 insurers offering Qualified Health Plan coverage and 16 insurers offering Essential Plan coverage in 2019. On average, consumers have a choice of 4 Qualified Health Plan insurer options in every county and a choice of 4 Essential Plan insurer options in every county.

What is the difference between a Qualified Health Plan and the Essential Plan?

The Essential Plan is available to eligible consumers based on age and income. Generally, individuals between the ages of 19-64 with incomes between 138%-200% of the Federal Poverty Level (\$16,754-\$24,280) are eligible for the Essential Plan. If your income is above 200% (\$24,280 for an individual) of the Federal Poverty Level, you are likely eligible to enroll in a Qualified Health Plan. Most consumers under the age of 65 can enroll in a Qualified Health Plan on the Marketplace and, depending on income, may be eligible for a tax credits that could help lower the cost of coverage.

The Essential Plan and all Qualified Health Plans offered on the Marketplace have the same comprehensive essential health benefits package. The Essential Plan has a monthly premium of either \$20 or \$0 depending on income, and there are no out of pocket costs for consumers. Qualified Health Plans vary in terms of monthly premiums, deductibles and out of pocket costs, whether you are eligible for financial assistance, the metal level of coverage that you choose (platinum, gold, silver, or bronze), and insurer options vary depending on where you live.

COST

What do the terms monthly premium, cost-sharing and deductible mean?

Monthly premium is amount that you pay to your health plan to stay insured. Cost-sharing refers to what you pay to use your insurance when you receive services, such as a co-payment, co-insurance or a deductible. Some plans don't have any cost-sharing requirements, such as Medicaid. The Essential Plan has either low or no cost-sharing requirements for enrollees, depending on income.

Cost-sharing for Qualified Health Plans depends on the plan metal level, i.e. bronze, silver, gold, or platinum. All metal level plans cover the same essential health benefits, but vary in terms of premium and cost-sharing requirements. In general, bronze plans have the lowest premiums and the platinum plans have the highest premiums. Bronze plans typically have higher cost sharing in the form of a deductible and copayment or coinsurance requirements, while platinum plans have low or no cost-sharing for enrollees. (Details are available [here](#))

What if I have a life change event during the calendar year that changes my household size, tax filing status, income or other circumstances?

You should update your Marketplace account to reflect the most recent information. For example, if you weren't working when you signed up for coverage, but got a job a few months later, you should update your account to accurately reflect that change in income and employment status. Depending on the type of coverage you have, changes to your account may impact eligibility for financial assistance or increase or decrease the level of financial assistance you currently receive.



APPLICATION & ENROLLMENT ASSISTANCE

Can I get assistance enrolling in NY State of Health?

There are three ways to get help completing your application and enrolling in coverage:

- 1 **Phone:** NY State of Health Customer Service Center (1-855-355-5777)
- 2 **In Person:** Visit a navigator, certified application counselor or broker for in-person assistance. (Find one here)
- 3 **Web:** Use the chat feature on our website to help complete your application, available during customer service center hours.

Do I have to pay for the assistance I receive from a Navigator or Broker?

No. Assistance is provided free of charge. Assistors are available in your community, work flexible hours, and speak multiple languages. Assistors are available to help you complete your application, understand your health insurance options, and to help you make the best choice for enrollment.

PROVIDER NETWORK

How do I use the plan provider look-up tool on the NYSOH website?

The NYS Provider & Health Plan Look-Up tool is available on the NY State of Health website home page (purple button). This tool allows you to search by health plan or by provider or facility name to see which providers participate with which health plans. The tool also has advanced search options (e.g., language spoken, wheelchair accessibility). The tool is updated with information sent to New York State directly by health plans, but we recommend that you confirm network participation with your provider directly to be certain before enrolling in a plan.

OTHER COVERAGE

If I am eligible for or enrolled in Medicare, can I enroll in Qualified Health Plans or the Essential Plan through the Marketplace?

Most people who are eligible for Medicare are ineligible for Marketplace coverage because, under federal rules, they already have what is considered “minimum essential coverage.” However, there are limited exceptions, including those for parent caretakers. An in-person assister or Customer Service can help you determine if you are eligible for Marketplace coverage.

If I am currently enrolled in COBRA, can I cancel my coverage and enroll in coverage through the Marketplace?

You may cancel your COBRA and enroll in a Qualified Health Plan during Open Enrollment. If it is outside of Open Enrollment, you must wait until your COBRA benefits are exhausted, at which point you would be eligible to enroll through the Marketplace with a Special Enrollment Period (due to loss of minimum essential coverage). You will have 60 days to sign up for coverage after your COBRA coverage ends.

If you are enrolled in COBRA and are eligible for Medicaid or the Essential Plan, however, you can cancel your COBRA at any time and enroll in those programs through the Marketplace.

If only one person in a family is offered coverage from their employer, can the rest of the family enroll through the Marketplace?

Yes. Most children are eligible to enroll in Child Health Plus, and may be eligible for financial assistance depending on household income. The spouse/ domestic partner is also eligible to enroll through the Marketplace; however, eligibility for financial assistance will depend upon whether the employer sponsored insurance is considered affordable under federal rules.



What if my employer offers me individual coverage at a cost of \$900/month and my annual salary is \$50,000? Can I buy insurance through NY State of Health instead?

Yes. Under these circumstances, you are likely eligible to decline the employer sponsored coverage and apply for financial assistance to enroll in coverage through the Marketplace. In general, if the cost of employer sponsored coverage is more than 9.86% of your income, it is considered unaffordable. If the cost is not more than 9.86% however, you can still decline the coverage and enroll through the Marketplace. You would not be eligible for financial assistance, but you may have more plans and cost sharing arrangements to choose from that may better suit your needs.

There is a section of the application that can help you determine whether the coverage offered by your employer passes this “affordability test.” You can also contact the Human Resources office or benefits administrator at your place of employment, and they should be able to tell you whether the offered coverage passes the ACA’s affordability test.