

## Frequently Asked Questions

### What is private exchange?

An exchange is an online tool for individuals and families to purchase health insurance and other products. It permits easy comparison of price, benefits and services for plans in your area.

### How long will this take?

The exchange is designed to make shopping and enrolling a quick process. Most individuals can complete their health insurance purchase in 10 minutes or less (excludes eligibility check for subsidy plans). The steps are outlined under "Getting Started".

### What is the difference between subsidy and non-subsidy plans?

**Subsidy** plans allow individuals to potentially receive financial help with their health insurance premiums and a cost share reduction for copays, deductibles and out-of-pocket expenses. You must complete an eligibility check to validate, however, you will receive an *estimate* of subsidy based on the household size and income you enter during the quoting process.

**Non-Subsidy** plans will not reflect reduced premium or other reduced costs and do not require an eligibility check in order to enroll.

Both plan types are qualified health plans and meet all the affordable care act requirements. It is possible to see carriers or plans available in one type but not the other.

### How do I know if I am eligible for a subsidy plan?

Individuals eligible for a subsidy (cost sharing reduction) must have a household income between 100-250% of the federal poverty level. You can select subsidy plans and enter your household income and size for an estimate of subsidy amount. Refer to the Subsidy page under Medical to determine if you may be eligible for assistance before making this selection.

### What is the difference between SEP and OEP?

Open Enrollment Period (OEP) occurs annually and is open to all individuals that wish to enroll in individual or family health coverage. This period generally begins in November of the current year and runs through the end of January the following year. During this time, effective dates for coverage are defined and based on the date on which you apply. The first available effective date is January 1<sup>st</sup> of the upcoming year and enrollment must occur by December 15<sup>th</sup>. After this date, individuals may no longer enroll in a health plan unless they experience a qualifying life event.

Special Enrollment Period (SEP) generally occurs outside the open enrollment period when individuals can qualify for health coverage if they experience a qualifying life event (QLE) that results

in a change in coverage status. Some examples would include marriage or divorce, birth of a child, loss of job based or other qualifying coverage. These changes can also occur during OEP.

Individuals that need coverage after November 1<sup>st</sup> but before the following year can still obtain coverage with a qualifying event. The standard cutoff date of the 15<sup>th</sup> does not generally apply to SEP and individuals will be required to provide proof of their QLE. **During OEP, if your desired effective date falls within the OEP standard date selections, you do not need to select SEP and documentation will not be required.**

### **When is the open enrollment period for the exchange?**

The open enrollment period for 2018 coverage will be held November 1, 2017 – December 15, 2017

### **Is the open enrollment period the only time individuals can enroll in a health plan?**

No. If you experience a *qualified life event* such as loss of job, marriage, birth of a child, you will have a 60-day *special enrollment period* to enroll in healthcare. However, to avoid penalties for not enrolling in coverage, it is important to do so during the open enrollment period.

For a complete list of QLEs and SEPs rules, please visit [www.healthcare.gov](http://www.healthcare.gov).

### **What are metal tiers?**

Plans in each category pay different average of total costs of an average person's care..

- Bronze: Your health plan pays 60% on average. You pay about 40%.
- Silver: Your health plan pays 70% on average. You pay about 30%.
- Gold: Your health plan pays 80% on average. You pay about 20%.
- Platinum: Your health plan pays 90% on average. You pay about 10%.
- Catastrophic: Catastrophic coverage plans pay less than 60% of the total average cost of care on average. They're available only to people who are under 30 years old or have a hardship exemption.

### **If I have questions regarding benefits, who should I call?**

Please contact the insurance carrier directly if you have questions regarding benefits or subsidy eligibility. [Click here for a complete listing.](#)

### **How will I know my coverage is in effect?**

The insurance carrier will notify you when your coverage is approved. To verify benefits we encourage you or your provider to contact the insurance carrier directly. [Click here for complete listing.](#)