## Before You Buy That "Low Cost" Health Insurance: STOP, CALL, CONFIRM

Know What You're Buying. Get Advice from a Trusted Source.

To buy insurance that will cover a wide range of conditions, start with the federal Health Insurance Marketplace at <u>www.healthcare.gov</u> [or STATE exchange] or talk to an agent or broker that is licensed in [STATE]. If you have questions, call the [DOI] at [\_\_\_\_\_]

**Open Enrollment for 2021 coverage is from November 1 to December 15 [or STATE OE period].** You may still be able to enroll in comprehensive coverage outside of these dates if you have a qualifying life event, like losing other health coverage, moving, getting married, or having a child. Medicaid is always open to those who qualify.

## Financial Help May Be Available

*Visit [MARKETPLACE OR EXCHANGE WEBSITE] to learn if you qualify for financial help to pay for Marketplace insurance or if you qualify for low- or no-cost coverage through Medicaid.* 

You can find brokers, agents and others qualified to review [MARKETPLACE or EXCHANGE] plans at <a href="https://localhelp.healthcare.gov/#/">https://localhelp.healthcare.gov/#/</a>

*If you found less costly health insurance online or someone called with an offer,* here are some questions to ask before you buy. For help, call your state [DOI]:

- Is it a Short-Term, Limited Duration plan, a Sharing Ministry plan, or other limited-coverage plan? Is it sold through an association that requires a membership fee? If so, it could cover less than Marketplace plans.
- Is the person selling the plan licensed in [STATE]? If so, ask for his/her state license number and contact [STATE DOI] at [phone number] to confirm.
- What is the insurance company and is it licensed in [STATE]?
- Does the plan cover your pre-existing conditions? Does it cover your medications?
- What are the deductibles? There may be different deductibles for different services.
- What services DOESN'T the plan cover?
- For services that ARE covered, how much will the plan actually <u>pay</u>? Is there a limit on the total amount the plan will pay per person, per service, or per year?
- How long will the coverage last? Will you be able to keep or renew your coverage if you get sick?
- Does the plan have a provider network?
  - o If yes, how do you access information about it? Is your doctor or hospital in the network?
  - $\circ$   $\:$  If not, will doctors and providers agree not to bill for amounts above what the plan pays?

Ask for a written example of how coverage works if you visited a physician and needed diagnostic tests and follow-up care. Also ask for a written example of how coverage works if you had a hospital stay for several days, and had testing and scans, surgery, and saw several specialists.

**Before you buy, always ask for the plan's details in writing and take the time to review the materials carefully. Don't feel rushed to make a decision.** Remember, there is <u>free</u> help available to you at [NAME OF INSURANCE DEPT WITH PHONE NUMBER].



Be sure to get coverage information in writing *before* you buy, including:

- Coverage of key benefits like prescription drugs and preventive care
- · Coverage limits per service, per person, or per year
- Coverage for conditions you already have (pre-existing conditions)
- The amount you pay before the plan pays (deductible)

## Get more help with these resources from the National Association of Insurance Commissioners

What to Ask When Shopping for Health Insurance

Health Insurance Shopping Tool