

# Individual Health Insurance - 2018 Enrollment FAQ

This information is provided for persons currently enrolled in or considering buying individual health insurance.

**IMPORTANT FOR 2018 COVERAGE:** Plans, premiums, and available premium tax credit amounts change every year. Be sure to research all plan options on and off the federal health insurance marketplace (exchange), unless you qualify for a CSR plan, which is only available through an exchange silver plan. For 2018, an individual who does not receive premium tax credits should be especially careful about choosing an exchange silver plan or in some areas an on or off exchange silver plan since these premiums may have increased at a greater rate.

**OPEN ENROLLMENT FOR 2018 POLICY YEAR:** Open Enrollment for coverage that starts **January 1, 2018**, runs **November 1 - December 15, 2017**. If you do not enroll in a health insurance plan by December 15, 2017, you cannot enroll in an individual health insurance plan for 2018 unless you qualify for a Special Enrollment Period or another exception exists.

**COST SHARING REDUCTIONS (CSR) – 2018 important update:** eligible consumers will continue to be able to select benefit plans for 2018 that offer savings on out-of-pocket costs (copayments, coinsurance, deductibles) by enrolling in a silver plan on the exchange. Premium tax credits are provided separately, remain available to eligible consumers, and can be used to offset the premiums for a bronze, silver, gold, or platinum on-exchange plan.

**ENROLLMENT:** Open enrollment for 2018 coverage begins November 1, 2017. At this time, individuals are able to view available coverage options on the exchange at [www.healthcare.gov](http://www.healthcare.gov). Available off-exchange options will be viewable at <https://finder.healthcare.gov/>. Premium tax credits and plans that offer cost sharing reductions based on an individual's income are only available on the exchange. There are tools, resources, and qualified individuals available to assist with shopping for coverage. Visit <https://localhelp.healthcare.gov/#intro> to find someone in your area to assist you in applying for coverage. If you do not enroll in a health insurance plan by December 15, 2017, you cannot enroll in an individual health insurance plan for 2018 unless you qualify for a Special Enrollment Period or another exception exists.

**IF YOU ARE CURRENTLY ENROLLED:** in health insurance through the exchange, you will be auto-enrolled in the same or a similar plan unless you select a different plan by December 15. If your health insurer for 2017 is no longer offering coverage in your area, a new plan with a new insurer will be selected for you unless you select a plan on your own or opt out of the exchange. You will need to log into your account at <https://www.healthcare.gov/login> to verify your information and shop plans available in your area. When shopping for a plan, it is important to compare the premium and other out-of-pocket costs, the provider network, and the benefits offered to find the option best for you. Options may differ from what was available in 2017. Even if you are auto-enrolled in a plan, you are able to choose another available plan at any time during the open enrollment period. This open enrollment, review your plan options carefully if you are auto-enrolled into a silver plan and do not receive premium tax credits.

**PAYMENT:** Once enrolled, you must pay your first premium payment on time. Payment is due to the insurance company – not the exchange. Insurance companies handle payments differently. Follow your insurer's instructions about how and when to make your premium payment. Check with your insurer regarding what forms of payment they accept (check, credit card, debit card, automatic transfer, etc.) Make sure you continue to pay your monthly premiums to your health insurer on time.

**RATES ON THE EXCHANGE:** Premium rates for plans sold on and off the exchange vary from person to person, as they are based upon age, family composition, geographic location, and tobacco usage. In addition, you may qualify for a premium tax credit based on your income that can be applied to lower your monthly premiums. You can find information on the premium rates approved in Virginia for the 2018 plan year at <https://ratereview.healthcare.gov/> and at <https://www.scc.virginia.gov/boi/cons/index.aspx>. Information regarding Virginia's geographical rating areas can be found at <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/va-gra.html>.

**PREMIUM TAX CREDITS:** If your estimated income falls between 100% and 400% of the federal poverty level for your household size, you may qualify for a premium tax credit. You can use all, some, or none of the premium tax credit in advance to lower your monthly premium for on exchange plans. If you use less premium tax credit than you qualify for, you'll get the difference as a refundable credit when you file your federal taxes. Premium tax credits can be used to offset the premiums for a bronze, silver, gold or platinum plan. Your eligibility for a premium tax credit depends on your income and available plans in your area. Either of these may have changed from the previous year. Even if your income and chosen plan have not changed, other plan options in your area could affect the amount of your premium tax credit. Find out more at <https://www.healthcare.gov/lower-costs/save-on-monthly-premiums/>. This website also will help you determine if you are eligible for any subsidies or alternative coverage through Medicaid or FAMIS.

**COST SHARING REDUCTIONS:** Cost sharing reduction (CSR) plan options may reduce the amount you have to pay for deductibles, copayments, and coinsurance. If you qualify for these discounts, you must enroll in a silver exchange plan to get the extra savings. Find out more at <https://www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs/>.

**COMPARING HEALTH BENEFIT PLANS AND POLICIES:** When deciding on a health insurance plan, it is important to compare the cost as well as the benefits to find the option best for you. Consider what is most important to you in a health insurance plan, including premium and out-of-pocket costs, doctors and hospitals in the plan's network, what prescription coverage is provided, and any other specific benefits that are important to you. Check the health insurer's website or view at [www.healthcare.gov](http://www.healthcare.gov) to see which doctors, hospitals, and prescriptions are covered under the plans available.

**MOVING TO A NEW CARRIER:** Should you or a covered dependent be (or anticipate being) under an active course of treatment upon the effective date of enrollment with a new carrier, contact the new carrier immediately to discuss the carrier's transition of care policy. You and your current doctor will need to provide information regarding the current course of treatment. It is important, if possible, you contact the new carrier regarding your treatment prior to the effective date of your new policy. In some cases you will need to discuss transitioning your care to a provider in the new carrier's network and the timeframe within which you may be required to do so to receive in-network benefits.

**COVERAGE FOR PRE-EXISTING CONDITIONS:** All exchange health insurance plans must cover treatment for pre-existing medical conditions. No insurer can reject you, charge you more, or refuse to pay for essential health benefits for any condition you had before your coverage started. Once enrolled, the plan cannot deny you coverage or raise your rates based only on your health. Note: Pregnancy is covered from the day your plan starts. Once you're enrolled, your pregnancy and childbirth are covered from the day your plan starts. An insurer cannot reject you or charge you more because of your pregnancy. To find more information about health benefits and coverage under exchange plans visit <https://www.healthcare.gov/coverage/what-marketplace-plans-cover/>. Coverage for pre-existing conditions is available through plans offered outside the exchange if the plan you purchase is designated as a catastrophic plan or a bronze, silver, gold or platinum level plan.

**HEALTH INSURERS OFFERING HEALTH PLANS IN THE INDIVIDUAL MARKET:** The Bureau of Insurance has identified the insurers on the attached list as having one or more health benefit plans approved to be offered in Virginia's individual market. Please be aware that: (1) a carrier might not offer health benefit plans in all areas of Virginia; and (2) to qualify for minimum essential coverage in the individual market, a new plan you purchase must be designated as a catastrophic plan or a bronze, silver, gold or platinum level plan. Additional information may be found on the Bureau of Insurance website at <https://www.scc.virginia.gov/boi/cons/index.aspx>.

**HOW YOU CAN KNOW IF YOUR HEALTH INSURANCE IS ACTIVE:** If you're not sure you're enrolled, you can find out if your health insurance is active by checking your online Marketplace account at <https://www.healthcare.gov/login>. If you're still having issues, contact the Marketplace Call Center at [www.healthcare.gov/contact-us/](http://www.healthcare.gov/contact-us/) or 1-800-318-2596. If you applied for coverage off the exchange, refer to the appropriate contact information below.

**HOW TO ACCESS YOUR PLAN ENROLLMENT MATERIALS:** Your plan will send you a membership package with enrollment materials and a health insurance card as proof of your insurance. You'll use the card when you get health care services, so keep it in a safe place. Carefully review the materials, and look through your plan's provider directory to see where you can get care. If you didn't receive a card, call your insurer to see if you should have received one already and to make sure your coverage is effective. You can find your insurer's phone number on their website.

**INFORMATION ON INSURANCE AGENTS AND NAVIGATORS:** There are tools, resources, and qualified individuals available to assist with shopping for coverage. Visit <https://localhelp.healthcare.gov/#intro> to find someone in your area to assist you in applying for coverage. Navigators and certified application counselors must not ask you for money to enroll in a health plan in the exchange.

**FIND AVAILABLE OFF-EXCHANGE OPTIONS THROUGH:** <https://finder.healthcare.gov/>

**COVERAGE THROUGH MEDICAID OR FAMIS:** You can apply for free or low-cost coverage through Medicaid and FAMIS any time, all year. If you qualify, you can enroll immediately. To see if you may qualify for Medicaid or FAMIS, visit <https://www.coverva.org/>, call 1-855-242-8282, or visit your local Department of Social Services in the city or county in which you live.

**COVERAGE THROUGH MEDICARE:** There is information for individuals qualified for or covered by Medicare at <https://www.healthcare.gov/medicare/>. Medicare isn't part of the exchange, so if you have Medicare coverage now you don't need to do anything. If you have Medicare, it's against the law for someone to sell you individual health insurance that duplicates your benefits under Medicare. Visit <https://www.medicare.gov/> for more information.

**This information should be used for educational purposes only. The information contained in this document is not intended to be an opinion, legal or otherwise, of the State Corporation Commission Bureau of Insurance, nor should it be construed as an endorsement of any product, service, person or organization mentioned herein.**

**WHAT SHOULD I SEE WHEN I LOOK FOR HEALTHCARE.GOV?** The landing page for [www.healthcare.gov](http://www.healthcare.gov) appears below:

HealthCare.gov | Individuals & Families | Small Businesses | Español | Log in

Get Coverage | Keep or Update Your Plan | See Topics | Get Answers | Search | SEARCH

# Preview 2018 plans & prices now!

Check out plans now. Enroll or renew from November 1 to December 15

[PREVIEW 2018 PLANS & PRICES](#)

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[GET FAST TIPS](#) | [SEE ANSWERS](#) | [SEE IF YOU QUALIFY](#) | [SEE NOW](#)

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HEALTHCARE.GOV BLOG

October 26  
Mark 2018 Open Enrollment dates & deadlines on your calendar

October 29  
Preview 2018 plans & prices now!

[SEE MORE](#)

## IMPORTANT CONTACTS:

<b>Health Insurance Marketplace (exchange)</b>	<a href="https://www.healthcare.gov/">https://www.healthcare.gov/</a> <a href="https://www.cuidadodesalud.gov/es/">https://www.cuidadodesalud.gov/es/</a> 1-800-318-2596 TTY 1-877-486-2048
<b>Find a Navigator or Agent to assist in enrollment</b>  <b>Navigator groups:</b> <ul style="list-style-type: none"><li>● Virginia Poverty Law Center – Enroll Virginia</li><li>● Boat People SOS</li></ul>	<a href="https://localhelp.healthcare.gov/#intro">https://localhelp.healthcare.gov/#intro</a>  <a href="http://www.enrollva.org/">http://www.enrollva.org/</a> 1-888-392-5132 <a href="http://www.bpsos.org/home">www.bpsos.org/home</a> 1-703-538-2190
<b>Virginia Bureau of Insurance – Life and Health Consumer Services</b>	(Toll-Free) 1-877-310-6560 (In Richmond) (804) 371-9691 Non-English Speakers (804) 371-9741 <a href="mailto:BureauofInsurance@scc.virginia.gov">BureauofInsurance@scc.virginia.gov</a> <a href="https://www.scc.virginia.gov/boi/cons/index.aspx">https://www.scc.virginia.gov/boi/cons/index.aspx</a>
<b>Virginia’s Medicaid and FAMIS programs:</b>	<a href="https://www.coverva.org/">https://www.coverva.org/</a> 1-855-242-8282
<b>Medicare</b>	<a href="https://www.medicare.gov/">https://www.medicare.gov/</a> 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048
<b>Veterans</b>	<a href="https://www.va.gov/healthbenefits/apply/veterans.asp">https://www.va.gov/healthbenefits/apply/veterans.asp</a> <a href="https://www.va.gov/opa/choiceact/index.asp">https://www.va.gov/opa/choiceact/index.asp</a> 1-877-222-8387
<b>TRICARE</b>	<a href="https://www.tricare.mil/Plans/Eligibility">https://www.tricare.mil/Plans/Eligibility</a> 1-800-538-9552 TTY 1-866-363-2883

## CONTACT INFORMATION FOR INSURERS OFFERING COVERAGE IN 2018:

**NAME:** CareFirst BlueChoice, Inc. and GHMSI

**WEBSITE:** [www.carefirst.com](http://www.carefirst.com)

**BILLING DEPARTMENT:** 1-855-444-3121

**CUSTOMER SERVICE:** 1-855-444-3121

**PRESCRIPTION QUESTIONS:** 1-800-241-3371

**PRE-AUTHORIZATIONS AND NON-FORMULARY DRUG EXCEPTIONS:** 1-800-241-3371

**UTILIZATION REVIEW (FOR PROVIDERS):** 1-866-773-2884

**NAME:** Cigna Health and Life Insurance Company

**WEBSITE:** [www.cigna.com](http://www.cigna.com)

**BILLING DEPARTMENT:** 1-877-800-1237

**CUSTOMER SERVICE:** 1-866-494-2111

**PRESCRIPTION QUESTIONS:** 1-866-494-2111

**PRE-AUTHORIZATIONS AND NON-FORMULARY DRUG EXCEPTIONS:** 1-866-494-2111

**UTILIZATION REVIEW (FOR PROVIDERS):** 1-877-663-8081

**NAME:** HealthKeepers, Inc. (Anthem)

**WEBSITE:** [www.anthem.com](http://www.anthem.com)

**BILLING DEPARTMENT:** 1-855-748-1810

**CUSTOMER SERVICE:** 1-855-748-1810

**PRESCRIPTION QUESTIONS:** On Exchange - 1-855-748-1810 Off Exchange 1-855-330-1108

**PRE-AUTHORIZATIONS AND NON-FORMULARY DRUG EXCEPTIONS:** Members: 1-855-748-1810 Providers: 1-866-310-3666

**UTILIZATION REVIEW (FOR PROVIDERS):** 1-800-533-1120

**NAME:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**WEBSITE:** [www.kp.org](http://www.kp.org)

**BILLING DEPARTMENT:** 1-800-777-7902

**CUSTOMER SERVICE:** 1-800-777-7902

**PRESCRIPTION QUESTIONS:** 1-800-777-7902

**PRE-AUTHORIZATIONS AND NON-FORMULARY DRUG EXCEPTIONS:** 1-800-777-7902

**UTILIZATION REVIEW (FOR PROVIDERS):** 1-800-810-4766

**NAME:** Optima Health Plan, Inc.

**WEBSITE:** [www.optimahealth.com](http://www.optimahealth.com)

**BILLING DEPARTMENT:** 1-888-737-5479

**CUSTOMER SERVICE:** 1-866-946-6034

**PRESCRIPTION QUESTIONS:** 1-844-672-2307 or 1-757-552-8877

**PRE-AUTHORIZATIONS AND NON-FORMULARY DRUG EXCEPTIONS:** 1-844-672-2307 or 1-757-552-8877

**UTILIZATION REVIEW (FOR PROVIDERS):** 1-866-466-1697 or 1-757-552-7214

**NAME:** Piedmont Community HealthCare HMO

**WEBSITE:** [www.pchp.net](http://www.pchp.net)

**BILLING DEPARTMENT:** 1-800-400-7247 opt. 2 or 1-434-947-4463

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**PRESCRIPTION QUESTIONS:** 1-800-400-7247 opt. 2 or 1-434-947-4463

**PRE-AUTHORIZATIONS AND NON-FORMULARY DRUG EXCEPTIONS:** 1-800-400-7247 opt. 2 or 1-434-947-4463

**UTILIZATION REVIEW (FOR PROVIDERS):** 1-800-400-7247 opt. 3 or 1-434-947-4463