

# Individual Health Insurance - 2019 Enrollment FAQ

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

**WHEN IS OPEN ENROLLMENT FOR THE 2019 POLICY YEAR?** Open Enrollment runs **November 1 - December 15, 2018** for individual health insurance coverage that starts **January 1, 2019**.

**WHY IS OPEN ENROLLMENT IMPORTANT?** If you are not currently enrolled and do not enroll in a health insurance plan by December 15, 2018 (the end of open enrollment), you cannot enroll in an individual health insurance plan for 2019 unless you qualify for a Special Enrollment Period. If you are enrolled and want to change to a different individual health insurance plan, you must make the change during open enrollment, unless you qualify later for a Special Enrollment Period.

**IMPORTANT FOR 2019 COVERAGE:** Plans, premiums, and available premium tax credit amounts change every year.

**HOW DO I FIND OUT IF I AM ELIGIBLE FOR FINANCIAL ASSISTANCE?** Starting November 1, be sure to create or update your marketplace account information to receive any financial assistance available and research all plan options on and off the federal health insurance marketplace (exchange). **Premium tax credits and plans that offer cost sharing reductions based on an individual's income are only available on the exchange.** Find out if you qualify for financial assistance at [www.healthcare.gov/lower-costs/save-on-monthly-premiums/](http://www.healthcare.gov/lower-costs/save-on-monthly-premiums/). This website also will help you determine if you are eligible for alternative coverage through Medicaid or FAMIS. In addition to premium tax credits, eligible consumers can select benefit plans for 2019 that offer additional savings on out-of-pocket costs (copayments, coinsurance, deductibles) by enrolling in a silver plan on the exchange. Find out more at [www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs/](http://www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs/).

**WHAT IF I DO NOT QUALIFY FOR FINANCIAL ASSISTANCE?** If your application indicates you are not eligible for financial assistance through the exchange, you still may enroll at [www.healthcare.gov](http://www.healthcare.gov), but you may be able to find lower cost off-exchange plan options through <https://finder.healthcare.gov/>.

**MEDICAID COVERAGE UPDATE:** The Virginia Medicaid Program is adding new coverage for adults starting January 1, 2019. To find out if you are eligible for Virginia Medicaid in 2019, submit a Marketplace application at [www.healthcare.gov](http://www.healthcare.gov) starting November 1, 2018. For more information visit [www.coverva.org](http://www.coverva.org) or call **1-855-242-8282**. If you are found eligible for Medicaid for 2019, you should end your marketplace coverage. If you fail to end your marketplace coverage, you may be automatically re-enrolled into your marketplace plan, and no financial assistance will be available to you for that plan, even if you received financial assistance in the past.

**WHAT WILL HAPPEN IF I DO NOT UPDATE MY ACCOUNT INFORMATION ON [WWW.HEALTHCARE.GOV](http://WWW.HEALTHCARE.GOV)?** If you are currently enrolled in health insurance through the exchange, you will be auto re-enrolled into the same or a similar plan unless you select a different plan by December 15. If your health insurer for 2018 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 must update your account to determine any new financial assistance that may be available to you, including Medicaid or FAMIS eligibility.

**HOW DO I SHOP FOR PLANS ON THE EXCHANGE?** You will need to log into your account at [www.healthcare.gov/login](http://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 (including prescription drug coverage) to find the option best for you. Options may differ from what was available in 2018. Even if you are auto re-enrolled into a plan, you can choose another available plan at any time during the open enrollment period. Review your plan options carefully if you are auto re-enrolled into a silver plan and do not receive premium tax credits.

**HOW DO I PAY FOR EXCHANGE COVERAGE?** Once enrolled, you must pay your first premium payment on time. Payment is due to the insurance company – not the exchange. Each insurance company handles 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.

**HOW ARE PREMIUM RATES FOR INDIVIDUAL HEALTH INSURANCE SET?** 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. You can find information on the premium rates approved in Virginia for the 2019 plan year at [www.scc.virginia.gov/boi/cons/index.aspx](http://www.scc.virginia.gov/boi/cons/index.aspx). Information regarding Virginia’s geographical rating areas can be found at [www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/va-gra.html](http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/va-gra.html).

**WHAT DO I NEED TO KNOW IF I CHANGE HEALTH INSURERS?** If you or a covered dependent are under an active course of treatment on the effective date of enrollment with your new insurer, contact the new insurer immediately to discuss the insurer’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, that you contact the new insurer 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 health care provider in the new insurer’s network and the timeframe within which you may be required to do so to receive in-network benefits.

**HOW DO I KNOW IF MY HEALTH INSURANCE IS ACTIVE?** If you are not sure that you are enrolled, you can find out if your health insurance is active by checking your online Marketplace account at [www.healthcare.gov/login](http://www.healthcare.gov/login). If you are still unsure, 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 insurer contact information attached.

**COVERAGE THROUGH MEDICAID OR FAMIS:** You can apply for free or low-cost coverage through Medicaid and FAMIS any time, all year. To see if you may qualify for Medicaid or FAMIS, visit [www.coverva.org](http://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.

**SHORT-TERM LIMITED-DURATION INSURANCE COVERAGE:** When shopping for health insurance coverage, it is a good idea to review your health coverage needs and thoroughly explore all your options, especially when considering short-term or limited benefit health insurance policies. These types of individual policies are not subject to ACA rules, such as the requirement to provide at least the 10 categories of essential health benefits including hospitalization, ambulatory services, emergency services, maternity and newborn care, mental health and substance use disorder services, prescription drugs, lab tests, preventive care services/chronic disease management, pediatric services and rehabilitative and habilitative services. In addition, these types of policies may deny eligibility for coverage or exclude services because of pre-existing conditions and may apply dollar limits on benefits.

**BE AWARE:** Anyone contacting you to sell individual health insurance plans through an "enrollment period" outside of the open enrollment period is not selling an ACA-compliant policy. No one offering ACA-compliant health care coverage will ask you if you have a pre-existing condition. Be wary of telemarketers from the "national enrollment center," "national healthcare center," or other official-sounding name. The federal government will not call to sell you health insurance. Do not provide your Social Security number, bank account details or health information to a cold caller and never agree to any request to send money over the phone. When purchasing insurance through an agent, make sure that person is a licensed agent and ask for the individual’s license number. If they refuse, do not do business with them.

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.

## IMPORTANT CONTACTS:

**CAN I TALK WITH SOMEONE IN PERSON?** There are tools, resources, and qualified individuals available to assist with shopping for coverage. Visit <https://localhelp.healthcare.gov/#intro> to see if there is 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.

<p>Health Insurance Marketplace (exchange)</p>	<p><a href="http://www.healthcare.gov/">www.healthcare.gov/</a>  <a href="http://www.cuidadodesalud.gov/es/">www.cuidadodesalud.gov/es/</a>            1-800-318-2596 TTY: 1-855-889-4325</p>
<p>Find a Navigator or Agent to assist in enrollment</p> <p>Navigator groups:</p> <ul style="list-style-type: none"> <li>• Virginia Poverty Law Center – Enroll Virginia</li> <li>• Boat People SOS</li> </ul>	<p><a href="https://localhelp.healthcare.gov/#intro">https://localhelp.healthcare.gov/#intro</a></p> <p><a href="http://www.enrollva.org/">www.enrollva.org/</a> 1-888-392-5132  <a href="http://www.bpsos.org/home">www.bpsos.org/home</a> 1-703-538-2190</p>
<p>Virginia Bureau of Insurance – Life and Health Consumer Services</p>	<p>(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="http://www.scc.virginia.gov/boi/cons/index.aspx">www.scc.virginia.gov/boi/cons/index.aspx</a></p>
<p>Virginia’s Medicaid and FAMIS programs:</p>	<p><a href="http://www.coverva.org">www.coverva.org</a>            1-855-242-8282</p>
<p>Medicare</p>	<p><a href="http://www.medicare.gov">www.medicare.gov</a>            1-800-MEDICARE (1-800-633-4227)            TTY 1-877-486-2048</p>
<p>Veterans</p>	<p><a href="http://www.va.gov/healthbenefits/apply/veterans.asp">www.va.gov/healthbenefits/apply/veterans.asp</a>  <a href="http://www.va.gov/opa/choiceact/index.asp">www.va.gov/opa/choiceact/index.asp</a>            1-877-222-8387</p>
<p>TRICARE</p>	<p><a href="http://www.tricare.mil/">www.tricare.mil/</a>            1-800-538-9552            TTY 1-866-363-2883</p>

## CONTACT INFORMATION FOR INSURERS OFFERING COVERAGE IN 2019

*HEALTH INSURERS OFFERING HEALTH PLANS IN THE INDIVIDUAL MARKET:* The Bureau of Insurance has identified the following insurers as having ACA-compliant individual health insurance coverage approved to be offered in Virginia's individual market for 2019. Please be aware that a carrier might not offer coverage in all areas of Virginia. Additional information may be found on the Bureau of Insurance website at [www.scc.virginia.gov/boi/cons/index.aspx](http://www.scc.virginia.gov/boi/cons/index.aspx).

**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, Inc.  
**WEBSITE:** [www.pchp.net](http://www.pchp.net)  
**BILLING DEPARTMENT:** 1-800-400-7247 opt. 2 or 1-434-947-4463  
**CUSTOMER SERVICE:** 1-800-400-7247 opt. 2 or 1-434-947-4463  
**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

**NAME:** Virginia Premier Health Plan, Inc. (contact numbers will be activated 11/1/18)  
**WEBSITE:** [www.virginiapremier.com/individual-family/](http://www.virginiapremier.com/individual-family/)  
**BILLING DEPARTMENT:** 1-833-672-8075  
**CUSTOMER SERVICE:** 1-833-672-8075  
**PRESCRIPTION QUESTIONS:** 1-833-626-1350  
**PRE-AUTHORIZATIONS AND NON-FORMULARY DRUG EXCEPTIONS:** 1-833-626-1350  
**UTILIZATION REVIEW (FOR PROVIDERS):** 1-833-672-8076