

Individual Health Insurance - Enrollment FAQ

This information is provided for persons currently enrolled in or considering buying individual health insurance. You can shop for and enroll in individual health insurance coverage through the health benefit exchange at healthcare.gov. Note that plans, premiums, and available premium tax credit amounts change every year. The website will ask a series of questions to determine which plans are available to you. The website also helps to determine if you are eligible for any financial assistance or alternative coverage through Medicaid or FAMIS. You may also purchase coverage outside the exchange through an agent, broker, or directly from a health insurance carrier, though you may not receive subsidies unless you purchase a plan through the exchange.

WHEN IS OPEN ENROLLMENT AND WHY IS IT IMPORTANT? Open Enrollment runs **November 1 to January 15th**. If you are not currently enrolled and do not enroll in a plan by the end of open enrollment, you cannot enroll unless you qualify for a Special Enrollment Period. If you are enrolled and want to change to a different plan, you must make the change during open enrollment, unless you qualify for a Special Enrollment Period.

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, sell you riders, or bundle multiple policies to provide coverage. Be wary of telemarketers from the "national enrollment center," "national healthcare center," or other official-sounding names. The exchange 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 send money. 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. Find an agent's license status at scc.virginia.gov.

HOW DO I SHOP FOR PLANS ON THE EXCHANGE? You will need to log into your account at 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 previously. Even if you are re-enrolled into a plan, you can choose another available plan during the open enrollment period. Review your plan options carefully if you are re-enrolled into a silver plan and do not receive premium tax credits.

HOW DO I FIND OUT IF I AM ELIGIBLE FOR FINANCIAL ASSISTANCE? Starting November 1, create or update your marketplace account information to review any financial assistance available and research plan options on and off the exchange. Premium tax credits and plans that offer cost sharing reductions based on income are only available on the exchange. Find out if you qualify for financial assistance at 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 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 healthcare.gov/lower-costs/save-on-out-of-pocket-costs/.

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, visit coverva.org, call **1-855-242-8282**, or visit your local Department of Social Services in the city or county in which you live. If you are found eligible, you should end your exchange coverage. If you fail to end your exchange coverage, you may be re-enrolled into an exchange plan, but no financial assistance will be available to you for that plan, even if you received financial assistance in the past.

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 healthcare.gov, but you may be able to find lower cost off-exchange ACA-compliant health care plan options through finder.healthcare.gov.

WHAT WILL HAPPEN IF I DO NOT UPDATE MY ACCOUNT INFORMATION ON HEALTHCARE.GOV? If you are currently enrolled in an exchange plan, you will be re-enrolled into the same or a similar plan unless you select a different plan during open enrollment. If your health insurer for last year will no longer offer 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 financial assistance that may be available to you.

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. Make sure you continue to pay your monthly premiums to your health insurer on time.

HOW ARE RATES FOR INDIVIDUAL HEALTH INSURANCE SET? 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 rates approved in Virginia at scc.virginia.gov.

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 marketplace account at healthcare.gov/login. If you are still unsure, contact the Marketplace Call Center at 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.

NOT ALL HEALTH COVERAGE IS ACA COMPLIANT: Review your health coverage needs and options carefully, especially if you are thinking about buying off-exchange plans that offer a lower premium, such as short-term limited duration insurance or health care sharing ministries. Such a plan is not subject to ACA rules and may deny coverage or exclude services because of pre-existing conditions. These plans also may put annual or lifetime dollar limits on essential health benefits.

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 [Find help in your area \(coverva.org\)](http://Find help in your area (coverva.org)) to see if there is someone in your area to assist you with applying for coverage. Navigators and certified application counselors must not ask you for money to enroll in a health plan in the exchange.

Health Insurance Marketplace (exchange)	HealthCare.gov/ Cuidadodesalud.gov/es/ 1-800-318-2596 TTY: 1-855-889-4325
Find a Navigator, Certified Application Counselor, or Agent to assist in enrollment Navigator groups: <ul style="list-style-type: none"> • Virginia Poverty Law Center – Enroll Virginia • Boat People SOS 	<u>Find help in your area (coverva.org)</u> <u>Localhelp.healthcare.gov/#intro</u> <u>enrollva.org</u> 1-888-392-5132 <u>bpsos.org/home</u> 1-703-538-2190
Virginia Bureau of Insurance – Life and Health Consumer Services	(Toll-Free) 1-877-310-6560 (In Richmond) (804) 371-9691 Non-English Speakers (804) 371-9741 <u>BureauofInsurance@scc.virginia.gov</u> <u>scc.virginia.gov</u>
Virginia’s Medicaid and FAMIS programs:	<u>coverva.org</u> 1-855-242-8282 <u>cubrevirginia.org/</u> Español
Medicare	<u>medicare.gov</u> 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048
Veterans	<u>va.gov/healthbenefits/apply/veterans.asp</u> <u>va.gov/opa/choiceact/index.asp</u> 1-877-222-8387
TRICARE	<u>tricare.mil</u> 1-800-538-9552 TTY 1-866-363-2883

CONTACT INFORMATION FOR INSURERS OFFERING COVERAGE IN 2022

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 2022. 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 scc.virginia.gov.*

NAME: Aetna Life Insurance Company

WEBSITE: aetna.com

BILLING DEPARTMENT: 1-844-365-7373 Aetna PO Box 842920 Dallas TX 75284-2920 (this is for members to send payments)

CUSTOMER SERVICE: 844-365-7373

PRESCRIPTION QUESTIONS: 844-365-7373

PRE-AUTHORIZATION AND NONFORMULARY DRUG EXCEPTIONS: 866-752-7021

UTILIZATION REVIEW (FOR PROVIDERS): 1-888-632-3862

NAME: Bright Health Insurance Company

WEBSITE: brighthousecare.com

BILLING DEPARTMENT: 1-855-827-4448

CUSTOMER SERVICE: 1-844-277-1165

PRESCRIPTION QUESTIONS: 1-833-261-1988

PRE-AUTHORIZATION AND NONFORMULARY DRUG EXCEPTIONS: 1-833-661-1988

UTILIZATION REVIEW (FOR PROVIDERS): 1-844-990-0375

NAME: CareFirst BlueChoice, Inc. and GHMSI

WEBSITE: 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: cigna.com

BILLING DEPARTMENT: 1-877-900-1237

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: anthem.com
BILLING DEPARTMENT: 1-855-748-1810
CUSTOMER SERVICE: On Exchange - 1-855-748-1810 Off Exchange - 1-855-330-1108
PRESCRIPTION QUESTIONS: On Exchange - 1-833-205-6001 Off Exchange - 1-833-253-4447
PRE-AUTHORIZATIONS AND NON-FORMULARY DRUG EXCEPTIONS: 1-833-727-0903
UTILIZATION REVIEW (FOR PROVIDERS): 1-800-533-1120

NAME: Innovation Health Plan, Inc.
WEBSITE: innovationhealth.com
BILLING DEPARTMENT: 1-844-365-7375 Aetna PO Box 842920 Dallas TX 75284-2920 (this is for members to send payments)
CUSTOMER SERVICE: 844-365-7373
PRESCRIPTION QUESTIONS: 844-365-7373
PRE-AUTHORIZATION AND NON-FORMULARY DRUG EXCEPTIONS: 866-752-7021
UTILIZATION REVIEW (FOR PROVIDERS): 1-888-632-3862

NAME: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
WEBSITE: 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: 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): 1-800-229-5522 or 757-552-7540

NAME: Optimum Choice, Inc.
WEBSITE: myuhc.com/exchange
BILLING DEPARTMENT: 1-877-265-9199
CUSTOMER SERVICE: 1-877-265-9199
PRESCRIPTION QUESTIONS: 1-877-265-9199
PRE-AUTHORIZATIONS AND NON-FORMULARY DRUG EXCEPTIONS: 1-877-265-9199
UTILIZATION REVIEW (FOR PROVIDERS): 1-888-478-4760 or: www.UHCprovider.com

NAME: Oscar Insurance Company
WEBSITE: hioscar.com
BILLING DEPARTMENT: 1-855-672-2755
CUSTOMER SERVICE: 1-855-672-2755
PRESCRIPTION QUESTIONS: 1-855-672-2755
PRE-AUTHORIZATIONS AND NON-FORMULARY DRUG EXCEPTIONS: 1-855-672-2755
UTILIZATION REVIEW (FOR PROVIDERS): 1-855-672-2755

NAME: Piedmont Community HealthCare HMO, Inc.
WEBSITE: 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: 1-800-909-6430
PRE-AUTHORIZATIONS AND NON-FORMULARY DRUG EXCEPTIONS: 1-855-582-2022
UTILIZATION REVIEW (FOR PROVIDERS): 1-800-400-7247 opt. 1 or 1-434-947-4463