TRIAGE HEALTH

Health Insurance

Quick Guide to Health Insurance Transitions

Changing health insurance may affect how much you pay, which health care providers and facilities you can use, and whether your prescriptions are covered. It may also affect ongoing treatment, scheduled procedures, prior authorizations, and access to specific pharmacies.

A health insurance transition may happen when:

- an employer changes the plans it offers;
- you lose insurance through your job;
- you get insurance through a new job;
- you gain access to coverage through a spouse or parent;
- you turn 26 and age out of your parent's plan;
- you move;
- you become eligible for Medicare; or
- you gain or lose eligibility for Medicaid.

This Quick Guide explains steps to take before your current plan ends, how to compare new options, and ways to protect access to care during the transition. Rules, deadlines, and options are different based on the type of insurance, the reason for the change, and where you live.

Before Your Current Plan Ends

Confirm important plan dates
Contact your current health insurance plan or employer to ask when your current coverage ends (e.g., on your last day of employment, at the end of the month, or on another date). Also ask if coverage will end automatically or if you need to do something. If possible, ask for the end date and the reason that your coverage is ending, in writing.

Review how much you have already paid
Find out how much you have paid toward your current plan's deductible and out-of-pocket maximum. If your plan has a separate out-of-pocket maximum for prescription drugs, find out how much you have paid toward that too. When you move to a new plan, amounts you paid under your old plan may not count toward the new plan's deductible or out-of-pocket maximum(s). This may be true even when the same insurance company offers both plans. Ask both plans if any amounts will transfer or if a deductible or out-of-pocket credit is available. Try to get the answers in writing.

Gather important documents
Keep copies of documents about your current plan and the transition, including insurance ID cards, employer benefits materials, plan termination notices, recent explanations of benefits, prescription information, prior authorization approvals, and premium payment records. Also keep records of communications with your employer, your insurance company, the Marketplace, Medicare, and/or Medicaid.

You may need these documents to:

- prove that you had coverage;
- show when it ended;
- complete an application for a new plan;
- appeal a coverage denial.

Compare your plan options
The types of plans available to you will depend on your situation. Options may include:

- an employer-sponsored plan through your own employer, your spouse's employer, or your parent's employer (if you are under age 26);
- COBRA or state COBRA coverage;
- a retiree health plan;
- a Marketplace plan;
- Medicare; or
- Medicaid

You may have more than one option. For example, if leaving your job, you may be able to choose COBRA, your spouse's employer plan, or a Marketplace plan.

Compare the specific plans available
For each plan you are considering, review:

- **Costs:** including the plan's premium, deductible, and out-of-pocket maximum (including a separate prescription drug out-of-pocket maximum if there is one).
- **Provider networks:** including whether all of the doctors, other providers, hospitals, labs, imaging facilities, and pharmacies you prefer are in-network for the plan, as well as whether the plan offers any out-of-network coverage.
- **Prescription drug coverage:** Review the plan's formulary to make sure your medications are covered. Check if there are any rules about prior authorization, step therapy, quantity limits, or where you must get your prescriptions.
- **Covered services and plan rules:** Ask questions about services you may need and if referrals or prior authorizations are required.

Tip: A plan with a low monthly premium may not cost less overall. Someone who expects to use significant health care may spend less with a higher-premium plan that has a lower deductible and out-of-pocket maximum.

Tip: Do not rely only on an insurance company's online directory. Provider directories are not always current. Contact both the plan and your providers to make sure they are included.

Tools for comparing plans
Triage Cancer has resources to help you compare plan options:

- Generic Health Insurance Comparison Calculator & Worksheet: TriageHealth.org/Worksheet-HealthInsurance
- Picking a Health Insurance Plan: TriageHealth.org/Video-PickingaPlan
- Medicare Comparison Calculator & Worksheet: TriageHealth.org/Worksheet-Medicare
- How to Pick a Medicare Plan: TriageHealth.org/Video-MedicarePickaPlan

Know Enrollment Deadlines and Coverage Start Dates
Most types of health insurance have specific times when you can sign up ("enroll") or change plans.

Open enrollment period: an annual time when eligible individuals may enroll or make changes to coverage.

Special enrollment period (SEP): may be available after certain events. For example: losing other health insurance; getting married or divorced; having or adopting a child; aging out of a parent's plan; or moving.

Act quickly
Enrollment deadlines are different for every type of insurance. An employer-sponsored plan may have a 30-day SEP, while the Marketplace usually has a 60-day SEP.

Ask the plan you want to join about:

- the deadline to sign up
- any documents you need to submit (e.g., to prove why you lost your coverage or that another qualifying event has happened)
- the date the new plan will start, and when your first premium payment is due

Tip: Do not cancel your current plan until you have confirmed the new plan's start date, completed all steps in the enrollment process, and made sure that the new plan is active.

Try to get the answers in writing.

Avoid gaps in care

Tell your health care team that your insurance is changing, as early as possible. Share your new insurance information, and when the new plan starts. Ask if there is anything you need to do about appointments, tests, or procedures that are already scheduled. Ask if you should get any medications refilled, referrals, or prior authorizations before your current plan ends.

A prior authorization approved by your old plan probably won't transfer to your new plan. Ask your new plan if you need a new prior authorization and how the process works.

Common Health Insurance Transitions

Changing or leaving a job

If you are losing an employer-sponsored plan, your options may include:

- **COBRA or state COBRA coverage:** Under COBRA, after your job ends or your hours are reduced, you can usually keep your plan for up to 18 months, but your premiums will usually increase. But you don't have to keep COBRA for the entire 18 months. And you may be able to keep your plan for longer than 18 months. If you use state COBRA, the length of time you can keep your plan will depend. For more information: Quick Guide to COBRA - TriageHealth.org/QuickGuide-COBRA
- **Marketplace coverage:** Losing your employer-sponsored plan (even if you quit) usually triggers a 60-day Marketplace SEP. For more information: Quick Guide to Health Insurance Marketplaces - TriageHealth.org/QuickGuide-Marketplaces
- **A new employer-sponsored plan:** If you want to join your spouse's employer plan, contact their employer immediately to find out: whether you have an SEP; how long it lasts; and when coverage will start. If you are starting a new job that offers a health plan, find out when you can sign up and when the new coverage will start (e.g., 90 days after you start working). If there will be a gap between your current plan ending and your new plan starting, you may be able to use COBRA or a Marketplace plan to bridge that gap.
- **Medicaid or Medicare:** These are options if you meet the requirements to enroll in one or both of these programs.

> **Tip:** Sometimes there is a gap between the end of your employer-sponsored plan and the beginning of your Marketplace plan. If that happens, you can use COBRA to bridge the gap, but only if you first use the Marketplace SEP to enroll in a Marketplace plan and then go back and elect COBRA for the limited time you need coverage.

For more information: Quick Guide to Losing Employer-Sponsored Health Insurance: TriageHealth.org/QuickGuide-LosingInsurance

Turning 26

A young adult is usually able to stay on their parent's employer-sponsored plan until age 26. Some plans or states may allow you to stay on it for longer. Before turning 26, ask the plan when your coverage will end, as well as whether COBRA or state COBRA coverage is available. Aging out of your parent's plan generally triggers a SEP. Other options include your own or your spouse's employer plan, a Marketplace plan, Medicaid, or student health insurance.

Moving

A permanent move to a new state or a new zip code usually triggers an SEP; temporary travel generally does not. You may need to provide documents showing your previous address, your new address, the date of the move, and prior health insurance coverage. For more information: Quick Guide to Navigating Health Insurance When Moving: TriageHealth.org/QuickGuide-HealthInsuranceWhenMoving

Becoming eligible for Medicare

Medicare has many enrollment periods and rules about how coverage works with other health insurance options. Whether you must enroll when you're first eligible, and which parts of Medicare you're required to have, depend on your age, whether you're receiving Social Security Disability Insurance benefits, and – if you're still working – the size of your employer.

The rules are different if you have Medicare and employer-sponsored coverage than if you have Medicare and COBRA, or Medicare and retiree insurance.

- For more information:
  - Quick Guide to Medicare Enrollment: TriageHealth.org/QuickGuide-MedicareEnrollment
  - Checklist: Medicare Initial Enrollment: TriageHealth.org/Checklist-MedicareInitialEnrollment

- Quick Guide to How Medicare & COBRA Work Together: TriageHealth.org/QuickGuide-MedicareCOBRA
- Webinar – *Medicare Made Simple: A Guide for First-Time Enrollees:* TriageCancer.org/Webinar-Medicare-Made-Simple (Chapters called "How Do I Enroll?" and "What About My Employer-Sponsored Plan?")

Losing Medicaid

Medicaid may end because there's a change in your income, household size, disability status, age, residency, or something else. Read every notice from your state Medicaid agency carefully. If you believe the decision to end your coverage was not right, appeal as soon as possible. You usually have 90 days to file an appeal, but if you file an appeal within ten days, you may continue to keep your Medicaid while the appeal is being decided. When Medicaid ends, other options include your employer plan, your spouse's or parent's employer plan, another state health program (if available), a Marketplace plan, or Medicare, if eligible.

To learn more: Quick Guide to Medicaid: TriageHealth.org/QuickGuide-Medicaid.

Plan network changes

Network changes can happen when a hospital, doctor, or other provider ends its contract with your insurance plan. This can happen at any time, even at a time when you have no ability to change your plan. Common reasons for network changes include payment disputes, health care facility mergers, or other changes in ownership. If a provider you are seeing tells you that it will no longer be in-network for your plan, you can:

- Review your plan to see whether it offers out-of-network coverage, so that you can continue to see the provider, but at a potentially higher cost;
- Transition your care to an in-network provider; or
- Request a continuity of care extension. Under the No Surprises Act, if a provider is no longer in-network because their contract with a plan ends, eligible individuals may be allowed to keep seeing that provider and receive the same benefits as if the provider was still in-network for 90 days or until they can enroll in a new plan, whichever is sooner. To be eligible for continuity of care protection, a patient generally needs to have a serious illness requiring specialized medical treatment or be undergoing institutional or inpatient care. For details: cms.gov/files/document/a274577-1b-training-2nsa-disclosure-continuity-care-directoriesfinal-508.pdf.

After Your New Plan Begins

Confirm that your plan is active before using it. Then:

- Create an account in the plan's online portal;
- Review the names, addresses, and other personal information listed;
- Confirm that all covered family members are enrolled in the plan;
- Download or ask for insurance ID cards;
- Choose a primary care provider, if required;
- Transfer prescriptions to an in-network pharmacy;
- Ask for any necessary prior authorizations; and
- Pay your premium by the deadline.

Tip: Remember to review your explanations of benefits for errors, and keep your old plan's records and insurance ID card. You may need them to address claims for services you received before your old coverage ended.

For more information, visit our Health Insurance Resources: TriageHealth.org/Health-Insurance.