

With helpful tips before you enroll

Choosing a health plan is important. But it can also be confusing. We've prepared this FAQ to help cut through the confusion so you'll feel confident and prepared when it comes time to enroll. If you have questions, please call us at **(855) WITH-HAP (948-4427)**.

What is open enrollment?

It's the annual period when you can apply or change health plans.

When is the open enrollment for coverage?

The open enrollment period is Nov. 1 to Jan. 15. You can apply or change health plans only during the open enrollment period each year unless you qualify for a special enrollment period.

What's a special enrollment period?

Certain life events may qualify you to change your current health plan or sign up for a new one outside of open enrollment. This is called a special enrollment period. If you qualify for a special enrollment period, you have up to 60 days after the event to enroll or change your plan.*

Qualifying life events include, but aren't limited to:

- Changes in family size (if you marry, divorce or have a baby, etc.)
- Moving to a new area
- Non-calendar year policy renewal

- Loss of coverage due to job loss, loss of group health coverage, divorce, death, aging off a parent's plan or losing Medicaid or Children's Health Insurance Program coverage
- COBRA coverage ending

Visit hap.org/sep for a list of qualifying life events.

Special enrollment periods can occur year-round. You can apply for one during or outside of the open enrollment period. Proof of the qualifying event (such as a birth certificate or marriage license) is required. To apply for a special enrollment period, talk to your agent, call a HAP representative at **(855) WITH-HAP (948-4427)** or visit hap.org/plans.

Where can I get help choosing a HAP health plan?

Are you shopping for an individual or family plan for the first time? Or are you a current HAP member? Either way, we have a plan for you.

For help choosing a plan:

- Visit hap.org/plans.
- Call one of our knowledgeable, licensed HAP representatives at **(855) WITH-HAP (948-4427)**.
- Talk to your agent.

Can I be denied coverage?

The Affordable Care Act was designed to improve access to health care for everyone. Under the ACA, you can't be denied coverage or charged a higher rate because of a pre-existing medical condition.

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The ACA requires most Americans to have health insurance. If you don't have coverage through an employer health plan, Medicare or Medicaid, you'll need to get it on your own.

Am I eligible for Medicare or Medicaid?

Medicare

Medicare is the federal health insurance program for people age 65 or older. Medicare also covers those under 65 with certain disabilities or end-stage renal disease. HAP has health plans to help pay for health care costs not covered by Medicare. Visit hap.org/medicare to see Medicare plan options.

If you're currently enrolled in Medicare, you cannot enroll in a qualified health plan through the Health Insurance Marketplace.

Medicaid

Medicaid is a state-administered health insurance program for:

- Low-income families and children
- Pregnant women
- Older people
- People with disabilities

Medicaid coverage may have lower premiums or out-of-pocket costs than ACA plans found on the Health Insurance Marketplace. Those covered by Medicaid aren't eligible to receive subsidies for ACA plans.

If you're not eligible for Medicaid and you live in certain counties, you may qualify for the Healthy Michigan Plan through HAP Empowered. Visit michigan.gov/healthymiplan to check your eligibility.

What do I need to do before I can enroll?

Prepare to enroll by following the steps below. You can also call a HAP representative at **(855) WITH-HAP (948-4427)** to walk you through the process.

1. If you currently have health coverage, learn how your plan works and what your costs are to use it (for example, premiums, deductibles, copays, coinsurance, etc.).

2. Visit hap.org/plans to review your health plan options. If you're already a HAP member, see if your current plan still meets your needs. Our website has tools to help you find the right plan for you and your family.

Go to hap.org/plans to:

- Get help choosing a plan
- Estimate plan costs

3. Write down any questions you may have.

4. Gather information about your household:

- Number of family members who need coverage
- Monthly household income
- Personal information on each person to be covered (date of birth, Social Security number, etc.)

5. Set a monthly health care budget so you know how much you can spend on premiums and out-of-pocket costs.

6. List the primary care doctors for all family members who'll be covered. If you're enrolling in an HMO plan, you'll need to choose a primary care physician or one will be assigned for you. To see if your doctor is in the HAP network, visit hap.org and click on Doctors at the top of the page.

7. Make a list of all medications you and your family members take. And check if those medications are covered in the health plan's covered drug list, also called a formulary. Visit hap.org/prescriptions for a list of covered drugs.

8. If you're enrolling during a special enrollment period, gather the required proof of the qualifying event.

Let's get you covered!

Now that you've gathered your information and checked out our plans, call one of our licensed representatives at **(855) WITH-HAP (948-4427)** to get started.