

# 2022 HealthCare.gov Open Enrollment FAQ

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## Open Enrollment

### 1. When is Open Enrollment?

- Open Enrollment is the one time of year when you can enroll in health insurance coverage through the Exchange without having a qualifying life event.
- Open Enrollment begins November 1, 2021 and ends January 15, 2022.
- New plans will be effective on January 1, once the first premium payment has been made by the policyholder.
- After Open Enrollment ends on January 15, you will be able to enroll in an ACA-compliant plan only if you experience a Qualifying Life Event. If you do not purchase insurance during the open enrollment period, you run the risk of not having coverage if you need medical services during 2022.

### 2. Do I need to take any action if I liked my 2021 health plan and my tier?

- Consumers should check their options, even if they like their current plan. You can visit Healthcare.gov to plan and compare plan tiers at Healthcare.gov
- The tiers are a way to categorize plans. Plans within each tier have a similar actuarial value, even if they cover different benefits or have different types of cost-sharing. While all plans in a tier must cover essential health benefits (EHB), the details of their coverage (such as how many physical therapy visits are covered or which prescription drugs are covered) may be different. Not all plans in the same tier have the same benefits or cost-sharing requirements. Some plans may offer benefits in addition to the EHB. The metal levels show the amount of cost-sharing required by the plan. Metal levels do not give consumers a signal about the plan's provider network size, quality, or any other aspect of coverage.
- Every year during Open Enrollment, consumers should log into their HealthCare.gov accounts and update their applications. Changes in household status and income may have an impact on the amount of Advanced Premium Tax Credits (APTCs) received. APTCs can help decrease the amount of premium owed to the insurance company each month.
- Consumers should double-check that the plan they select covers their doctors and prescriptions and is a good fit for their health needs and budget. Premiums can change from year to year, but so can the amount of APTCs, so selecting a different plan may be a better option. If consumers do not actively re-enroll in a plan, HealthCare.gov will auto-enroll them into a 2022 plan that is comparable to their 2021 plan.

### 3. How do I get help with enrolling in a plan?

- If you need help selecting a plan that fits your health needs, your budget, and includes your doctors and prescriptions, you can set up an appointment with an insurance agent or broker or enrollment assister. Find a list of insurance agents on the NHID website, contact an enrollment assister at: 1-877-211-6284 or 800-208-5164 or find other local help on HealthCare.gov.
- **Agents and Brokers** can help you select a plan that works for your needs and your budget. They are able to recommend specific plans. These appointments are free of charge during open enrollment.
- **Enrollment Assisters and Navigators** complete training provided by the federal government to help consumers as they look for health coverage options through the Marketplace, including assistance in completing eligibility and enrollment forms. They are required to be unbiased, meaning they

cannot recommend a specific plan. You can meet with an enrollment assister for no cost.

#### **4. What are the Federal Poverty Level (FPL) threshold amounts for financial assistance eligibility?**

- Advance Premium Tax Credits (APTCs) for individuals and their families are available to offset premium costs, based on a sliding scale and are based on the [Federal Poverty Levels](#).
- For 2022 Open Enrollment, income thresholds are based on 2021 federal poverty level (FPL).
- Cost Sharing Reductions (CSRs) lower the amount of out-of-pocket costs a person must pay such as deductibles, copayments, and coinsurance. These discounts are available for households with an income up to 250% FPL, but only for Silver level plans bought on HealthCare.gov. If the income and family size information entered on HealthCare.gov show that an individual or family qualifies for CSRs, the Silver plans displayed will reflect CSR discounts.
- You can also estimate your financial assistance by using this [calculator](#) developed by the Kaiser Family Foundation.

### **Rate Increases**

#### **5. I cannot afford my 2022 premium rate:**

- If you are eligible for Advance Premium Tax Credits (APTC), the rates you received on your carrier's renewal letter may not reflect your final costs. To view the impact of APTCs on your 2021 premium, visit the [plan preview tool](#) before you apply.
- If you aren't eligible for tax credits, you can shop on HealthCare.gov or visit a producer/agent who can help you look for plans that may be less expensive and still meet your healthcare needs. You can find a list of brokers on the [Find Local Help tool](#) on HealthCare.gov or from a [list of licensed agents/brokers](#) on the NHID website.

#### **6. What causes high health insurance premiums?**

- High medical and pharmaceutical costs.
- Higher health care utilization rates.
- Elimination of the Cost Savings Reduction payments by the federal government to the carriers.
- General uncertainty regarding the future of the federal health care law.

#### **7. Can I look at plans and rates before I apply?**

- Individuals may visit the [plan preview tool](#) on HealthCare.gov to look at plans and cost estimates based on their "tax household" size and income.

#### **8. What are the premium rate differences on-exchange vs. off-exchange?**

- Premiums off-exchange (off-HealthCare.gov) vary greatly depending on the carrier, the product, the plan of benefits, cost sharing, age, tobacco use and the number of dependents and their ages.
- Individuals should contact an insurance agent or broker or individual carriers (either directly or through the carrier's website portal) to learn more about specific product offerings.

## 9. What are the options for more affordable coverage?

- The New Hampshire Insurance Department encourages individuals searching for more affordable coverage to contact an insurance agent/broker or an enrollment assister, visit HealthCare.gov, or contact insurance companies directly. Due to the American Rescue Plan (ARP), coverage is more affordable than ever. Four out of five people can find a plan for \$10 or less a month with newly expanded financial assistance.
- In searching for affordable coverage, consumers should exercise caution and ask questions if considering an unfamiliar plan. [Here are some tips](#) for what to consider when looking at health coverage that is not a Qualified Health Plan.

## Premiums

### 10. I picked a plan. What do I need to do next?

- To ensure coverage begins on January 1, consumers must pay their first premium by the insurance company's deadline, which in most cases is December 31, 2021. For more information on checking enrollment status on HealthCare.gov, click [here](#).

### 11. What are the grace periods for premium payment?

- After you effectuate your coverage, there may be grace periods for making your premium payment.
  - If you enrolled in a plan through HealthCare.gov and you qualified for APTCs, you have a 90 day grace period.
  - If you do not qualify for APTCs or enrolled off of HealthCare.gov, you have a 30 day grace period.
- You can find more information about HealthCare.gov plan grace periods [here](#).

## Individual Mandate

### 12. Will I be fined if I do not purchase insurance for 2022?

- The individual mandate will not be enforced by the IRS. If you do not purchase insurance you will not be fined.

## Networks

### 13. If I have health care costs from an out-of-network provider, will those costs count toward my maximum out-of-pocket (MOOP) amount?

- Possibly. Insurance companies are required to count cost-sharing paid for Essential Health Benefits to out-of-network providers and ancillary providers located at in-network locations, towards the in-network annual cost-sharing limit unless the issuer provides **written** notice to the enrollee by the longer of: a) when the carrier would typically respond to a prior authorization request, or b) 48 hours prior to the provision of the benefit.

#### **14. How am I protected from balanced billing charges?**

- Balance billing occurs when an insurance company's payment to an out-of-network medical provider does not cover the full amount charged for the service, and the provider bills the patient for the "balance" of the charge.
- Patients in New Hampshire are protected from balance billing when they have chosen an in-network hospital or surgery center.
  - Anesthesiologists, pathologists, radiologists, and emergency medicine providers are prohibited from billing an insured patient for more than regular cost sharing, as long as the hospital is in-network.
  - Insurance companies are expected to contract with these providers and pay a commercially reasonable amount for treatment in order to meet network adequacy standards.
  - The law only applies to fully-insured health plans, so it does not protect patients covered by a self-insured employer, even when the benefits are administered by a local health carrier. If your member card includes the NHID's phone number, your plan is fully-insured.

### **Prescriptions**

#### **15. How do I find out if a plan will cover my prescriptions?**

- Health insurers keep lists of which drugs are covered and which are covered at the lowest cost for each of their plans. These lists are called formularies. Drug cost-sharing is often "tiered"—that is, consumers pay less for a generic drug, more for a brand name drug, and sometimes even more for a "non-preferred" brand name drug. Consumers should review the formularies in any plan they are considering to be sure the plan meets their prescription drug needs and to know what cost-sharing is required for any given drug. For plans that use formularies, the Summary of Benefits and Coverage (SBC) includes an online link where consumers can find information about the plan's drug coverage. Consumers also can call health insurers for information about formularies. Formulary information is also available on [insert name of state exchange]'s website [insert link]. If a consumer enrolls in coverage and needs access to a drug not on the plan's formulary, then the enrollee may be able to use the drug exceptions process to request and gain access to the needed drug.

#### **16. How often can a formulary be changed and how will I be notified?**

- Carriers may change formularies every 30 days (monthly) with a 45-day advance notice of any drug deletion or tier change (RSA 420-J:7 III).

#### **17. Will a formulary change trigger a Special Enrollment Period (SEP) to seek other coverage?**

- No.

#### **18. What are my options if a carrier removes a drug I need?**

- Individuals should pursue exceptions through their prescribing physician who will work with the insurance company to make a determination.

#### **19. How many total insured lives are there in NH?**

- Current on-exchange (HealthCare.gov) enrollment numbers can be found on the NHID [website](#) (find at the bottom of the page under Resources).

#### **20. Can I get coverage through Medicaid Expansion?**

- Low income NH residents may be eligible for low- or no- cost health coverage through *the NH Granite Advantage Program*, New Hampshire's Medicaid Expansion, which replaced *the NH Health*

***Protection Program (NHHPP) on 1/1/19.***

- You will receive information from the NH Department of Health and Human Services (DHHS) about how to pick a Granite Advantage plan for 2022.
- You may be referred to the Granite Advantage program by [www.HealthCare.gov](http://www.HealthCare.gov), if you appear to qualify for the program based on income.
- If you do not have coverage, but think you may be eligible and want more information, you can do any of the following:
  - Call the Medicaid Service Center at 1-888-901-4999, Monday – Friday, 8:00 a.m. - 4:00 p.m.
  - Apply online at [NH Easy](#) from 6:00 a.m. – midnight, seven days a week
  - Contact your local [DHHS district office](#) or [download an application](#)