

HOW TO USE YOUR HEALTH PLAN

HOW LIFE CHANGES AFFECT YOUR HEALTH PLAN

LIFE CHANGES - YOUR HEALTH PLAN SHOULD TOO

When life changes – for example, a move, a marriage, a job change – you may need to make changes in your health plan. But often there are special rules about changing your health plan. Usually you can enroll in health plans only once a year during a set period of time called the annual open enrollment period. Many life changes qualify you to enroll in or change your plan when the change happens. You don't have to wait for the next open enrollment period. These life changes are called qualifying events. Qualifying events apply to both employer plans and ones you buy on your own.

CHANGES IN YOUR FAMILY

A family health plan covers more than one family member. When your family changes, due to marriage, divorce, or a child's birth or adoption, it's time to review your health plan. You may need to add or remove family members. You also might need to change your plan when an adult child reaches age 26 and isn't eligible to stay on your plan. You might need to change from an individual to a family plan - or from a family to an individual plan. You can call your health insurer or visit its website to learn how to add or remove family members. If your health plan is through work, check with Human Resources.













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As soon as possible, tell your insurer when any of these happen:

- Change of address
- Marriage
- Divorce or separation
- Birth or adoption of a child
- Death of covered family member
- A child on your health plan reaches age 26
- An adult on your health plan reaches age 65







LEAVING A GROUP PLAN

If you **change** your job, you might need to change your health plan. If your plan was through work at your old job, you probably have to sign up for a new health plan.

If you **lose** your job, you may be able to keep the health plan you had through the job. But you'll have to pay the full premium – your share **and** the employer's share. Ask your employer about COBRA continuation coverage. And, if you're 65 or older when you lose your job and haven't yet signed up for Medicare, you should do that now to avoid premium penalties or delays in coverage. Contact the State Health Insurance Assistance Program (https://aging.maryland.gov/Pages/state-healthinsurance-program.aspx) if you have questions.

If you leave a group plan because you can no longer work due to a disability, you can apply for Social Security disability benefits. Once you've received these benefits for two years, you'll be eligible for Medicare.













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CHECK FOR AFFORDABLE HEALTH PLAN OPTIONS

If your individual or family income changes, it might change your eligibility for help with health plan costs. You can apply at the Maryland Health Connection (marylandhealthconnection.gov) to find out if you're eligible for financial help to buy a Marketplace plan. You also might be eligible for a low- or no-cost health plan through Medicaid or the Children's Health Insurance Program (CHIP).



There's an annual open enrollment period for Marketplace plans. In this period, anyone can enroll in or change their plan. But you might be eligible to enroll or change plans through the Marketplace at other times if one of these happens:

- You lose your health plan, but you paid the premiums
- You lose coverage through Medicare, Medicaid, or the Children's Health Insurance **Program**
- You can't stay on the health plan you have now because you're no longer a dependent
- You move
- You get married
- You divorce or separate from your spouse
- You give birth to or adopt a child
- · A covered family member dies
- You become pregnant

These events qualify you for a special enrollment period - a chance to enroll in or change your health plan without waiting for the next open enrollment period. But you must contact the Marketplace within 60 days of the event. If you missed the special enrollment period, you'd have to wait for the next open enrollment period. You can find out more about special enrollment periods (SEPs) at https://bit.ly/2Df4Wv7.











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MEDICARE

If you're turning 65 years old soon, find out when you should sign up for Medicare. You should sign up for Medicare Parts A and B if your employer has **fewer** than 20 employees because Medicare will be primary (pay claims first). If your employer has 20 or more employees and you do not have a Health Savings Account (HSA), then you should sign up for Medicare Part A if you qualify for free coverage. Contact your State Health Insurance Assistance Program (https://aging.maryland.gov/Pages/ state-health-insurance-program.aspx) if you have questions.

Once you stop working or lose your health plan at work, after you turn 65, you have eight months to sign up for Medicare Part B. If you miss that window, your Medicare premiums will be higher.



NEED ASSISTANCE?

The Health Coverage Assistance Team (H-CAT) can help you:

- Get answers to your health insurance questions.
- Address health insurance problems or concerns.
- File a complaint about your health insurance issue or concern.
- Connect you to resources.



Navigating Health Insurance









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