

Stay Covered All Year Long

Now that you've enrolled in health insurance, make sure you keep it.

Health insurance is important because it covers all your health needs, such as HIV medications and care, free preventive care, hospital stays, and substance use and mental health services. This guide covers what you need to do to stay covered throughout the year.

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TIP

Even if you have health insurance, stay in touch with your Ryan White Program case manager. S/he can help make sure you stay enrolled in ADAP and have access to financial help for insurance and Ryan White Program services like transportation and housing support.



Pay premiums on time

Make sure your premium is paid in full by the due date. Talk to your case manager or enrollment assister to make sure you know the following:

How is the premium paid?

Premiums are paid monthly. Your insurance company will send you the bill. You may need to pay the bill yourself. In some cases, you may be eligible for financial assistance from ADAP or another Ryan White provider. Talk to your case manager about who is responsible for paying the bill.

- If you do not receive a bill within a month of signing up, call your insurance company. Log in to your Marketplace account to find the insurance company's phone number.

What do I need to do if I am receiving financial assistance from the Ryan White Program?

- Send a copy of your first bill to the Ryan White Program as soon as you receive it. The Ryan White Program may be able to work directly with your insurance company to make sure the financial help you get goes directly to your bill.
- Send a copy of the bill any time the amount due changes.
- Bring a copy of your latest bill when you meet with your case manager to re-certify for ADAP or Ryan White Program insurance assistance.

How much is my premium?

- Your insurance company will send you a bill with the premium amount due.
- Make sure to pay the right amount. Your premium may change if you report a change in your income or household.



WHAT DOES PREMIUM MEAN?

The amount you pay for a health insurance plan. A premium is paid monthly.

TIP

Your insurance company will send you the premium bill even if someone else is helping to pay the premium.



STAY COVERED ALL YEAR LONG

When is my premium due?

Most premiums are due by a certain day each month.

You must pay your first premium by the end of your first month of coverage each year. For example, if your insurance starts on February 1, your first monthly premium must be paid by the end of February.

What happens if I miss a payment?

If you think you might miss a premium payment, contact ADAP or your case manager immediately. If a premium is not paid on time, you will receive a notice from your insurance company, and your insurer can end your coverage. If your coverage ends, the insurance company must send you a letter to let you know.



WHAT IS A **GRACE PERIOD**?

A short period of time after the premium is due when you can make a payment without losing coverage. Each state has different rules about grace periods. Contact your insurance company to learn about their grace period.

Special grace period for individuals who received an Advance Premium Tax Credit (APTC)



- An APTC is a tax credit to reduce your monthly premium on coverage through the Marketplace. The Marketplace sends money directly to your health insurance company, and you pay a lower monthly premium.
- To find out if you received an APTC or if you are eligible for one, log into your Marketplace account and view “My Plans”.
- If you receive an APTC and you have paid at least one full month’s premium, you have a special three-month grace period in which to pay the premium in full. The grace period begins on the first day of the month that the premium was due.



Report income and household changes

You should report any change in income or life events to the Marketplace as soon as possible to make sure you keep getting the right coverage at the right cost. These changes may affect your eligibility for coverage or financial assistance. Report any income or life changes to the Marketplace within 30 days. Even if it's been longer than 30 days, you should still report the change.

What kind of changes do I have to report?

Changes in your **household**, such as getting married or divorced, moving to different state, and having or adopting children.

Changes in **income**, such as losing a job, getting a raise, or working more or fewer hours, for you and anyone else in your household.

What happens when I report changes?

The Marketplace will send you a new eligibility letter that explains:

- If you are eligible for a Special Enrollment Period that allows you to change plans (typically 30-60 days after the reported life event), **or**
- If there is an increase or decrease in the amount of financial assistance you receive from the Marketplace, **or**
- If you are eligible for different coverage, such as Medicaid.

How do I report changes to the Marketplace?



You can report changes to the Health Insurance Marketplace three ways: online, by phone, or in-person—**but not by mail**. If your case manager or an enrollment assister helped you apply, they can help you report changes.

Learn more:

www.healthcare.gov/reporting-changes/how-to-report-changes



WHAT IS A SPECIAL ENROLLMENT PERIOD?

A time outside the Open Enrollment Period when a person can sign up for Marketplace or employer-based health coverage.

Learn more:

www.healthcare.gov/glossary/special-enrollment-period/

What happens if I don't report changes?

If your household income is lower than what you had originally reported: You may miss out on additional financial assistance, such as premium tax credits.

If your household income is higher than you reported: You may have to pay back some financial assistance when you file your taxes.

If the Marketplace detects a change in your income or a life event, you may receive a letter about changes to your eligibility for coverage and financial assistance.

What if I move between Marketplace and Medicaid coverage?

If your income drops below a certain level, you may be eligible for Medicaid instead of a Marketplace plan. If your income increases, you may no longer be eligible for Medicaid. You do not get to choose between Medicaid or Marketplace coverage.

- You will receive a letter from the Marketplace and/or Medicaid if your eligibility changes.
- Report the information to your case manager right away and talk about the health services, providers, and costs covered under your new plan.
- If you are receiving a premium tax credit from the Marketplace and move to Medicaid during the coverage year, you are only required to repay the premium tax credit **for the month after** you became eligible for Medicaid.



WHAT IS A PREMIUM TAX CREDIT (PTC)?

A premium tax credit lowers the cost of health insurance premiums for people whose incomes qualify. Advance payments of the tax credit can be used right away to help lower the cost of premiums paid for health coverage purchased through the Marketplace.

TIP

Medicaid eligibility guidelines are different in each state. If you live in a state that has not expanded their Medicaid program and your income is below the federal poverty level, you may not be eligible for Medicaid but earn too little to qualify for a premium tax credit in the Marketplace. Talk to your case manager about resources to help get the care you need.

What to do if you lose coverage

Talk to your case manager right away.

If you lose your coverage because you did not pay your premium, you will not be able to re-enroll until the next Open Enrollment Period.

When you re-enroll, you may have to pay back the premiums you missed. This could result in an expensive bill. If you lose coverage for other reasons, such as getting married or divorced, moving to another state, or having a baby, you may be able to re-apply during a Special Enrollment Period (SEP). The SEP usually lasts 30-60 days from the date of your life change.

- Make sure you won't run out of your HIV medications. Talk to your doctor and/or case manager to get a few months of medications if possible. Make sure you are currently enrolled with ADAP.
- The Ryan White Program may be able to help fill gaps in your HIV care until you can get new coverage that meets your health care needs.
- Make a plan for getting health coverage again. Find out if you are eligible for a Special Enrollment Period or if you have to wait until the next Open Enrollment Period.

TIP

If you no longer want to stay enrolled in your plan, contact your insurance company right away. If you stop paying premiums without canceling your plan, you may be unable to enroll in certain plans in the future.





The ACE TA Center helps Ryan White HIV/AIDS Program providers to enroll diverse clients in health insurance. For more information, visit: www.targethiv.org/ACE

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