



Application Checklist for the Health Insurance Marketplace online at Healthcare.gov

Open enrollment for coverage from the Health Insurance Marketplace begins on November 1 and ends January 15. The Marketplace offers plans with different levels of coverage and price. It is important to enroll in a health plan that is the best match for your expected health needs. The National Health Council and the National Multiple Sclerosis Society created the original version of this checklist to help you ask the right questions to balance your healthcare service needs with your budget.

Before shopping for plans, check to see if you are eligible for coverage in the Marketplace.

Do you already have coverage through an employer or a government insurance program (for example, Medicare, Medicaid, CHIP, VA, or TRICARE)?

If yes, then you DO NOT have to make any changes to your current insurance coverage.

If no, then you may be eligible to enroll in a health insurance plan in the Marketplace.

Use this tool and the definitions at the end to help get organized before you shop for coverage. This information can also help you compare plans when you are ready to decide on a Marketplace Health Plan. You can get help reviewing options and discuss next steps through the toll-free Marketplace Help Line: 800-318-2596 (TTY: 855-889-4325). Check [Find Local Help](#) on Healthcare.gov to find additional assistance in your community.

INFORMATION AND PAPERWORK REQUIREMENTS FOR THE APPLICATION

First, you will need to collect some information and paperwork:

- Social Security Number for each person in your household who is applying for a Marketplace plan.
- Employer and income information for each person in your household who is applying for a Marketplace plan. This might be a pay stub or W-2 form.
- Policy numbers for your current health insurance plan (if you have one).

ESTIMATING YOUR HEALTH CARE NEEDS

This Application Checklist will help you ask the right questions, so you can pick a plan that meets your healthcare and budget needs.

How many doctor visits do you have each year? Which doctors do you see? Include your primary care doctor, specialists, and physical and occupational therapists.

Do you expect to need an MRI, other radiology tests, or home care services in the coming year?

Have you been hospitalized in the last year? If yes, how many times, and for how long?

Do you expect to need surgery or another major procedure in the next year? If yes, list the procedures you expect to have in the next year.

Do you take any prescription medications? Include medications you pick up at a pharmacy, medications that are mailed to you, and medications that are administered in a medical office (such as infusions).

ESTIMATING YOUR FINANCIAL ASSISTANCE

Many individuals and families are eligible for help with the cost of their monthly premiums, and some are also eligible for help with the cost of getting care. A calculator that can help you determine what help you are eligible to receive can be found at www.healthcare.gov/lower-costs/

Do you qualify for Medicaid in your state? Many states expanded Medicaid coverage to include all low-income adults. You will be notified if you qualify when you begin the online application process or if you speak to a [Local Help Assister](#).

Do you qualify for a subsidy to help lower the cost of your monthly premium? You may qualify for a premium tax credit that lowers the amount you pay for your health plan if the estimated household income you report on your application for coverage is below 400% of the federal poverty level. That's about \$50,000 for an individual or about \$103,000 for a family of four in 2020.

Do you qualify for a cost-sharing reduction in addition to help with the monthly premiums? "Cost-sharing reductions" are special discounts that lower the amount you pay for deductibles, copayments, and coinsurance. If you are eligible **and if you choose to enroll in a Silver plan**, you will pay less out of pocket each time you get medical services.

DETERMINING THE RIGHT LEVEL PLAN

Remember – cheaper premiums don't always mean lower costs!

Are you generally in good health? Do you have savings you could use for unexpected health costs? If so, a Bronze or Silver plan may work for you – but remember that you **must** enroll in a Silver plan to receive a cost-sharing reduction, if you qualify.

Are your health care needs and costs moderate? Are you concerned about your ability to pay for unexpected medical costs out of pocket? If so, a Silver or Gold plan may work for you – but remember that you **must** enroll in a Silver plan to receive a cost-sharing reduction, if you qualify.

Do you have a chronic condition or high healthcare costs? Are you concerned that you may not be able to pay for unexpected health care costs? If so, a Gold or Platinum plan may work better for you – but remember that you **must** enroll in a Silver plan to receive a cost-sharing reduction, if you qualify.

SELECTING A SPECIFIC MARKETPLACE PLAN

Ask these questions for each plan you're considering, to help you choose the right Marketplace plan for you.

Covered Benefits & Costs

Are the services you expect to need in the coming year covered by the health plan? Marketplace plans may have some differences in the specific services they cover.

Are there limits to the number of services you may receive per year? This often applies to specific types of services, such as physical or occupational therapy.

What is the plan's deductible? Are there separate deductibles for medical and prescription drug costs?

What would you be required to pay for a hospital stay?

Access to Providers

Are your doctors and specialists in the plan's network?

Are your skilled care providers, such as occupational and physical therapists, in the plan's network?

Is your preferred hospital in the plan's network?

Does the plan require a referral to see a specialist or to get other services?

Coverage for Prescription Medications

Are your medications covered by the plan – that is, are they listed on the plan's formulary? You can find a link to the formulary from the Marketplace website.

What is the formulary tier for each of your medications? What is the cost for medications at each tier? Is it a set amount (a copayment) or is it a share of the total cost (coinsurance)?

Is there a separate deductible for prescription medications? Is there a separate out of pocket maximum?

What are the options if your provider prescribes a drug that is not on the plan's formulary?

How are medications that are administered in a healthcare setting covered – as pharmacy or as medical services?

KEY HEALTH INSURANCE TERMS

Coinsurance: A set percentage of the total cost of an item or service. For example, you may have to pay a coinsurance amount of 20% of the total cost of the visit each time you visit your primary care physician.

Copayment or copay: The specific dollar amount owed each time a medical service is received. For example, you may have to pay a \$20 copay each time you visit your primary care physician.

Deductible: A set dollar amount of annual medical expenses that you must pay before the insurance plan will pay for any of the care you receive.

Formulary: The list of medicines a plan covers.

Formulary Tier: Formularies often cover medications on different tiers. Each tier is associated with a specific cost. Lower tiers usually have lower out of pocket costs than higher tiers. Marketplace plans may have very high costs associated with drugs on high tiers.

Network: Health plans generally have a list of health care professionals (the network) from whom you can receive the most affordable care. These networks may include preferred (lower cost) and non-preferred (higher cost) providers. Some plans do not pay anything for care provided by providers who are not in the plan's network.

COST HELP RESOURCES

Pharmaceutical Assistance Programs

Each of the MS disease-modifying therapies and symptom management treatments has a pharmaceutical assistance program. We encourage individuals to call the pharmaceutical company if you cannot afford your MS medications. Find a list of contacts on our website (ntlms.org/PAP) or by calling an MS Navigator at 1-800-344-4867, option 1.

If you need assistance with medications that treat symptoms or other health concerns, search these other patient assistance databases:

Needy Meds (www.needymeds.org)

Rx Assist (www.rxassist.org)

Nonprofit Assistance for Insurance Premiums and MS Medication Costs

There is one organization that assists with the cost of disease-modifying therapies for people with MS, and which offers a Multiple Sclerosis Health Insurance Premium, Travel, & Incidental Medical Expense assistance program): [The Assistance Fund](#) – 877-245-4412

Help with MRIs

The MS Association of America (MSAA) offers an [MRI Access Fund](#) that assists with the payment of brain and c-spine MRI scans for qualified individuals who cannot afford their insurance costs. Call 800-532-7667, ext. 120 to learn more.