



Time for a Health Insurance Check Up

Now is the time to take a closer look your health care needs and options.

2015 Open Enrollment

November 15, 2014
open enrollment begins

December 15, 2014
Enroll before this date to have
coverage January 1, 2015

February 15, 2015
open enrollment ends

If you're uninsured or looking for more affordable health insurance and haven't looked at the Marketplace, open enrollment is the time to look. During "open enrollment" you can purchase private health insurance coverage through the marketplace in each state. Low and moderate income people may be eligible for help to pay for the health insurance coverage. People who have affordable employer provided health insurance or are already covered by Medicaid or Medicare cannot receive financial help paying for private health insurance coverage. People

who lose their health insurance may also be able to sign up for new coverage during a special enrollment period.

Do you already have health insurance through the Marketplace?

If you do, you must re-enroll every year or you will be automatically re-enrolled. It is also important to report any changes to your income to the marketplace.

- This is a good time to check your health insurance coverage and see if it still meets your healthcare needs.
- Anyone can change health care plans during open enrollment, but most people will be re-enrolled automatically if they take no action.
- Carefully read all health insurance notices and updates.

Enrollment for Medicaid and the Children's Health Insurance Program (CHIP) is open anytime. Open enrollment is not limited for these publicly funded health insurance programs for low income individuals. Medicaid also provides long term services and supports to people with disabilities.

You should check your coverage:

- Even if you like your health plan, new plans may be available and premiums or cost sharing may have changed since last year.
- Even if your income has not changed, you could be eligible for more financial assistance.

If you have a disability or a health condition, pay attention to possible changes:

- Are a broad range of health care providers included in the health plan's network of providers?
- Are there enough medical specialists in the network to meet your needs?
- Are needed medications included in the plan's list of covered drugs?
- Is there adequate access to non-clinical, disability-specific services and supports?
- Does the plan have service limits, such as caps on the number of office visits for therapy services?
- Are mental health services covered to the same extent that other "physical" health benefits are covered?

Where to get help?

Health insurance can be complicated. If you or your family member needs assistance with understanding the options, healthcare.gov can help. This website has information about seeking assistance in local communities, explanations of health insurance terms, enrollment information and much more. There is also a 24-hour phone line for consumer assistance at 1-800-318-2596 to call for help.

Each state has health insurance "navigators" to assist individuals with enrollment in health insurance. Individual health plan information should be available in early November 2014 on the health insurance [website](#). If you would like more information on specific topics, the [National Disability Navigator Resource Collaborative](#) has a comprehensive set of materials available on disability issues and the Affordable Care Act.