



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

Open enrollment for coverage from the Health Insurance Marketplace for 2019 begins on November 1 and ends December 15th. 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 this checklist to help you ask the right questions to balance your health care 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 see if there are other services in your state or community.

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

Information and Paperwork Requirements for the Application

- 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 plans (if any)

Application Checklist for the Health Insurance Marketplace

There may be different health plans available in the Health Insurance Marketplace in your state. It may help to narrow down the options. You can do this by comparing your expected health care needs to each plan's coverage and cost for those services. This Application Checklist will help you ask the right questions, so you can pick a plan that meets your health care and budget needs.

ESTIMATING YOUR HEALTH CARE NEEDS

*Do you have any chronic conditions that could put you at risk of high health costs?
Use this form to fill out all your estimated health care needs.*

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

How many times a year do you get care at an urgent care center or emergency room?

Have you been hospitalized in the last year?

Circle one: Yes or No. If yes, list the number of times and the length of your usual hospital stay.

Do you expect to need surgery or another major procedure in the next year?

Circle one: Yes or No. If yes, list the procedures you expect to have in the next year.

Do you take any prescription medications? Include medications from a pharmacy, that are sent to you, or that are administered at the doctor's office.

List all the prescription drugs you take:

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ESTIMATING YOUR FINANCIAL ASSISTANCE

Answer these questions to see if you can qualify for lower cost health insurance

Do you qualify for Medicaid in your state?

Eligibility varies by state, and you will be notified if you qualify during the first step of applying for a marketplace plan.

Do you qualify for a subsidy to help lower the cost of your monthly premium?

You may qualify if your annual income is up to about \$48,560 for an individual and \$100,400 for a family of four (higher in AK and HI). It will lower the cost of your monthly premium for any Marketplace plan.

Do you qualify for a cost-sharing reduction in addition to a premium subsidy?

You may qualify for assistance in paying your deductible, copays, and coinsurance if your annual income is between about \$12,140 to \$30,350 for an individual and about \$25,100 to \$62,750 for a family of four. To receive cost-sharing assistance, you *must* enroll in a silver plan.

SELECTING A SPECIFIC MARKETPLACE PLAN

Answer these questions for each plan to help you choose the right Marketplace plan for you.

Determining the Right Level Plan -- **Never choose a health plan based on cost alone!**

Are you 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.

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.

Do you have a chronic condition or high health care costs? Are you concerned that you may not be able to pay for unexpected health costs?

If so, a gold or platinum plan may work better for you. But remember, you *must* enroll in a silver plan to receive a cost-sharing reduction if you qualify.

Covered Benefits and 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.

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

What are you required to pay for doctor visits? Is it the same for a primary care doctor or a specialist?

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

Are there limits on the number of services you may receive per year?

This may apply to specific types of services, like chiropractic care or physical therapy.

Application Checklist for the Health Insurance Marketplace

Access to Providers

Are your doctors, including specialists, and pharmacy in the plan's network? Is your preferred hospital in the plan's network?

You should check the plan's network for all your preferred doctors or hospitals. If you get care from a doctor or hospital not in the plan's network, you may be charged more in out-of-pocket costs. It is very important to check how much more you would have to pay if you chose a doctor or hospital that is not in the plan's network.

Will the plan require a referral to see a specialist or 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 medicines? What is the cost for each tier? Is it a set amount (a copayment) or a share of the medicine's cost (coinsurance)?

Is there a separate deductible for prescription medications?

If you take medications but rarely use other health services, you might spend less out-of-pocket if you choose a plan with a low deductible just for medications.

Is there a separate out-of-pocket maximum for prescription drugs?

If you take more than one medication on the highest formulary tier, you may pay less overall if you choose a plan with a separate out-of-pocket maximum for prescriptions.

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

KEY HEALTH INSURANCE TERMS

Formulary tier: The list of medicines a plan covers. 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 covered on higher tiers.

Copayment: The specific dollar amount owed each time a medical service is granted. For example, you may have to pay a copayment (e.g., \$20) each time you visit your primary care physician.

Coinsurance: A set percentage of the total cost of an item or service. The patient owes this amount after meeting the deductible on the health plan. For example, you may have to pay a coinsurance amount of 20 percent each time you visit your primary care physician.

Deductible: A set dollar amount of annual expenses that you must pay before the insurer will pay any expenses.

Network: Health plans will have a list of health care professions (a network) from whom you can receive the most affordable care. These networks may include preferred and non-preferred providers. Preferred providers will charge lower out-of-pocket costs than non-preferred providers. Some plans may not pay for care that you receive from providers who are not in the plan's network.

Application Checklist for the Health Insurance Marketplace

Pharmaceutical Company Assistance for MS Therapies and Symptom Management Treatments

Each of the MS therapies and symptom management treatments has a pharmaceutical assistance program. Eligibility criteria vary widely, so please contact these providers directly to learn more about their services.

Ampyra: [Ampyra Patient Support Services](#), 888-881-1918
Aubagio: [MS One to One](#), 866-676-6326
Avonex: [Above MS](#), 800-456-2255
Botox: [Botox Reimbursement Solutions](#), 800-442-6869
Betaseron: [BETAPLUS](#), 877-836-5724
Copaxone: [Shared Solutions](#), 800-887-8100
Extavia: [Extavia Go Program](#), 866-925-2333
Gilenya: [Gilenya Go Program](#), 800-445-3692
Glatiramer Acetate Injection: [Mylan; Mylan MS Advocate](#), 844-695-2667
Glatopa: [GlatopaCare](#), 855-452-8672
H.P. Acthar: [Questcor; Acthar Support & Access Program](#), 888-435-2284
Lemtrada: [MS One to One](#), 855-676-6326
Nuedexta: [Nuedexta Patient Assistance Program](#), 855-468-3339
Novantrone: [MS LifeLines](#), 877-447-3243
Ocrevus: [Genentech Access Solutions](#), 844-627-3887
Plegridy: [Above MS](#), 800-456-2255
Rebif: [MS Lifelines](#), 877-447-3243
Tecfidera: [Above MS](#), 800-456-2255
Tysabri: [Above MS](#), 800-456-2255

If you need assistance with other medications, search these other patient assistance databases:

Needy Meds (www.needy meds.org)

Rx Assist (www.rxassist.org)

Nonprofit Assistance for Insurance Premiums and Prescription Copays

There are several organizations that assist with the cost of Disease Modifying Therapies (Aubagio, Avonex, Betaseron, Copaxone, Extavia, Gilenya, Novantrone, Rebif, Tecfidera) for people with MS.

[Good Days Fund](#): 1-877-968-7233

[The Assistance Fund](#): 1-877-245-4412 (NOTE: The Assistance Fund also has a Multiple Sclerosis Health Insurance Premium, Travel & Incidental Medical Expense Assistance Program.)

Help with MRIs

The MS Association of America offers a program called the MRI Institute that may help with the cost of a brain MRI no more than once every two years. Please call 1-800-532-7667 or visit their website: <http://www.mysaa.org/msaa-help/mri-institute>.

The National MS Society offers a range of services to support individuals with MS, but we are unable to provide financial support for the cost of medications and most medical services. Each year, open enrollment periods provide time to review your options. You can read more about health insurance on our website at nationalmssociety.org/insurance or contact an MS Navigator at 1-800-344-4867 Monday-Friday (7am-5pm MT), or email us at ContactUsNMSS@nmss.org.