

December Messaging

Talking Points

December 2015

- Open Enrollment began on November 1, 2015 and will run through January 31, 2016. Open Enrollment is the time of year when individuals and families can shop for health insurance for any reason without needing a qualifying event. Anyone without insurance can apply for and enroll in health or dental insurance coverage, and current members can switch plans for any reason. Current members, in particular, may wish to shop and compare options for 2016 if their needs have changed or if their premium has changed significantly.
- Enrolled members received renewal letters in late October detailing their 2016 plan information and will receive their first bill with their current 2016 plan and premium information in early December. If they do not actively choose a different plan before December 23, they will automatically renew for 2016 into that same or similar plan listed in their renewal letter. They need to keep paying their premium to stay in their plan for 2016.
- If a member decides they want a different plan for 2016 after they've received their bill for January coverage, they can still go online and shop for a new plan with a prospective effective date. Below are the enrollment/payment deadlines for the different coverage start dates available during Open Enrollment:

Choose a plan and pay Enrollment Bill by:	To be enrolled in a new plan starting:
December 23	January 1
January 23	February 1
January 31 (select by date, pay by February 23)	March 1

The payment deadline is the 23rd of every month. December 23 is a particularly important payment due date because it is the deadline to pay for coverage effective January 1, 2016. **Current members who are renewing into a plan with a new carrier, or who actively switched plans with a new carrier, must pay their January Enrollment Bill by December 23rd or they will have a gap in coverage.**

- Individuals can pay online at **Payment.MAhealthconnector.org**, drop off a check or money order at any of the Health Connector's six walk-in centers or mail in a check or money order. Payments must be received (not postmarked) by the 23rd of the month.
- There are several online tools, such as the provider search (**ProviderDirectory.MAhealthconnector.org**) and plan comparison (**www.MAhealthconnector.org/compare-plans**) tools, that individuals can use to compare plans when shopping for 2016 coverage.
- Members can get in-person help at the Health Connector's walk-in centers, or help from enrollment assisters located around the state. A list of walk-in centers can be found at **www.mahealthconnector.org/about/contact**. A list of enrollment assisters can be found at **www.MAhealthconnector.org/help-center**.
- The Health Connector call center is open on weeknights (until 9pm) and weekends (Saturdays & Sundays, 9am – 5pm) for individuals seeking support at off-peak dates and times.

- The Health Connector continues to encourage people without health insurance to apply, select a plan and pay by December 23, in order to have coverage starting January 1. People who do not have health insurance can apply online or visit a walk-in center or assister to complete an application.
- We encourage new applicants and existing members to act early and not wait until December 23rd to begin the application or enrollment process.

Payment Reminder Communications

- Individuals who have plan selected but not paid (including individuals who have switched carriers) should receive a payment reminder call in early December reminding them of the December 23 payment deadline for January 1 coverage.
- A small piece of paper (“bucksip”) reminding individuals to pay by the December 23 deadline will also be included in all enrolled members’ bills in December.
- Members with a recurring Electronic Funds Transfer (EFT) will receive an e-mail mid-December letting them know that their next deduction will be for their 2016 premium amount, which will be different (and possibly higher) than their usual 2015 monthly premium deductions.

Informative E-mails

- In the first three weeks of December, unsubsidized and Advance Premium Tax Credit (APTC)-only members will receive three informational e-mails with content explaining different health insurance terms.
- The first e-mail will discuss limited networks; the second will explain deductibles, co-pays and co-insurance; and the third will describe differences between metallic tiers.

Key Takeaways

- Open Enrollment started on November 1 and is the time when anyone can apply for coverage or change plans through the Health Connector. It runs through January 31.
- Members do not have to take action and choose a new plan for 2016. If they did not actively choose a new 2016 plan in November, they were auto-renewed into their same or a similar plan. As long as they **continue to pay their 2016 premiums**, they will be able to stay in their plan (or a similar renewal plan) into 2016.
- A member can still switch plans any time in December or January for a prospective effective date, but when they change and pay will determine the coverage effective date for their new plan.
- If a member changes their health insurance carrier for 2016, they **must** pay by the December 23 deadline to secure their enrollment for January 1, 2016 coverage.

- New online tools, including the plan comparison tool (www.MAhealthconnector.org/compare-plans) and provider search tool (ProviderDirectory.MAhealthconnector.org), make it easier for members to find the information they need in order to make an informed choice about their 2016 coverage.
- Of note, if members have an eligibility change that makes them eligible for a new program in 2016, they should pay special attention to the changes in their out-of-pocket costs and monthly premiums. Some members may need help in understanding why changes are happening and what their options are for finding a plan they can afford that meets their needs for 2016.
- In particular, members who were enrolled in Bronze plans in 2015 will have significant out-of-pocket cost increases in 2016. In November, a letter was sent to current Bronze members, making them aware of the increased cost-sharing in 2016 and encouraging them to shop and compare their plan options for 2016. Members should make sure they can afford these out-of-pocket costs before deciding to renew for 2016.