Did You Renew Your Coverage in Late 2013?

What you should know about early renewal of health coverage.

What's an early renewal?

Health insurance is usually sold as a 12-month contract between you and your insurance company. Typically, you can renew your coverage at the end of the 12-month period. In 2013, some insurance companies offered a chance to renew coverage earlier than the 12-month renewal date. For example, some insurance companies offered members whose policy year started on January 1, 2013 a chance to renew their coverage a few months prior to the 12-month renewal of January 1, 2014. This is often called an "early renewal."

Most new health plans offered to individuals and families or through small employers must cover a minimum set of essential health benefits and provide certain consumer protections. Some insurance companies offered plans prior to January 1, 2014 that didn't provide these minimum benefits and changed the renewal date to a date before January 1, 2014, to delay covering these required benefits. Those specific plans might not cover essential health benefits or provide new consumer protections until the beginning of the first policy year that starts on or after October 1, 2016.

If I renewed my coverage for a policy year starting in late 2013, does my plan have to cover new benefits?

If you purchased or renewed individual coverage for a policy year that started before January 1, 2014, your plan might not necessarily include the new consumer protections until your renewal for a policy year beginning on or after October 1, 2016. If you have one of these "early renewal" plans, there are some important things you should know about your coverage:

- Your insurance company must send you a notice about your options. They'll tell you about consumer protections that are available in other health plans, and how you can get help through the Marketplace.

- If you renewed your plan for a policy year beginning in late 2013 and you make less than 400% of the federal poverty level, you may want to shop for a different plan in the Marketplace during Open Enrollment from November 1, 2015 – January 31, 2016. You could be eligible for a premium tax credit to help you pay for your coverage and be able to choose a plan that covers the newly required benefits. You won't be eligible for premium tax credits unless you apply for and enroll in other coverage through the Marketplace, and are determined eligible for tax credits.

- Your plan probably doesn't cover the new benefits now required of many plans or policies. For example, "early renewal" plans might not cover items and services in one or more of these essential health benefit categories (until the plan renews on or after October 1, 2016):
    1. Ambulatory patient services (outpatient care you get without being admitted to the hospital)
    2. Emergency services
    3. Hospitalization (like surgery)
    4. Pregnancy, maternity, and newborn care (care before and after your baby is born)
    5. Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
    6. Prescription drugs
    7. Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
    8. Laboratory services (like blood tests to check cholesterol)
    9. Preventive and wellness services and chronic disease management
    10. Pediatric services, including dental and vision care

Coverage of these benefits might not occur until the first policy year that starts on or after October 1, 2016.

How can I find health coverage?

Even if you renewed early, you may be able to switch to another plan offered through the Marketplace during Open Enrollment. You also can switch to another plan offered outside the Marketplace.

You can find coverage from a variety of private insurance companies through the Marketplace. Visit **HealthCare.gov** or call the Marketplace Call Center at **1-800-318-2596. TTY** users should call **1-855-889-4325** for more information. Health plans in the Marketplace cover essential health benefits, like prescription drugs, maternity care, and mental health coverage.

You can compare plans based on price, benefits, and other features before you make a choice.

When you fill out the Marketplace application, you can find out if you're eligible for advance payments of the premium tax credit you can use right away to lower your monthly premium costs and for cost-sharing reductions that can lower your out-of-pocket costs, or for coverage under Medicaid or Children's Health Insurance Program (CHIP) in your state.

What if my insurance company required me to "early renew" my coverage in late 2013, and I'm already re-enrolled in the plan?

If your insurance company already re-enrolled you in your current plan, you may still be able to switch to a plan offered through the Marketplace during Open Enrollment from November 1, 2015 – January 31, 2016, or outside the Marketplace.

Remember, if you buy coverage outside the Marketplace, you won't qualify for financial assistance that can help lower costs based on your household size and income. You can get those savings only if you enroll through the Marketplace and you're eligible.

You can find out what you might qualify for through the Marketplace even if you renewed your other coverage already. You can do this by filling out a Marketplace application. If you have an individual health plan and want to see if you qualify for lower costs, when you get to the part of the application asking about any existing coverage, be sure to check the box that says "Individual insurance (non-group coverage)." This way, the Marketplace can make sure you get coverage with the lowest possible costs.

How can I learn more?

To learn more about coverage through the Marketplace or your benefits and protections under the health care law, visit **HealthCare.gov** or call the Marketplace Call Center at **1-800-318-2596**. TTY users should call **1-855-889-4325**.