

Health Insurance Options in Ohio

How to find health coverage for you and your family

Most people get health insurance from their employer, yet many Ohioans have no coverage. This number includes workers who choose not to participate in a health plan sponsored by their employer, employers who cannot afford the cost of providing employee health insurance, individuals who leave a job and exhaust their continuation rights and those who are unemployed and without health insurance.

Here are current options if you are seeking health insurance.

Employer-provided

This is generally the most affordable coverage. Secure it if offered. Employers typically require you to pay a portion of the monthly premium.

COBRA coverage

Ask if you are eligible for your employer's Consolidated Omnibus Budget Reconciliation Act (COBRA) plan.

- COBRA lets you continue the same policy, in some cases up to 36 months.
- Employers have 30 days to inform the insurer that you will qualify for COBRA; then the insurer has 14 days to give you an election notice.
- You then have 60 days to elect the coverage.
- If you have pre-existing health conditions, this is most likely the safest and most affordable option available. If you are eligible, you cannot be turned down or charged more due to your health conditions.

HIPAA coverage — FEI (Federally Eligible Individual)

If you are not eligible for COBRA or when COBRA expires, but you have had 18 months of continuous group health coverage where the most recent coverage was under an employer group health plan, you are considered "Federally Eligible" for a Health Insurance Portability and Accountability Act (HIPAA) plan. The 18 months could be a combination of any creditable health coverage, including Medicare. You need to apply for either the "Ohio basic" or "Ohio standard" health plan within 63 days of losing your previous coverage.

High-deductible major medical policy

When it comes to insurance, no matter the type, higher deductibles usually mean lower premiums. That is because you are taking more responsibility for your own care. You may be able to combine a Major Medical plan with a Health Savings Account, which basically allows you to spend pre-tax money on your smaller health bills, and use the Major Medical plan for the catastrophic expenses.



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Short-term insurance

While this won't cover pre-existing conditions, it is better than no coverage at all. You can generally take these out either on a month-to-month basis, or on a term of six to 12 months.

Individual coverage

Individual means the insurance is not connected to an employer plan. Individual plans are medically underwritten and can decline you based on your health or attach exclusions to your policy. They take into account your past and present health and then factor it into your premium. Cost varies in the individual health insurance market, so shop around.

Open enrollment — Non FEI

If you are unable to secure coverage through the normal enrollment process, you may be able to get coverage through open enrollment, which is conducted on a first-come first-served basis. Applicants are accepted until each Health Maintenance Organization (HMO) and traditional insurer reaches a statutory quota. Coverage secured during open enrollment can be expensive and it must take effect within 90 days after the company accepts your application. However, a traditional insurer policy may require you to wait one year before pre-existing conditions are covered. HMO plans do not have a waiting period for pre-existing conditions.

Professional organizations and association plans

Sometimes local associations such as chambers of commerce and professional groups offer health insurance. Coverage may also be available through a religious or fraternal organization.

Discount health plans

These plans are not insurance products; instead, they discount services provided by certain physicians, hospitals and pharmacies. If insurance is unaffordable to you, a discount health plan may serve as an option to lower your costs in certain situations. Be certain to read the membership agreement. The Department has limited authority over these plans.

Tips:

- Talk with an insurance agent.
- Comparison shop, call around and ask questions. Premiums for similar products from different insurers can vary.
- If you are healthy, don't assume you can go without insurance.
- Contact the Ohio Department of Insurance at 1-800-686-1526 with any insurance questions and to request informational materials.
- Contact the Ohio Department of Job and Family Services if you are unemployed and without coverage.

What if I have a problem with the insurance agent or the company?

Call the Ohio Department of Insurance at **1-800-686-1526**. The Department regulates agents and companies that are licensed to sell insurance in Ohio. The Department's Consumer Services representatives can answer your insurance questions and investigate your complaints about an insurance company or agent.