

What to Do after You Buy Health Insurance in the Marketplace



About
this guide

After you enroll in health insurance through the marketplace, there are a few important things you will need to do to make sure that your coverage starts and you understand how your health insurance works.

Making Sure Your Coverage Starts

Make Your First Premium Payment

- Your new health insurance company will send you a bill about a week after you enroll in a health plan. The bill will tell you how much you owe each month (your premium), where to send the payment, and when they payment is due. *Remember, you have to pay your premium every month.*
- If you do not hear from your health insurance company within 10 days, call the company's customer service number (which you can find in your account online at www.healthcare.gov) and ask how to pay your premium. *Make sure to have your application number ready when you call the insurance company.*

Get Your Health Insurance Documents

- After you pay your first month's premium, your health insurance company will send you an insurance card for each person who is covered by your plan.
- Instead of sending them in the mail, your health insurance company may send the cards by email or direct you to the plan's website to print your insurance card or another document you will need when you use your insurance. If you do not receive your card(s) within a few days, call your insurance company.

- On your insurance card or other documents, you will find this information:
 - Your member number
 - Your group number
 - The customer service number you should use to contact your health plan
- Your insurance company will also send you a booklet or other documents with information about your health insurance plan, such as which services are covered, which doctors you can see, and which hospitals you can use.

Making Sure You Understand How Your Health Insurance Works

Review the Information You Receive from Your Health Plan

- It is important to understand what your health insurance plan will pay for before you need to get health care.
- Your health insurance company will send you information about how much you need to pay when you use certain services. This information is called a “Summary of Benefits and Coverage.” The Summary of Benefits and Coverage will tell you this:
 - How much you will pay for your “deductible” (the amount you must pay for health care before your plan starts paying for care that is covered only after you meet your deductible)
 - How much you will pay each time you use services that your plan covers after you pay any deductible that applies to those services (these amounts are called “copayments” and “co-insurance”)

Find Out Which Providers You Can Use

- Most health plans work with certain providers, clinics, and hospitals that are part of the plan’s “provider network.” *To pay the lowest amount for services, use the providers in your plan’s network.*
 - If you already have a provider you would like to continue seeing, check if that provider is in your plan’s network. To do this, call your insurance company, visit your insurance company’s website, or look at your health plan information.
 - If you already have a provider, you can also ask the provider directly if he or she is in your health plan’s provider network.
 - It is best to check with both your provider and the insurance company before you get care to make sure it will be covered.

Choose the Primary Care Provider, Pharmacy, and Hospital You Will Use

- It is important to find a primary care provider. Your primary care provider is the person you will generally see when you are sick, and that person will also oversee your care when you are well. This provider could be a doctor, a nurse practitioner, a physician's assistant, or another medical professional.
 - Once you have a primary care provider, make an appointment with that provider as soon as possible to get a check-up and to bring your provider up to date with your health history. There may be a wait before you can see your provider for the first time.
 - After your first appointment, you will be able to get follow-up appointments more quickly.
- Also choose a pharmacy and a hospital that are in your health plan's provider network and are near where you live or work.
- Choosing providers as soon as you get insurance will make it easier for you to get care if you get sick.

Get “Referrals” When Needed

- Depending on your health plan, you may need a referral from a primary care provider to see other types of providers, called specialists.
 - For example, if you need to see a doctor who specializes in cancer, you may need to have your primary care provider give you a referral to see that doctor.
 - The Summary of Benefits and Coverage for your health plan will tell you if you need a referral to see a specialist.

Call Your Health Insurance Company if You Have Questions

- Call your health insurance company if you have any questions about your health plan or how to get health care services.
- Your insurance company is likely to have documents that provide more detailed information about coverage for specific services. If you would like this detailed information, ask your health insurance company to send it to you. Understanding these details is important to make sure that your health plan covers the health care services you use.
- You can find a customer service number for your health plan on your insurance card and on billing statements or other documents you receive from your health insurance company.

The complete *What You Need to Know about Health Insurance* series:

Applying for Health Insurance

Applying for a Marketplace Plan if You Can Get Health Insurance through Your Job
What to Do if You Are Uninsured after March 31, 2014

Getting Financial Assistance

Getting Financial Assistance to Pay for Health Insurance
Deciding How Much Financial Assistance to Use to Lower Your Monthly Premiums
How Getting Financial Assistance to Pay for Health Insurance Affects Your Taxes
Getting Extra Financial Assistance to Help Pay Health Care Costs

Choosing a Health Plan

Choosing the Health Plan that's Right for You
Choosing a Health Plan You Can Afford
Understanding the Differences between Platinum, Gold, Silver, and Bronze Plans
Understanding Catastrophic Health Insurance
Buying Children's Dental Coverage through the Marketplace

Keeping and Using Health Insurance

How to Use Your Health Insurance
How to Keep Your Marketplace Health Insurance
What to Do after You Buy Health Insurance in the Marketplace

Understanding the Requirement to Have Health Insurance

Understanding the Requirement to Have Health Insurance
Understanding Minimum Essential Coverage

Reference Charts and Graphics

Income Guidelines for Getting and Using Financial Assistance for Health Insurance
Income Guidelines for Getting Extra Financial Assistance to Pay for Health Care Costs
Types of Exemptions from the Requirement to Have Health Insurance

A complete list of Families USA publications is available online at www.FamiliesUSA.org/resources/publications.

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