

Health Care Plan Open Enrollment

What is open enrollment?

Open enrollment refers to that period during the calendar year when you – the Medicare beneficiary, insured individual, or employee – can enroll within or change health insurance companies or healthcare coverage options. Unless a qualifying circumstance exists such as employment termination, birth or adoption of a child, death of a spouse/ domestic partner or eligibility for other health coverage such as Medicare or Medicaid, **open enrollment typically begins in mid-October and ends at the beginning of December**, annually. Enrollment periods for policies obtained on the federal Marketplace may differ slightly.

Why should I care about open enrollment?

If your current healthcare coverage no longer meets your needs and you are considering a switch in coverage, then the open enrollment period is the perfect time to investigate your options or make changes to your existing plan.

Scenario 1

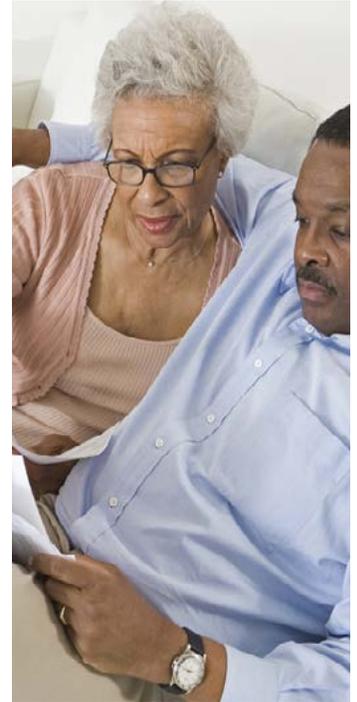
You may be a Medicare beneficiary who selected coverage under a Medicare Advantage plan in 2014. During the plan year, your long-time physician was dropped from the plan's network and you were forced to seek care from a new physician. You also discovered that this new coverage came with a \$500 deductible and \$25 co-pays for each visit, and you are entering the third quarter of the year having paid out-of-pocket for all of your doctors' visits. Since you don't prefer the new practice or the out-of-pocket expenses associated with your plan, then you may be considering switching back to Medicare Part B. **Open enrollment is the time in which you should switch back to Medicare Part B.**

Scenario 2

Your employer offers two options for coverage that include a PPO plan with a \$500 deductible or a high deductible health plan with a \$5,000 deductible. In 2013, you never saw the doctor and believe the most cost effective option for 2014 coverage was a high deductible health plan – this allowed you to save money on the premium payments. However, you were diagnosed with Type I diabetes in 2014 and made frequent trips to your primary care and specialist physicians. You were responsible for all of the physician visit payments since you had elected the high deductible option. For 2015, you believe that switching back into the traditional PPO option with a \$500 deductible would be the better option for you, especially considering the frequent visits to the doctors' offices and the medications that you now must purchase, given the new diagnosis. **Open enrollment is the time to elect plan changes.**

Who should I contact about open enrollment?

- Medicare beneficiaries should call 1-800-772-1213 or visit their [local Social Security office](#). Note that if you are dropping existing Medicare Advantage coverage, *you must re-enroll in Medicare Part B.*
- Patients who have purchased coverage through the health insurance marketplace should contact their insurance companies and/or review new plan options on the federal marketplace website.
- Employed patients with healthcare coverage sponsored by their employers should contact their human resources departments.



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