

2017 Individual Health Insurance Plan Information

What You Need To Know To (Re)Enroll

Information to Help You Make the Best Decision During Open Enrollment

Most Americans get health insurance through their employer or a family member's workplace. However, approximately 20,000 Alaskans are buying health coverage through the insurance marketplace.

If you bought insurance through the exchange last year, or are considering buying from the exchange this year, the Alaska Division of Insurance has some information to make the process a little easier.

Key Dates

Nov. 1, 2016

Open Enrollment Starts - First day you can enroll in a 2017 insurance plan.

Dec. 15, 2016

Last day to enroll (or change plans) for coverage starting Jan. 1, 2017.

Jan. 15, 2017

Last day to enroll (or change plans) for coverage starting Feb. 1, 2017.

Jan. 31, 2017

Open Enrollment Ends - If you enroll or make changes between Jan. 16 and Jan. 31, coverage will begin March 1, 2017.

The Basics

The Health insurance marketplace, or exchange, for Alaskans can be found at www.healthcare.gov. The website asks a series of questions to determine which plans meet your needs. It will also determine if you are eligible for subsidies or coverage through Medicaid or the Children's Health Insurance Program (CHIP).

You can apply online, by mail, or in person. If you get coverage through Medicare or an employer, you don't need to apply for coverage through the exchange. Open Enrollment is the period in which you can shop and sign up for insurance coverage in the exchange.

Open enrollment starts Nov. 1, 2016 and ends Jan. 31, 2017. If you don't enroll in a health insurance plan by Jan. 31, 2017, you can't enroll in a health insurance plan for 2017 unless you qualify for a [Special Enrollment Period](#). Plans sold in the individual market (off the exchange) also follow these dates.

If You Enrolled Last Year

Take time to verify your information and look at the available policies. There may be a new option that is less expensive or better suits your needs. Even if you are auto-enrolled in a plan, you are able to choose a different plan at any time during the open enrollment period.

The division urges you to complete a new eligibility determination to ensure that you have an accurate subsidy amount. If your information is incorrect, you may be responsible for repaying the difference between what you are currently receiving and what you should receive when you file your 2017 taxes.

Your eligibility for subsidies depends on your income and the policies available in your area. Either of these may have changed from last year. Even if your income and chosen plan have not changed, the loss of Moda Health Plan, Inc. on Alaska's exchange means the subsidy amount will change.

If you purchased health insurance through the marketplace last year, you will be auto-enrolled in the same plan or a similar plan unless you select a different plan by December 15.

If your health insurer for 2016 is no longer offering coverage through the ACA marketplace, the exchange will select a health plan for you unless you opt out of the exchange or select a plan on your own.

Plan Cancellation

If your plan is not being offered in 2017, you may have already received a cancellation notice. That means the insurance company is unable to or has chosen not to renew that policy. You should review all of your insurance options, including purchasing on the exchange. You can still purchase insurance "off" the exchange in the individual market, but you will not be eligible for subsidies.

Premera Blue Cross reversed its decision to cancel its Transitional Health Plans this year. **If you have a Transitional Plan and received a cancellation notice from Premera, you may be receiving a new notice that your plan is being continued.** If you have questions regarding whether your plan is being cancelled, please contact your insurer. Transitional Plans will be allowed to continue until December 31, 2017.

Coverage Options

Plans sold on the Alaska marketplace fall into one of three categories: bronze, silver, or gold. The different categories represent what an average enrollee would pay out-of-pocket. All plans must cover 10 essential health benefits (EHBs).

When choosing a category, think about your health care needs as well as your budget. Bronze and Silver plans have lower monthly premiums, but they also pay less of your costs when you need care. Gold and platinum plans have lower cost-sharing – meaning the plan pays more and you pay less—but have higher monthly premiums.

Rates on the Exchange

Exact rates will depend on age, family size, geographic location and tobacco use. Some people may qualify for subsidies based on their income. These subsidies come in the form of a tax credit applied to your monthly premiums and cost-sharing reductions, which increase the value of silver plans for those who qualify.

Finding Help

In-person assistance may be found through trained navigators or application counselors. They are able to help you learn about the available choices and guide you through the application process. These assisters are not licensed insurance agents, and they cannot recommend a specific insurance plan or sell you insurance. A trained and licensed insurance agent or broker can make recommendations and help you find the right policy.

More Information

2017 Individual Health Plan Enrollment [Frequently Asked Questions](#)

If you have questions about the marketplace, contact the [Division of Insurance](#) at 907-269-7900.