



## Frequently Asked Questions

### 1. What is My Benefit Basket?

My Benefit Basket is an online benefits platform built specifically for individuals seeking to purchase health insurance. The award-winning and simple-to-use platform is an interactive decision-support tool that analyzes and recommends a personalized benefits solution based on an individual's health care preferences, financial position, and risk tolerance.

My Benefit Basket is not affiliated with any specific carrier. You will have the ability to compare the personalized recommendations for insurance options from national and regional health insurance companies as well as plans offered on the Public Exchange.

### 2. What is a Health Insurance Marketplace/Exchange?

A Health Insurance Marketplace (also known as Exchange) is a way for individuals to shop for health insurance on their own and easily compare their options. National and regional insurance carriers make their plans available to the public through the Marketplace.

### 3. How do I get started?

Click on <http://mbb.connectedhealth.com>. You'll be taken to My Benefit Basket to create an account and start to shop for your insurance coverage.

### 4. Why do I need to register for an account?

When you create an account, your search information and results are saved so that you can come back later and review your options. We can also help you track the status of your application once you apply, and keep you updated about any changes in healthcare that may impact your plan.

### 5. How do I know which plan to choose?

My Benefits Basket will ask you a couple of questions about your health care needs, financial position, and risk tolerance and then will provide you with personalized recommendations so it's easy to see which plans are the best for you and compare them side by side. There are also informational links throughout the enrollment process to explain your options..

When you've decided on the plan you want, just click the "Add to Cart" button. From the shopping cart, click the "Checkout" button and then "Apply" and continue to submit your application.

### 6. When can I enroll through My Benefit Basket or the Marketplace?

To avoid a gap in coverage, you should apply for coverage up to 45 days ***before your current insurance terminates***. You are able to enroll up to 60 days after your plan

expires, during a “Special Enrollment Period,” but you may have a gap in coverage if you don’t apply before your current insurance ends. After the 60-day Special Enrollment Period, you may only enroll during the Open Enrollment period starting in November of 2015 for coverage that is effective in 2016. Unless you have a “Qualifying Event,” you cannot enroll in a new health plan except during an Open Enrollment period.

**7. Are there any exceptions to when I could enroll outside of the Open Enrollment period?**

Yes. You may be able to enroll outside of this time period if you have a Qualifying Event, which is a change in life status during the year. Examples are: losing previous coverage, marriage, divorce, birth, or adoption, or a change in dependents, or moving to a different state or out of your health plan’s coverage area.

If you have a Qualifying Event, you have 60 days from that event to enroll in new coverage. To find out more about this, visit the Marketplace Resource Center.

**8. When should I apply?**

If you have a Qualifying Event, you can apply for coverage up to 45 days before your existing plan terminates. If you would like to avoid a gap in coverage, you should apply before your plan expires. It can take ten days or more to receive notification of approval from the insurance company.

**9. How long does it take to fill out an application?**

Most people can complete their application in about 12 minutes. It can take a little longer if you are also checking to see whether you qualify for a subsidy.

**10. What is a subsidy?**

A subsidy is a credit from the government that can be applied to your monthly health insurance premium. Individuals under age 65 who are not eligible for coverage through their employer, Medicaid, or Medicare, can apply for a tax credit subsidy that is available to use if you choose a plan on the public exchange.

**11. What else do I need to do besides submit my application?**

Most carriers will ask you to pay the first month’s premium when you send in your application. (If you end up not taking that policy, you’ll receive a refund.) After that, you will need to make your premium payment every month to keep your policy active.

**12. How will I know when my application has been accepted and I have insurance?**

Once the carrier has received the premium, you will receive a welcome letter, ID card and plan details via mail or e-mail letting you know that the application has been accepted and your coverage is in effect. Your coverage will be effective on the “Start Date” or “Effective Date” shown on your acceptance letter.

**13. What are acceptable ways to pay my premium?**

Payment options vary from state to state, and by carrier. Most insurers are required to accept money orders, personal checks, automatic bank transfers, and pre-paid debit cards. Many insurance companies **do not** accept credit or debit cards unless required by the state.

**14. How often do I have to pay my premium?**

You are responsible for paying your premium every month.

***If you don't pay your premium every month, your policy may be cancelled.***

**15. What happens if I forget to pay my premium?**

It's important that you pay your premium every month. However, if you happen to miss the due date, you have a grace period during which you can pay the premium and your insurance will still be in force. The grace period varies by carrier.

If you are receiving a premium tax credit and miss a payment, the insurance company must provide a 90-day grace period during which time past due premiums can be paid. After the 90-day grace period, your coverage may be terminated. *Note: the grace period only applies if you have already paid at least one month's premium.*

**16. I don't go to the doctor very often. Am I required to have health care coverage?**

Yes. The laws have changed and now everyone is required to have health insurance, either through an employer, a government program like Medicare or Medicaid, or by purchasing coverage on your own. If you do not have health insurance coverage, you may have to pay a tax penalty.

**17. Am I guaranteed to get personal insurance?**

Yes. The Affordable Care Act requires that insurance companies accept your application, even if you've never had coverage or have a pre-existing condition. The premium for the plan you select is based on your age, where you live, and whether you are a smoker.

**18. What do I do after I've received my policy?**

After you have been accepted for insurance, verify that the final premium is what was quoted on the application. After that, be sure to pay your premium each month.

**19. What happens if I move to a different state?**

If you move to a new state, you are eligible to shop for a new plan if your current plan does not have medical providers in your new state. Moving is considered a Qualifying Event that allows you to change plans outside of an Open Enrollment period.

**20. Who do I call for questions?**

You can call 888-578-5459 to speak with a licensed insurance agent regarding individual insurance options through My Benefit Basket.