



What to Know about Insurance Coverage Cancellation

What's a coverage notice?

Individual health insurance is usually sold as a 12-month contract between you and an insurance company. At the end of the contract period, the insurance company may send you a notice stating that it's choosing either to discontinue (cancel) or continue the coverage, possibly with some changes. Some of the changes may be made to meet federal and state requirements. Thousands of people get these notices every year.

Most health plans sold to individuals and families must cover a minimum set of essential health benefits and provide certain consumer protections.

What are health insurance companies required to do?

Individual plans are generally "guaranteed renewable" at the end of the 12-month contract, although the health insurance company that offers them can make changes, like increase premiums, increase cost sharing like deductibles and copayments, and offer fewer covered benefits. Your health insurance company may stop offering the coverage entirely if it takes these actions:

- It sends you a written notice at least 90 days before the coverage will end. In some cases, a 60-day notice is sufficient.

- It offers you the option to buy any other individual plan that it offers to other people.
- It treats you the same as any other person who has that coverage, regardless of your health status.
- It follows any additional state requirements.

The only time a health insurance company can cancel a product it sells in the state's individual market without offering you the chance to buy a new plan is if it cancels all its health insurance in a state's individual market.

In some cases, your health insurance company may give you the option to renew the coverage you had before January 1, 2014, without the coverage meeting certain federal requirements. If your health insurance company gives you the option to renew your coverage in a plan that doesn't include the minimum set of essential health benefits and certain consumer protections, it must send you a letter notifying you of this option.

If you're concerned your health insurance company isn't following these requirements, contact your State Department of Insurance.

What are health insurance companies not allowed to do?

Health insurance companies can't market in a way that discourages people with significant health needs from enrolling in their plans. A health insurance company might violate this requirement if it provides renewal notices that discourage certain enrollees from buying particular products (like individual plans that cover a minimum set of essential health benefits and provide certain consumer protections, including qualified health plans in the Marketplace).

How can I find health coverage?

You have rights to help you get the health coverage you need. You have the right to buy any other individual plan offered by your health insurance company that you're eligible for, or by any other insurer offering plans either through the Marketplace or outside the Marketplace. Visit [HealthCare.gov](https://www.healthcare.gov), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

All Marketplace health plans cover the same core set of essential health benefits. You can compare plans based on price, benefits, and other features before you make a choice.

If you got a cancellation notice from your health insurance company, you have several options:

- The health insurance company must allow you to buy any of its other plans available to you, either directly from the company, or from an agent or broker.
- Apply for new coverage through the Marketplace, from any insurance company that sells products in your area through the Marketplace. Visit [HealthCare.gov/lower-costs/qualifying-for-lower-costs](https://www.healthcare.gov/lower-costs/qualifying-for-lower-costs) to learn more about qualifying for financial assistance on monthly premiums and out-of-pocket costs based on your income. All Marketplace plans include rights and protections.
- Buy a plan from another company outside the Marketplace. Visit [HealthCare.gov/apply-and-enroll/income-too-high-for-tax-credit](https://www.healthcare.gov/apply-and-enroll/income-too-high-for-tax-credit) to see how you can get covered if you don't qualify for assistance based on your income. Most plans outside the Marketplace include rights and protections.

Can I buy a Catastrophic plan if my plan is canceled?

Yes. If you're **age 30 or over** before the first day of the plan year, Catastrophic plans will be among those available to you when you apply through [HealthCare.gov](https://www.healthcare.gov).

If you're **over age 30** and want to buy a Catastrophic health plan, you must apply for a hardship exemption to qualify. Visit [HealthCare.gov/health-coverage-exemptions](https://www.healthcare.gov/health-coverage-exemptions) to learn more about applying for a hardship exemption.

A Catastrophic plan generally requires you to pay all of your medical costs up to a certain amount.

These policies usually have lower premiums than a comprehensive plan, but cover you only if you need extensive medical care to protect you from worst-case scenarios. For more information about Catastrophic plans, visit [HealthCare.gov/choose-a-plan/catastrophic-plans](https://www.healthcare.gov/choose-a-plan/catastrophic-plans).

What if my health insurance company enrolled me in a new plan?

If your plan was canceled and your health insurance company already enrolled you in a new plan, you can still switch to a different Marketplace plan or a different plan offered outside the Marketplace during Open Enrollment. In addition, if your plan is canceled, you qualify for a Special Enrollment Period and generally have 60 days before and 60 days after the date your coverage ends to enroll in a Marketplace plan or a plan offered outside the Marketplace.

Remember, if you buy a plan through the Marketplace, you may qualify for financial assistance with your monthly premiums and out-of-pocket costs based on your household income and family size. If you buy health insurance outside the Marketplace, you won't get these savings.

You can find out what you might qualify for through the Marketplace before you decide whether to enroll in the plan recommended by your health insurance company. You do this by filling out a Marketplace application. If you have an individual insurance plan and want to be considered for financial assistance with the cost of a Marketplace plan, when you get to the part of the application asking about any existing coverage, be sure to check the box that says "Individual insurance (including coverage through the Marketplace or other non-group coverage)." Don't check the box for other types of coverage unless you have that, too. This way, the Marketplace can make sure you get the right help with costs.

How can I learn more?

If you got a cancellation notice from your health insurance company and want more information about your options, you can:

- Visit [HealthCare.gov](https://www.healthcare.gov).
- Contact the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325. The call center is available 24/7 and a representative can help you complete the entire application process over the phone. We can also help to answer questions as you apply and enroll on your own.

You have the right to get Marketplace information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

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