Has it been more than 7 years since you changed your health coverage?

What you should know about “early renewal” dating back to 2013

What’s an early renewal?

Health insurance is usually sold as a 12-month contract between you and your insurance company. Typically, you can renew your coverage at the end of the 12-month period. In 2013, some insurance companies offered a chance to renew coverage before the 12-month renewal date. This is often called an early renewal.

Most health plans offered to individuals and families or through small employers must cover a minimum set of essential health benefits and provide certain consumer protections. Some insurance companies offered plans outside the Health Insurance Marketplace prior to January 1, 2014 that didn’t provide these minimum benefits, and changed the renewal date to a date before January 1, 2014 to delay covering these required benefits. **If you’re still enrolled in an early renewal plan from 2013, it might not cover essential health benefits or provide other consumer protections required under the health care law.**

There are some important things you should know about this coverage:

- Your insurance company must send you a notice about your options. They’ll tell you about consumer protections that are available in other health plans, and how you can get help through the Marketplace.
- You can shop for a different plan in the Marketplace during Open Enrollment or through a Special Enrollment Period. You could qualify for a premium tax credit to help you pay for your coverage and be able to choose a plan that covers all required benefits if you apply for and enroll in a health plan through the Marketplace.
Your plan probably doesn't cover all benefits now required of many plans or policies. For example, one or more of these essential health benefits might not be covered by an early renewal plan:

1. Ambulatory patient services (outpatient care you get without being admitted to the hospital)
2. Emergency services
3. Hospitalization (like surgery)
4. Pregnancy, maternity, and newborn care (care before and after your baby is born)
5. Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
6. Prescription drugs
7. Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
8. Laboratory services (like blood tests to check cholesterol)
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including pediatric oral and vision care

How can I find health coverage?

Even if you renewed early, you may be able to switch to a Marketplace plan during Open Enrollment, or during a Special Enrollment Period. You also can switch to another plan offered outside the Marketplace, but you won't qualify for financial help that can lower your costs unless you buy Marketplace coverage.

Visit HealthCare.gov to find Marketplace coverage, or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325. You can fill out a Marketplace application to find out what you might qualify for, even if you renewed other coverage. If you have an individual health plan and want to see if you qualify for lower costs with a Marketplace plan, check the box that says “Individual insurance (non-group coverage)” when asked in the application about any existing coverage. This way, the Marketplace can make sure you get coverage with the lowest possible costs.

Health plans in the Marketplace cover the above list of essential health benefits. You can compare plans based on price, benefits, and other features before you enroll. When you submit the Marketplace application, you'll find out if you're eligible for:

- A tax credit to help pay your monthly premium
- Plans with lower coinsurance, copayments, and deductibles
- Free or low-cost coverage through Medicaid or the Children’s Health Insurance Program (CHIP)

How can I learn more?

To learn more about coverage through the Marketplace or your benefits and protections under the health care law, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

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, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

This product was produced at U.S. taxpayer expense.