



Health Insurance Connection

WAhealthplan.com / 253.848.7653

Frequently Asked Questions

What are the 10 Essential Health Benefits? Most health plans are required to cover the following 10 Essential Health Benefits: Ambulatory patient services; Emergency services; Hospitalization; Maternity and newborn care; Mental health and substance abuse disorder services; Prescription drugs; Rehabilitation and habilitation services/devices; Laboratory services; Preventative and wellness services and chronic disease management; and Pediatric services, including oral and vision.

What is open enrollment? Healthplanfinder open enrollment is the time period that you can sign up for health insurance for yourself and your family. Washington Apple Health enrollment is year-round.

What is Apple Health? Apple Health is Medicaid for adults and children. Financial qualification for adults is 138% of Federal Poverty Level (FPL) or less, and for children it is 300% FPL.

I have a pre-existing condition. Am I eligible to buy insurance? You can no longer be denied health coverage because of a pre-existing condition. There are no waiting periods for coverage.

What is a Broker (Licensed Agent)? A broker who is certified by the State of Washington can help you enroll in a health plan available on Washington Healthplanfinder. Brokers are the only individuals able to recommend a plan that would be best for your unique circumstances, and are able to help with subsidized and un-subsidized plans.

What is an In-Person Assister? Navigators/In-Person Assisters are individuals who can help you enroll in a health plan through Washington Healthplanfinder. They cannot make plan recommendations, and they can only help Medicaid and subsidy qualified applicants. They do not understand provider networks, plan structures and other important insurance considerations.

What are the eligibility criteria for Health Insurance Premium Tax Credit? This tax credit provides you the option to either reduce the amount of your monthly health insurance premium; or have a lump sum deduction when you file your annual income tax return.

Will I receive monthly invoices from Healthplanfinder? Individuals and families who purchase health plans through the Washington Exchange are invoiced from their insurance carrier. Invoices will be sent to the primary applicant on the first of each month

Does Washington Healthplanfinder offer every plan available in Washington State? Washington Healthplanfinder only offers plans which have filed through the Washington State Office of the Insurance Commissioner to be Qualified Health Plans. You may find other health plan options outside Healthplanfinder. Contact your Broker for plans outside of the Exchange.

How do I pick the right health plan? Can someone help me pick the right plan? Only brokers can make plan recommendations. If you have general questions or qualify for Medicaid, call an in-person assister at 1-855-WAFINDER (1-855-923-4633)

What are plan levels? Health plans are categorized into four metal levels – Bronze, Silver and Gold. Gold are typically better plans, although some Silver plans are much better than Gold. Your broker can explain why your Silver plan may actually be a better option.

What are Premiums, Co-pays, Co-insurance, Deductibles and Maximum Out-of-Pockets?

- Premium – the fixed amount you pay each month for your health insurance coverage
- Co-pay – the fixed amount you pay at the time of a covered health care service
- Co-insurance – the percentage you pay of covered health services
- Deductible – The amount you pay for health care services before your health care plan will contribute towards the cost of your services. Some benefits do not require deductible.
- Maximum out-of-pocket – The most you pay during a policy period. The sum of your deductible, co-pay and co-insurance will not exceed this amount.

What is an HSA plan? HSA qualified plans are designed to work with an HSA account. With an HSA account you can pay for your family's qualified medical expenses with pre-tax dollars.

What is a health savings account? Any amount you contribute can be deducted from your taxable income, giving you a tax savings. You can use the funds in your HSA to pay for IRS qualified out-of-pocket medical expenses (such as deductibles, co-pays, and coinsurance), including some expenses and services that may not be covered by your health plan. You can spend HSA funds on medical expenses for your spouse or other tax dependents, even if they are not covered under your plan. Some businesses offer an HSA contribution.

What is an estimated monthly premium? This is the amount of money that you will pay monthly for your health insurance coverage. This does not include any out-of-pocket health care expenses.

What is an out-of-network provider? This health care provider is not in the selected health plan's approved list of health care providers. The health plan may not cover services provided by this health care provider and you may be required to pay for services out of pocket.

What is Balance Billing? This is the amount a provider bills the patient that is the difference between the billed amount and the amount allowed by your insurance company. An in-network provider may not balance bill you for covered services. Balance billing is a much bigger risk today than it was several years ago. Ask your broker if you are at risk for balance billing.