

# InHealth Mutual

## Frequently Asked Questions and Answers

	Question Types	Page
Section I	General	1
Section II	Coverage	3
Section III	Individual Plans	4
Section IV	Small Group Plans	5
Section V	Subsidies	6
Section VI	Deductibles	7
Section VII	Premium Refunds	7
Section VIII	Agents and Brokers	7
Section IX	Verification of Coverage	8

### Section I General

#### 1. What is the status of Coordinated Health Mutual, Inc.?

The Ohio Department of Insurance determined that Coordinated Health Mutual, Inc. (InHealth Mutual) is in a hazardous financial condition. On May 26, 2016, the Franklin County Court of Common Pleas issued an order appointing the Superintendent of the Department of Insurance liquidator of InHealth Mutual. The company will continue to serve existing policyholders, but the Superintendent is granted authority to manage the company.

#### 2. What does liquidation mean?

An insurance company is ordered into liquidation when it no longer has the necessary cash and assets to meet its financial obligations. A state liquidation proceeding for insurance companies is similar in many ways to a federal bankruptcy proceeding for other types of companies. When a company is liquidated, the liquidator collects the remaining assets of the company, verifies the amount that the company owes and works through the court to pay the unpaid liabilities.

#### 3. If I have insurance through InHealth Mutual, is my coverage cancelled immediately?

No, the law provides for the continuation of coverage if a health insurance company is ordered into liquidation. However, that coverage is generally limited to \$500,000 maximum limit per person (by statute).

#### 4. What is the Ohio Life and Health Insurance Guaranty Association?

The Ohio Life and Health Insurance Guaranty Association (Guaranty Association) is a private association established by state law to protect consumers in the event their health insurer

becomes insolvent. Generally, the Guaranty Association will cover claims of individual members who are insured by InHealth Mutual through December 31, 2016 up to a \$500,000 maximum per person limit (by statute). As a result, members are encouraged to obtain alternative coverage as quickly as possible.

**5. Should I keep paying my premium?**

Yes. To avoid a gap in coverage, you must pay your monthly premiums when due. Payment methods will continue as normal for as long as you choose to keep the plan or until you secure other coverage.

**6. If I have health insurance through InHealth Mutual, what do I need to do to secure new coverage?**

All current InHealth enrollees both on and off the Exchange can qualify for a Special Enrollment Period.

**Important: if you stay in InHealth Mutual after June 30, 2016, any financial help for premiums and out-of-pocket costs, like co-pays and deductibles, will end.**

**7. What should I consider when applying for new coverage?**

There are a number of factors to consider when deciding the best option for you, including whether you are receiving a federal subsidy and how much of your deductible and out of pocket expenses remain on your policy. Here are some specifics to consider:

- If you are receiving a subsidy and choose to find another plan through Healthcare.gov, you will be allowed to utilize any available premiums subsidy, but your deductibles and out of pocket maximum may reset and your benefits and provider network may change.
- If you are not receiving a subsidy and choose to find another plan, your deductibles and out of pocket maximums may reset and your benefits and provider network may change.

If you choose not to obtain other coverage, your current deductibles may stay in place but your overall coverage will generally be subject to a \$500,000 maximum per person. As a result, this option may cause you to be subject to the individual mandate penalty. You should contact the IRS or a tax professional to discuss further. In addition, any subsidy that you may have been receiving will not apply to coverage with InHealth Mutual after June 30, 2016. In no event will coverage under InHealth Mutual extend beyond December 31, 2016.

**8. What is the process for terminating my automatic premium payments?**

Just as before the court's order of liquidation, members may log onto the member portal to stop their automatic payments or send a request in writing to [memberservices@inhealthohio.org](mailto:memberservices@inhealthohio.org).

**9. What happens if I cancel my InHealth Mutual policy?**

Your policy with InHealth Mutual will stop and claims for services provided after the date of cancellation will not be paid. If you do not purchase replacement insurance to continue minimum essential coverage, you may be subject to the individual mandate penalty.

**10. I need assistance to understand my situation and my options. Who should I contact?**

You can obtain assistance by calling your agent or broker. If you do not have a broker but would like to find one in your area, you can visit the following website: <https://gateway.insurance.ohio.gov/UI/ODI.Agent.Public.UI/AgentSearch.mvc/DisplaySearch>.

You can find additional information such as frequently asked questions related to the federal health care law, consumer guides and publications, as well as contact information for the Federal Health Exchange, Medicaid and Medicare at: <http://insurance.ohio.gov/Consumer/Pages/healthInsuranceToolkit.aspx>

## **Section II Coverage**

**11. Can I still submit claims?**

Yes, submit your claims to InHealth Mutual as usual.

**12. Will my claims be paid?**

Yes, claims that are covered under your InHealth Mutual policy will be paid up to \$500,000 maximum limit per individual.

**13. I am a member and currently receiving in-patient care at a hospital, skilled nursing facility, hospice or other provider facility. What is the plan to ensure continuity of care?**

The terms of your InHealth Mutual policy continue to apply up to a limit of \$500,000 maximum per person. As a result, you are encouraged to obtain alternative coverage as quickly as possible.

**14. I am currently undergoing treatment for a catastrophic or life-threatening condition. What is the plan to ensure continuity of care?**

The terms of your InHealth Mutual policy continue to apply up to a limit of \$500,000 maximum per person. As a result, you are encouraged to obtain alternative coverage as quickly as possible.

**15. I have a procedure scheduled well in advance, how will this impact me? Do I have to reschedule?**

You will need to ensure that your coverage is in effect the day of the procedure. If you replace your InHealth Mutual coverage, you will need to ensure that the procedure and providers are

covered under your new plan. You may have to reschedule your procedure to ensure your coverage is in place.

**16. Can my provider refuse to see me because of this situation?**

No. Providers (your doctors, hospitals, pharmacies, etc.) are required by their contracts to continue treating you. If a doctor in your network refuses to honor their network agreements, contact InHealth Mutual directly at 800-580-8502 or the Consumer Services Division of the Ohio Department of Insurance at 1-800-686-1526.

**17. What happens if I cancel my InHealth Mutual coverage and enroll in a new Marketplace plan with a start date of June 1, 2016?**

If you choose to enroll in a new Marketplace plan under a Special Enrollment Period with a coverage start date of June 1, 2016, your coverage with InHealth Mutual will stop on June 1, 2016 and no claims with service dates after May 31, 2016 will be paid by InHealth Mutual. InHealth Mutual will refund any premiums paid by you for June 2016 coverage. Your new coverage will begin on June 1, 2016 and you will need to submit any claims for health services received in June 2016 to your new health insurance company.

### **Section III Individual Plans**

**18. I am a member with an Individual policy, will this change my premium?**

If you do not sign up for a new plan, your overall premium will remain the same, however, you will no longer qualify for a federal subsidy through the Exchange after June 30, 2016, which means the amount of premium you are responsible for would increase. In no event will coverage under InHealth Mutual extend beyond December 31, 2016.

If you choose to sign up for a new plan, your premium may change. However, if you previously had a subsidy, you may be eligible for continued federal subsidy to offset the new premium amount if you sign up through Healthcare.gov. If you want to sign up for a new plan, you must do so before July 26, 2016.

**19. When will my current InHealth Mutual coverage end?**

Your *individual* coverage will end at earliest of the following: when you switch to another plan, on December 31, 2016, when your plan year ends, or you reach the \$500,000 maximum per person provided by Ohio law.

Important: If you do not change plans by July 26, 2016 and you reach your \$500,000 maximum, you may not be able to enroll in another health insurance plan for the remainder of the year. Your next opportunity for coverage would be the start of Marketplace Open Enrollment in November, for coverage starting on January 1, 2017.

Members covered under group plans have different ending dates for their coverage.

**20. Can I change to another insurer?**

Yes. Members are encouraged to seek alternate coverage. There is currently a special enrollment period for all individual market enrollees that ends July 26, 2016. If you elect to maintain your InHealth Mutual coverage, members who previously qualified for a federal subsidy will no longer be eligible for a subsidy after June 30, 2016. To obtain alternative coverage, please visit [www.healthcare.gov](http://www.healthcare.gov) or call 1-800 318-2596 (TTY: 1-855-889-4325). You can also consult with an agent, broker, navigator or certified application counselor.

**21. Am I still insured with InHealth Mutual?**

Yes, unless you or your employer have already requested a termination of coverage. Individual InHealth Mutual members both on and off Exchange qualify for a 60 day Special Enrollment Period that ends on July 26, 2016. If you would like to obtain alternative coverage, please call 1-800 318-2596 (TTY: 1-855-889-4325) or an agent or broker. Members are encouraged to seek alternate coverage, as any continued coverage with InHealth Mutual is generally subject to a \$500,000 maximum per person limit (by statute).

**22. I purchased my InHealth Mutual coverage off-Exchange and do not receive a subsidy. Am I qualified for a special enrollment period to obtain new coverage?**

Yes. Individual InHealth Mutual members both on and off Exchange qualify for a 60 day special enrollment period ending July 26, 2016. To obtain alternative coverage, please visit [www.healthcare.gov](http://www.healthcare.gov) or call 1-800 318-2596 (TTY: 1-855-889-4325). You can also consult with an agent, broker, navigator or certified application counselor.

## **Section IV Small Group Plans**

**23. I am a member of an employer-sponsored group plan. Am I still covered?**

Yes, however your coverage may end as early as June 25, 2016 and is generally subject to a \$500,000 maximum limit per person. In no event will your InHealth Mutual coverage extend past July 10, 2016. To ensure that you do not experience a gap in coverage contact your human resources department as soon as possible.

**24. Can I change to another insurer?**

If you are small group employer with an InHealth plan, including one sold through the Small Business Health Options Program (SHOP) Marketplace, you can change to an alternative plan either by contacting your agent or broker or by calling the SHOP Call Center at 1-800-706-7893 (TTY:711).

If you are covered as part of a small group health plan including one sold on the Small Business Health Options Program (SHOP) Marketplace, your group coverage with InHealth Mutual will end no later than July 10, 2016. Coverage for some small groups will end as soon as June 25, 2016.

If you have a policy with a tax credit, you are strongly encouraged to apply for other coverage through Healthcare.gov or by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) between now through July 26, 2016. Under this Special Enrollment Period, your new coverage will generally start the first of the month that follows the date you select a new plan.

If you have a policy without a tax credit, you should contact an agent or broker to discuss obtaining other coverage or you may contact another insurance company directly. Your new coverage will likely start the first of the month that follows the date you select a new plan.

## **Section V Subsidies**

### **25. I purchased my InHealth Mutual coverage on-Exchange and receive a subsidy. Am I qualified for a special enrollment period to obtain new coverage?**

Yes. Individual InHealth Mutual members who purchased their plans on healthcare.gov and receive a federal subsidy qualify for a 60 day special enrollment period ending July 26, 2016. To ensure continuation of federal assistance, you are strongly encouraged to find new coverage as soon as possible. To obtain alternative coverage, please visit [www.healthcare.gov](http://www.healthcare.gov) or call 1-800 318-2596 (TTY: 1-855-889-4325).

### **26. Will my subsidy be affected?**

Yes, if you are currently eligible for a subsidy, your subsidy as an InHealth Mutual member will end on June 30, 2016. You will need to contact Healthcare.gov or call 1-800 318-2596 (TTY: 1-855-889-4325) to find a replacement plan in order to receive a subsidy after June 30, 2016.

### **27. If I want to continue to receive subsidies for health insurance and change insurance companies, what do I do?**

Contact the Health Insurance Exchange online at HealthCare.gov or call 1-800-318-2596, TTY 1-855- 889-4325. The Exchange call center is open 24 hours a day, 7 days a week. You can also consult an agent, broker, navigator or certified application counselor.

To avoid a gap in getting financial help, you must pay the first month's bill (the premium) for your new plan by the due date set by your new insurance company.

If you don't choose a new plan by June 30, 2016, you'll no longer receive financial help and must pay the full amount of your InHealth Mutual premium for coverage beginning July 1, 2016.

## Section VI Deductibles

**28. Will the amount I have already paid towards my deductible carry-over to my new insurance plan, if I replace my InHealth Mutual coverage?**

It depends. Some Insurance companies may elect to credit you for amounts you previously paid under your InHealth Mutual coverage. Other companies may not. It is important to compare all of the terms of coverage as you consider your options.

## Section VII Refunds

**29. I paid my June premium but have since replaced my InHealth Mutual coverage with another insurer. Can I request a refund? What is the process?**

If you have notified InHealth Mutual of the cancellation of your coverage, InHealth Mutual will calculate the amount of the premium to be refunded to you. InHealth Mutual will then forward your information to the Guaranty Association for payment.

**30. I believe I was overcharged for my portion of my prescriptions after May 25, 2016. How do I seek reimbursement?**

Members may contact InHealth Mutual directly at 1 (800) 580-8502 to seek reimbursement.

## Section VIII Agents and Brokers

**31. I am an agent or broker. How and when can I file for commissions owed to me?**

Your claim for commissions owed to you is a claim against the estate of InHealth Mutual. The liquidator will calculate amounts owed to agents and brokers and send a statement to you. If you agree, no action is required by you. The liquidator will record a claim in that amount on your behalf. If you do not agree with the amount calculated by the liquidator, notify the liquidator at the following address: [info@inhealthohio.org](mailto:info@inhealthohio.org)

**32. When will my claim for commissions get paid?**

After all claims against the company are evaluated and approved by the Court, claims will be paid based on available funds. The amount of payment will depend on the percentage of assets to total claims, as well as the priority class of your claim. The Liquidator will not know the percentage that can be paid on any individual claim until all claims are evaluated and assets converted to cash. This process may take a number of years after the deadline for filing claims has passed.

## Section IX Verification of Coverage

### 33. How can I get verification of my InHealth Mutual coverage so I can get new health coverage?

There are several ways to get additional verification of your InHealth Mutual coverage as of May 26, 2016.

- You can go to the Member Portal on the InHealth Mutual Website ([inhealthohio.org](http://inhealthohio.org)) to obtain a copy of your invoice. If you need help with the Member Portal you can call 800-580-8502.
- To obtain eligibility verification, contact InHealth at [inhealthverify@inhealthohio.org](mailto:inhealthverify@inhealthohio.org) or call (614)212-6004. When we receive the request, InHealth will confirm your eligibility and will provide you with written evidence of your eligibility to the email address or home address we have on file.

### 34. How can I get a replacement InHealth ID Card?

To obtain a replacement InHealth ID Card please go to the InHealth Website at <http://www.inhealthohio.org/> and access the Individual / Family Member Portal. You can login to your account and follow the process to obtain a new InHealth ID Card. If you prefer, you may contact customer service at 1 (800) 580-8502.

