
Coordinated Health Mutual, Inc. (“InHealth”) Frequently Asked Questions

GENERAL

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.

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.

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.

Am I still insured with InHealth Mutual?

INDIVIDUALS

Yes, unless you or your employer have already requested a termination of coverage. On Individual InHealth Mutual members qualify for a Special Enrollment Period that ends on August 29, 2016. If you would like to obtain alternative coverage, you may consult with an agent, broker, navigator or certified application counselor or may call the Exchange directly at 1-800-318-2596 (TTY: 1-855-889-4325).

Members are encouraged to seek alternate coverage, as any continued coverage is generally subject to a \$500,000 maximum per person limit (by statute).

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

SMALL GROUP MEMBERS

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.

Should I keep paying my premium?
INDIVIDUAL and SMALL GROUP

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.

Will this change my premium?
INDIVIDUAL

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.

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 a 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 through Healthcare.gov, you must do so before August 29, 2016.

When will my current InHealth coverage end?
INDIVIDUAL

Your individual coverage will end when you switch to another plan, 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 August 29, 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 Exchange Open Enrollment in November, for coverage starting on January 1, 2017.

SMALL GROUP

If you are a small employer covered as part of a group health plan sold on the Small Business Health Options Program (SHOP) Exchange, your group coverage with InHealth Mutual will end no later than June 30, 2016. All other group coverage will end no later than July 10, 2016.

Can I change to another insurer?
INDIVIDUAL

If you want to sign up for a new plan through Healthcare.gov, you must do so before August 29, 2016. The liquidation of InHealth Mutual will impact the availability of federal subsidies, after June 30, 2016, if you elect to maintain your InHealth Mutual coverage.

Members are encouraged to seek alternate coverage. To obtain alternative coverage, you may consult with an agent, broker, navigator or certified application counselor or may call the Exchange directly at 1-800-318-2596 (TTY: 1-855-889-4325) or visit Healthcare.gov.

Can I change to another insurer?

SMALL GROUP

If you are a small employer or covered as part of a group health plan, including one sold through the Small Business Health Options Program (SHOP) Exchange, 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.

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 after June 30, 2016, any financial help for premiums and out-of-pocket costs, like co-pays and deductibles, will end.

INDIVIDUAL

If you have a policy with a subsidy, you are strongly encouraged to apply for other coverage through Healthcare.gov or by calling the Exchange Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) now through August 29, 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. You can also consult with an agent, broker, navigator or certified application counselor.

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

SMALL GROUP

If you are a small employer or covered as part of a group health plan on the Small Business Health Options Program (SHOP) Exchange, you can change to an alternative plan by contacting your agent or broker or by calling the SHOP Call Center at 1-800-706-7893.

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.

In addition, after June 30, 2016, any financial subsidy for premiums and out-of-pocket costs, like co-pays and deductibles, will end.

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>

SPECIAL ENROLLMENT PERIODS & SUBSIDIES

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?

INDIVIDUAL

The InHealth off exchange SEP has ended. However, you may sign up through Healthcare.gov through August 29, 2016. Please consult with an agent or broker.

I purchased my InHealth Mutual coverage ON-Exchange and RECEIVE a subsidy. Am I qualified for a special enrollment period to obtain new coverage?

INDIVIDUAL

Yes. Individual InHealth Mutual members who purchased their plans on healthcare.gov and receive a federal subsidy qualify for a special enrollment period ending August 29, 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 or call 1-800-318-2596 (TTY: 1-855-889-4325). You can also consult with an agent, broker, navigator or certified application counselor.

Will my subsidy be affected?

Yes, if you are eligible for subsidies, your subsidy is likely affected. You will need to contact Healthcare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to discuss your subsidy.

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

INDIVIDUAL

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 premium.

COVERAGE CONCERNS

Can I still submit claims?

Yes, submit your claims to InHealth Mutual as usual.

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.

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.

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.

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.

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.

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.

REFUNDS

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.

What happens if I cancel my InHealth coverage and enroll in a new Exchange plan with a start date of June 1, 2016?

If you choose to enroll in a new Exchange plan under a Special Enrollment Period, with a coverage start date of June 1, 2016, your coverage with InHealth will stop on June 1, 2016, and no claims will be paid by InHealth after May 31, 2016. InHealth 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.

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.

CANCELLATION

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.

What happens if I cancel my InHealth policy?

Your policy with InHealth Mutual will stop and claims for services provided after the date of cancellation will not be paid.

AGENTS/BROKERS

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 (approximately January 2017). 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: liquidator@insurance.ohio.gov.

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.