

Quick Guide to Navigating Health Insurance When Moving

When you are moving, either to a new zip code, or a new state, it is important to review your health insurance options to see if you need to make any changes to your coverage. If your move causes you to have to change your health care providers, the first step is to check if any new plans that you are considering will cover those providers. This Quick Guide covers how to make changes if you have a plan through the State Health Insurance Marketplace, an employer, Medicare, or Medicaid.

State Health Insurance Marketplace

Open enrollment for the Marketplace begins 11/1 and will end on 1/15. If you are in a state that runs its own Marketplace open enrollment may end at a different time. During open enrollment, you can make changes to your coverage. The earliest that coverage will begin is 1/1. If you move outside the open enrollment period, certain moves qualify you for a 60-day special enrollment period (SEP):

- Moving to a new zip code or county
- Moving to the U.S. from a foreign country or U.S. territory
- Students moving to/from the place you attend school
- Seasonal workers moving to/from the place you live and work
- Moving to/from a shelter or transitional housing



To qualify for an SEP, you must prove that you had qualifying insurance for at least one day during the 60 days before your move (unless you are moving from a foreign country or U.S. territory).

COVID-19: If you qualified for a SEP, but missed your deadline because of a COVID-19 emergency, you may still be eligible for an SEP. Contact the Marketplace at 800-318-2596 for help.

Moving Within the Same State: If you are moving to a new address within the same state, you may be able to keep your current plan if the plan's network still includes the geographic area where you are moving to. You still need to report your move to the Marketplace: (note: you cannot update your account by mail)

- *Online:* Log into your HealthCare.gov account → Select the application you want to update → Click "Report a Life Change" → Follow prompts to see your new eligibility results. All steps on the To-Do list must be completed for the changes to take effect.
- *By Phone:* 800-318-2596.
- *In Person:* Find in-person assistance at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).



Moving Out of State: If you are moving to a new state, you may not want to keep your current plan, because most plans will not cover in-network providers in another state. You will need to start a new Marketplace application and enroll in a plan in your new state. You can complete this process online:

- Log in to your HealthCare.gov account → Select your new state* → Click "Apply or Renew" to start a new application. Then you will see the plans/prices available to you.

*If your new state is not listed, it may run its own Marketplace instead of using HealthCare.gov. Visit [HealthCare.gov/marketplace-in-your-state](https://www.healthcare.gov/marketplace-in-your-state) to apply in these states: CA, CO, CT, DC, ID, MD, MA, MN, NV, NJ, NY, PA, RI, VT, WA.

For more information: [HealthCare.gov/reporting-changes/when-you-move](https://www.healthcare.gov/reporting-changes/when-you-move). For more information about Marketplaces, read our Quick Guide to State Health Insurance Marketplaces: [TriageCancer.org/QuickGuide-Marketplaces](https://www.triagecancer.org/QuickGuide-Marketplaces)

Employer

If you are moving, but keeping your job:

You may be able to keep your current health insurance plan if the plan's network still includes the geographic area where you are moving to. Contact your employer and/or your insurance company for details about how your move will affect your insurance.

If you are moving and leaving your job:

Because you will lose your health insurance through your employer when you leave your job, you will need to (1) figure out your health insurance options moving forward, and (2) make sure there is no lapse in your coverage. You may be eligible for COBRA, Medicare, or Medicaid, or you may be able to move to another group plan, such as through a spouse or parent.

If you are moving to a new job that offers health insurance, there may be a waiting period up to 90 days, before you are eligible, so you will need to think about your options to cover that gap.

For more information, read our Quick Guide to Options When Losing Employer-Sponsored Insurance:

[TriageCancer.org/QuickGuide-LosingInsurance](https://www.triagecancer.org/QuickGuide-LosingInsurance) or watch Triage Cancer Explains: Options When Losing Insurance at Work: [TriageCancer.org/Video-LosingInsurance](https://www.triagecancer.org/Video-LosingInsurance).

Medicare

If you have Medicare and you recently moved or plan to move, you must update your address by calling the Social Security Administration (SSA) at 800-772-1213.

You can make changes to your Medicare coverage during the open enrollment period from 10/15 to 12/7, each year. But, if you move outside the open enrollment period, certain moves qualify you for a special enrollment period (SEP) to make changes to your Medicare coverage.

- If you tell Medicare *before* you move, your SEP begins the month before the month you move and continues for two full months after you move.
- If you tell Medicare *after* you move, your SEP begins the month you tell your plan and continues for two more full months.
- If you are moving into or out of a nursing facility, long-term care hospital, or similar facility, your SEP lasts as long as you live in the facility and for two full months after you move out.

Your next steps to update your Medicare plan will depend on where you are moving and what type of Medicare coverage you have:

Original Medicare (Part A + Part B) & Medigap Plans

You can keep Original Medicare no matter where you live in the United States, because Medicare covers any providers across the country who contract with Medicare. As long as you still have Original Medicare, you can also generally keep your current Medigap plan. Except, if you are moving to or from Massachusetts, Wisconsin, or Minnesota, those three states have unique Medigap options. Contact your new state's department of insurance.

Medicare Advantage Plans (Part C) & Prescription Drug Plans (Part D)

If you are moving to a new address that is **in your plan's service area**:

- *Option 1:* Keep your current Part C plan and/or Part D plan during your SEP.
- *Option 2:* If new options are offered at your new address, you can sign up for a new Part C and/or Part D plan during your SEP.
- *Option 3:* Return to Original Medicare. But, you will need to sign up for a new Part D plan during your SEP, if you want to keep prescription drug coverage.



If you are moving **out of your plan's service area**:

- **Option 1:** Switch to a new Part C plan and/or Part D plan during your SEP.
- **Option 2:** Return to Original Medicare. If you move out of your Part C plan's service area and do not enroll in a new Part C plan during your SEP, you will be automatically enrolled in Original Medicare as a default. You will need to sign up for a new Part D plan during your SEP, if you want to keep prescription drug coverage.

For more information www.Medicare.gov/sign-up-change-plans/when-can-i-join-a-health-or-drug-plan/special-circumstances-special-enrollment-periods.

Medicaid

Medicaid is a federal program, but each state operates its own Medicaid program and can have different rules. This means you cannot transfer your Medicaid coverage from one state to another, and you cannot have Medicaid coverage in two states at the same time. But if you plan ahead, you may be able to get Medicaid in a new state in time to avoid a gap in your coverage. It is important to talk to your health care team to let them know you are considering moving, as they may be able to help with the transfer of your medical care and your Medicaid coverage.

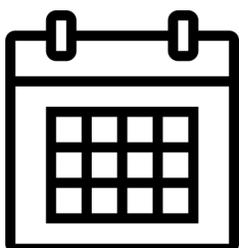
Research the Medicaid Rules in your New State

In all states, you qualify for Medicaid if you meet the income and resource (asset) requirements and you meet another category of eligibility, such as having a disability. But details vary by state. So, it is important to learn about the eligibility rules in your new state, because they may be different from where you live now. Contact your new state's Medicaid agency (TriageCancer.org/StateResources).

Some states offer "expanded Medicaid," which may make it easier to qualify for Medicaid, because it is available to adults under 65, with a household income up to 138% of the Federal Poverty Level (FPL). Find out if your state offers expanded Medicaid at TriageCancer.org/Medicaid-Expansion. Minnesota and New York also give individuals with a household income between 138-200% FPL access to Medicaid through the Basic Health Program. For expanded Medicaid there is no asset requirement and you don't have to meet another category of eligibility.

You should also look to see how Medicaid benefits in your new state compare to your current benefits. For example, your new state may offer more or less optional benefits, such as dental coverage.

Household Size	138% FPL in 2021 (AK and HI have higher income levels)
1	\$17,774
2	\$24,040
3	\$30,305
4	\$36,570
5	\$42,835
6	\$49,100



Consider the Timing of Your Move

To avoid a lapse in your coverage, you should also consider the timing of your move. Because most states end existing Medicaid coverage at the end of the month, the best way to prevent a lapse is to move close to the end of the month, cancel your coverage in your original state, and immediately apply for coverage in your new state. On average, it takes 7 to 90 days for Medicaid applications to be processed by a state.

If you cannot avoid a gap in coverage, you may still benefit from Medicaid. Once you've been approved for coverage, you can apply for retroactive Medicaid coverage to help pay for certain health care expenses accrued up to three months before your application date. To qualify, you must have been eligible for Medicaid during those three months, and your state may require additional qualifications for retroactive eligibility. Note: Some states have dropped retroactive coverage (e.g., Arkansas, Arizona, Florida, Iowa, Indiana, Kentucky, New Hampshire).

Apply for Medicaid in Your New State

Once you are ready to apply for Medicaid, you can do so by:

- Applying directly through the state Medicaid agency, or
- Applying through the Marketplace. If anyone in your household is eligible for Medicaid, your information will automatically be sent to your state Medicaid agency. This is the best option if you are unsure of your eligibility or want to learn more about income-based insurance options that you may qualify for.



Moving with Medicaid Example:

- Let's say you're moving from California to Texas, and you want to know if you qualify for Medicaid in Texas. You are 45 years old and earn \$16,200 a year. You have \$1,700 in savings. You qualify for expanded Medicaid in California, because your income is under 138% of the FPL (or \$17,774). Now you need to figure out if you qualify for Medicaid in Texas, which does not have expanded Medicaid. But, you have a disability, so you might be able to get Medicaid. Your assets are under the \$2,000 limit. Unfortunately, the income limits for that Medicaid program in Texas are \$9,528 a year. So, you make too much to qualify for Medicaid in Texas. You could look at your health insurance options in the State Health Insurance Marketplace at [HealthCare.gov](https://www.healthcare.gov).
- If, instead, you were moving from Texas to California, you would be eligible for expanded Medicaid in California. In that case, you should close out your Medicaid coverage in Texas at the end of the month, and file immediately in California after you move. Remember, you can file for retroactive Medicaid for care you receive up to three months before your Medicaid coverage begins, so that you don't have to pause treatment due to a temporary lapse in Medicaid coverage.



Considerations for Picking a Health Insurance Plan

If you are in a position where you need to compare new health insurance options. There are a few key things to consider when picking a health insurance plan:

- What will the plan actually cost me?
- Are my health care providers and facilities included in the plan's network?
- Does the plan cover my prescription drugs and any pharmacies I use?

When comparing plans, it can be tempting to just choose the one with the lowest monthly premium. But, to figure out the total cost for the year, including your out-of-pocket expenses, you have to do some math:

$$\text{(Plan's monthly premium} \times 12 \text{ months)} + \text{Plan's out-of-pocket maximum} = \text{Total annual cost}$$

For more information about health insurance, visit [TriageCancer.org/HealthInsurance](https://www.triagecancer.org/HealthInsurance)