ND RYAN WHITE PROGRAM REQUEST FOR INSURANCE PREMIUM ASSISTANCE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 60502 (11-2026)

Please complete this form to request monthly premium assistance from the Ryan White program for private individual health insurance through the Marketplace.

Name	RW Number
Telephone Number	Email

Open enrollment for health insurance through the Marketplace is from **November 1st to December 15th**, for coverage starting January 1st, 2027.

You may also enroll during the 60-day special enrollment period after losing health coverage or another life-changing event.

If you qualify for Medicaid, Medicare, or affordable employer-based coverage, you **do not** qualify for premium tax credits or Ryan White premium assistance for Marketplace coverage.

1. **GET YOUR DOCUMENTS READY**

Before you enroll, gather the information you will need:

- Income information for everyone applying
- Social Security numbers
- Immigration documents (if needed)
- A completed Employer Coverage Tool for anyone in your household who works: https://www.healthcare.gov/downloads/employer-coverage-tool.pdf
- Full list of documents is posted at: www.healthcare.gov/downloads/apply-for-or-renew-coverage.pdf.

2. **ENROLL IN COVERAGE**

Your case manager or the RW program specialist will help you enroll or give you information about where to get help with enrollment. You can also:

a. Call the Marketplace at 1-800-318-2596
b. Visit www.healthcare.gov to enroll or renew your coverage

Your Marketplace Account Information

Account Login	Account Password

If someone is helping you with the enrollment, enter their information.

Name	Title

Organization	Telephone No.

3. **SIGN UP FOR THE TAX CREDIT TO LOWER YOUR MONTHLY PREMIUM.**
   ☐ I am eligible and have signed up for the tax credit.
   ☐ I am not eligible for the tax credit because: _____

4. **CHOOSE A HEALTH PLAN: RECOMMENDED PLANS FOR RYAN WHITE CLIENTS FOR 2027**

If your income is below 250% of the federal poverty level ($39,900 for one person), you may qualify for cost-sharing reductions. If you qualify, please choose one of the following Silver plans.
☐ **BlueValue Silver $40 PCP Copay Standardized plan** (also known as BlueValue Silver 60 6400) BlueCross BlueShield of North Dakota, Silver PPO Plan, Plan ID: 37160ND2410027 Summary of Benefits: https://beonbrand.getbynder.com/asset/2f9e89ae-bb56-400b-a966-63d2ced5fb6a/SBC-Individual-BlueValue-Silver-40-PCP-Copay-Standardized-plan.pdf
☐ **Sanford Individual Simplicity Standardized $6,400** Sanford Health Plan, Silver PPO Plan, Plan ID: 89364ND0120017 Summary of Benefits: https://www.sanfordhealthplan.com/-/media/plan-documents/2027/py27indsimp_6400_nd_hp-485 2.pdf
If your income is above 250% of the federal poverty level ($39,900 for one person), you may not qualify for cost-sharing help. If you do not qualify for cost-sharing, please choose one of the following Gold plans.
☐ **BlueValue Gold $30 PCP Copay Standardized plan** (also known as BlueValue Gold 75 2500) Blue Cross Blue Shield of North Dakota, Gold PPO Plan, Plan ID: 37160ND2410026 Summary of Benefits: https://beonbrand.getbynder.com/asset/f1182811-1b89-44f3-9b76-2473ed9755b2/SBC-Individual-BlueValue-Gold-30-PCP-Copay-Standardized-plan.pdf
☐ **Sanford Individual Simplicity Standardized $2,500** Sanford Health Plan, Gold PPO Plan, Plan ID: 89364ND0120018 Summary of Benefits: https://www.sanfordhealthplan.com/-/media/plan-documents/2027/py27indsimp_2500_nd_hp-4860.pdf

If enrolled in a plan not listed above, what is the plan name?	Plan Level

ENTER THE 2027 PLAN INFORMATION

Plan Start Date	**Full Premium Amount $**	**Tax Credit Amount $**	**Premium After Tax Credit $**

5. **PROVIDE PROOF OF PREMIUM:** Print a screenshot that shows your premium amount and your name. Give this to your case manager to pay. Bring the monthly premium statements to your case manager each month for payment. Bring a copy of your insurance card once you receive it.

6. **LET YOUR CASE MANAGER KNOW IF THERE ARE ANY CHANGES TO:**
   a. Your premium amount
   b. Your job or employment status

c. Your household income
d. Your household size
e. Your address
f. Your citizenship status

These changes affect your premium, whether you qualify for premium assistance, and whether you will owe tax credit on your taxes.

7. **FILE TAXES**
You must file your taxes to report the tax credit you received. This helps you continue to receive the monthly tax credit.

8. **RETURN REFUNDS OR OVERPAYMENTS**
If you receive any refunds or rebates from the insurance provider for premiums paid by the Ryan White Program, you must return them to the Ryan White Program. If you receive a check from the insurance company, bring it to your case manager.

9. **CANCEL YOUR MARKETPLACE INSURANCE POLICY**
If you become eligible for insurance through your job or through someone else in your household, Medicaid, Medicare, or if you are no longer eligible for the Ryan White Program, you must cancel your Marketplace plan. Your plan will not end automatically.
   a. Call the Marketplace at 1-800-318-2596 to cancel the policy.
   b. Let your case manager know if you need help canceling your policy.

SIGNATURES

Client/Guardian Signature	Date
Case Manager Signature	Date