

Please complete this form to request monthly premium	assistance from the Ryan White program for private
ndividual health insurance through the Marketplace. Name	RW Number
Telephone No.	Email
oss of health coverage or another qualifying event. Ind	oll during the 60-day special enrollment period after the
1. <b>Before enrollment, gather the documents and in</b> This includes income information for everyone applying documentation, and a completed Employer Coverage Toverage-tool.pdf) for all employed household member	for insurance, social security numbers, immigration ool (

☐ BlueCare Silver \$20 PCP Copay ☐ Sanford Individual Simplicity \$3,500 (also known as BlueCare Silver 60) Sanford Health Plan BlueCross BlueShield of North Dakota Silver PPO Plan Silver PPO Plan Plan ID: 89364ND0120001 Plan ID: 37160ND2410002 Summary of Benefits:

Summary of Benefits:	https://www.sanfordhealthplan.com/-/media/plan-
https://www.bcbsnd.com/content/dam/bcbsnd/documents/	documents/2026/py26indsimp_3500_nd_hp2821.pdf
plans/2026/individual-metallic/bluecare/BlueCareSilver60-	
3500 IND ONX OFX 20260101 SBC.pdf	
If you do not qualify for cost-sharing (your income is	above 250% of the poverty level or \$39,125 for a
household of one), please select one of the following	Gold plans.
☐ BlueCare Gold \$10 PCP Copay	☐ Sanford Individual Simplicity Standardized
(also known as BlueCare Gold 70 2000)	\$2,000
Blue Cross Blue Shield of North Dakota	Sanford Health Plan
Gold PPO Plan	Gold PPO Plan
Plan ID: 37160ND2410005	Plan ID: 89364ND0120018
Summary of Benefits:	Summary of Benefits:
https://www.bcbsnd.com/content/dam/bcbsnd/documents/	https://www.sanfordhealthplan.com/-/media/plan-
plans/2026/individual-metallic/bluecare/BlueCareGold70-	documents/2026/py26indsimp st 2000 nd hp4860.pdf
2000 IND ONX OFX 20260101 SBC.pdf	
If you are enrolled in a plan that is not listed above, what i	the plan name? Plan Level
Please enter the plan information.	
Plan Start Date Full Premium Amount T	ax Credit Amount Premium Minus the Tax Credit
	your name and bring it to your case manager to have

- 5. **Print a screenshot of the premium amount and your name and bring it to your case manager to pay.**Bring the monthly premium statements to your case manager each month for reimbursement. Bring a copy of your card to your case manager once you receive it.
- 6. Sign the insurance provider disclosure form to allow your case manager and the Ryan White program coordinator to get access to your premium information from the insurance provider.
- 7. Immediately inform your case manager of any changes to your premium amount, employment status, household income, household size, residency, or citizenship status. These changes affect your monthly premium and eligibility for premium assistance.
- 8. File taxes to reconcile the tax credit received and continue to receive the monthly tax credit.
- 9. Any premium refunds or rebates for premiums paid by the Ryan White program must be returned to the Ryan White program. If you receive a check from the insurance company, bring it to your case manager.
- 10. Canceling your insurance policy: If you become eligible for insurance through your employer, Medicaid, Medicare, or are no longer eligible for the North Dakota Ryan White Program, you must cancel your policy by calling the Marketplace at 1-800-318-2596. Your policy will not automatically end, and you will continue to receive monthly premium statements.

Client/Guardian Signature	Date
Case Manager Signature	Date