ND RYAN WHITE PROGRAM PART B REQUEST FOR PREMIUM ASSISTANCE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 60502 (11-2023)

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 No.	Email

Open enrollment for health insurance through the Marketplace is each year from November 1ˢᵗ through December 15ᵗʰ, for coverage starting January 1ˢᵗ. Individuals can also enroll during the 60-day special enrollment period after the loss of health coverage or another qualifying event. Individuals with income below 150% ($21,870) who do not qualify for Medicaid can enroll at any time. To enroll, please follow the steps listed below.

1. Prior to enrollment, gather the documents and information you will need.

This includes income information for everyone applying for insurance, social security numbers, immigration documentation, and completed Employer Coverage Tool (www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/HIV/RWEmployerCoverageTool.pdf) for all employed household members. To vier the full list of needed documents, visit www.healthcare.gov/downloads/apply-for-or-renew-coverage.pdf.

2. Marketplace enrollment options:

Your case manager will provide you with information on where you can receive enrollment assistance. You can also contact the Marketplace at 1-800-318-2596 or visit www.healthcare.gov to enroll.

Please provide your Marketplace account information:

Account Login	Account Password

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

Name	Title
Organization	Telephone No.

3. Sign up for an advanced premium tax credit (APTC) to lower the monthly premium.

☐ I am eligible and have signed up for the advanced tax credit.

☐ I am not eligible for the tax credit because: _____

4. Select one of the following plans recommended for Ryan White clients for 2024.

If you qualify for cost-sharing reductions (your income is below 250% of the poverty level or $36,450 for a household of one), please select one of the following Silver level plans.	
☐ **BlueCare 60 Silver** BlueCross BlueShield of North Dakota Silver PPO Plan Plan ID: 37160ND2410002	☐ **Sanford Individual Simplicity $3,500** Sanford Health Plan Silver PPO Plan Plan ID: 89364ND0120003

If you do not qualify for cost-sharing (your income is above 250% of the poverty level or $36,450 for a household of one), please select one of the following Gold level plans.	
☐ **BlueCare 70 Gold** Blue Cross Blue Shield of North Dakota Gold PPO Plan Plan ID: 37160ND2410005	☐ **Sanford Individual Simplicity Standardized $1,500** Sanford Health Plan Gold PPO Plan Plan ID: 89364ND0120018

Please enter the plan information.

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

5. **Print a screenshot of the premium amount and your name and bring it to your case manager for the initial premium payment.** Bring the monthly premium statements to your case manager each month for reimbursement.

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. **Let your case manager know of any changes in your premium amount, employment status, household income, residency, or citizenship status right away.** 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.

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