

Do you need health coverage?
Do you have health issues and aren't sure how to get health services, prescriptions, or other health support safely?

Ingham County Health Department (ICHD) is here to help.

1 The **Registration & Enrollment Team** at ICHD can help residents of Ingham County and/or Lansing learn about options for health coverage. Call or email:

517-887-4306 / msmith@ingham.org

- Community Health Workers, Community Health Representatives and other staff can help you figure out if you are eligible for Medicaid, Ingham Health Plan or Marketplace coverage. If you are eligible for these plans, staff can provide phone-based help to you in completing your application. Help exploring plans and completing applications is available to all county residents including individuals without internet or computer access.
- For help learning about options and completing applications, contact Registration & Enrollment at **517-887-4306** and leave your name and phone number. This line is checked throughout the day, Monday through Friday, with a goal of returning all calls within 24 hours. You can also email the R&E Team leader at **msmith@ingham.org** with your name and phone number to receive help from this group.

2 The **Pathways to Care Team** at ICHD can help Medicaid eligible residents of Ingham County and/or Lansing connect to and enroll in a variety of Medicaid-funded programs and services. Call or email:

517-272-4123 / enrollmentservices@ingham.org

- Community Health Workers can help you learn more about what is covered by Medicaid and help you enroll in Medicaid-funded programs and services.
- Community Health Workers can help you connect with community, medical and social services to help you get safe healthcare options, including phone-based and/or video-based healthcare and substance abuse recovery support. Staff can also help you get care even if you do not currently have a regular doctor.
- For more information or to get help from Pathways to Care, call Sarah Kenney at **517-272-4123** or email **enrollmentservices@ingham.org**.

Health Plan Eligibility & Application Highlights: Medicaid, Ingham Health Plan and Marketplace

Medicaid

You may be eligible for full Medicaid if all of these are true for you:

- You have been a permanent resident of the United States for 5 years or more*
- You meet these income guidelines:

# people in your household	2021 maximum annual gross income (income before taxes) of your household
1	\$17,774
2	\$24,040
3	\$30,305
4	\$36,570
5	\$42,835
6	\$49,100

*If you have been a resident of the United States for less than five years and meet the income guidelines above, you may qualify for a limited Medicaid benefit (emergency services only) that can be coupled with Ingham Health Plan for regular doctor appointments and prescription coverage.

If you are not sure what your 2021 gross income is going to be and you need health insurance, YOU CAN APPLY for Medicaid and explain your situation. A new section at the end of the application asks:

"What else would you like us to know?" If you've been laid off, what date? When did you get your last paycheck or expect it and the estimated amount? Where did you work? (Employer name, job title, last day of work, date of last check, and employer phone number). If your hours have been reduced, what date? For housing expenses, please provide rent amount, landlord name and phone number."

People who live in Michigan must apply for Medicaid online, using the forms provided at www.mibridges.michigan.gov. If you lost your employer-based health coverage due to layoff/job loss/unemployment, you will need to know your exact termination date in order to enter that date into the application. Ingham County residents can get phone-based help with the application by calling Ingham County Health Department at 517-887-4306 or emailing msmith@ingham.org.

Once you are approved, you will receive a letter to allow you to pick the Medicaid Plan that will work best for you and instructions on how to select a plan. Each plan covers slightly different types of services and benefits and different provider networks. Once you have selected the plan that best fits your needs, you will receive an insurance card with your unique health plan number. This card allows you to access services that will be paid by the health plan.

<https://www.michigan.gov/healthymiplan>

If you are applying for healthcare coverage for children or you are pregnant, the income guidelines are a little higher. By completing the application, the Michigan Department of Health and Human Services will determine which benefits you qualify for based on your situation.

Ingham Health Plan

You may be able to enroll in Ingham Health Plan if all of these are true for you:

- You live in Ingham County
- You DO NOT have full Medicaid or employer-provided insurance*
- You meet these income guidelines:

*If you have a Medicaid plan with a spend-down requirement or emergency services only, you are likely to be eligible for Ingham Health Plan to help cover spend-down costs and non-emergency services.

# people in your household	2021 maximum annual gross income (income before taxes) of your household
1	\$32,200
2	\$43,550
3	\$54,900
4	\$66,250
5	\$77,600
6	\$88,950

Ingham Health Plan Website link for ONLINE APPLICATION. : www.ihpmi.org

Marketplace Health Coverage

(Also known as ACA/Affordable Care Act or Obamacare Coverage)

If you live in the United States and you do not qualify for Medicaid or Ingham Health Plan, or your employer-based plan requires you to pay more than 9.8% of your income towards healthcare, you are likely to be eligible for “Marketplace” coverage.

Marketplace coverage has no income caps/limits. The main difference between Medicaid plans and Marketplace plans is that full Medicaid plans require you to pay roughly \$0-\$10 for most services and benefits and no monthly premium, whereas Marketplace plans required you to pay a monthly cost to have the insurance (a monthly premium) as well as deductibles and copays ranging from \$20-\$50 and upwards for services and benefits depending on your income and the plan you choose.

Outside of designated open enrollment dates announced throughout the year by the Centers for Medicaid and Medicare services, you can get Marketplace coverage if you lose job-based coverage, have a baby, get married, or have certain other life changes described at www.healthcare.gov/glossary/qualifying-life-event/

If you lose job-based coverage and want to apply for Marketplace coverage, you must complete your application within **60 days** of losing your healthcare coverage, or you will have to wait for the next “open enrollment” time period to be announced (typically November 1-December 15 each year.)

Think you may qualify for a Special Enrollment Period but not sure? Visit www.healthcare.gov/screener/ to find out.

Marketplace website: www.healthcare.gov



From Healthcare.gov regarding who qualifies for a Special Enrollment Period:

- **If you lost your job-based health plan:** You may qualify for a Special Enrollment Period if you lost health coverage through your employer or the employer of a family member **in the past 60 days** OR you expect to lose coverage **in the next 60 days**, including if you lose health coverage through a parent or guardian because you're no longer a dependent. **Note:** Losing coverage you have as a dependent doesn't qualify you for a Special Enrollment Period if you voluntarily drop the coverage. You also don't qualify if you or your family member loses coverage because you don't pay your premium.
- **If your employer reduced the hours you work and you're enrolled in a Marketplace plan:** Update your application immediately within **30 days** to report any household income changes. You may qualify for more savings than you're getting now. Learn how to report changes.
- **If you were furloughed:** In some situations depending on the status of your health coverage from your employer, you may qualify for a Special Enrollment Period. You may be eligible for a premium tax credit to help pay for Marketplace coverage too. Create an account or log in to start your Marketplace application to find out if you qualify.
- **If you have COBRA continuation coverage:**
 - If you're entitled to COBRA continuation coverage after you lost your job-based coverage, you may still qualify for a Special Enrollment Period due to loss of coverage. You have **60 days** after your loss of pre-COBRA job-based coverage to enroll in Marketplace coverage. You may also qualify for premium tax credits if you end your COBRA continuation coverage.
 - If you're enrolled in COBRA continuation coverage, you may qualify for a Special Enrollment Period if your COBRA continuation coverage costs change because your former employer stopped contributing, so you have to pay full cost. Learn more about COBRA continuation coverage and the Marketplace.
- **If you lost your job, but didn't also lose health coverage, because your former job didn't offer coverage:** You generally won't qualify for a Special Enrollment Period. By itself, a job loss (or a change in income) doesn't make you eligible for a Special Enrollment Period to enroll in Marketplace coverage. See if you qualify for a Special Enrollment Period another way.