



ND RYAN WHITE PROGRAM PART B REQUEST FOR MARKETPLACE HEALTH INSURANCE PREMIUM ASSISTANCE
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF SEXUALLY TRANSMITTED AND BLOODBORNE DISEASES
 11-2021

Please complete this form if requesting monthly premium assistance through the Ryan White program for private-individual health insurance through the Marketplace.

Name	RW Client No.
Telephone No.	Email

Open enrollment for 2022 health insurance is November 1st through **January 15th, 2022**. To enroll in health insurance through the Marketplace, please follow the steps below.

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

This includes income information for everyone applying for insurance, citizenship and immigration documentation, social security numbers, and completed Employer Coverage Tool (www.famhealthcare.org/wp-content/uploads/2017/09/ECTF.jpg) for all employed household members. Marketplace checklist of needed documents for enrollment in coverage can be found at 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
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If someone is helping you with the enrollment, please enter their information:

Name	Title
Organization	Telephone No.

3. Sign up for 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 2022.

If you qualify for cost-sharing reductions (your income is below 250% of the poverty level or \$32,200 for a household of one), please select one of the following Silver plans.	
<input type="checkbox"/> BlueCare 70 Silver BlueCross BlueShield of North Dakota Silver PPO Plan Plan ID: 37160ND2410002	<input type="checkbox"/> Sanford TRUE \$4,750 Sanford Health Plan Silver HMO Plan Plan ID: 89364ND0090016
If you do not qualify for cost-sharing (your income is above 250% of the poverty level or \$32,200 for a household of one), please select one of the following Gold plans.	
<input type="checkbox"/> BlueCare 70 Gold Blue Cross Blue Shield of North Dakota	<input type="checkbox"/> Sanford TRUE \$1,750 Sanford Health Plan

Gold PPO Plan Plan ID: 37160ND2410005	Gold HMO Plan Plan ID: 89364ND0090018
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Please enter the information for the plan you enrolled in.

Plan Start Date	Full Premium Amount	Tax Credit Amount	Premium After the Tax Credit
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5. **Print a screen shot of the premium amount and your name and bring to your case manager for the initial premium payment.** Bring the monthly premium statements to your case manager by the 15th of the month for payment.
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** for 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 or the insurance carrier. Your policy will not automatically end, and you will continue to get premium statements.

Client Signature	Date
Case Manager Signature	Date