



Still Have the Same Health Plan You Had in 2013?

If you're still enrolled in the same health insurance plan you had in 2013, it might not cover essential health benefits or provide other consumer protections that Health Insurance Marketplace® plans do. Here's what you can do to make sure you're fully protected:

1. Review your plan's benefits

Your health plan probably doesn't cover all benefits now required of many plans or policies. Make sure the plan you've been enrolled in since 2013 covers:

- Ambulatory patient services (outpatient care you get without being admitted to the hospital)
- Emergency services

- Hospitalization (like surgery)
- Pregnancy, maternity, and newborn care (care before and after your baby is born)
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Laboratory services (like blood tests to check cholesterol)
- Preventive and wellness services and chronic disease management
- Pediatric services, including pediatric oral and vision care

2. Check your options

Your insurance company must send you a letter every year about your options. They'll tell you about consumer protections that are available in other health plans, and how you can get help through the Marketplace.

Even if you're still enrolled in the same plan you had in 2013, you can change to a Marketplace plan during the yearly Open Enrollment Period (November 1 to January 15), or during a Special Enrollment Period based on your income or if you have a life change (like losing health coverage, moving, getting married, or having a baby). You also can switch to another plan offered outside the Marketplace.

3. Find out if you qualify for Marketplace savings

When you apply for Marketplace coverage, you'll find out if you qualify for:

- A tax credit to help pay your monthly premium
- Extra savings (called "cost-sharing reductions") on out-of-pocket costs, like copayments and deductibles
- Free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP)

Before you apply, you can find out if you might qualify for savings by visiting [HealthCare.gov/lower-costs](https://www.healthcare.gov/lower-costs).

How can I learn more?

To learn more about coverage through the Marketplace or your benefits and protections, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

You have the right to get your information in an accessible format, like large print, braille, or audio.

You also have the right to file a complaint if you feel you've been discriminated against.

Visit [CMS.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice) or call 1-800-318-2596. TTY users can call 1-855-889-4325.

Health Insurance Marketplace

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