What to Expect From the Affordable Care Act Open Enrollment for 2017

If you want coverage that starts January 1, you must select a plan by December 15.

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Open enrollment—it's a new rite of fall, up there with watching the leaves turn colors while sipping pumpkin spice lattes and wearing sweaters. On November 1, 2016, the 2017 qualified health plans (QHPs) will get posted to all the state marketplaces. Individuals seeking health care through the marketplaces, including those living with HIV, will have until January 31, 2017 to enroll or change QHPs. People who want their 2017 coverage to start on January 1, 2017, however, will have to select a plan by December 15, 2016.

What to expect for 2017

The Affordable Care Act in general, and the marketplaces in particular, have been back in the news lately. For individuals looking to enroll in a 2017 QHP, the big stories relate to the number of offerings available in some states as well as increasing costs for coverage. People living with HIV also need to be concerned with increased discrimination in the form of hostile plan benefit designs for the 2017 QHPs.

One of the biggest stories about the marketplaces has been the number of insurers pulling out of them. United Healthcare and Aetna are two of the largest insurers who are not offering 2017 plans in many marketplaces that they were previously active in. Consumers in nearly 1,000 counties across the country will only have one available QHP in 2017. This means that for 2.3 million individuals, selecting a 2017 plan won't be much of a choice. Some of the counties with limited options will be in states such as Alabama, Alaska, Oklahoma, South Carolina, and Wyoming. Consumers in counties in Arizona, Mississippi, and Missouri are likely to see many fewer options.

Partially in result to the decreased competition, cost of the remaining 2017 QHPs may go up for some consumers. Kaiser Family Foundation estimated that premiums will increase by an average of 9% in 2017. Some insurers have filed rate increase requests of over 50%, but we won't know what has been officially approved by state regulators until the start of open enrollment.

Insurers are also responding to the pressures on the marketplaces by trying to discourage people living with HIV from enrolling in their plans, due to the increased costs of insuring someone living with HIV. This discrimination often takes the form of adverse tiering in their formularies—meaning an insurer will place all HIV medications on the formulary tier with the highest cost sharing (i.e., co-payments or co-insurance).

What to do during open enrollment

All individuals living with HIV with questions regarding open enrollment should be sure to check in with their state's navigators or certified application counselors for personalized advice. Individuals should not only consider premium costs, but also check if the 2017 QHP they are considering covers their HIV medications with reasonable cost sharing.

Some Ryan White programs will cover the cost of QHP enrollment, including premiums and any cost sharing, so people living with HIV should make sure to understand what sort of help they can

expect from these programs. It is crucial that individuals living with HIV understand what their ADAP will cover or not cover when it comes to premiums and cost sharing. In many states, the Ryan White program will recommend certain QHPs for people living with HIV—this advice should be seriously considered.

People enrolled in 2016 QHPs should not assume that they can just “roll over” into the corresponding 2017 QHP. Individuals living with HIV enrolled in 2016 QHPs should be sure to check if their insurer will continue to offer plans in their area. If that is the case, they should check if the 2017 version of their plan will have any premium increases, cost sharing increases, and will continue to cover the same HIV medications as in 2016.

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