PATIENT & PROVIDER Advocates for Telehealth

Navigating Open Enrollment

Ensuring Patient Access to Telehealth Services

Many people, especially those with chronic conditions, those who live in rural areas, and those with transportation issues, have come to rely on telehealth to access appropriate care. While in-person care is critical, patients who wish to continue having telehealth options need assurance that their insurance plan covers virtual care. With temporary changes to telehealth policy during the pandemic, it is important for patients to know their telehealth benefit options.



Review Your Current Insurance Plan

Review coverage in your current insurance plan and assess if your needs have changed. List out any new coverage needs.



Explore Available Insurance Plans

Whether you get insurance through your employer or your state insurance exchange, compare available plans and narrow down the ones that meet your needs. This includes reviewing telehealth coverage that is appropriate for your care.



Ensure Coverage of In-Network Providers & Telehealth

If you would like to continue seeing a current health care provider, make sure your plan, old or new, covers them in network and that telehealth is included in your coverage. Additionally, if you are looking for audio-only telehealth options, ensure that it is noted in the policy.



Ask Questions!

If you are unsure about your options, seek out expert advice. This can come from your human resources department, a licensed insurance advisor, Medicare.gov for Medicare enrollees or HealthCare.gov for marketplace enrollees.

DON'T LEAVE ENROLLMENT TO THE LAST MINUTE!

Medicare Enrollment

October 15: Enrollment starts December 7: Enrollment ends January 1: Coverage begins Visit medicare.gov

*Dates may vary by state or enrollment date

Affordable Care Act Exchange Enrollment

November 1:Enrollment startsJanuary 1:Coverage beginsJanuary 15:Enrollment endsVisit healthcare.gov

TelehealthAdvocates.org