

Brought to you by the State of Oregon

Have a problem with your insurance?

If you have problems after you sign up for insurance, contact the Division of Financial Regulation.

Visit go.usa.gov/xerSG

Call 888-877-4894 (toll-free)

Email DFR.InsuranceHelp@dcbs.oregon.gov

Other languages or formats?

Call 1-855-268-3767 (toll-free) from 8 a.m. to 5 p.m. Monday through Friday to request this information in Español, Русский, Tiếng Việt, 汉语, 漢語, large print, or another format.



**OREGON
HEALTHCARE.gov**

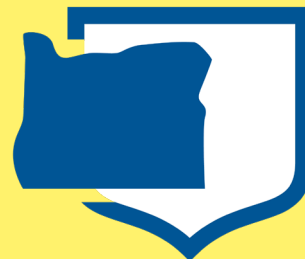
☎ 855-268-3767 (toll-free)

440-5168 (08/22)

Guide to Health Insurance for the LGBTQ Community



Affordable health plans
are available to all
Oregonians without
discrimination.



Transgender health care

Applying for coverage:

- When you apply for coverage, you should use the name on your Social Security card to prevent inconsistencies. The system will verify your identify using the Social Security Administration databases. You should also select the sex that appears on the majority of your legal documents. The Marketplace will not verify your sex against any other records, but the information on your application for coverage will be sent to your health insurance company.

Plans with transgender exclusions:

- Before enrolling in a plan, you should look at the complete terms of coverage that is included in the Evidence of Coverage, Certificate of Coverage, or other documents available from the insurer and on the Marketplace. These documents explain the full terms of coverage, including exclusions. If you have questions about what may or may not be covered by the plan, it is best to contact the insurance company directly and refer to the specific plan name as listed on the Summary of Benefits or other plan documents. Transgender health insurance exclusions may be unlawful sex discrimination. Health care law prohibits discrimination on the basis of sex, among other bases, in certain health programs and activities.

Preventive services:

- Plans purchased through the Marketplace must cover a set of preventive services such as immunizations and screening tests. Your health insurance company cannot limit sex-specific recommended preventive services based on your sex assigned at birth, gender identity, or recorded gender. If your doctor determines that the preventive service is medically appropriate for you, and you meet the criteria for the recommendation and coverage requirements, your plan must cover the service for you as outlined in the Summary of Benefits or other plan documents.

Find more information at HealthCare.gov/Transgender-Health-Care.

RESOURCES

OREGON TRANS HEALTH PROVIDER LIST
bit.ly/ORTransHealth

**TEN THINGS TRANSGENDER PEOPLE
SHOULD DISCUSS WITH THEIR PROVIDER**
bit.ly/10ThingstoDiscuss

**WHERE TO START, WHAT TO ASK:
STRONG FAMILIES GUIDE FOR LBGT
PEOPLE CHOOSING HEALTHCARE PLANS**
bit.ly/LGBTQHealthGuide

Q: Can I get help to pay for health insurance?

A: Yes. Last year, more than seven out of 10 Oregonians who bought insurance through the Marketplace received financial help, lowering their monthly premiums to as low as \$1 per month. Find out how much you can save at OregonHealthCare.gov/WindowShop.

Q: Who should I include in my household?

A: Marketplace plans that offer family coverage to a different-sex couple must offer the same coverage to same-sex married couples. You and your spouse should apply together if you are legally married and plan on filing federal taxes jointly.

Q: Do I really need health insurance? I never get sick.

A: Health insurance helps you stay healthy by covering preventive care, and it helps you avoid costly medical bills in the event of an illness or accident. Health plans offered through HealthCare.gov and the Oregon Health Plan (OHP) include many preventive services at no cost. Without health insurance, even a seemingly simple illness or minor accident can end up costing you tens or hundreds of thousands of dollars.

Find out what services are covered at bit.ly/OHIMcoverage.

Q: How do I find the best plan?

A: Here are the most important things to consider:

- Think about the type of care you need.
- Think about doctors or hospitals you want to keep visiting, as well as prescriptions you need covered.
- Think about how much you can spend, and look for plans that fit your budget. Consider the monthly payment, deductibles, and co-pays.

Q: This is confusing. Can someone help me?

A: Yes. Local community organizations and insurance agents across the state can help you find the health insurance plan that is best for you. Their help is free. Visit OregonHealthCare.gov or call 855-268-3767 (toll-free) to find someone near you.

Oregon Health Plan (Medicaid)

You and your family could qualify for free health coverage through the Oregon Health Plan (OHP). You can apply and enroll in OHP at any time throughout the year. When it is time to renew your OHP, you will get a letter in the mail.

For more information or to apply for free or low-cost health insurance through OHP, visit ONE.Oregon.gov or locate a community partner near you.



DON'T MISS THESE IMPORTANT DATES

NOV. 1

First day of Open Enrollment to sign up, renew, or change plans.

JAN. 15

Last day to apply and enroll into a health plan, unless you experience a qualifying life event mid-year. To learn about special enrollment periods, visit bit.ly/whencanlenroll.

TAKE ACTION NOW

SIGN UP, RENEW, OR CHANGE PLANS

HealthCare.gov

800-318-2596 (toll-free)

(TTY: 855-889-4325) 24 hours a day

GET FREE LOCAL HELP

OregonHealthCare.gov

855-268-3767 (toll-free)

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