



Bernhard *Insurance Group*

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Individual Health Insurance options and guidance

The following options are available when shopping for coverage:

Option 1: On Exchange / Marketplace (healthcare.gov)

Choose this option to see if there is a change to lower your health Insurance cost. Changes in April 2021 removed the income limit caps. Log on to **healthcare.gov** and apply for a subsidy to check your eligibility.

We recommend a multi-stage approach to reviewing options on the Federal Exchange / Marketplace.

1. Reach out to our office for a custom quote and link. We will work with you to confirm doctors are in network. This will help eliminate unwanted phone calls and emails.
[Link to HealthSherpa Site](#)
2. Visit www.healthcare.gov/see-plans . You will not need to create an account to see quotes.
3. You're welcome to create an account at healthcare.gov. In doing so, you will apply for a Subsidy by entering in your personal information, to include income on all household members who will appear on the same tax return. Allow 30-45 minutes to complete. During the process, you will be shown a screen labeled "**Help applying for coverage.**" On this screen, it is vital that you enter the following information:

Agent/Broker's name: Kirk Bernhard
National Producer Number (NPN): 2828814
FFM User ID: bernhardcms

Entering this information will ensure that we, as your agent, are able to assist with your coverage during the enrollment process and in the future.

4. Once you have verified your eligibility for a government subsidy, **please give us a call** to review your health insurance plan options.

NOTE: If you enroll online, please send us a copy of your enrollment summary.

Option 2: Off Exchange with a private insurance carrier

This option may be more appealing if you don't qualify for a subsidy or you want to avoid the healthcare.gov website.

The plan designs offered Off Exchange will be very similar to the plans offered On Exchange.



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Option 3: When choosing a carrier:

1. Make sure your doctors and hospitals are in network. Best to check **directly** at the Insurance Carriers website.
2. Check your prescriptions to make sure they are on the carrier's formulary.

Most carriers have limited networks based on geographical regions. Make sure you're comfortable with the limitations.

What is my penalty if I do not elect coverage health insurance?

For tax year 2019 and after, there is no penalty for not having affordable coverage.

For more information, please reach out to:

Kirk Bernhard, RHU
Employee Benefit Specialist
kirk@bkbernhard.com

Marie Fritsch
Marketing Assistant
marie@bernhardinsurance.com

Bernhard Insurance Group, LLC
www.bernhardinsurance.com

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Request to quote
Individual Health Insurance

Bernhard Insurance Group
Kirk Bernhard
kirk@bkbernhard.com
p 419.474.8340
f 866.505.8622

Referring Agent: _____

Date: _____

Name: _____ Gender: _____ Phone: _____

Address: _____ County: _____

City and State: _____ Zip Code: _____

Primary: _____ Date of Birth _____ Gender _____ Tobacco User: Yes / No

Spouse: _____ Date of Birth _____ Gender _____ Tobacco User: Yes / No

Child: _____ Date of Birth _____ Gender _____ Tobacco User: Yes / No

Child: _____ Date of Birth _____ Gender _____ Tobacco User: Yes / No

Child: _____ Date of Birth _____ Gender _____ Tobacco User: Yes / No

Email address: _____

Annual Household Income (MAGI): _____ (Needed for Subsidy on exchange quotes)

Individual's Occupation: _____ Self Employed? Yes / No

Do you have insurance currently? _____ If so, name of carrier _____

When will coverage end?: _____

What is your deductible? _____ Premium _____

Desired Deductible (Circle all that apply) 1000 1500 2500 5000 7000 H.S.A plan design

Please circle if interested in any of the following: Vision Dental

Does spouse have Group Healthcare available? Y / N (If yes, you may not be eligible for a subsidy.)

Physicians/Facilities you would like access to:

Doctor/Facility Name: _____ Specialty _____ Address _____

Doctor/Facility Name: _____ Specialty _____ Address _____

Doctor/Facility Name: _____ Specialty _____ Address _____

Doctor/Facility Name: _____ Specialty _____ Address _____

Please return form to Kirk Bernhard at:
Kirk@bkbernhard.com or fax to 866.505.8522.