ND RYAN WHITE PROGRAM REQUEST FOR INSURANCE PREMIUM ASSISTANCE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 60502 (11-2026)

Click Here to Clear Field Data

Complete this form to request monthly premium assistance from the Ryan White program for private individual health insurance through the Marketplace.

Name	RW Number
Telephone Number	Email Address

Open enrollment for health insurance through the Marketplace is from **November 1 to December 15**, for coverage starting January 1, 2027.

You may also enroll during the 60-day special enrollment period after losing health coverage or another life-changing event.

If you qualify for Medicaid, Medicare, or affordable employer-based coverage, you **do not** qualify for premium tax credits or Ryan White premium assistance for Marketplace coverage.

1. GET YOUR DOCUMENTS READY

Before you enroll, gather the information you will need:

- Income information for everyone applying
- Social Security numbers
- Immigration documents, if needed
- Completed Employer Coverage Tool for anyone in your household who works: https://www.healthcare.gov/downloads/employer-coverage-tool.pdf
- For a complete list of required documents, visit: https://www.healthcare.gov/downloads/apply-for-or-renew-coverage.pdf

2. ENROLL IN COVERAGE

Your case manager or the RW program specialist will help you enroll or give you information about where to get help with enrollment. You can also:

a. Call the Marketplace at 1-800-318-2596
b. To enroll or renew your coverage, visit: www.healthcare.gov

Your Marketplace Account Information

Account Login	Account Password

If someone is helping you with the enrollment, enter their information.

Name	Title
Organization	Telephone Number

3. SIGN UP FOR THE TAX CREDIT TO LOWER YOUR MONTHLY PREMIUM

Select one:

◯ I am eligible and have signed up for the tax credit.

◯ I am not eligible for the tax credit.

Reason Not Eligible for Tax Credit

4. CHOOSE A HEALTH PLAN: RECOMMENDED PLANS FOR RYAN WHITE CLIENTS FOR 2027

If your income is below 250% of the federal poverty level, $39,900 for one person, you may qualify for cost-sharing reductions. If you qualify, please choose one of the following Silver plans.

View Blue Value Silver Benefits
https://beonbrand.getbynder.com/asset/2f9e89ae-bb56-400b-a966-63d2ced5fb6a/SBC-Individual-BlueValue-Silver-40-PCP-Copay-Standardized-plan.pdf

View Sanford Individual Simplicity Summary of Benefits
https://www.sanfordhealthplan.com/-/media/plan-documents/2027/py27indsimp_6400_nd_hp-4852.pdf

◯ **BlueValue Silver $40 PCP Copay Standardized Plan**
Also known as BlueValue Silver 60 6400
BlueCross BlueShield of North Dakota, Silver PPO Plan, Plan ID: 37160ND2410027

◯ **Sanford Individual Simplicity Standardized $6,400**
Sanford Health Plan, Silver PPO Plan, Plan ID: 89364ND0120017

If your income is above 250% of the federal poverty level, $39,900 for one person, you may not qualify for for cost-sharing help. If you do not qualify for cost-sharing, please choose one of the following Gold plans.

View Blue Value Gold Benefits
https://beonbrand.getbynder.com/asset/f1182811-1b89-44f3-9b76-2473ed9755b2/SBC-Individual-BlueValue-Gold-30-PCP-Copay-Standardized-plan.pdf

View Sanford Individual Simplicity Summary of Benefits
https://www.sanfordhealthplan.com/-/media/plan-documents/2027/py27indsimp_2500_nd_hp-4860.pdf

◯ **BlueValue Gold $30 PCP Copay Standardized plan**
Also known as BlueValue Gold 75 2500
Blue Cross Blue Shield of North Dakota, Gold PPO Plan, Plan ID: 37160ND2410026

◯ **Sanford Individual Simplicity Standardized $2,500**
Sanford Health Plan, Gold PPO Plan, Plan ID: 89364ND0120018

Other Plan, if not listed

Plan Name	Plan Level

2027 Plan Information

Plan Start Date	Full Premium Amount	Tax Credit Amount	Premium After Tax Credit

5. PROVIDE PROOF OF PREMIUM

Print a screenshot that shows your premium amount and your name. Give this to your case manager so your premium can be paid. Bring the monthly premium statements to your case manager each month for payment.

Bring a copy of your insurance card once you receive it.

6. CHANGES

Let your case manager know if there are any changes to:

a. Premium amount
b. Job or employment status
c. Household income
d. Household size
e. Address
f. Citizenship status

These changes affect your premium, whether you qualify for premium assistance, and whether you will owe tax credit on your taxes.

7. FILE TAXES

You must file your taxes to report the tax credit you received. This helps you continue to receive the monthly tax credit.

8. RETURN REFUNDS OR OVERPAYMENTS

If you receive a refund or rebate from the insurance provider for premiums paid by the Ryan White Program, you must return them to the Ryan White Program. If you receive a check from the insurance company, bring it to your case manager.

SIGNATURES

Client or Guardian Signature	Date
Case Manager Signature	Date