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The Broker Bulletin

PRACTICAL INSIGHTS TO HELP YOU SUPPORT MEMBERS WITH CONFIDENCE

In this edition, we're highlighting important topics that help Brokers guide members through major healthcare decisions and life transitions:

- **Turning 26 & Marketplace ACA Enrollment:** Help dependents transition smoothly into their own coverage without gaps.
- **Understanding ACA Plan Selection:** Educate clients on networks, benefits, and total healthcare costs—not just premiums.
- **Men's Health Month Awareness:** Encourage preventative care and wellness engagement among male members.
- **Choosing the Right Level of Care:** Help clients understand when to use the ER, Urgent Care, or a Primary Care Physician.

They are designed to help you deliver clearer guidance, improve member confidence, and strengthen long-term retention.

THIS ISSUE:

CommunityHealthChoice.org | 713.295.6760

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Turning 26: Helping Dependents Transition into Marketplace ACA Coverage

Each year, many young adults turn 26 and age out of their parent's ACA health plan. This milestone creates an important opportunity for Brokers to guide members through a smooth transition into independent coverage while helping them avoid gaps in care.

Under ACA guidelines, dependents can typically remain on a parent's health plan until the end of the month when they turn 26. Once coverage ends, the individual qualifies for a Special Enrollment Period (SEP), allowing them time to enroll in new coverage outside of Open Enrollment.

The SEP begins up to 60 days before the loss of coverage and extends 60 days after coverage ends. Encouraging clients to act early can help prevent delays and ensure continuous coverage.

When assisting clients during this transition, review all available coverage options carefully. ACA Marketplace plans may offer premium tax credits and cost-sharing reductions depending on income eligibility. Employer-sponsored coverage may also be available for employed individuals, while Medicaid could be an option for lower-income members.

It's important to discuss more than just monthly premiums. Help clients evaluate provider networks, prescription coverage, deductibles, and total out-of-pocket exposure—especially for first-time policyholders who may be unfamiliar with plan structures.

Understanding ACA Plans: Helping Members Choose the Right Coverage

Helping members navigate the ACA Marketplace requires more than reviewing premiums. Brokers who understand how each carrier structures their plans are better equipped to guide clients toward coverage that aligns with both healthcare needs and financial goals.

Every insurer approaches the ACA market differently. Understanding plan designs, provider networks, cost structures, and supplemental benefits allow Brokers to set proper expectations and improve long-term member satisfaction.

One of the most important areas to discuss with clients is the true cost of care. While premiums are often the first thing members notice, deductibles, copays, coinsurance, and maximum out-of-pocket limits can significantly impact overall affordability throughout the year.

Provider networks are equally important and frequently overlooked by consumers. Reviewing whether a plan operates as an HMO, PPO, or EPO can help members understand referral requirements, specialist access, and out-of-network limitations. Ensuring preferred doctors and hospitals participate in-network is critical for continuity of care.

Prescription coverage should also be reviewed carefully, especially for members managing chronic conditions. Formularies, medication tiers, and specialty drug costs can vary significantly between plans.

The more knowledgeable Brokers become about available ACA plans and network structures, the greater value they bring to every client interaction.

Closing the Gap: Encouraging Preventive Care During Men's Health Month

Men's Health Month serves as an important reminder that preventive care and early detection can significantly improve long-term health outcomes. Brokers have an opportunity to encourage male members to become more proactive in managing their health and utilizing covered wellness benefits.

Many men delay care, avoid annual checkups, or only seek medical attention when symptoms become severe. This often leads to higher healthcare costs, delayed diagnoses, and avoidable complications.

Preventive care remains one of the most effective ways to reduce these risks. Encourage clients to take advantage of covered services such as annual wellness visits, blood pressure screenings, cholesterol checks, diabetes screenings, colon cancer screenings, and mental health evaluations.

For many health plans, these preventive services are available at little or no cost to the members, making access easier and more affordable.

Brokers can play a meaningful role simply by starting the conversation. Encouraging members to establish a relationship with a Primary Care Physician (PCP), schedule annual appointments, and utilize telehealth services can help remove barriers to care.

Helping Your Clients Choose the Right Level of Care: ER vs. Urgent Care vs. PCP

One of the most valuable ways Brokers can support members is by helping them understand where to seek care when health issues arise. Educating clients on when to use the Emergency Room (ER), Urgent Care, or a Primary Care Physician (PCP) can reduce unnecessary healthcare costs and improve overall member experience.

Emergency Rooms should be reserved for serious or life-threatening conditions such as chest pain, difficulty breathing, severe bleeding, stroke symptoms, major trauma, or loss of consciousness. While ER care is critical during emergencies, it is also the most expensive level of care.

Urgent Care centers provide a more affordable alternative for non-life-threatening conditions that still require prompt treatment. Common reasons for Urgent Care visits include minor fractures, cuts requiring stitches, flu symptoms, infections, earaches, or mild asthma concerns.

For routine healthcare needs, ongoing treatment, and preventive services, members should establish care with a Primary Care Physician. PCPs provide continuity of care, manage chronic conditions, coordinate specialist referrals, and support long-term health management.

Telehealth services may also offer a convenient and cost-effective first step for many non-emergency situations. Encouraging members to review their plan's telehealth options can help improve access and reduce unnecessary in-person visits.

TOOLS & RESOURCES

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- forms
- marketing materials
- resources

in one convenient location.

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