CHOOSE COVERAGE THAT KEEPS CARE WITHIN REACH

Your Open Enrollment Checklist

Lighthouse AUTISM CENTER

Use this checklist before selecting a health plan. Look at your child's complete healthcare needs - not only one provider. Keep notes as you compare options and verify information through official enrollment resources and each health plan.

Child's name: _____	Current health plan: _____
State / Medicaid program: _____	Enrollment deadline: _____

1. CHECK THE PROVIDERS YOUR CHILD USES

- ☐ Pediatrician or primary care provider
- ☐ Autism therapy or ABA provider, including Lighthouse Autism Center if applicable
- ☐ Specialists, psychologists, diagnostic providers, and other therapists
- ☐ Preferred hospital or health system
- ☐ Pharmacy and any other regularly used healthcare providers

2. CHECK YOUR CHILD'S HEALTHCARE NEEDS

- ☐ Prescription medications and the plan's current drug coverage
- ☐ Therapy benefits, visit limits, authorization requirements, and cost-sharing
- ☐ Provider locations, transportation benefits, and travel distance
- ☐ Any other services or benefits important to your child and family

3. COMPARE EACH PLAN

- ☐ Confirm whether each important provider is currently in-network
- ☐ Call the health plan or check its current provider directory - do not rely only on a general statement that a provider "accepts Medicaid"
- ☐ Confirm how referrals and prior authorizations work
- ☐ Check premiums, copays, deductibles, pharmacy rules, and other family costs, if applicable
- ☐ Write down the representative's name, date, confirmation number, and what you were told

PLAN COMPARISON NOTES

Plan name	Important providers in-network?	Questions / notes
	☐ Yes ☐ No ☐ Need to verify	

	☐ Yes ☐ No ☐ Need to verify	
	☐ Yes ☐ No ☐ Need to verify	

4. BEFORE YOU ENROLL

- ☐ Confirm the official Open Enrollment deadline for your state and Medicaid program
- ☐ Confirm when the new plan would become effective
- ☐ Use the official enrollment website or phone number to make your selection
- ☐ Save your enrollment confirmation, reference number, and any notices you receive
- ☐ Keep your address, phone number, and email current with Medicaid

5. AFTER YOUR PLAN CHANGES

- ☐ Watch for your new member ID card and plan information
- ☐ Share updated insurance information with your child's healthcare providers
- ☐ Contact Lighthouse if you want to begin, resume, or continue services
- ☐ Ask whether benefit verification, prior authorization, assessment, or other enrollment steps are required
- ☐ Keep copies of notices, insurance cards, and authorization information

Questions to ask a health plan	“Is [provider name and location] currently in-network for my child's specific Medicaid plan?” “What autism therapy benefits and authorization requirements apply?” “When will the plan change become effective?”

Need help? Lighthouse can explain which plans currently include Lighthouse, provide questions to ask, and direct you to official enrollment resources. Lighthouse cannot select a health plan for your family or determine which plan is best for your child.

Important: Provider participation, benefits, authorization requirements, plan availability, and service availability may change. Verify information with the official enrollment resource and health plan before enrolling. Selecting an in-network plan does not guarantee eligibility, authorization, placement, continuity of care, or a specific start date.