

Lost your health care coverage? About to lose it?

As we continue to fight for extended medical coverage from the companies and government assistance for health care, there are many of you that need medical insurance now.

Medical benefits are necessary and should be an essential human right. Shame on the companies that are not covering their laid-off employees' medical coverage.

Congress has had three opportunities so far during the COVID-19 crisis to help working people by making sure they have medical coverage. They have wasted those opportunities. Our members continue to fight for a better health care coverage system; but we all still need to have coverage today, in the system that exists right now.

Here are some guidelines that will help you navigate your decision making process to protect yourself and your family.

Important: Once you find out you are losing your health care coverage, act quickly. Most of the options listed below have time limits for applying.

Here's what to do:

The first question is: Is someone else in your family (like a spouse) still getting health care coverage? If so, contact their health plan's office and find out if you can be added to their plan. If you lost your coverage, it should be a "qualifying event" to let you get onto their plan. This may be the easiest and cheapest way to continue to have health insurance. Usually, you need to enroll in their plan within 30 days of losing eligibility for your old coverage. However, even if you think it is already too late, you should still check with their plan. Because of the COVID-19 pandemic, insurance plans may (but may not) extend that deadline.

Note: If you still have medical coverage but have a spouse or children who are losing theirs, you may be able to enroll them in your plan.

After that, for most people, the best thing to do is to try to get on Med-QUEST (also called "QUEST" or Medicaid). QUEST provides medical coverage with no monthly premiums, no deductibles, and no cost-sharing for medically necessary services.

This is by far the most affordable option for health coverage. To be eligible for QUEST, your income must be below a certain amount, and there are some other requirements. Generally, it is a good idea to try this option first.

The processing time for QUEST applications has been quick, so you should find out within a few days if you are eligible or not.

See below for more info on QUEST.

If you apply for QUEST and get rejected, there are two other options:

- 1) Get insurance on the Insurance Marketplace. This is where health insurance companies offer plans to individuals for a monthly fee.
- 2) Sign up for COBRA. If your healthcare plan ends because of a layoff, you can often keep the same plan, but you will have to pay the monthly premiums. The monthly premiums tends to be much more expensive, but it still may be a good idea to compare the costs and benefits under COBRA to what you can get on the Marketplace.

See below for more info on the Insurance Marketplace and COBRA.

QUEST (a.k.a. Medicaid or Med-QUEST)

How to apply

- The best way to apply is online at <https://medical.mybenefits.hawaii.gov>
- You can also apply by phone. For Oahu, call (808) 524-3370; for Neighbor Islands, call 1-(800)-316-8005.

- For help filling out your application, you can contact any of the organizations listed here: <https://mybenefits.hawaii.gov/wp-content/uploads/2016/11/Org-Contacts-for-Website.pdf>

What does QUEST cover?

For information on what QUEST covers, click here: <https://medquest.hawaii.gov/en/members-applicants/quest-integration-coverage/medical-benefits.html>

Information you will need when you apply

The application form will ask you for the following information for every person to be covered on the application:

- Full name, date of birth and address
- Social Security Number (or document numbers for any legal immigrants who need insurance).
- Citizenship and alien status
- Tax filing status (are you planning to file a tax return this year; will it be a single or joint return, and how many dependents)
- Employer and income information for everyone in your family (for example, from pay stubs, W-2 forms, or wage and tax statements)
- Information about any job-related health insurance available to your family.
- If you are pregnant, your expected date of delivery
- Policy numbers for any current health insurance.

QUEST eligibility

In order to be eligible for QUEST, your income and your assets must be below certain limits. There are some other conditions too. The best way to find out if you qualify is to go through the application process. There is a pre-assessment tool here to help you find out though: <https://medical.mybenefits.hawaii.gov/web/kolea/home-page>

If you are age 65 or over, you are not eligible for QUEST, but you may be eligible for Medicare - you can find out by going to the Medicare website at <https://www.medicare.gov/>

Health care plan options under QUEST

When you are enrolled, QUEST may automatically choose a health plan for you. There are five plans: Kaiser Permanente; HMSA; AlohaCare; 'Ohana Health Plan; and UnitedHealthcare Community Plan.

If the plan they put you in is not the one you want, you can change it. You can change your health plan one time in the first 90 days from the date you were enrolled (but you should change it within 15 days of enrollment so you can get onto the new health plan on the first day of the following month). After the 90 days, you cannot change plans until open enrollment, which runs from October 1 to October 31.

Here is a webpage with links and phone numbers for the different plans so you can compare them: <https://medquest.hawaii.gov/en/members-applicants/get-started/health-plans.html>

The Insurance Marketplace (a.k.a. Obamacare or Healthcare.gov)

The Insurance Marketplace was created after Congress passed the Affordable Care Act (also called "Obamacare") in 2010. On the Marketplace, health insurance companies offer different types of plans for you to choose from.

How to apply

- Online at www.healthcare.gov
- For help filling out your application, you can contact any of the organizations listed here: <https://mybenefits.hawaii.gov/wp-content/uploads/2016/11/Org-Contacts-for-Website.pdf>
- There may be other "assisters" that can help you apply. You can search for them here: <https://localhelp.healthcare.gov/#/> Note: This search will also give you the names of "agents" and "brokers" that can help you apply, but the agents and brokers are generally paid by the insurance companies whose plans they sell. Underneath the name, it should specify whether the person is an assister or an agent/broker.

Costs

Each plan has different costs to consider:

- Monthly premiums.
- Deductibles - a “deductible” is the amount of money you must pay on your own for health care services in a year before the plan starts covering some of the costs.
- Co-pays, medication, and other costs. Depending on the plan, you will have to pay a portion of the cost for things like office visits, hospitalizations, prescription drugs and so on.

When you apply on the Marketplace, you may be able to get subsidies or discounts. More information on that here: <https://www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs/>

You may also be eligible for a tax benefit. More about that here: <https://www.healthcare.gov/lower-costs/save-on-monthly-premiums/>

Time limits

If you lost your job or had your hours reduced because of COVID-19, you may be eligible for a “Special Enrollment Period,” meaning you don’t have to wait until a certain month to apply. There are time limits you need to be aware of though. Usually you will have 60 days from the date you lose your job-based health coverage to enroll in the Marketplace. You can enroll before you lose your coverage (up to 60 days).

More information about that here: <https://www.healthcare.gov/coronavirus/>

What to think about when choosing a plan

- Figure out where and when you need to enroll or special enrollment periods.
- Review plan options
- Consider how much health care you use and prescription drug needs and cost. Compare estimated yearly costs, not just monthly premiums.
- Picking the right insurance plan involves guesswork about how many health issues you're likely to face in the coming year, which could affect the way costs break down. Your age is usually a useful proxy for this, but there's always a lot of unknowns, like a surprise cancer diagnosis or a car accident.

Factors that affect the cost of the plan and what you get for the cost

- [Your total costs for health care](#): You pay a monthly bill to your insurance company (a “premium”), even if you don’t use medical services that month. You pay out-of-pocket costs, including a [deductible](#), when you get care. It’s important to think about both kinds of costs when shopping for a plan.
- [Plan and network types](#) – [HMO](#), [PPO](#), [POS](#), and [EPO](#): Some plan types allow you to use almost any doctor or health care facility. Others limit your choices or charge you more if you use providers outside their network.

Before you apply:

Even if you are not eligible for QUEST, you may still be able to get a discount on your health insurance through the Marketplace. Check out the Hawaii Health Care “Premium Assistance Program”:

- It is for those who are under 100% of the Federal Poverty Level but do not qualify for Medicaid for some other reason.
- This program helps cover cost of monthly premiums. It does not cover the cost of deductibles and co-pays.
- In order to apply, you must work with a local Kōkua - call 1-877-628-5076. Do not just apply on Healthcare.gov. You can also contact any of the organizations listed here: <https://mybenefits.hawaii.gov/wp-content/uploads/2016/11/Org-Contacts-for-Website.pdf>
- Through the Kōkua, you will need to apply through the marketplace for a “Silver” level plan and take the full tax credit available.

COBRA

If you are losing your employer-based health coverage because of a layoff or reduction in hours, your health plan should have sent you a packet of information about COBRA. COBRA is a way for you to keep your current plan - the same one you were getting through your employer, with the same benefits - but you will have to pay the premiums yourself. The packet of information you receive should explain:

- how to sign up for COBRA
- how long the coverage lasts (generally 18 months, but it can be longer under certain conditions)

- an estimate of the monthly premium costs you must pay.
- The date your job-based coverage will end.

As long as your employer has 20 or more employees (over the past year) and a group-sponsored health plan, that plan should offer COBRA.

There is more information about COBRA here: <https://www.dol.gov/sites/dolgov/files/legacy-files/ebsa/about-ebsa/our-activities/resource-center/publications/an-employees-guide-to-health-benefits-under-cobra.pdf>

Costs

It is important to note that COBRA is often much more expensive than plans on the Insurance Marketplace. Still, it is useful to compare the costs. As mentioned above, Insurance Marketplace plans often have high deductibles, and they may not cover certain things that your employer's plan covers. But Gold and Platinum level plans on the Marketplace often have no deductible and may still be significantly cheaper than COBRA.

Time Limits

Usually, you will have 60 days to choose COBRA starting the date you lose coverage. Because of the COVID-19 pandemic, this time line may be extended, but it may not be. Look at the packet of information they sent you to be sure.

Other Resources

The State of Hawaii has several resources available for people: SNAP benefits (to help pay for food), child care resources, domestic violence resources, and more. You can find all of that at the Department of Human Services website, here: <http://humanservices.hawaii.gov/>. Check it out - you may be eligible for SNAP benefits (food subsidies) and not even know it, even if you are working.