

808-226-3660 Presented by Martha Khlopin - September 30,2020

Marketplace 101 HAWAII HELPS

Let Us Find Affordable Health Plans For You In Less Than A Minute!



Call Us 1-800-226-3660

NEWS State: More than 40,000 Hawaii residents have lost health insurance amid pandemic

CORONAVIRUS PANDEMIC

Tens of thousands laid off in Hawaii face losing health insurance benefits

HAWAII NEWS

Employers face major dilemma paying for health insurance

This is not Okay But it will be Alright



If you must pay for your health insurance coverage there may be Affordable choices



HealthCare.gov

Get Coverage Keep or Update Your Plan See Topics - Get Answers

Open Enrollment runs from Nov 1 – Dec 15. Are you ready?

First time applying here?

GET READY TO APPLY

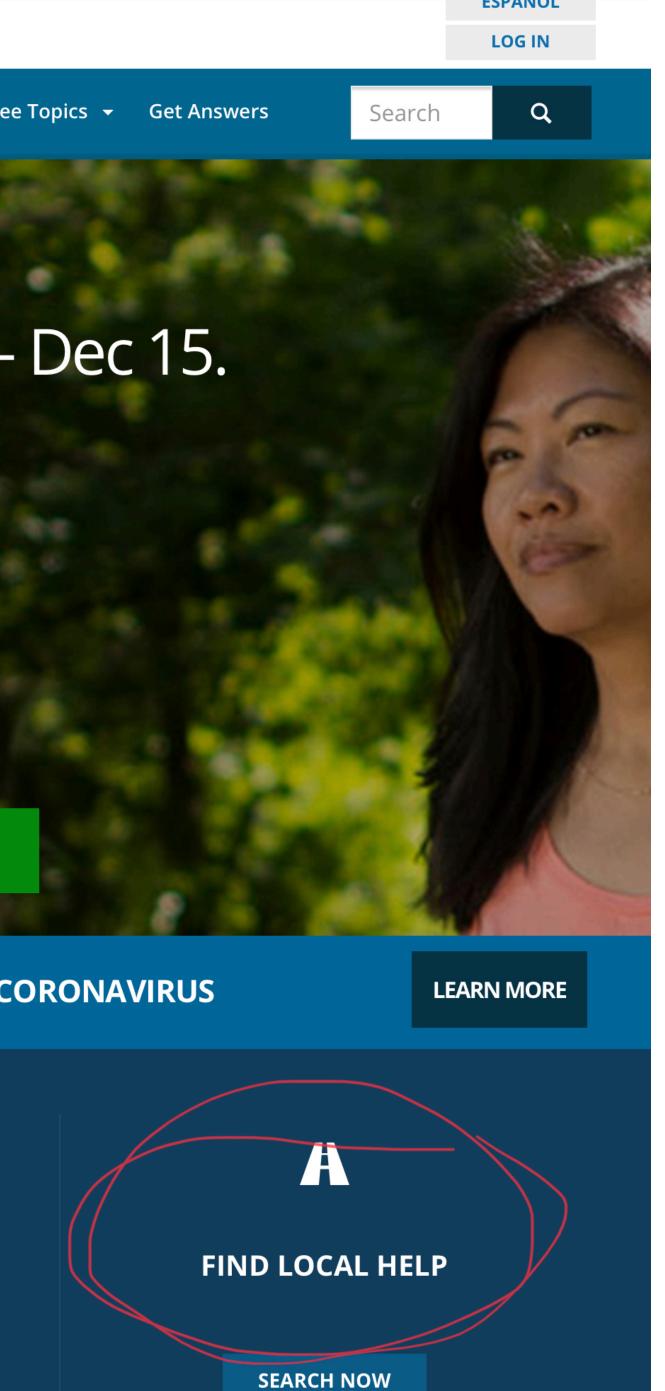
Already have a Marketplace plan?

GET READY TO KEEP/CHANGE

MARKETPLACE COVERAGE AND CORONAVIRUS

STILL NEED '20 PLAN?

SEE IF YOU CAN ENROLL

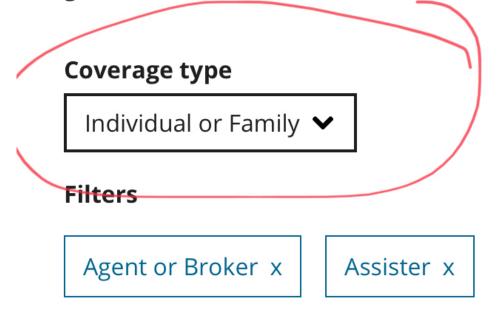


HealthCare.gov

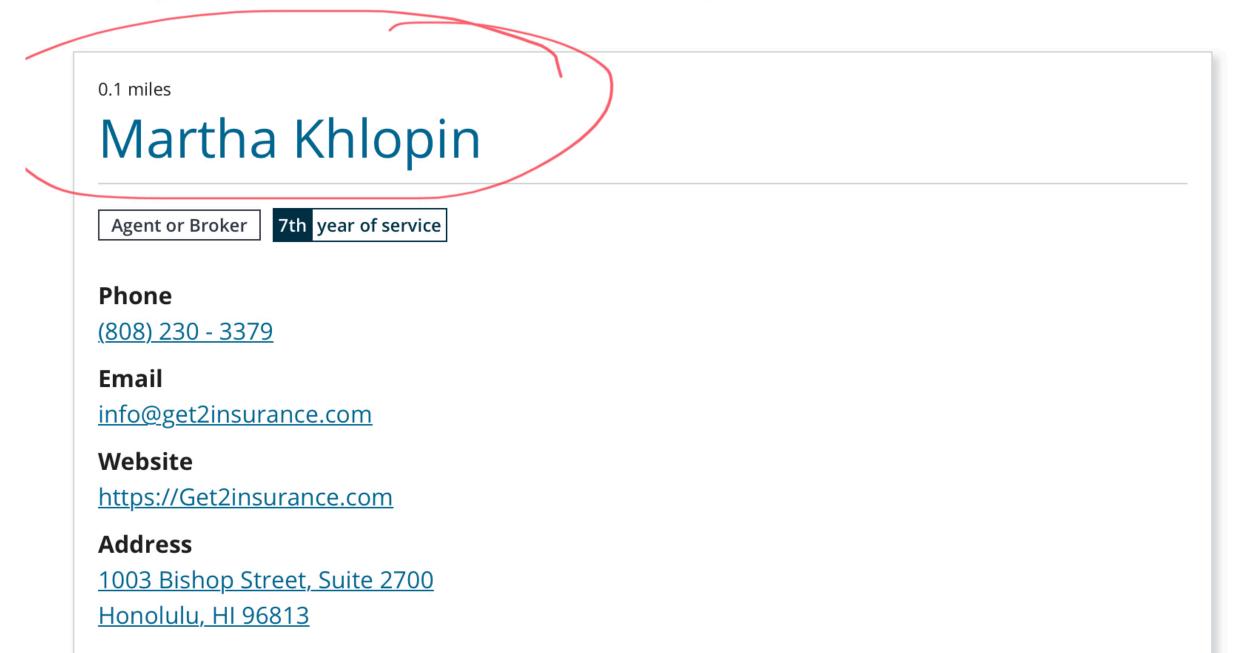
Find someone nearby to help you apply.

Agents/brokers and assisters are trained and certified by the Marketplace to provide application help. Learn about the differences between agents/brokers and assisters.

Want an agent/broker to help you? You can have an agent or broker contact you if you're ready to get started.



Showing 7 of 7 results near HONOLULU, HI 96812 (Change location)



Add more filters

Eligibility and Enrollment in the Individual Market

- To be eligible for Marketplace coverage, you must
 - a resident of a state served by the Marketplace, and
 - Be A Resident of Hawaii
 - the U.S. (and expected to be for the
 - Loss of Health Plan
 - Provide Proof of Current Pay





COBRA Continuation Coverage Election Notice

Notification Date: 05/27/2020

Sample of Cobra Letter to Verify

Loss of Coverage

On 06/30/2020, you experienced the following COBRA qualifying event, Termination. This letter is to notify you of your right to continue group health coverage under COBRA.

The last day of active coverage under your group health coverage was 06/30/2020. Please see Part B of this notice for your COBRA options. Federal law, however, permits you to continue coverages(s), at your expense beyond this date.

If you elect COBRA coverage, the benefit will continue until any one of the following events occur:

- the last day of your continuation coverage as defined by law (see below)
- you be come eligible for Medicare
- you fail to pay the monthly charge for the elected coverage
- our Employee health plan(s) is no longer in force for all active employees

The date of your COBRA coverage and the number of months of coverage available are:

First day of COBRA coverage: Period of COBRA coverage:

If you wish to continue coverage for yourself, complete the enclosed enrollment form by the reply deadline indicated above.

If you do elect coverage, you will be notified by the insurance carrier when your first payment is due to the carrier. If your first payment, or any subsequent payments, is not received on time, your coverage will be immediately terminated by the respective carriers. Please read the enclosed material for more information about continuation of coverage. If you have any questions, please call our Customer Service at 586-7390 or toll free 1-800-295-0089.

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

201 Merchant Street, Suite 17(Honolulu, HI 96813 Oahu (808) 586-7390 Toll Free 1(800) 295-0089 www.eutf.hawaii.gov

Reply Deadline: 08/29/2020

Member HB#: Dependent HB#:

07/01/2020 18 Months







Business Name Here Business Address Here APT # Street Name City State Zip-code

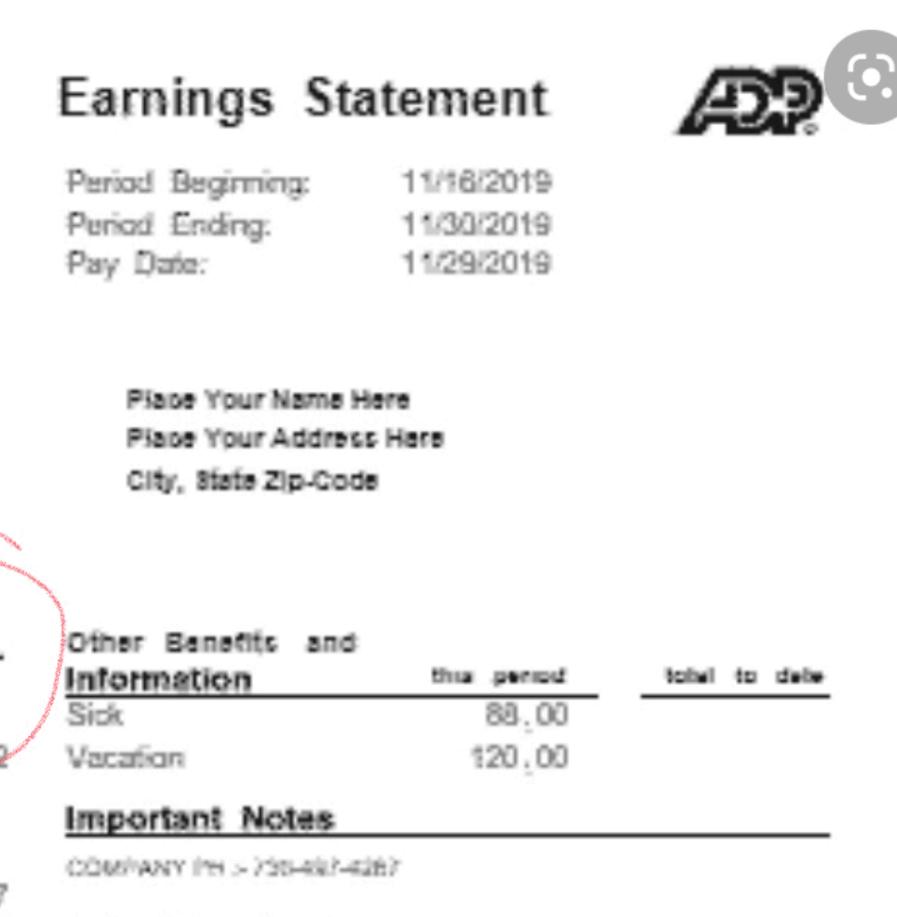
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Regular	1420.84	86.67	1,420,84	-
Sick		8.00		and a second
	Groas Pay		\$1,420.84	

Deductions	Statutory	
	Social Security Tax	-88 . 09
	Medicare Tax	-20.60
	State Income Tax State SUI/SDI Tax	-99 .76
	Net Pay	\$1,212.39
	Checking 1	-1,212.39
	Net Check	\$0.00

• SAMPLE OF A PAY STATEMENT

BASIS OF PAY: BALARY



1,793.87 419.53 1,869.10

to dete

28,933 42

8,933

27.00

• SAMPL UNEMI

LIPCR28R

STATE OF HAWAII UNEMPLOYMENT IN



YOUR WEEKLY BENEFIT AMOUNT. YOUR MAXIMUM BENEFIT ENTITLE YOUR BENEFIT YEAR BEGINS.... YOUR BENEFIT YEAR ENDS..... MAXIMUM WEEKLY BENEFIT AMOUNT

YOUR BENEFIT ENTITLEMENT WAS

YOUR CLAIM HAS BEEN REVISED

sen our and and said our and out and and and

TOTAL WAGES

This is a determination on ye eligibility issue(s) related potentially prevent you from eligibility issue(s), you wi can also log into your account of the eligibility issue(s).

LE PROOF OF		
PLOYMENT INC	OME	
I, DEPARTMENT OF LABOR & I PLOYMENT INSURANCE DIVISION NSURANCE DETERMINATION OF R E V I S E D	ON	
	DATE MAILED ALTERNATIVE	
1 96706-1803		
LEMENT	-	
AS BASED ON THE FOLLOWING 12/1803/19 WAGES WAGES 5547.82 5855.63	06/19 WAGES	09/19- WAGES
5547.82 5855.63		5981.31
COMMENTS		
BECAUSE OF CHANGE IN BYB	DATE OF CLAIM	1
your benefit entitlement of ed to your claim for benefit om receiving benefits. If y will be contacted to resolve ount at HUICLAIMS.HAWAII.GO	its that could you have unres ye those issue	olved (s). You

How Health Insurance Marketplaces Work

• One Simple Form to Check Eligibility For;

Subsidized Marketplace Plans aka ObamaCare

State Medicaid MedQuest/Quest Integration Plans

Children's Health Insurance Plans (CHIP)



Health Plan Categories



Average Percentage the Insurance Company Pays



Qualified Health Plans (QHPs) Cover Essential Health Benefits

- •
- Ambulatory patient services ٠
- Emergency services ٠
- Hospitalization ٠

•

٠

- Maternity and newborn care ٠
- ٠ behavioral health treatment
 - Prescription drugs
- Rehabilitative and habilitative services and devices ٠
 - Laboratory services
- - services may be provided by stand-alone plan)

Essential health benefits include at least these 10 categories



Mental health and substance use disorder services, including

Preventive and wellness services and chronic disease management Pediatric services, including oral and vision care (pediatric oral

Get A Quote In Less Than A Minute

Easily find an affordable health plan

Enter your info to compare plans

Zip code

96797

Name (optional)

Email (optional)

Phone number (optional)

See plans and prices

DISCLAIMER: By submitting your information you agree that Martha Khlopin may contact you at the above-listed email or phone number. I understand that consent is not a condition of purchase.



You		×
Age (Gender Identity 🕜	
35	Male	Female
	Add my spouse	
	Add a dependent	



Your household information

How many people are in your tax household? 0 3 +Estimate your 2020 household income (before taxes) 0 income of **anyone** you file taxes with or claim

\$	65,000
	Include the estimated i on your taxes. Need he
0	Some people are gettin compensation or stimu disease 2019 (COVID-1 income to report" for n income of \$1,200 per a



elp estimating? Use our <u>income calculator</u>.

ing payments, like unemployment ulus checks, as a result of the coronavirus 9) emergency. Learn more about types of more information.government stimulus adult and \$500 per child

Get A Quote In Less Than A Minute

You qua
You'll save t
\$4
✓ This means you'l
This is an initial estimate.

YOUR INFO

These applicants may be eligible for Med-Quest and CHIP

Applicant	Age	Eligibility	
Dependent	11	Med-Quest	
1ed-Quest is a free or lo	w-cost stat	e-run health insurance progra	am
vailable to people with a	low incom	e or qualifving medical needs	

We'll remove this person from your quote. If you apply for a plan on HealthSherpa, we'll automatically send their information to the Hawaii State Medicaid office to confirm their eligibility. Learn more

SAVINGS PERSONALIZE lify for savings! his much on your premium: 421 /month see plans as low as **\$278 per month** You'll see your exact savings when you apply.

available to people with a low income of qualitying medical needs

Continue

Get A Quote In Less Than A Minute

YOUR INFO

It's currently Special Enrollment

During Special Enrollment, you need a Qualifying Life Event to enroll

Select your Qualifying Life Event

Lost or losing health coverage

Important: to be eligible to enroll, you must have either lost coverage on or after January 1, 2020 or be losing coverage in the next 60 days (before **11/2/2020**)

Change in household size 0 O Change in primary place of living 0 Change in eligibility 0

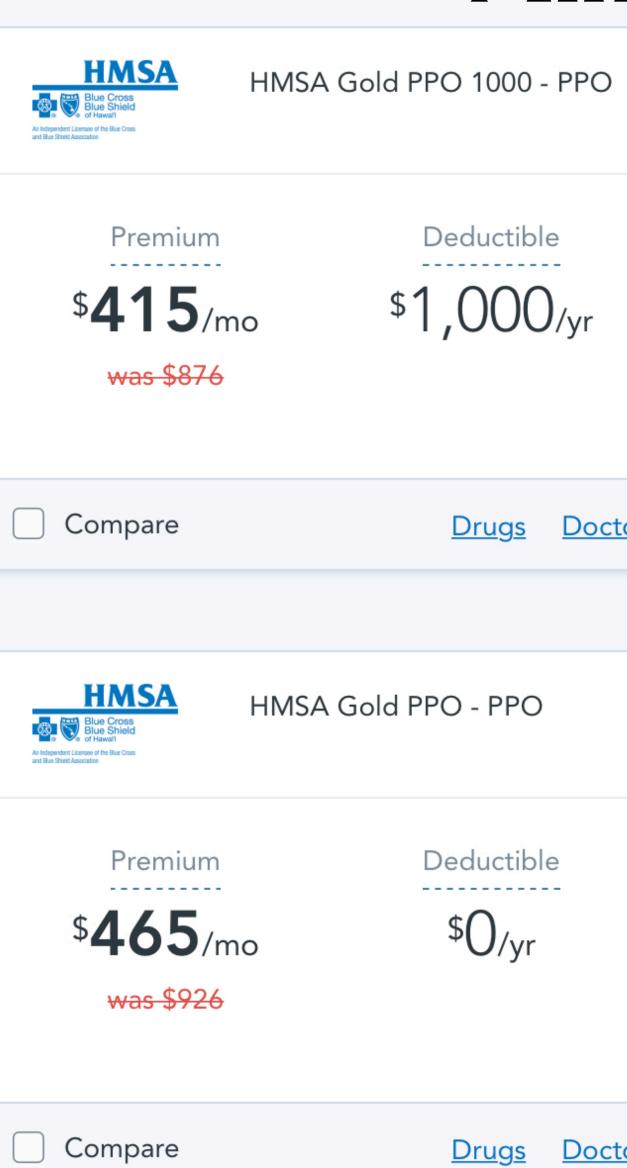
SAVINGS

PERSONALIZE

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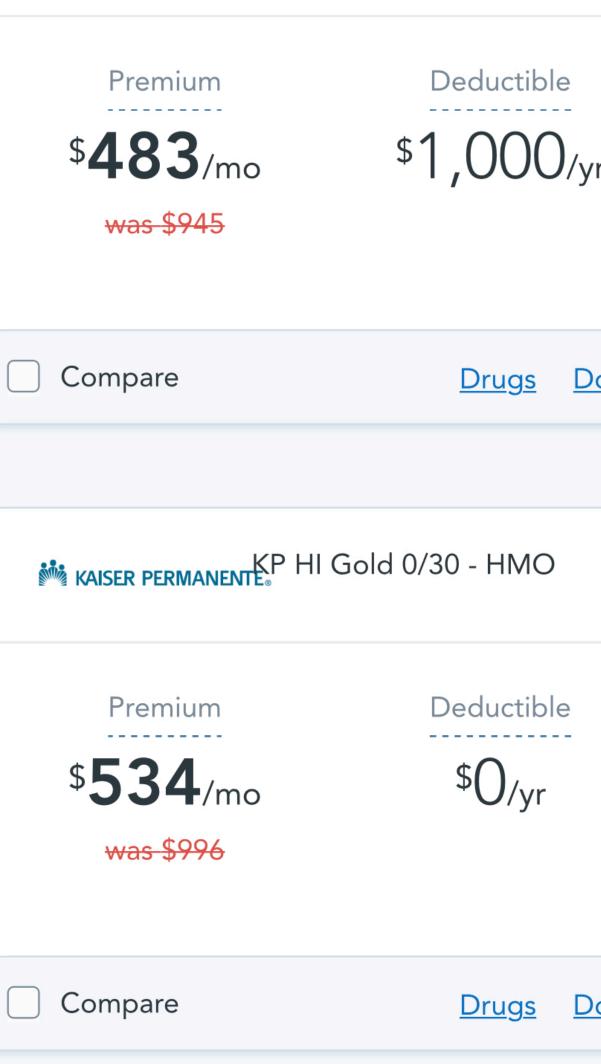
FEEDBACK

Get A Quote In Less Than A Minute



0				GOLD
	Out-of-pocket Doctor visits Specialist visit Generic drugs		\$8,150 \$20 \$20 \$15	
octors	<u>Benefits</u>	Plan detai	ls	Add to cart
				GOLD
	Out-of-pocket		\$8,150	
	Doctor visits Specialist visit		\$40 \$40	
	Generic drugs		\$15	
octors	<u>Benefits</u>	Plan detai	ls	Add to cart

Get A Quote In Less Than A Minute



KAISER PERMANENTE HI GO	ld 1000/30 - HMO			GOLD
Premium	Deductible	Out-of-pocket max	\$7,600	
\$ 483 /mo	\$1,000/yr	Doctor visits	\$30	
was \$945		Specialist visit	\$50	
		Generic drugs	\$3	
Compare	Drugs Doctors	Benefits Plan d	letails	Add to cart
KAISER PERMANENTE	ld 0/30 - HMO			e gold
Premium	Deductible	Out-of-pocket max	\$7,600	
\$ 534 /mo	\$O/yr	Doctor visits	\$30	
	- , j .			
was \$996		Specialist visit	\$50	
		Specialist visit Generic drugs	\$50 \$3	



1003 Bishop Street, Suite 2700, Honolulu, Hawaii 96813 (800) 226-3660 martha@get2insurance.com

CONSUMER PERMISSION TO USE AGENT/BROKER FOR HEALTHCARE.GOV ENROLLMENT +

I give my permission to use the services of an agent/broker to help me with my application on the healthcare.gov Health Insurance Marketplace.

I understand the healthcare.gov plans are not intended for individuals who have Medicare, Medicaid or employer coverage.

I authorize the agent/broker to collect information requested by the federal marketplace. To help me, the agent/broker may need to see/use my Personally Identifiable Information (PII). The agent/broker will only use my PII to do their work. This includes:

- Insurance Program (CHIP).
- costs (tax credits and/or cost- sharing reductions).
- ways:

OHelping me sign up for a health insurance plan on the Marketplace using the Direct Enrollment Pathway. (DE Pathway) described below.



- Marketplace coverage.
- through the Marketplace.
- Periods.

Connecting people with health insurance that makes sense.

Martha Khlopin, Managing Partner

• Submitting an enrollment application to <u>healthcare.gov</u> (The Marketplace) that determines eligibility for a my health insurance options and premium tax credit and other health programs I am eligible for, such as Medicaid and the Children's Health

• Reviewing the healthcare.gov generated Eligibility letter that explains my health plan

• Helping me complete my application for health insurance on the Marketplace in these

The DE Pathways

· DE Pathways allow qualified health plans (QHPs), registered agents and brokers, and other third parties that are certified to sell health insurance to assist consumers applying for and enrolling in

• Enrollments through the DE Pathways are considered to be

 The DE Pathways are generally available to assist with enrollments during Open Enrollment and Special Enrollment



Information about your household

Your Marketplace application will ask you for some basic information, including your name and date of birth.

Your Marketplace application will ask you about each person in your household, even those not applying for coverage.

includes people you live with who aren't in your tax household.

you should generally include, if these people are in your household:

- Your spouse
- Your children who live with you, even if they make enough money to file a tax return themselves
- Anyone you include on your tax return as a dependent, even if they don't • live with you
- Anyone else under 21 who you take care of and who lives with you •
- Your unmarried partner, only if one or both of these apply: • * They're your dependent for tax purposes * They're the parent of your child

information/household-size, or call the Marketplace Call Center.

- For the Marketplace, your household usually includes the tax filers and their tax dependents, but there are exceptions. Sometimes the Marketplace
- Include yourself on your application. Here's a basic list of the other people

For more information, visit HealthCare.gov/income-and-household-

1.000

Your best estimate of your household income

Your Marketplace application may ask you to estimate what your household's income will be in the year you'll be covered.

If you're not sure, it's okay to make your best estimate. If your income changes, or is different than what you estimated, you'll need to update this information later. For more information, visit **HealthCare.gov/reporting-changes/why-report-changes**.

To help you calculate your household income, visit HealthCare.gov/income-calculator.

Health coverage information (this

only applies if anyone in your household currently has a health plan) Your Marketplace application will ask if anyone in your household is currently enrolled in health coverage, including Medicaid, the Children's Health Insurance Program (CHIP), Medicare, TRICARE, VA health care program, Peace Corps, or coverage through individual insurance (including Marketplace coverage) or an employer.

If anyone has coverage now, gather their policy numbers. You can find this information on their insurance card or documents they get from their plan.

Employer information for each person in your household Your Marketplace application will ask you to enter information about offers of health coverage you may have through your job or through a family member's job. It will also ask you to enter employer contact information for each person in your household who has a job.





Immigration document information (this only applies to lawfully present immigrants)

If you or anyone else on your application is a lawfully present immigrant, you'll be asked to provide information from your immigration documents.

Information on how you'll file your taxes

If you file federal income taxes and are married, the Marketplace needs to know if you file separately or jointly. You'll also be asked about who you claim as a tax dependent.

Your Marketplace application may ask you about the income, expenses, and deductions of everyone in your household, even those not applying for coverage.

The Marketplace counts as these as income:

- Tips •
- Unemployment compensation ٠
- ٠ Supplemental Security Income (SSI))
- Alimony •
- ٠
- .
- Rental income •
- Other taxable income ٠

Employer and income information

for everyone in your household

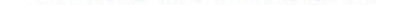
Wages and salaries, as reported on your W-2 form and pay stubs

Net income from any self-employment or business

Social Security payments, including disability payments (but not

Retirement or pension income, including most IRA or 401k withdrawals Investment income, like dividends or interest







Home and/or mailing addresses

for everyone applying for coverage

Where you live can affect what health coverage you're eligible for.

You'll enter your home address to show if you're a resident of the state where you're seeking coverage. You'll select your state at the beginning of the application.

You'll be asked for your mailing address. Often, this will be the same as your home address. If it's not, provide a mailing address in the state you live in.

If anyone on your application has a different home or mailing address, you'll need to have it also.

Information about everyone applying for coverage

Your Marketplace application will ask you to enter some basic information about everyone applying for coverage, including their relationship to you.

Social Security Numbers (SSNs) for everyone on your application Your Marketplace application will ask you to enter each person's 9-digit SSN, even those not applying for coverage. The Marketplace will confirm the SSNs with Social Security, based on the consent you'll give at the start of your application. If you don't enter an SSN, you may need to provide more information at a later time.

Information about the professional helping you apply, if any

If a professional is helping you complete your application, you'll enter their information. These professionals include: navigators, certified application counselors, in-person assistance personnel, agents, and brokers.

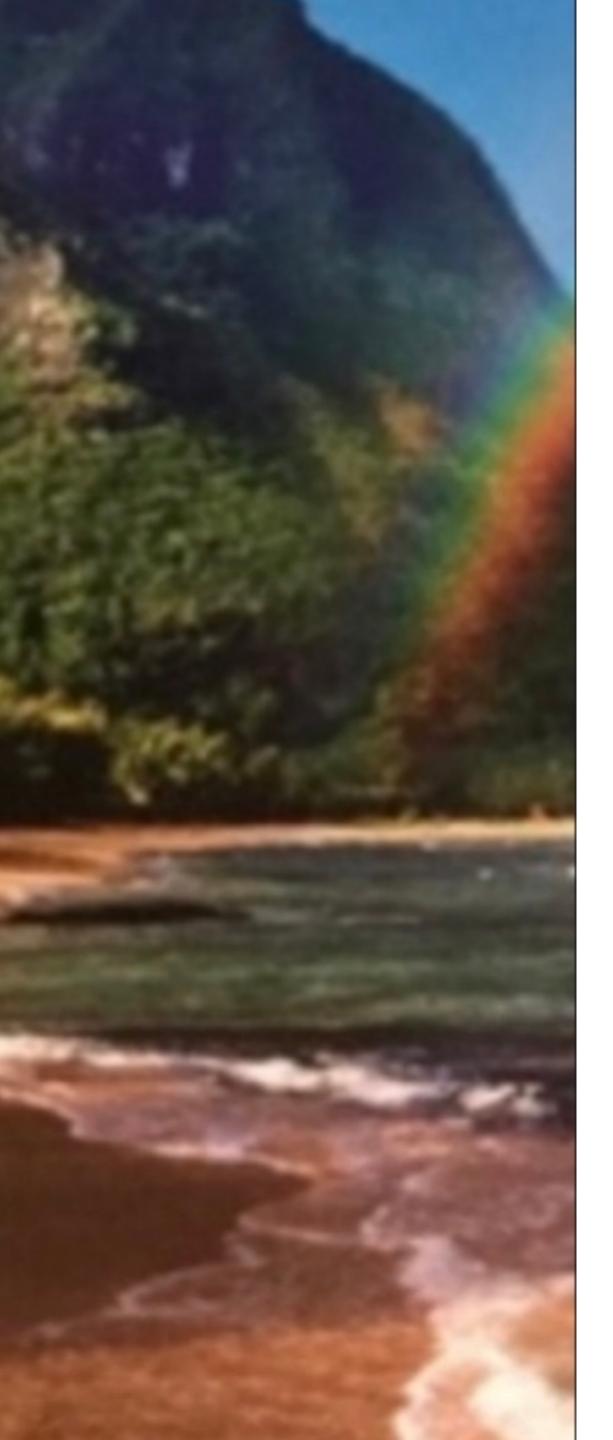
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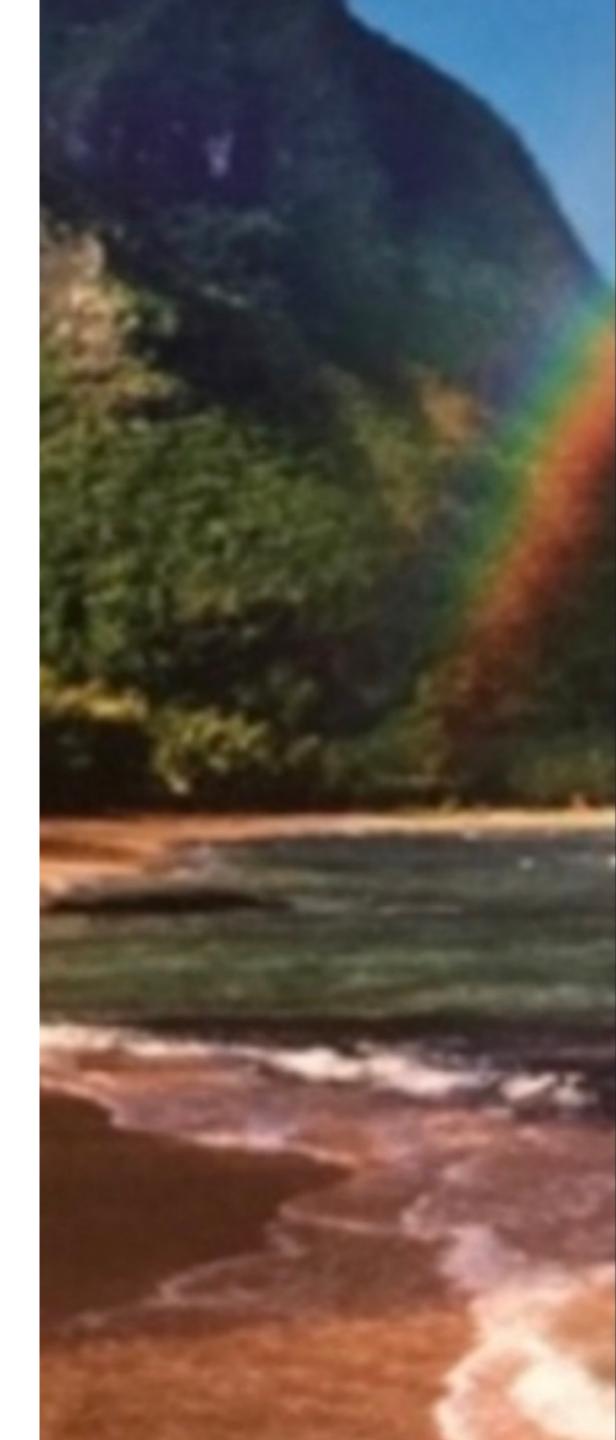


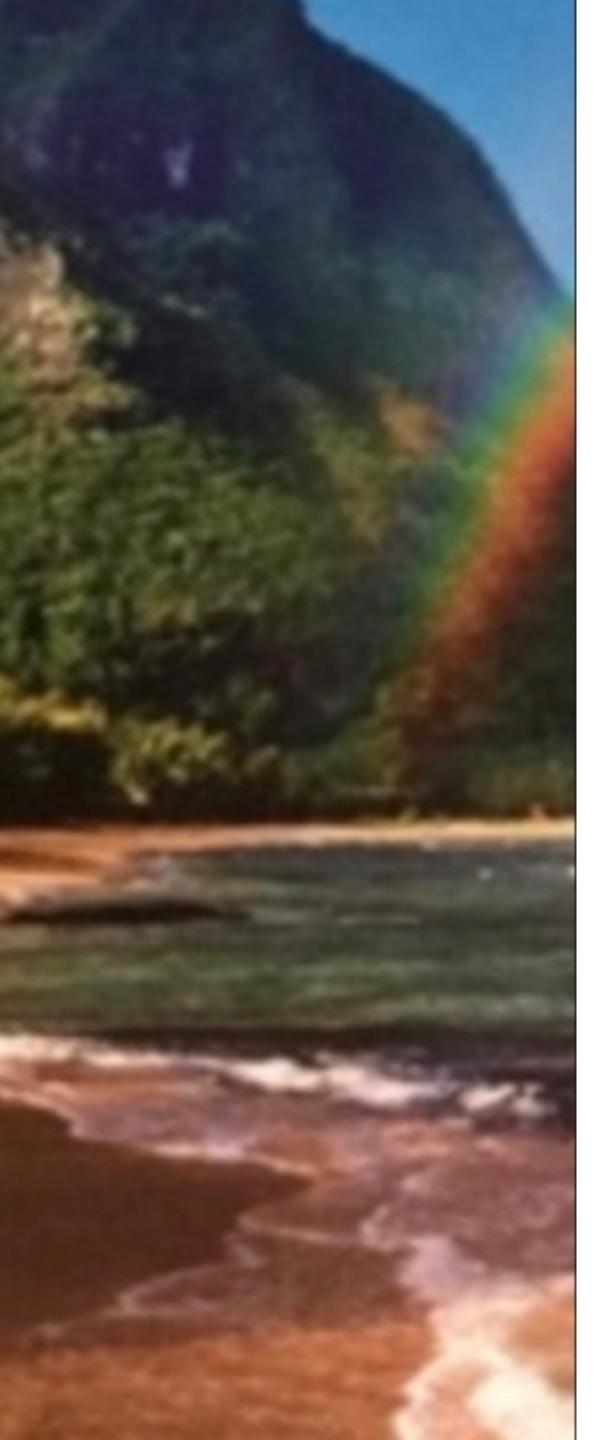


Marketplaces and People with Medicare

- Medicare isn't part of a Marketplace
- If you have Medicare Part A or Part C, you don't need to do anything related to the Marketplaces
 - Your benefits don't change because of the Marketplaces
 - It's illegal to sell you a Marketplace plan
 - Except an employer through the Small Business Health Options Program (SHOP) if you're an active worker or dependent of an active worker

 - The SHOP employer coverage may pay first • No late enrollment penalty if you delay Medicare
 - Doesn't include COBRA coverage



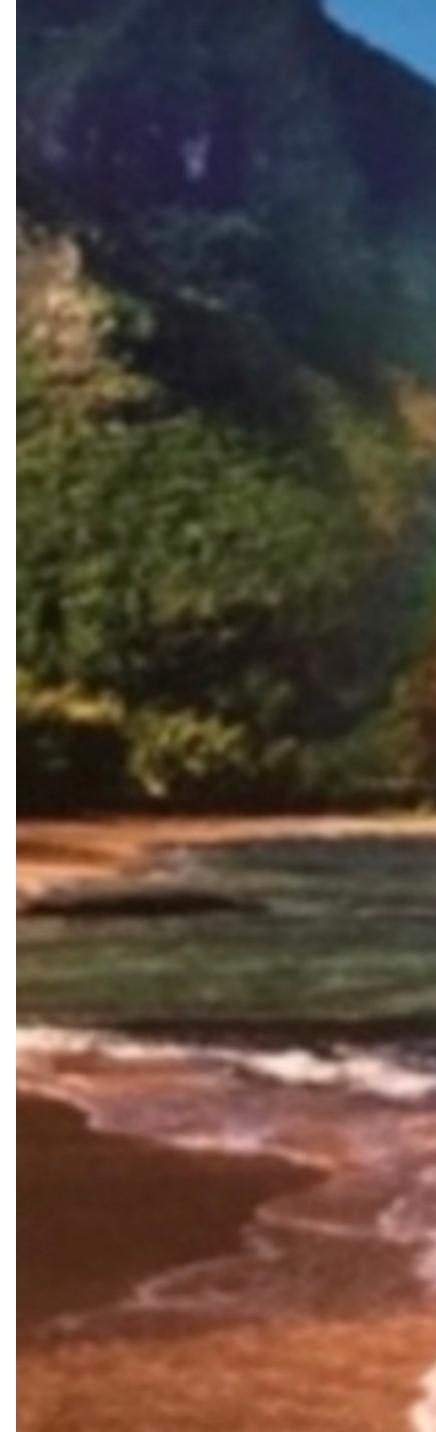


TURNING 65 or ALREADY THERE?

We Can Help You With Your Medicare Part B Enrollment

So you can select a Medicare **Insurance** Plan

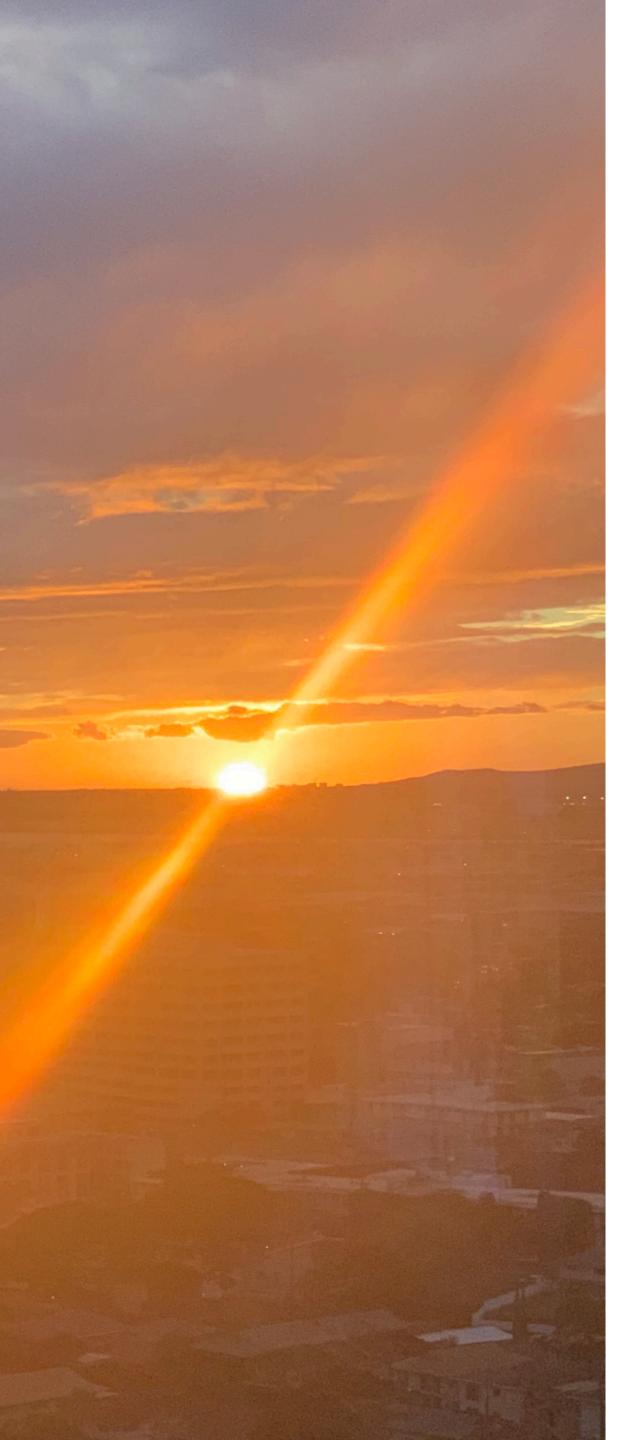
Call us: (1-800-226-3660)

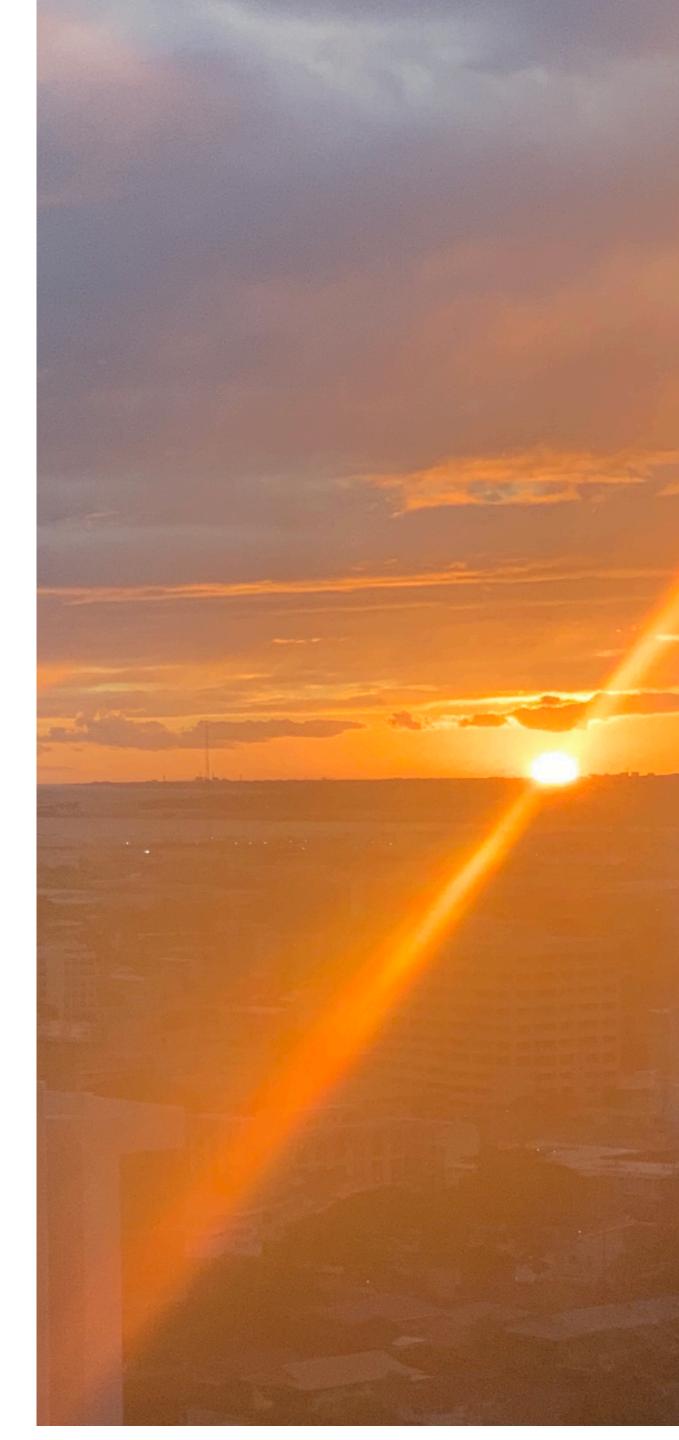






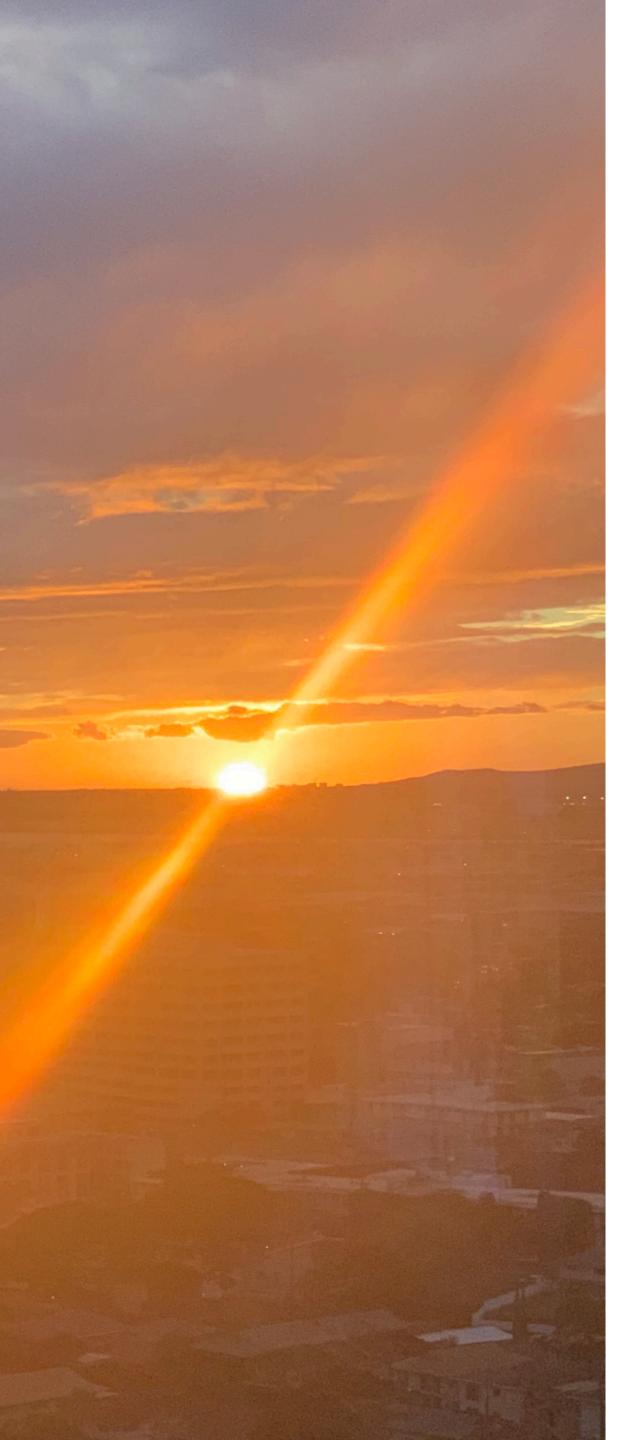
To Participate in The Live Demo You Must Download the App Go to your text message feature on your Cellphone and Text to 36260 the word "Getinsurance" hit Send **Follow the instructions to** Install the App and Get a Quote in Less than a Minute

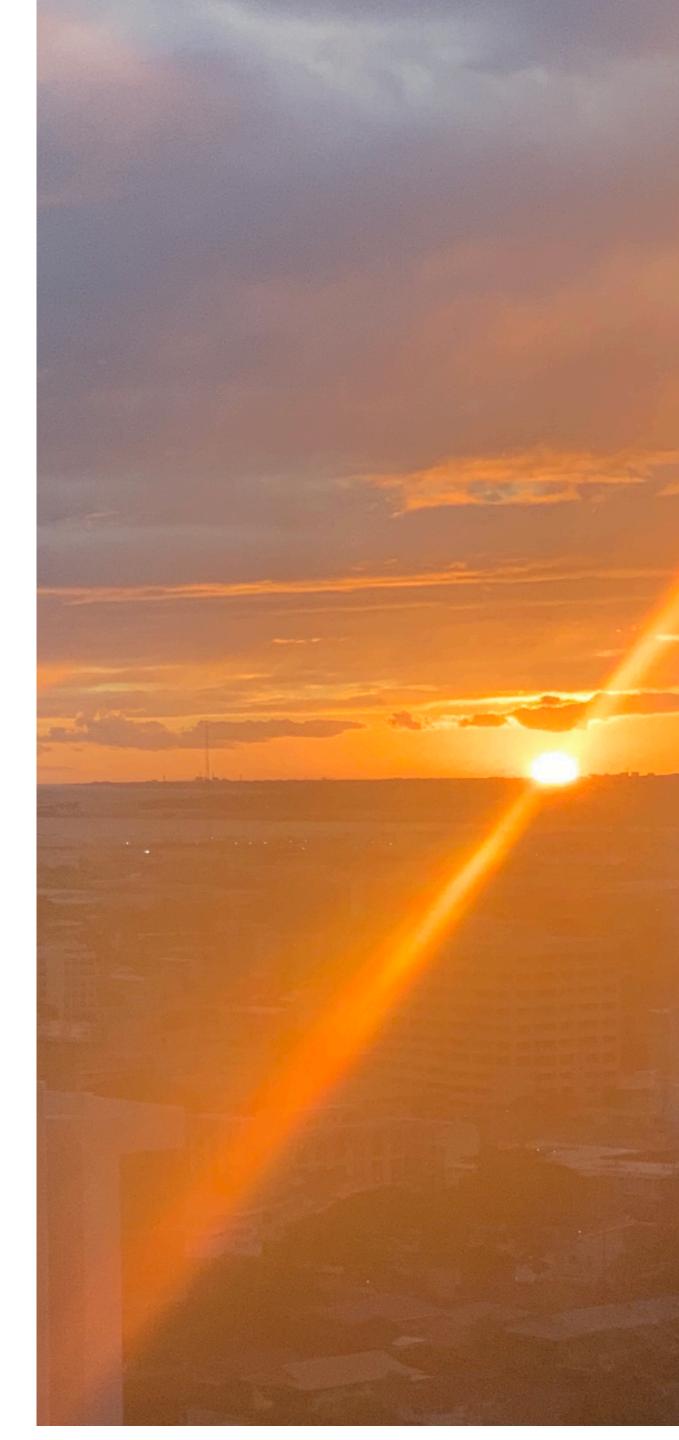






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• Scott Flazer



• Leovinia Stiles



• Pastor Carlos Rodrigues



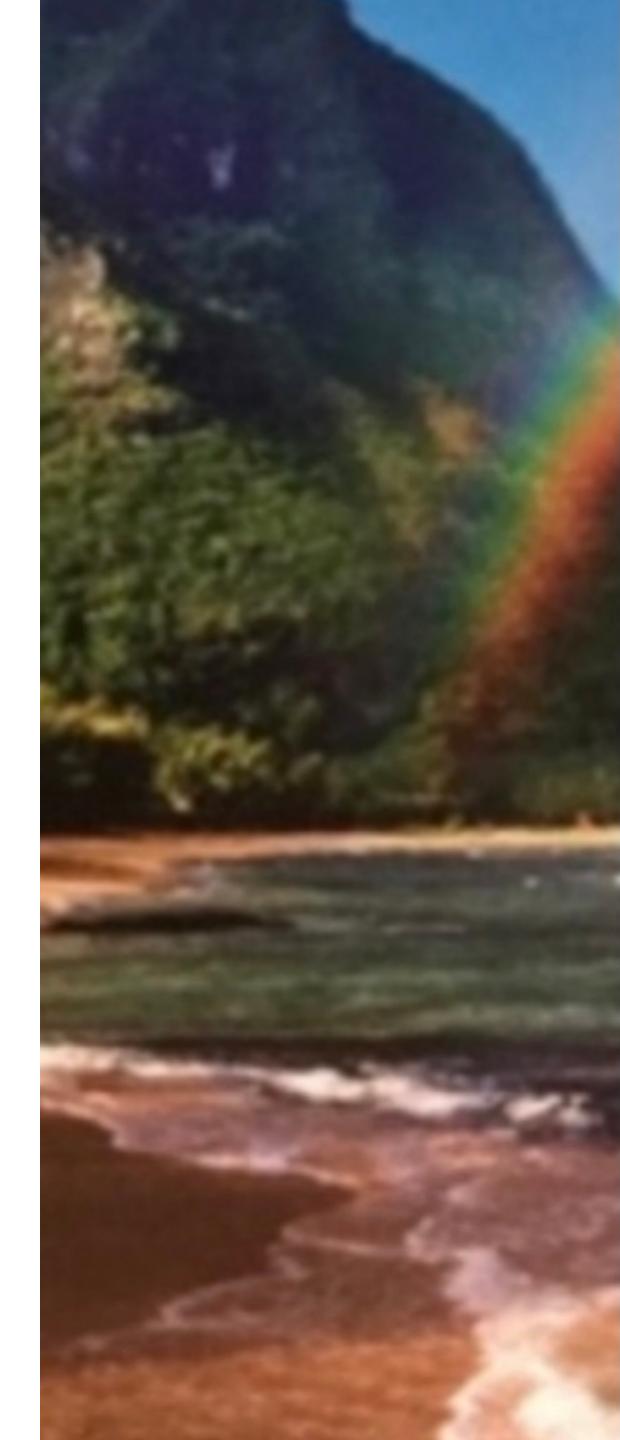
FOR LOCAL HELP

Call (800) 226-3660

Email: getmartha@aol.com

Text (808) 230-3379

Website: get2insurance.com







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