Marketplace 101
HAWAII HELPS

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

Call Us 1-800-226-3660
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.
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

FIND LOCAL HELP
SEARCH NOW
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.

Coverage type

- Individual or Family

Filters

- Agent or Broker
- Assister

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

Martha Khlopin

Phone
(808) 230 - 3379

Email
info@get2insurance.com

Website
https://Get2insurance.com

Address
1002 Bishop Street, Suite 2700
Honolulu, HI 96813
Eligibility and Enrollment in the Individual Market

- To be eligible for Marketplace coverage, you must be a resident of a state served by the Marketplace, and be a U.S. citizen or a national who’s lawfully present in the U.S. (and expected to be for the entire time of enrollment).

👍 Be A Resident of Hawaii

👍 Verify Loss of Health Plan

👍 Provide Proof of Current Pay
COBRA Continuation Coverage Election Notice

Notification Date: 05/27/2020       Reply Deadline: 08/29/2020

• **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 coverage(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 become 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: 07/01/2020
Period of COBRA coverage: 18 Months

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.
**SAMPLE OF A PAY STATEMENT**

![Pay Statement Image]

<table>
<thead>
<tr>
<th>Earnings</th>
<th>rate</th>
<th>salary/hours</th>
<th>total period</th>
<th>year to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>1420.94</td>
<td>86.67</td>
<td>1,420.84</td>
<td>28,933.42</td>
</tr>
<tr>
<td>Sick</td>
<td>8.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Pay</td>
<td>$1,420.84</td>
<td></td>
<td></td>
<td>28,933.42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductions</th>
<th>Statutory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Tax</td>
<td>-88.69</td>
</tr>
<tr>
<td>Medicare Tax</td>
<td>-20.60</td>
</tr>
<tr>
<td>State Income Tax</td>
<td>-99.76</td>
</tr>
<tr>
<td>State SUI/SOI Tax</td>
<td>-</td>
</tr>
<tr>
<td>Net Pay</td>
<td>$1,212.55</td>
</tr>
<tr>
<td>Checking</td>
<td>-1,212.39</td>
</tr>
<tr>
<td>Net Check</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Other Benefits and Information**
- Sick: 88.00
- Vacation: 120.00

**Important Notes**
- COMPANY PH. 734-487-4297
- BASIS OF PAY: SALARY
**SAMPLE PROOF OF UNEMPLOYMENT INCOME**

LIPCR28R STATE OF HAWAII, DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS
UNEMPLOYMENT INSURANCE DIVISION
UNEMPLOYMENT INSURANCE DETERMINATION OF INSURED STATUS
REVISED

HI 96706-1803

YOUR WEEKLY BENEFIT AMOUNT .................. $ 285
YOUR MAXIMUM BENEFIT ENTITLEMENT .......... $ 7410
YOUR BENEFIT YEAR BEGINS .................. 03/22/20
YOUR BENEFIT YEAR ENDS .................. 03/21/21
MAXIMUM WEEKLY BENEFIT AMOUNT FOR 2020.. $ 648

YOUR BENEFIT ENTITLEMENT WAS BASED ON THE FOLLOWING BASE PERIOD EMPLOYMENT:

<table>
<thead>
<tr>
<th>Week</th>
<th>Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/18</td>
<td>5547.82</td>
</tr>
<tr>
<td>03/19</td>
<td>5855.63</td>
</tr>
<tr>
<td>06/19</td>
<td>5911.88</td>
</tr>
<tr>
<td>09/19</td>
<td>5981.31</td>
</tr>
</tbody>
</table>

TOTAL WAGES: 5547.82 + 5855.63 + 5911.88 + 5981.31

COMMENTS

YOUR CLAIM HAS BEEN REVISED BECAUSE OF CHANGE IN BYB DATE OF CLAIM

This is a determination on your benefit entitlement only. There may be eligibility issue(s) related to your claim for benefits that could potentially prevent you from receiving benefits. If you have unresolved eligibility issue(s), you will be contacted to resolve those issue(s). You can also log into your account at HUICLAIMS.HAWAII.GOV to check on the status of the eligibility issue(s).
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

Bronze Healthcare Plan
Silver Healthcare Plan
Gold Healthcare Plan
Platinum Healthcare Plan

Average Percentage the Insurance Company Pays
Qualified Health Plans (QHPs) Cover Essential Health Benefits

- Essential health benefits include at least these 10 categories
  - Ambulatory patient services
  - Emergency services
  - Hospitalization
  - Maternity and newborn care
  - Mental health and substance use disorder services, including behavioral health treatment
  - Prescription drugs
  - Rehabilitative and habilitative services and devices
  - Laboratory services
  - Preventive and wellness services and chronic disease management
  - Pediatric services, including oral and vision care (pediatric oral services may be provided by stand-alone plan)
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 Klupin may contact you at the above-listed email or phone number. I understand that consent is not a condition of purchase.
Who needs health coverage?

You can apply for yourself or anyone who lives with you.

You

Age

Gender Identity

Add my spouse

Add a dependent

Back

Continue
Your household information

How many people are in your tax household?

3

Estimate your 2020 household income (before taxes)

$65,000

Include the estimated income of anyone you file taxes with or claim on your taxes. Need help estimating? Use our income calculator.

Some people are getting payments, like unemployment compensation or stimulus checks, as a result of the coronavirus disease 2019 (COVID-19) emergency. Learn more about types of income to report* for more information.
Get A Quote In Less Than A Minute

You qualify for savings!

You'll save this much on your premium:

$421/month

This means you'll see plans as low as $278 per month

This is an initial estimate. You'll see your exact savings when you apply.

These applicants may be eligible for Med-Quest and CHIP

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Age</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent</td>
<td>11</td>
<td>Med-Quest</td>
</tr>
</tbody>
</table>

Med-Quest is a free or low-cost state-run health insurance program available to people with a low income or qualifying 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.
Get A Quote In Less Than A Minute

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

- Change in primary place of living

- Change in eligibility
### HMSA Gold PPO 1000 - PPO

<table>
<thead>
<tr>
<th>Premium</th>
<th>Deductible</th>
<th>Out-of-pocket max</th>
</tr>
</thead>
<tbody>
<tr>
<td>$415/mo</td>
<td>$1,000/yr</td>
<td>$8,150</td>
</tr>
</tbody>
</table>

- **Doctor visits**: $20
- **Specialist visit**: $20
- **Generic drugs**: $15

### HMSA Gold PPO - PPO

<table>
<thead>
<tr>
<th>Premium</th>
<th>Deductible</th>
<th>Out-of-pocket max</th>
</tr>
</thead>
<tbody>
<tr>
<td>$465/mo</td>
<td>$0/yr</td>
<td>$8,150</td>
</tr>
</tbody>
</table>

- **Doctor visits**: $40
- **Specialist visit**: $40
- **Generic drugs**: $15
Get A Quote In Less Than A Minute

<table>
<thead>
<tr>
<th>Plan</th>
<th>Premium</th>
<th>Deductible</th>
<th>Out-of-pocket max</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP HI Gold 1000/30 - HMO</td>
<td>$483/mo</td>
<td>$1,000/yr</td>
<td>$7,600</td>
</tr>
</tbody>
</table>

- Doctor visits: $30
- Specialist visit: $50
- Generic drugs: $3

- Compare
- Drugs
- Doctors
- Benefits
- Plan details
- Add to cart

<table>
<thead>
<tr>
<th>Plan</th>
<th>Premium</th>
<th>Deductible</th>
<th>Out-of-pocket max</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP HI Gold 0/30 - HMO</td>
<td>$534/mo</td>
<td>$0/yr</td>
<td>$7,600</td>
</tr>
</tbody>
</table>

- Doctor visits: $30
- Specialist visit: $50
- Generic drugs: $3

- Compare
- Drugs
- Doctors
- Benefits
- Plan details
- Add to cart
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:

• Submitting an enrollment application to healthcare.gov (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 Insurance Program (CHIP).

• Reviewing the healthcare.gov generated Eligibility letter that explains my health plan costs (tax credits and/or cost- sharing reductions).

• Helping me complete my application for health insurance on the Marketplace in these ways:
  ○ Helping me sign up for a health insurance plan on the Marketplace using the Direct Enrollment Pathway. (DE Pathway) described below.

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 Marketplace coverage.

• Enrollments through the DE Pathways are considered to be through the Marketplace.

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

For the Marketplace, your household usually includes the tax filers and their tax dependents, but there are exceptions. Sometimes the Marketplace includes people you live with who aren’t in your tax household.

Include yourself on your application. Here’s a basic list of the other people 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

For more information, visit HealthCare.gov/income-and-household-information/household-size, or call the Marketplace Call Center.
### 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.
<table>
<thead>
<tr>
<th>Immigration document information (this only applies to lawfully present immigrants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you or anyone else on your application is a lawfully present immigrant, you'll be asked to provide information from your immigration documents.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information on how you'll file your taxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer and income information for everyone in your household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Marketplace application may ask you about the income, expenses, and deductions of everyone in your household, even those not applying for coverage.</td>
</tr>
<tr>
<td>The Marketplace counts as these as income:</td>
</tr>
<tr>
<td>• Wages and salaries, as reported on your W-2 form and pay stubs</td>
</tr>
<tr>
<td>• Tips</td>
</tr>
<tr>
<td>• Net income from any self-employment or business</td>
</tr>
<tr>
<td>• Unemployment compensation</td>
</tr>
<tr>
<td>• Social Security payments, including disability payments (but not Supplemental Security Income (SSI))</td>
</tr>
<tr>
<td>• Alimony</td>
</tr>
<tr>
<td>• Retirement or pension income, including most IRA or 401k withdrawals</td>
</tr>
<tr>
<td>• Investment income, like dividends or interest</td>
</tr>
<tr>
<td>• Rental income</td>
</tr>
<tr>
<td>• Other taxable income</td>
</tr>
</tbody>
</table>
| **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. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information about everyone applying for coverage</strong></td>
<td>Your Marketplace application will ask you to enter some basic information about everyone applying for coverage, including their relationship to you.</td>
</tr>
<tr>
<td><strong>Social Security Numbers (SSNs) for everyone on your application</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Information about the professional helping you apply, if any</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
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
To Participate in The Live Demo
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* Scott Flazer

* Leovinia Stiles

* Pastor Carlos Rodrigues

Martha Khlopin