

HAWAII HELPS



HEALTH ENROLLMENT

LITERACY PROGRAM & SERVICES

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

Get Coverage

Keep or Update Your Plan

See Topics ▾

Get Answers

Search



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

LEARN MORE



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 x

Assister x

Add more filters

Showing **7 of 7** results near **HONOLULU, HI 96812** ([Change location](#))

0.1 miles

Martha Khlopin

Agent or Broker

7th year of service

Phone

[\(808\) 230 - 3379](#)

Email

info@get2insurance.com

Website

<https://Get2insurance.com>

Address

[1003 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  Be A Resident of Hawaii who's lawfully present in the U.S. (and expected to be for the

entire time coverage is sought), and  Verify Loss of Health Plan

Not be incarcerated (other than incarceration pending disposition of charges)

 Provide Proof of Current Pay



**HAWAII EMPLOYER-UNION
HEALTH BENEFITS TRUST FUND**

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

COBRA Continuation Coverage Election Notice

Notification Date: 05/27/2020

Reply Deadline: 08/29/2020

• **Sample of Cobra Letter
to Verify
Loss of Coverage**

Member HB#:

Dependent HB#:

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 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**



CO	PAZ	DEPT	CHECK	YOUR NO.	DATE
LVS	00042	00000		000051204	2

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

Exempted Marital Status: Single
Exempted Allowances:
Federal: Tax Exempt
State:

Earnings Statement



Period Beginning: 11/16/2019
Period Ending: 11/30/2019
Pay Date: 11/29/2019

Place Your Name Here
Place Your Address Here
City, State Zip-Code

Earnings	rate	salary/hours	this period
Regular	1420.84	86.87	1,420.84
Sick		8.00	
Gross Pay			\$1,420.84

year to date
26,933.42
26,933.42

Other Benefits and Information	this period	total to date
Sick	88.00	
Vacation	120.00	

Deductions	statutory	
Social Security Tax		-68.09
Medicare Tax		-20.60
State Income Tax		-99.76
State SUI/SDI Tax		27.00
Net Pay		\$1,212.39
Checking 1		-1,212.39
Net Check		\$0.00

Important Notes
COMPANY PH: 735-487-4267
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

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED] ST
[REDACTED] BEACH

HI 96706-1803

SSAN: [REDACTED] XXX-XX-9759

DATE MAILED: 09/15/20

ALTERNATIVE BP: N

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:

	---12/18---	---03/19---	---06/19---	---09/19---
[REDACTED] WAGES	5547.82	5855.63	5911.88	5981.31
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



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 Khlopin 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 

35

Male

Female

Add my spouse

Add a dependent

Back

Continue



Your household information

How many people are in your tax household?



-

+

Estimate your 2020 household income (before taxes)



\$



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.[government stimulus income of \\$1,200 per adult and \\$500 per child](#)

Get A Quote In Less Than A Minute

YOUR INFO

SAVINGS

PERSONALIZE



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

Applicant	Age	Eligibility
Dependent	11	<u>Med-Quest</u>

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](#)

Back

Continue

Get A Quote In Less Than A Minute

YOUR INFO

SAVINGS

PERSONALIZE

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



FEEDBACK

Get A Quote In Less Than A Minute



HMSA Gold PPO 1000 - PPO

GOLD

Premium

\$415/mo

was \$876

Deductible

\$1,000/yr

Out-of-pocket max

\$8,150

Doctor visits

\$20

Specialist visit

\$20

Generic drugs

\$15

☐ Compare


[Drugs](#)

[Doctors](#)

[Benefits](#)

Plan details

Add to cart



HMSA Gold PPO - PPO

GOLD

Premium

\$465/mo

was \$926

Deductible

\$0/yr

Out-of-pocket max

\$8,150

Doctor visits

\$40

Specialist visit

\$40

Generic drugs

\$15

☐ Compare

[Drugs](#)

[Doctors](#)

[Benefits](#)

Plan details

Add to cart

Get A Quote In Less Than A Minute



KP HI Gold 1000/30 - HMO

GOLD

Premium	Deductible	Out-of-pocket max	
\$483 /mo	\$1,000 /yr		\$7,600
was \$945		Doctor visits	\$30
		Specialist visit	\$50
		Generic drugs	\$3

☐ Compare

[Drugs](#) [Doctors](#) [Benefits](#)

[Plan details](#)

[Add to cart](#)



KP HI Gold 0/30 - HMO

GOLD

Premium	Deductible	Out-of-pocket max	
\$534 /mo	\$0 /yr		\$7,600
was \$996		Doctor visits	\$30
		Specialist visit	\$50
		Generic drugs	\$3

☐ Compare

[Drugs](#) [Doctors](#) [Benefits](#)

[Plan details](#)

[Add to cart](#)



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:

- 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](https://www.healthcare.gov/income-and-household-information/household-size), or call the Marketplace Call Center.



Information about your household

**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](https://www.healthcare.gov/reporting-changes/why-report-changes).

To help you calculate your household income, visit [HealthCare.gov/income-calculator](https://www.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.



Employer and income information for everyone in your household

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:

- Wages and salaries, as reported on your W-2 form and pay stubs
- Tips
- Net income from any self-employment or business
- Unemployment compensation
- Social Security payments, including disability payments (but not Supplemental Security Income (SSI))
- Alimony
- Retirement or pension income, including most IRA or 401k withdrawals
- Investment income, like dividends or interest
- Rental income
- Other taxable income



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.





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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You Must Download the App
Go to your text message feature
on your Cellphone and
Text to 36260 the word
“Getinsurance” hit Send
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Less than a Minute**



• Scott Flazer



• Leovina Stiles



• Pastor Carlos Rodrigues



Martha Khlopin

FOR LOCAL HELP

Call (800) 226-3660

Email: getmartha@aol.com

Text (808) 230-3379

Website: get2insurance.com



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