



HEALTH COVERAGE OPTIONS FOR THE UNEMPLOYED

- 1. COBRA** - Upon separation from your employer you may have certain rights depending on the size of your employer, your status while working and if you were covered by your employer's health, dental and/or vision plans. If you are eligible for COBRA, your employer or their administrator will send you a COBRA packet to your home address (the plan administrator has 14 days to notify you after being notified of your separation by your employer) which will tell you what benefits you are eligible to continue, the cost, the time frame to apply, how to apply and pay for your benefits. COBRA premiums can be expensive (full retail cost plus 2% administration fee) but can be an option for those who may need to continue care with your current network of doctors along with the benefits you are accustomed to receiving, plus your already accumulated out-of-pocket expenses. **Pay close attention to your deadlines to enroll and pay, these are hard deadlines, no exceptions.**
- 2. SPOUSAL COVERAGE** - Should your own spouse work and have employer coverage, you may be eligible for coverage due to your own qualifying event (loss of job coverage). You will want to call your spouse's employer human resources department to find out the details or refer to your spouse's company policy handbook or summary plan description. **There is a deadline to notify your spouse's company and enroll.** Be sure to understand the benefits and costs.
- 3. UNDER AGE 26** - If your parents have coverage through their own employers, you may still be an eligible dependent if you are under the age of 26. You do not have to live with your parents, be single or in college. If you have a spouse and/or children, they will not be eligible to have coverage with you under your parents' plan. **Your parents will have to add you as their dependent to their employer plan.** There is a deadline to add you as their dependent due to your own loss of coverage so they would have to act on your behalf.

Note: Information is current and is subject to change due the uncertainty in changes to the federal law. Special protections under Federal Law are granted to Native Americans, please see your Tribal Administration Office or www.healthcare.gov.

Revised September, 2020



OKLAHOMA INSURANCE DEPARTMENT

Insurance Commissioner Glen Mulready

- 4. INDIVIDUAL FULLY COMPREHENSIVE MEDICAL INSURANCE PLANS** - At the current time you may buy ACA compliant plans which are fully comprehensive medical individual plans on the Federal Exchange at www.healthcare.gov or directly from a licensed agent/broker or insurance carrier selling in Oklahoma off the Exchange. Your loss of health insurance through your employer qualifies you to buy individual insurance through what is called a Special Enrollment Period (SEP). This period lasts for 60 days upon the date you lose your employer health insurance. If you miss this opportunity, your next enrollment period would be during the Annual Open Enrollment Period from November 1st through December 15th of each year. **These carriers accept you as is and covers all pre-existing conditions and no health questions.** This applies both on the Federal Exchange or if you buy directly from the licensed agent or company off the Exchange. Find out if you are eligible for federal premium assistance by visiting www.healthcare.gov.
- 5. INSURE OKLAHOMA INDIVIDUAL PLAN** - Oklahoma's own health care coverage plan for those under 100% of federal poverty level. This is not insurance but health care provided through Oklahoma Health Care Authority. Copays are low as well as monthly fees for coverage, if any for plan details including eligibility, doctors and how to enroll visit: www.insureoklahoma.org.
- 6. SOONERCARE** - Comprehensive health, dental and vision care for dependent children under the age of 19 and some adults. To see if you or your children qualify visit: www.mysoonerhealth.org.

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Revised September, 2020

OKLAHOMA FAQ'S

For 2020 Coverage Year

ACA Individual Health Insurance Open Enrollment & Special Enrollment Periods (SEP) (Not Medicare Eligible)

- **Special Enrollment Period (SEP)** is a **60-day period** that is available to those who meet eligibility such as loss of health coverage. This 60-day period is your opportunity to buy coverage. Otherwise, you will have to wait for the next Annual Open Enrollment Period. If you want coverage without lapse, be sure to visit www.healthcare.gov by the 15th of the month and before your current coverage ends. If your SEP overlaps with the Annual Open Enrollment Period, you may take advantage of your SEP to start your coverage BEFORE January 1st but you will have to re-enroll by December 15th for coverage to start by January 1st. Visit www.healthcare.gov and select Special Enrollment Period on the Home Page.
- **Everyone's coverage runs on a calendar year basis** and everyone has to re-enroll during the Annual Open Enrollment Period which begins every November 1st even if you just applied during your Special Enrollment Period (SEP). The deadline is every December 15th and you will be selecting from one of the plans being offered for coverage effective January 1st. Visit www.healthcare.gov and select Open Enrollment Period on the Home Page.
- **For INCOME you will need to indicate your UNEMPLOYMENT COMPENSATION** and any other sources of income. Not all income is counted but **must be disclosed**. In your packet is a flyer from OHCA that tells you what sources of income are considered and is used federally as well. You don't have to enroll your spouse if he/she already has coverage just include his/her income. But to be eligible for federal subsidies you must file a **joint tax return** for the coverage year.
- **Special Enrollment Period** (is only for 60 days after you meet eligibility criteria such as loss of health coverage) and **Open Enrollment Period** is every November 1st through December 15th - **ONLY 45 days!** The following are the issuers¹ you may select from:
 - **Medica** will offer options both ON and OFF the Exchange in all 77 counties;
 - **BCBSOK** will offer options both ON and OFF the Exchange in all 77 counties;
 - **CCOK** will offer options only OFF the Exchange but consumers must call the company. (**Only available in the following 12 counties: Cleveland, Craig, Creek, Muskogee, Nowata, Oklahoma, Okmulgee, Osage, Rogers, Tulsa, Wagoner and Washington.**)
 - Other carriers are offered in limited counties based on zip code.

¹Issuers are subject to change annually and offer many types of plans that may vary from year to year. It is your responsibility to re-enroll to keep your coverage continuous, however, the same plan you had one year may not be available the next year.

- **Advanced Premium Tax Credits (APTCs) only applies to ON Exchange plans when applicants meet income qualifications:**
 - Some applicants may not have any premium to pay after the APTCs are applied.
 - **Important:** If your income or family member's income changes during the time in which you are enrolled, your APTC's may change. You must make income and other changes through your account on www.healthcare.gov.
 - Applies to 100%-400% Federal Poverty Level - see tables attached.
- **Cost Sharing Reduction payments (CSRs) only applies to ON Exchange plans when applicants meet income qualifications. CSRs help applicants pay their deductibles, copays and co-insurance payments by reducing or eliminating them:**
 - **Important:** If your income or family member's income changes during the time in which you are enrolled, your CSR's may change. You must make income and other changes through your account on www.healthcare.gov.
 - Applies to 100%-250% Federal Poverty Level and 100%-300% Federal Poverty Level for Native Americans.
- **Other health plans available that are NOT ACA compliant and will allow issuers to underwrite and/or exclude coverage for pre-existing conditions among other restrictions:**
 - Short Term Limited Duration Health policies – regulated by OID
 - Disease Specific policies – regulated by OID
 - Limited Benefit or Indemnification policies – regulated by OID
 - Discount Plans – NOT regulated by OID
 - Health Care Share Ministry Plans – NOT regulated by OID

Note: Information is current and is subject to change due the uncertainty in changes to the Federal Law. Special protections under Federal Law are granted to Native Americans, please see your Tribal Administration Office or www.healthcare.gov.

Revised Sept 2020

2020 FEDERAL POVERTY GUIDELINES

for Premium Subsidies under Exchange- 48 Contiguous States and D.C.

PERSONS IN HOUSEHOLD

48 CONTIGUOUS STATES AND D.C. POVERTY GUIDELINES (ANNUAL)

	100%	133%	138%	150%	200%	250%	300%	400%
1	\$12,760	\$16,971	\$17,609	\$19,140	\$25,520	\$31,900	\$38,280	\$51,040
2	\$17,240	\$22,929	\$23,791	\$25,860	\$34,480	\$43,100	\$51,720	\$68,960
3	\$21,720	\$28,888	\$29,974	\$32,580	\$43,440	\$54,300	\$65,160	\$86,880
4	\$26,200	\$34,846	\$36,156	\$39,300	\$52,400	\$65,500	\$78,600	\$104,800
5	\$30,680	\$40,804	\$42,338	\$46,020	\$61,360	\$76,700	\$92,040	\$122,720
6	\$35,160	\$46,763	\$48,521	\$52,740	\$70,320	\$87,900	\$105,480	\$140,640
7	\$39,640	\$52,721	\$54,703	\$59,460	\$79,280	\$99,100	\$118,920	\$158,560
8	\$44,120	\$58,680	\$60,886	\$66,180	\$88,240	\$110,300	\$132,360	\$176,480

Add \$4,480 for each person over 8

PERSONS IN HOUSEHOLD

48 CONTIGUOUS STATES AND D.C. POVERTY GUIDELINES (MONTHLY)

	100%	133%	138%	150%	200%	250%	300%	400%
1	\$1,063	\$1,414	\$1,467	\$1,595	\$2,127	\$2,658	\$3,190	\$4,253
2	\$1,437	\$1,911	\$1,983	\$2,155	\$2,873	\$3,592	\$4,310	\$5,747
3	\$1,810	\$2,407	\$2,498	\$2,715	\$3,620	\$4,525	\$5,430	\$7,240
4	\$2,183	\$2,904	\$3,013	\$3,275	\$4,367	\$5,458	\$6,550	\$8,733
5	\$2,557	\$3,400	\$3,528	\$3,835	\$5,113	\$6,392	\$7,670	\$10,227
6	\$2,930	\$3,897	\$4,043	\$4,395	\$5,860	\$7,325	\$8,790	\$11,720
7	\$3,303	\$4,393	\$4,559	\$4,955	\$6,607	\$8,258	\$9,910	\$13,213
8	\$3,677	\$4,890	\$5,074	\$5,515	\$7,353	\$9,192	\$11,030	\$14,707

Add \$373 for each person over 8

The Oklahoma Health Care Authority uses a specific method to determine the income and household size for someone applying for SoonerCare, Insure Oklahoma or other programs. This method is called Modified Adjusted Gross Income (MAGI). **MAGI is the method required by the Affordable Care Act (ACA) to determine eligibility for income-based Medicaid¹ and subsidized health insurance through the exchanges.**

How is income calculated with MAGI?

MAGI is found by taking your household's current Adjusted Gross Income and adding back certain deductions. The ACA definition of MAGI under the Internal Revenue Code² and federal Medicaid regulations³ is shown below. For most individuals who will apply for health coverage under the ACA, MAGI will be equal to Adjusted Gross Income.

Adjusted Gross Income (AGI)	Include: <ul style="list-style-type: none"> • Wages, salaries, tips, etc. • Taxable interest • Taxable amount of pension, annuity or IRA • Business income, farm income, capital gain, other gains (or loss) • Unemployment compensation • Ordinary dividends • Alimony received • Rental real estate, royalties, partnerships, S corporations, trusts, etc. • Taxable refunds, credits, or offsets of state and local income taxes • Other income 	Deduct: <ul style="list-style-type: none"> • Certain self-employed expenses⁴ • Student loan interest deductions • Tuition and fees • Educator expenses • IRA deduction • Moving expenses • Penalty on early withdrawal of savings • Health savings account deduction • Alimony paid • Domestic production activities deduction • Certain business expenses of reservists, performing artists, and fee-based government officials
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Note: Do not include Supplemental Security Income (SSI), Veterans Disability payments, workers' compensation or child support received. Pre-tax contributions, such as those for child care, commuting, employer-sponsored health insurance, flexible spending accounts and retirement plans such as 401(k) and 403(b), are not included in AGI but are not listed above because they are already subtracted out of W-2 wages and salaries.

Add Back Certain Income	<ul style="list-style-type: none"> • Non-taxable Social Security benefits • Tax-exempt interest • Foreign earned income and housing expenses for Americans living abroad
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For Medicaid eligibility

Exclude From Income	<ul style="list-style-type: none"> • Scholarships, awards, or fellowship grants used for education purposes and not for living expenses • Certain American Indian and Alaska Native income derived from distributions, payments, ownership interests, real property usage rights, and student financial assistance • An amount received as a lump sum is counted as income only in the month received
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Oklahoma Health Care Authority Household

Household Income	<p>An OHCA household is equal to a tax household in most cases (certain exceptions apply). Income will be counted for the following WHEN/IF they are claimed as tax dependents:</p> <ul style="list-style-type: none"> • Stepparents and stepchildren • Children/siblings with income • Children ages 21+ • Rules for non-filers mirror rules for filers
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¹ Medicaid eligibility is generally based on MAGI for parents and childless adults under age 65, children and pregnant women, but not for individuals eligible on the basis of being aged, blind, or disabled ² Internal Revenue Code Section 36B(d)(2)(B) ³ Public Health and Welfare Code Section 435.603(e)

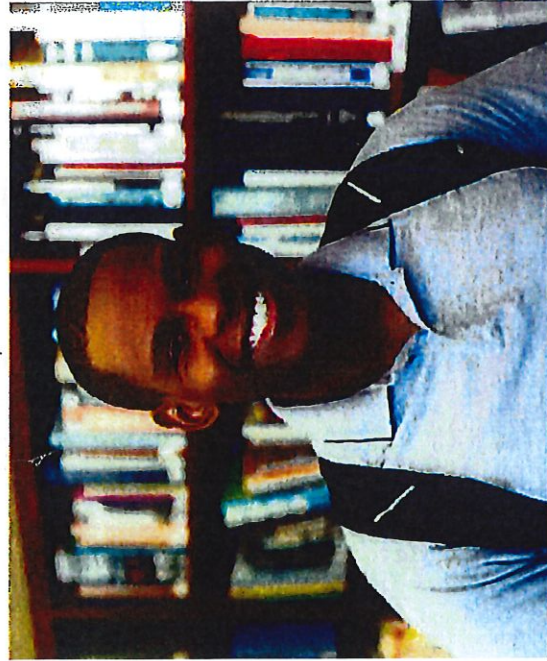
⁴ Deductible part of self-employment tax; SEP, SIMPLE, and qualified plans; health insurance deduction

Insure Oklahoma Individual Plan

Insure Oklahoma keeps Oklahomans strong by helping them pay for health coverage. The Individual Plan provides health coverage directly through the state.

How it works

The Individual Plan member pays a low monthly premium to Insure Oklahoma, and a small co-pay to see a primary care provider from the Insure Oklahoma network or to get a prescription.



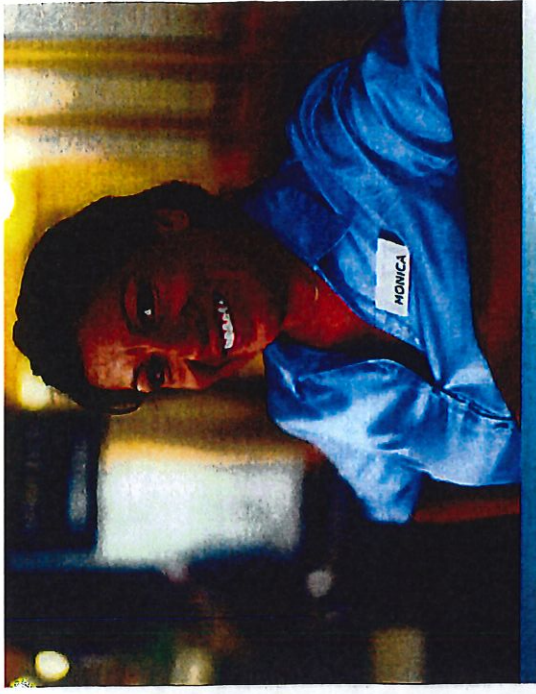
Qualifications

YOU MUST MEET ALL OF THE FOLLOWING QUALIFICATIONS:

- Be an Oklahoma resident.
- Be between the ages of 19 and 64.
- Not be currently enrolled in Medicaid or Medicare.
- Have a household income within the qualifying guidelines.
- Not be enrolled in any other commercial health plan.

AND, YOU MUST BE IN ONE OF THE FOLLOWING GROUPS:

- Work for an Oklahoma business with 250 or fewer employees, or are self-employed;
- Temporarily unemployed and qualify to receive unemployment benefits from the Oklahoma Employment Security Commission (OESC).
- Have a disability, work for any size employer, and have a Ticket-To-Work.
- College student between the ages of 19-22.



Apply Any Time

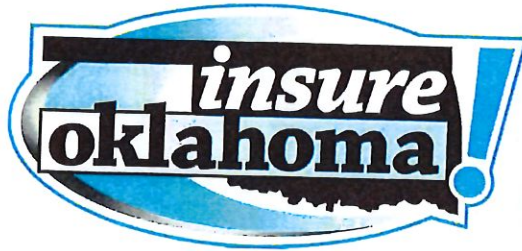
To apply or see if you qualify, visit

www.insureoklahoma.org

For more information, call Insure Oklahoma at 888-365-3742.



Oklahoma
HealthCare



2020 IP Income Guidelines

Family Size	Monthly Income	Annual Income
1	\$1,118	\$13,416
2	\$1,509	\$18,108
3	\$1,901	\$22,812
4	\$2,294	\$27,528
5	\$2,685	\$32,220
6	\$3,077	\$36,924
7	\$3,470	\$41,640
8	\$3,861	\$46,332

Effective 4/1/2020

SoonerCare Oklahoma Health Care Authority **INCOME GUIDELINES**

Effective
4/1/2020

2020 Children & Soon-To-Be Sooners

(STBS) may qualify for SoonerCare services* if their tax household's Modified Adjusted Gross Income* (MAGI) is within the following guidelines.

Family Size	Monthly Income	Annual Income
1	\$2,235	\$26,820
2	\$3,018	\$36,216
3	\$3,801	\$45,612
4	\$4,587	\$55,044
5	\$5,370	\$64,440
6	\$6,153	\$73,836
7	\$6,939	\$83,268
8	\$7,772	\$93,264

*In addition to income, there are different eligibility requirements & benefit packages available. Visit okhca.org/programs for details.
Think your income may be a little too high? Apply anyway—some applicants qualify for SoonerCare with slightly higher incomes.

2020 Pregnant Women: Full Scope Benefits & SoonerPlan

Family Size	Monthly Income	Annual Income
1	\$1,416	\$16,992
2	\$1,912	\$22,944
3	\$2,408	\$28,896
4	\$2,905	\$34,860
5	\$3,401	\$40,812
6	\$3,897	\$46,764
7	\$4,395	\$52,740
8	\$4,891	\$58,692

2020 Needy Caretaker/Relative w/Child

Family Size	Monthly Income	Annual Income
1	\$469	\$5,628
2	\$633	\$7,596
3	\$797	\$9,564
4	\$961	\$11,532
5	\$1,126	\$13,512
6	\$1,290	\$15,480
7	\$1,454	\$17,448
8	\$1,618	\$19,416

COBRA coverage and the Marketplace:

If you already have COBRA coverage

If you're already enrolled in COBRA, you may have options in the Marketplace.

Can you change from COBRA to a Marketplace plan?

	If your COBRA is running out	If you're ending COBRA early	If your COBRA costs change because your former employer stops contributing and you must pay full cost
During Open Enrollment	Yes, you can change.	Yes, you can change.	Yes, you can change.
Outside Open Enrollment	Yes, you can change — you qualify for a Special Enrollment Period.	No, you can't change until the next Open Enrollment Period, your COBRA runs out, or you qualify for a Special Enrollment Period another way.	Yes, you can change — you qualify for a Special Enrollment Period.

Source <https://www.healthcare.gov/unemployed/cobra-coverage/>