



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). Your spouse will want to contact the employer human resources department to find out the details or you can 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. Special protections under Federal Law are granted to Native Americans, please see your Tribal Administration Office or www.healthcare.gov.

* Program eligibility has changed due to Federal Rule changes beginning in 2025.

Revised October 2026



OKLAHOMA INSURANCE DEPARTMENT

4. INDIVIDUAL COMPREHENSIVE MEDICAL INSURANCE PLANS - At the current time you may enroll for individual ACA comprehensive health and stand-alone dental plans by accessing the Federal Marketplace at www.healthcare.gov. You may also find additional information at **Oklahoma's Health Insurance Marketplace** at www.oid.ok.gov by selecting the tab "**Get Covered.**" At this site, you may "**Find Local Help**" such as an Assister or CMS Certified and Oklahoma licensed Agent/Broker by inserting your zip code. Your loss of health insurance through your employer qualifies you to enroll for 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 your SEP opportunity, your next enrollment opportunity would be during the Annual Open Enrollment Period from November 1st through January 15th. **Please note** that an ACA individual health insurance plan is comprehensive health coverage and you are ***guaranteed acceptance regardless of your health status.***

STATE AND FEDERAL GOVERNMENT PROGRAMS-

- 5. SOONERCARE** - Comprehensive health, dental and vision care for dependent children under the age of 19 and some adults ages 19 - 64. To see if you or your family qualify visit: Oklahoma Health Care Authority website <https://oklahoma.gov/ohca.html> or to access SOONERCARE Programs go directly to www.mysooner.org.
- 6. VETERAN'S HEALTHCARE** – Please visit the VA Administration website at www.VA.gov or your nearest VA Clinic to obtain eligible benefits.

CAUTION: Not all individual health products sold in Oklahoma are insurance. You may see these advertised on social media or television. The following list is *not all inclusive of those plans available in Oklahoma* and will allow issuers to *medically underwrite and/or exclude coverage for pre-existing conditions among other restrictions or exclusions.*

Examples of Plans that are NOT comprehensive insurance and NOT guaranteed issued:

- Short Term Limited Duration Health policies
- Disease Specific policies
- Limited Benefit and Indemnification policies

Examples of Plans that are NOT insurance:

- **Discount** Medical, Dental and Vision plans (you buy a membership to get discounts)
- Health Care Sharing Ministry Plans (HCSM decides whether to accept you or not)

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

* Program eligibility has changed due to Federal Rule changes beginning in 2025.

Revised October 2026