



COFA PREMIUM ASSISTANCE PROGRAM FREQUENTLY ASKED QUESTIONS

GENERAL

What is the Compact of Free Association (COFA) Premium Assistance Program?

The Compact of Free Association (COFA) Premium Assistance Program is Oregon's health insurance sponsorship program for eligible citizens of the Republic of Marshall Islands, Federated States of Micronesia, and the Republic of Palau, who entered the United States under the COFA. The program's goal is to make coverage affordable for low-income COFA citizens by paying for the enrollee's share of premiums and in-network out-of-pocket expenses.

What benefits are covered under the program?

The program will cover the COFA enrollees' share of the monthly premium and maximum out-of-pocket limit for in-network services.

COFA enrollees have access to all of the preventive services and essential health benefits covered under their program-approved medical insurance plan. These services, when acquired through an in-network provider, are FREE to the COFA enrollees:

- Alcohol misuse screening and counseling
- Aspirin use to prevent cardiovascular disease for men ages 45 to 79 and women ages 55 to 79
- Blood pressure screening
- Cholesterol screening for men 35 and older, men ages 20 to 35 and women ages 20 or older at higher risk
- Colorectal cancer screening for adults older than 50
- Depression screening
- Diabetes (Type 2) screening for adults with high blood pressure
- Diet counseling for adults at higher risk for chronic disease
- Hepatitis B screening for people at high risk, including people from countries with 2 percent or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8 percent or more Hepatitis B prevalence
- Hepatitis C one-time screening for adults at increased risk and for everyone born between 1945 and 1965
- HIV screening for everyone ages 15 to 65, and other ages with increased risk
- Immunization vaccines for Diphtheria, Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus (HPV), Influenza (flu shot), Measles, Meningococcal, Mumps, Pertussis, Pneumococcal, Rubella, Tetanus, and Varicella (Chickenpox)
- Lung cancer screening for adults ages 55 to 80 at high risk for lung cancer because they are heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually transmitted infection (STI) prevention counseling for adults at higher risk

- Syphilis screening for adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- The following essential health benefits may require you to pay a copay or coinsurance fee at the time of service. You can submit your receipts for reimbursement.
- Outpatient care: The kind you get without being admitted to a hospital
- Trips to the emergency room
- Treatment in the hospital for inpatient care
- Mental health and substance use disorder services: This includes behavioral health treatment, counseling, and psychotherapy
- Prescription drugs
- Services and devices to help you recover if you are injured, or have a disability or chronic condition: This includes physical and occupational therapy, speech-language pathology, psychiatric rehabilitation, and more
- Lab tests

COFA enrollees should check with their insurance company ahead of time to find out what services or providers are in their network.

What about out-of-pocket costs for services from providers outside of my carrier's network?

Depending on your preferred insurance company, it may pay a portion of the service. However, since the program covers only out-of-pocket costs for in-network services, we cannot reimburse you for these costs, even if they count towards your annual out-of-pocket limit.

What about dental?

At this time, the program is able to offer assistance only for medical plans. It does not include dental.

How can I reach the program?

- **Email:** COFA.Marketplace@oregon.gov
- **Phone:** 1-855-268-3767 (toll-free), Monday to Friday, 8 a.m. to 5:00 p.m.
- **Fax:** 503-947-7092
- **Mail:** Oregon Health Insurance Marketplace, P.O. Box 14480, Salem, OR 97309

ELIGIBILITY

Who is eligible?

Individuals who meet all of the following criteria are eligible for this program:

- At least 19 years old
- Currently not pregnant
- Citizen of the Republic of Marshall Islands, the Federated States of Micronesia or Republic of Palau who entered the United States under the COFA
- Resident of Oregon

FAMILY SIZE	ANNUAL INCOME
1	\$16,394
2	\$22,108
3	\$27,821
4	\$33,534
5	\$39,247
6	\$44,960
7	\$50,687

- Earn less than the amount in the table at right for their family size
- Not eligible for the Oregon Health Plan+ or Medicare
- Not eligible for coverage under an employer-sponsored health plan
- Not eligible for coverage under a health plan as an active military enlistee, a retired military personnel, or a dependent of an active or retired military enlistee
- Not enrolled in coverage available through the Veteran's Administration or Tricare
- Eligible for advanced premium tax credits and cost-sharing reductions available through HealthCare.gov

APPLICATIONS

Can I get help filling out the program application form?

All Marketplace community partners and agents can help you fill out the program application form. However, the Marketplace has a designated community partner for the program:

COFA Alliance National Network (CANN)

info@cann.us

971-249-CANN (2266)

I filled out all the fields in the application form but got a “Your application is pending” notice. Why is that?

Your application is not considered complete until the program receives proof of your enrollment in a program-approved qualified health plan and usage of the full amount of Advanced Premium Tax Credit (APTC) available. Please mail, email, or fax a copy of your Health Insurance Marketplace eligibility results to the program as soon as possible.

Important dates to know:

- Dec. 15, 2016: Last day to enroll in a program-approved plan for coverage to start Jan. 1, 2017.
- Jan. 15, 2017: Last day to enroll in a program-approved plan for coverage to start Feb. 1, 2017.
- Jan. 31, 2017: Last day to enroll in a program-approved plan for coverage to start March 1, 2017.
- February 13, 2017: Last day to submit all your COFA program application documents for coverage to start March 1, 2017 is.

When is the application period for the program?

We began accepting applications Oct. 1, 2016. You can submit your application until the end of open enrollment (Jan. 31, 2017), but we recommend you submit your application as soon as possible. Applications will be processed on a first-come-first-served basis.

I missed the deadline to submit my application. Can I still apply?

Yes, you can submit your application outside of the open enrollment period if you experience certain life changes and qualify for a special enrollment period. For a list of eligible life changes, visit <https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>.

How many enrollees will the program allow?

The program will enroll as many participants as funding allows. The COFA Premium Assistance Program Fund is currently funded to allow for as many as 1,000 to 1,500 enrollees for the 2017 coverage year.

PLAN SELECTION

Can I sign up for any plan I see on HealthCare.gov?

No. Only standard silver-level plans are approved for the program. To view the full list of program-approved plans, visit OregonHealthCare.gov/COFA.

Which carriers are in my county?

County	Atrio	Bridgespan	Kaiser	Moda	PacificSource	Providence
Baker		✓		✓		✓
Benton		✓	✓			✓
Clackamas		✓	✓	✓	✓	✓
Clatsop		✓		✓		✓
Columbia		✓	✓	✓		✓
Coos		✓		✓		✓
Crook		✓			✓	✓
Curry		✓		✓		✓
Deschutes	✓	✓			✓	✓
Douglas	✓	✓				✓
Gilliam		✓		✓		✓

County	Atrio	Bridgespan	Kaiser	Moda	PacificSource	Providence
Grant		✓		✓		✓
Harney		✓		✓		✓
Hood River		✓	✓	✓		✓
Jackson		✓		✓		✓
Jefferson		✓			✓	✓
Josephine	✓	✓		✓		✓
Klamath	✓	✓				✓
Lake		✓		✓		✓
Lane		✓				✓
Lincoln		✓				✓
Linn		✓	✓			✓
Malheur		✓		✓		✓
Marion	✓	✓	✓	✓		✓
Morrow		✓		✓		✓
Multnomah		✓	✓	✓	✓	✓
Polk	✓	✓	✓	✓		✓
Sherman		✓		✓		✓
Tillamook		✓				✓
Umatilla		✓		✓		✓
Union		✓		✓		✓
Wallowa		✓		✓		✓
Wasco		✓		✓		✓

County	Atrio	Bridgespan	Kaiser	Moda	PacificSource	Providence
Washington		✓	✓	✓	✓	✓
Wheeler		✓		✓		✓
Yamhill		✓	✓	✓		✓

PREMIUMS

I got a bill or invoice from my carrier for my monthly premium. Should I pay it?

No. As the covered enrollee, you may still get a bill or invoice from your carrier. The program will pay your carrier directly for your share of the monthly period. However, please keep the bill for your records.

I paid my first month's premium to make sure my policy was made active. Will the program reimburse me for it?

If your COFA Premiums Assistance Program enrollment notice was generated before the start of your medical insurance policy (ex. enrolled in the COFA program by January 28, 2017 with your medical insurance policy starting on February 1, 2017). Submit a complete COFA program reimbursement form and the bill you received from your health insurance carrier.

OUT-OF-POCKET COSTS

Do I need to pay deductibles and co-payments?

COFA enrollees need to pay for deductibles and co-payments for in-network services at the time of service or when they receive the product. They need to make sure they collect an official receipt to be able to submit a request for reimbursement from the program.

Some of the estimated costs the enrollee may incur at time of service include:

- Generic drugs: \$5
- Preferred brand drugs: \$10
- Primary care visit to treat an injury or an illness: \$10
- Specialist visit: \$20
- Urgent care centers or facilities: \$30
- Emergency room services: 10 percent co-insurance after deductible
- Emergency transportation/ambulance: 10 percent co-insurance after deductible
- Inpatient hospital services: 10 percent co-insurance after deductible

- Inpatient physician and surgical services: 10 percent co-insurance after deductible
- Skilled nursing facility: 10 percent co-insurance after deductible
- Prenatal and postnatal care: 10 percent co-insurance after deductible

How often can I request reimbursement for in-network out-of-pocket costs?

Requests for reimbursement may be submitted **at least once a month or \$50**, whichever comes sooner.

How should I submit requests for reimbursement?

The program will reimburse you for allowed in-network out-of-pocket costs up to \$750 (individual enrollment) or \$1,500 (family enrollment).

To get reimbursed for your out-of-pocket costs, you will need to mail or fax to us:

1. [COFA program reimbursement claim form](#)
2. Original receipt of payment from your doctor, pharmacy, or other provider
3. A copy of your insurance company's Explanation of Benefits

Please type or clearly print your information into the form, print and then mail or fax (along with a copy of your Explanation of Benefits and your official receipt) to the program:

COFA Premium Assistance Program
Oregon Health Insurance Marketplace
P.O. Box 14480
Salem, OR 97309
Fax: 503-947-7092

How do COFA enrollees receive their reimbursements from the program?

The program will be disbursing reimbursement payments, up to the annual out-of-pocket limit for in-network services of \$750, via their US Bank ReliaCard with a Visa logo. This card will be set up and provided to each enrollee when the COFA enrollee's first reimbursement request has been approved.

Keep this card in a safe place. For any following reimbursement requests, your approved reimbursements will be deposited in the same U.S. Bank ReliaCard. All COFA Program enrollees will have their own card.

What is the deadline for submitting reimbursements?

For in-network services received by Dec. 31, 2017, the deadline to submit requests for reimbursements for out-of-pocket costs is March 31, 2018.

APPEALS

Can I appeal a decision made by the program?

You can appeal decisions concerning a denied application, disenrollment from the program, placement of a COFA applicant on a waiting list, and payment or reimbursement of qualified health

plan premiums and of out-of-pocket expenses. All requests for appeals must be done within 10 business days of the postmark date on the notice.