



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 but your co-pay may be higher. However, since the program covers only out-of-pocket costs for in-network services, we cannot reimburse (pay you back) 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
- Not a U.S. citizen

- Resident of Oregon
- 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

Family Size	Annual Income
1	\$17,609
2	\$23,791
3	\$29,974
4	\$36,156
5	\$42,338
6	\$48,521
7	\$54,703

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:

MIC – Micronesian Islander Communities
jleung@micoregon.org
 (626)-848-8619

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 showing usage of the full amount of Advance Premium Tax Credit (APTC) and your eligibility results from Healthcare.gov. Please mail, email, or fax a copy of your Healthcare.gov eligibility results and proof of your enrollment in a program-approved health plan to the COFA program as soon as possible.

Important dates to know:

- Dec. 15, 2020: Last day to enroll in a program-approved plan for coverage to start Jan. 1, 2021.
- Dec. 15, 2020: Last day to submit all your COFA program application documents for sponsorship to start January 1, 2021.

When is the application period for the program?

We began accepting applications Oct. 1, 2020. You can submit your application until the end of open enrollment (Dec. 15, 2020), but we recommend you submit your application as soon as possible. Applications will be processed on a first-come-first-served basis.

I am enrolled in Medicare Part A and pay a Part A premium. Am I still eligible for the COFA Program?

If you are enrolled in Medicare Part A and pay your premium you would not be eligible for premium tax credits. However, you can dis-enroll from Medicare part A and if you meet all other requirements, you may qualify for the program.

If I do not have to pay a premium for Medicare Part A, am I eligible for the COFA Program?

No, if you have premium-free Medicare Part A, you are not eligible for the COFA Program.

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/>.

When will the COFA program start paying my premiums?

If you are approved for sponsorship, the COFA program will start paying your premiums when a complete application is received:

- Before the 15th of the month, sponsorship begins the 1st of the next month.
- After the 15th of the month but before the end of the month, sponsorship will start on the 1st of the month after the next month.

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 2021 coverage year.

Some of my information has changed since I enrolled. What do I do?

Update HealthCare.gov with your new information and print your new eligibility notice. Complete the [COFA Life Change Report Form](#), (visit www.Healthcare.oregon.gov/cofa) and send it to the program with a copy of your new eligibility notice and proof of your enrollment.

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 healthcare.oregon.gov/marketplace/cofa.

Which carriers are in my county?

County	Bridgespan	Kaiser	Moda	PacificSource	Providence	Regence Blue Cross Blue Shield
Baker	✓		✓		✓	✓
Benton	✓	✓		✓	✓	✓
Clackamas	✓	✓	✓	✓	✓	✓
Clatsop	✓		✓		✓	✓
Columbia	✓	✓	✓		✓	✓
Coos	✓		✓		✓	✓
Crook	✓		✓	✓	✓	✓
Curry	✓		✓		✓	✓
Deschutes	✓			✓	✓	✓
Douglas	✓		✓	✓	✓	✓
Gilliam	✓		✓		✓	✓
Grant	✓		✓		✓	✓
Harney	✓		✓		✓	✓
Hood River	✓	✓	✓		✓	✓
Jackson	✓		✓	✓	✓	✓
Jefferson	✓		✓	✓	✓	✓
Josephine	✓		✓	✓	✓	✓
Klamath	✓		✓		✓	✓
Lake	✓		✓		✓	✓
Lane	✓	✓	✓	✓	✓	✓
Lincoln	✓				✓	✓

County	Bridgespan	Kaiser	Moda	PacificSource	Providence	Regence Blue Cross Blue Shield
Linn	✓	✓		✓	✓	✓
Malheur	✓		✓		✓	✓
Marion	✓	✓	✓		✓	✓
Morrow	✓		✓		✓	✓
Multnomah	✓	✓	✓	✓	✓	✓
Polk	✓	✓	✓		✓	✓
Sherman	✓		✓		✓	✓
Tillamook	✓		✓		✓	✓
Umatilla	✓		✓		✓	✓
Union	✓		✓		✓	✓
Wallowa	✓		✓		✓	✓
Wasco	✓		✓		✓	✓
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 premium. 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 Premium Assistance Program enrollment notice was generated before the start of your medical insurance policy (ex. enrolled in the COFA program by January 15, 2020 with your medical insurance policy starting on February 1, 2020). Submit a complete COFA program reimbursement form, proof of payment, and a copy of 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 you receive the product. You need to make sure you get an official receipt of your payment to be able to submit a request for reimbursement from the program to pay you back.

Some of the *estimated* costs the enrollee may have 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 when expenses total at least \$50**, whichever comes sooner.

How should I submit requests for reimbursement?

The program will pay you back for allowed in-network out-of-pocket costs up to \$1,000 (individual enrollment) or \$2,000 (family enrollment).

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

1. [COFA program reimbursement claim form](#) (visit www.Healthcare.oregon.gov/cofa)
2. Original receipt of payment from your doctor, pharmacy, or other provider
3. A copy of your insurance company's Explanation of Benefits or Pharmacy Medical Expense Summary

Please type or clearly write your information into the form, print, sign, and then mail or fax (along with a copy of your Explanation of Benefits and your official receipt of payment 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 depositing reimbursement payments, up to the annual out-of-pocket limit for in-network services to the COFA enrollee's U.S. Bank ReliaCard Visa. This card will be set up and provided to each enrollee when the COFA enrollee's first reimbursement request has been approved or you can choose to receive your refund by check in the mail.

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

What is the deadline for submitting reimbursements?

For in-network services received by Dec. 31st, the deadline to submit requests for reimbursements for out-of-pocket costs is April 30 of the following year. Example services received Dec. 31, 2020 submit no later than April 30, 2021.

I submitted a reimbursement, how long until the money is on my card?

If the reimbursement request is complete with all supporting documents the money could be on your card as early as 15 days after we receive the request.

APPEALS

Can I appeal a decision made by the program?

You can appeal decisions about a denied application, disenrollment from the program, placement of a COFA applicant on a waiting list, and payment of reimbursements for out-of-pocket expenses and qualified health plan premiums. All requests for appeals must be done within 10 business days of the postmark date on the notice.