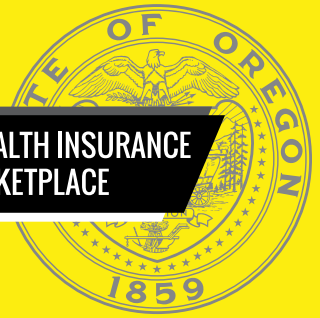




Free Health Insurance for COFA Citizens

The Compact of Free Association (COFA) Premium Assistance Program provides free health insurance for people who moved to Oregon from the **Republic of the Marshall Islands**, the **Federated State of Micronesia**, and the **Republic of Palau** under the compact. Help is available in your preferred language. Call **1-855-268-3767 (toll-free)** or visit **OregonHealthCare.gov**



OREGON HEALTH INSURANCE MARKETPLACE

STEP 1

Get Ready



You need to have the following documents and information together to sign up for the COFA Premium Assistance Program:

- I-94 number.
- Social Security number or Alien Resident number (if you have one).
- Passport from the Republic of the Marshall Islands, Federated States of Micronesia, or Republic of Palau.

- Proof of Oregon address (driver license, state ID, etc.).
- Pay stubs or W-2 forms from your job.
- Information about health insurance that you can get through an employer.
- Oregon Health Plan eligibility notice (Form OHA 640F) that shows you do not qualify for OHP (full Medicaid). If you don't have this, see step three below to find someone who can help you.
- Visit **HealthCare.gov** to sign up for an account.

STEP 2

Apply for the Oregon Health Plan (OHP)



- Visit **OregonHealthCare.gov** to see if you qualify for OHP (full Medicaid).

- If you are not eligible for OHP, you can apply for the COFA Premium Assistance Program. Keep a copy of your OHP eligibility notice.



STEP 3

Get Free Help to Sign Up Between Nov. 1, 2018, and Dec. 15, 2018



- Call us at **1-855-268-3767 (toll-free)** or visit **OregonHealthCare.gov** to find a community partner or insurance agent for free help.
- Contact your community partner or insurance agent to set up a time to meet in person or talk over the phone.

- Enroll in a program-approved plan starting Nov. 1, 2018.
- If you experience a life change, such as getting married or having a baby, you can sign up through a special enrollment period.

STEP 4

Get Health Insurance



- Submit your completed COFA Premium Assistance Program application form by mail or fax. Your community partner or agent can submit it for you.
- If you qualify for the COFA Premium Assistance Program, you will receive a pre-approval letter in the mail within a week.

- Visit **HealthCare.gov** to sign up for a program-approved plan.
- Submit proof you enrolled in a program-approved plan by printing a screen shot from your **HealthCare.gov** account and mailing it to the COFA Program. Screen shots should be taken from either the "Congratulations" screen or "My Plans & Programs" screen.

STEP 5

Use Your 2019 Health Insurance Starting Jan. 1, 2019



- Complete all of the steps above by Dec. 15, 2018, to get coverage starting Jan. 1, 2019.
- Your health insurance carrier will mail you a member card. Find a health care provider in your carrier's network (they will accept your insurance).

- Visit your carrier's website and use the online provider search tool.
- Your insurance pays for visits to the doctor, emergency care, preventative care, prescriptions, and much more.

FREQUENTLY ASKED QUESTIONS

Who is eligible?

You are eligible if you are:

- 19 years or older.
- Not pregnant.
- A citizen of the Republic of the Marshall Islands, the Federated States of Micronesia, or Republic of Palau who entered the United States under the COFA agreement.
- A resident of Oregon.
- Earning less than the amount in the table for your family size.

Household size	Earn less than this each year? You may get financial help.
1	\$16,753
2	\$22,715
3	\$28,676
4	\$34,638
5	\$40,600
6	\$46,561
7	\$52,523

- Not eligible for the Oregon Health Plan or Medicare.
- Not eligible for health insurance from an employer.
- Not eligible for health insurance as an active military member, a retired military member, or a dependent of an active or retired military member.
- Not enrolled in coverage available through the U.S. Department of Veterans Affairs or TRICARE.

If you are not eligible for the COFA Premium Assistance Program, you might still qualify for other free or low-cost health insurance.

For more information, visit

OregonHealthCare.gov.

How do I sign up?

- Visit a community partner or insurance agent in your area to get free help in your language. They can explain:
 - How the COFA Premium Assistance Program works.
 - How to enroll in health insurance.
 - What health insurance plan will work best for you.
- Call **1-855-268-3767 (toll-free)** or visit **OregonHealthCare.gov** to find free help in your area.

What will my health insurance plan be like?

- Health insurance plans are available in four categories: bronze, silver, gold, and platinum. The COFA Premium Assistance program pays for a standard silver level plan purchased through **HealthCare.gov** (make sure to check that your plan is COFA Premium Assistance Program approved).
- These plans cover visits to the doctor, emergency services, prescriptions, preventive care services (such as mammograms and diabetes and blood pressure screenings), mental health services, and more.
- If you already have a doctor you want to keep seeing, make sure the doctor is “in the network” of the health insurance plan you choose.
- A community partner or insurance agent can help you choose the best plan for you.

FREQUENTLY ASKED QUESTIONS

Will I have to pay for any insurance or medical bills?

- The State of Oregon pays your monthly insurance premium and all bills for accepted in-network services.
- Open all mail from your health insurance plan and your doctors. If you get a bill or letter you don't understand, or have any other questions, contact your community partner or insurance agent.
- To learn more about reimbursement (paying you back) go to **OregonHealthCare.gov**, email **COFA.Marketplace@oregon.gov** or call **1-855-268-3767 (toll-free)**.

If I don't sign up, will I pay a penalty for not having health insurance in 2019?

COFA citizens living in the United States may have to pay the penalty. There are some exceptions based on residency or income. For more information, visit **HealthCare.gov** or **IRS.gov** or consult a tax professional.

What are life changes? How do they affect my health insurance? How do I report them?

Life changes include getting married, having a baby, losing health coverage, or having your income change. These might affect your health insurance. If you have a life change, you must do the following:

- 1** Visit **HealthCare.gov** to report the change.
- 2** Contact the COFA Premium Assistance Program to report the change at **COFA.Marketplace@oregon.gov** or call **1-855-268-3767 (toll-free)**.

Do I have to sign up for the Oregon Health Plan Plus (OHP)?

If you are eligible for Oregon Health Plan and choose not to enroll, the COFA Premium Assistance Program will not pay your portion of the premium for another plan.

Why do I have to go to HealthCare.gov to sign up for a plan approved by the program?

HealthCare.gov is the technology service provider of the program that will determine your eligibility for advanced premium tax credits (APTC) and cost-sharing reductions to help lower your monthly premium.

Can I sign up for a dental plan and have it covered by the program?

No. For the plan year 2019, the COFA Premium Assistance Program covers only medical insurance plans.

HOW TO APPLY FOR FREE HEALTH INSURANCE ON YOUR OWN:

Contact [OregonHealthCare.gov](https://www.oregonhealthcare.gov) and apply for the Oregon Health Plan (OHP).

- If you are eligible for OHP, apply for health insurance coverage through OHP.

- If you are not eligible, apply for COFA premium assistance through a community partner or agent near you.
- Your COFA preapproval letter will come in the mail and tell you about your standard silver level insurance plan option.

HEALTH INSURANCE TERMS TO KNOW:

Advanced premium tax credit (APTC): A tax credit that can reduce what you pay for health insurance. When you apply for health insurance, you estimate your expected income for the year. If your estimate falls in the range to save, you need to use an advance payment of the premium tax credit to lower your monthly insurance bill. It is important to estimate as accurately as you can. If, at the end of the year, you have taken more premium tax credit in advance than you are due based on your income, you have to pay back the extra when you file your tax return. If you have taken less than you qualify for, you will get the difference back and need to send this difference to the program.

Benefits: The health care items and services, such as doctor's visits and prescriptions, covered under a health insurance plan.

Co-insurance: The percentage of costs of a covered health care service you pay after you have paid your deductible. The COFA Premium Assistance Program will pay you back for your co-insurance.

Co-payment: A fixed-amount you pay for a health care service covered by your insurance, for instance, a \$10 office visit co-pay. The COFA Premium Assistance Program will pay you back for your co-payments.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. The COFA Premium Assistance Program will pay you back for your deductibles.

Eligible: Approved to receive health insurance premium assistance.

In-network services: Providers who contract with your health insurance or plan.

In-network out-of-pocket costs: A fixed amount of money you pay for in-network covered health care services, such as deductibles, co-insurance and co-payments. The COFA Premium Assistance Program will pay you back for your in-network out-of-pocket costs that count towards your out-of-pocket limit.

Insurance carrier: The company that provides the health care plan that you are signed up with.

Monthly premiums: The monthly amount paid for your insurance every month. The COFA Premium Assistance Program makes these payments for you. You will still get statements (bills) in the mail. Keep them for your records.

HEALTH INSURANCE TERMS TO KNOW:

Network: The facilities (clinics, hospitals, etc.), providers (see primary care provider below) and suppliers your health insurer or plan contracts with to provide health care services.

Out-of-network services:

Providers that do not contract with your health insurance or plan.

Out-of-network out-of-pocket costs:

Your expenses for medical care that are not reimbursed by insurance. This includes deductibles, co-insurance, and co-payments for covered services, plus all costs for services that aren't covered. The COFA Premium Assistance Program does not cover these costs.

Open enrollment: The period of time when you can enroll in a health care plan.

Primary care provider: A doctor, nurse practitioner, clinical nurse specialist, or physician assistant who provides, manages, or helps a patient find a range of health care services.

Standard Silver Level Plan:

Health Insurance plans are separated into four categories – bronze, silver, gold, and platinum. The COFA Premium Assistance Program pays for approved standard silver-level plans.

IMPORTANT DATES:

Oct. 1 – Meet with a community partner or insurance agent to learn more and get ready to sign up for health care.

Nov. 1, 2018, through Dec. 15, 2018 – Open enrollment

- **Nov. 1, 2018** – Open enrollment starts. This is the first day you can apply for health insurance. If you have worked with a community partner or agent, you should have all the information you need.
- **Dec. 15, 2018** – Last day to sign up for health insurance if you want health insurance coverage to start Jan. 1, 2019.
- **Dec. 15, 2018** – Open enrollment ends. If you have not signed up for health insurance by this date you will have to wait until fall 2019* for 2020 health insurance coverage. You may have to pay a penalty for not having health insurance in 2019.

* Unless you experience a life change, such as getting married or having a baby, and can sign up through a special enrollment period.