

URONETM BENEFITS

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Individual and
Medicare Solutions

Sections

1. COBRA

2. ACA

3. Short Term

4. Medicare

SECTION 1 COBRA

What is COBRA?

- COBRA stands for the Consolidated Omnibus Budget Reconciliation Act.
- It applies to any group health plan maintained by the state or local government or by a private company with 20+ employees.
- If you're about to lose your employer-based health benefits under certain circumstances, COBRA allows you to continue being on your employer's group health plan at your own expense. It also covers your spouse and any dependent children on your health plan.

Who can enroll in COBRA health insurance?

- If your employer-sponsored health insurance plan is covered under COBRA, you'll get COBRA insurance as an option if you quit or lose your job. You're also eligible if your hours are reduced. If you have a spouse or dependent children on your employer-based health insurance, they'll also be covered in those circumstances. In addition, they can also enroll in COBRA health insurance if you become entitled to Medicare, get a divorce or legal separation, or pass away.
- Each qualified beneficiary is independent of others. That means each individual can make their own choices as to what sort of coverage to get under COBRA.

When can I enroll in COBRA coverage?

- Typically, you have at least 60 days after you lose your employer-sponsored health insurance to decide whether you want to enroll in COBRA health insurance.
- COBRA coverage can also be retroactive, so no need to worry about a coverage gap during that enrollment window either. If you decide to pay for COBRA coverage and pay your premiums retroactively, your coverage will also be retroactive. That means any medical bills that would have been covered during your enrollment period will be reimbursed once you're enrolled.

How much does COBRA cost?

- The cost of COBRA insurance depends on the health insurance plan you had under your employer. Nothing changes with your health insurance coverage, but now you are responsible for paying the full monthly premium. In addition, you also have to pay a 2% COBRA administration fee.

How long does COBRA health insurance last?

- How long COBRA lasts depends on the circumstances, but it typically ranges from 18 to 36 months. However, you have to use your COBRA coverage without interruption. So, if you choose to terminate your COBRA coverage during that period, you cannot start it up again.

COBRA ALTERNATIVES

- ACA Plans
 - Tax Credits/Subsidies can help reduce monthly premiums
- Short Term Plans
 - Designed to fill gaps in coverage – up to 90 days of coverage

URONE™
BENEFITS

Losing your health insurance and concerned about your options?

Job loss creates many concerns, but your health insurance doesn't have to be one of them. Your employer may have offered COBRA continuation, but it's not your only option; **we're here to help.**

We provide individuals and families the opportunity to work with a personal consultant to evaluate **eligibility for governmental subsidies** which may drastically decrease the cost of insurance.

Individuals who are currently or will soon be eligible for COBRA because of loss of employment or a reduction in hours may **benefit from a broader landscape of insurance providers, plans and costs.**

For more information, please
call UROne Benefits at:

1-800-722-7331

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SECTION 2 ACA

What is ACA health insurance (aka Obamacare or Marketplace insurance)?

- ACA health insurance refers to individual health insurance plans that meet the “minimum essential coverage” and other [requirements of the Affordable Care Act](#).

Who can enroll in ACA health insurance?

- Nearly all Americans can enroll in ACA health insurance. The main exceptions are if you do not live in the United States, are in prison, or have Medicare coverage. Those who are not U.S. citizens or U.S. nationals can also be eligible, [depending on their status](#).

Affordable Care Act Requirements

The ACA includes multiple requirements for health insurance companies, including:

1. Prohibits lifetime monetary caps on coverage.

2. Sets annual in-network out-of-pocket maximums.

3. Requires that insurers in the ACA marketplace cover at least the 10 essential health benefits, including hospitalizations, outpatient care, emergency services and maternity and newborn care.

4. Doesn't allow health insurers to cancel health insurance unless there's fraud.

5. Forbids insurance companies from denying coverage based on preexisting conditions.

6. Demands that insurers use a minimum percentage of premiums to pay for member medical services.

When can I enroll in ACA health insurance?

- If you lose your employer-sponsored insurance, you'll have 60 days to enroll in an ACA health insurance plan.
- Each year there is an Open Enrollment Period (November 1st – December 15th) when you can enroll in ACA health insurance.
- Special Enrollment Period if you have a [Qualifying Life Event](#) such as losing a job or getting married. Typically this Special Enrollment Period is 60 days. If you miss the Special Enrollment Period after your Qualifying Life Event, you will have to wait until the next Open Enrollment Period to get health insurance.

How much does ACA health insurance cost?

The cost of ACA health insurance depends on a number of factors

- **Age** – age affects health insurance marketplace costs. Younger people pay less for health coverage.
- **Location** - Where you live plays a part in health insurance costs in the marketplace.
- **Smoking Status** - The ACA lets insurance companies charge a smoker as much as 50% more than a nonsmoker.
- **Metal Tier** - The Obamacare marketplace divides health plans into metal tiers solely based on health insurance premiums and out-of-pocket costs. The metal tiers are bronze, silver, gold and platinum.
- **Family Size** - Single coverage costs less than adding a spouse or multiple family members. Adding a spouse usually costs more than adding a child.
- **Income** - Marketplace plans can offer premium tax credits and cost-sharing subsidies based on your household income. Those with household income at 400% or below of the federal poverty level are eligible for premium tax credits.

What happens if I already have COBRA coverage – can I switch to ACA health insurance?

- Yes and no. If you choose to enroll in COBRA, you can switch to ACA health insurance under the following circumstances:
 - You have used up all of your COBRA coverage.
 - You have another qualifying life event that makes you eligible for another Special Enrollment Period.
 - It is the annual Open Enrollment Period.
- You won't be able to switch to ACA health insurance outside of those situations. So consider your circumstances before discontinuing your COBRA coverage, or you may end up without health insurance coverage.

So, when it comes to COBRA vs. ACA health insurance, which one should you choose?

- It depends on your individual circumstances. When weighing COBRA health insurance against ACA health insurance, consider both your financials and your health needs.
- For some people, subsidies may make ACA health insurance significantly cheaper than paying for COBRA. Enrolling in ACA health insurance also allows you to pick a different health insurance plan, which can be useful if your previous employer-sponsored one is no longer the best one for your health needs. For others, enrolling in COBRA health insurance to stay on your previous plan may be the most financially sound choice and can be the easier route, especially if you expect to be on another employer-sponsored health insurance plan soon.
- Make sure to [explore your ACA health insurance options](#) and find out if you qualify for a subsidy before comparing it to your COBRA health insurance option.

SECTION 3 SHORT TERM

Short Term Insurance

A [short term insurance plan](#) is a good fit if you need to bridge a gap for a short time when you're uninsured. Short-term plans give you limited coverage for a limited time until you can move to a more permanent plan.

Maybe you're a recent college grad, in between jobs, or an early retiree. In some cases, you may choose a short-term plan to cover your children if you're not able to get a family plan right away. Unlike ACA plans, short term plans don't cover preexisting conditions, and you must answer a series of medical questions to apply.

SECTION 4 MEDICARE

What is Medicare?



A federal health insurance program for eligible U.S. citizens and legal residents



Funded in part by taxes you pay while working



Individual health insurance

Medicare is not...

- Free
- A family health plan
- Social Security
- Medicaid



Who can get Medicare?



U.S. citizens and legal residents



Legal residents must live in the U.S. for at least 5 years in a row, including the 5 years just before applying for Medicare

You must also meet one of the following requirements:

- Age 65 or older
- Younger than 65 with a qualifying disability
- Any age with a diagnosis of end-stage renal disease or ALS





Original Medicare: Parts A & B

Original Medicare has two parts:



Part A (hospital insurance)

Helps pay for hospital and inpatient care



Part B (medical insurance)

Helps pay for doctor and outpatient care

Medicare coverage choices

STEP 1

Enroll in Original Medicare

STEP 2

Decide if you need additional coverage. There are two ways to get it.

Original Medicare

Provided by the federal government



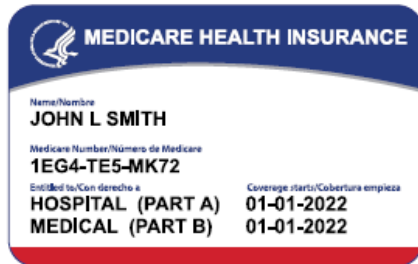
Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for doctor visits and outpatient care



Option 1

OR

Option 2

Add one or both of the following to Original Medicare:

Choose a Medicare Advantage plan:

Medicare Part D Plan

Offered by private insurers



Helps pay for prescription drugs

Medicare Supplement Plan

Offered by private insurers



Helps pay some or all of the out-of-pocket costs not paid by Original Medicare

Medicare Advantage Plan or Part C Plan

Offered by private insurers



Part C

Combines Part A and Part B in one plan



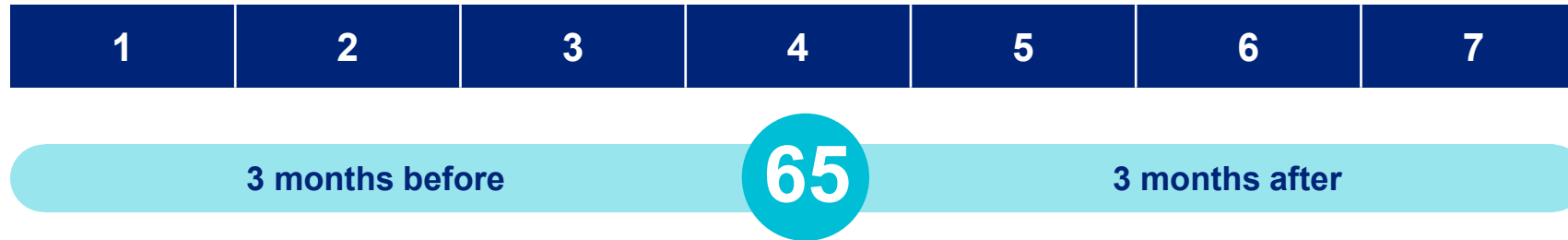
Part D

Usually includes prescription drug coverage



Provides additional benefits, services and programs not provided by Original Medicare

Initial Enrollment Period



Medicare Part A & Part B

- You'll be enrolled automatically if you're receiving Social Security or Railroad Retirement Board (RRB) benefits at age 65, or after receiving Social Security disability benefits for 24 months
- You must enroll yourself if not receiving benefits. Go to ssa.gov/benefits/medicare/ to enroll online, or call or visit your local Social Security office

Medicare Advantage (Part C) & Part D

- You need to enroll directly with the plan provider



Tips:

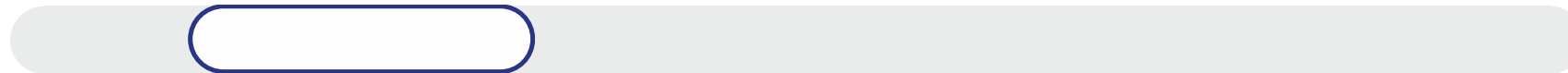
- Enroll early to avoid gaps in coverage and late enrollment penalties
- May refuse or delay enrollment in Part B with creditable employer coverage

Special Enrollment Period: Working past 65

▼ The last month of employment or employee health coverage



▲ Parts A and B



▲ Parts C and D

- For those who delayed enrollment with creditable employer health coverage
- You will have 8 months to enroll in Part A, Part B or both

- You will have only the first 2 months to enroll in a Medicare Advantage (Part C) or Part D prescription drug plan
- You have exactly 63 days to get a stand-alone Part D plan or Medicare Advantage plan with prescription drug coverage without penalty

Special Enrollment Period: Qualifying life events

▼ The month you have a qualifying event



▲ Special Enrollment Period

In most cases, you have two full months after the month of a qualifying event to make plan changes. During this time, you may join, change or drop a Medicare Advantage or prescription drug plan outside of the Medicare Annual Enrollment Period without penalty.

Common events that may qualify include:

- Moving
- Leaving retiree, union or COBRA coverage

More resources



Visit www.uronebenefits.com



Call **1-800-722-7331**



Email
nmiklos@oswaldcompanies.com

CHOOSING THE RIGHT MEDICARE COVERAGE

Choosing the right Medicare Coverage is an important decision. It's not a "one size fits all" situation because everyone has different needs and budgets.

To assist you, we have designed a Personal Information Sheet for you to complete. This information, coupled with the answers to your questions, will help determine the right type of Medicare Coverage, benefits, out-of-pocket expense and cost to meet your personal health care needs and budget.

MEMBER INFORMATION

NAME	DATE OF BIRTH
PHONE	EMAIL
MEDICARE CLAIM #	
PART A EFFECTIVE DATE	PART B EFFECTIVE DATE
HOME ADDRESS	
CITY	STATE
ZIP CODE	COUNTY

MY Rx LIST

MEDICATION NAME	DOSAGE	QUANTITY	DAY SUPPLY	MAIL ORDER/RETAIL

MY DOCTOR LIST

DOCTOR NAME	ZIP CODE	PHONE	SPECIALTY	HOSPITAL	ZIP CODE	PHONE

MY HOSPITAL LIST

DOCTOR NAME	ZIP CODE	PHONE	SPECIALTY	HOSPITAL	ZIP CODE	PHONE

Once you have reviewed the "Pieces to the Puzzle" call **1-800-722-7331** for one-on-one help from our Medicare Enrollment Specialists.

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Questions

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800-722-7331

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