



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA EMPLOYEE BENEFITS
A nonprofit benefit Plan exclusively
serving YMCAs since 1970.

OPTIONS FOR THOSE LOSING BENEFITS COVERAGE

If you have recently lost, or will soon lose, benefits coverage through your YMCA, it's important to know that there are alternative options for coverage that may be available to you.

COBRA

The Consolidated Omnibus Budget Reconciliation Act, commonly known as COBRA, provides individuals with the option to continue their employer sponsored health plan for a period of time after coverage is lost. Most YMCAs are required to offer COBRA coverage once employees are no longer eligible for coverage through their employer. If continuing your coverage through COBRA is an option for you, you have 60 days from the date that you lost coverage to enroll.

It is important to note that, although COBRA will often provide the greatest continuity of coverage because it is the same plan that you were previously enrolled in, it can often be the most expensive option because the cost is no longer subsidized in-part or in-full by your employer. If COBRA is elected, the full premium cost (plus a possible administrative fee) becomes your responsibility.

COBRA is often the first thought when employer-sponsored coverage is lost, as it can provide continuous coverage in the same health plan you had through your employer while other coverage is obtained or before you are reinstated at your job, but it is not the only coverage option available. Continue reading for more information on other ways to continue to insure yourself and your family during this uncertain time.

State or Federal ACA Marketplace

Losing coverage from an employer-sponsored health plan is considered a Qualifying Life Event (QLE) under the Affordable Care Act, which therefore makes you and your dependent family members eligible for a special enrollment period. You typically have between 30 and 60 days from the date you lost coverage to browse through your state's, or the federal, marketplace to enroll in a health plan.

The costs of plans available in the marketplace will vary depending on where you live, your household income, the type of plan you choose, and whether or not you want to enroll dependents in the plan. To help understand what your options might look like, the Kaiser Family Foundation (KFF) has created an [online calculator](#) that can help you estimate your potential premium costs for different coverage available through the exchanges.

You can also learn more about calculating your household income by visiting:
healthcare.gov/income-and-household-information/income

Estimate Your Potential Premium

The KFF online calculator can help you determine your potential premium for marketplace insurance plans. This tool is available on the Kaiser Family Foundation's website: www.kff.org/interactive/subsidy-calculator/



Lower-Income Options

When you visit the marketplace and complete your application, you'll receive information about what types of coverage you're eligible for. If your household income has been significantly reduced, or lost entirely, the coverage options above may still not be affordable for you. Many states have expanded their Medicaid programs to encompass more people that fall below a certain income level.

Learn more about the program and find out whether you qualify by visiting:

www.benefits.gov/benefit/606#Eligibility_Checker#Eligibility_Checker or www.healthcare.gov/medicaid-chip/

For families that have household incomes above the Medicaid threshold, but not high enough to afford private insurance, the Children's Health Insurance Program, also known as CHIP, provides low-cost health coverage to children in families that earn too much to qualify for Medicaid. In some states, CHIP also covers pregnant women. Each state offers CHIP coverage and works closely with its state Medicaid program.

To learn more about CHIP, visit:

healthcare.gov/medicaid-chip/childrens-health-insurance-program and insurekidsnow.gov

It's important to remember that enrollment in Medicaid and CHIP plans is available all year round, regardless of whether a Qualifying Life Event occurred or not. There is no special enrollment period or requirement for these programs. If you meet the eligibility requirements, you can enroll at any time.

Reminder to Employees Over the Age of 65

We have partnered with Via Benefits Insurance Services to help those over the age of 65 who are Medicare eligible with finding, comparing, and enrolling in an individual Medicare plan that fits their needs, covers their prescription drugs, and works within their budget, at no cost to those individuals. Even if you haven't officially retired but are on temporary furlough or leave from your YMCA, if you are over the age of 65, you can work with Via Benefits to find supplement coverage that works with Medicare. [Click here](#) to learn more.

PLEASE NOTE: While these are several options to consider, this list is not intended to represent all options that may be available to you. It is also important to note that changing plans mid-year may require members to satisfy new deductible and out-of-pocket limits.