

# Health Coverage Options Resource Guide

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**AMGEN**<sup>®</sup>



## **RESOURCES ON COVERAGE OPTIONS IF YOU'VE LOST INSURANCE THROUGH YOUR EMPLOYER**

If you have recently lost your job and/or health insurance through your employer as a result of COVID-19, we recognize the challenges you may be facing. You may have questions about what other insurance options may be available to you. Figuring out where to start can be a little overwhelming.

To help, we have put together this resource guide with general information to help you get started and think about your options. Every person's situation will vary, and different states may have different options, but we hope you will find that these resources are a good place to start.

To learn more about the coverage options below, please visit the corresponding website.\*



\*Amgen and Amgen Patient Support Programs have no control over independent third-party organizations and provide this information as a courtesy only. If you have questions, you must contact the third-party organizations directly. Amgen and Amgen Patient Support Programs are unable to advise on your choice of insurance plan and/or program and encourage you to research your options to make the best decision for you and/or your family.

# WHAT KINDS OF COVERAGE OPTIONS MIGHT BE AVAILABLE TO YOU?\*

## 01

### COBRA CONTINUATION HEALTH COVERAGE

#### I What is COBRA?

The Consolidated Omnibus Budget Reconciliation Act, or COBRA, gives you the right under certain circumstances to purchase coverage provided by your former employer's group health plan if you have lost insurance due to voluntary or involuntary job loss. Not all employers are required to provide COBRA and not all former employees are eligible, so it's important to double-check on what's available to you.

#### I How does COBRA work?

COBRA coverage may enable you to receive the same health benefits through your employer's plan for a limited time. You will likely be responsible for paying the full monthly premium (what you and your former employer paid for coverage in total) plus an additional 2% maximum for administrative costs.

#### I What are some of the eligibility requirements?

You may be eligible for COBRA if you have experienced any of the following qualifying events:



You've lost your job (*voluntarily or involuntarily*) for any reason except for gross misconduct.



You've had your working hours reduced and therefore no longer qualify for employer benefits.

You would have had to have been enrolled in your employer's health plan while employed, and the health plan must continue to be in effect for active employees.

To find out if you qualify for COBRA and what steps you need to take, contact your former employer.

## | While this is not an exhaustive list, here are some helpful considerations.

- The premium amount can be up to 102% of the cost to the health plan, which is often more than what you would have paid for health coverage as an active employee of the company.
- COBRA is available as a temporary solution for up to 18 or 36 months from the date of the qualifying event. Your former employer may be able to help you understand how long you would be eligible for COBRA.



**For more information on the COBRA program, visit:**

<https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/cobra-continuation-health-coverage-consumer.pdf>



up to  
**102%**  
of the cost to the  
health plan

temporary  
solution generally  
**18 to 36**  
months





# 02

## MEDICARE

### I What is Medicare?

Medicare is the federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS). The specific details about Medicare can be complicated, but we've tried to explain the basics below with this high-level summary. Check with CMS for your specific situation.

### I How does Medicare work?

There are several components to Medicare:



**Hospital Insurance**



**Medical Insurance**



**Prescription Drug Coverage**

**Medicare Part C**, also called Medicare Advantage, is a bundled alternative to Medicare Parts A and B. These plans usually also offer **Part D coverage**.

To get started, [assess your eligibility \(below\)](#).

### I What are some of the eligibility requirements?

You may be eligible for Medicare if you live in the US or one of its territories and:

- are at least age 65 and you or your spouse have worked and paid Medicare taxes for at least 10 years, **or**
- receive disability income from Social Security or the Railroad Retirement Board, **or**
- have end-stage renal disease (ESRD).

**To see if you are eligible for Medicare, please visit:**

<https://www.medicare.gov/eligibilitypremiumcalc/#eligibility>



## | While this is not an exhaustive list, here are some helpful considerations.

- To find and compare Medicare Prescription Drug Plans (**also known as Medicare Part D**) or Medicare Advantage Plans (**also known as Medicare Part C**) in your area, **please visit:** <https://www.medicare.gov/plan-compare>
- **To enroll in Medicare, visit:** <https://www.medicare.gov/>
- Medicare typically has specific enrollment periods. **For more information on enrollment periods, please visit:** <https://www.medicare.gov/blog/medicare-enrollment-period-2020>



# 03

## MEDICAID AND CHIP

### | What is Medicaid?



Medicaid provides coverage to eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. It is administered by individual states. Eligibility requirements and coverage varies by state.

### | What is CHIP?



The Children's Health Insurance Program (CHIP) provides low-cost health insurance to children who live in households that earn more than the Medicaid income threshold. In some states, CHIP also covers pregnant women. Like Medicaid, CHIP is administered by individual states.

### | How do Medicaid and CHIP work?



In most states, you and/or your family may be eligible for free or low-cost coverage through Medicaid and/or CHIP if your household income falls below a certain threshold.

To get started, [assess your eligibility \(see next page\)](#).

## I What are some of the eligibility requirements?

For most people, eligibility for Medicaid and CHIP coverage depends on their current year's household income.

Household income is generally calculated as your taxable income, plus certain deductions such as Social Security benefits not included in taxable income, tax-exempt interest, and foreign earned income.

The income threshold varies by state. Some states have expanded Medicaid coverage to qualify everyone with household income below 138% of the federal poverty level. For states that haven't expanded Medicaid, income requirements might be lower.



You may still be eligible based on other criteria, such as pregnancy, age, and presence of a disability, so you'll need to check with your state to determine what might work for you.

**To see if you are eligible for Medicaid, please visit:**  
<https://www.healthcare.gov/lower-costs/>



## I While this is not an exhaustive list, here are some helpful considerations.

- Medicaid and CHIP do not have specified enrollment periods; Medicaid programs have up to 45 days to process Medicaid applications (and up to 90 days for applications for disabled individuals).
- **To learn more about how income is calculated for Medicaid, visit:**  
<https://www.healthcare.gov/income-and-household-information/how-to-report/>
- **To learn more about Medicaid and CHIP, please visit:**  
<https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/>

# 04

## HEALTH INSURANCE MARKETPLACE

### | What is the Health Insurance Marketplace?

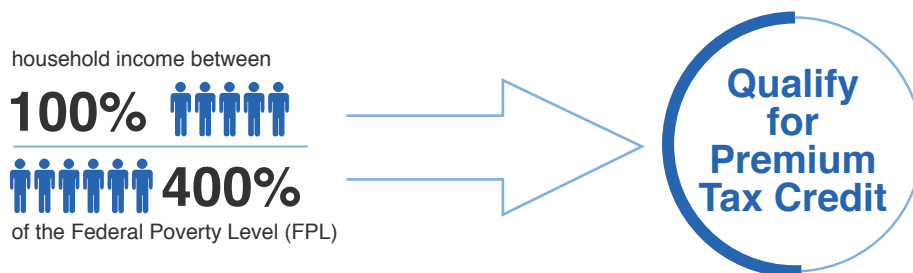
The Marketplace (also known as the “Exchange”) is a platform that enables you to shop for and purchase commercial health insurance plans. You can do so on the website, over the phone, or in person.

### | How does the Health Insurance Marketplace work?

Once you’ve entered in information on your current year’s income, household size, and expected healthcare usage, you can use the Marketplace to compare and select the plan that best meets your needs.

### | What are some of the eligibility requirements?

If you are not eligible for Medicare or Medicaid, you may be eligible to enroll in a plan on the Marketplace. If your household income this year is between 100%–400% of the Federal Poverty Level (FPL), you may qualify for a premium tax credit to help lower the cost of the plan.



In addition, you may qualify for a cost-sharing reduction (CSR), a discount that lowers your deductible, co-payment, and co-insurance for certain plans (specifically, “silver” metal tier plans). Certain states and territories may have different FPL limits, so it is important to check the FPL for your specific area.

**For more information on Federal Poverty Guidelines, visit:**  
<https://aspe.hhs.gov/poverty-guidelines>

### | While this is not an exhaustive list, here are some helpful considerations.

The open enrollment period for the Marketplace occurs each year from November 1 to December 15. The plan year begins the following January 1. However, you may qualify for a special enrollment period if you have experienced a qualifying event, such as loss of healthcare coverage due to a loss of employment in the last 60 days.

**For more information on the definition of a qualifying event, visit:**  
<https://www.healthcare.gov/glossary/qualifying-life-event/>



## HEALTH INSURANCE MARKETPLACE WEBSITES

For more information about Health Insurance Marketplace plans and/or to check your eligibility, please visit the appropriate website based on your state of residence.

STATE	WEBSITE
California	Covered California
Colorado	Connect for Health Colorado
Connecticut	Access Health CT
District of Columbia	DC Health Benefit Exchange Authority
Idaho	Your Health Idaho
Maryland	Maryland Health Connection
Massachusetts	Massachusetts Health Connector
Minnesota	MNSure
Nevada	Nevada Health Link
New York	NY State of Health
Rhode Island	HealthSource RI
Vermont	Vermont Health Connect
Washington	Washington Health Benefit Exchange
All other states	Healthcare.gov

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## THINGS YOU MAY WANT TO CONSIDER

We know that choosing an insurance plan that best meets the needs of you and your loved ones is important. The checklist below provides criteria for your consideration whether you are evaluating COBRA, Medicare, Medicaid, or Health Insurance Marketplace plans. Your circumstances will help you determine what's best for you, but having more information handy can be useful.

**Before you select an option, it can be helpful to have the following information ready:**

Annual household income: \_\_\_\_\_

**When reviewing the options, it can be helpful to consider the following:**

- Medicaid eligibility
- If not eligible for Medicaid, explore Medicare eligibility
- If not eligible for Medicare, explore COBRA versus Exchange eligibility
- Compare the associated out-of-pocket costs for each option, such as:
  - Premium (monthly fixed cost)
  - Deductible (the amount you pay for covered services before your plan starts to pay)
  - Co-pay/Co-insurance (after you've paid the deductible, the amount you pay per covered service)
  - Out-of-pocket maximum (the total you pay for covered services per year: includes deductible, co-pay, and co-insurance)

Determine what level of coverage you will need and the out-of-pocket costs under each of these options to identify the option that works best for you.





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