



When Your Coverage Ends

Your health coverage under the Archdiocese of Galveston-Houston Medical/Rx Plan will terminate on the last day of the calendar month your employment terminates or you and/or your dependent(s) cease to be eligible. **Effective January 1, 2021, the Archdiocese of Galveston-Houston will cease to offer continuation of health coverage under Coordination of Benefits (COB).** If you are a COB participant prior to the start of the 2021 plan year, your coverage will end on December 31, 2020.

Your Options

It's best to begin looking into other options before your (and/or your dependents') health coverage runs out. When your health coverage with the Archdiocese of Galveston-Houston ends, you have several options:

- Purchase a plan from the Health Insurance Marketplace (www.healthcare.gov)
- Join your spouse's health insurance plan
- Find employment that offers group health coverage
- Purchase an individual policy
- Find out if you are eligible for Medicaid, Medicare, or other government-sponsored health coverage

One place to start is the Health Insurance Marketplace (www.healthcare.gov). If you leave your job for any reason and lose your job-based insurance, you can buy a Marketplace plan. Losing job-based coverage, even if you quit or are let go, qualifies you for a Special Enrollment Period. This means you can buy insurance outside the yearly Open Enrollment Period.

- When you fill out a Marketplace application, you'll find out if you qualify for savings on your monthly premiums and out-of-pocket health care costs based on your income.
- You'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP).
- Create an account at www.healthcare.gov to apply at any time. Or, before logging in you can preview plans and estimated prices for a Marketplace plan based on your income.

To apply for a Marketplace plan, visit www.healthcare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325. The checklist on the following pages outlines the information you will need to gather in order to apply. To help make the application process faster and easier, gather this information before you start your application. Please note you will not need all of this information if you are applying for coverage without savings.

Get ready to apply for or re-enroll in your Health Insurance Marketplace coverage



To apply for or re-enroll in your Marketplace coverage, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

To help make the application process faster and easier, gather this information before you start your application. You won't need all of this information if you're applying for coverage without savings.

What do I need?

Why do I need this?

Have it ready!

Your information

Your Marketplace application will ask you for some basic information, including your name and date of birth.



Information about your household

Your Marketplace application will ask you about each person in your household, even those not applying for coverage.

For the Marketplace, your household usually includes the tax filers and their tax dependents, but there are exceptions. Sometimes the Marketplace includes people you live with who aren't in your tax household.

Include yourself on your application. Here's a basic list of the other people you should generally include, if these people are in your household:

- Your spouse
- Your children who live with you, even if they make enough money to file a tax return themselves
- Anyone you include on your tax return as a dependent, even if they don't live with you
- Anyone else under 21 who you take care of and who lives with you
- Your unmarried partner, only if one or both of these apply:
 - * They're your dependent for tax purposes
 - * They're the parent of your child

For more information, visit [HealthCare.gov/income-and-household-information/household-size](https://www.healthcare.gov/income-and-household-information/household-size), or call the Marketplace Call Center.



What do I need?

Why do I need this?

Have it ready!

Home and/or mailing addresses for everyone applying for coverage

Where you live can affect what health coverage you're eligible for.

You'll enter your home address to show if you're a resident of the state where you're seeking coverage. You'll select your state at the beginning of the application.

You'll be asked for your mailing address. Often, this will be the same as your home address. If it's not, provide a mailing address in the state you live in.

If anyone on your application has a different home or mailing address, you'll need to have it also.



Information about everyone applying for coverage

Your Marketplace application will ask you to enter some basic information about everyone applying for coverage, including their relationship to you.



Social Security Numbers (SSNs) for everyone on your application

Your Marketplace application will ask you to enter each person's 9-digit SSN, even those not applying for coverage. The Marketplace will confirm the SSNs with Social Security, based on the consent you'll give at the start of your application. If you don't enter an SSN, you may need to provide more information at a later time.



Information about the professional helping you apply, if any

If a professional is helping you complete your application, you'll enter their information. These professionals include: navigators, certified application counselors, in-person assistance personnel, agents, and brokers.



Immigration document information (this only applies to lawfully present immigrants)

If you or anyone else on your application is a lawfully present immigrant, you'll be asked to provide information from your immigration documents.



Information on how you'll file your taxes

If you file federal income taxes and are married, the Marketplace needs to know if you file separately or jointly. You'll also be asked about who you claim as a tax dependent.



Employer and income information for everyone in your household

Your Marketplace application may ask you about the income, expenses, and deductions of everyone in your household, even those not applying for coverage.

The Marketplace counts as these as income:

- Wages and salaries, as reported on your W-2 form and pay stubs
- Tips
- Net income from any self-employment or business
- Unemployment compensation
- Social Security payments, including disability payments (but not Supplemental Security Income (SSI))
- Alimony
- Retirement or pension income, including most IRA or 401k withdrawals
- Investment income, like dividends or interest
- Rental income
- Other taxable income

For more information on income or what income sources to include, visit [HealthCare.gov/income-and-household-information/income](https://www.healthcare.gov/income-and-household-information/income).



What do I need?

Why do I need this?

Have it ready!

Your best estimate of your household income

Your Marketplace application may ask you to estimate what your household's income will be in the year you'll be covered.

If you're not sure, it's okay to make your best estimate. If your income changes, or is different than what you estimated, you'll need to update this information later. For more information, visit [HealthCare.gov/reporting-changes/why-report-changes](https://www.healthcare.gov/reporting-changes/why-report-changes).

To help you calculate your household income, visit [HealthCare.gov/income-calculator](https://www.healthcare.gov/income-calculator).



Health coverage information (this only applies if anyone in your household currently has a health plan)

Your Marketplace application will ask if anyone in your household is currently enrolled in health coverage, including Medicaid, the Children's Health Insurance Program (CHIP), Medicare, TRICARE, VA health care program, Peace Corps, or coverage through individual insurance (including Marketplace coverage) or an employer.

If anyone has coverage now, gather their policy numbers. You can find this information on their insurance card or documents they get from their plan.



Employer information for each person in your household

Your Marketplace application will ask you to enter information about offers of health coverage you may have through your job or through a family member's job. It will also ask you to enter employer contact information for each person in your household who has a job.



A completed "Employer Coverage Tool" (this only applies if anyone in your household has or is eligible for coverage through their employer)

You should fill out an "Employer Coverage Tool" for each member of your family who's eligible for traditional health coverage through a job, even if that person isn't enrolled in the job based plan or isn't applying for Marketplace coverage. You can get this information from your employer. This optional tool helps you gather information you may need for your application in one spot.

To get a copy of this form, visit [HealthCare.gov/downloads/employer-coverage-tool.pdf](https://www.healthcare.gov/downloads/employer-coverage-tool.pdf). Your employer can help you fill this out.



Health Reimbursement Arrangement (HRA) notice (this only applies if anyone in your household is offered an HRA through their employer)

If someone works for a business that offers help paying for a health plan or health care expenses through an HRA, use the notice from the employer to complete your Marketplace application. Visit [HealthCare.gov/job-based-help](https://www.healthcare.gov/job-based-help) to learn more.



You have the right to get Marketplace information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

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