

Colorado Option and OmniSalud

In Colorado, undocumented individuals and DACA recipients have access to financial assistance for private health insurance plans, including lower out-of-pocket costs and \$0 premiums. Financial assistance for undocumented and DACA Coloradans is limited.

Colorado Option plans are currently the only private insurance plans available to undocumented Coloradans through **OmniSalud (Colorado Connect)**. The Colorado Option requires a standardized plan to be offered by private insurance companies, with culturally competent provider networks and requires premiums to be reduced by 15% by 2025. Since Colorado Option insurance plans are standardized, it is easier for consumers to compare the plans. Learn more: cohealth.co/CoOption

Terms:

Colorado Option: a private health insurance plan sold on the individual/small group marketplace, that typically has lower premiums than non-option plans. You pay premiums, copays, and bills depending on services and cost-sharing in the plan.

Connect for Health Colorado: the website where legal citizens and residents can purchase insurance on the individual/small group marketplace (**not** through an employer). Everyone should refer to Connect for Health at first, and they will be directed to the correct enrollment site depending on their residency status.

Colorado Connect: The website where people without documentation (or DACA) can purchase and compare private health insurance plans through the OmniSalud program. This program is managed by Connect for Health Colorado.

OmniSalud: The program that offers health insurance coverage for Coloradans without documentation and DACA recipients.

SilverEnhanced Savings: Financial assistance for people without documentation that makes CO Option plans have \$0 monthly premiums for people earning under 150% FPL. **Financial assistance is only available for silver-level Colorado Option plans.**

Federal Poverty Level (FPL): A measure of income. Federal poverty levels determine your eligibility for certain programs and benefits.

- Use the Federal Poverty Level Calculator to find out which Colorado programs you're eligible for based on income requirements.

Public Charge:

Only 2 kinds of public benefits are considered in the public charge test:

- Cash assistance programs (SSI, TANF, and General Assistance).
- Long-term institutional care, like a nursing home.

Colorado Option/OmniSalud plans, ER Medicaid, Medicaid and CHIP for pregnant people and children after 2025 **will NOT affect your immigration status and are not considered in Public Charge.**

[Learn more](#)

Questions? Ask us at the email below.

Programs that decrease health care costs

- **If you are uninsured or if you ask to be screened, the hospital has to see if you might qualify for:**
 - **Hospital Discounted Care**
 - Colorado hospitals must screen for and provide discounted care to eligible Coloradans up to 250% of the Federal Poverty Level. (Some hospitals consider higher incomes.)
 - Public health insurance programs, like [Emergency Medicaid](#)
- **Religious groups:** charity programs
- [Undocumented? Undocuhub](#)
- [Federally Qualified Health & Community Health Centers: Map](#)

How can I apply for [Emergency Medicaid](#)?

You can apply for [ER Medicaid \(Health First Colorado\)](#) at the hospital when you receive emergency treatment, after being discharged, or up to three months after receiving care. If you can apply before you go into labor, during or after labor and delivery. **You are eligible for ER Medicaid even if you are enrolled in a Colorado Option plan to help cover out of pocket costs!**

Income limit:

- up to \$1,676/month for an individual
- up to \$3,450/month for a family of four

How To Apply

- By phone at 1-800-221-3943
- Online at CO.gov/PEAK
- At your county's [Department of Human Services](#) or a [local application assistance site](#).

Troubleshooting:

- **Medicaid Customer Contact Center** Call: 1-800-221-3943
- **In-person:** Your County's Department of Human Services or a [local application assistance site](#)

*We recommend starting with the Medicaid Customer Contact Center (above) first and then escalating with an assistance site

Social Security Number

People enrolled through OmniSalud may receive letters from insurance carriers requesting a social security number. These happen due to outdated regulations and **enrollees do not need to respond to these letters. No social security number is required** to enroll or keep OmniSalud coverage.

How to Enroll in a Colorado Option Plan

Follow Lupe as she enrolls in a Colorado Option plan. This is a step-by-step guide that shows how undocumented and DACA recipients in Colorado can enroll in a Colorado Option plan with SilverEnhanced Savings through OmniSalud.

1 Who Can Enroll in a Colorado Option Plan?

Any Coloradan who buys health insurance on the individual marketplace (Connect 4 Health), and those that do not receive health insurance through their employer can purchase Colorado Option plans. In Colorado, DACA or undocumented individuals/families can now apply for financial assistance or purchase Colorado Option health insurance plans. Financial assistance for undocumented individuals, called [SilverEnhanced Savings](#), with **\$0 monthly premiums** is available for income-eligible people (up to \$1,823/m) on Silver-level Colorado Option plans.



Lupe

Undocumented, Age 66, no income and she has diabetes and needs continued care. Lupe is an amazing dancer, she makes the best tamales in her neighborhood.

Can Lupe enroll in OmniSalud? YES

Lupe can enroll in a Colorado Option plan through OmniSalud because of her immigration status, she has no insurance from an employer, and her income falls below \$1,823, so she qualifies for financial assistance called [SilverEnhanced Savings](#).

2 When is the Enrollment Period for Private Health Insurance?

Open Enrollment happens annually, from **November 1 through January 15**. **It's important to enroll early, as funding for OmniSalud financial assistance is limited.** The only other time Lupe could enroll is during a [Special Enrollment Period](#), which she can qualify for if she has certain life events such as losing health care coverage, moving, getting married, having or adopting a baby, or if her household income changes.

3 *What is Needed to Enroll?

- Name
- Birth Date
- Email Address
- Income
- Household Size

What is NOT required to Enroll?

- ID Card (Drivers Licenses, Passports)
- Pay Stubs
 - Income is self attested

Qualifying Income Level for SilverEnhanced Savings:

Individual: \$1,823/m

***Application is confidential and cannot be shared with any federal agency.**

Troubleshooting Enrollment: Contact Connect For Health directly at **855-675-2626**, connectforhealthco.com/contact-us/ You can also contact the broker or assistance site who helped you enroll to receive assistance.

4 Where can Lupe Enroll?

Lupe has a couple of options on how and where to enroll in a Colorado Option plan. Because Lupe is undocumented she needs to enroll through the OmniSalud program which can also check to see if she qualifies for the SilverEnhanced Savings. Lupe can apply by:

With a Assister or Broker:

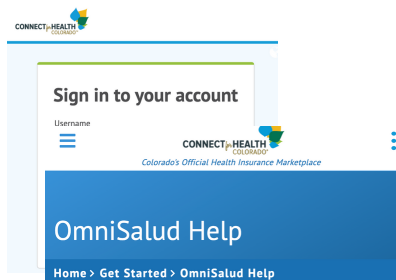
Lupe might have questions as to what else she qualifies for, questions about living in a mix-status household, and/or she might need help with her application. Through [Connect for Health Colorado](#), she can find brokers, assisters, and/or assistance sites or events with folks who can help her with her application near where she lives.

Call:

Lupe can call Connect for Health for enrollment or application assistance at **855-752-6749**

Online/Website:

Lupe can visit connectforhealthco.com and apply online. Here she will click on "[GET COVERAGE NOW](#)" this will take her to the page below where she will choose "[Create a new account](#)." From here, she will be prompted to answer basic questions that will push her to the OmniSalud program and enroll her in a Colorado Option plan.



***Picking Bronze, Silver & Gold Plans

OmniSalud provides financial assistance for folks who enroll in Silver-Level plans with SilverEnhanced Savings, however, picking a plan is dependent on your health care needs. [Tips for choosing a plan.](#)

*** Understanding Your Benefits with a Colorado Option health insurance plan: [Colorado Option 2024 Standard Plans](#)

Seeking Care with a Colorado Option Plan

The scenarios on the next page can help you understand how to access care based on the need and type of service. These are focused on undocumented and DACA Coloradans enrolled in Colorado Option plans with SilverEnhanced Savings. Undocumented folks can also seek and receive health care beyond the scenarios below.

Keep in mind:

Where can I receive care?

Find a health provider who is in your insurance network. Being in-network means a doctor, hospital, or provider takes your insurance. If a provider is out-of-network, insurance may not pay for the service. You can find a provider by calling your insurance or using your insurance website's "Find Care."

What does the plan cover?

The standardized plan covers all the [Affordable Care Act](#) essential health benefits. Like most other private health insurance, the Colorado Option **does not** include routine vision or dental care for adults.

How much will it cost?

Be familiar with your costs (premiums, copayments, deductibles, co-insurance). More services will have no co-pays including regular primary care visits, mental/behavioral health and substance use disorder visits, pre and post-pregnancy visits, and Diabetic medical equipment under the Colorado Option.



Gloria, Lupe, and Benito have enrolled in Colorado Option plans with **SilverEnhanced Savings**, they have \$0 monthly premiums, and their income also makes them eligible for ER Medicaid. Everyone below has the same health care benefits.



Gloria: DACA, Age 27, \$1,000/month. Gloria is a vibrant artist and makes great sopes, she is also close to finishing her PhD.



Lupe: Undocumented, Age 66, no income and she has diabetes and needs continued care. Lupe is an amazing dancer, she makes the best tamales in her neighborhood.



Benito*: Undocumented, Age 31, \$1,519/month. He had a stroke 3 months ago and needs continued care to recover. Benito is working towards a master's degree in Sociology.

Reason for Visit: pregnant and wants prenatal check-up

Reason for Visit: Is afraid her blood sugar levels might be too high

Reason for Visit: Had a stroke



Doctor's Office

Copay: \$0

Unlimited regular primary care visits, mental/behavioral health and substance use disorder visits, pre and post pregnancy visits, and Diabetic medical equipment.



Urgent Care Clinic

Copay: \$40

Urgent care has limited hours and treats minor illnesses or injuries that are not life or limb threatening. Urgent care has access to basic labs that can help diagnose and develop treatment plans. It costs more to go to Urgent Care than to your Primary Care Provider (doctor). Urgent care will direct you to the ER if they cannot help.



Emergency Room (ER)

Coinsurance: 20%

The ER is open 24/7, treats life or limb-threatening health conditions and is the best option when immediate care is required or when you have underlying health conditions that can cause complications. The ER has resources needed to treat and diagnose life threatening issues. It costs more to go to the ER than Urgent Care or your Primary Care Doctor.

Service Type	In-Network Member Cost Sharing <u>SilverEnhanced</u>
Drug to treat Illness of Condition	Tier 1: \$0 Tier 2: \$0 Tier 3: \$20 Tier 4: \$40 Tier 5: \$60
Primary care & Preventive care/screening/immunization	\$0
Pregnancy: Perinatal Visits (pre- and post-partum)	\$0 Unlimited

Service Type	In-Network Member Cost Sharing <u>SilverEnhanced</u>
Specialist Visit	\$40
Primary care & Preventive care/screening/immunization	\$0
Mental Health, Behavioral Health, Substance Use Needs	Office Visit: \$0, unlimited Outpatient visit: 20% Inpatient visit: 20%
Outpatient Surgery	Facility fee: 20% Physician/surgical services: 20%

Service Type	In-Network Member Cost Sharing <u>SilverEnhanced</u>
Need Immediate Attention	Urgent care centers/ facilities: \$40 Emergency Room Services: 20% ER Medical Transportation (ambulance): 20%
Hospital Stay	Inpatient hospital services: 20% Inpatient physician and surgical services: 20% Inpatient rehabilitation services: 20% Inpatient habilitation services: 20%
Help Recovering and Other Health Needs	PT/OT/ST: 20% Durable Medical Equipment: 20% Diabetes Self-Management Education: \$5

[Reference the original Colorado Option Benefits chart from DORA](#)

Please note: These costs are for those enrolled in the Colorado Option and receiving the SilverEnhanced Savings through OmniSalud. Costs will vary based on your health insurance plan, level of coverage, and where you get your care.

***Benito qualifies for ER Medicaid, which can be used in combination with the Colorado Option. He can apply up to 3 months after his stroke and ER Medicaid will cover the cost of his emergency.**

Troubleshooting Insurance Issues with the Colorado Option:

To troubleshoot an incorrect bill you have to understand who your insurance company is so you can contact them to combat the issue and to see which providers will be covered by the insurance. Most of the troubleshooting with your insurance plan will be directly with the insurance carrier, listed on your insurance card. You can also reach Colorado's Division of Insurance and the Colorado Option Ombudsman for support or to file a complaint at (303)894-7490

Know your rights

- Right to get care in a timely manner
- Right to receive an itemized bill
- Right to appeal a decision by your insurance company
- Right to receive your full medical record
- You should ask for documentation you may need to sign in your own language
- You cannot be denied hospital services in an emergency

Medical Bills 101

- Ask questions!
- Double-check that provider is "in-network"
 - If receiving surgery/hospital care, ask if everyone that's part of the care team is "in-network"
- Your insurer may have to pre-approve some services or you may be responsible for the costs
- Document everything you can from the above steps
- Save all bills and documents received
- Were you screened for hospital financial assistance? Learn more: cohealth.co/hospitaldiscounts

CoveredU: Health Insurance Terms to Know

Health Insurance Glossary



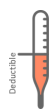
Premium - The amount you pay for your insurance plan every month. You pay this even if you don't use health care services that month.



Copay - The amount you pay every time you get a basic health service. For example, if your co-pay for a visit to your family doctor is \$20, you will pay that amount every time to visit the doctor. Your health insurance plan must cover many preventive services and screening at no charge to you, so these services do not have a copay.



Co-insurance - A percent you pay for a health service once you've met your deductible. For example, if your co-insurance is 20% of a \$1,000 medical bill, you will pay \$200 and insurance will cover the rest. Co-insurance typically applies to services beyond your average doctor visit, such as x-rays, minor surgeries, etc.



Deductible - The amount you have to pay for your health care before the insurance company begins to pay. For example, if your deductible is \$1,000, you need to spend \$1,000 on your health care costs before your insurance begins to cover some of the costs. All plans must provide many preventive services and screenings at no charge to you, so these services do not apply to the deductible. Plans may offer other services free of charge and do not apply to the deductible.



Out-of-pocket maximum/limit - The total amount you have to pay during the year before your health insurance pays 100% of your covered medical costs. The out-of-pocket maximum is only for one year and resets each year.



Primary Care Provider - Your main health care doctor or nurse practitioner. This is usually who you see first for most health problems, screenings, and check-ups (preventive care). Sometimes, you will have to see your Primary Care Provider to get a referral to see a specialist.



Preventive Services - Regular health care, like screenings, check-ups, and patient counseling, to find sicknesses or problems before they get worse. Most preventive care is fully covered by your monthly premiums and you do not have to pay anything else.



Specialist - A doctor who focuses on a special or specific kind of health care. For example, a cardiologist focuses on heart diseases and an oncologist focuses on treating cancer.



In-Network - A group of providers (doctors), facilities (places), and suppliers, (pharmacies and medical supplies) that work with your health insurance plan. You will pay less to use services in-network than out-of-network. Some health plans will not pay at all for out-of-network services.



Out-of-Network - A group of providers who DO NOT work with your health plan. You will pay more to see them, and some insurance plans will not pay for these services at all except for in cases of emergencies when in-network providers are not available.



Open enrollment period - A time period, typically several months, in a given year when eligible persons or employees are able to sign up for health coverage through health insurance marketplaces. If you do not enroll in insurance during the open enrollment period, you may not be able to get health insurance coverage until the following year.



Special enrollment period - A period of 60 days outside open enrollment when you can enroll in health insurance if you have a special event in your life. These events include losing your job, getting married/divorced, moving, or you turn 26 and can't be on your parent's health insurance anymore.



Explanation of Benefits (EOB) - A form sent to you by your insurance company after you get health care. It is not a bill, but it is important to read it. It tells you the services that were billed by a health care provider and how much of the costs you will have to pay when a bill is sent to you.



Claim - A bill that the health care provider sends to the health insurance company for the medical services given to a patient.



Referral - A recommendation from a Primary Care Provider to see a specialist. For example, your doctor may give you a referral to see an Ear, Nose, and Throat specialist. With some health insurance plans, you must get a referral from your Primary Care Provider before you can see a specialist.

Please note: Actual costs will vary based on your health insurance plan, level of coverage, and where you get your care.