



Premium Assistance Program for Employees of Child Care Facilities

What is the Premium Assistance Program for Employees of Child Care Facilities?

During the 2021 legislative session, the Washington Legislature set aside \$30 million for a new premium assistance program for employees of licensed child care facilities. The program aims to help employees of child care facilities afford health coverage through *Washington Healthplanfinder*.

Eligible employees of licensed child care facilities (including family home, center-based, school age, and outdoor nature-based child care programs) can receive Cascade Care Silver health coverage through *Washington Healthplanfinder* for \$0 monthly premiums.

How long will this benefit last?

Individuals who meet eligibility criteria will have their monthly premiums paid by the state for the remainder of the year in which they are deemed eligible (unless they disenroll from the program or switch to a non-Cascade Care silver plan). Individuals must enroll prior to the 15th of the month for coverage to begin the first of the following month. For example, if an individual enrolled in the program on March 14th, their coverage would begin April 1. However, if an individual enrolled on March 16 (after the 15th cut off), then their coverage would start May 1st.

What does this program cover?

The program covers the monthly health insurance premiums for eligible employees of child care facilities. Customers are responsible for paying their own deductibles, co-insurance and any costs related to seeking medical services. Please note that if your sponsored enrollment involves switching to a different plan mid-year, your deductible may be reset by your new carrier.

What do I do if I receive a bill from my carrier?

You may receive a bill from your insurance carrier. If it is a bill related to monthly premium changes, please disregard. The monthly premium is paid on your behalf to the carriers as part of the program. Many of our insurance providers will continue sending invoices to customers in addition to sending invoices to the Exchange. If you receive an invoice each month for your insurance premium, do not pay it; your premium is paid in full by us.

If you receive a bill associated with a medical service you were provided, such as a deductible or copayment, you are responsible for payment. If you are unsure if you are responsible for a bill you receive, please reach out to your carrier to verify whether it is your monthly premium, or a bill associated with medical services received.

Who do I contact if I have general questions about sponsorship or need to report life changes?

In order to avoid a loss of coverage, please contact our Assistors at Yakima Neighborhood Health Services (509-574-0826 or ccnavi@ynhs.org) to make any changes to your application. They are happy to help make changes, answer any questions and help you understand your plan. Reporting changes on an application does not mean you lose sponsorship. Once you qualify for the program, you are eligible for the remainder of the year.



Who do I contact if I have questions about whether my doctor or a service is covered?

Your individual carrier can help you better understand your plan, network providers, the services covered, deductibles, copayments as well as assist you in obtaining ID cards.