Part VI:
Plan Selection Strategies

October 5, 2021
Webinar Logistics

• All attendees are muted and in listen-only mode

• To ask a question:
  ▪ Click on the Q&A icon in the control panel at the bottom of your webinar screen
  ▪ Type your question into the box

• We will monitor questions and pause to answer a few during the presentation and once more at the end

• You can also email questions to beyondthebasics@cbpp.org

• All webinars are recorded and will be available for viewing at www.healthreformbeyondthebasics.org
PART I: Using the Enrollment Process to Explain Exchange Plans
- An Order of Operations for Plan Education

PART 2: A Plan Comparison Strategy
- What Exchange Plans Have in Common
- Where Exchange Plans Differ: Cost and Network

PART 3: Plan Selection Tips and Tools for Assister
- Tools to Use
- Tools to Build
• **HealthCare.gov** = the application and website in states without a state-based marketplace

• **PTC** = Premium Tax Credit

• **CSR** = Cost Sharing Reduction

• **Assister** = Certified Application Counselor (CAC) or Navigator

• **Applicant** = patient, consumer, or client being assisted

• **Resource** = tool available to all assisters
Part I: Using the Enrollment Process to Explain Exchange Plans

An Order of Operations for Plan Education
Educating Consumers

• As assisters, our top priority is making health insurance accessible by educating consumers
• But for most people, learning about health insurance is, in and of itself, a deterrent
• No matter how well we explain all things ACA, marketplace, and insurance, clients will retain only some of that information
• We/they need tools and reference points, not complicated verbal explanations
Example Clients:
• Married couple, no kids
• 49-year-old husband
• 37-year-old wife
• Non-smokers
• 2021 annual income estimate $27,000 (about 155% FPL)
• Zip code = 78752 (Austin, Texas)
Estimate of Total Yearly Costs

Select the level of care Arianna Anaya expects to use this year.

Choose the level closest to what you expect. It's OK if you end up using more or less. This won't change your premiums or cost sharing, or limit how many services you can use.

- Expect low use
  - Few doctor visits
  - Occasional prescription drugs
  - No hospital visit expected

- Expect medium use
  - Regular doctor visits
  - Regular prescription drugs
  - Hospital visit unlikely

- Expect high use
  - Frequent doctor visits
  - Frequent prescription drugs
  - At least one hospital visit likely

High Use = Worst-Case Scenario
(for covered, in-network services)
“You are eligible for a monthly tax credit. Most people need the whole amount to afford insurance. Would you like to use the whole amount you are eligible for?”
Report tobacco use

Within the past 6 months, has Arianna Anaya used tobacco regularly?
Select "yes" if Arianna Anaya has used tobacco 4 or more times per week on average during the past 6 months. Don't include ceremonial uses.

Why are we collecting tobacco use?

Yes

When was the last time Arianna Anaya used tobacco regularly?
Enter a date between March 28, 2021 and today.

Month  Day  Year

|  |  |  |

No

Save & Continue

“Are you a tobacco user?”

“When was the last time you used tobacco?”

Legal definition of tobacco use = used within the past 6 months, 4 or more times per week (excluding religious or ceremonial uses)

- E-cigarettes/vapes without tobacco don’t count as tobacco use
- Chewing tobacco does count
See if your doctors, facilities & drugs are covered

Enter your doctors, facilities, and prescription drugs. You'll see if they're covered in the plan's network when you review plans and prices.

What do you want to search for?
- Doctors & facilities
- Prescription drugs

Can be helpful!

Continue  Skip
Step 3 of 6: Checking Network & Rx Coverage

Begin typing to find & select the drug you use regularly.

- **Sertraline**
  - sertraline 20 MG/ML Oral Solution (Remove)
  - sertraline 50 MG Oral Tablet (Remove)
  - sertraline 25 MG Oral Tablet
  - sertraline 100 MG Oral Tablet

- **Zoloft**
  - sertraline 20 MG/ML Oral Solution [Zoloft]
  - sertraline 25 MG Oral Tablet [Zoloft]
  - sertraline 50 MG Oral Tablet [Zoloft]
  - sertraline 100 MG Oral Tablet [Zoloft]
Select “View Plans” to view plans with members grouped together.

Select “Change Groups” to break household members into different groups.
More than one person in a group?

- At plan selection, plans will show “family deductible” and “family out of pocket max”
- Open “Plan Details” to view the plan’s individual deductible and out of pocket max (and remember, except for plans with an aggregate family deductible, the individual’s deductible/out of pocket should be half of the family amount).

Non-married adults cannot be “grouped” on the same plan together.

- They can, of course, each select the same plan, but separately.
- If you aren’t seeing the number of plans you usually do, it might be because you have grouped members of the household together that those missing insurance companies do not allow.
  - Example: Married couple and children under the age of 26 may all be grouped on one plan. The wife’s married, elderly parents, who are her tax dependents, must be grouped together separately.
  - Example: Without at least one parent enrolling, many insurances will not allow two siblings to be on the same plan together.
Step 4 of 6: Choosing a Health Plan

[Image of HealthCare.gov page with options to get quick definitions, filter plans by feature, and select plans to compare.]
“You have 71 different plan options available from 6 different companies. The plans are in order of monthly cost. The biggest difference between your options is where you can go and what you pay for the insurance, but also what you pay for care.”
Health insurance educators must be **DEFT**

- **Define** what it is
- **Explain** how it works
- **Frame** to a sample marketplace plan
- **Take** questions
Explaining the monthly premium:

“The monthly premium is what you are responsible for paying every month, whether or not you use your health insurance, like your car insurance bill or your cell phone bill.

With this plan, your premium would be $13.10 per month for both you and your husband.”
Explaining the deductible:

“With many plans, you are responsible for paying many of the costs of your care before the insurance company starts paying for your care. This is called the deductible.

The deductible is the part you pay before the insurance company will share those costs.

This plan has a family deductible of $1,000, or an individual deductible of $500.”
Step 4 of 6: Choosing a Health Plan

Explaining copayments:

“Copayments are another way insurance plans share the costs of your care with you.

With this plan, generic medications and primary care visits are covered with a $10 copayment. Specialist visits are covered with a $20 copayment.

For those things, you don’t first pay the deductible. You just pay your copayment.”

Scott and White Health Plan

BSW Prime Silver HMO 003 - CSR 87% AV ($0 Preventive Care and Preventive Rx Drugs)

Silver | HMO | Plan ID: 407887X0460003

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Out-of-pocket maximum</th>
<th>Estimated total yearly costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000</td>
<td>$5,700</td>
<td>$3,168</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Copayments / Co-insurance</th>
<th>Emergency room care</th>
<th>Generic drugs</th>
<th>Primary doctor</th>
<th>Specialist doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>$20</td>
</tr>
</tbody>
</table>
If ER visit = $20,000, you pay the first $500 (deductible) + $500 (ER copay).

Then you pay 20% of the remaining balance of $19,000, or $3,800.

So, your part of the ER bill would be $1,000 (deductible + copay) + $3,800 (20% coinsurance), for a total of $4,800, except that...
Explaining the out-of-pocket maximum:

“At this point, you have met your $500 deductible, which also contributes to your plan’s out-of-pocket maximum of $2,850, which is your worst-case scenario number for the year, has also been met.

This means your TOTAL bill for the ER visit is $2,850 and the rest of the year’s care must be covered 100% by the plan (for covered, in-network services).”

Your covered, in-network contributions to your plan’s deductible, co-pays, and co-insurance all count towards the Out of Pocket Maximum.

Once your total in-network care costs have reached the OOPM, all your in-network care costs will be covered by insurance company, except for monthly premium, which you still have to pay, even if you hit your plan’s out of pocket maximum!
Plan Details

Plan Documents
- Summary of Benefits
- Provider Directory
- List of Covered Drugs

Costs for Medical Care
- Individual & Family Deductible & OOP Max
- Primary & Specialist Visits
- Imaging & Labs

Prescription Drug Coverage
- Costs of Medication Based On Tier
- List of Covered Drugs
Part II: A Plan Comparison Strategy

What Exchange Plans Have in Common & Where Exchange Plans Differ: Cost & Network
After plan education, talk about plans in comparison to other plans, specifically comparing the cost & network.

**Reminder** that all marketplace plans:
- Must offer a “minimum standard” of coverage
- Cannot exclude or charge more for pre-existing conditions
- Cover the 10 Essential Health Benefits

Note: Some plans (for example, short-term plans and grandfathered plans) do not have to meet these requirements
10 Essential Health Benefits

- Preventive & wellness services & chronic disease management
- Ambulatory services (outpatient medical care)
- Hospitalization
- Laboratory services
- Prescription drugs
- Emergency services
- Maternity & newborn care
- Mental health & substance use disorder services, including behavioral health treatment
- Rehabilitative & habilitative services & devices
- Pediatric services
Given these guarantees, clients can shop and compare plans based on:

-- what using the plan costs (**cost**)

  the monthly premium + the costs of care

-- where you can use the plan (**network**)
## Compare plans

<table>
<thead>
<tr>
<th>Scott and White Health Plan</th>
<th>Scott and White Health Plan</th>
<th>Scott and White Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BSW Prime Silver HMO 008 - CSR 87% AV ($10 PCP visit, $0 Preventive Care and Preventive Rx Drugs)</strong></td>
<td><strong>BSW Prime Silver HMO 003 - CSR 87% AV ($0 deductible copay only, $0 Preventive Care and Preventive Rx Drugs)</strong></td>
<td><strong>BSW Prime Silver HMO 005 - CSR 87% AV ($0 deductible copay only, $0 Preventive Care and Preventive Rx Drugs)</strong></td>
</tr>
<tr>
<td>Enroll</td>
<td>Enroll</td>
<td>Enroll</td>
</tr>
</tbody>
</table>

### Highlights

<table>
<thead>
<tr>
<th></th>
<th>$0.00</th>
<th>$13.10</th>
<th>$81.97</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$0.00</td>
<td>$13.10</td>
<td>$81.97</td>
</tr>
<tr>
<td></td>
<td>Including a $1,030.00 tax</td>
<td>Including a $1,030.00 tax</td>
<td>Including a $1,030.00 tax</td>
</tr>
<tr>
<td></td>
<td>credit</td>
<td>credit</td>
<td>credit</td>
</tr>
<tr>
<td></td>
<td>Was $1,166.03</td>
<td>Was $1,043.10</td>
<td>Was $1,111.97</td>
</tr>
<tr>
<td>Deductible</td>
<td>$1,800 Individual total</td>
<td>$500 Individual total</td>
<td>$0 Individual total</td>
</tr>
<tr>
<td></td>
<td>$3,600 Family Total</td>
<td>$1,000 Family Total</td>
<td>$0 Family Total</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>$1,800 Individual total</td>
<td>$2,850 Individual total</td>
<td>$2,400 Individual total</td>
</tr>
<tr>
<td></td>
<td>$3,600 Family Total</td>
<td>$5,700 Family Total</td>
<td>$4,800 Family Total</td>
</tr>
<tr>
<td>Estimated total yearly costs</td>
<td>$3,600</td>
<td>$5,857</td>
<td>$5,784</td>
</tr>
<tr>
<td>Service</td>
<td>Plan 1</td>
<td>Plan 2</td>
<td>Plan 3</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$1,800 Individual total</td>
<td>$500 Individual total</td>
<td>$0 Individual total</td>
</tr>
<tr>
<td></td>
<td>$3,600 Family Total</td>
<td>$1,000 Family Total</td>
<td>$0 Family Total</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong></td>
<td>$1,800 Individual total</td>
<td>$2,850 Individual total</td>
<td>$2,400 Individual total</td>
</tr>
<tr>
<td></td>
<td>$3,600 Family Total</td>
<td>$5,700 Family Total</td>
<td>$4,800 Family Total</td>
</tr>
<tr>
<td><strong>Primary care doctor visit</strong></td>
<td>In Network: $10</td>
<td>In Network: $10</td>
<td>In Network: $15</td>
</tr>
<tr>
<td></td>
<td>Out of Network: Benefit not covered</td>
<td>Out of Network: Benefit not covered</td>
<td>Out of Network: Benefit not covered</td>
</tr>
<tr>
<td></td>
<td>View limits and exclusions</td>
<td>View limits and exclusions</td>
<td>View limits and exclusions</td>
</tr>
<tr>
<td><strong>Specialist visit</strong></td>
<td>In Network: $30</td>
<td>In Network: $20</td>
<td>In Network: $30</td>
</tr>
<tr>
<td></td>
<td>Out of Network: Benefit not covered</td>
<td>Out of Network: Benefit not covered</td>
<td>Out of Network: Benefit not covered</td>
</tr>
<tr>
<td><strong>X-rays and diagnostic imaging</strong></td>
<td>In Network: No charge after deductible</td>
<td>In Network: 20% Coinsurance after deductible</td>
<td>In Network: $50</td>
</tr>
<tr>
<td></td>
<td>Out of Network: Benefit not covered</td>
<td>Out of Network: Benefit not covered</td>
<td>Out of Network: Benefit not covered</td>
</tr>
<tr>
<td></td>
<td>View limits and exclusions</td>
<td>View limits and exclusions</td>
<td>View limits and exclusions</td>
</tr>
<tr>
<td><strong>Laboratory outpatient and professional services</strong></td>
<td>In Network: No charge after deductible</td>
<td>In Network: 20% Coinsurance after deductible</td>
<td>In Network: $50</td>
</tr>
<tr>
<td></td>
<td>Out of Network: Benefit not covered</td>
<td>Out of Network: Benefit not covered</td>
<td>Out of Network: Benefit not covered</td>
</tr>
<tr>
<td></td>
<td>View limits and exclusions</td>
<td>View limits and exclusions</td>
<td>View limits and exclusions</td>
</tr>
<tr>
<td><strong>Outpatient facility</strong></td>
<td>In Network: No charge after deductible</td>
<td>In Network: $300 Copayment with deductible/20%</td>
<td>In Network: $500</td>
</tr>
<tr>
<td></td>
<td>Out of Network: Benefit not covered</td>
<td>Out of Network: Benefit not covered</td>
<td>Out of Network: Benefit not covered</td>
</tr>
</tbody>
</table>
Comparing Plans Based on Cost

When an insurer offers more than one plan option of the same plan type and at the same metal level, it’s a matter of personal preference, cost-wise.

- Some clients are okay paying a little more to have a copay for care from day one versus paying less per month but more upfront
- How soon your insurance kicks in and what you have to pay for upfront, due to the plan’s deductible.
  - There is no difference in services covered.
  - For some clients, the lower the deductible, the better
  - For others, the lower the out-of-pocket maximum, the better
“What about having a baby? Or, what if I break the third toe on my left foot? What if I need an MRI?”

1. Pay monthly premiums
2. Pay copays (if applicable)
3. Meet your plan deductible
4. Pay your coinsurance (if applicable)
5. Meet your out-of-pocket max

Insurance pays 100% of all in-network, covered services
Worst-case financial scenario for 2022 = (premium x 12) + out-of-pocket max
Comparing Plans Based on Network

<table>
<thead>
<tr>
<th>Plan Provider</th>
<th>Estimated Total Yearly Costs</th>
<th>Plan Metal Level</th>
<th>Plan Type</th>
<th>Plan ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott and White Health Plan</td>
<td>$3,600</td>
<td>Silver</td>
<td>HMO</td>
<td>40788TX0460008</td>
</tr>
<tr>
<td>Friday Health Plans</td>
<td>$5,769</td>
<td>Silver</td>
<td>EPO</td>
<td>54837TX0030005</td>
</tr>
<tr>
<td>Ambetter from Superior Health Plan</td>
<td>$6,514</td>
<td>Silver</td>
<td>EPO</td>
<td>29418TX0140072</td>
</tr>
</tbody>
</table>

**Medical Providers in Network**

- **Scott and White Health Plan**:
  - Austin Regional Clinic, Pa Family Medicine
  - St. David's Medical Center General Acute Care Hospital - Children

- **Friday Health Plans**:
  - Austin Regional Clinic, Pa Family Medicine
  - St. David's Medical Center General Acute Care Hospital - Children

- **Ambetter from Superior Health Plan**: (In-network locations available)

**Note:** The image shows how to compare plans based on network and provides specific details for three different plans, including estimated total yearly costs, plan metal level, plan type, and plan ID. The medical providers in network for each plan are highlighted, indicating where care can be accessed.
Do not go off of the marketplace network tool only; always double check providers and facilities in the health plan’s provider directory.

Or build yourself (and your assister team) a network cheat sheet tool.

<table>
<thead>
<tr>
<th>Plan Provider</th>
<th>Network Type</th>
<th>Yearly Cost</th>
<th>Medical Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott and White Health</td>
<td>HMO</td>
<td>$3,600</td>
<td>☒ Austin Regional Clinic, Pa Family Medicine</td>
</tr>
<tr>
<td>Plan</td>
<td></td>
<td></td>
<td>☒ St. David’s Medical Center General Acute Care Hospital - Children</td>
</tr>
<tr>
<td>BSW Prime Silver HMO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>008 - CSR 87% AV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>($10 PCP visit, $10 Preventive Care and Preventive Rx Drugs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday Health Plans</td>
<td>EPO</td>
<td>$5,769</td>
<td>☒ Austin Regional Clinic, Pa Family Medicine</td>
</tr>
<tr>
<td>Ambetter from Superior</td>
<td></td>
<td>$6,514</td>
<td>☒ St. David’s Medical Center General Acute Care Hospital - Children</td>
</tr>
<tr>
<td>HealthPlan</td>
<td></td>
<td></td>
<td>☒ St. David’s Medical Center General Acute Care Hospital - Children</td>
</tr>
<tr>
<td>Ambetter Balanced</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care 29 (2021)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The hospital information is not accurate in this example. Both of these plans are in-network with St. David’s Hospital.
Note: For 2021, the insurers offering QHPs in Central Texas each only offered ONE plan type, with the same network options. This is not always the case.
• Selecting a Metal Level = Cost
• Known Medical Needs = Cost & Network
• Selecting an Insurance Company = Network
• Selecting an Individual Plan* = Cost

*If an insurer has more than 1 plan of the same type, in the same metal level
Connecting Metal Level to Cost

Metal level determines HOW the cost of care is covered, not WHAT is covered.

Is the client looking for something in the case of an emergency, or would they like a set rate for routine care?
Cost Sharing & Metal Tiers

- Enrollees pay less out-of-pocket with higher AV plans
- Premiums are generally higher for high AV plans

### QUALIFIED HEALTH PLAN (QHP) METAL LEVEL PLAN TIERS

QHPs must provide plan designs consistent with actuarial values

<table>
<thead>
<tr>
<th>Costs covered by a plan</th>
<th>Platinum</th>
<th>90% actuarial value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold</td>
<td></td>
<td>80% actuarial value</td>
</tr>
<tr>
<td>Silver</td>
<td></td>
<td>70% actuarial value</td>
</tr>
<tr>
<td>Bronze</td>
<td></td>
<td>60% actuarial value</td>
</tr>
<tr>
<td><strong>Catastrophic coverage</strong></td>
<td></td>
<td>High deductible health plan available for individuals up to age 30 or those 30 and older who are granted a hardship exemption (PTC does not apply to these plans)</td>
</tr>
</tbody>
</table>

**BENCHMARK PLAN**

Premiums paid by consumer

Costs covered by a plan

Premiums paid by consumer
Part III: Plan Selection Tips & Tools for Assisters

Tools to Use & Tools to Build
Tools to Use & Tips to Build Your Own

- Proof Request Attestation
- Beyond the Basics Plan Comparison Tool
- Network Overview Cheat Sheet
  - General version
  - Detailed version
**What if Documents Aren’t Available?**

- When proof of income isn’t available, a signed statement can be accepted.
- This statement should include household income information and an explanation for the income projection.

<table>
<thead>
<tr>
<th>Primary Household Contact:</th>
<th>Kala Mehta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Household Members:</td>
<td>None</td>
</tr>
<tr>
<td>Application ID:</td>
<td>#</td>
</tr>
<tr>
<td>State of Application:</td>
<td>Virginia</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>xxx-xxx-xxxx</td>
</tr>
<tr>
<td>Today’s Date:</td>
<td>12/15/2021</td>
</tr>
<tr>
<td>Projected Annual Income for 2021 as Stated on Application:</td>
<td>$21,000</td>
</tr>
</tbody>
</table>

**Explanation for income projection:**

I will be starting school in the fall and will be quitting my job in August. My current job pays $15/hour and I work 40 hours a week. By the time I quit at the end of August, I should make around $21,000. I expect to have no income from September through the end of the year.
- This worksheet lets you compare up to 4 plans side-by-side
- You can fill it out on your computer and then print it or email it the client
- Available in:
  - English
  - Spanish
  - Chinese
  - Vietnamese
  - Korean
  - Tagalog
  - Russian
  - Arabic

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### Marketplace Plan Comparison Worksheet

<table>
<thead>
<tr>
<th>Main Information</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Projected Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household Size</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premium Tax Credit (monthly)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premium Tax Credit (annual)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSR Eligible?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Main Information

- **Insurance Company**
- **Insurance Plan Name**
- **Metal Tier** (e.g., silver, gold)
- **Plan Type** (HMO, PPO, etc.)
- **Monthly Premium (after tax credit)**
- **Annual Premium (after tax credit)**

**Tip:** Since some plans may have similar names, make sure to include the full plan name in the worksheet.

### Cost Sharing

(your share of medical costs, in addition to the premium)

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Stay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
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</tr>
</tbody>
</table>

### Provider Network & Formulary

<table>
<thead>
<tr>
<th>Provider Network &amp; Formulary</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician(s) In Network</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Specialist(s) In Network</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hospital In Network</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Prescription on Formulary</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
# 2021 Central Texas Marketplace Plans Network Overview

The following 2021 Central Texas Marketplace Companies are organized in order of cost for Silver plans.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>SCOTT &amp; WHITE</th>
<th>FRIDAY</th>
<th>AMBETTER</th>
<th>OSCAR</th>
<th>SENDERO</th>
<th>BLUE CROSS BLUE SHIELD</th>
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</thead>
<tbody>
<tr>
<td>Referral for Specialist Visits?</td>
<td>HMO</td>
<td>EPO</td>
<td>EPO</td>
<td>EPO</td>
<td>HMO</td>
<td>HMO</td>
</tr>
</tbody>
</table>

**Referral Required from in-network Primary Care Provider**

- SCOTT & WHITE: Bell, Brazos, Burnet, Collin, Coryell, Dallas, Ellis, Lampasas, Llano, McLennan, Milam, Rockwall, San Saba, Travis, Washington, Williamson
- FRIDAY: Bexar, El Paso, Lubbock, Travis, Dallas, Harris, Tarrant
- AMBETTER: Click here for Complete List
- OSCAR: Collin, Dallas, Denton, Rockwall, Tarrant, Fort Bend, Galveston, Harris, Montgomery, Travis, Williamson, Hays, Bexar, Comal, El Paso
- SENDERO: Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, Williamson
- BLUE CROSS BLUE SHIELD: ALL Texas Counties

**Counties Served**

- SCOTT & WHITE: Bell, Brazos, Burnet, Collin, Coryell, Dallas, Ellis, Lampasas, Llano, McLennan, Milam, Rockwall, San Saba, Travis, Washington, Williamson
- FRIDAY: Bexar, El Paso, Lubbock, Travis, Dallas, Harris, Tarrant
- AMBETTER: Click here for Complete List
- OSCAR: Collin, Dallas, Denton, Rockwall, Tarrant, Fort Bend, Galveston, Harris, Montgomery, Travis, Williamson, Hays, Bexar, Comal, El Paso
- SENDERO: Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, Williamson
- BLUE CROSS BLUE SHIELD: ALL Texas Counties

**Emergency Room Coverage Outside Texas?**

- SCOTT & WHITE: ALL MARKETPLACE PLANS MUST "HOLD THE MEMBER HARMLESS" FOR LIFE THREATENING EMERGENCY TREATED IN AN OUT OF NETWORK HOSPITAL. Clients should contact our program ASAP for help navigating costs and coverage for an out of network emergency event.
- FRIDAY: ALL MARKETPLACE PLANS MUST "HOLD THE MEMBER HARMLESS" FOR LIFE THREATENING EMERGENCY TREATED IN AN OUT OF NETWORK HOSPITAL. Clients should contact our program ASAP for help navigating costs and coverage for an out of network emergency event.
- AMBETTER: ALL MARKETPLACE PLANS MUST "HOLD THE MEMBER HARMLESS" FOR LIFE THREATENING EMERGENCY TREATED IN AN OUT OF NETWORK HOSPITAL. Clients should contact our program ASAP for help navigating costs and coverage for an out of network emergency event.
- OSCAR: ALL MARKETPLACE PLANS MUST "HOLD THE MEMBER HARMLESS" FOR LIFE THREATENING EMERGENCY TREATED IN AN OUT OF NETWORK HOSPITAL. Clients should contact our program ASAP for help navigating costs and coverage for an out of network emergency event.
- SENDERO: ALL MARKETPLACE PLANS MUST "HOLD THE MEMBER HARMLESS" FOR LIFE THREATENING EMERGENCY TREATED IN AN OUT OF NETWORK HOSPITAL. Clients should contact our program ASAP for help navigating costs and coverage for an out of network emergency event.
- BLUE CROSS BLUE SHIELD: ALL MARKETPLACE PLANS MUST "HOLD THE MEMBER HARMLESS" FOR LIFE THREATENING EMERGENCY TREATED IN AN OUT OF NETWORK HOSPITAL. Clients should contact our program ASAP for help navigating costs and coverage for an out of network emergency event.

**NON-EMERGENCY Care Outside Texas?**

- SCOTT & WHITE: No Non-Emergency Out of Network Care Access
- FRIDAY: No Non-Emergency Out of Network Care Access
- AMBETTER: Limited Nationwide Urgent Care Access
- OSCAR: Limited Nationwide Urgent Care Access
- SENDERO: No Non-Emergency Out of Network Care Access
- BLUE CROSS BLUE SHIELD: Limited Nationwide Urgent Care Access

**Telemedicine or Virtual Visits?**

- SCOTT & WHITE: Telemedicine Available
- FRIDAY: Telemedicine covered in full
- AMBETTER: FREE Telemedicine
- OSCAR: FREE Oscar Virtual Care
- SENDERO: FREE Telemedicine
- BLUE CROSS BLUE SHIELD: Virtual Visits Available
## 2022 Network Overview Cheat Sheet In Progress

- Use Excel to build
- Save as PDF to publish

### ALL MARKETPLACE PLANS MUST "HOLD THE MEMBER HARMLESS" FOR LIFE THREATENING EMERGENCY TREATED IN AN OUT OF NETWORK

**AETNA**

- No referral required for in-network specialty visit
- Referral Required from in-network PCP

**AMBETTER**

- No referral required for in-network specialty visit

**BLUE CROSS BLUE SHIELD**

- Referral Required from in-network PCP

**BRIGHT**

- Free Telemedicine

**CHRISTUS**

- Free Telemedicine

**FRIDAY**

- Free Telemedicine

### In-Network Austin Area Hospitals

- Ascension Seton
- St. David's
- Baylor, Scott & White

- Lid Nationwide Urgent Care
- Free Telemedicine

**In-Region**

- Ascension Seton
- St. David's

**Out-Region**

- Baylor, Scott & White

### Generally NOT shared with clients; but add note "always double check provider info"
1. Use the plan preview tool (for HealthCare.gov: “See Plans & Prices”) 
2. Use the zip code of your site or the zip code where most of your clients live 
3. The demographics of the client are not important, but note: 
   a) use a high income to see plans in order of their full priced cost (PTCs will mix up the full priced order if multiple plans are free) 
   b) To view catastrophic plans: use an age below 30 and high income 
4. Once you can view the plans, **check the filters section**
Plan Overview
Information from Plan Preview Tool

Number of plans & number of plans per metal level: Gold, Silver, & Bronze (no platinum available)

Health plan types available: HMO & PPOs

The 4 insurers serving this zip code: Ambetter, BCBS, Bright, & Cigna
The plan lookup tool can locate enough information to complete this cheat sheet.

Add a popular primary care facility by using the provider directories of each insurer.

It’s also useful to build in overarching reminders for all your assisters.
Questions?
Upcoming Webinars

Part VII: Redetermination & Renewal Process
  • Thursday, October 7 | 1 pm ET (10 am PT)

Part VIII: Tying It All Together
  • Tuesday, October 12 | 1 pm ET (10 am PT)

Part IX: Best Practices for Assisting People with Disabilities
  • Thursday, October 14 | 1 pm ET (10 am PT)

Register for upcoming webinars at
www.healthreformbeyondthebasics.org/events
Thank all of you for your time and attention, for all you do, and all you will do this next season!

Arianna Anaya
Arianna.Anaya@foundcom.org

Questions or interest in more detailed explanations? Interested in getting help building a network cheat sheet? Want the template of my excel network cheat sheet document?

This is a project of the Center on Budget and Policy Priorities
www.cbpp.org