The Right Fit

Helping Consumers Navigate the Plan Selection Process

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Health Policy Consultant, Certified Application Counselor (CAC)

October 6, 2020

Center on Budget and Policy Priorities

Health Reform: Beyond the Basics

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Today's Presentation

- Section 1: Overview of Marketplace QHPs
- Section 2: Trends in Marketplace plans
- Section 3: Strategies to Help Consumers
- Section 4: Plan Comparison & Selection Demo

Initial Self-Assessment

Q1: On a scale of 1 to 10, how confident are you in your ability to assist consumers in selecting a plan?

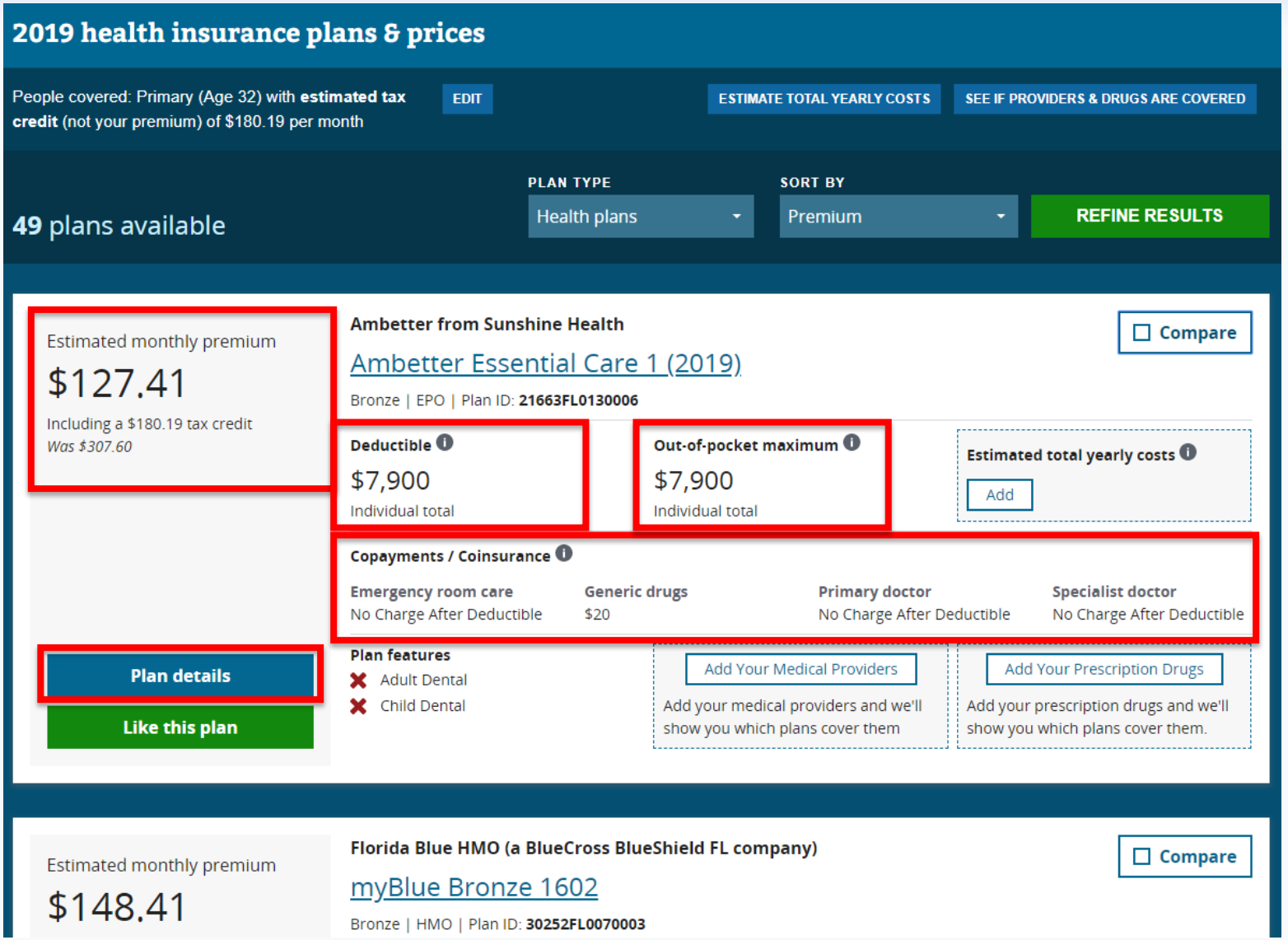
(1 = not confident, 10 = very confident)

Section 1:
Overview of Marketplace QHPs

Elements of Marketplace Health Plans

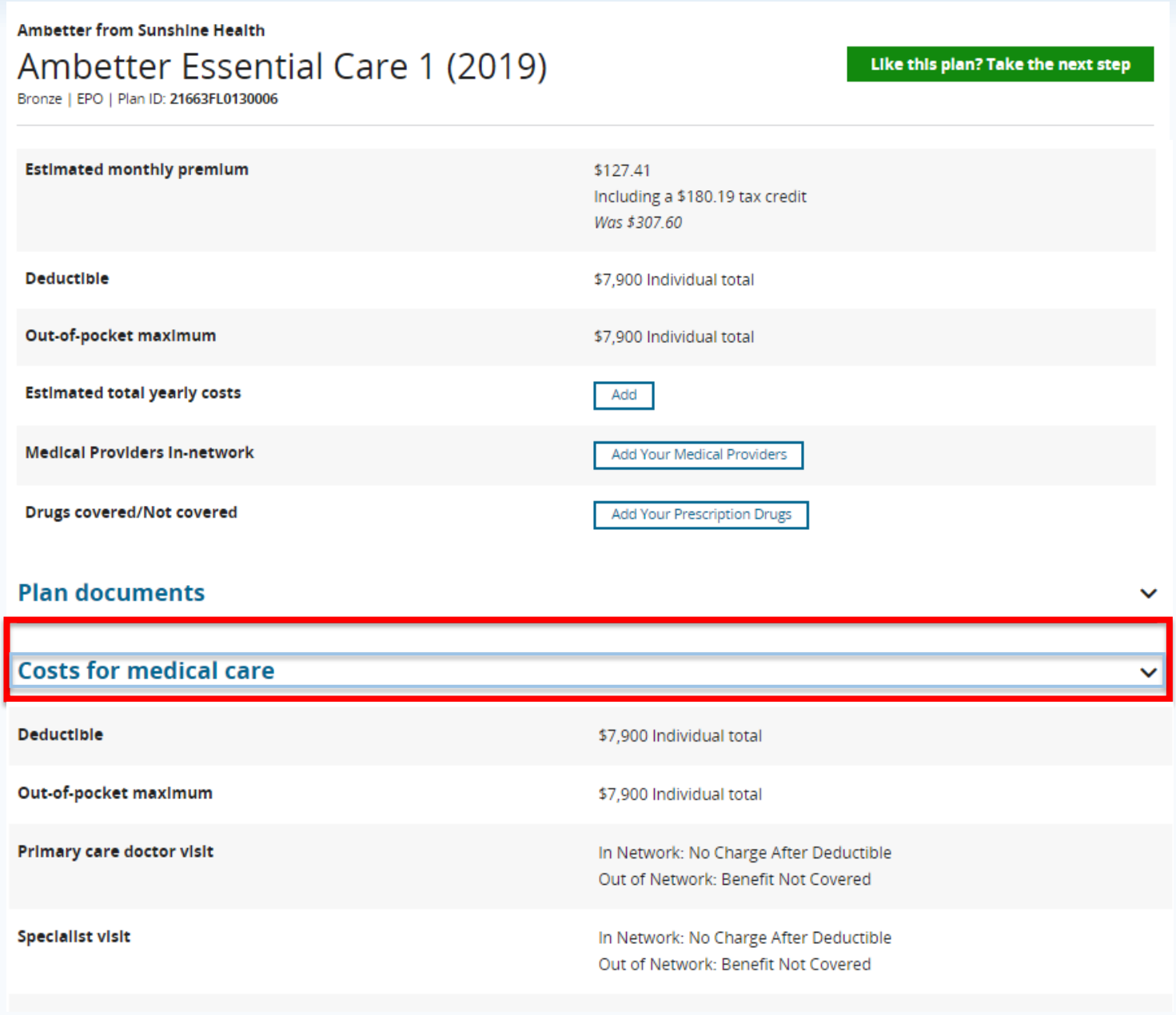
1. Premium
2. Plan Design/Cost Sharing
3. Covered Benefits
4. Prescription Drug Formulary
5. Provider Network

Overview of Cost Sharing



***Source**: healthcare.gov, healthcare.com/see-plans search for Miami-Dade County, FL (2019)*

Overview of Cost Sharing



Ambetter from Sunshine Health

Ambetter Essential Care 1 (2019)

Bronze | EPO | Plan ID: **21663FL0130006**

Like this plan? Take the next step

Estimated monthly premium	$127.41 Including a $180.19 tax credit *Was $307.60*
Deductible	$7,900 Individual total
Out-of-pocket maximum	$7,900 Individual total
Estimated total yearly costs	Add
Medical Providers in-network	Add Your Medical Providers
Drugs covered/Not covered	Add Your Prescription Drugs

Plan documents

Costs for medical care

Deductible	$7,900 Individual total
Out-of-pocket maximum	$7,900 Individual total
Primary care doctor visit	In Network: No Charge After Deductible Out of Network: Benefit Not Covered
Specialist visit	In Network: No Charge After Deductible Out of Network: Benefit Not Covered

Overview of Cost Sharing

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Estimated total yearly costs	Add
Medical Providers in-network	Add Your Medical Providers
Drugs covered/Not covered	Add Your Prescription Drugs

Plan documents

Costs for medical care

Prescription drug coverage

Generic drugs	In Network: $20 Out of Network: Benefit Not Covered
Preferred brand drugs	In Network: No Charge After Deductible Out of Network: Benefit Not Covered
Non-preferred brand drugs	In Network: No Charge After Deductible Out of Network: Benefit Not Covered

Summary of Benefits and Coverage (SBC)

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
Cigna Health and Life Insurance Co.: Cigna Connect 4000

Coverage Period: 01/01/2018 – 12/31/2018
Coverage for: Individual&Family Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-866-494-2111. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-866-494-2111 to request a copy.

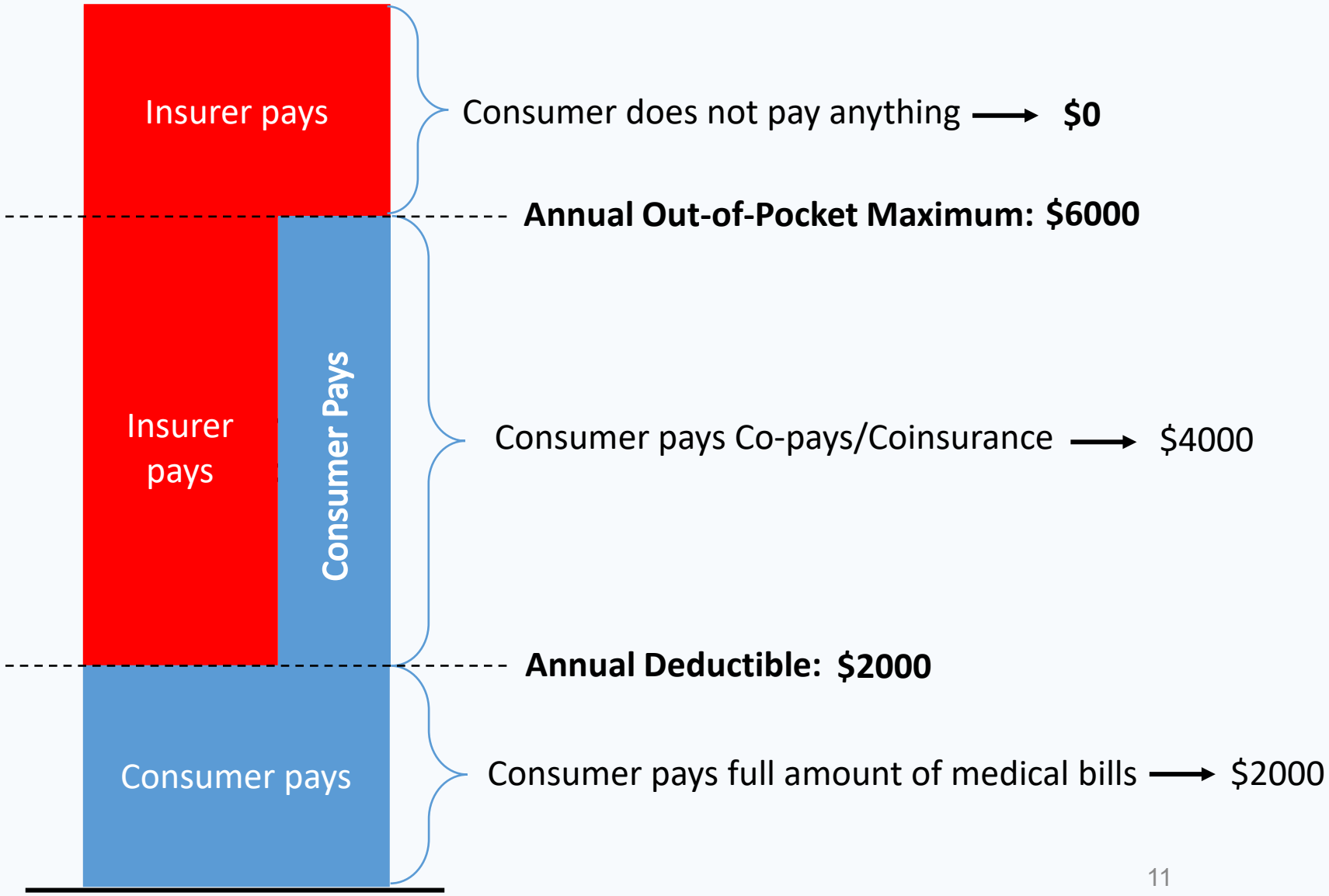
Important Questions	Answers	Why This Matters:
What is the overall deductible?	$4,000 person/ $8,000 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care, Primary care visits, Specialty drugs, Urgent care and eye exam/glasses for children are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$7,350 person/ $14,700 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, penalties for failure to obtain pre-authorization for services and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. See www.cigna.com/ifp-providers or call 1-866-494-2111 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Questions: Call 1-866-494-2111 or visit us at www.cigna.com/individuals-families/Illinois-insurance-plans-2018.
If you aren't clear about any of the bolded terms used in this form, see the Glossary.
You can view the Glossary at https://www.healthcare.gov/sbc-glossary/or call **1-866-494-2111** to request a copy.

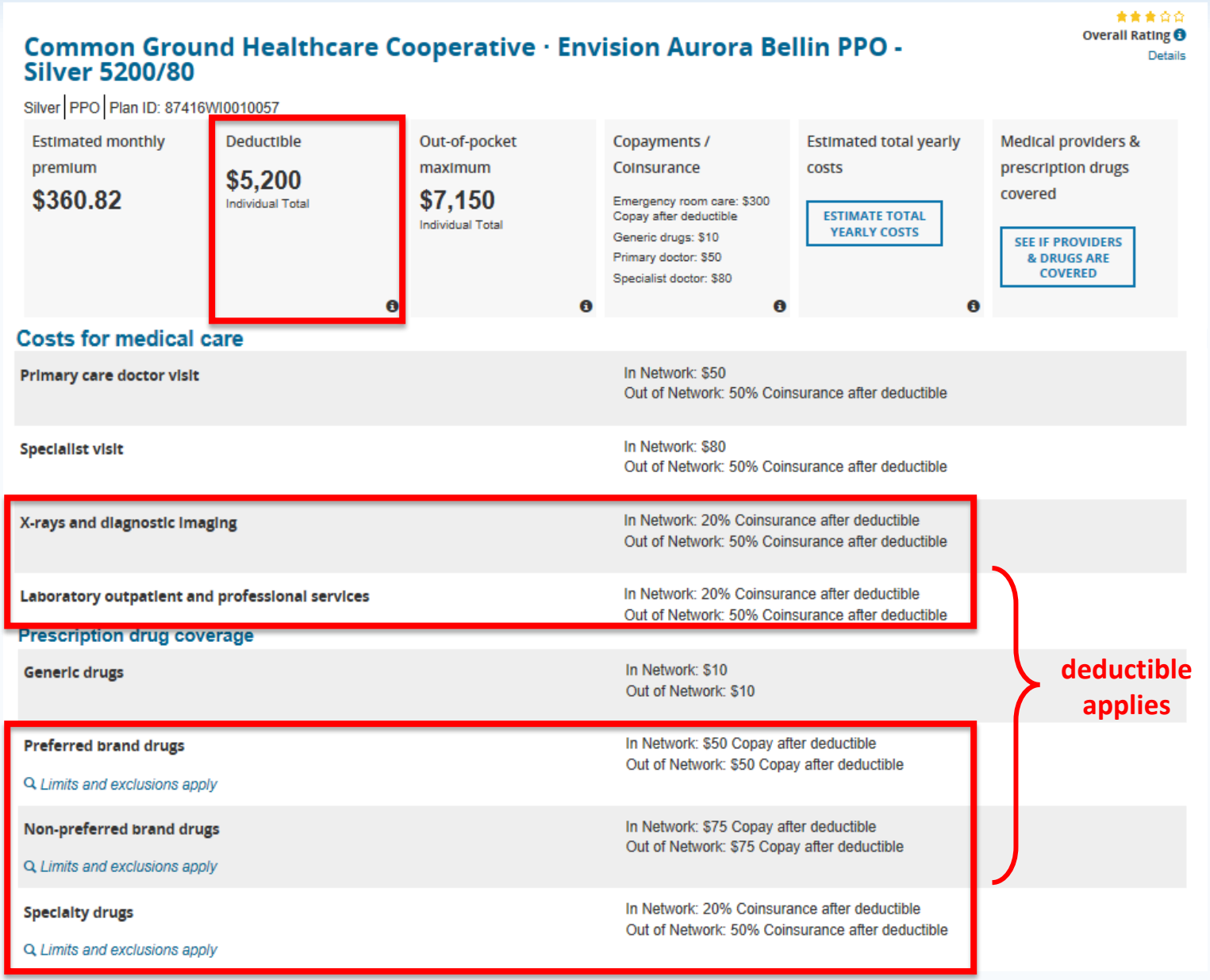
1 of 5

***Source**: Summary of Benefits and Coverage for Cigna Connect 4000 plan in Chicago, IL (2018)*

Explaining Cost-Sharing Terms



First Dollar Coverage



Common Ground Healthcare Cooperative · Envision Aurora Bellin PPO - Silver 5200/80

Overall Rating
Details

Silver | PPO | Plan ID: 87416WI0010057

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs	Medical providers & prescription drugs covered
$360.82	$5,200 Individual Total	$7,150 Individual Total	Emergency room care: $300 Copay after deductible Generic drugs: $10 Primary doctor: $50 Specialist doctor: $80	ESTIMATE TOTAL YEARLY COSTS	SEE IF PROVIDERS & DRUGS ARE COVERED

Costs for medical care

Primary care doctor visit	In Network: $50 Out of Network: 50% Coinsurance after deductible
Specialist visit	In Network: $80 Out of Network: 50% Coinsurance after deductible
X-rays and diagnostic imaging	In Network: 20% Coinsurance after deductible Out of Network: 50% Coinsurance after deductible
Laboratory outpatient and professional services	In Network: 20% Coinsurance after deductible Out of Network: 50% Coinsurance after deductible

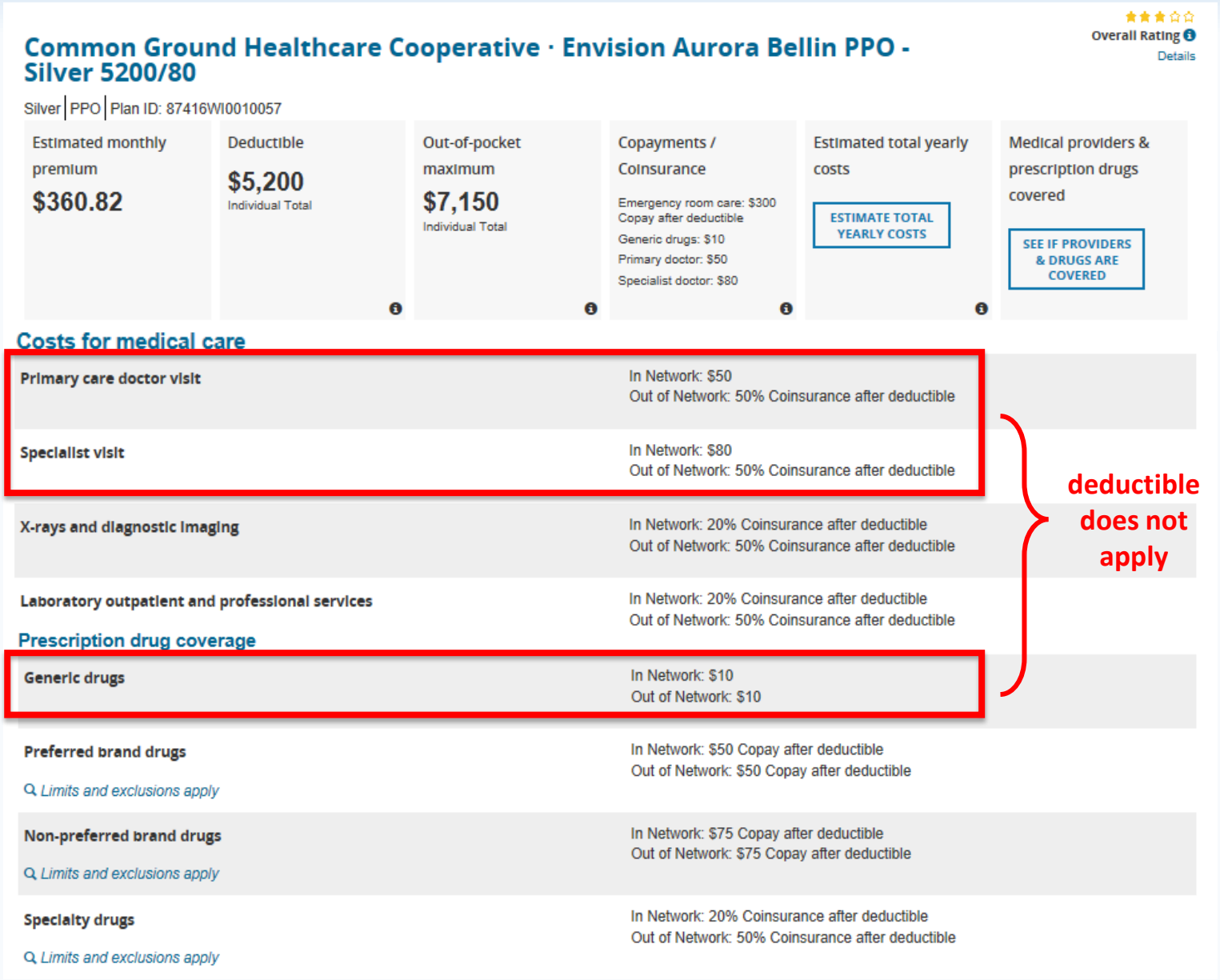
Prescription drug coverage

Generic drugs	In Network: $10 Out of Network: $10
Preferred brand drugs *Limits and exclusions apply*	In Network: $50 Copay after deductible Out of Network: $50 Copay after deductible
Non-preferred brand drugs *Limits and exclusions apply*	In Network: $75 Copay after deductible Out of Network: $75 Copay after deductible
Specialty drugs *Limits and exclusions apply*	In Network: 20% Coinsurance after deductible Out of Network: 50% Coinsurance after deductible

deductible applies

***Source**: healthcare.gov, Common Ground Healthcare Envision Aurora Bellin PPO Silver 5200/80 in Green Bay, WI (2017)*

First Dollar Coverage



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Prescription drug coverage

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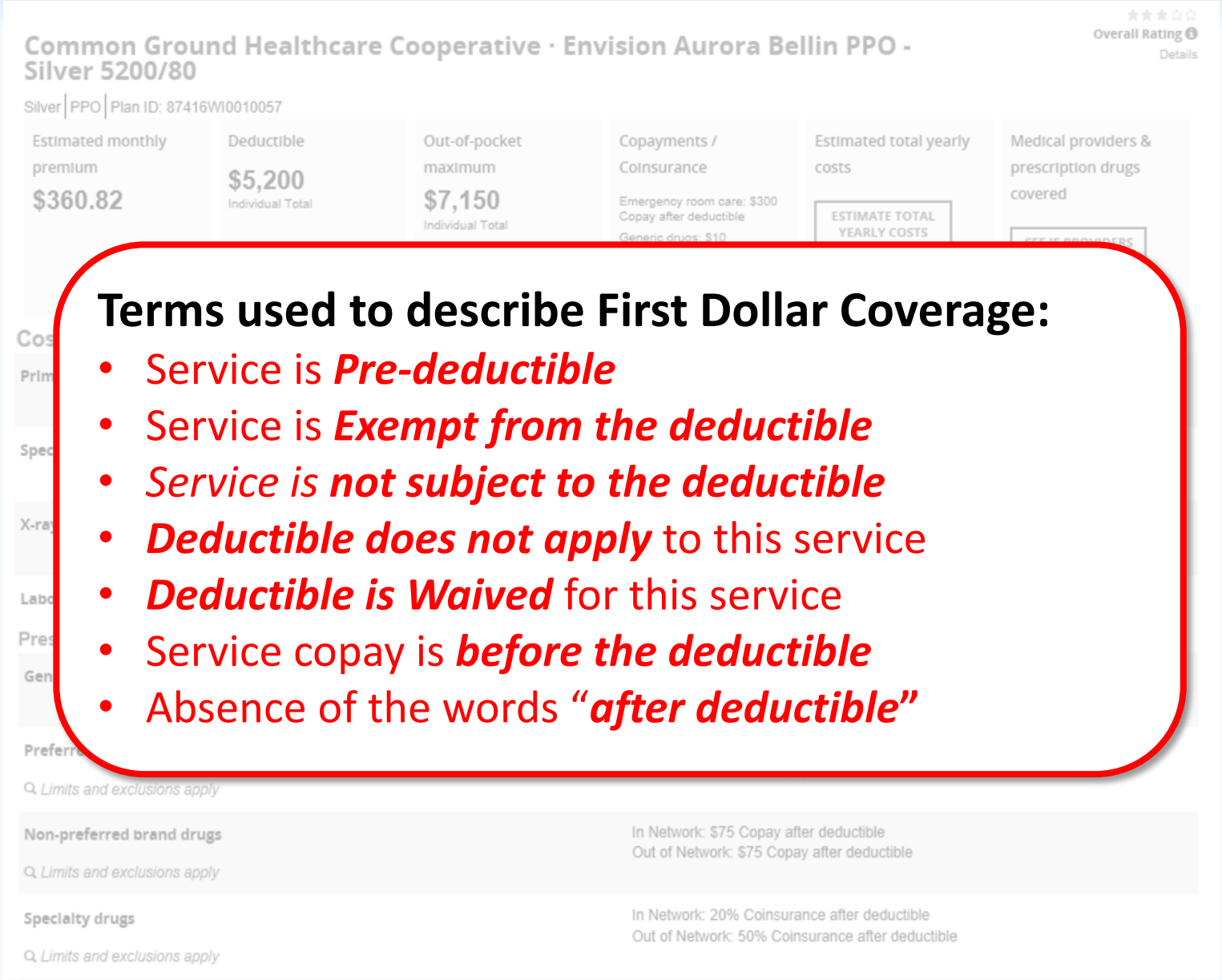
Preferred brand drugs Limits and exclusions apply	In Network: $50 Copay after deductible Out of Network: $50 Copay after deductible
Non-preferred brand drugs Limits and exclusions apply	In Network: $75 Copay after deductible Out of Network: $75 Copay after deductible
Specialty drugs Limits and exclusions apply	In Network: 20% Coinsurance after deductible Out of Network: 50% Coinsurance after deductible

deductible does not apply

***Source**: healthcare.gov, Common Ground Healthcare Envision Aurora Bellin PPO Silver 5200/80 in Green Bay, WI (2017)*

First Dollar Coverage



Terms used to describe First Dollar Coverage:

- Service is ***Pre-deductible***
- Service is ***Exempt from the deductible***
- *Service is* ***not subject to the deductible***
- ***Deductible does not apply*** to this service
- ***Deductible is Waived*** for this service
- Service copay is ***before the deductible***
- Absence of the words "***after deductible***"

Source*: healthcare.gov, Common Ground Healthcare Envision Aurora Bellin PPO Silver 5200/80 in Green Bay, WI (2017)*

HSA vs. non-HSA Plans

Kaiser Permanente · KP GA Signature Bronze

Bronze | HMO | Plan ID: 89942GA0050020

Estimated monthly premium	Deductible	Out-of-pocket maximum
$206.58 Was: $349.17	$6,200 Individual Total	$6,550 Individual Total

Primary care doctor visit	In Network: 40% Coinsurance after deductible Out of Network: Benefit Not Covered
Specialist visit	In Network: 40% Coinsurance after deductible Out of Network: Benefit Not Covered
X-rays and diagnostic imaging	In Network: 40% Coinsurance after deductible Out of Network: Benefit Not Covered
Laboratory outpatient and pro	In Network: 40% Coinsurance after deductible Out of Network: Benefit Not Covered

Prescription drug coverage

Generic drugs *View limits and exclusions*	In Network: 40% Coinsurance after deductible Out of Network: Benefit Not Covered
Preferred brand drugs *View limits and exclusions*	In Network: 50% Coinsurance after deductible Out of Network: Benefit Not Covered
Non-preferred brand drugs *View limits and exclusions*	In Network: 50% Coinsurance after deductible Out of Network: Benefit Not Covered
Specialty drugs	In Network: 50% Coinsurance after deductible Out of Network: Benefit Not Covered

Kaiser Permanente · KP GA Signature Silver 4700/

Silver | HMO | Plan ID: 89942GA0050025

Estimated monthly premium	Deductible	Out-of-pocket maximum
$231.36 Was: $373.95	$4,700 Individual Total	$7,350 Individual Total

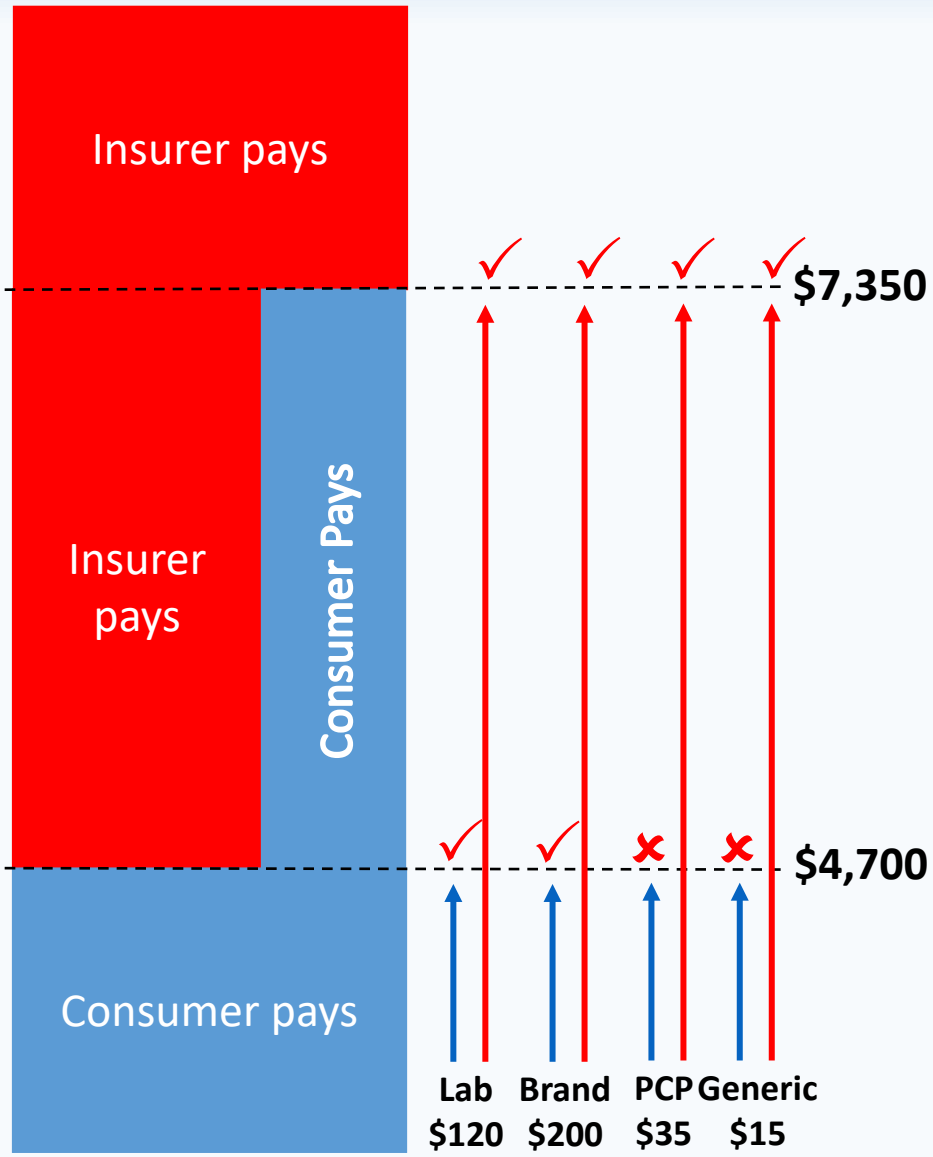
Primary care doctor visit	In Network: $35 Out of Network: Benefit Not Covered
Specialist visit	In Network: $65 Out of Network: Benefit Not Covered
X-rays and diagnostic imaging	In Network: 30% Coinsurance after deductible Out of Network: Benefit Not Covered
Laboratory outpatient and profe	In Network: 30% Coinsurance after deductible Out of Network: Benefit Not Covered

Prescription drug coverage

Generic drugs *View limits and exclusions*	In Network: $15 Out of Network: Benefit Not Covered
Preferred brand drugs *View limits and exclusions*	In Network: $45 Copay after deductible Out of Network: Benefit Not Covered
Non-preferred brand drugs *View limits and exclusions*	In Network: 50% Coinsurance after deductible Out of Network: Benefit Not Covered
Specialty drugs	In Network: 50% Coinsurance after deductible Out of Network: Benefit Not Covered

***Source**: healthcare.gov, Kaiser Permanente KP GA Signature Bronze 6200/40%/HSA and KP GA Signature Silver 4700/35 plans in Atlanta, GA*

Counting toward Deductible & OOP Max



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Non-preferred brand drugs *View limits and exclusions*	In Network: 50% Coinsurance after deductible Out of Network: Benefit Not Covered
Specialty drugs	In Network: 50% Coinsurance after deductible Out of Network: Benefit Not Covered

***Source**: healthcare.gov, Kaiser Permanente KP GA Signature Silver 4700/35 plans in Atlanta, GA*

QHP Metal Tiers

	Bronze (60%)	Silver (70%)	Gold (80%)	Platinum (90%)
Premium	136.10	$235.62	$301.97	$458.86
Deductible	$6,950	$3,500	$1,400	$250
Maximum OOP limit	$7,350	$7,350	$5,000	$1,500
Primary care visit	$35	$25	$20	$10
Specialist visit	no charge after ded.	$75	$50	10%
Emergency room care	no charge after ded.	$800	20% after ded.	10% after ded
Inpatient hospitalization	no charge after ded.	no charge after ded.	20% after ded.	10% after ded
Generic drugs	$30	$20	$10	$10
Preferred brand name	30% after ded.	$65 after ded.	$40	$45
Non-preferred brand	50% after ded.	$100 after ded.	$75	$90
Specialty Drugs	50% after ded.	50% after ded.	50% after ded.	50% after ded.

Source: *UPMC Bronze, Silver, Gold and Platinum Select Network Plans in Pittsburgh, PA*

Cost Sharing Reduction (CSR) Silver Plans

	Silver (70%)	Silver (CSR 73%)	Silver (CSR 87%)	Silver (CSR 94%)
Eligibility (% FPL)	>250%	200%-250%	150%-200%	100%-150%
Premium	$311.62	$143.17	$63.24	$48.44
Deductible	$3,500	$2,650	$1,250	$150
Maximum OOP limit	$7,350	$5,850	$2,450	$1,000
Primary care visit	$25	$25	$5	$5
Specialist visit	no charge after ded.	$75	$25	$15
Emergency room care	$800	$800	$150	$75
Inpatient hospitalization	no charge after ded.	no charge after ded.	no charge after ded.	no charge after ded.
Generic drugs	$20	$20	$4	$2
Preferred brand name	$65 after ded.	$65 after ded.	$15	$15
Non-preferred brand	$100 after ded.	$100 after ded.	$45	$45
Specialty Drugs	50% after ded.	50% after ded.	50%	50%

Source: *UPMC Silver CSR Plans in Pittsburgh, PA*

No Cost Sharing for Preventive Services

BlueCross BlueShield Nebraska

SelectBlue 5850 HSA Bronze

Coverage Period: 01/01/2016-12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family | **Plan Type:** HDHP

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at https://www.nebraskablue.com/individualacacontracts or by calling 1-888-592-8960.

Important Questions	Answers	Why this Matters:
What is the overall **deductible**?	Select In-network: **$5,850** individual / **$11,700** family In-network: **$6,450** individual / **$12,900** family Out-of-network: **$12,900** individual / **$25,800** family Does not apply to most preventive care. Copayments and coinsurance don't count toward the **deductible**.	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 3 for how much you pay for covered services after you meet the **deductible**.
Are there other **deductibles** for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 3 for other costs for services this plan covers.
Is there an **out-of-pocket limit** on my expenses?	Yes. Select In-network: **$5,850** individual / **$11,700** family In-network: **$6,450** individual / **$12,900** family Out-of-network: **$12,900** individual / **$25,800** family	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.

***Source**: Summary of Benefits and Coverage for BlueCross BlueShield SelectBlue 5850 HSA Bronze Plan in Omaha, NE*

Paying Carrier Negotiated Rates

Health Insurance Provider
1212 Main Street
Anytown, USA 000000

EXPLANATION OF BENEFITS

Please retain for future reference
Mary Jones MD/ PIN:7654321

Mary Jones, MD
Homeville Medical Center
2121 Elm Ave.
Homeville, USA 000000

Date:	01/01/12
Tax ID #:	0101010101
Check #:	1010101010
Check Amount:	$###.00

Patient Name:	Bill Smith
Patient Account Number:	987654321
Patient ID #	1234567
Member ID:	54321

Treatment Date	AA	Service Code	BB	Submitted Charges	Allowed Amount	Copay Amount	Insurance Pays	You Owe
01/01/12	II	Office visit	II	$220.00	$85.00	$0.00	$0.00	$85.00
01/02/12	II	Office visit	II	$220.00	$85.00	$0.00	$0.00	$85.00
01/03/12	II	Laboratory	II	$130.00	$20.00	$0.00	$0.00	$20.00
TOTALS				$570.00	$190.00	$0.00	$0.00	$190.00

Covered Benefits

10 Categories of Essential Health Benefits


Ambulatory Patient Services


Emergency Services


Maternity and Newborn Care


Hospitalization


Mental Health and Substance Use Disorders


Preventive & Wellness Services

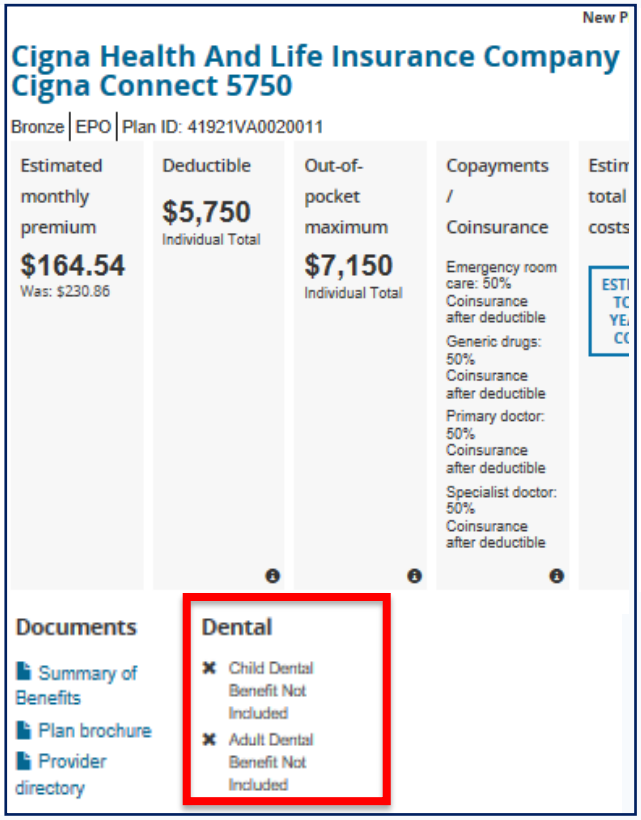

Laboratory Services

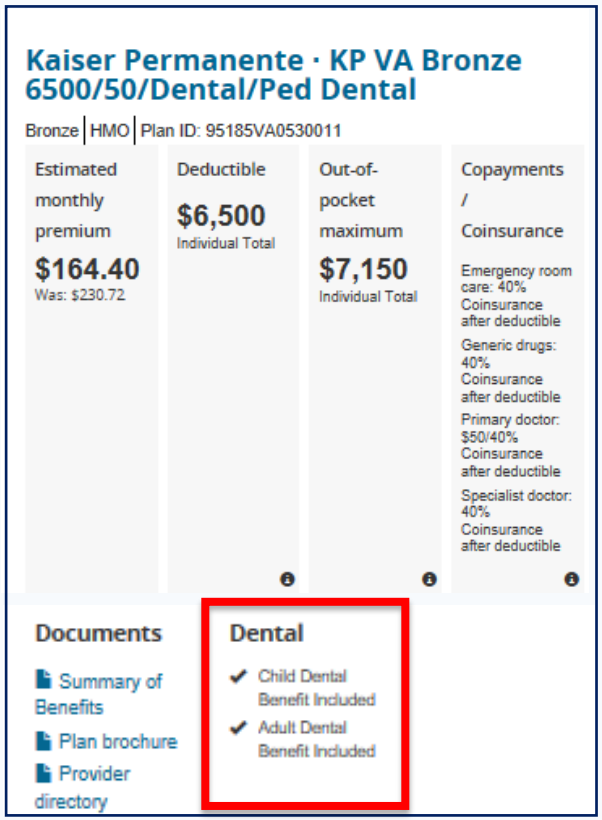

Prescription Drugs


Rehabilitation and Habilitative Services


Pediatric Oral and Vision Care

Dental Coverage for Children/Adults





***Source**: Healthcare.gov, Innovation Health Leap Bronze, Kaiser Permanente VA Bronze 6500/50/Dental/Ped Dental, and Cigna Connect 5750 plans in Arlington County, VA*

Prescription Drug Cost-Sharing

	Costs for medical care	
	Primary care doctor visit	In Network: $20 Out of Network: Benefit Not Covered
	Specialist visit	In Network: $55 Out of Network: Benefit Not Covered
	X-rays and diagnostic imaging	In Network: $55 Out of Network: Benefit Not Covered
	Laboratory outpatient and professional services	In Network: $35
	Prescription drug coverage	
1	Generic drugs	In Network: $10 Out of Network: Benefit Not Covered
2	Preferred brand drugs	In Network: $55 Out of Network: Benefit Not Covered
3	Non-preferred brand drugs	In Network: 40% Out of Network: Benefit Not Covered
4	Specialty drugs	In Network: 40% Out of Network: Benefit Not Covered
	List of covered drugs	View
	Three month in-network mail order pharmacy benefit	Yes
	Prescription drug deductible	Included in plan deductible
	Prescription drug out-of-pocket maximum	Included in plan's out-of-pocket maximum

***Source**: healthcare.gov, Molina Marketplace Silver 250 plan in Miami, FL (2017)*

Prescription Drug Formulary

Plan Differences in Cost-sharing/Drug Tiers

CoventryOne.

Drug Search

2016 CoventryOne Prescription Drug List: IA

Start Over

Please select a drug from the list below to continue.

- T2 HumaLOG 100 UNIT/ML SUBCUTANEOUS*
- T2 HumaLOG KwikPen 100 UNIT/ML SUBCUTANEOUS*
- T2 HumaLOG Mix 50/50 KwikPen (50-50) 100 UNIT/ML SUBCUTANEOUS*
- T2 HumaLOG Mix 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS*
- T2 HumaLOG Mix 75/25 KwikPen (75-25) 100 UNIT/ML SUBCUTANEOUS*
- T2 HumaLOG Mix 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS*
- T2 HumaLOG SOLUTION 100 UNIT/ML SUBCUTANEOUS*

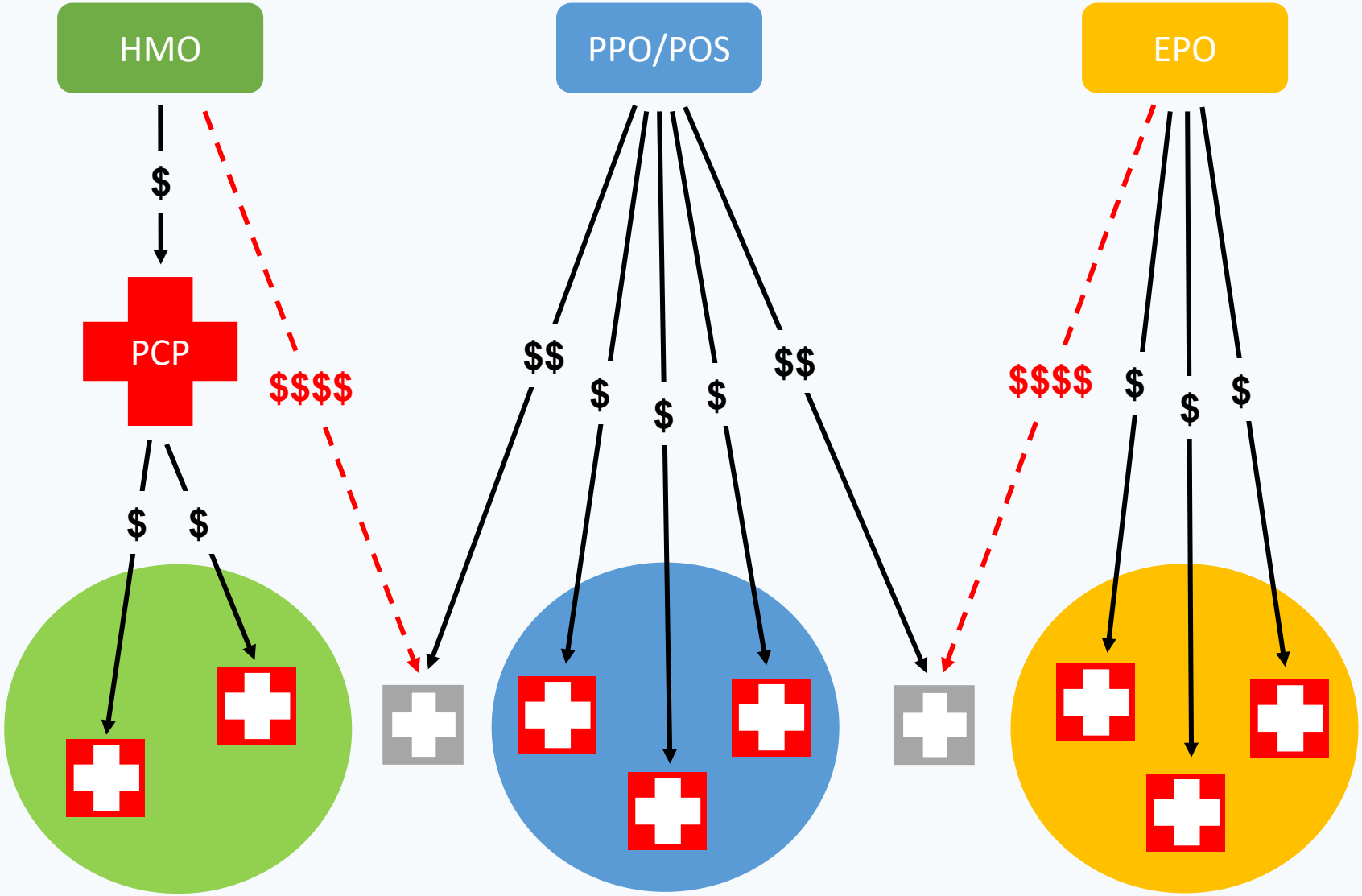
2016 CoventryOne Prescription Drug List: IA

BlueCross BlueShield of Illinois

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
XIGDUO XR - dapagliflozin-metformin hcl tab sr 24hr 10-1000 mg	4			•		
Rapid-Acting Insulins						
APIDRA - insulin glulisine inj 100 unit/ml	4	•		•		
APIDRA SOLOSTAR - insulin glulisine soln pen-injector inj 100 unit/ml	4	•		•		
HUMALOG - insulin lispro (human) inj 100 unit/ml	4	•		•		
HUMALOG - insulin lispro (human) soln cartridge 100 unit/ml	4	•		•		
HUMALOG KWIKPEN - insulin lispro (human) soln pen-injector 100 unit/ml	4	•		•		
HUMALOG KWIKPEN - insulin lispro (human) soln pen-injector 200 unit/ml	4	•		•		

***Source**: Prescription drug formularies for Coventry Bronze $20 Copay and Blue Cross and Blue Shield of Illinois Blue Choice Bronze PPO 006 plans in Cook County, IL (2016)*

Health Plan Network Types



Provider Network Size

Specialty	Plan/Network Name	Network Type	Network Size*
BlueCross BlueShield of Nebraska	SelectBlue	PPO	269
	BlueEssentials	PPO	311
Coventry	MIPPA	POS	137
	CHI Heath Omaha	HMO	242
	Methodist Health Partners	HMO	195
	Nebraska Health Network	HMO	216
Medica	Medica Insure	PPO	719
UnitedHealthcare	Compass	HMO	1,082

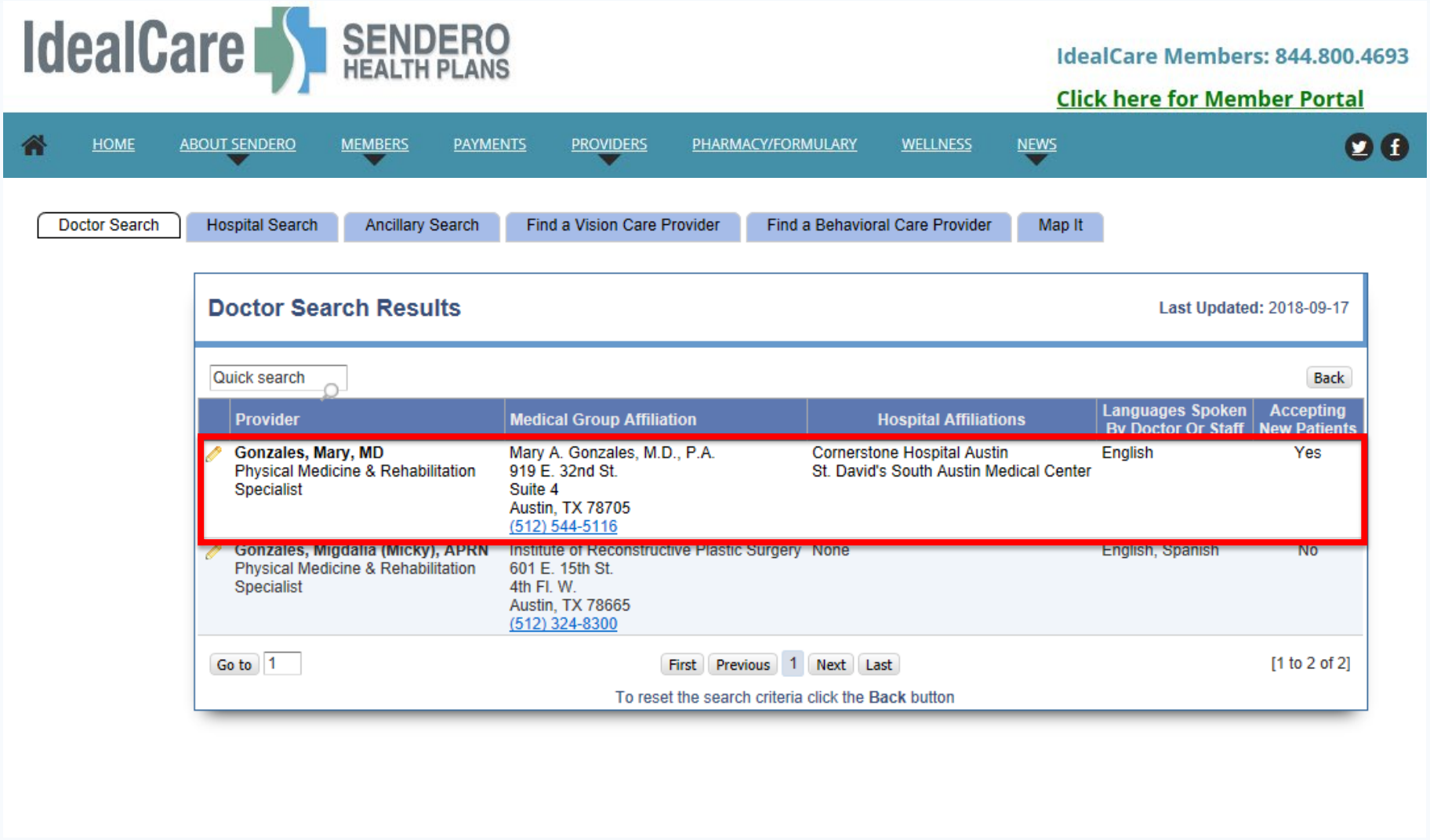
***Number of Primary Care Physicians within a 10 mile radius of 69022 Zip Code in Nebraska**

***Source**: Provider search sites BlueCross BlueShield of Nebraska, Coventry, Medica, and UnitedHealthcare in Omaha, NE (2016)*

Provider Search

***Source**: healthcare.gov, IdealCare Essential By Sendero Health Plans Bronze Plan in Austin, TX (2018)*

Provider Search



***Source**: provider search site, IdealCare Essential By Sendero Health Plans Bronze Plan in Austin, TX (2018)*

Section 2:
Trends in Marketplace Plans

Partial Exemptions from the Deductible

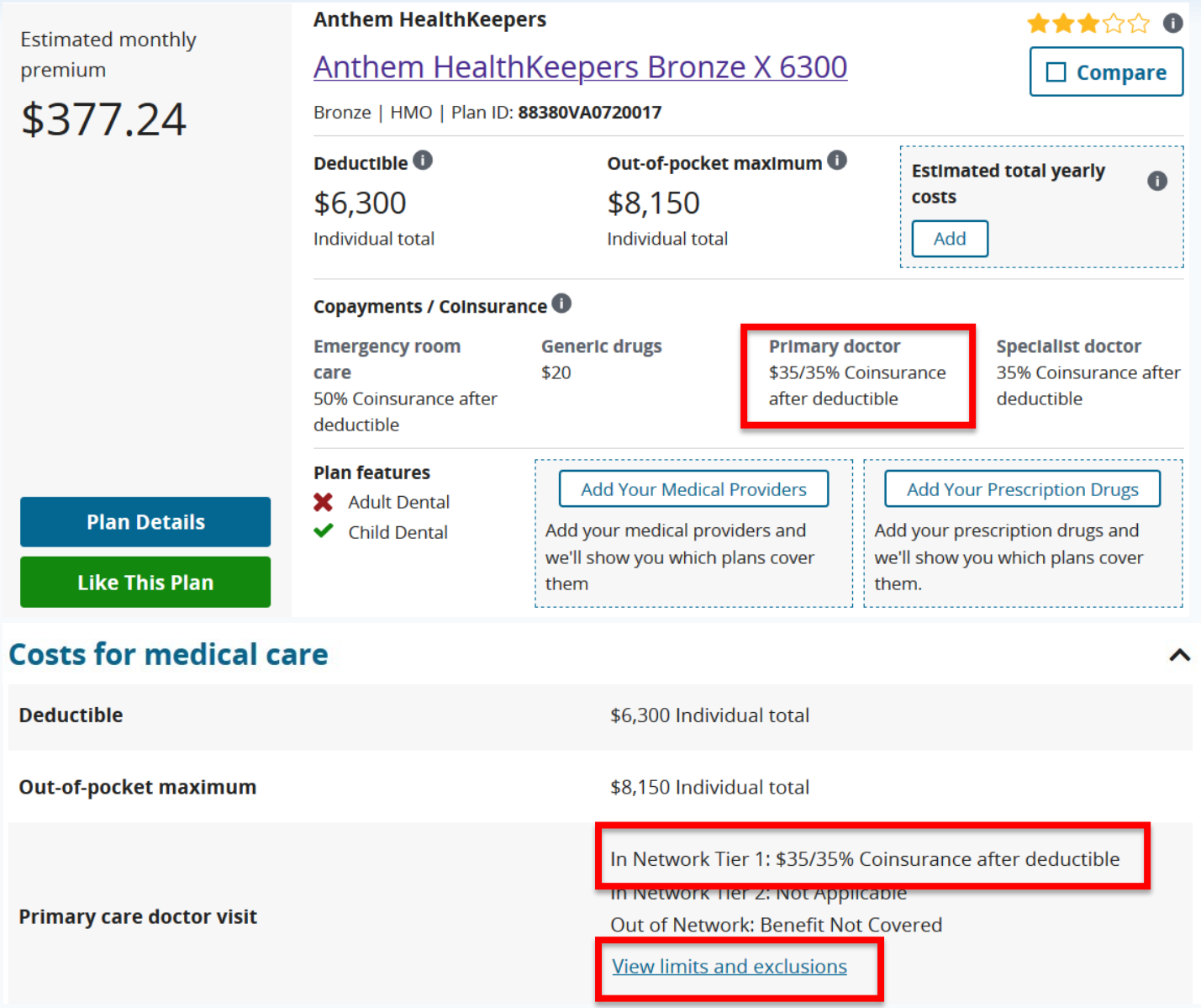
Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
Cigna Health and Life Insurance Company: Cigna Connect 6750

Coverage Period: 01/01/2019 – 12/31/2019
Coverage for: Individual & Family | **Plan Type:** EPO

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$25 copayment/visits 1-3, deductible does not apply; 35% coinsurance/ visits 4 and after	Not Covered	Virtual telehealth visit – $10 copayment, deductible does not apply if from a Cigna Telehealth Connection Physician. Refer to the policy for more information.
	Specialist visit	35% coinsurance	Not Covered	None
	Preventive care/screening/ immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	35% coinsurance	Not Covered	None
	Imaging (CT/PET scans, MRIs)	35% coinsurance	Not Covered	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.cigna.com/ifp-drug-list	Preferred generic drugs	$8 copayment (retail)/ $24 copayment (home delivery); deductible does not apply	Not Covered	Limited to a 30 day supply (retail) or up to a 90 day supply (designated 90 day retail pharmacy/home delivery). You pay a copayment for each 30 day supply (retail).
	Generic drugs	35% coinsurance (retail/home delivery)	Not Covered	Limited to a 30 day supply (retail) or up to a 90 day supply (designated 90 day retail pharmacy/home delivery).
	Preferred brand drugs	35% coinsurance (retail/home delivery)	Not Covered	
	Non-preferred drugs	50% coinsurance (retail/home delivery)	Not Covered	
	Specialty drugs and other high cost drugs	50% coinsurance (retail/home delivery)	Not Covered	Limited to a 30 day supply (retail/home delivery).

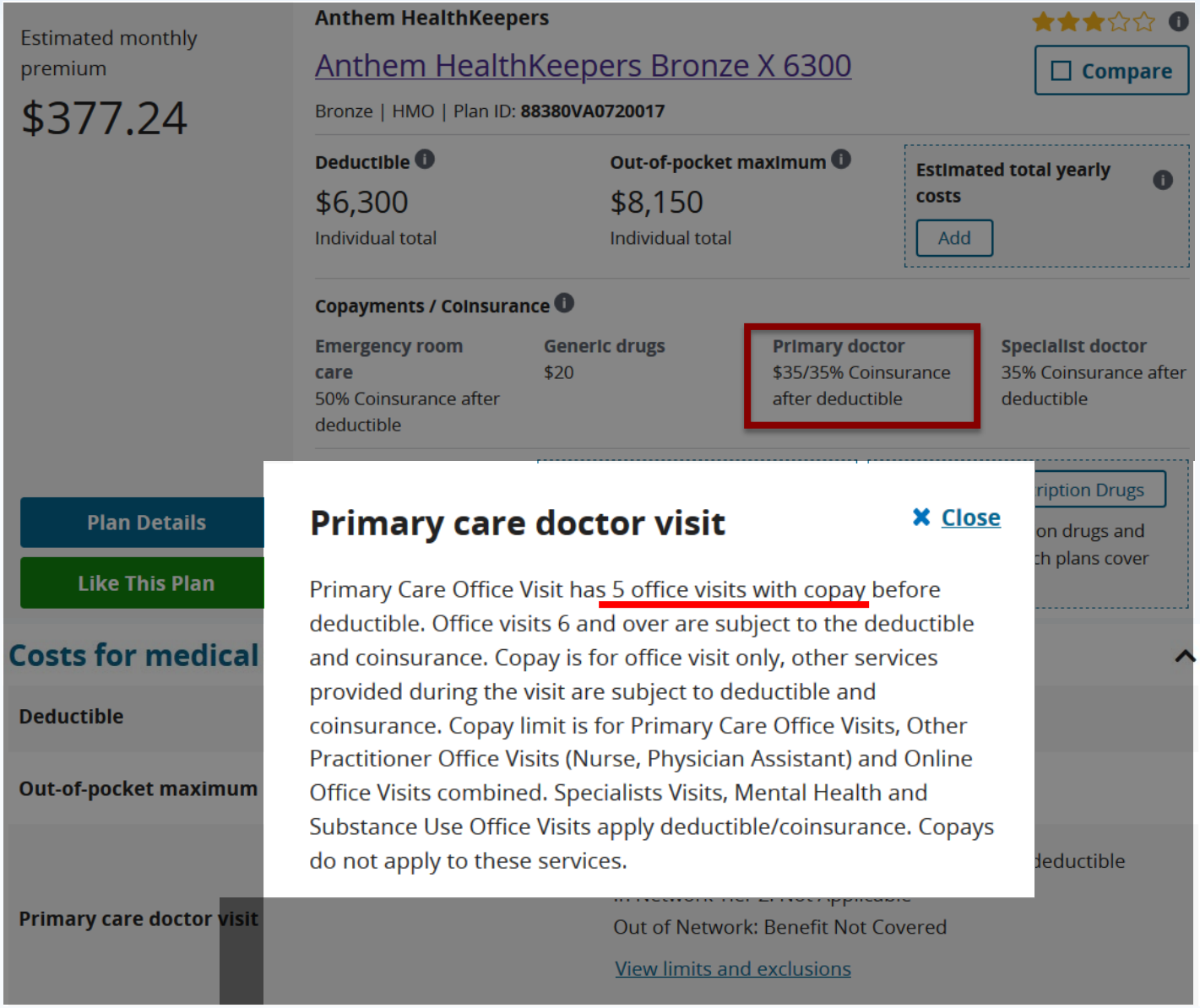
***Source**: Summary of Benefits and Coverage for Cigna US-VA Connect 6750 in Fairfax County, VA (2019)*

Partial Exemptions from the Deductible



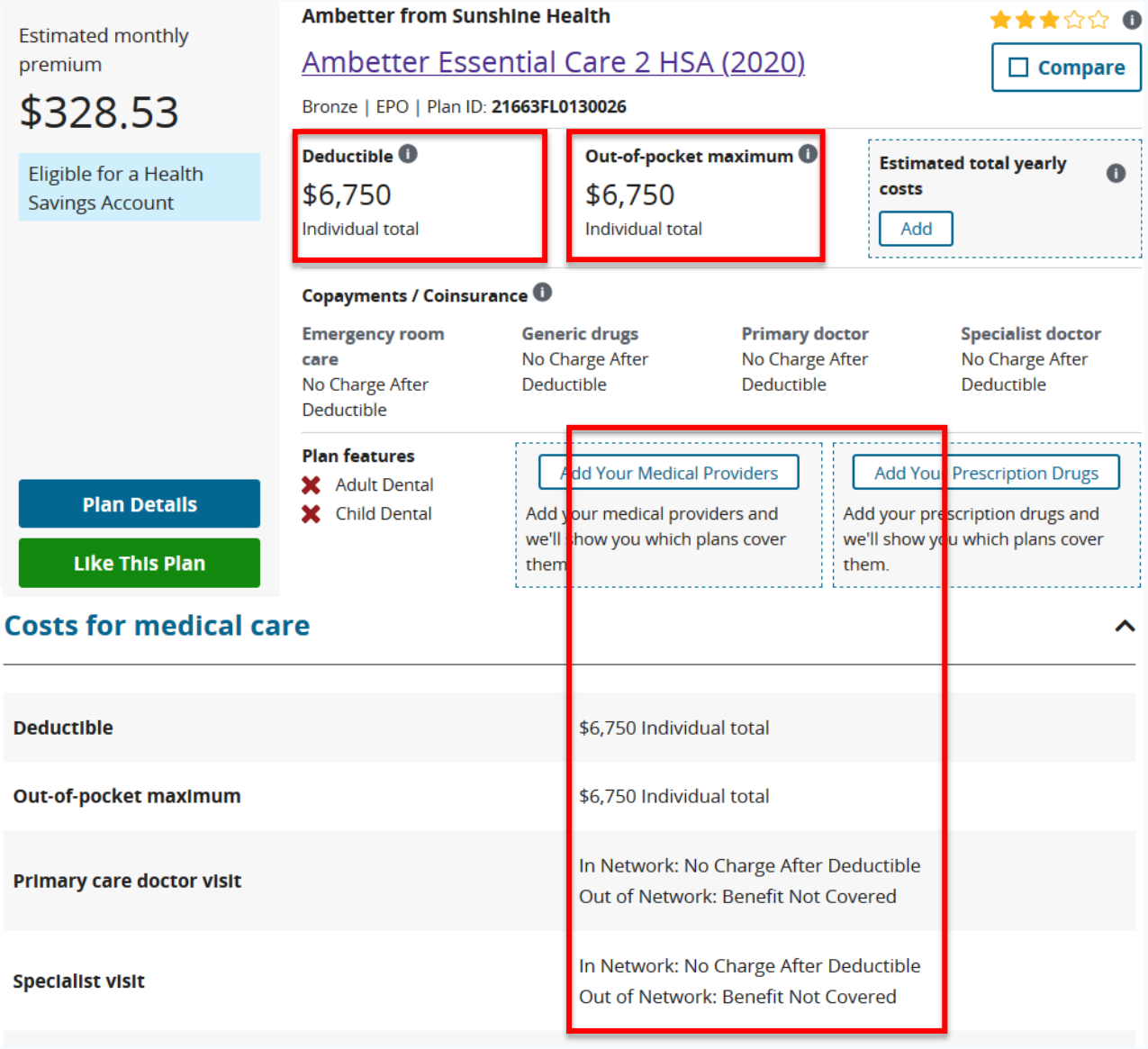
***Source**: healthcare.gov, Anthem HealthKeepers Bronze X 630 plan in Arlington County, VA (2020)*

Partial Exemptions from the Deductible



***Source**: healthcare.gov, Anthem HealthKeepers Bronze X 630 plan in Arlington County, VA (2020)*

Deductible-only Plans



***Source**: healthcare.gov, Florida Blue HMO MyBlue Bronze 1602 in Miami, FL (2017)*

Additional Prescription Drug Tiers

Geisinger Health Plan: HMO Plan 20/40/3000 — **Coverage Period: 01/01/2017-12/31/2017**

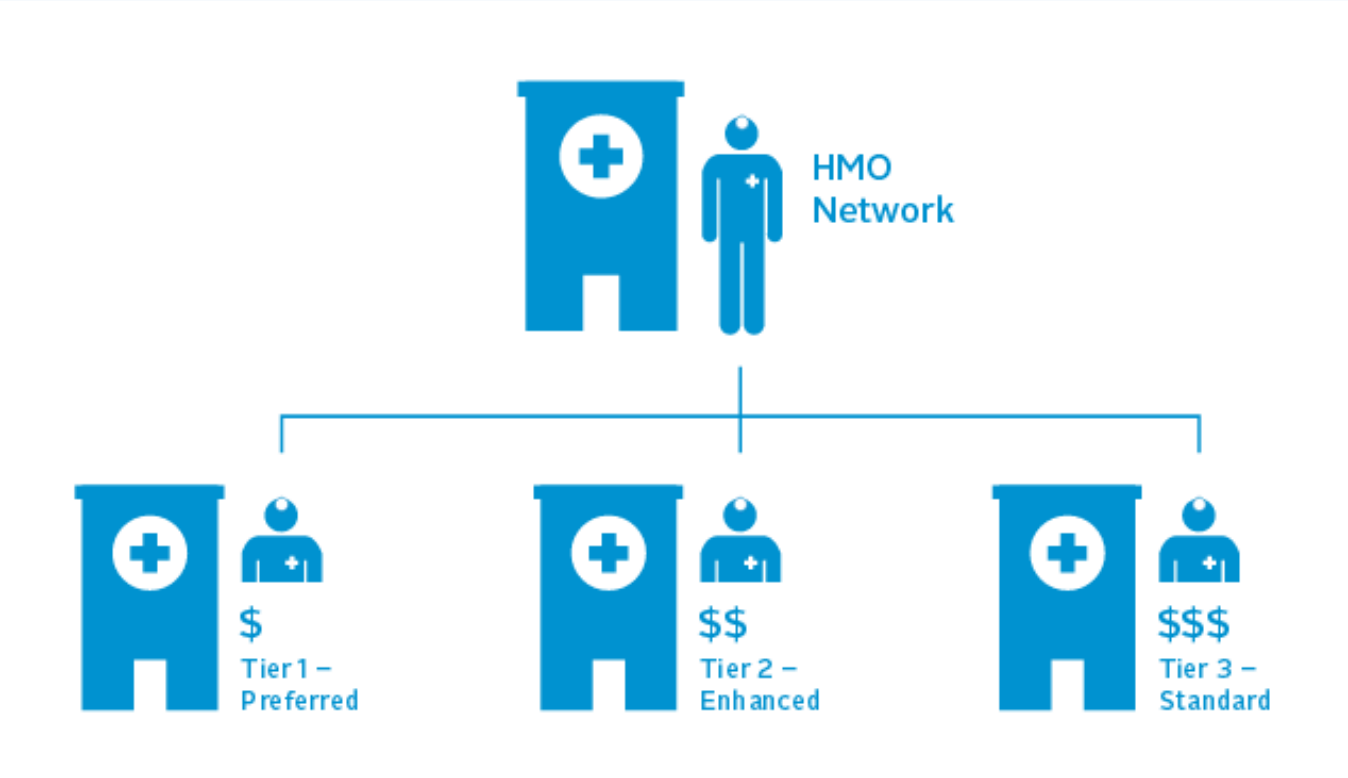
Summary of Benefits and Coverage: What this Plan Covers & What it Costs — **Coverage for: Individual + Family| Plan Type: HMO**

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.thehealthplan.com or by calling 1-866-379-4489.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$20 copay/visit	Not covered	None
	Specialist visit	$40 copay/visit	Not covered	None
	Other practitioner office visit	$20 copay/visit	Not covered	Chiropractor, In-network only: 20 visits/member/benefit period
	Preventive care/screening/immunization	No charge	Not covered	Adults (22+): Limited to 1 routine exam per year, PCP copay applies thereafter
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Precert / prior auth required.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.thehealthplan.com	1 Generic (preferred) drugs	$3	Not covered	Covers up to a 34-day supply. Mail order 2x copayment.
	2 Generic (non-preferred) drugs	$15	Not covered	
	3 Brand (preferred) drugs	$35	Not covered	
	4 Brand (non-preferred) drugs	$55	Not covered	
	5 Specialty (preferred)	40% up to $150	Not covered	No mail order option
	$0 Tier	No Charge	Not covered	MediBenNC vaccines (flu and zostavax)

***Source**: Summary of Benefits and Coverage, Geisinger Health Plan HMO Plan 20/40/3000 in Cambria County, PA (2017)*

Tiered Provider Networks



***Source**: Plan Brochure for Independence Blue Cross HMO Silver Proactive Plan in Philadelphia County, PA*

Tiered Provider Networks

Independence **HMO Silver Proactive**

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: Beginning on or after 01/01/2017

Coverage for: FAMILY| **PlanType:** HMO

Common Medical Event	Services You May Need	Your Cost If You Use			Limitations & Exceptions
		Tier 1 - Preferred	Tier 2 - Enhanced	Tier 3 - Standard	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$30 Copayment (copay)	$40 copay, no Deductible (ded)	$50 copay, no ded	----------none----------
	Specialist visit	$60 copay	$80 copay, no ded	$100 copay, no ded	PCP referral required.
	Other practitioner office visit	$50 copay	$50 copay, no ded	$50 copay, no ded	PCP referral required for spinal manipulation. Visit limits may apply. See benefit booklet.
	Preventive care / screening / immunization	No Charge	No Charge no ded	No Charge no ded	Age and frequency schedules may apply. For colorectal cancer screening, your cost share may vary depending on where you receive service.
If you have a test	Diagnostic test (x-ray, blood work)	$60 copay(X-Ray)/ No Charge(Blood Work)	$60 copay, no ded(X-Ray)/ No Charge no ded(Blood Work)	$60 copay, no ded(X-Ray)/ No Charge no ded(Blood Work)	PCP referral required for x-rays. Requisition form required for lab work.
	Imaging (CT/PET scans, MRIs)	$250 copay	$250 copay, no ded	$250 copay, no ded	Precertification required for certain services. See benefit booklet.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$250 copay	Subject to ded and $750 copay	Subject to ded and $1,250 copay	Precertification may be required. See benefit booklet.
	Physician/surgeon fees	No Charge	5%, after ded	10%, after ded	Precertification may be required. See benefit booklet.
If you need immediate medical attention	Emergency room services	$550 copay	$550 copay, no ded	$550 copay, no ded	----------none----------
	Emergency medical transportation	$200 copay	$200 copay, no ded	$200 copay, no ded	----------none----------
	Urgent care	$100 copay	$100 copay, no ded	$100 copay, no ded	Your costs for urgent care are based on care received at a designated urgent care center or facility.

***Source**: Summary of Benefits and Coverage for Independence Blue Cross HMO Silver Proactive Plan in Philadelphia, PA (2017)*

Inaccurate Provider Directories

Improving the Accuracy of Health Plan Provider Directories

June 7, 2019 | **Michael S. Adelberg, Austin B. Frakt, Daniel E. Polsky, and Michelle Kitchman Strollo**

25% to 48%

The range of inaccuracy in phone numbers listed in Medicare Advantage plan provider directories

The Issue

The information in health plans' provider directories is often inaccurate. A 2018 report from the Centers for Medicare and Medicaid Services (CMS) found that 52 percent of physician listings in Medicare Advantage (MA) provider directories contained at least one inaccuracy. Typical errors include wrong phone numbers; incorrectly listing in-network providers as accepting new patients when they are

***Source**: Commonwealth Fund, "Improving the Accuracy of Health Plan Provider Directories" (June 7, 2019*

Impact of Loss of CSR Payments on Rates

Plans for family of three making $36,000 in Milwaukee County, WI (with $1,197.23 APTC)

Metal Level	Plan	Plan Type	Premium
Bronze	Core Care Bronze 1	HMO	$0.00
Bronze	Together Bronze	EPO	$0.00
Bronze	Core Care Bronze 2	HMO	$0.00
Bronze	Envision – Bronze 8150/100	EPO	$0.30
Bronze	Envision 6750/100	EPO	$0.33
Bronze	Together Bronze HDHP	EPO	$6.71
Bronze	Core Care Bronze 1 +Viswion	HMO	$9.40
Silver	Envision – Silver 500 CSR	EPO	$45.33
Bronze	Prestige Bronze Essential + 3 free visits		$47.12
Bronze	Prestige Bronze 20 HDHP + Dental/Vision	HMO	$89.45

Source: *healthcare.gov, plans for a family of three in Milwaukee County, WI (2020)*

Impact of Loss of CSR Payments on Rates

CareFirst Blue Cross Blue Shield Plans and Prices for 40 y/o in Arlington, VA (no ATPC)

Metal Level	Plan	Plan Type	Premium
Bronze	Cigna Connect, $7,000	EPO	$403.11
Bronze	KP VA Bronze, $5,500	HMO	$494.48
Gold	CignaConnect Gold, $1,500	EPO	$519.25
Silver	CignaConnect Silver, $6,500	EPO	$526.90
Silver	CignaConnect Silver, $4,500	EPO	$533.28
Gold	KP VA Gold, $1,500	HMO	$583.64
Silver	KP VA Silver, $3,200	HMO	$591.80

Source: *healthcare.gov, plans for a 40 year old male in Arlington County, VA (2020)*

Federal Navigator Funding Remains Low

Health Affairs

TOPICS JOURNAL BLOG

CMS To Maintain Navigator Funding At $10 Million For 2020, 2021

Katie Keith

MAY 29, 2019 10.1377/hblog20190529.659554

TOOLS SHARE

On May 23, 2019, the Centers for Medicare and Medicaid Services (CMS) released a new funding opportunity announcement for the navigator program for 2020 and 2021, as well as a series of frequently asked questions and an overview of the application process. CMS intends to fund the navigator program in the 34 states with a federally facilitated marketplace at $10 million per year, for a total of $20 million.

The amount of funding for navigators is unchanged from last year's significant cuts. The $10 million in annual funding is down from a high of $63 million for the 2017 plan year. Since the Trump administration took office, the navigator program has been cut by about 84 percent.

These funding cuts have had an impact. For 2019, the number of navigator organizations dropped by about half—from more than 80 organizations for 2018 to only 39 grantees for 2019. Three states (Iowa, Montana, and New Hampshire) had no navigators at all, and entire areas of

***Source**: Keith, Katie. "CMS to Maintain Navigator Funding at $10 Million For 2020, 2021" Health Affairs, May 29, 2019*
https://www.healthaffairs.org/do/10.1377/hblog20190529.659554/full/

ACA Plans and COVID Pandemic

Health Affairs

TOPICS JOURNAL BLOG

New Guidance To Implement COVID-19 Coverage Requirements And More

Katie Keith

APRIL 13, 2020

10.1377/hblog20200413.78972

What's In The Families First Act And The CARES Act?

Section 6001 of the Families First Act, as amended by the CARES Act, requires comprehensive private health insurance plans to cover testing needed to detect or diagnose COVID-19, and the administration of that testing, without cost-sharing or medical management requirements. Coverage also extends to any services or items provided during a medical visit that results in COVID-19 testing or screening. These requirements apply to group health plans (plans offered by employers) and insurers that offer individual and group health insurance coverage, including grandfathered health plans. As discussed more below, this coverage requirement is temporary.

Source: *Keith, Katie. "New Guidance To Implement COVID-19 Coverage Requirements And More" Health Affairs, April 13, 2020*

Section 3:
Strategies to Help Consumers

Preparing for Open Enrollment

1. Tracking changes in the lowest-cost Silver plans

Order	2017		2018		2019		2020	
	Plan	Price	Plan	Price	Plan	Price	Plan	Price
1	Innovation Health Leap Silver Basic	$259	Kaiser Permanente Silver 6000/35/ Dental	$392	Cigna Connect 6500	$445	Cigna Connect 6500	$461
2	Innovation Health Leap Silver Diabetes	$271	Cigna Connect 6500	$401	Cigna Connect 4500	$457	Cigna Connect 4500	$467
3	Cigna Connect 4500	$274	Kaiser Permanente Silver 2750/20%/ HSA/Dental	$421	Kaiser Permanente Silver 6000/35/ Dental	$559	Kaiser Permanente Silver 3200/20%/ HSA/Dental	$518
4	UnitedHealthcare Compass Silver 5200	$279	Kaiser Permanente Silver 3000/30/ Dental	$427	Kaiser Permanente Silver 3200/20%/ HSA/Dental	$591	Kaiser Permanente Silver 6000/40/ Dental	$521
5	Innovation Health Leap Silver Plus	$281	Kaiser Permanente Silver 2000/30/ Dental	$437	Kaiser Permanente Silver 2500/30/ Dental	$629	Kaiser Permanente Silver 2500/35/ Dental	$554
6	UnitedHealthcare Compass HSA Silver 2800	$282	Cigna Connect 4500	$441	CareFirst BlueChoice HMO HSA $3,000	$702	CareFirst BlueChoice HMO HSA $3,000	$588
7	Innovation Health Leap Silver Healthy Minds	$287	Kaiser Permanente Standard Silver 3500/30/Dental	$452	CareFirst BluePreferred PPO HSA $3,000	$1,060	CareFirst BluePreferred PPO HSA $3,000	$1,139
8	Kaiser Permanente VA Silver 6000/30/Dental/Ped Dental	$288	CareFirst BlueChoice HMO Silver $3,500	$631				
9	Cigna Connect 2500	$288	CareFirst BluePreferred Silver $3,500	$812				
10	Kaiser Permanente VA Silver 2750/20%/HSA/Dental/Ped	$315						
	(9 other plans)							

***Source**: healthcare.gov, premiums for Silver plans for a 29-year-old in Arlington County, VA*

Preparing for Open Enrollment

2. Comparing Differences in provider networks

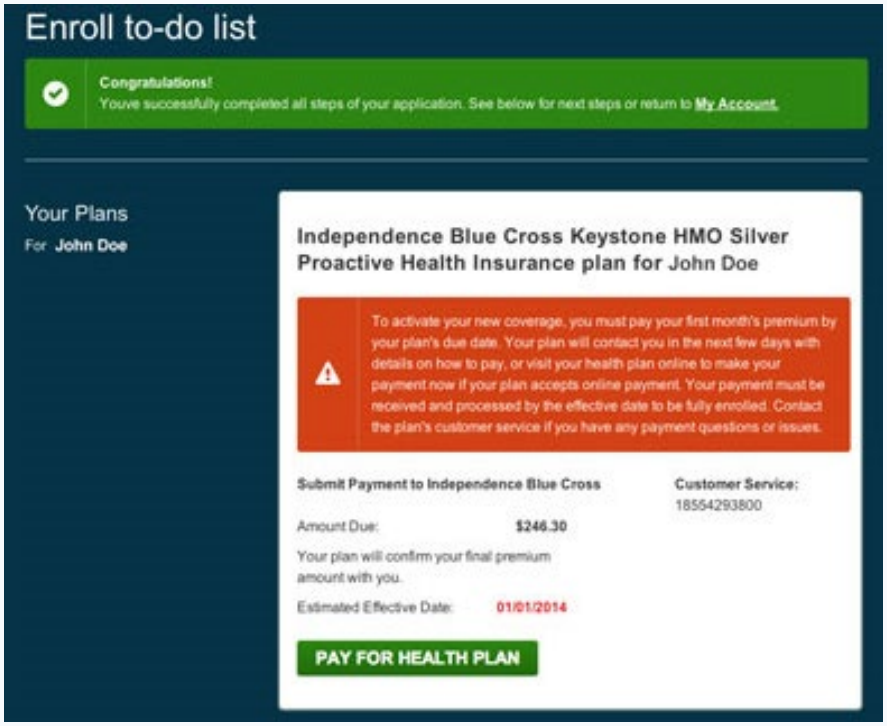
	CareFirst BCBS PPO	CareFirst BCBS HMO	Cigna	Kaiser Permanente
Primary Care Physicians	500+	500+	398	8
Cardiologists	222	222	110	0 (3 in 10 mi.)
OB/GYN	312	309	151	4
Pediatricians	177	147	200	1
Hospitals	6	6	13	0 (5 in 10 mi.)

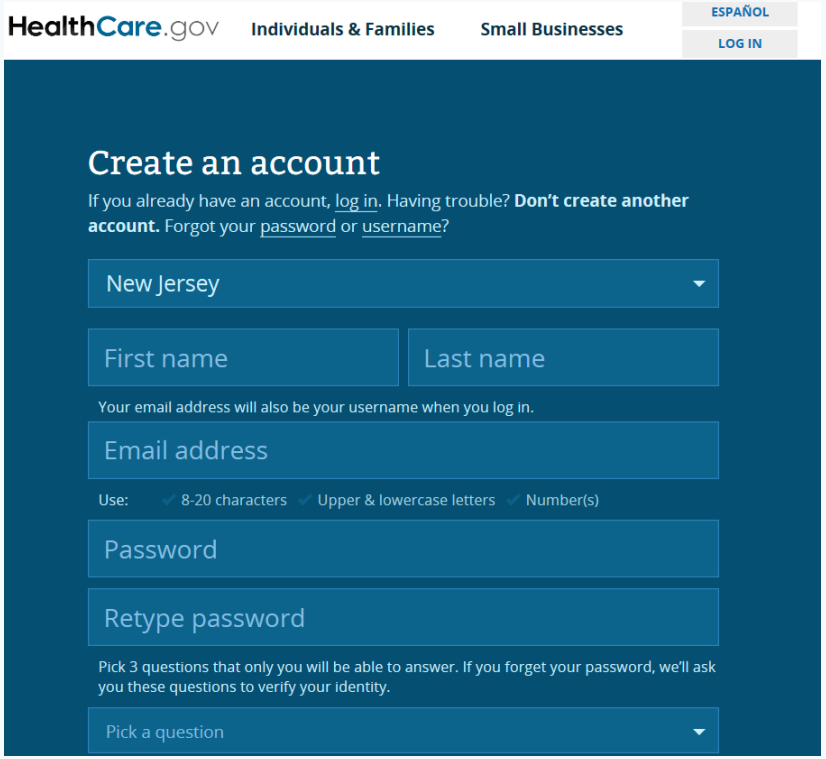
Providers in a 5 mile radius of 22202 Zip Code (Arlington, VA)

***Source**: provider search sites for CareFirst Blue Cross Blue Shield, Cigna, and Kaiser Permanente in Arlington, VA (2017)*

Tailoring Search Based on Consumer Needs

1. Renewal or new applicant?

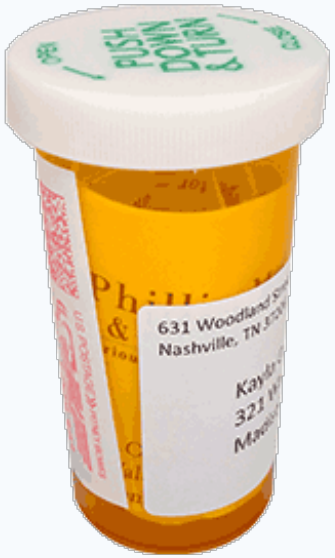


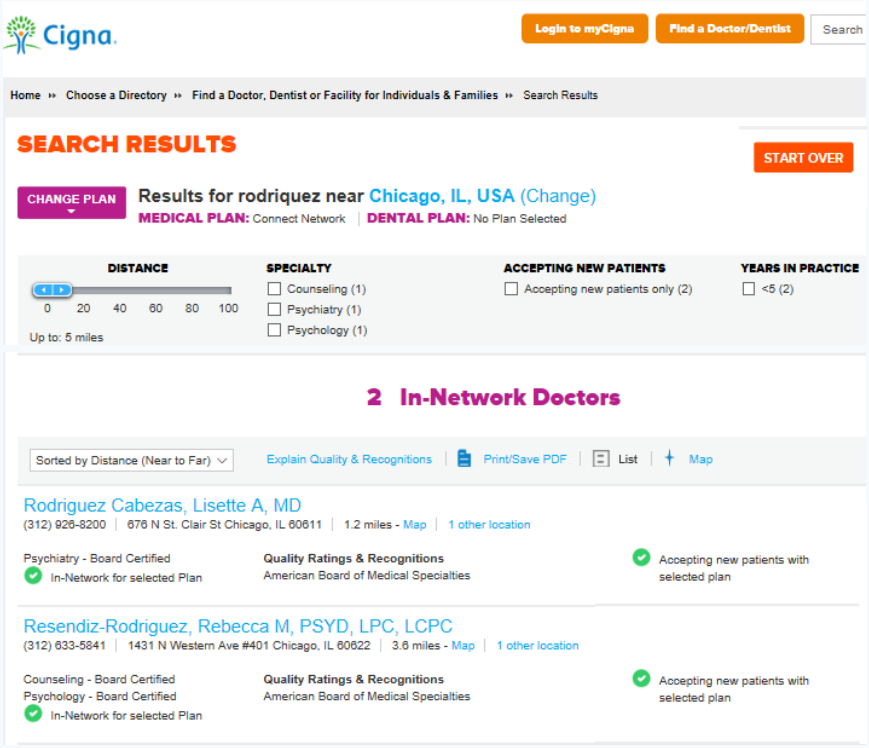


***Source**: healthcare.gov*

Tailoring Search Based on Consumer Needs

2. Any prescription drugs or current doctors?





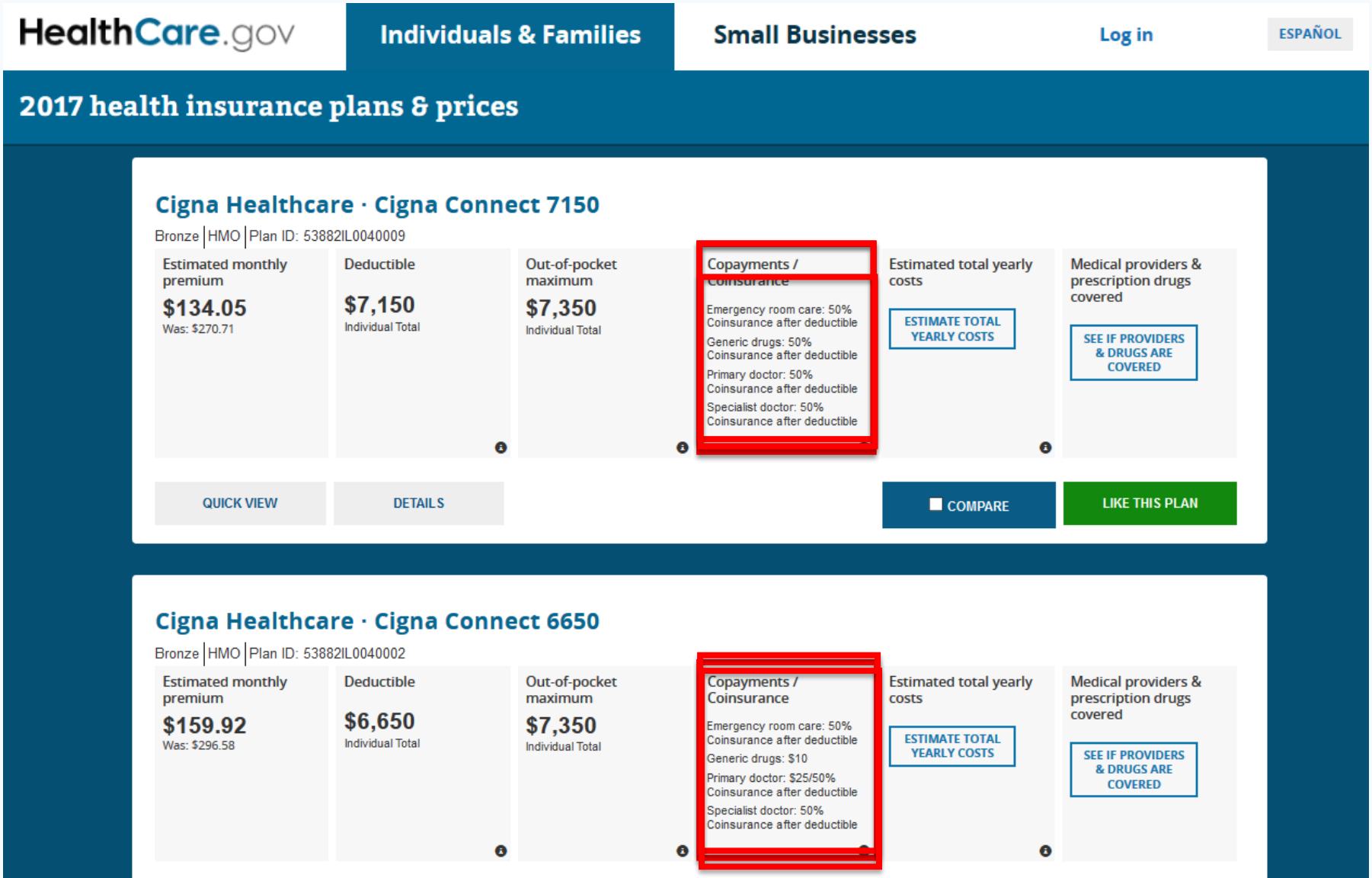
***Source**: Cigna prescription drug search and provider search websites*

Tailoring Search Based on Consumer Needs

3. Major health heeds or anticipated procedures?

Tailoring Search Based on Consumer Needs

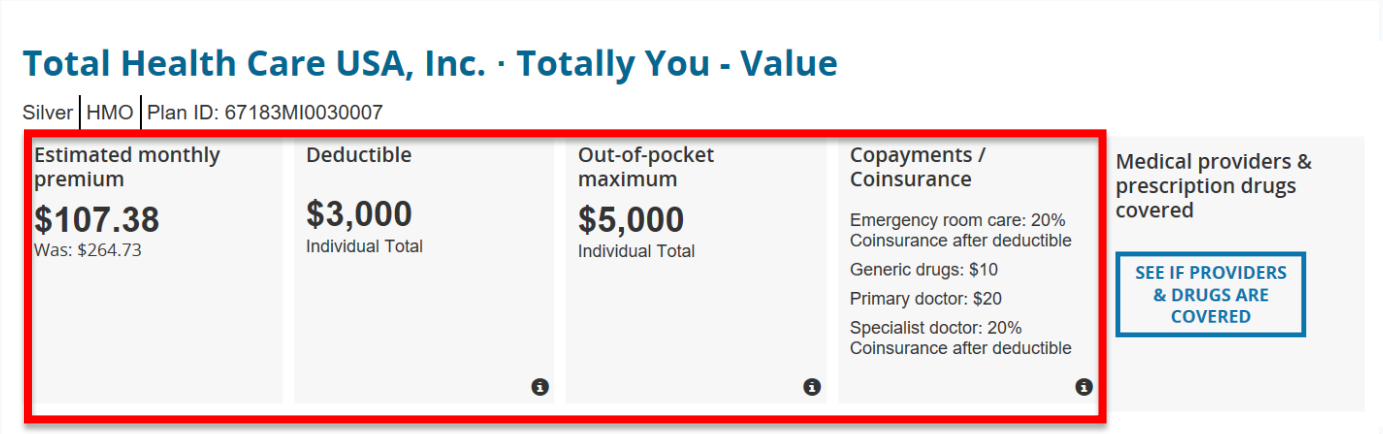
4. Finding options for First Dollar Coverage



Understanding Consumers Tradeoffs

1. Bronze vs. Silver

vs

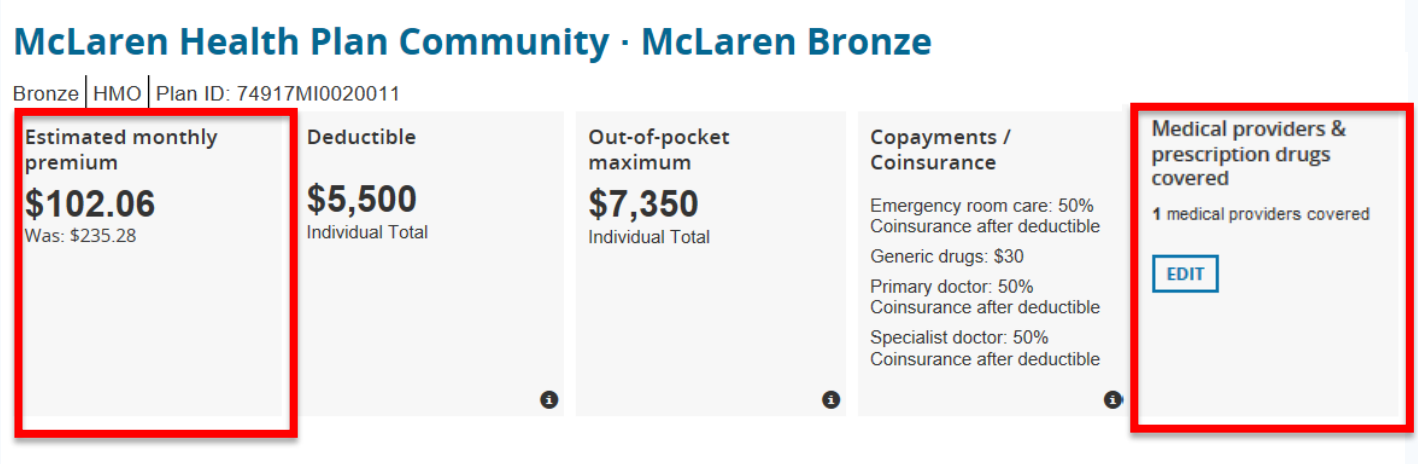


***Source**: healthcare.gov, Total Saver Complete Bronze and Totally You – Value Silver plans in Detroit, MI (2018)*

Understanding Consumers Tradeoffs

2. Paying more to preserve access to providers/Rx

vs



***Source**: healthcare.gov, HMO Louisiana Blue POS 60/40 $6500 Bronze and HMO Louisiana Blue POS Copay 70/50 $3100 Silver plans in New Orleans, LA*

***Source**: healthcare.gov, Total Saver Complete Bronze and McLaren Bronze Plans in Detroit, MI (2018)*

Understanding Consumers Tradeoffs

3. Benefits of coverage vs. going uninsured

Ambetter From Superior HealthPlan · Ambetter Essential Care 1 (2017)

Bronze | EPO | Plan ID: 29418TX0140006

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance
$184.96	$6,800 Individual Total	$6,800 Individual Total	Emergency room care: No Charge After Deductible Generic drugs: $20 Primary doctor: No Charge After Deductible Specialist doctor: No Charge After Deductible

=

Preventive Services

Does not apply to most preventive care. Copayments and coinsurance don't count toward the **deductible**.

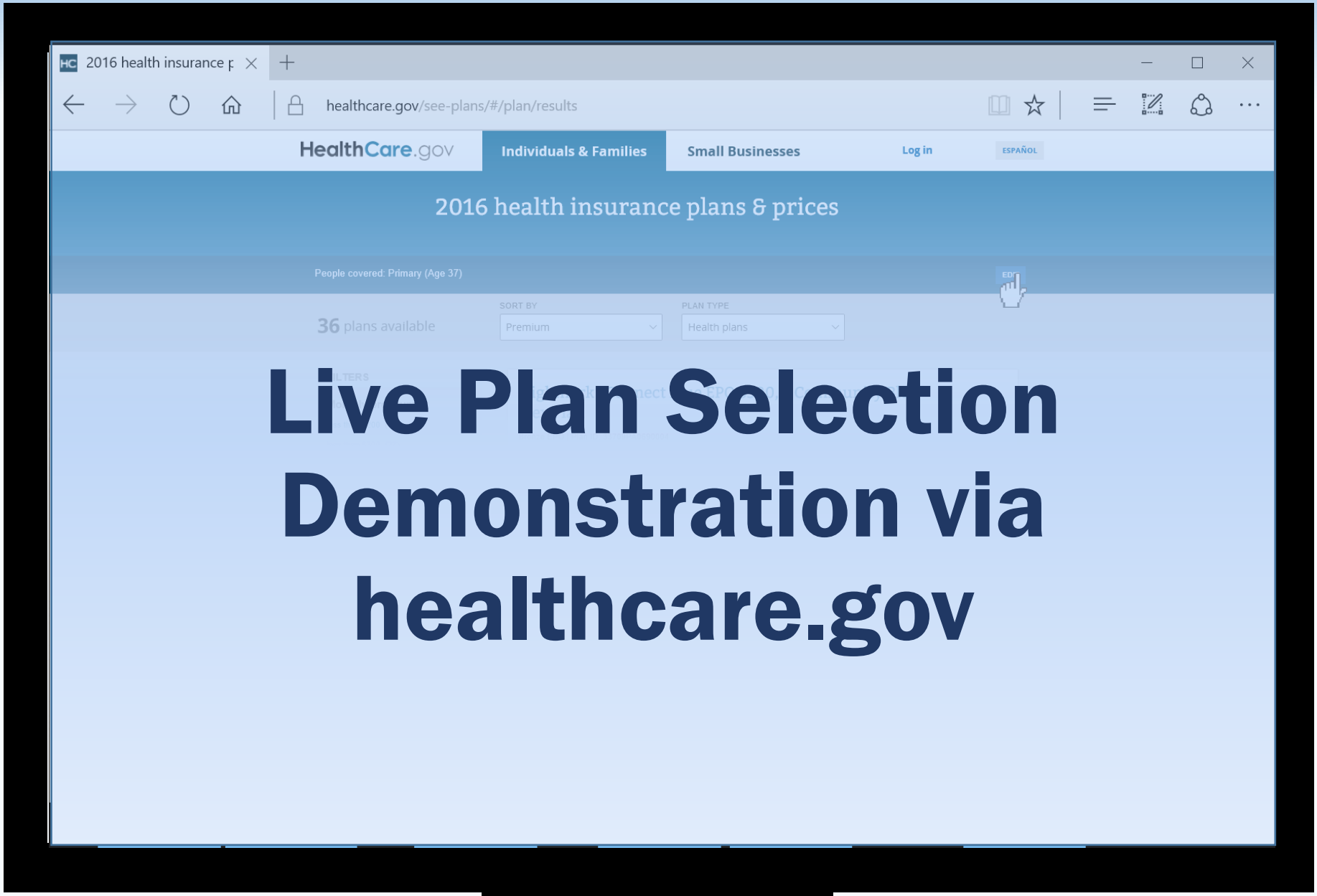
Negotiated Rates

SERVICE CODE	BB	SUBMITTED CHARGES	ALLOWED AMOUNT
Office visit	I I	$150.00	$85.00
Office visit	I I	$150.00	$85.00
Laboratory	I I	$85.00	$20.00
		$385.00	$190.00

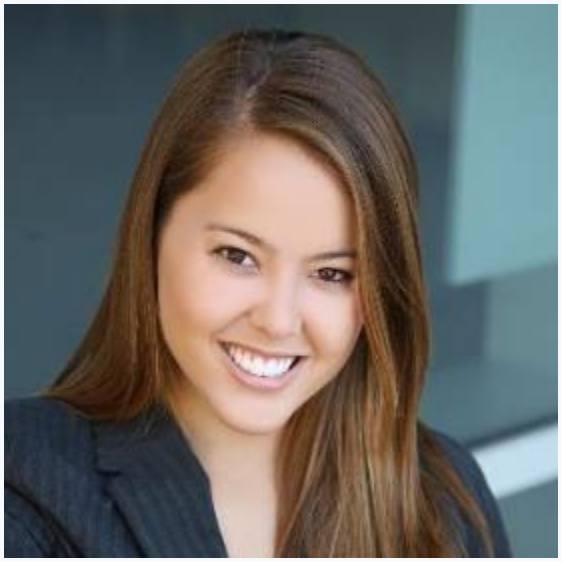
Risk for Accidents

***Source**: healthcare.gov, Ambetter Essential Care 1 in Austin, TX (2017)*

Q & A Session 1


2016 health insurance p
healthcare.gov/see-plans/#/plan/results
HealthCare.gov
Individuals & Families
Small Businesses
Log in
ESPAÑOL
2016 health insurance plans & prices
People covered: Primary (Age 37)
36 plans available
SORT BY
Premium
PLAN TYPE
Health plans
Live Plan Selection Demonstration via healthcare.gov

SCENARIO 1: Jennifer



Applicant(s) (age): Jennifer (32)

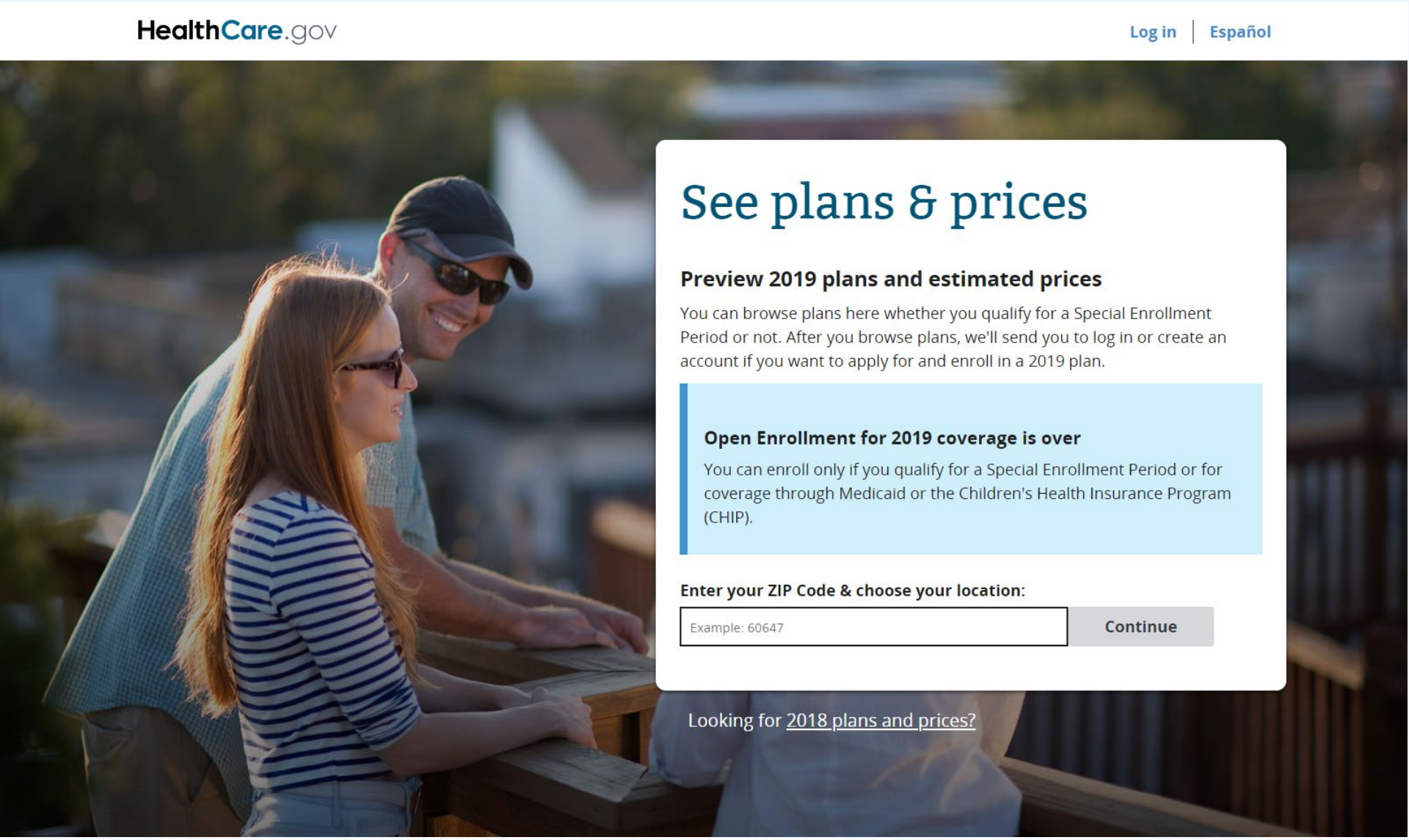
Location: Roanoke City, VA
Roanoke County

Zip Code: 24001

Annual Income: $32,000

Health Status?	Mostly healthy
Doctors/Providers?	No
Prescription Drugs?	No
Other Priorities?	Mostly concerned about cost

healthcare.gov Plan Browsing



Marketplace Plan Comparison Worksheet

Marketplace Plan Comparison Worksheet

Applicant Name:	**APTC (monthly):**		**Date:**
# of people in the plan:	**Eligible for cost-sharing reductions?** ☐ No ☐ 73% AV ☐ 87% AV ☐ 94% AV		

	Option 1 (or Current Plan)		Option 2		Option 3	
Insurance company						
Health plan name						
Metal tier (Bronze, Silver, Gold, Platinum)						
Plan type (HMO, PPO, POS, EPO, or other)						
Monthly premium (after tax credit)						
Deductible (medical/drug or combined)						
Out-of-Pocket Maximum (OOP Max)						
OUT-OF-NETWORK DEDUCTIBLE / OOP MAX						
COST-SHARING CHARGES (COPAYS / COINSURANCE)	**AMOUNT**		**AMOUNT**		**AMOUNT**	
	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE
Primary Care Provider (PCP) visit						
OUT-OF-NETWORK (IF APPLICABLE)						
Specialist visit						
OUT-OF-NETWORK (IF APPLICABLE)						
Prescription drugs — **Generic (Tier 1)**						
OUT-OF-NETWORK (IF APPLICABLE)						
Preferred brand name (Tier 2)						
OUT-OF-NETWORK (IF APPLICABLE)						
Non-preferred brand name (Tier 3)						
OUT-OF-NETWORK (IF APPLICABLE)						
Specialty (Tier 4)						
OUT-OF-NETWORK (IF APPLICABLE)						
Emergency Room (ER) visit						
OUT-OF-NETWORK (IF APPLICABLE)						
Inpatient hospital stay						
OUT-OF-NETWORK (IF APPLICABLE)						
Other service:						

http://www.healthreformbeyondthebasics.org/wp-content/uploads/2015/10/CBPP-Marketplace-Plan-Comparison-Worksheet.pdf

SCENARIO 1: Jennifer

	Plan 1	Plan 2	Plan 3
Insurance company			
Health plan name			
Metal level/Network Type			
Monthly premium *(after tax credit)*			
Deductible (in-network/out-of-network)			
OOP Maximum (in-network/out-of-network)			
Copay	**Deductible applies?**	**Deductible applies?**	**Deductible applies?**
Primary Care Provider			
Specialist Visit			
Rx Tier 1			
Rx Tier 2			
Rx Tier 3			
Rx Tier 4			
Emergency Room Visit			
Inpatient Hospital Stay			
Other Service:			
Other Service:			
Health Care Providers	**In Network/Covered?**	**In Network/Covered?**	**In Network/Covered?**
Provider/Rx:			
Provider/Rx:			
Provider/Rx:			

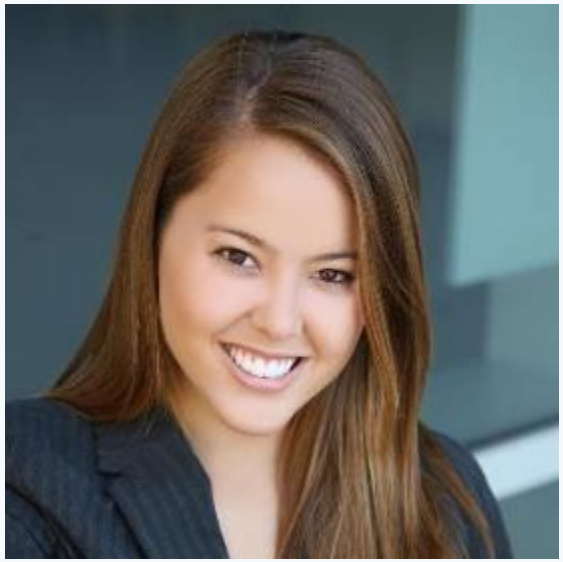
SCENARIO 1: Jennifer

	Plan 1		Plan 2		Plan 3	
Insurance company	Anthem HealthKeepers		Anthem HealthKeepers		Anthem HealthKeepers	
Health plan name	Bronze X 7500		Bronze X 6300		Silver X 2000	
Metal level/Network Type	Bronze HMO		Bronze HMO		Silver HMO	
Monthly premium *(after tax credit)*	$57.09		$80.25		$226.00	
Deductible (in-network/out-of-network)	$7,500		$6,300		$2,000	
OOP Maximum (in-network/out-of-network)	$8,150		$8,150		$8,150	
Copay	**Deductible applies?**		**Deductible applies?**		**Deductible applies?**	
Primary Care Provider	40%	✓	5 for $35, then 35%	~	$35	
Specialist Visit	40%	✓	35%	✓	30%	✓
Rx Tier 1	40%	✓	$20		$20	
Rx Tier 2	40%	✓	35%	✓	$60	
Rx Tier 3	50%	✓	50%	✓	50%	✓
Rx Tier 4	50%	✓	50%	✓	50%	✓
Emergency Room Visit	50%	✓	50%	✓	50%	✓
Inpatient Hospital Stay	T1: 40%, T2: 50%	✓	T1: 35%, T2: 50%	✓	T1: 30%, T2: 50%	✓
Other Service:						
Other Service:						
Health Care Providers	**In Network/Covered?**		**In Network/Covered?**		**In Network/Covered?**	
Provider/Rx:						
Provider/Rx:						
Provider/Rx:						

SCENARIO 1: Jennifer

Identifying Jennifer's priorities:

- Cheapest monthly payment?
- Manageable deductible/copays
- Having first dollar coverage?



SCENARIO 2: Jim and Michelle

Applicant(s) (age): Jim (52), Michelle (45)

Location: Jacksonville, FL
Duval County

Zip Code: 32214

Annual Income: $24,000

Health Status?	Jim has diabetes
Prescription Drugs?	Jim takes Metformin 500 mg
Doctors/Providers?	Michelle sees Dr. Paulami Guha (OB/GYN)
Other considerations?	Jim gets frequent lab work

SCENARIO 2: Jim and Michelle

	Plan 1	Plan 2	Plan 3
Insurance company			
Health plan name			
Metal level/Network Type			
Monthly premium *(after tax credit)*			
Deductible (in-network/out-of-network)			
OOP Maximum (in-network/out-of-network)			
Copay	**Deductible applies?**	**Deductible applies?**	**Deductible applies?**
Primary Care Provider			
Specialist Visit			
Rx Tier 1			
Rx Tier 2			
Rx Tier 3			
Rx Tier 4			
Emergency Room Visit			
Inpatient Hospital Stay			
Other Service: **Laboratory Services**			
Other Service:			
Health Care Providers	**In Network/Covered?**	**In Network/Covered?**	**In Network/Covered?**
Provider/Rx: **Dr. Guha**			
Provider/Rx: **Metformin 500 mg**			
Provider/Rx:			

SCENARIO 2: Jim and Michelle

	Plan 1		Plan 2		Plan 3	
Insurance company	Bright Health		Bright Health		Ambetter	
Health plan name	Bronze Premier		Silver 1		Balanced Care 12 (2020)	
Metal level/Network Type	Bronze EPO		Silver EPO		Silver EPO	
Monthly premium *(after tax credit)*	$0		$59.97		$91.91	
Deductible (in-network/out-of-network)	$10,000		$0		$0	
OOP Maximum (in-network/out-of-network)	$16,300		$2,000		$2,800	
Copay	**Deductible applies?**		**Deductible applies?**		**Deductible applies?**	
Primary Care Provider	$25		$5		No charge	
Specialist Visit	40%	✓	25%		$10	
Rx Tier 1	$25		$5		No charge	
Rx Tier 2	40%	✓	25%		$30	
Rx Tier 3	40%	✓	25%		50%	
Rx Tier 4	40%	✓	$125		50%	
Emergency Room Visit	40%	✓	25%		25%	
Inpatient Hospital Stay	40%	✓	25%		25%	
Other Service: **Laboratory Services**	40%	✓	25%		No charge	
Other Service:						
Health Care Providers	**In Network/Covered?**		**In Network/Covered?**		**In Network/Covered?**	
Provider/Rx: **Dr. Guha**	×		×		✓	
Provider/Rx: **Metformin 500 mg**	Yes (Tier 2)		Yes (Tier 2)		Yes (Tier 1)	
Provider/Rx:						

SCENARIO 2: Jim and Michelle

Identifying Jim and Michelle's priorities:

- Cheapest monthly payment?
- Manageable deductible/copays
- Having first dollar coverage?
- Covering Adult Dental
- Current doctor in network?
- Prescription drug(s) covered/cost?
- Best plan for health needs/condition?

SCENARIO 3: Rodriguez Family

Applicant(s) (age): Marco (43), Maria (43), Mariela (19)

Location: Milwaukee, WI
Milwaukee County

Zip Code: 53218

Annual Income: $36,000

Health Status?	Mariela has asthma
Doctors/Providers?	Mariela sees Dr. Emad Botros (Pulmonologist)
Prescription Drugs?	Mariela takes Advair (0.5 MG inhaler)
Other Health Needs/Issues?	Marco is considering procedure at Columbia St Marys Hospital - Milwaukee

SCENARIO 3: Rodriguez Family

	Plan 1		Plan 2		Plan 3	
Insurance company						
Health plan name						
Metal level/Network Type						
Monthly premium *(after tax credit)*						
Deductible (in-network/out-of-network)						
OOP Maximum (in-network/out-of-network)						
Copay	**Deductible applies?**		**Deductible applies?**		**Deductible applies?**	
Primary Care Provider						
Specialist Visit						
Rx Tier 1						
Rx Tier 2						
Rx Tier 3						
Rx Tier 4						
Emergency Room Visit						
Inpatient Hospital Stay						
Other Service:						
Other Service:						
Health Care Providers	**In Network/Covered?**		**In Network/Covered?**		**In Network/Covered?**	
Provider/Rx: **Dr. Emad Botros**						
Provider/Rx: **Columbia St Marys Hospital**						
Provider/Rx: **Advair 60 0.1mg/0.05**						

SCENARIO 3: Rodriguez Family

	Plan 1		Plan 2		Plan 3	
Insurance company	Molina Healthcare		Envision		Together with CCHP	
Health plan name	Core Care Bronze 1		Envision Silver 500 CSR		Together Silver 150	
Metal level/Network Type	Bronze HMO		Silver EPO		Silver EPO	
Monthly premium *(after tax credit)*	$0		$45.33		$186.39	
Deductible (in-network/out-of-network)	$13,600		$1,000		$1,500	
OOP Maximum (in-network/out-of-network)	$16,300		$5,400		$5,400	
Copay	**Deductible applies?**		**Deductible applies?**		**Deductible applies?**	
Primary Care Provider	$35		$15		$20	
Specialist Visit	$85	✓	$30		$40	
Rx Tier 1	$32		$10		$5	
Rx Tier 2	40%	✓	$55		20%	✓
Rx Tier 3	50%	✓	20%	✓	20%	✓
Rx Tier 4	50%	✓	30%	✓	20%	✓
Emergency Room Visit	40%	✓	20%	✓	20%	✓
Inpatient Hospital Stay	40%	✓	20%	✓	20%	✓
Other Service:						
Other Service:						
Health Care Providers	**In Network/Covered?**		**In Network/Covered?**		**In Network/Covered?**	
Provider/Rx: **Dr. Emad Botros**	×		×		✓	
Provider/Rx: **Columbia St Marys Hospital**	✓		×		✓	
Provider/Rx: **Advair 60 0.1mg/0.05**	Yes (Tier 3)		Yes (Tier 2)		Yes (Tier 1)	

SCENARIO 3: Rodriguez Family

	Plan 1		Plan 2	
Insurance company	Molina Healthcare		Envision	
Health plan name	Core Care Bronze 1		Envision Silver 500 CSR	
Metal level/Network Type	Bronze HMO		Silver EPO	
Monthly premium *(after tax credit)*	$0		$45.33	
Deductible (in-network/out-of-network)	$13,600		$1,000	
OOP Maximum (in-network/out-of-network)	$16,300		$5,400	
Copay	**Deductible applies?**		**Deductible applies?**	
Primary Care Provider	$35		$15	
Specialist Visit	$85	✓	$30	
Rx Tier 1	$32		$10	
Rx Tier 2	40%	✓	$55	
Rx Tier 3	50%	✓	20%	✓
Rx Tier 4	50%	✓	30%	✓
Emergency Room Visit	40%	✓	20%	✓
Inpatient Hospital Stay	40%	✓	20%	✓
Other Service:				
Other Service:				
Health Care Providers	**In Network/Covered?**		**In Network/Covered?**	
Provider/Rx: **Dr. Emad Botros**	×		×	
Provider/Rx: **Columbia St Marys Hospital**	✓		×	
Provider/Rx: **Advair 60 0.1mg/0.05**	Yes (Tier 3)		Yes (Tier 2)	

SCENARIO 3: Rodriguez Family

	Plan 1		Plan 2	
Insurance company	Molina Healthcare		Envision	
Health plan name	Core Care Bronze 1		Envision Silver 500 CSR	
Metal level/Network Type	Bronze HMO		Silver EPO	
Monthly premium *(after tax credit)*	$0		$45.33	
Deductible (in-network/out-of-network)	$13,600		$1,000	
OOP Maximum (in-network/out-of-network)	$16,300		$5,400	
Copay	**Deductible applies?**		**Deductible applies?**	
Primary Care Provider	$35		$15	
Specialist Visit	$85	✓	$30	
Rx Tier 1	$32		$10	
Rx Tier 2	40%	✓	$55	
Rx Tier 3	50%	✓	20%	✓
Rx Tier 4	50%	✓	30%	✓
Emergency Room Visit	40%	✓	20%	✓
Inpatient Hospital Stay	40%	✓	20%	✓
Other Service:				
Other Service:				
Health Care Providers	**In Network/Covered?**		**In Network/Covered?**	
Provider/Rx: **Dr. Emad Botros**	×		×	
Provider/Rx: **Columbia St Marys Hospital**	✓		×	
Provider/Rx: **Advair 60 0.1mg/0.05**	Yes (Tier 3)		Yes (Tier 2)	

SCENARIO 3: Rodriguez Family

	Plan 1				Plan 2	
Insurance company	Molina Healthcare				Envision	
Health plan name	Core Care Bronze 1				Envision Silver 500 CSR	
Metal level/Network Type	Bronze HMO		**Annual Cost**	**Annual Cost**	Silver EPO	
Monthly premium *(after tax credit)*	$0		$0	$544	$45.33	
Deductible (in-network/out-of-network)	$13,600				$1,000	
OOP Maximum (in-network/out-of-network)	$16,300				$5,400	
Copay	**Deductible applies?**				**Deductible applies?**	
Primary Care Provider	$35		$175	$75	$15	
Specialist Visit	$85	✓	$750	$150	$30	
Rx Tier 1	$32				$10	
Rx Tier 2	40%	✓		$165	$55	
Rx Tier 3	50%	✓	$1,050		20%	✓
Rx Tier 4	50%	✓			30%	✓
Emergency Room Visit	40%	✓			20%	✓
Inpatient Hospital Stay	40%	✓	$5,000	$1,800	20%	✓
Other Service:						
	twork/Covered?		**$6,975**	**$2,734**	**In Network/Covered?**	
	×				×	
	✓				×	
	Yes (Tier 3)				Yes (Tier 2)	

5 primary care visits ($100 each)
5 specialist visits ($150 each)
3 prescriptions ($350 each)
4-day hospital stay for surgery ($5000)

SCENARIO 3: Rodriguez Family

Identifying Jim and Michelle's priorities:

- Cheapest monthly payment?
- Manageable deductible/copays
- Having first dollar coverage?
- Current doctor in network?
- Prescription drug(s) covered/cost?
- Best plan for health needs/condition?
- Which provider(s) to prioritize?
- Lowest estimated annual OOP cost based on consumer's needs

Q & A Session 2

The Right Fit: Evaluation

https://tinyurl.com/2020RightFitEval

The Right Fit: Evaluation

Q1: On a scale of 1 to 10, how confident were you in your ability to assist consumers in selecting a plan (BEFORE the presentation?)

(1 = not confident, 10 = very confident)

https://tinyurl.com/2020RightFitEval

The Right Fit: Evaluation

Q2: On a scale of 1 to 10, how confident are you in your ability to assist consumers in selecting a plan (AFTER the presentation?)

(1 = not confident, 10 = very confident)

https://tinyurl.com/2020RightFitEval

The Right Fit: Evaluation

Q3: What plan selection topics do you think were missing and should be added to the presentation?

Q4: What topics were not useful and should be removed from the presentation?

Q5: What topics were not explained well enough and needed more time/focus?

https://tinyurl.com/2020RightFitEval

The Right Fit: Evaluation

Q6: On a scale of 1 to 10, how would you rate the CONTENT of the training?

Q7: On a scale of 1 to 10, how would you rate the presenter's DELIVERY of the training?

https://tinyurl.com/2020RightFitEval

GOOD LUCK IN OEP 8!!!

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Health Reform: Beyond the Basics
healthreformbeyondthebasics.org

https://tinyurl.com/2020RightFitEval

Upcoming CBPP Webinars

Part VII: Auto-Renewal Process

- Thursday, October 9| 2 pm ET (11 am PT)

Part VIII: Special Topics for Helping Immigrant Communities

- Thursday, October 15| 2 pm ET (11 am PT)

Part IX: Best Practices for Helping People with Disabilities

- Thursday, October 22| 2 pm ET (11 am PT)

Question? Contact us at beyondthebasics@cbpp.org

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