

2017 health insurance plans & prices

People covered: Primary (Age 38)

EDIT

ESTIMATE TOTAL YEARLY COSTS

SEE IF PROVIDERS & DRUGS ARE COVERED

36 plans available

PLAN TYPE

Health plans

SORT BY

Premium

REFINE RESULTS

Innovation Health Insurance Company · Innovation Health Leap Bronze

Bronze | PPO | Plan ID: 12028VA0120028



Estimated monthly premium

Deductible

Out-of-pocket maximum

Copayments / Coinsurance

Estimated total yearly costs

Medical providers & prescription drugs

OEP Plan Selection Strategies for Assister Programs

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for the Center on Budget and Policy Priorities

October 30, 2017

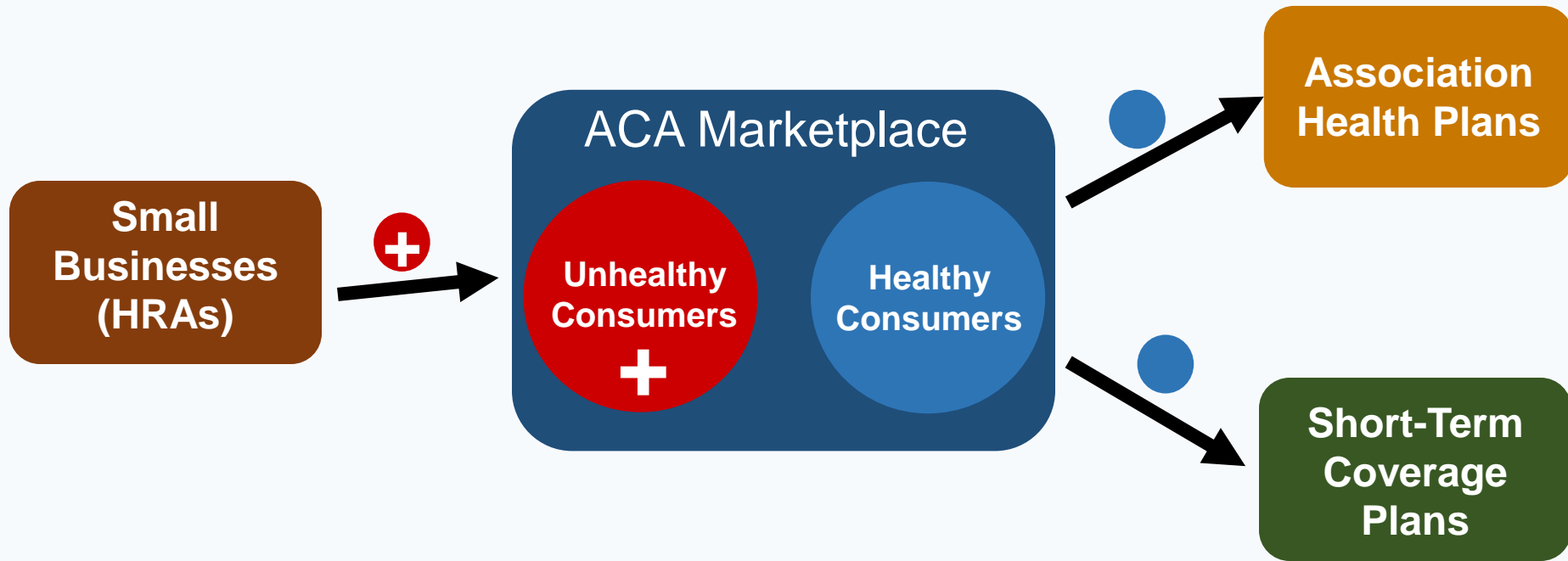
Today's Presentation

- **Section 1: Impact of Administration's Action**
- **Section 2: Performing Analysis of 2018 Plans**
- **Section 3: Plan Selection Strategies**
- **Section 4: Workflow Strategies**

Section 1

Impact of Administrative Changes to the ACA

Administration's ACA Executive Orders



Change to Premium Age Curve for Children

Age	Old Curve	New Curve	Change
0-14	0.635	0.765	20.5%
15	0.635	0.833	31.2%
16	0.635	0.859	35.3%
17	0.635	0.885	39.4%
18	0.635	0.913	43.8%
19	0.635	0.941	48.2%
20	0.635	0.970	52.8%
21	1.000	1.000	0%
Change 20 to 21	3%	57%	

Source: Madala, D., Health Insurance Marketplace Survey of the 2018 Virginia QHP Options, presentation to volunteer CACs (October 27, 2018)



Loss of CSR Payments: Impact on Premiums

	Bronze (60%)	Silver (70%)	Silver (73%)	Gold (80%)	Silver (87%)	Platinum (90%)	Silver (94%)
Eligibility Income Levels	n/a	> 250% FPL	201%-250%	n/a	151%-200%	n/a	< 150% FPL
Premium	\$	\$\$	\$\$	\$\$\$	\$\$	\$\$\$\$	\$\$
Deductible	\$6,450	\$3,800	\$3,250	\$2,250	\$900	\$500	\$500
Maximum OOP limit	\$6,450	\$6,300	\$4,750	\$3,500	\$1,500	\$1,500	\$750
Primary care visit	no charge after ded.	\$20	\$15	\$20	\$10	\$20	\$5
Specialist visit	no charge after ded.	\$40	\$30	\$40	\$25	\$40	\$15
Emergency room care	no charge after ded.	\$250	\$200	\$250	\$200	\$250	\$150
Inpatient hospitalization	no charge after ded.	20%	20%	20%	20%	20%	20%
Generic drugs	no charge after ded.	\$20	\$15	\$10	\$10	\$10	\$8
Preferred brand name	no charge after ded.	\$50	\$45	\$20	\$35	\$20	\$25
Non-preferred brand	no charge after ded.	50%	50%	35%	50%	35%	50%
Specialty Drugs	no charge after ded.	50%	50%	35%	50%	35%	50%

Source: Summary of Benefits and Coverage for Humana Louisville HMOx Silver CSR variants in Jefferson County, KY (2015)

Loss of CSR Payments: Impact on Premiums

State Insurance Department directions to carriers (spring 2017):

- Assume CSR payments would be made when setting rates;
- Assume CSR payments would not be made and absorb rate increases in:
 - Silver marketplace plans only;
 - All silver plans (inside and outside the Marketplace); or
 - All metal level plans (inside and outside the Marketplace)
- Assume CSR payments would not be made, carriers have flexibility on how to absorb rates increases; or
- No guidance

Source: Corlette, S. and Lucia, K., States Step Up to Protect Consumers in Wake of Cuts to ACA Cost-Sharing Reduction Payments, Georgetown Center for Health Insurance Reform (October 27, 2017)

<http://www.commonwealthfund.org/publications/blog/2017/oct/states-protect-consumers-in-wake-of-aca-cost-sharing-payment-cuts>

Loss of CSR Payments: Impact on Premiums

Approaches to Cost-Sharing Reduction Payments for 2018, by State

State	Did Insurers Assume CSR Payments Would Discontinue When Setting 2018 Premiums? (Unknown, Yes, No, or Approach varied among insurers)	Where Did Insurers Load the CSR Adjustment? (Unknown, Silver plans–All (on and off-marketplace), Silver plans–Marketplace qualified health plans (QHPs), [1] or Other distribution)
Alabama	Yes	Silver plans–QHPs
Alaska	Yes	Silver plans–QHPs
Arizona	Approach varied among insurers	Other distribution [2]
Arkansas	Yes	Silver plans–QHPs
California	Yes	Silver plans–QHPs [3]
Colorado	Yes	Other distribution [4]
Connecticut	Yes	Silver plans–QHPs
Delaware	Yes	Other distribution [5]
District of Columbia		[6]
Florida	Yes	Silver plans–QHPs
Georgia	Approach varied among insurers	Silver plans–All
Hawaii	Unknown	Unknown
Idaho	Yes	Silver plans–QHPs
Illinois	Yes	Silver plans–QHPs
Indiana	Yes	Other distribution [7]

Source: Corlette, S. and Lucia, K., *States Step Up to Protect Consumers in Wake of Cuts to ACA Cost-Sharing Reduction Payments*, Georgetown Center for Health Insurance Reform (October 27, 2017)

2018 Rate Changes for Virginia Plans

	Average Rate Change from 2017 to 2018	Average 2018 Per Member Per Month Rates
Anthem HealthKeepers	54.6%	\$662.71
CareFirst BlueChoice	54.5%	\$763.65
CareFirst PPO	67.4%	\$1031.14
Cigna	51.1%	\$502.00
Kaiser Permanente	34.5%	\$502.25
Optima	81.8%	\$889.78
Piedmont	53.4%	\$668.64

Source: Madala, D., Health Insurance Marketplace Survey of the 2018 Virginia QHP Options, presentation to volunteer CACs (October 27, 2018) (Virginia Bureau of Insurance, 2018 ACA Rate Filing Data available at <https://www.scc.virginia.gov/boi/co/acafilinginfo/files/acaratefile.pdf>)



2018 Silver Plan Rates in Virginia

CareFirst Blue Cross Blue Shield Plans and Prices for a 40 year old in Alexandria, VA (no ATPC)

Metal Level	Plan	Plan Type	Premium
Catastrophic	BlueChoice HMO Young Adult \$7,350	HMO	\$333.70
Gold	HealthyBlue HMO Gold \$1,000	HMO	\$652.93
Silver	BlueChoice HMO Silver \$3,500	HMO	\$720.34
Gold	HealthyBlue PPO Gold \$1,000	PPO	\$806.53
Silver	BluePreferred Silver \$3,500	PPO	\$927.58

Source: Madala, D., Health Insurance Marketplace Survey of the 2018 Virginia QHP Options, presentation to volunteer CACs (October 27, 2018) (Virginia Bureau of Insurance, 2018 ACA Rate Filing Data available at <https://www.scc.virginia.gov/boi/co/acafilinginfo/files/acaratefile.pdf>)



Rate Increases and APTC Calculation

Example:

- 32 year old single adult
- Income: \$18,090 (150% FPL)
- Expected contribution: 4% of income (724/year, \$60.33/month)

Scenario	Cost of 2 nd Lowest Cost Silver Plan	Expected Contribution	APTC
with CSR payments	\$4,000 (\$333.33/mo.)	\$724 (\$60.33/mo.)	\$3,276 (\$273.00/mo.)
Without CSR payments	\$6,000 (\$500.00/mo.)	\$724 (\$60.33/mo.)	\$5,276 (\$439.67/mo.)

Source: Madala, D., Health Insurance Marketplace Survey of the 2018 Virginia QHP Options, presentation to volunteer CACs (October 27, 2018)



2018 Silver Plan Rates in Virginia

Kaiser Permanente Plans and Prices for a 40 year old in Fredericksburg, VA (no APTC)

Metal Level	Plan	Plan Type	Premium
Catastrophic	KP VA Catastrophic 7350/0/Dental	HMO	\$294.95
Bronze	KP VA Bronze 5500/50/Dental	HMO	\$387.35
Silver	KP VA Silver 6000/35/Dental	HMO	\$447.48
Silver	KP VA Silver 2750/20%/HSA/Dental	HMO	\$480.52
Gold	KP VA Gold 1500/20/Dental	HMO	\$483.08
Silver	KP VA Silver 3000/30/Dental	HMO	\$487.76
Gold	KP VA Gold 1000/20/Dental	HMO	\$494.14
Silver	KP VA Silver 2000/30/Dental	HMO	\$499.29
Gold	KP VA Gold 0/20/Dental	HMO	\$508.49
Silver	KP VA Standard Silver 3500/30/Dental	HMO	\$516.16
Platinum	KP VA Platinum 0/5/Dental	HMO	\$578.77

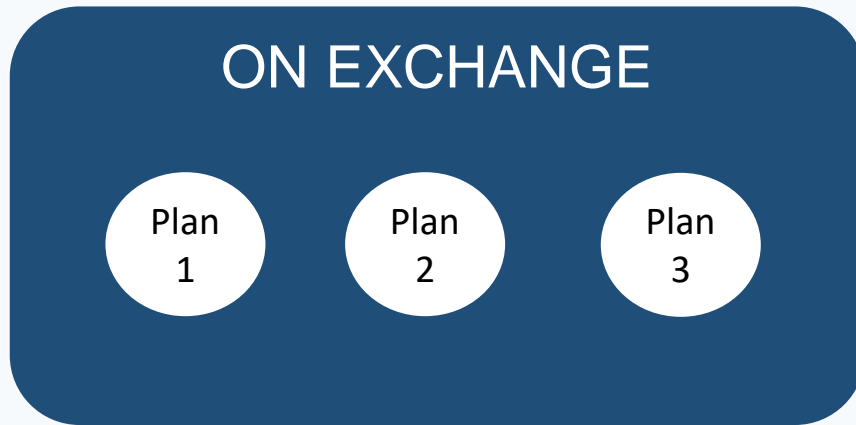
Source: Madala, D., Health Insurance Marketplace Survey of the 2018 Virginia QHP Options, presentation to volunteer CACs (October 27, 2018) (Virginia Bureau of Insurance, 2018 ACA Rate Filing Data available at <https://www.scc.virginia.gov/boi/co/acafilinginfo/files/acaratefile.pdf>)



2018 Silver Plan Rates in Virginia

	Plan 1		Plan 2		Plan 3	
Insurance company	Kaiser Permanente		Kaiser Permanente		Kaiser Permanente	
Health plan name	KP VA Silver 2750/20%/HSA		KP VA Gold 1500/20/Dental		KP VA Silver 3000/30/Dental	
Metal level/Network Type	Silver HMO		Gold HMO		Silver HMO	
Monthly premium	\$480.52		\$483.08		\$487.76	
Deductible (in-network/out-of-network)	\$2,750		\$1,500		\$487.76	
OOP Maximum (in-network/out-of-network)	\$5,000		\$6,850		\$7,350	
Copay	Deductible applies?		Deductible applies?		Deductible applies?	
Primary Care Provider	20%	✓	\$20		\$30	
Specialist Visit	20%	✓	\$40		\$50	
Rx Tier 1 (generics)	\$15	✓	\$10		\$15	
Rx Tier 2 (preferred brand name)	\$55	✓	\$30		\$55	
Rx Tier 3 (non-preferred brand name)	20%	✓	30%	✓	35%	✓
Rx Tier 4 (specialty)	20%	✓	30%	✓	35%	✓
Emergency Room Visit	20%	✓	30%	✓	35%	✓
Inpatient Hospital Stay	20%	✓	30%	✓	35%	✓
Other Service:						
Other Service:						
Health Care Providers	In Network/Covered?		In Network/Covered?		In Network/Covered?	
Provider/Rx:						
Provider/Rx:						
Provider/Rx:						

“Silver Switcharoo”



- Premiums for Plan 1, Plan 2, and Plan 3 will have rate increases from loss of federal CSR payments;
- Premiums for Plan 1 and Plan 2 must be same On and Off the Exchange;
- Premiums for Plan 4 and Plan 5 do not have to have rate increase from loss of CSR payments.

“Silver Switcharoo”

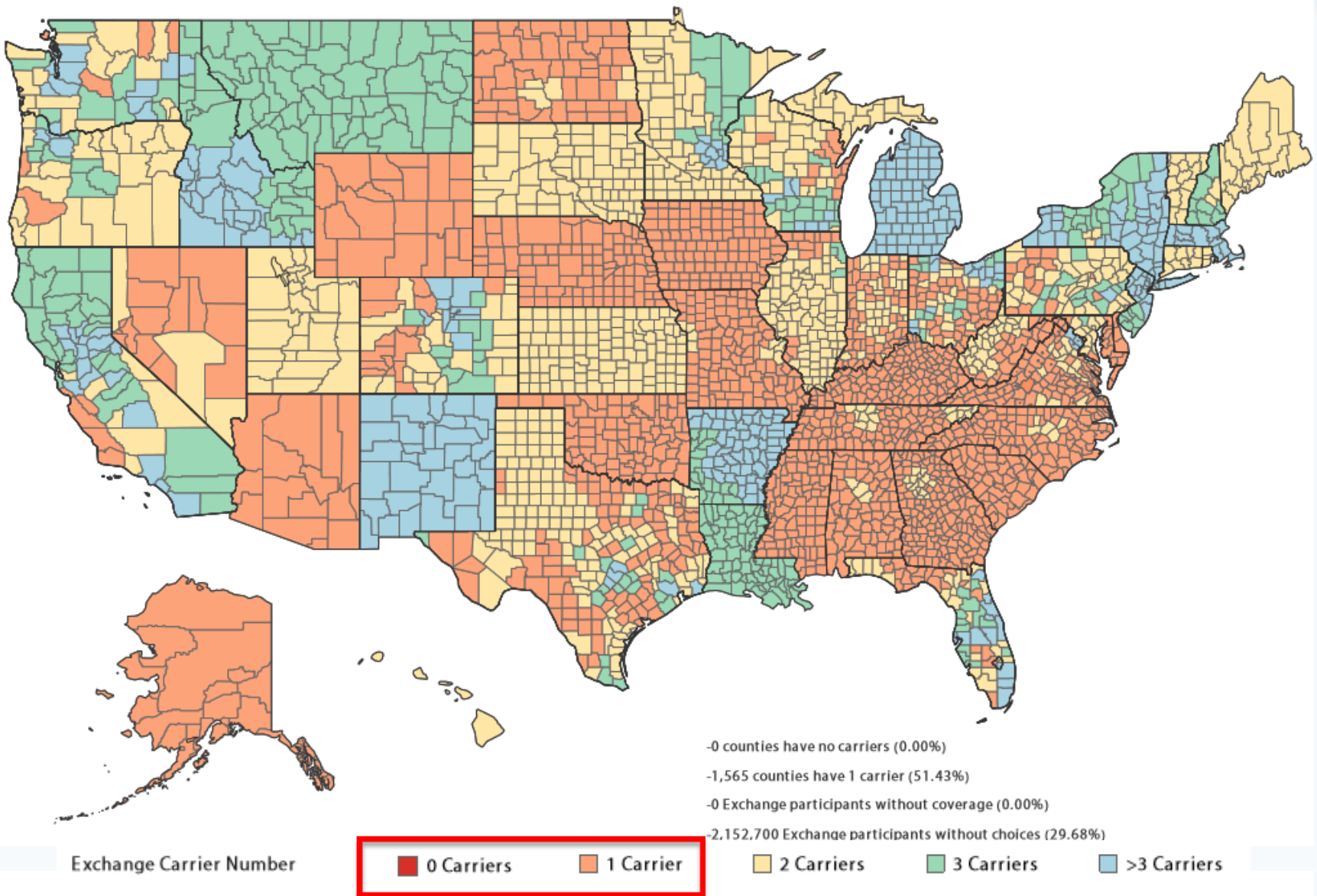
Plan 1		
Insurance company	Health Plan A	
Health plan name	Silver ON EXCHANGE	
Metal level/Network Type	Silver HMO	
Monthly premium <i>(after tax credit)</i>	\$300	
Deductible (in-network/out-of-network)	\$4,000	
OOP Maximum (in-network/out-of-network)	\$7,150	
Copay	Deductible applies?	
Primary Care Provider	\$30	
Specialist Visit	\$50	✓
Rx Tier 1 (generics)	\$20	
Rx Tier 2 (preferred brand name)	\$50	✓
Rx Tier 3 (non-preferred brand name)	20%	✓
Rx Tier 4 (specialty)	20%	✓
Emergency Room Visit	20%	✓
Inpatient Hospital Stay	20%	✓
Other Service:		
Other Service:		
Health Care Providers	In Network/Covered?	
Provider/Rx:		
Provider/Rx:		
Provider/Rx:		

Plan 2		
Health Plan A		
Silver OFF EXCHANGE		
Silver HMO		
\$255		
\$3,500		
\$7,000		
Deductible applies?		
\$30		
\$50		✓
\$20		
\$50		✓
20%		✓
20%		✓
20%		✓
20%		✓
In Network/Covered?		
15		

Section 2

Performing Analysis of 2018 Plans

Carrier Participation in the Marketplace



Source: Center for Consumer Information and Insurance Oversight (CMS, HHS)

Changes in Plan Offerings/Prices



ASPE RESEARCH BRIEF

HEALTH PLAN CHOICE AND PREMIUMS IN THE 2018 FEDERAL HEALTH INSURANCE EXCHANGE

October 30, 2017

Key Findings

Benchmark Premiums: The average monthly premium for the second-lowest cost silver plan (SLCSP), also called the benchmark plan, for a 27-year-old increased by 37% from plan year 2017 (PY17) (\$300) to PY18 (\$411).

Subsidies: The average APTC (\$555) will increase by an estimated 45% from PY17 (\$382) and by 114% from PY14 (\$259). In PY14 through PY17, more than 80% of enrollees were in plans for which APTCs were paid, while approximately 60% were in plans to which cost-sharing reductions were paid.

Lowest-Cost Plan Available: The percentage of current enrollees with access to a plan for \$200 or less decreased from 16% for PY17 to 6% to PY18. If enrollees were to stay within their current metal level, only 2% will have access to coverage with premiums of \$200 or less for PY18.

Issuer Participation: Issuer participation in the Exchange continues to decline with 132 total state issuers in PY18, down from 167 in PY17. Eight states in PY18 will have only one issuer: Alaska, Delaware, Iowa, Mississippi, Nebraska, Oklahoma, South Carolina, and Wyoming.

Issuer and Plan Options: 29% of current enrollees will have only one issuer to choose from, up from 20% in PY17. The average number of qualified health plans (QHPs) available to enrollees is 25 for PY18, down from 30 in PY17. Alaska, Arizona, Iowa, and Mississippi enrollees will have the fewest QHPs in PY18 (an average of 5 QHPs per county), while Florida will have the highest (an average of 55 QHPs per county).

Differences between PY18 and PY17:

- The percentage of enrollees with access to a plan for which they are responsible for paying less than \$75 of the premium increased by 9 percentage points from PY17 (71%) to PY18 (80%).

Carriers Participating in Your Area

2016	2017	2018
CareFirst	CareFirst	CareFirst
Innovation Health	Cigna	Cigna
Kaiser Permanente	Innovation Health	Kaiser Permanente
UnitedHealthcare	Kaiser Permanente	
	UnitedHealthcare	

Changes in Plan Offerings/Prices

Rank	2016		2017		2018	
	Plan	Price	Plan	Price	Plan	Price
1	Innovation Health Leap Silver Basic	\$237	Innovation Health Leap Silver Basic	\$259	Kaiser Permanente Silver 6000/35/ Dental	\$392
2	Kaiser Permanente VA Silver 2750/20/ HSA/Dental/ Ped dental	\$248	Innovation Health Leap Silver Diabetes	\$271	Cigna Connect 6500	\$401
3	United HealthCare, Silver Compass HSA 2000	\$253	Cigna Connect 4500	\$274	Kaiser Permanente Silver 2750/20%/ HSA/Dental	\$421
4	Innovation Health Leap Silver Plus	\$254	UnitedHealthcare Compass Silver 5200	\$279	Kaiser Permanente Silver 3000/30/ Dental	\$427
5	Kaiser Permanente VA Silver 2500/30/ Dental/Ped Dental	\$262	Innovation Health Leap Silver Plus	\$281	Kaiser Permanente Silver 2000/30/ Dental	\$437
6	United Healthcare, Silver Compass 4500-1	\$264	UnitedHealthcare Compass HSA Silver 2800	\$282	Cigna Connect 4500	\$441
7	Kaiser Permanente VA Silver 1500/30/ Dental/Ped Dental	\$276	Innovation Health Leap Silver Healthy Minds	\$287	Kaiser Permanente Standard Silver 3500/30/Dental	\$452
8	CareFirst BlueChoice HMO HSA Silver \$1,350	\$312	Kaiser Permanente VA Silver 6000/30/Dental/Ped Dental	\$288	CareFirst BlueChoice HMO Silver \$3,500	\$631
9	CareFirst BlueChoice HMO Silver \$2,000	\$345	Cigna Connect 2500	\$288	CareFirst BluePreferred Silver \$3,500	\$812
10	CareFirst BlueChoice Plus Silver \$2500	\$345	Kaiser Permanente VA Silver 2750/20%/HSA/Dental/Ped Dental	\$315		
			(9 other plans)			

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

Changes in Plan Offerings/Prices

Rank	2016		2017		2018	
	Plan	Price	Plan	Price	Plan	Price
1	Innovation Health Leap Silver Basic	\$237	Innovation Health Leap Silver Basic	\$259	Kaiser Permanente Silver 6000/35/ Dental	\$392
2	Kaiser Permanente VA Silver 2750/20/ HSA/Dental/ Ped dental	\$248	Innovation Health Leap Silver Diabetes	\$271	Cigna Connect 6500	\$401
3	United HealthCare, Silver Compass HSA 2000	\$253	Cigna Connect 4500	\$274	Kaiser Permanente Silver 2750/20%/ HSA/Dental	\$421
4	Innovation Health Leap Silver Plus	\$254	UnitedHealthcare Compass Silver 5200	\$279	Kaiser Permanente Silver 3000/30/ Dental	\$427
5	Kaiser Permanente VA Silver 2500/30/ Dental/Ped Dental	\$262	Innovation Health Leap Silver Plus	\$281	Kaiser Permanente Silver 2000/30/ Dental	\$437
6	United Healthcare, Silver Compass 4500-1	\$264	UnitedHealthcare Compass HSA Silver 2800	\$282	Cigna Connect 4500	\$441
7	Kaiser Permanente VA Silver 1500/30/ Dental/Ped Dental	\$276	Innovation Health Leap Silver Healthy Minds	\$287	Kaiser Permanente Standard Silver 3500/30/Dental	\$452
8	CareFirst BlueChoice HMO HSA Silver \$1,350	\$312	Kaiser Permanente VA Silver 6000/30/Dental/Ped Dental	\$288	CareFirst BlueChoice HMO Silver \$3,500	\$631
9	CareFirst BlueChoice HMO Silver \$2,000	\$345	Cigna Connect 2500	\$288	CareFirst BluePreferred Silver \$3,500	\$812
10	CareFirst BlueChoice Plus Silver \$2500	\$345	Kaiser Permanente VA Silver 2750/20%/HSA/Dental/Ped Dental	\$315		
			(9 other plans)			

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

Tracking Changes in Continuing Plans

	2017	
Insurance company	Cigna	
Health plan name	Cigna Connect 4500	
Metal level/Network Type	Silver	
Monthly premium	\$313.29	
Deductible	\$4,500	
OOP Maximum	\$7,150	
Copay	Deductible applies?	
Primary Care Provider	\$20	
Specialist Visit	15%	✓
X-rays and Diagnostic Imaging	15%	✓
Rx Tier 1	Preferred: \$4/Non-preferred: \$20	
Rx Tier 2	\$55	✓
Rx Tier 3	50%	✓
Rx Tier 4	30%	✓
Outpatient Facility Fee	15%	✓
Emergency Room Visit	15%	✓
Inpatient Hospital Stay	15%	✓

	2018	
Insurance company	Cigna	
Health plan name	Cigna Connect 4500	
Metal level/Network Type	Silver	
Monthly premium	\$356.07	
Deductible	\$4,500	
OOP Maximum	\$7,350	
Copay	Deductible applies?	
Primary Care Provider	\$20	
Specialist Visit	20%	✓
X-rays and Diagnostic Imaging	20%	✓
Rx Tier 1	Preferred: \$4, Non-preferred: \$20	
Rx Tier 2	\$55	✓
Rx Tier 3	50%	✓
Rx Tier 4	30%	✓
Outpatient Facility Fee	20%	✓
Emergency Room Visit	20%	✓
Inpatient Hospital Stay	20%	✓

Dental Coverage for Children/Adults

2018

Cigna Health And Life Insurance Cigna Connect 4500

Silver | EPO | Plan ID: 41921VA0020015

Estimated monthly
premium
\$364.23
Was: \$503.17

Deductible
\$4,500
Individual Total

Documents

- Summary of Benefits
- Plan brochure
- Provider directory

Dental

- ✗ Child Dental Benefit Not Included
- ✗ Adult Dental Benefit Not Included

Kaiser Permanente KP VA Gold 0/20/Dental

Gold | HMO | Plan ID: 95185VA0530001

Estimated monthly
premium
\$369.55
Was: \$508.49

Deductible
\$0
Individual Total

Documents

- Summary of Benefits
- Plan brochure
- Provider directory

Dental

- ✓ Child Dental Benefit Included
- ✓ Adult Dental Benefit Included

CareFirst BlueChoice HealthyBlue HMO Gold

Gold | HMO | National Provider Network | Plan ID: 10207VA0:

Estimated monthly
premium
\$513.99
Was: \$652.93

Deductible
\$1,000
Individual Total

Documents

- Summary of Benefits
- Provider directory

Dental

- ✓ Child Dental Benefit Included
- ✗ Adult Dental Benefit Not Included

Other Covered Services

Common Medical Event	Services You May Need	Your cost if you use a Plan Provider	Your cost if you use a Non-Plan Provider	Limitations & Exceptions
If your child needs dental or eye care	Eye exam	20% Coinsurance after deductible	Not Covered	—————none—————
	Glasses	No Charge after deductible	Not Covered	1 pair glasses/yr (single OR bifocal lenses) OR 1st purchase of contact lenses/yr OR 2 pair/eye/yr medically necessary contacts (select group of frames and contacts)
	Dental check-up	No charge (Deductible does not apply)	Not Covered	One evaluation, including teeth cleaning, topical fluoride applications, covered 2 times per yr; 2 bitewing x-rays per yr, 1 set full mouth x-rays every 3 yrs.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic Surgery • Hearing Aids 	<ul style="list-style-type: none"> • Long-Term/Custodial Nursing Home Care • Non-Emergency Care when Traveling Outside the U.S. 	<ul style="list-style-type: none"> • Routine Foot Care • Weight Loss Programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Bariatric Surgery • Chiropractic Care with limits • Infertility Treatment with limits 	<ul style="list-style-type: none"> • Private-Duty Nursing with limits • Routine Dental Services (Adult) with limits • Routine Eye Exam (Adult) 	<ul style="list-style-type: none"> • Routine Hearing Tests • Voluntary Termination of Pregnancy with limits

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

Other Covered Services

	CareFirst BCBS	Cigna	Kaiser Permanente
Acupuncture			
Bariatric surgery	✓		✓
Chiropractic care	✓	✓	✓
Cosmetic surgery			
Dental care (adult)			✓
Elective Abortions			
Infertility treatment			✓
Hearing aids			
Long-term care			
Private duty nursing	✓	✓	✓
Routine eye exam (adult)	✓		✓
Routine hearing tests (adult)			
Routine foot care			
Weigh loss programs			

Source: Summary of Benefits and Coverage for CareFirst Blue Cross Blue Shield, Cigna, Innovation Health, Kaiser Permanente, and UnitedHealthcare plans in Arlington, VA (2018)

Provider Network Size

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

	CareFirst BCBS PPO	CareFirst BCBS HMO	Cigna	Kaiser Permanente
Primary Care Physicians	500+	500+	398	8
Cardiologists	207	237	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.)

Note: radius can be 5 miles, 10 miles, or 25 miles to account for provider density differences between urban, suburban, and rural areas.

Trends in QHPs since 2016

First Dollar Coverage

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

★★★★☆
Overall Rating **3**
Details

Silver | PPO | Plan ID: 87416WI0010057

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

Primary care doctor visit	In Network: \$50 Out of Network: 50% Coinsurance after deductible	deductible does not apply
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	In Network: \$50 Copay after deductible Out of Network: \$50 Copay after deductible	
<i>Q Limits and exclusions apply</i>		
Non-preferred brand drugs	In Network: \$75 Copay after deductible Out of Network: \$75 Copay after deductible	
<i>Q Limits and exclusions apply</i>		
Specialty drugs	In Network: 20% Coinsurance after deductible Out of Network: 50% Coinsurance after deductible	
<i>Q Limits and exclusions apply</i>		

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

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
\$360.82

Deductible
\$5,200
Individual Total

Out-of-pocket maximum
\$7,150
Individual Total

Copayments / Coinsurance
Emergency room care: \$300
Copay after deductible
Generic drugs: \$10

Estimated total yearly costs

ESTIMATE TOTAL YEARLY COSTS

Medical providers & prescription drugs covered

Terms used to describe First Dollar Coverage:

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

Q Limits and exclusions apply

Non-preferred brand drugs

In Network: \$75 Copay after deductible
Out of Network: \$75 Copay after deductible

Q Limits and exclusions apply

Specialty drugs

In Network: 20% Coinsurance after deductible
Out of Network: 50% Coinsurance after deductible

Q Limits and exclusions apply

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 6000

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

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

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	\$20 copayment /visit	Not Covered	First 3 visits \$20 copayment /visit, additional visits 40% coinsurance . Virtual Telehealth visit – \$20 copayment if from a Cigna Telehealth Connection Physician. Refer to the policy for more information. Deductible does not apply to first 3 primary care visits or Telehealth visits.
	Specialist visit	40% 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 you need are preventive. Then check what your plan will pay for. Deductible does not apply.
If you have a test	Diagnostic test (x-ray, blood work)	40% coinsurance	Not Covered	None
	Imaging (CT/PET scans, MRIs)	40% 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	\$5 copayment (retail)/ \$15 copayment (home delivery)	Not Covered	Limited to up to a 90 day supply (retail/home delivery). You pay copayment for each 30 day supply. Deductible does not apply.
	Non-preferred generic drugs	\$35 copayment (retail)/ \$105 copayment (home delivery)	Not Covered	
	Preferred brand drugs	40% coinsurance (retail/home delivery)	Not Covered	Limited to up to a 90 day supply (retail/home delivery).
	Non-preferred brand drugs	50% coinsurance (retail/home delivery)	Not Covered	

Partial Exemptions from the Deductible

New Plan - Quality Ratings unavailable

[Details](#)

Cigna Health And Life Insurance Company - Cigna Connect 6000

Bronze | EPO | Plan ID: 41921VA0020012

<p>Estimated monthly premium</p> <p>\$239.66</p> <p>Was: \$378.60</p>	<p>Deductible</p> <p>\$6,000</p> <p>Individual Total</p>	<p>Out-of-pocket maximum</p> <p>\$7,350</p> <p>Individual Total</p>	<p>Copayments / Coinsurance</p> <p>Emergency room care: 40% Coinsurance after deductible</p> <p>Generic drugs: \$5</p> <p>Primary doctor: \$20/40% Coinsurance after deductible</p> <p>Specialist doctor: 40% Coinsurance after deductible</p>	<p>Estimated total yearly costs</p> <p>ESTIMATE TOTAL YEARLY COSTS</p>	<p>Medical providers & prescription drugs covered</p> <p>SEE IF PROVIDERS & DRUGS ARE COVERED</p>
---	--	---	--	--	---

Costs for medical care

Deductible	\$6,000 Individual Total
Out-of-pocket maximum	\$7,350 Individual Total
Primary care doctor visit	In Network: \$20/40% Coinsurance after deductible Out of Network: Benefit Not Covered
Limits and exclusions apply	
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 professional services	In Network: 40% Coinsurance after deductible Out of Network: Benefit Not Covered

Partial Exemptions from the Deductible

New Plan - Quality Ratings unavailable

Details

Cigna Health And Life Insurance Company - Cigna Connect 6000

Bronze | EPO | Plan ID: 41921VA0020012

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs	Medical providers & prescription drugs covered
\$239.66 Was: \$378.60	\$6,000 Individual Total	\$7,350	Emergency room care: 40%		SEE IF PROVIDERS & DRUGS ARE COVERED
Costs for medical care					
Deductible					
<p>PRIMARY CARE DOCTOR VISIT</p> <p>This health plan includes access to telehealth visits. Refer to the policy for more information. The first 3 primary care doctor visits are not subject to the deductible or coinsurance. Each of the first 3 visits is subject to a copayment of \$20 only. Starting with the 4th visit, the deductible and coinsurance will apply.</p>					
Out-of-pocket maximum					
\$7,350 Individual Total					
Primary care doctor visit					
In Network: \$20/40% Coinsurance after deductible Out of Network: Benefit Not Covered					
<i>Q Limits and exclusions apply</i>					
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 professional services					
In Network: 40% Coinsurance after deductible Out of Network: Benefit Not Covered					

CLOSE

Deductible-only Plans

Florida Blue HMO (A BlueCross BlueShield FL Company) · MyBlue Bronze 1602

Bronze | HMO | Plan ID: 30252FL0070003

Estimated monthly premium \$285.98	Deductible \$7,150 Individual Total	Out-of-pocket maximum \$7,150 Individual Total	Copayments / Coinsurance Emergency room care: No Charge After Deductible Generic drugs: No Charge After Deductible Primary doctor: No Charge After Deductible Specialist doctor: No Charge After Deductible	Estimated total yearly costs ESTIMATE TOTAL YEARLY COSTS	Medical providers & prescription drugs covered SEE IF PROVIDERS & DRUGS ARE COVERED
--	--	---	---	--	---

Costs for medical care

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
X-rays and diagnostic imaging	In Network: No Charge After Deductible Out of Network: Benefit Not Covered
Laboratory outpatient and professional services	In Network: No Charge After Deductible Out of Network: Benefit Not Covered
Outpatient facility	In Network: No Charge After Deductible Out of Network: Benefit Not Covered
Prescription drug coverage	
Generic drugs Limits and exclusions apply	In Network: No Charge After Deductible Out of Network: Benefit Not Covered

Preferred brand drugs

[Limits and exclusions apply](#)

In Network: No Charge After Deductible
Out of Network: Benefit Not Covered

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 <u>provider's</u> 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	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
More information about <u>prescription drug coverage</u> is available at www.thehealthplan.com	\$0 Tier	No Charge	Not covered	MediBenNC vaccines (flu and zostavax)

Additional Prescription Drug Tiers

Geisinger Health Plan · Geisinger Marketplace HMO 20/40/3000

Gold | HMO | Plan ID: 22444PA0010006

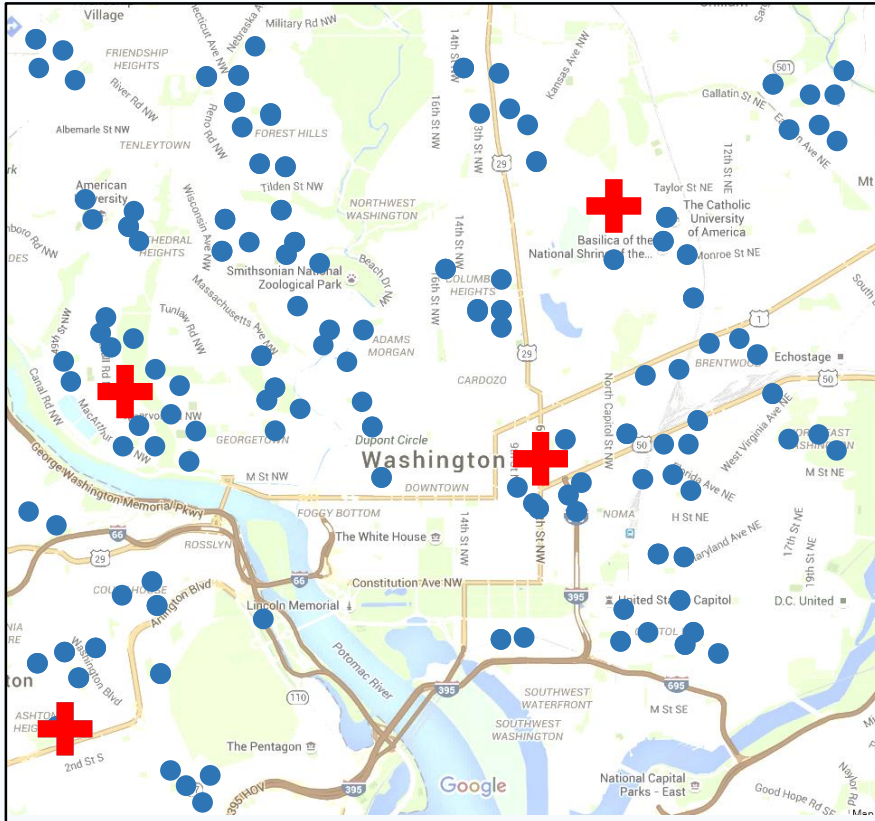
<p>Estimated monthly premium</p> <p>\$516.09</p>	<p>Deductible</p> <p>\$3,000</p> <p>Individual Total</p>	<p>Out-of-pocket maximum</p> <p>\$4,000</p> <p>Individual Total</p>	<p>Copayments / Coinsurance</p> <p>Emergency room care: \$250 Generic drugs: \$15 Primary doctor: \$20 Specialist doctor: \$40</p>	<p>Estimated total yearly costs</p> <p>ESTIMATE TOTAL YEARLY COSTS</p>	<p>Medical providers & prescription drugs covered</p> <p>SEE IF PROVIDERS & DRUGS ARE COVERED</p>
---	---	--	--	--	---

Prescription drug coverage

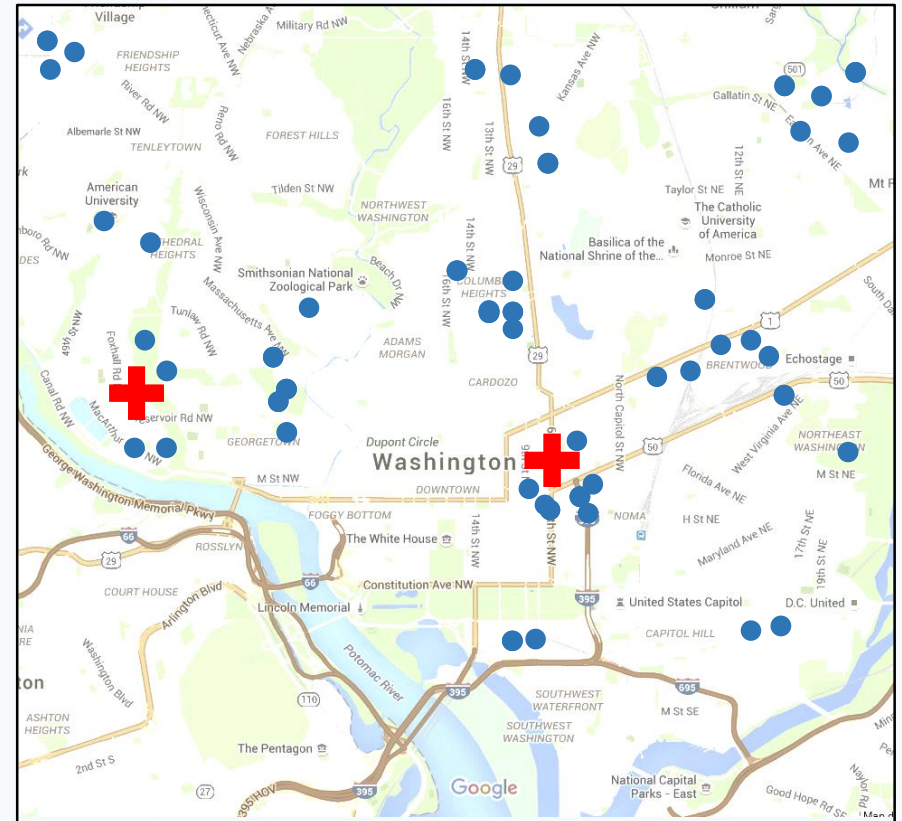
<p>Generic drugs</p> <p>Limits and exclusions apply</p>	<p>In Network: \$15 Out of Network: Benefit Not Covered</p>
<p>Preferred brand drugs</p> <p>Limits and exclusions apply</p>	<p>In Network: \$35 Out of Network: Benefit Not Covered</p>
<p>Non-preferred brand drugs</p> <p>Limits and exclusions apply</p>	<p>In Network: \$55 Out of Network: Benefit Not Covered</p>
<p>Specialty drugs</p> <p>Limits and exclusions apply</p>	<p>In Network: 40% Out of Network: Benefit Not Covered</p>
<p>List of covered drugs</p>	<p>View</p>
<p>Three month in-network mail order pharmacy benefit</p>	<p>Yes</p>
<p>Prescription drug deductible</p>	<p>\$0</p>
<p>Prescription drug out-of-pocket maximum</p>	<p>Included in plan's out-of-pocket maximum</p>

Narrow Provider Networks

Off-Exchange Provider Network



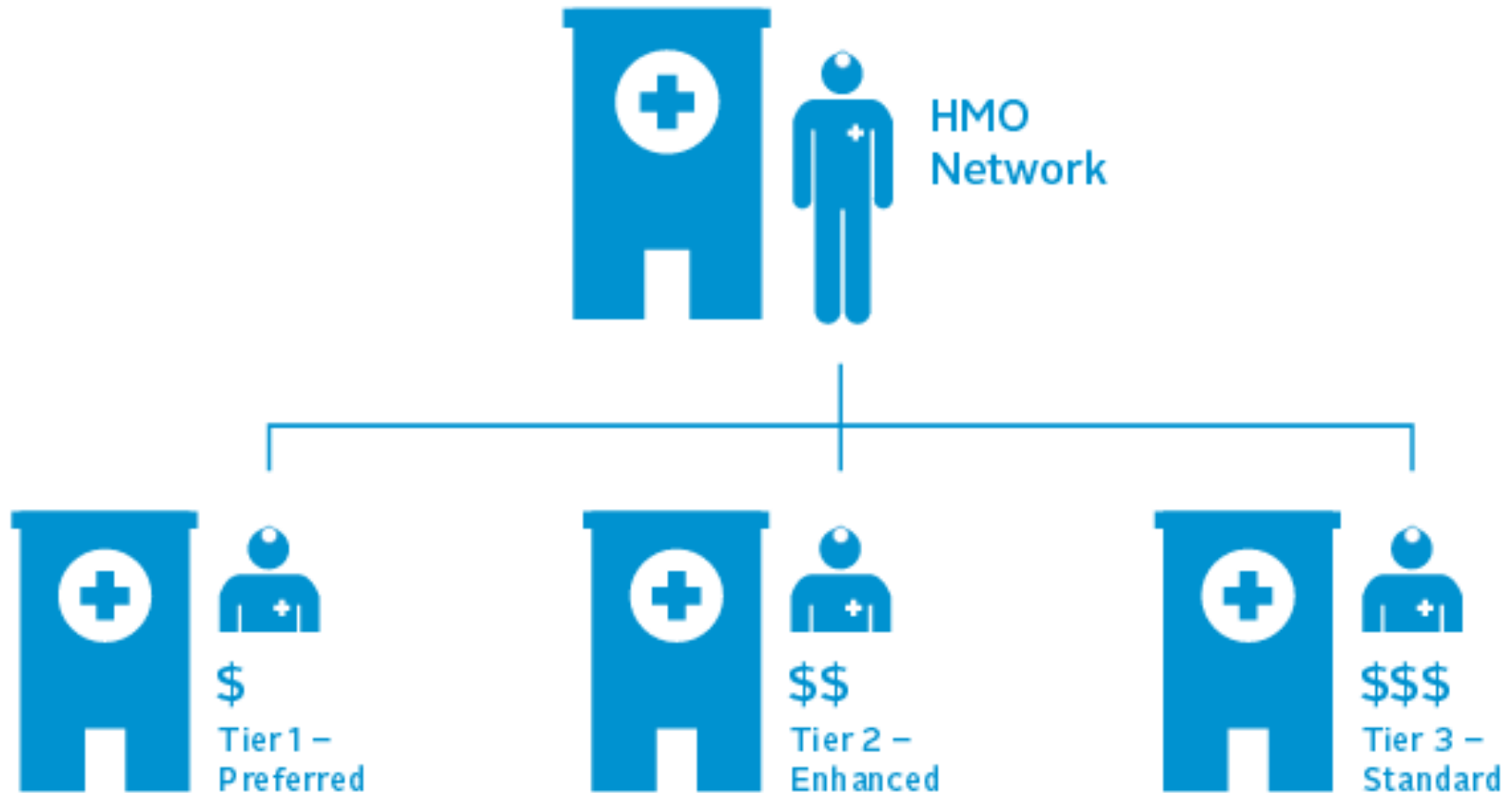
Marketplace Provider Network



● Primary Care Providers + Hospitals

Note: data is fictitious and is used in this example for illustrative purposes only

Tiered Provider Networks



Tiered Provider Networks



HMO Silver Proactive

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

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

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.

Major Changes to In-Network Providers

CITIZEN-TIMES
PART OF THE USA TODAY NETWORK

Mission-Blue Cross NC contract ends with no replacement

Mark Barrett, mbarrett@citizen-times.com

Published 6:35 p.m. ET Oct. 4, 2017 | Updated 6:49 a.m. ET Oct. 5, 2017



(Photo: John Boyle/jboyle@citizen-times.com)

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ASHEVILLE – An agreement between Western North Carolina's largest health care organization and the state's largest private insurer that affects the lives of thousands of mountain residents expired at midnight Wednesday.

Hospitals, physicians and other health care facilities that are part of Mission Health are now outside the Blue Cross Blue Shield of North Carolina network of providers.

How long that will continue is anyone's guess, but statements from both sides to the dispute this week suggest they are not on the verge of kissing and making up.

Q & A Session 1

Section 3

Plan Selection Strategies

Tailoring Search Based on Consumer Needs

1. Renewal or new applicant?

Enroll to-do list

Congratulations!
You've successfully completed all steps of your application. See below for next steps or return to [My Account](#).

Your Plans
For **John Doe**

Independence Blue Cross Keystone HMO Silver Proactive Health Insurance plan for John Doe

To activate your new coverage, you must pay your first month's premium by your plan's due date. Your plan will contact you in the next few days with details on how to pay, or visit your health plan online to make your payment now if your plan accepts online payment. Your payment must be received and processed by the effective date to be fully enrolled. Contact the plan's customer service if you have any payment questions or issues.

Submit Payment to Independence Blue Cross **Customer Service:** 18554293800

Amount Due: **\$246.30**

Your plan will confirm your final premium amount with you.

Estimated Effective Date: **01/01/2014**

PAY FOR HEALTH PLAN

HealthCare.gov Individuals & Families Small Businesses **ESPAÑOL** **LOG IN**

Create an account

If you already have an account, [log in](#). Having trouble? **Don't create another account.** Forgot your [password](#) or [username](#)?

New Jersey

First name Last name

Your email address will also be your username when you log in.

Email address

Use: ✓ 8-20 characters ✓ Upper & lowercase letters ✓ Number(s)

Password

Retype password

Pick 3 questions that only you will be able to answer. If you forget your password, we'll ask you these questions to verify your identity.

Pick a question

Tailoring Search Based on Consumer Needs

2. Any prescription drugs or current doctors?



Cigna [Login to myCigna](#) [Find a Doctor/Dentist](#)

Home » Choose a Directory » Find a Doctor, Dentist or Facility for Individuals & Families » Search Results

SEARCH RESULTS

[START OVER](#)

[CHANGE PLAN](#) Results for **rodriguez** near **Chicago, IL, USA** (Change)
MEDICAL PLAN: Connect Network | **DENTAL PLAN:** No Plan Selected

DISTANCE 0 20 40 60 80 100 Up to: 5 miles

SPECIALTY
 Counseling (1)
 Psychiatry (1)
 Psychology (1)

ACCEPTING NEW PATIENTS
 Accepting new patients only (2)

YEARS IN PRACTICE
 <5 (2)

2 In-Network Doctors

Sorted by Distance (Near to Far) | [Explain Quality & Recognitions](#) | [Print/Save PDF](#) | [List](#) | [Map](#)

Rodriguez Cabezas, Lisette A, MD
(312) 926-8200 | 676 N St. Clair St Chicago, IL 60611 | 1.2 miles - [Map](#) | 1 other location

Psychiatry - Board Certified
 In-Network for selected Plan

Quality Ratings & Recognitions
American Board of Medical Specialties

Accepting new patients with selected plan

Resendiz-Rodriguez, Rebecca M, PSYD, LPC, LCPC
(312) 633-5841 | 1431 N Western Ave #401 Chicago, IL 60622 | 3.6 miles - [Map](#) | 1 other location

Counseling - Board Certified
Psychology - Board Certified
 In-Network for selected Plan

Quality Ratings & Recognitions
American Board of Medical Specialties

Accepting new patients with selected plan

Tailoring Search Based on Consumer Needs

3. Major health needs or anticipated procedures?



Tailoring Search Based on Consumer Needs

5. Finding options for First Dollar Coverage

HealthCare.gov **Individuals & Families** Small Businesses Log in ESPAÑOL

2017 health insurance plans & prices

Physicians Health Plan - Sparrow PHP Bronze 6550 H.S.A. Exclusive

Bronze | HMO | Plan ID: 60829MI0220002

Estimated monthly premium \$132.20 Was: \$185.31	Deductible \$6,550 Individual Total	Out-of-pocket maximum \$6,550 Individual Total	Copayments / Coinsurance Emergency room care: No Charge After Deductible Generic drugs: No Charge After Deductible Primary doctor: No Charge After Deductible Specialist doctor: No Charge After Deductible	Estimated total yearly costs ESTIMATE TOTAL YEARLY COSTS	Medical providers & prescription drugs covered SEE IF PROVIDERS & DRUGS ARE COVERED
---	--	---	--	--	---

QUICK VIEW DETAILS COMPARE LIKE THIS PLAN

Physicians Health Plan - Sparrow PHP Bronze 5500 H.S.A. Exclusive

Bronze | HMO | Plan ID: 60829MI0220004

Estimated monthly premium \$156.77 Was: \$209.88	Deductible \$5,500 Individual Total	Out-of-pocket maximum \$6,500 Individual Total	Copayments / Coinsurance Emergency room care: 40% Coinsurance after deductible Generic drugs: \$40 Copay after deductible	Estimated total yearly costs ESTIMATE TOTAL YEARLY COSTS	Medical providers & prescription drugs covered SEE IF PROVIDERS & DRUGS ARE
---	--	---	--	--	---

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Tailoring Search Based on Consumer Needs

5. Finding options for First Dollar Coverage

Physicians Health Plan - Sparrow PHP Bronze 5500 H.S.A. Exclusive

Bronze | HMO | Plan ID: 60829MI0220004

<p>Estimated monthly premium</p> <p>\$156.77</p> <p>Was: \$209.88</p>	<p>Deductible</p> <p>\$5,500</p> <p>Individual Total</p>	<p>Out-of-pocket maximum</p> <p>\$6,500</p> <p>Individual Total</p>	<p>Copayments / Coinsurance</p> <p>Emergency room care: 40% Coinsurance after deductible</p> <p>Generic drugs: \$40 Copay after deductible</p> <p>Primary doctor: 40% Coinsurance after deductible</p> <p>Specialist doctor: 40% Coinsurance after deductible</p>	<p>Estimated total yearly costs</p> <p>ESTIMATE TOTAL YEARLY COSTS</p>	<p>Medical providers & prescription drugs covered</p> <p>SEE IF PROVIDERS & DRUGS ARE COVERED</p>
QUICK VIEW	DETAILS			COMPARE	LIKE THIS PLAN

McLaren Health Plan Community - McLaren Bronze

Bronze | HMO | Plan ID: 74917MI0020011

<p>Estimated monthly premium</p> <p>\$164.09</p> <p>Was: \$217.20</p>	<p>Deductible</p> <p>\$6,000</p> <p>Individual Total</p>	<p>Out-of-pocket maximum</p> <p>\$7,150</p> <p>Individual Total</p>	<p>Copayments / Coinsurance</p> <p>Emergency room care: 40% Coinsurance after deductible</p> <p>Generic drugs: \$25</p> <p>Primary doctor: \$80</p> <p>Specialist doctor: 40% Coinsurance after deductible</p>	<p>Estimated total yearly costs</p> <p>ESTIMATE TOTAL YEARLY COSTS</p>	<p>Medical providers & prescription drugs covered</p> <p>SEE IF PROVIDERS & DRUGS ARE COVERED</p>
QUICK VIEW	DETAILS			COMPARE	LIKE THIS PLAN

In-network Discount in Deductible Phase



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	Deductible	You Owe
01/01/12	11	Office visit	11	\$150.00	\$85.00	\$0.00	\$85.00	\$85.00
01/02/12	11	Office visit	11	\$150.00	\$85.00	\$0.00	\$85.00	\$85.00
01/03/12	11	Laboratory	11	\$85.00	\$20.00	\$0.00	\$20.00	\$20.00
TOTALS				\$385.00	\$190.00	\$0.00	\$190.00	\$190.00

Issues with healthcare.gov Tools

HealthCare.gov

Individuals & Families

Small Businesses

Log In

ESPAÑOL

2017 health insurance plans & prices

People covered: Primary (Age 40) with estimated tax credit (not your premium) of \$29.46 per month

EDIT

ESTIMATE TOTAL YEARLY COSTS

SEE IF PROVIDERS & DRUGS ARE COVERED

83 plans available

PLAN TYPE

Health plans

SORT BY

Premium

REFINE RESULTS

Molina Health Insurance Marketplace · Molina Marketplace Bronze Plan

Bronze | HMO | Plan ID: 40047MI0010003

Estimated monthly premium

\$162.69

Was: \$192.15

Deductible

\$6,650

Individual Total

Out-of-pocket maximum

\$7,150

Individual Total

Copayments / Coinsurance

Emergency room care: \$350
Copay after deductible
Generic drugs: \$33
Primary doctor: \$35
Specialist doctor: \$80 Copay after deductible

Estimated total yearly costs

ESTIMATE TOTAL YEARLY COSTS

Medical providers & prescription drugs covered

SEE IF PROVIDERS & DRUGS ARE COVERED

QUICK VIEW

DETAILS

COMPARE

LIKE THIS PLAN

Simple Choice

Molina Health Insurance Marketplace · Molina Marketplace Options Bronze Plan

Bronze | HMO | Plan ID: 40047MI0070002

Issues with healthcare.gov Tools

HealthCare.gov

Individuals & Families

Small Businesses

Log In

ESPAÑOL

2017 health insurance plans & prices

People covered: Primary (Age 40) with estimated tax credit (not your premium) of \$29.46 per month

[EDIT](#)

[SEE IF PROVIDERS & DRUGS ARE COVERED](#)

Molina Health Insurance Marketplace · Molina Marketplace Bronze Plan

Bronze | HMO | Plan ID: 40047MI0010003

Estimated monthly premium

\$162.69

Was: \$192.15

Deductible

\$6,650

Individual Total

Out-of-pocket maximum

\$7,150

Individual Total

Copayments / Coinsurance

Emergency room care: \$350
Copay after deductible
Generic drugs: \$33
Primary doctor: \$35
Specialist doctor: \$80 Copay after deductible

Estimated total yearly costs

\$2,530

[EDIT](#)

Medical providers & prescription drugs covered

[SEE IF PROVIDERS & DRUGS ARE COVERED](#)

[QUICK VIEW](#)

[DETAILS](#)

[COMPARE](#)

[LIKE THIS PLAN](#)

Simple Choice

Molina Health Insurance Marketplace · Molina Marketplace Options Bronze Plan

Bronze | HMO | Plan ID: 40047MI0070002

Estimated monthly premium

\$166.32

Was: \$195.78

Deductible

\$6,650

Individual Total

Out-of-pocket maximum

\$7,150

Individual Total

Copayments / Coinsurance

Emergency room care: 50%
Coinsurance after deductible
Generic drugs: \$35
Primary doctor: \$45 Copay before deductible/50%

Estimated total yearly costs

\$2,673

[EDIT](#)

Medical providers & prescription drugs covered

[SEE IF PROVIDERS & DRUGS ARE COVERED](#)

Source: healthcare.gov, plans in Detroit, MI (2017)

Issues with healthcare.gov Tools

HealthCare.gov

Individuals & Families

Small Businesses

Log In

ESPAÑOL

2017 health insurance plans & prices

People covered: Primary (Age 40) with estimated tax credit (not your premium) of \$29.46 per month

EDIT

SEE IF PROVIDERS & DRUGS ARE COVERED

Molina Health Insurance Marketplace · Molina Marketplace Bronze Plan

Bronze | HMO | Plan ID: 40047MI0010003

Estimated monthly premium

\$162.69

Was: \$192.15

Deductible

\$6,650

Individual Total

Out-of-pocket maximum

\$7,150

Individual Total

Copayments / Coinsurance

Emergency room care: \$350
Copay after deductible
Generic drugs: \$33
Primary doctor: \$35
Specialist doctor: \$80 Copay after deductible

Estimated total yearly costs

\$2,530

EDIT

Medical providers & prescription drugs covered

SEE IF PROVIDERS & DRUGS ARE COVERED

QUICK VIEW

DETAILS

COMPARE

LIKE THIS PLAN

Simple Choice

Molina Health Insurance Marketplace · Molina Marketplace Options Bronze Plan

Bronze | HMO | Plan ID: 40047MI0070002

Estimated monthly premium

\$166.32

Was: \$195.78

Deductible

\$6,650

Individual Total

Out-of-pocket maximum

\$7,150

Individual Total

Copayments / Coinsurance

Emergency room care: 50%
Coinsurance after deductible
Generic drugs: \$35
Primary doctor: \$45 Copay before deductible/50%

Estimated total yearly costs

\$2,673

EDIT

Medical providers & prescription drugs covered

SEE IF PROVIDERS & DRUGS ARE COVERED

Source: healthcare.gov, plans in Detroit, MI (2017)

Issues with healthcare.gov Tools

HealthCare.gov

Individuals & Families

Small Businesses

Log In

ESPAÑOL

2017 health insurance plans & prices

People covered: Primary (Age 40) with estimated tax credit (not your premium) of \$29.46 per month

EDIT

Molina Health Insurance Marketplace · Molina Marketplace Bronze Plan

Bronze | HMO | Plan ID: 40047MI0010003

Estimated monthly premium

\$162.69

Was: \$192.15

Deductible

\$6,650

Individual Total

Out-of-pocket maximum

\$7,150

Individual Total

Copayments / Coinsurance

Emergency room care: \$350
Copay after deductible
Generic drugs: \$33
Primary doctor: \$35
Specialist doctor: \$80 Copay after deductible

Estimated total yearly costs

\$2,530

EDIT

Medical providers & prescription drugs covered

1 prescription drugs covered

0 medical providers covered

EDIT

QUICK VIEW

DETAILS

COMPARE

LIKE THIS PLAN

Simple Choice

Molina Health Insurance Marketplace · Molina Marketplace Options Bronze Plan

Bronze | HMO | Plan ID: 40047MI0070002

Estimated monthly premium

\$166.32

Was: \$195.78

Deductible

\$6,650

Individual Total

Out-of-pocket maximum

\$7,150

Individual Total

Copayments / Coinsurance

Emergency room care: 50%
Coinsurance after deductible
Generic drugs: \$35
Primary doctor: \$45 Copay before deductible/50%

Estimated total yearly costs

\$2,673

EDIT

Medical providers & prescription drugs covered

1 prescription drugs covered

0 medical providers covered

Source: healthcare.gov, plans in Detroit, MI (2017)

Marketplace Plan Comparison Worksheet

Marketplace Plan Comparison Worksheet						
Applicant Name:		APTC (monthly):		Date:		
# of people in the plan:		Eligible for cost-sharing reductions?		<input type="checkbox"/> No	<input type="checkbox"/> 73% AV	<input type="checkbox"/> 87% AV <input type="checkbox"/> 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)						
<i>OUT-OF-NETWORK DEDUCTIBLE / OOP MAX</i>						
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						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Specialist visit						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Generic (Tier 1)						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Preferred brand name (Tier 2)						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Non-preferred brand name (Tier 3)						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Specialty (Tier 4)						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Emergency Room (ER) visit						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Inpatient hospital stay						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Other service:						

Marketplace Plan Comparison Worksheet

	Option 1 (or Current Plan)		Option 2		Option 3	
	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE
Other service:						
Other service:						
Other service:						
HEALTH CARE PROVIDERS	IN NETWORK/COVERED?		IN NETWORK/COVERED?		IN NETWORK/COVERED?	
Current doctor/provider:						
Other provider or hospital:						
Current prescription(s):						
Other prescription(s):						
OTHER CONSIDERATIONS						
Other consideration:						
Other consideration:						
Other consideration:						
Other details to note:						

Section 4

Workflow Strategies

Targeting Assistance based on Health Needs

Consumer

Marketplace Renewal?



Consistent Income/
household size?



Doctors or Rx?



Major health
conditions/needs?



Major health
conditions/needs?



Start with Window Shopping
Focus on Doc/Rx
and 1st \$ coverage
Likely Bronze and Silver

Start with Window Shopping
Focus on Doc/Rx
and cost-sharing
Likely Silver or Gold

Start with Window Shopping
Focus on price and
1st \$ coverage
Help find a PCP
Likely Bronze

Start with application
Collect information
about health needs

Targeting Assistance based on Health Needs



To prepare for the appt, ask consumer to:

- Compile list of providers
- Bring in Rx with dose/vial
- Write down any health issues/concerns

Staff engage consumers to:

- Review health needs info;
OR
- Compile list of providers
- Write down Rx with dose
- Write down any health issues/concerns
- Health care utilization in past year
- Estimate of care utilization/procedures for the coming year

Tailor plan selection based on:

- Existing providers
- Current Rx
- Health needs/conditions
- Anticipated utilization

Targeting Assistance based on Health Needs



KEEP WITH YOUR IMPORTANT RECORDS

ACA Consumer Intake and Appointment Form

Demographics + Household info

Name: _____ Address: _____ Zip code: _____

Email: _____ Preferred phone: _____

Household information

Name	DOB	Income source	Amount	Currently insured?	Other available insurance (employer/Medicaid/Medicare)?	US Citizen?
self						
Total Household Income				\$		

Current insurance: Carrier: _____ Effective Dates: _____ to _____

American Indian/ Alaskan Native? Yes No

Has anyone in the household smoked in the past 6 months? Yes No Which family members? _____

Appointment Information

Date & Time: _____ Place: _____

Navigator: _____ Phone: _____ Email: _____

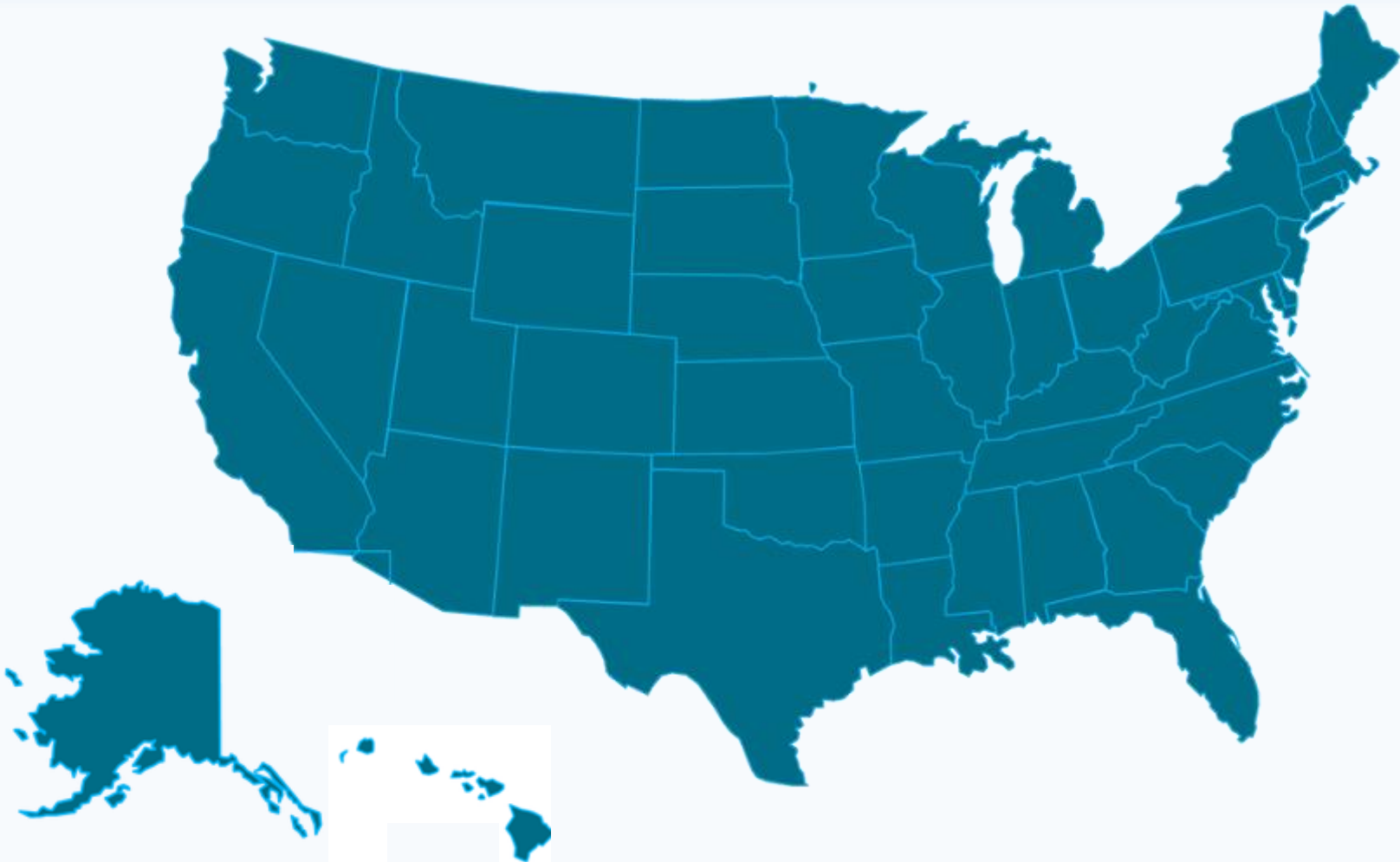
Current Provider & Medication Information

Current Physician Information			Current Medication Information	
Name	Specialty	Location	Medication & Dosage	Generic, if available

Source:
Enroll Virginia

Q & A Session 2

GOOD LUCK IN OEP 5!!!



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