Beyond the Basics

Application and Plan Comparison Tips and Tricks

July 30, 2024

Webinar Logistics

- After the webinar, we'll circulate the slides, a video recording of this presentation, and other resources. We'll also post everything to the Beyond the Basics website.
- Automated captions have been enabled for this webinar. To view them, click on the "more" option with three dots at the bottom of your screen. There you should have the option to turn on closed captioning.

- All participants are muted and in listen-only mode. If you'd like to ask a question:
  - Click on the Q&A icon at the bottom of your webinar screen and type your question into the box.
  - We will be monitoring questions and will pause for Q&A during the presentation.
  - We may not be able to answer every question asked, but we will have a record of all your questions and will use them as a guide for future resources and presentations.
  - You can also email your questions during and after the webinar to beyondthebasics@cbpp.org

Agenda

I. Pre-Appointment

II. Application

III. Plan Comparison

- Deeper dive: Standardized Plans
- Deeper dive: Summary of Benefits

IV. Post-Appointment

II. Pre-Appointment

Pre-Appointment

For more information, see the *Beyond the Basics Reference Chart:* *[Yearly Income Guidelines and Thresholds]*

Ensure Email Access:

- Ask if they have access to an email account.
- Ensure they know their password before the appointment.
- Allocate extra time if they need help creating an email account.

Employer-Sponsored Coverage:

- If applicable, bring the Employer Coverage Tool to the appointment.

Screening Call Preparation:

- Always conduct a screening call before the appointment.
- Identify potential coverage types and required documents.
- Keep the Federal Poverty Level (FPL) chart handy for reference.

Immediate SDOH/HRSN Needs:

- Listen for immediate Social Determinants of Health (SDOH) or Human Services Resource Needs (HRSN).
- Offer referrals to food banks, Community Health Centers, domestic violence agencies, etc., as needed.

Enhanced Interaction Setup:

- Consider additional computer screens so the enrollee can view the application.
    - Builds trust and engagement during the application process.
- Allows consumers to review and correct typing errors, ensuring accuracy and efficiency.
    - ("No, I make $15/hour not $150/hr")

II. Application

Sensitive Application Situations

Spousal Abandonment & Domestic Violence Survivors

- Survivors of domestic violence or spousal abandonment should report their filing status as not married on the application, even if they still are, and they should not include the abuser's income as part of the household.

Pregnant Enrollees

- Current marketplace enrollees who become pregnant do not need to report their pregnancy if they want to keep their marketplace plan. Pregnancy should only be reported on the application if they are interested in getting a Medicaid/CHIP eligibility determination based on their pregnancy.

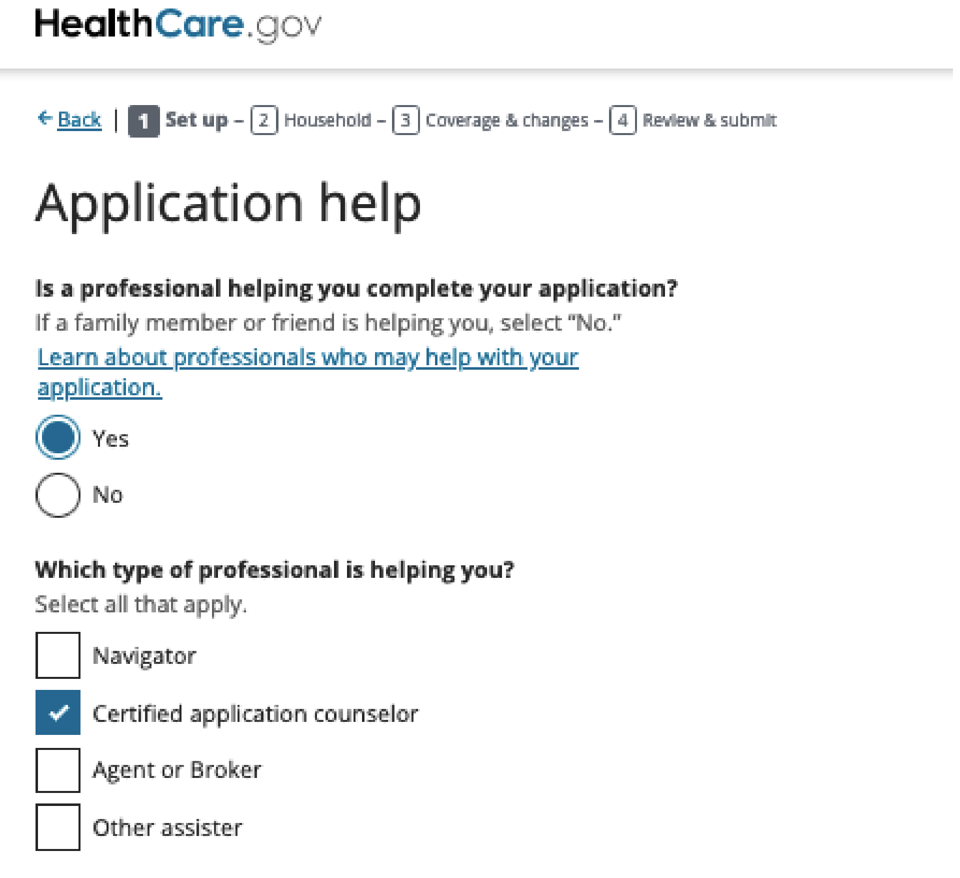
Mixed Families Clarification

- Immigrants who do not have documentation are ineligible for marketplace coverage but need to be included as part of an eligible applicant's household.
- Immigration status for household members who are not eligible (and not applying) SHOUILD NOT be included.

Gender Identity

- Address SOGI (Sexual Orientation and Gender Identity) questions sensitively but directly:
  - "The application asks everyone 3 new questions."
  - Reassure optional responses: You can say "I prefer not to answer".

Application Help—First Touch



Tell us about the certified application counselor

First name

Arianna

Middle initial

Optional

Last name

Anaya

Suffix

Optional

Select suffix

Organization name

Optional

ID number

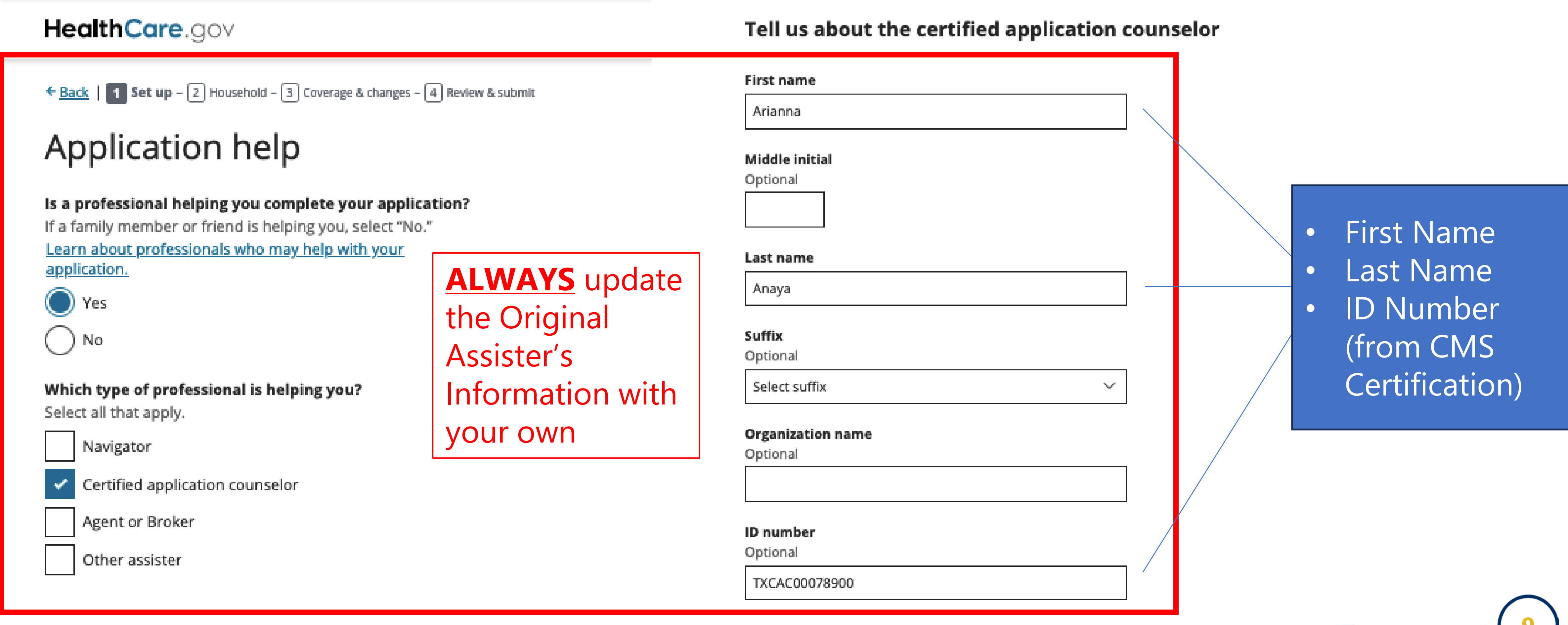
Optional

TXCAC00078900

Save & continue

Application ID: 5927415544

Application Help—Second Touch



- First Name
- Last Name
- ID Number (from CMS Certification)

A Year-Round Application Scenario

Florida Blue (BlueCross BlueShield FL)

BlueOptions Silver 24J01-03A ($0 Virtual Visits / $0 Labs / Rewards $$$)

Extra savings

Silver | PPO | Plan ID: 16842FL0260003 | Rating New plan - Not rated

Premium

$700.24 /month

Including a $445 tax credit

was $1,145.24

Estimated total yearly cost

Add yearly cost

Deductible

$6,000

Individual total
(health & drug combined)

Extra deductible for some services

Out-of-pocket maximum

$7,550

Individual total

You pay

Primary care	No charge per visit from day 1
Specialist care	$20 per visit from day 1
Urgent care	$100 per visit from day 1
Emergency room	$675
Outpatient mental health	$85 per visit from day 1
Generic drugs	$25

Beatrice is here to update her income on her 2024 Marketplace application.

Her original estimate was $36,400 annually, based on her cleaning approximately 10 homes per week at $70 per cleaning.

Business has been slower this year, and Beatrice has only been cleaning 5 homes a week during 2024. She cannot afford her plan's premium, but she's scared to lose her coverage.

How should the assister proceed?

Updating the Application for Income

Ambetter from Sunshine Health

Standard Silver

Extra savings | Easy pricing | Silver | EPO | Plan ID: 21663FL0130127 | Rating ★★★☆☆

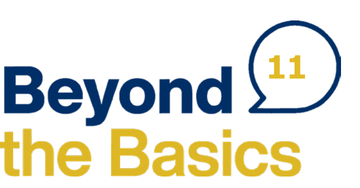
Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
$0.00 /month Including a $566 tax credit *was $565.52*	Add yearly cost	$0 Individual total (health & drug combined)	$1,800 Individual total

You pay

Primary care	No charge
Specialist care	$10 per visit from day 1
Urgent care	$5 per visit from day 1
Emergency room	25%
Outpatient mental health	No charge
Generic drugs	No charge

View plan details for full list of benefits, limits, and exclusions.

- Start with New Income Estimate & FPL Chart
- Use the Preview tool to check impact of changes to PTC/CSR on the existent plan first
- Ensure Client understands that Impact
- If the update creates an SEP opportunity, ensure client understands their contributions to deductible and out of pocket max may not transfer to a new plan



Income Updates with an Eye on Tax Time

For more information, see the *Beyond the Basics* Yearly Income Guidelines and Thresholds chart

Number in Tax Household and Estimated Income for 2024

#	<100%	100%	150%	150+%	200%	200+%	250%
1	Limited eligibility for PTC & CSR based on immigration status*	$ 14,580	$ 21,870	$ 21,871	$ 29,160	$ 29,161	$ 36,450
2		19,720	$ 29,580	$ 29,581	$ 39,440	$ 39,441	$ 49,300
3		24,860	$ 37,290	$ 37,291	$ 49,720	$ 49,721	$ 62,150
4		30,000	$ 45,000	$ 45,001	$ 60,000	$ 60,001	$ 75,000
5		35,140	$ 52,710	$ 52,711	$ 70,280	$ 70,281	$ 87,850
6		40,280	$ 60,420	$ 60,421	$ 80,560	$ 80,561	$ 100,700
7		45,420	$ 68,130	$ 68,131	$ 90,840	$ 90,841	$ 113,550
8		50,560	$ 75,840	$ 75,841	$ 101,120	$ 101,121	$ 126,400
	CSR 94% (06)	CSR 94% (06)		CSR 87% (05)		CSR 73% (04)	

Eligible for Premium Tax Credits (PTC) in Bronze, Silver, or Gold
Eligible for Cost Sharing Reductions (CSR) if SILVER plan is selected

If income falls within: Federal Poverty Level for Actual Income at the end of the year (calculated on your tax return)	Maximum Repayment Amount: Single Filing Status	Maximum Repayment Amount: Other Filing Status
100% - 200% FPL	$350	$700
200% - 299% FPL	$900	$1,800
300% - 399% FPL	$1,500	$3,000
400% FPL and above	Must repay any PTC amount given that reduced premium	

III. Plan Comparison

Deeper Dive: Standardized Plans

Deeper Dive: Summary of Benefits

Plan Comparison Preparation Tips

- Use a glossary of insurance terms to help describe keywords
- Run a worst-case scenario with the client to figure out how much it would cost them and talk this through with them.
  - Calculate potential costs to illustrate financial exposure.
  - Empower clients with realistic cost expectations
- Familiarize yourself with essential tools
  - Savings Estimator and Window Shopping tool, and Premium Tax Credit calculator.
  - Compare plan details and provider networks before meetings.
- Assess consumer's knowledge of health plan basics
  - Prompt discussion on premiums, co-pays, co-insurance, deductibles, etc.
  - Explain how these elements impact the cost of services.

CCIIO Questions & Assister Entity Feedback

Do you have any suggestions for how to explain the difference between standardized plans and non-standardized plans to consumers?
Not really
NA
no
Explain it better. Many consumers don't know what a "qualified health plan" is or what a copay or deductible is. You need to create more simple terms and examples.
If stnd plans use copays (not co-ins)...that's what most people who are new to insurance prefer.....they like "know your costs in advance for services" and do "real comparisons" of similar plans to find "what fits you best". If using standardized plans clears out the clutter of plans designed for HSAs, high ded plans, etc--that's a plus.
No - we typically do not have consumers interested in looking at standardized plans
You may save money by choosing a non-standardize plan but before you choose please lets review the plan that best fits your health care needs.
don't even understand the difference between standardized and non-standardized plans so no, not helpful.
No, but let us know, because I have difficulty with an explanation, and basically don't highlight standardized vs. non-standardized.
In our experience, standardized plans are pointless. They give consumers a false sense of comfort and may prevent them from looking at other plans that are actually a better fit. It has been helpful to limit the number of plans that can be offered in each metal level. Carriers are using the descriptors of HMO vs EPO to offer more than four plans per metal level. That is, they're offering plans that are officially labeled as HMO but that don't require referrals to see specialists.

Example: Franklin County, Ohio

113 Total Plans from 8 Total Companies

	Count	Standardized Plan Options	Non-Standardized Plan Options
Catastrophic	3	NA	NA
Bronze	34	9	25
Silver	46	10	36
Gold	30	10	20
		29 Standardized Plans	**81** Non-Standardized Plans

Monthly premium

Your monthly premium range is \$0-\$428

\$ to \$ Apply range

Maximum yearly deductible

Your yearly deductible range is \$0-\$9,450

\$ to \$ Apply range

Health plan categories

This is how health plans split costs with you.

Easy pricing plans have the same out-of-pocket costs and care before deductibles for some services.

- [x] Catastrophic (3)
- [x] Bronze (34)
  - [ ] with easy pricing (9)
- [x] Silver (46) Extra savings
  - [ ] with easy pricing (10)
- [x] Gold (30)
  - [ ] with easy pricing (10)

Health plan types

- [ ] Health Maintenance Organization (HMO) (113)

Search by plan ID (14 characters)

Example: 12345XX9876543 Search

Insurance companies

Select an insurance company

Medical management program

Select any program

Example: Franklin County, Ohio (Continued)

113 Total Plans from 8 Companies		29 Standardized Plans	81 Non-Standardized Plans	
• Catastrophic	3	NA	NA	
• Bronze	34	9	25	26 bronze plan designs
• Silver	46	10	36	37 silver plan designs
• Gold	30	10	20	21 gold plan designs

Start Plan Education using the least expensive Silver Standardized/Easy Pricing Plan

- Will have explained plan structure generally
- Will have explained all Easy Pricing Silver Plans
- Based on monthly cost (premium) or care cost (cost sharing), move to Bronze Plans or Gold Plans
- Naturally leads into an explanation of Network Options Between Companies

More Standardized Plans Than Companies?

Standardized Plan Parameters (Silver 87% CSR)	
Deductible	$700
Out of Pocket Max	$3,000
Primary Care	$20
Specialist Care	$40
Urgent Care	$30
Emergency Room	30%
Outpatient Mental Health	$20
Generic Drugs	$10

Ambetter from Buckeye Health Plan

Standard Silver + Vision + Adult Dental

Extra savings | Easy pricing | Silver | HMO | Plan ID: 41047OH0030073 | Rating ★★★☆☆

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
$86.42 /month Including a $329 tax credit *was $415.42*	Add yearly cost	$700 Individual total (health & drug combined)	$3,000 Individual total

You pay

Primary care	$20 per visit from day 1
Specialist care	$40 per visit from day 1
Urgent care	$30 per visit from day 1
Emergency room	30% coinsurance after deductible
Outpatient mental health	$20 per visit from day 1
Generic drugs	$10

View plan details for full list of benefits, limits, and exclusions.

III. Plan Comparison

Deeper Dive: Standardized Plans

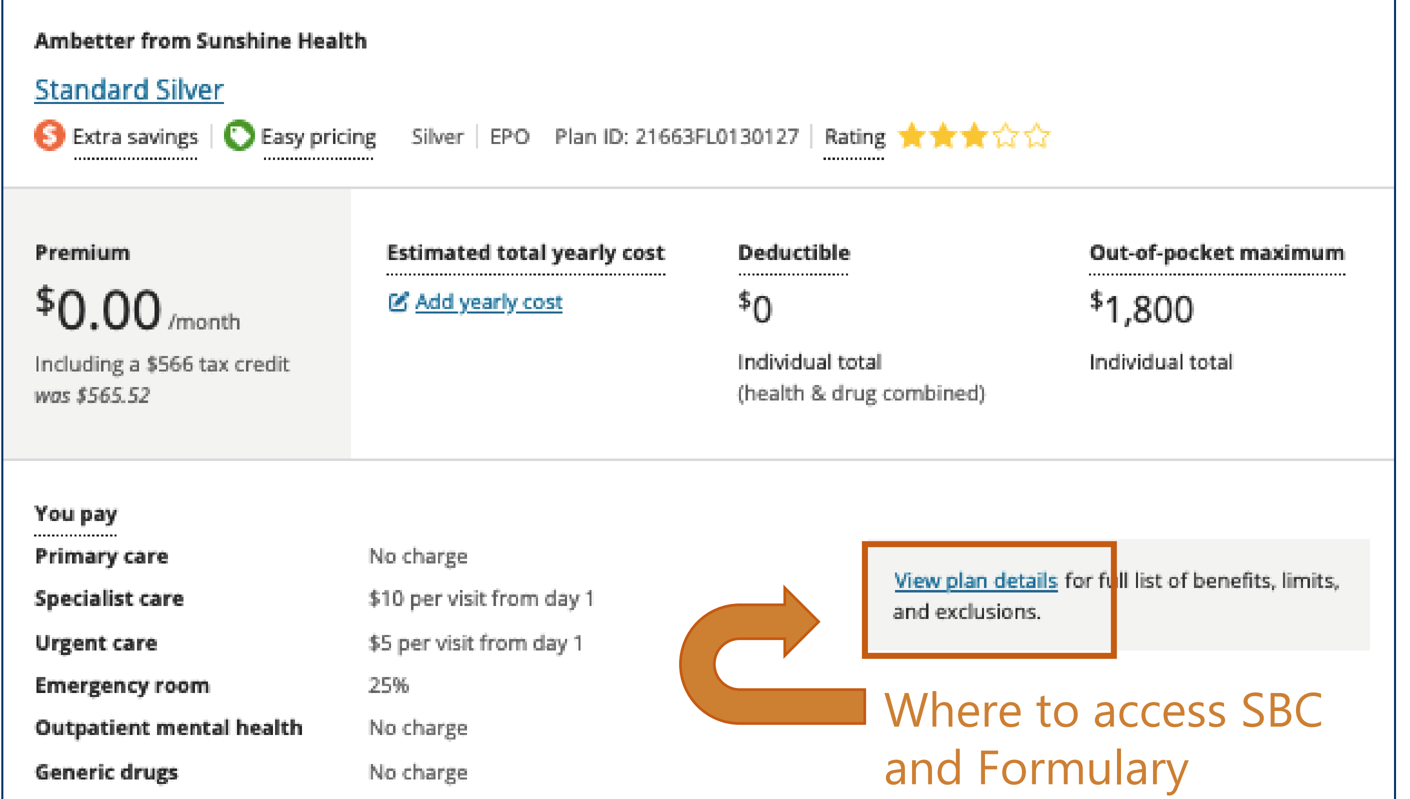
Deeper Dive: Summary of Benefits

Back to Beatrice in Nassua County, Florida

Beatrice has recently learned she has high blood pressure. She is worried about the monthly cost of this medication. Her doctor gave her a list of medication options and she'd like help determining what each would cost.

The List:

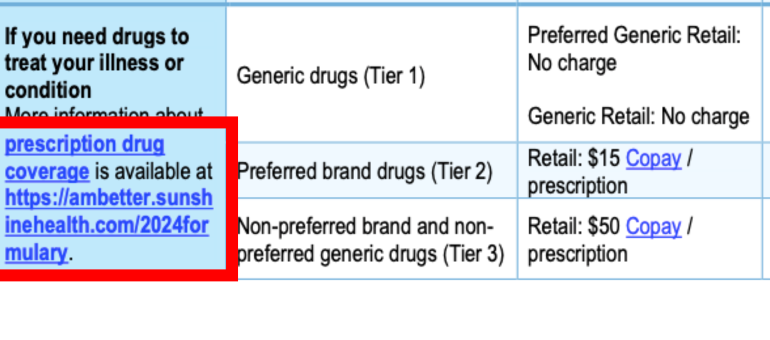
1) Prinivil
2) Nebivolol
3) Lisinopril

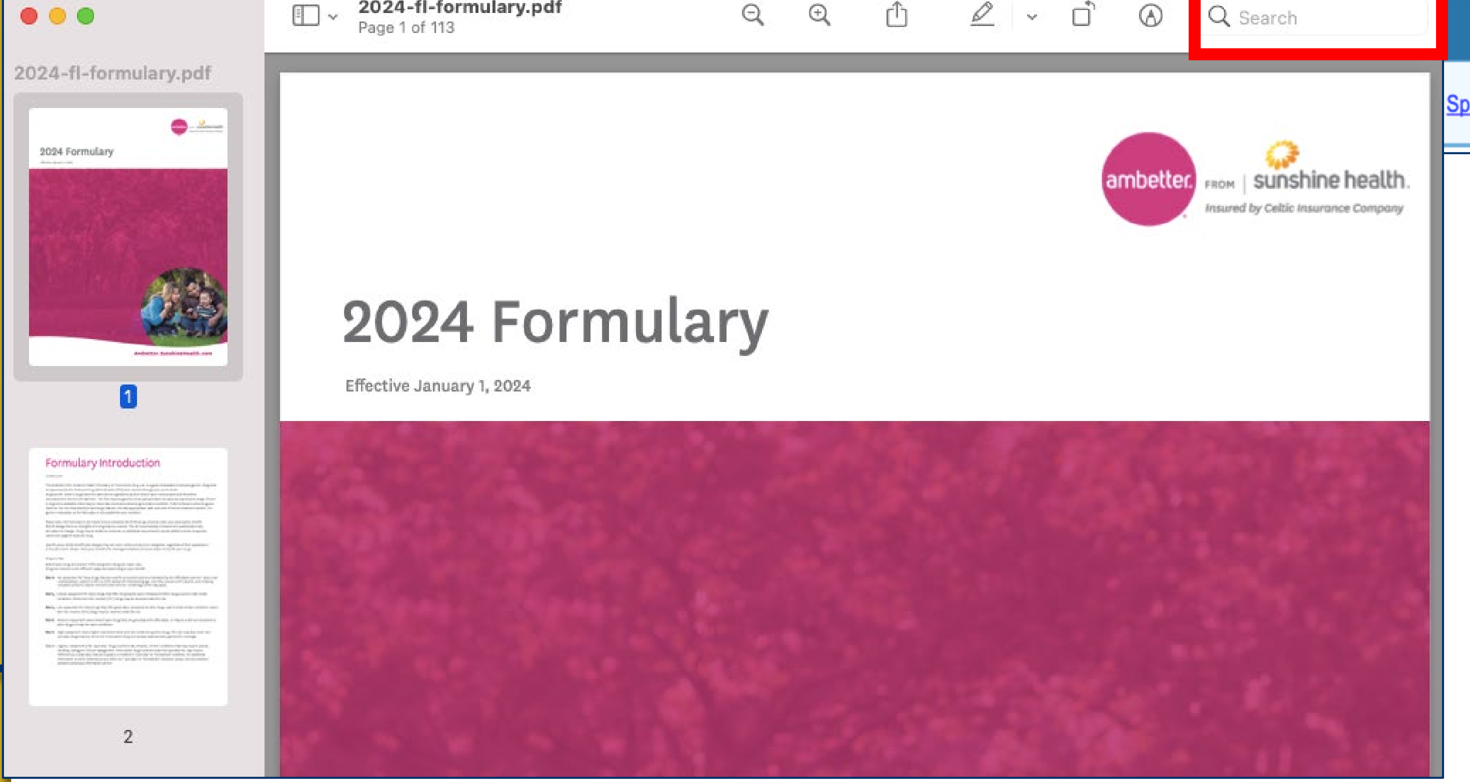


Determining Medication Costs

From Plan Details → Plan Documents:

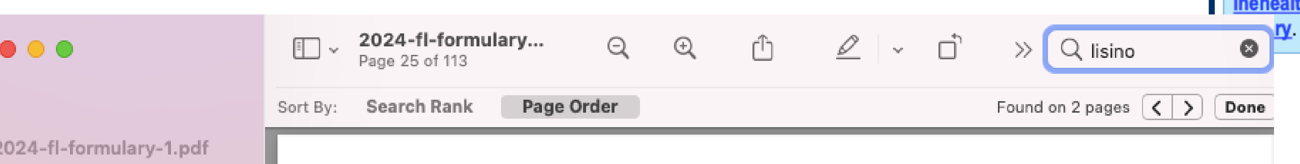
- Summary of Benefits and Coverage (pgs. 2-3)
- List of Covered Drugs (or, Formulary)





Determining Medication Costs

1) Prinivil
2) Nebivolol
3) Lisinopril



2024-fl-formulary-1.pdf

Page 25 — 2 matches
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 2...

Page 96 — 2 matches
lisinopril & hydrochlorothiazide 20...lisinopril TABS...

Drug Name	Drug Tier	Requirements/ Limits
REPATHA SOSY	4	QL(0.0714 ml daily); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
benazepril hcl	1B	
captopril 25 MG, 50 MG, 100 MG	1B	QL(3 ea daily)
captopril 12.5 MG	1B	
enalapril maleate TABS	1B	
fosinopril sodium	1B	
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	1B	
moexipril hcl	1B	QL(2 ea daily)
perindopril erbumine 4 MG	1B	
perindopril erbumine 2 MG, 8 MG	1B	QL(2 ea daily)
quinapril hcl 20 MG, 40 MG	1B	
quinapril hcl 5 MG, 10 MG	1B	QL(2 ea daily)
ramipril CAPS	1B	
trandolapril 4 MG	1B	QL(2 ea daily)
trandolapril 1 MG, 2 MG	1B	QL(1 ea daily)
Agents for Pheochromocytoma		
phenoxybenzamine hcl	3	PA
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1B	QL(1 ea daily)
EDARBI	3	QL(1 ea daily); ST

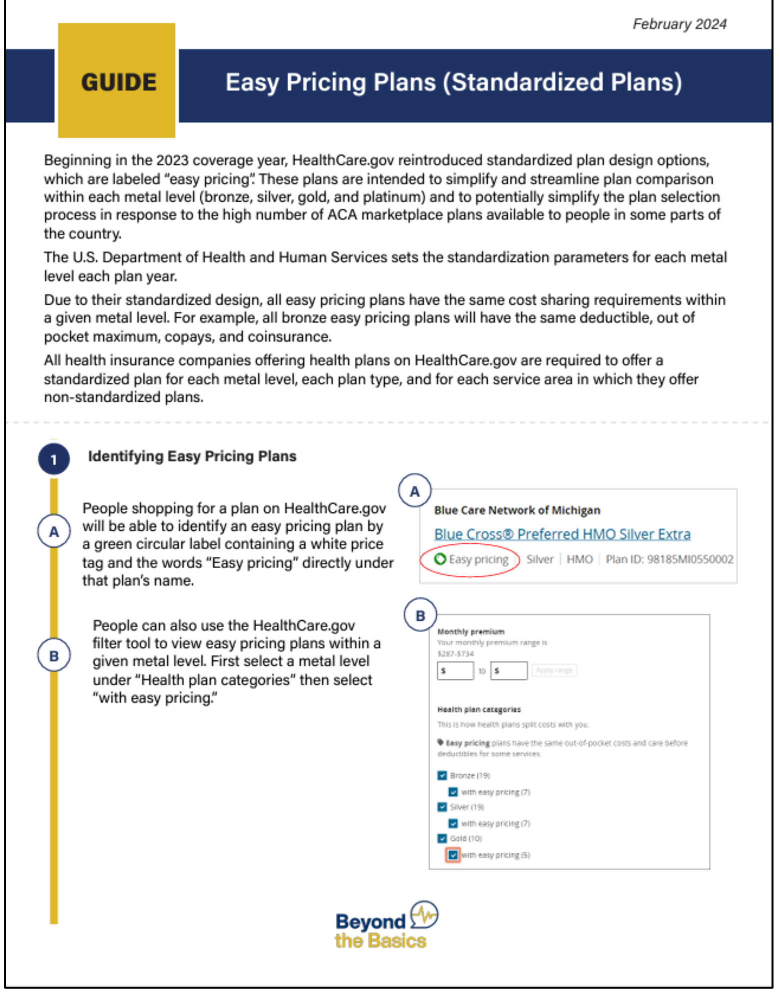
Drug Name	Drug Tier	Requirements/ Limits
clonidine	3	QL(0.15 ea daily)
clonidine hcl TABS	1B	QL(8 ea daily)
doxazosin mesylate	1B	
guanfacine hcl	1B	
methyldopa TABS	1B	QL(6 ea daily)
prazosin hcl CAPS	1B	QL(4 ea daily)
terazosin hcl	1B	
Antihypertensive Combinations		
amlodipine besylate-benazepril hcl	1B	
amlodipine besylate-olmesartan medoxomil	1B	ST
amlodipine besylate-valsartan	1B	QL(1 ea daily)
amlodipine-valsartan-hydrochlorothiazide	3	
atenolol & chlorthalidone	1B	
benazepril & hydrochlorothiazide 12.5 MG-10 MG, 25 MG-20 MG	1B	QL(1 ea daily)
benazepril & hydrochlorothiazide 12.5 MG-20 MG, 6.25 MG-5 MG	1B	
bisoprolol & hydrochlorothiazide	1B	QL(2 ea daily)
candesartan cilexetil-hydrochlorothiazide	1B	
enalapril maleate & hydrochlorothiazide 25 MG-10 MG	1B	
enalapril maleate &	1B	QL(2 ea daily)

If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://ambetter.sunshinehealth.com/2024formulary.	Generic drugs (Tier 1)	Preferred Generic Retail: No charge Generic Retail: No charge
	Preferred brand drugs (Tier 2)	Retail: $15 Copay / prescription
	Non-preferred brand and non-preferred generic drugs (Tier 3)	Retail: $50 Copay / prescription

Common Medical Event	Services You May Need	What You Will Pay: Network Provider (You will pay the least)
	Specialty drugs (Tier 4)	Retail: $150 Copay / prescription

Plan Comparison Resources

Guide: Easy Pricing Plans (Standardized Plans)



February 2024

GUIDE

Easy Pricing Plans (Standardized Plans)

Beginning in the 2023 coverage year, HealthCare.gov reintroduced standardized plan design options, which are labeled "easy pricing". These plans are intended to simplify and streamline plan comparison within each metal level (bronze, silver, gold, and platinum) and to potentially simplify the plan selection process in response to the high number of ACA marketplace plans available to people in some parts of the country.

The U.S. Department of Health and Human Services sets the standardization parameters for each metal level each plan year.

Due to their standardized design, all easy pricing plans have the same cost sharing requirements within a given metal level. For example, all bronze easy pricing plans will have the same deductible, out of pocket maximum, copays, and coinsurance.

All health insurance companies offering health plans on HealthCare.gov are required to offer a standardized plan for each metal level, each plan type, and for each service area in which they offer non-standardized plans.

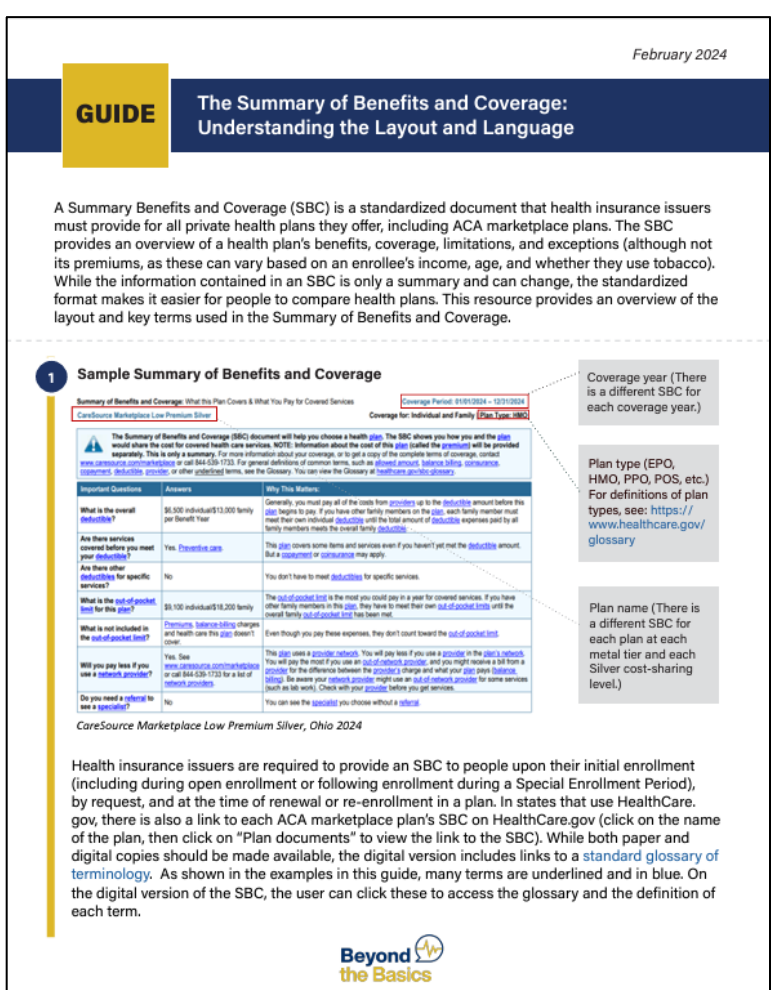
1 Identifying Easy Pricing Plans

A. People shopping for a plan on HealthCare.gov will be able to identify an easy pricing plan by a green circular label containing a white price tag and the words "Easy pricing" directly under that plan's name.

B. People can also use the HealthCare.gov filter tool to view easy pricing plans within a given metal level. First select a metal level under "Health plan categories" then select "with easy pricing."

Beyond the Basics

Guide: The Summary of Benefits and Coverage



February 2024

GUIDE

The Summary of Benefits and Coverage: Understanding the Layout and Language

A Summary Benefits and Coverage (SBC) is a standardized document that health insurance issuers must provide for all private health plans they offer, including ACA marketplace plans. The SBC provides an overview of a health plan's benefits, coverage, limitations, and exceptions (although not its premiums, as these can vary based on an enrollee's income, age, and whether they use tobacco). While the information contained in an SBC is only a summary and can change, the standardized format makes it easier for people to compare health plans. This resource provides an overview of the layout and key terms used in the Summary of Benefits and Coverage.

1 Sample Summary of Benefits and Coverage

CareSource Marketplace Low Premium Silver, Ohio 2024

Health insurance issuers are required to provide an SBC to people upon their initial enrollment (including during open enrollment or following enrollment during a Special Enrollment Period), by request, and at the time of renewal or re-enrollment in a plan. In states that use HealthCare.gov, there is also a link to each ACA marketplace plan's SBC on HealthCare.gov (click on the name of the plan, then click on "Plan documents" to view the link to the SBC). While both paper and digital copies should be made available, the digital version includes links to a standard glossary of terminology. As shown in the examples in this guide, many terms are underlined and in blue. On the digital version of the SBC, the user can click these to access the glossary and the definition of each term.

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IV. Post-Appointment

Post-Appointment Tips

Ensure Clients Understand THEY are responsible for:

- Marketplace account information (username, password).
- Details of selected health insurance plan:
  - Co-payments, deductibles, co-insurance details.
  - Provider Network
  - Ensuring the application is up to date

Making their First Premium Payment

- Provide instructions and deadlines for payment.
- Clarify accepted payment methods and how to submit payment.

Take-Home Materials

- Offer paper copies of:
  - Login credentials for Marketplace account if created for client
  - Overview of Plan information
  - Key dates (enrollment deadlines, coverage start date, dates by which proof is due, next year's Open Enrollment)

Q&A

Contact

Thank all of you for being here, and for all you do!

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For more information and resources, please visit
www.healthreformbeyondthebasics.org

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