

Beyond the Basics

Office Hours

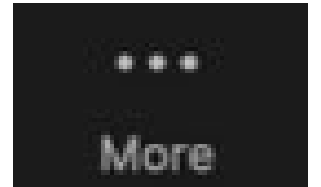


Plan Design and Plan Comparison

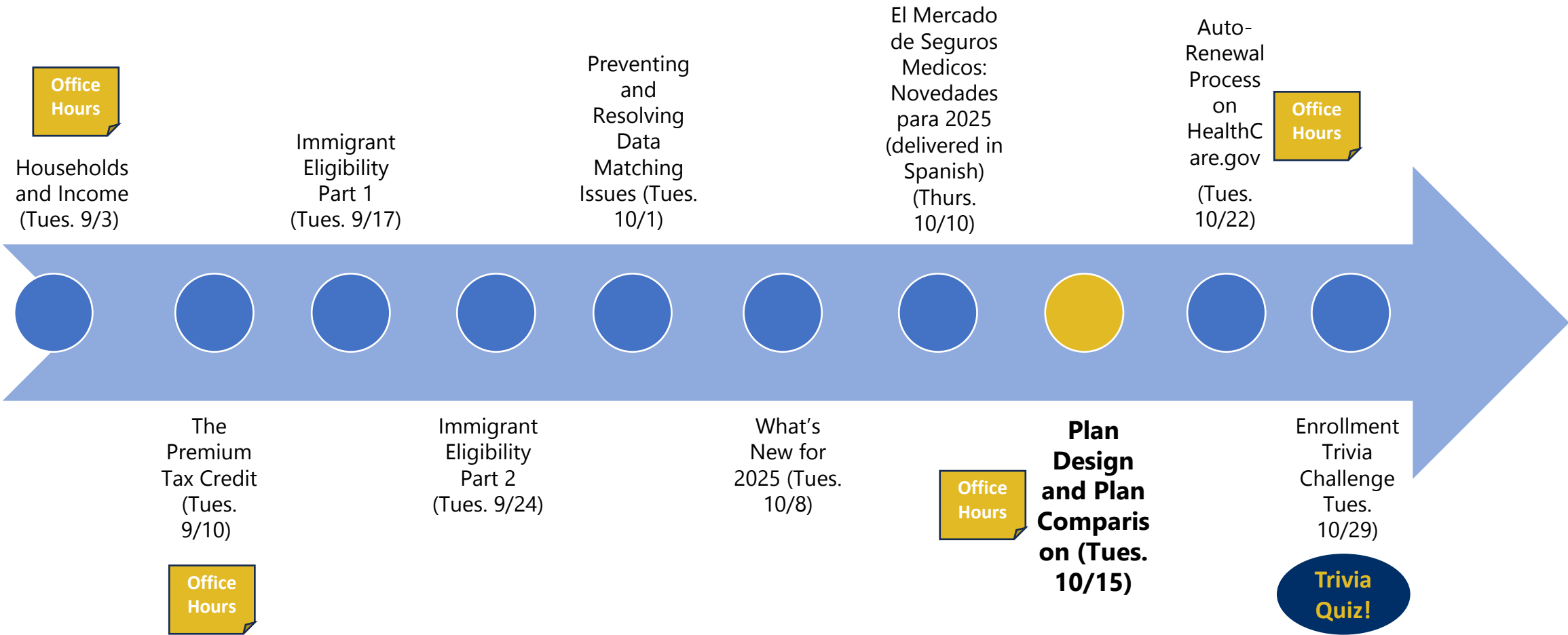
October 15, 2024

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.
 - Throughout the webinar you can upvote questions in the Q&A chat by clicking the thumbs up icon.
 - We will monitor questions throughout the webinar and dedicate the majority of the time to a Q&A session.
 - We may not be able to answer every question asked, but we will do our best to get back to you after the webinar, and we'll have a record of all your questions which we'll use as a guide for future resources and presentations.
 - You can also email your questions after the webinar to beyondthebasics@cbpp.org



Webinar Schedule



Register and find recordings and materials from past webinars in the series at:
<https://www.healthreformbeyondthebasics.org/category/webinars/>

Agenda



20-minute crash course!



Your questions + a review of some of the most commonly-asked questions we receive on Plan Design and Plan Comparison

Elements of Qualified Health Plans (QHPs)



Previous Webinars on This Topic

- [Plan Design](#) (October 2023)
- [Plan Selection Strategies](#) (October 2023)

What Is a Qualified Health Plan?

- Qualified Health Plans (QHPs) are insurance plans that must meet standards and include the consumer protections outlined in the Affordable Care Act (ACA)
- QHPs must include:
 - Coverage for pre-existing conditions
 - Coverage of 10 Essential Health Benefits (EHBs)
 - Cost-sharing limits that follow federal regulations
 - No annual or lifetime benefit limits
- QHPs must be certified by the federal Health Insurance Marketplace or a
- state-based marketplace (SBM)

Basic Elements of QHPs: 10 EHBs



Preventive & wellness services
& chronic disease management



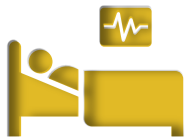
Emergency services



Ambulatory services
(outpatient medical care)



Maternity & newborn care



Hospitalization



Mental health & substance use
disorder services, including
behavioral health treatment



Laboratory services



Rehabilitative & habilitative
services & devices



Prescription drugs



Pediatric services

Basic Elements of QHPs: Plan Networks

- Insurance companies contract with physicians, hospitals, and pharmacies to provide services to plan enrollees
 - These contracted providers are the plan's **network**
- Providers the insurance company doesn't contract with are considered "out-of-network"
 - Some plans will cover services the plan enrollee receives from an out-of-network provider, but the enrollee will usually have to pay more out-of-pocket than if they went to an in-network provider
 - Some plans won't cover any services received from an out-of-network provider, except in cases of a medical emergency








Each plan has its own network, even among plans offered by the same insurance company. Which is why it's important to check each plan's network when comparing options.

General Definitions of Plan Types

	HMO	EPO	POS	PPO
PCP required?	MAY require PCP	Doesn't require PCP	MAY require PCP	Doesn't require PCP
Referral to specialist required?	MAY require referral	Doesn't require referral	MAY require referral	Doesn't require referral
Out of Network Routine Care?	No	No	Yes <i>(separate, higher deductible & cost sharing and no limit on cost sharing for out of network care)</i>	Yes <i>(separate, higher deductible & cost sharing and no limit on cost sharing for out of network care)</i>
Out of Network Emergency?	ALL marketplace plans required by law to "hold member harmless" in case of a life threatening, out of network emergency room visit			

Basic Elements of QHPs: Formularies

- A formulary is a list of medications an insurance plan will pay for
- The formulary splits up covered medications into categories or tiers to indicate the level of coverage the plan provides and the portion of the cost the enrollee will have to pay for various medications
- The higher the tier of the medication, the more the enrollee will likely have to pay
- Generic medications are usually the lowest tier, which means the enrollee will pay the least for these medications
- Medications not listed in the formulary are generally not covered by the plan, though exceptions apply

		
	<u>Tier 1</u>	\$
	<u>Tier 2</u>	\$\$
	<u>Tier 3</u>	\$\$\$
	<u>Tier 4</u>	\$\$\$\$

Basic Elements of QHPs: Premiums & Cost-Sharing Charges

Premiums

- The monthly cost a person pays to their health insurance company for their health insurance plan
- Premiums must be paid every month or the person's plan may be terminated



Plan A			
Carrier A Silver			
Monthly Premium	Deductible	OOP Max	Copayments / Coinsurance
\$	\$	\$	—

VS

Cost-Sharing Charges

- The costs a person pays to health care providers as they use health care services covered by their insurance plan



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

Cost-Sharing & Metal Tiers

QUALIFIED HEALTH PLAN (QHP) METAL LEVEL PLAN TIERS QHPs must provide plan designs consistent with actuarial values		
Costs covered by a plan	Platinum	90% actuarial value
	Gold	80% actuarial value
	Silver	70% actuarial value
	Bronze	60% actuarial value
	Catastrophic coverage	High deductible health plan available for individuals up to age 30 or those 30 and older who are granted a hardship exemption (PTC does not apply to these plans)
		Premiums paid by consumer


BENCHMARK PLAN

What Are Cost-Sharing Reductions (CSRs)?

To see different multiples of the poverty guidelines for 2025, visit [Yearly Income Guidelines and Thresholds](#)

- A Marketplace subsidy that reduces the out-of-pocket costs an enrollee must pay for medical care
- People with income up to 250% of the federal poverty level (FPL) are eligible
- **Must enroll in a silver-level plan through the Marketplace**

117 total plans

- 37 Bronze
- 44 Silver  Extra savings
- 36 Gold

2025 Federal Poverty Levels and Brackets for Cost-Sharing Reductions (CSRs)
 Number in Tax Household and Estimated Income for 2025

#	100%	150%	150+%	200%	200+%	250%
1	\$15,060	\$22,590	\$22,591	\$30,120	\$30,121	\$37,650
2	\$20,440	\$30,660	\$30,661	\$40,880	\$40,881	\$51,100
3	\$25,820	\$38,730	\$38,731	\$51,640	\$51,641	\$64,550
4	\$31,200	\$46,800	\$46,801	\$62,400	\$62,401	\$78,000
5	\$36,580	\$54,870	\$54,871	\$73,160	\$73,161	\$91,450
6	\$41,960	\$62,940	\$62,941	\$83,920	\$83,921	\$104,900
7	\$47,340	\$71,101	\$71,102	\$94,680	\$94,681	\$118,350
8	\$52,720	\$79,080	\$79,081	\$105,440	\$105,441	\$131,800


Eligible for Cost-Sharing Reductions (CSRs) in Silver Plans

CSR 94% AV	CSR 87% AV	CSR 73% AV
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Extra Savings

You qualify for extra savings on out-of-pocket costs.

Pick a Silver plan to get these savings.



[See Silver plans](#)

Cost-Sharing for American Indians & Alaskan Natives

- Special assistance is available to members of federally recognized Native American tribes and Alaska Native Claims Settlement Act (ANCSA) Corporation shareholders (AI/AN)
 - For AI/AN people with income between 100% and 300% FPL who qualify for the PTC, plans with zero cost-sharing are available
 - For AI/AN people with income below 100% FPL or above 300% FPL, there is a “limited” cost-sharing plan available

Health Plan Education



Plan Filter Tool

Miami Dade County, Florida

Monthly premium

Your monthly premium range is \$0-\$973

\$ to \$

Maximum yearly deductible

Your yearly deductible range is \$0-\$9,100

\$ to \$

Health Savings Account Eligibility (HSA)

Eligible for an HSA

Medical providers

Prescription drugs

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.

- Bronze (79)
- Silver (91) **\$** Extra savings
- Gold (46)
- Platinum (8)

Health plan types

- Exclusive Provider Organization (EPO) (108)
- Health Maintenance Organization (HMO) (116)

Insurance companies

Select an insurance company

- ✓ Select an insurance company
- Aetna CVS Health (14)
- Ambetter from Sunshine Health (41)
- AmeriHealth Caritas Next (4)
- AvMed (16)
- Cigna Healthcare (24)
- Florida Blue (BlueCross BlueShield FL) (34)
- Florida Blue HMO (a BlueCross BlueShield FL company)

224 Total Plans

79 Bronze | 91 Silver | 46 Gold | 8 Platinum

2 Health Plan Types:


- 108 EPOs
- 116 HMOs

10 Insurance Companies

- Aetna (14)
- Ambetter (41)
- Amerihealth (4)
- AvMed (16)
- Cigna (24)
- Florida Blue (34)
- Florida Blue HMO (37)
- Molina (9)
- Oscar (25)
- United (20)

Easy Pricing Plans

Marketplace insurers are required to offer plans with standardized cost-sharing amounts

- Required for every network type and at every metal level (except non-expanded Bronze) for which an insurer has a QHP in a given service area
 - If an insurer offers a gold HMO plan in a service area, then it must also offer a gold HMO standardized plan throughout that area.
- Doesn't apply in SBMs, Delaware, or Louisiana
- Marked as “  Easy pricing ”
 - Because cost-sharing is the same across all standardized plans, consumers can focus on other plan features, like in-network providers, when comparing plans

2025 Easy Pricing Plans

For more information on standardized plans, see [Guide: Easy Pricing Plans \(Standardized Plans\)](#)

	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Deductible	\$7,500	\$5,000	\$3,000	\$500	\$0	\$1,500	\$0
Maximum Out-of-Pocket Limitation	\$9,200	\$8,000	\$6,400	\$3,000	\$2,000	\$7,800	\$4,300
Primary Care Visit	\$50*	\$40*	\$40*	\$20*	\$0*	\$30*	\$10*
Specialist Visit	\$100*	\$80*	\$80*	\$40*	\$10*	\$60*	\$20*
Urgent Care	\$75*	\$60*	\$60*	\$30*	\$5*	\$45*	\$15*
Emergency Room	50%	40%	40%	30%	25%*	25%	\$100*
Inpatient Hospital	50%	40%	40%	30%	25%*	25%	\$350*
Generic Drugs	\$25*	\$20*	\$20*	\$10*	\$0*	\$15*	\$5*
Preferred Brand Drugs	\$50	\$40*	\$40*	\$20*	\$15*	\$30*	\$10*
Specialty Drugs	\$500	\$350	\$350	\$250	\$150*	\$250*	\$150*

*Benefit category not subject to the deductible.

Note: Additional cost sharing parameters apply for Mental Health & Substance Use Disorder Outpatient Office Visits, Imaging, Speech Therapy, Occupational and Physical Therapy, Laboratory Services, X-Ray/Diagnostic Imaging, Skilled Nursing Facilities, Outpatient Facility Fees, Outpatient Surgery Physician & Services, and Non-Preferred Brand Drugs. For a full list of cost sharing parameters for standardized plans, see "Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2025," April 15, 2024, <https://www.federalregister.gov/documents/2024/04/15/2024-07274/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2025>

Recommended Plan Education Practice: Use the Least Expensive Easy Pricing Plan

Aetna CVS Health

[Silver S: Aetna network of doctors & hospitals + \\$0 walk-in & telemedicine via MinuteClinic at CVS](#)

 Extra savings  Easy pricing | Silver | HMO | Plan ID: 18628FL0160009 | Rating New plan - Not rated

Premium

\$31.87 /month

Including a \$423 tax credit
was \$454.87

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$800

Individual total
(health & drug combined)

Out-of-pocket maximum

\$3,000

Individual total

You pay

 Check what you pay when you get care

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.

Apply filters

Clear filters

Cancel

Start with the overview
from the Filter Tool

Filter for the least
expensive silver easy
pricing option

Use that plan to provide
health plan education

Ordering Health Plan Education Premium, Deductible & Out of Pocket Maximum

For more on plan design concepts, see the Beyond the Basics [Plan Design](#) webinar recording.

Working clockwise, start by defining and explaining: the (1) **premium**, then the (2) **deductible**, and finally the (3) **out of pocket max**

Aetna CVS Health
[Silver S: Aetna network of doctors & hospitals + \\$0 walk-in & telemedicine via MinuteClinic at CVS](#)
Extra savings | Easy pricing | Silver | HMO | Plan ID: 18628FL0160009 | Rating: New plan - Not rated

Premium \$31.87 /month Including a \$423 tax credit was \$454.87	1	Estimated total yearly cost Add yearly cost	2	Deductible \$800 Individual total (health & drug combined)	3	Out-of-pocket maximum \$3,000 Individual total
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(1) Your premium is what you pay each month to have health insurance, even if you don't use it. The amount displayed is your monthly cost, after the premium tax credit.

(2) For certain care, you pay full price until you meet your plan's deductible.

Once your deductible is met, the insurance pays a percentage of the cost of certain services, while you pay the remaining amount.

(3) Once your contributions hit the plan's out-of-pocket maximum, the insurance is responsible for the future costs of your care. You must continue to pay your premiums and receive care that is covered by your plan and is within its provider network.

Ordering Health Plan Education Copayments and Coinsurance

Aetna CVS Health

[Silver S: Aetna network of doctors & hospitals + \\$0 walk-in & telemedicine via MinuteClinic at CVS](#)

Extra savings Easy pricing Silver HMO Plan ID: 18628FL0160009 Rating New plan - Not rated

Premium

\$31.87 /month

Including a \$423 tax credit
was \$454.87

1

Estimated total yearly cost

[Add yearly cost](#)

2

Deductible

\$800

Individual total
(health & drug combined)

3

Out-of-pocket maximum

\$3,000

Individual total

You pay

4

[Check what you pay when you get care](#)

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

Explain the plan's costs for care next. When opened the (4) "You Pay" section will display copays and coinsurance for certain care services.

(4) This plan has copays for certain services. Primary Care visits will cost \$20, Specialist visits will cost \$40 and Generic medications will cost \$10. You do not need to first meet your deductible.

The cost of an ER visit is covered by a 30% coinsurance, or a percentage of the total cost of care. You would pay full price for an ER visit until you hit your \$800 deductible, at which point you would be responsible for 30% of the remainder of the ER visit cost.

Ordering Health Plan Education

A Scenario

Once you've explained the plan's costs for care, it can be helpful to use a scenario to illustrate the plan's function.

If your first use of this health plan was a visit to the emergency room, you would be responsible for the \$800 Deductible + 30% of the ER costs after the deductible amount.

If the ER visit cost \$10,000, you would pay \$800 + 30% of the remaining \$9,200 bill, or \$2,760. Your total cost would be \$800 + \$2,760, or \$3,560.

Aetna CVS Health

[Silver S: Aetna network of doctors & hospitals + \\$0 walk-in & telemedicine via MinuteClinic at CVS](#)

Extra savings Easy pricing Silver HMO Plan ID: 18628FL0160009 Rating New plan - Not rated

Premium

\$31.87 /month

Including a \$423 tax credit was \$454.87

1

Estimated total yearly cost

[Add yearly cost](#)

2

Deductible

\$800

Individual total (health & drug combined)

3

Out-of-pocket maximum

\$3,000

Individual total

You pay

4

[Check what you pay when you get care](#)

Primary care

\$20 per visit from day 1

At this point, because you have met your plan's out-of-pocket maximum, you would only pay \$3,000 for the ER visit.

For the remainder of the plan year, all in network, covered care would be paid for by the insurance company, though you must continue to pay your premium

Comparing Plans



From Plan Education to Plan Selection

Plan Selection as A Balancing Act of:

Cost (Plan Design) & **Care** (Network)

Anthem Blue Cross and Blue Shield

[Anthem Silver Pathway/Lean 5800/40% Standard S05](#)

Extra savings Easy pricing Silver **HMO** Plan ID: 79475WI0340170 Rating New plan - Not rated

Premium
\$24.65 /month
Including a \$353 tax credit
was \$377.65

Estimated total yearly cost
[Add yearly cost](#)

Deductible
\$800
Individual total
(health & drug combined)

Out-of-pocket maximum
\$3,000
Individual total

Health Plan Type

Easy Pricing Plan Label with green and white price tag icon

You pay
[Check what you pay when you get care](#)

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.

Where to access plan documents, such as the Summary of Benefits and Coverage (where to check if HMO requires referral)

Silver 87 Easy Pricing Standardization Parameters			
Deductible	\$800	Urgent Care	\$30
Out-of-Pocket Maximum	\$3,000	Outpatient Mental Health	\$20
Primary Care	\$20	Generic Drugs	\$10
Specialist Care	\$40		

TABLE 11—2025 STANDARDIZED OPTIONS SET ONE (FOR ALL FFE AND SBE-FP ISSUERS, EXCLUDING ISSUERS IN DELAWARE, LOUISIANA, AND OREGON)

	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Actuarial Value	63.81%	70.01%	73.09%	87.33%	94.14%	78.06%	88.04%
Deductible	\$7,500	\$5,000	\$3,000	\$500	\$0	\$1,500	\$0
Maximum Out-of-Pocket Limitation	\$9,200	\$8,000	\$6,400	\$3,000	\$2,000	\$7,800	\$4,300
Emergency Room Services	50%	40%	40%	30%	*25%	25%	*\$100
Inpatient Hospital Services (Including Mental Health & Substance Use Disorder)	50%	40%	40%	30%	*25%	25%	*\$350
Primary Care Visit	*\$50	*\$40	*\$40	*\$20	*\$0	*\$30	*\$10
Urgent Care	*\$75	*\$60	*\$60	*\$30	*\$5	*\$45	*\$15
Specialist Visit	*\$100	*\$80	*\$80	*\$40	*\$10	*\$60	*\$20

Clients eligible for standard or 73% CSR Silver Plans may want to look at Gold or Platinum plans if they want lower care costs and don't mind a higher premium.

Clients eligible for 87% or 94% CSR Silver plans will usually have lower power premiums and lower care costs compared to Gold, and similar care costs compared to Platinum.

Q&A



Frequently Asked Questions

- Can there be limits on EHBs?
- Do all plans with the same AV offer the same coverage?
- Do copays for pre-deductible services count toward the deductible? What about the out-of-pocket maximum?
- There isn't a plan in my client's area that covers their medications, preferred doctor, and that has affordable premiums. What should I do?

Resources: Plan Design

Beyond the Basics

Webinar:

- [Plan Design](#) (October 2023)

FAQs/Guides:

- [Cost-Sharing Charges](#)
- [Cost-Sharing Reductions](#)
- [The Summary of Benefits and Coverage](#)
- [HealthCare.gov Health Benefits & Coverage Guide](#)
- [Out2Enroll Trans Insurance Guides](#)

Reference Chart:

- [Yearly Guidelines & Thresholds | Coverage Year 2024](#)

Resources: Plan Selection

Beyond the Basics

Webinars:

- [Introduction to Plan Selection Tools for 2024](#) (July 2023)
- [Under the Hood: Building Your Own Plan Selection Tools for 2024](#) (August 2023)

Enrollment Tools:

- [Marketplace Enrollment Checklist Guide](#)
- [Plan Comparison Worksheet \(Available in 8 Languages\)](#)

FAQ:

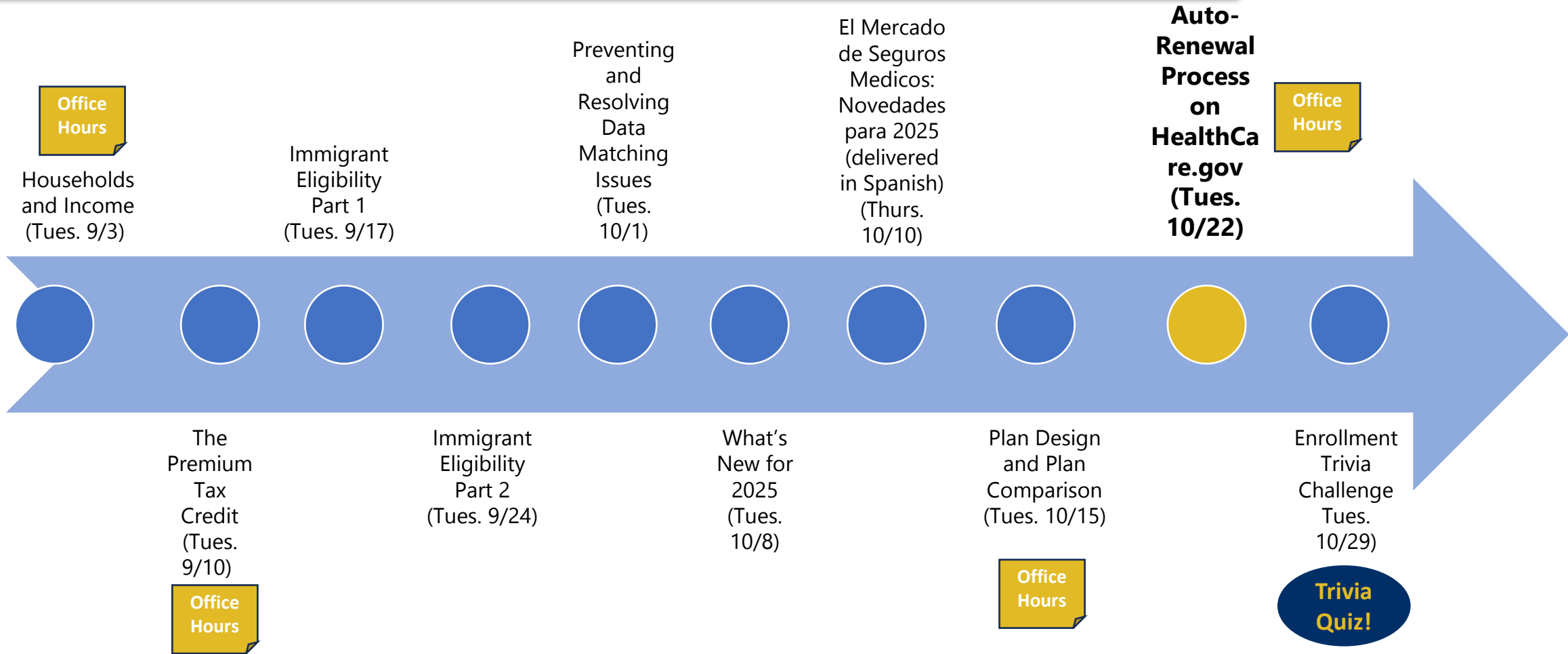
- [Easy Pricing Plans \(Standardized Plans\)](#)

Reference Charts:

- [Yearly Guidelines & Thresholds | Coverage Year 2024](#)
- [Links To Window Shopping Tools for State-Based Marketplaces](#)
 - [Blank Template Versions for Network Overview Resource \(>6 plans\) \(Excel\)](#)
 - [Blank Template Versions for Network Overview Resource \(Simple\)](#)

**Note: Available on Google Sheets. To use this spreadsheet, log into your Google account and select "Make a Copy" or "Download" -> "Microsoft Excel (.xlsx)"*

Upcoming Webinars



Register and find recordings and materials from past webinars in the series at:
<https://www.healthreformbeyondthebasics.org/category/webinars/>

Contact

Thank you so much for your time and attention today. Best of luck this season!

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