Assistor Recertification Webinar Series
2019 Qualified Health Plan & Essential Plan Line-Up
FAQs-2018

Qualified Health Plans

1. **Can Assistors receive the updated Attachment B "Standard Benefit Design Cost Sharing Chart" which will be in effect for 2019 QHPs?**

   Yes. The chart is available on the NY State of Health website using the link below:
   https://info.nystateofhealth.ny.gov/sites/default/files/Attachment%20B%20-%20Standard%20Products%202019%20%28Cost%20Sharing%20Chart%29.pdf

2. **Are QHPs considered Commercial Health Plans?**

   Yes, QHPs are considered Commercial Health Plans

3. **What is the age eligibility for enrolling in a Catastrophic Plan?**

   Catastrophic plans are for young adults under 30 years old. In general, individuals must be 29 years old or under to enroll in a Catastrophic Plan.

4. **Is the level of coverage in a Bronze Plan higher than the level of coverage in a Catastrophic plan?**

   Catastrophic and metal level plans offer the same 10 essential benefits, however Catastrophic plans have higher level of member cost sharing (deductibles, co-insurance, copays) than Bronze plans. Enrollees are also not eligible for premium tax credits to assist with premium payments for Catastrophic plans.

5. **Are there any QHP plans that cover vision services? If so, how can an Assistor locate them?**

   Yes, all QHPs must have Pediatric Vision benefits. Some non-standard QHP products also offer Adult Vision.

   If Adult Vision is covered within the plan, it will be included in the plan name. Vision benefits may be viewed from the NYSOH Plan Look-Up Tool located on the NYSOH website.

   Once you have selected a plan to review, select the “View Details” button to see the Vision benefit category for that plan.

6. **Are there any changes in 2019 to the Federal Poverty Level (FPL) thresholds for APTC eligibility?**

   APTC will still be available to individuals and families with incomes greater than 200% and up to 400% FPL in 2019.

7. **What benefits under a QHP are available for American Indian/Alaska Native (AI/AN) members of a Federally Recognized Tribe in 2019?**

   American Indian/Alaska Native (AI/AN) members of a federally recognized tribe have access to the same standard set of benefits as all other QHP enrollees. AI/AN members may enroll in the Marketplace at any time during the plan year and may change their plan selection as frequently as one time per month. AI/AN members with income between 100 – 300% FPL qualify for zero-dollar cost sharing when receiving health care services that are covered by their selected plan.

8. **Do American Indian/Alaska Native (AI/AN) descendants still receive the same benefits as an enrolled member of a federally recognized tribe?**

   No, only individuals who are American Indian/Alaska Native and belong to a federally recognized tribe would receive benefits specific to American Indians and Alaskan Natives. Descendants who are not part of a federally recognized tribe do not receive the same benefits.

9. **Can Assistors receive more details about Bronze Plans being free for everyone with incomes below $25,000?**

   Bronze level Qualified Health Plans will be **free** (after tax credits) to individuals with incomes up to $25,000 and not eligible for Medicaid or the Essential Plan in every county of the state, and less than $50 a month for individuals with incomes up to $30,000 a year in 41 counties.

   Bronze level QHPs have a higher annual deductible than other metal level plans, but provide free preventive care and protect against catastrophic costs.

   The 41 Counties where Bronze is less than $50/month for individuals with incomes at or below $30,000:

Allegany	Erie	Oneida	Steuben
Broome	Essex	Onondaga	Suffolk
Cattaraugus	Franklin	Orange	Sullivan
Cayuga	Genesee	Orleans	Tioga
Chautauqua	Hamilton	Oswego	Tompkins
Chemung	Herkimer	Otsego	Ulster
Chenango	Jefferson	Putnam	Westchester
Clinton	Lewis	Rockland	Wyoming

Cortland	Madison	Schoharie	
Delaware	Nassau	Schuyler	
Dutchess	Niagara	St Lawrence	

More specifically, individuals with an annual income at or below $25,000/year, who are not eligible for Medicaid or the Essential Plan, could receive free Bronze coverage because the premium tax credit amount they are eligible for is higher than the cost of the lowest cost Bronze plan in their county. For example, an individual in NYC whose income is $25,000 qualifies for about $434 in premium tax credit, but the lowest cost Bronze plan is $421, so this individual can cover the entire monthly premium of the Bronze plan with their tax credit. The consumer could also choose a different Bronze Plan for a very low cost.

Note that Standard Bronze Plans have an annual deductible of $4,000, and a Maximum-out-of-Pocket Cost of $7,600/year. Consumers in a household of more than one (1) with an annual income of $25,000 will have a lower FPL and will become income-eligible for Essential Plan or Medicaid.

10. What is an Exclusive Provider Organization (EPO) Gatekeeper model?

An Exclusive Provider Organization (EPO) Gatekeeper model is a product type in which the consumer must select a Primary Care Physician (PCP) and PCP referral is required to see a specialist.

11. What are the product level changes for QHP plans in 2019 that were mentioned?

- MVP is discontinuing two Silver Metal Level products and three Platinum Metal Level products while adding one new Silver Metal Level product.

- Empire BlueCross and Empire Blue Cross and Blue Shield is going from a standard EPO to a Gatekeeper EPO. The addition of the gatekeeper to the products will require members to select a PCP and requires them to obtain referrals from their PCP for specialists. The product names have been updated to indicate the Gatekeeper to avoid any confusion.

- Health Insurance Plan of Greater New York (Emblem Health) has replaced a Bronze Non-Standard product from 2018 with a Gold Non-Standard product for 2019.

Consumers in products that are being discontinued will receive a renewal notice and email reminders telling them that they need to select a new plan for 2019. They can select a different product from the same insurer, or they can choose a product from another insurer.

12. When using/testing the QHP Out-Of-Pocket Estimator tool, how should Assistors advise consumers when trying to estimate the amount they expect to spend on medical costs for the year? Is it the amount they expect to spend out of pocket added together with the plan premium for the year?

Assistors should advise consumers to estimate the full costs of services they seek from their health care providers, not including monthly health plan premiums or prescription drug costs. (Please see the additional information NYSOH shared about this tool.)

Dental Plans & Dental Coverage

13. **How does the waiting period work under a Stand Alone Dental Plan (SADP)?**

    When Consumers sign up for a SADP they get basic adult dental coverage upon enrollment. Under some SADPs, there may be a waiting period for a specific benefit. For example, some SADPs have a 6-month waiting period for X-Rays and some do not.

    For 2019, NYSOH has required that SADPs include language in their benefit descriptions to detail exactly what is covered and which benefits and services are subject to a waiting period so consumers will be able to view the information prior to picking a plan.

14. **If a consumer is already enrolled in a Qualified Health Plan (QHP) or in Essential Plan (EP) and they want to add a Stand Alone Dental Plan (SADP), outside of Open Enrollment, can they do this?**

    QHP-eligible individuals can enroll in SADPs when they are enrolling in medical coverage. Unless a QHP-eligible consumer is eligible for a Special Enrollment Period, they cannot enroll in a SADP outside of open enrollment.

    EP-eligible individuals can enroll in EP and a SADP at any point during the year, or they can change from EP to "EP Plus Vision and Dental," adding vision and dental at any point during the year.

15. **Does NY State of Health offer an option of dental and vision coverage for a dependent who is covered under their parent's medical insurance but who is no longer is eligible for dental and vision under their parent's insurance?**

    In order to enroll in a Stand Alone Dental Plan (SADP), a consumer must be enrolled in a medical plan with NY State of Health. Individuals cannot enroll in vision and dental coverage through NYSOH and medical coverage outside of NYSOH.

16. **How do consumers know if a plan covers adult or pediatric dental?**

    QHP plans that cover dental will say "pediatric, adult or family dental" in the plan name. If there is no reference to dental in the plan name, that plan does not cover it. QHP Insurers have the option of including pediatric dental coverage within their QHP plans, except when there is not a stand-alone dental plan available in the county. When there is not a stand-alone dental plan available, the QHP plans for that particular county are required to cover pediatric dental. Insurers' member handbooks include details about the benefits included.

17. **Often, there are no dental providers in the area that accept the Stand Alone Dental Plans (SADPs) or the EP Plus plans. Can we receive guidance on talking with the consumers regarding this occurrence?**

    We encourage members to check with their Insurer on the provider options available to them. If there are no in-network providers available, the member may receive services from out-of-network providers, and only be responsible for the in-network cost share.

18. **How does the Maximum Out of Pocket (MOOP) work for dental plans? Is it correct that for some SADPs the MOOP is actually the most the PLAN will pay toward the consumer's coverage in a contract year?**

    The Maximum Out of Pocket, or "MOOP," is the most a **member** will pay toward services received throughout the policy period (usually a calendar year). For pediatric dental essential health benefits, Maximum Out of Pocket costs are calculated the same for SADP plans as they are for QHPs. Premiums paid or charges for services not covered by the plan do not count towards the pediatric dental Maximum Out of Pocket limit. The MOOP amounts listed in the NYSOH plan lookup tool apply to pediatric dental benefits only. This is because pediatric dental benefits are essential health benefits (EHB).

    For adult dental benefits, the MOOP provisions do not apply because adult dental benefits are not EHB. Some adult dental plans may have an annual maximum benefit limit – the most that the plan will pay during the calendar year; if the maximum is reached, the plan stops paying for the remainder of the calendar year.

    Look within the plan benefit description on the NYSOH plan look-up tool to see if an adult dental plan has a maximum benefit amount.

Plan Selection

19. **Can Assistors access the Plan Details page in other languages for consumers who's preferred written language is a language other than English?**

    NY State of Health offers a Spanish version of our website, which is accessed by clicking "ESPAÑOL" in the banner on our website. For information in other languages, consumers can contact Customer Service or work with an in-person assistor.

20. **Will the ability to look up Fee-For-Service (FFS) Medicaid providers be added as a functionality to the Provider Look-Up tool?**

    No, not at this time.

21. **Can you please provide the web address for the NY State of Health Plan Look-Up Tool? When can we use this tool to look at available 2019 plans?**

Qualified Health Plans can be viewed through the NY State of Health Plan Look-Up Tool. Using this tool will provide the cost for each plan and will estimate the financial assistance that may be available.

The NY State of Health Plan Look-Up Tool can be accessed from the homepage of our website at: https://nystateofhealth.ny.gov/. The orange button "View Plans and Estimate Your Cost."

Type in the zip code and check the box for "I'm not a robot" and then click on "Get Started."

2019 plan information is now available on this tool. To estimate financial help, click on the dark blue button for "Estimate Financial Help." Enter the information requested and select "Calculate." Then, click "Search" in the filter options to apply the financial help and view available QHPs.

22. **Does the Estimate Financial Help Tool work for child only plans for a 19 or 20-year-old?**

    The anonymous plan search does not provide the tax credit amount for child-only plans at this time.

23. **Where can the Assistor find the deductible on the Plan Selection page for a Stand Alone Dental Plan (SADP)?**

    The deductible amount listed applies to the pediatric dental benefit only. SADP deductibles for pediatric dental benefits may be viewed from the NY State of Health Plan Look-Up Tool located on the NYSOH website; https://nystateofhealth.ny.gov/individual/searchAnonymousPlan/search

    Once you have searched/selected a plan to review, select the grey "View Details" button which will bring you to a page that reports the plan deductible for the pediatric benefit.

    For adult dental benefits, the plan may have a different deductible amount. Check the plan brochure or summary of benefits and coverage, which you can access from the "more information" section within the NYSOH plan look-up tool.

24. **Will there be any functionality updates to the plan selection pages? Currently there is no "back" button when viewing a plan. The Assistor has to take extra steps (such as moving through the application again, or re-sorting the plans viewable) to help a consumer compare plans.**

    After viewing a plan, there is a "Back to Plan List" on the Left side.

25. **Will functionality be updated so that consumers can select their PCP in the NY State of Health application?**

    No, not at this time.

Essential Plan (EP)

1. **Are there any changes in 2019 to the Federal Poverty Level (FPL) thresholds for Essential Plan eligibility?**

   EP 1 & 2 will still be available to adults with incomes greater than 138%FPL and less than or equal to 200% FPL in 2019.

2. **Have the prices been determined for the Essential Plan (EP) Plus Vision and Dental plans for 2019?**

   Yes, the 2019 premiums for EP Plus Vision and Dental have been determined. These premium costs are based on the applicant's financial information and will be displayed once the application is complete.

   The cost for medical coverage through the Essential Plan is the same in 2019 as it was in 2018. Premium cost is determined by financial information entered on an enrollees application. The monthly premiums costs will be between $0 and $20.

   Adding Vision and Dental will increase the premium based on the plan chosen and county in which they are applying. The 2019 premiums when adding vision and dental increased slightly compared to 2018.

Miscellaneous

3. **Where can Assistors find the 2019 Federal Poverty Level (FPL) Chart?**

   The Federal Poverty Level that will be used to determine eligibility for coverage in 2019 are below. (Note that these are the 2018 FPLs.)
   https://info.nystateofhealth.ny.gov/sites/default/files/2018_FPL_Medicaid%20CHPlus%20EP%20QHP.pdf

   This chart will be used to determine QHP and EP eligibility for coverage starting in January of 2019 and will continue to be used throughout the entire year of 2019 for QHP and EP eligible consumers who have an enrollment start date within the 2019 calendar year.

   These income eligibility levels have been in effect for Medicaid and Child Health Plus determinations since March 19, 2018. These income eligibility levels will continue to be in effect for Medicaid and Child Health Plus determinations until the 2019 FPLs are published.

4. **Will consumers need to pay a penalty if they didn't have coverage in 2018? What about 2019?**

   The financial penalty for not having health insurance, unless you qualify for an exemption, remains in effect for the 2018 calendar year.

   Starting in 2019, there is no Individual Mandate penalty in effect anymore. This change was made at the federal level as part of the Tax Cuts and Jobs Act enacted in December 2017.

However, there are still numerous financial and health related reasons to consider signing up for a low-cost health insurance plan.