



Inning #8

How to Pick the Most Valuable Player: QHP Selection



The Webinar will begin at 10:00am
Participant Dial In Number: 1-855-897-5763

Today's Webinar

- Dial in to the audio portion of the webinar using the telephone number on the Audio tab. Audio is transmitted through the telephone only, not through computer speakers.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A tab on your Webex control panel; we will pause periodically to take questions.
- To participate in polling, you must use your own computer.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

Agenda

- Welcome
 - Donna Frescatore, Executive Director, NY State of Health
- Recap of Extra Inning: 2015 Coverage Renewals
- How to Pick the Most Valuable Player: QHP Selection
- Remaining webinar schedule
- Conclusion

Extra Inning: Retaining Current Players: 2015 Coverage Renewal Evaluation Survey Results

Here's what you said:

Nearly 96% said it “increased my knowledge of the topic(s).”

More than 91% said that “information about the renewal process was presented in a way that was easy to understand.”

More than 94% said “there was sufficient information shared to enable me to assist consumers with the 2015 renewal of Marketplace coverage.”

“The training sessions continue to deliver high quality information.”

“Impressed with the organization of these.”

“Speakers must be closer to the microphone.”

Complete the evaluation survey of today's webinar immediately following the program.

Funding for today's inning provided by the



The mission of the NYSHealth is to expand health insurance coverage, increase access to high-quality health care services, and improve public and community health.

Presenter

Lynn Quincy

Associate Director
Health Reform Policy
Consumers Union



Picking the Best Health Plan - What Consumers Need to Know

Lynn Quincy
Associate Director, Health Policy
Oct 15, 2014



Yes, THAT *Consumer Reports*



Consumers Union
POLICY & ACTION FROM CONSUMER REPORTS

Reliability History - Toyota Prius

BETTER <<<<<<<<>>>>>>> WORSE
Redesign year shows in RED.

	10	01	02	03	04	05	06	07	08
-	-	●	●	●	●	●	●	●	●
-	-	●	●	◐	◐	●	●	●	●
-	-	◐	●	●	●	●	●	●	●
-	-	●	●	●	●	●	●	●	●
Drive System	-	-	◐	●	◐	●	●	●	●
Fuel System	-	-	○	◐	○	●	●	●	●
Engine Minor	-	-	●	●	●	●	●	●	●
Electrical System	-	-	●	◐	●	○	◐	●	●
Used Car Prediction	-	-	●	●	●	●	●	●	●

Consumers Hate Health Insurance Shopping

That makes
your job
very difficult!

ConsumersUnion[®]
POLICY & ACTION FROM CONSUMER REPORTS

HEALTH POLICY
BRIEF
JANUARY 2012

What's Behind the Door: Consumers' Difficulties Selecting Health Plans

SUMMARY

Consumer testing by Consumers Union confirms the widely held perception that people struggle to understand their health insurance policies. This information gap has grave consequences for consumers and for the success of most health reform approaches. Indeed, improving consumers' ability to shop in the health insurance marketplace is an area of great untapped potential. But realizing this potential will require a multi-layered policy approach. It will require greater standardization of products in the marketplace, along with better tools for communicating health plan features to consumers. Both strategies will require an in-depth understanding of how consumers shop for coverage and the barriers they face. Rigorous consumer testing provides the nuanced information that can lead to measurable improvements in consumer understanding. This brief highlights the findings from three consumer testing studies. These consolidated results provide a strong foundation for regulatory and legislative efforts to enact policies and provide tools that improve consumers' understanding of health insurance, as well as health plans' own efforts to improve customer communications.

Consumer testing by Consumers Union confirms the widely held perception that people struggle to understand their health insurance policies. These difficulties are so profound that the vast majority of consumers are essentially being asked to buy a very expensive product—critical to their health—while blindfolded. As in the game show “Let’s Make a Deal,” they must make a selection without knowing what’s behind the door.¹ This information gap has grave consequences for consumers and for the success of most health reform approaches.

Why Engage In Consumer Testing?

If policymakers or regulators start with an incomplete or erroneous understanding of how consumers shop for health insurance, they will not design appropriate policies or regulations. However, these entities are hampered by a very limited amount of data on how consumers shop and the barriers they face. There is a general perception that shopping for and using health insurance is

¹ — HEALTH POLICY BRIEF — JANUARY 2012 — WWW.CONSUMERSUNION.ORG

What is Health Insurance Literacy?

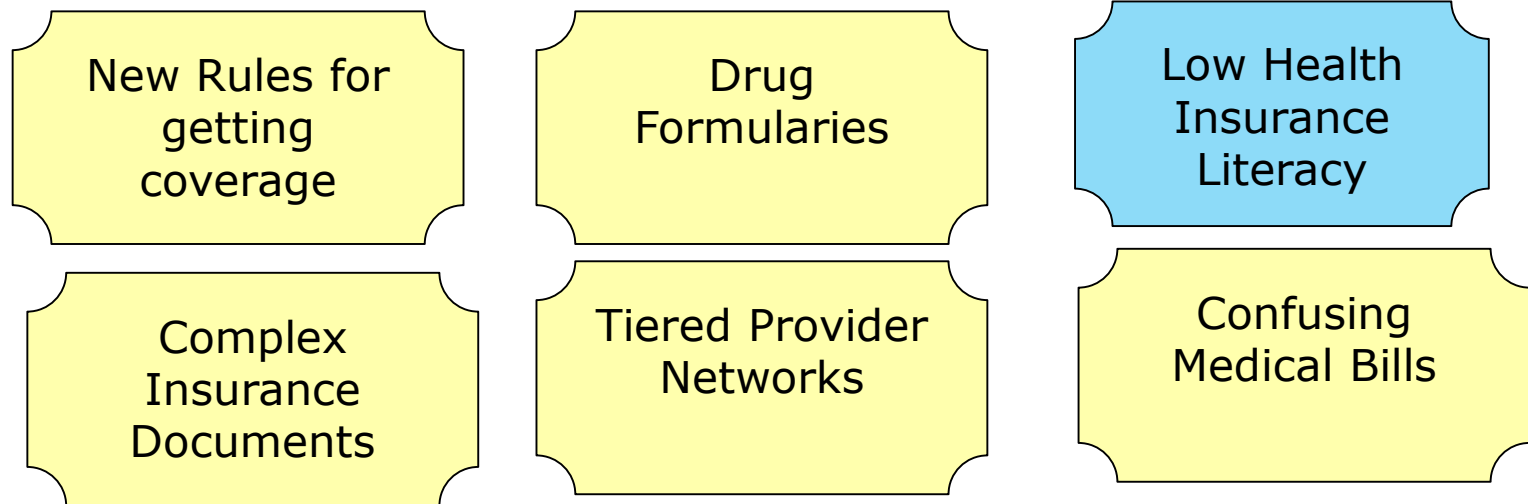
Health insurance literacy measures the degree to which individuals have the knowledge, ability, and confidence to find and evaluate information about health plans, select the best plan for their financial and health circumstances, and use the plan once enrolled.

Low Health Insurance Literacy means...

- Less likely to enroll in coverage
- Less likely to pick the best plan for them
- Not confident in their selection
- Not sure how to use coverage once enrolled

Low Health Insurance Literacy

... is just one piece of the complex puzzle of health insurance



Today...

- What a health insurance literate consumer needs to know
- Model what health insurance information might look like
- Link to resources

What Does a Health Insurance Literate Consumer Need to Know?



How health insurance works



Where and when to shop



Financial help is available



How to find a plan that meets budget and needs



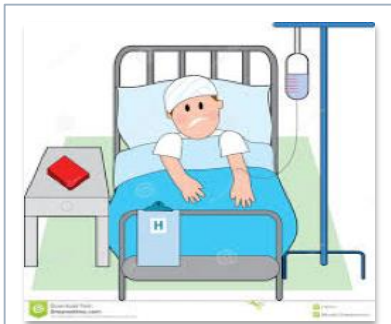
How to use health insurance



Where to go for help!

Basic Understanding of Health Insurance

Cost of Care Without Insurance



**3-day hospital stay
Without insurance:
\$30,000**



**Broken leg
Without insurance:
\$7,500**



**12-month prescription
Without insurance:
\$500**

With Insurance..

You pay a fixed premium each month...



BUT the cost of most medical care is shared between you and the insurance company.

And the insurer has negotiated lower payment rates with doctors.



PLUS, the most you have to pay in a year is capped.
If you get an really expensive illness, insurance will pay the majority of those bills.

Polling Question:

How familiar are your clients with health insurance basics?

- 1. The majority of my clients are unfamiliar**
- 2. About half of my clients are unfamiliar**
- 3. Most of my clients understand how health insurance works.**
- 4. I'm new and haven't worked with any clients yet.**

When and Where to Shop for Coverage

Shopping for coverage

- Many consumers will Google “affordable health insurance”
- That may ...or may not...get them to their state Marketplace.

How does the Marketplace differ from other shopping options?

- Only place you can get financial help:
 - Premium tax credits
 - Cost-sharing reductions
 - Also, determines eligibility for other insurance affordability programs
- Displays of health plan data not based on broker commission schedules



Even if other info used, Marketplace should always be consulted.

Important dates



Marketplace open enrollment

3 months: November 15, 2014 to February 15, 2015

Medicaid & CHIP

Year-Round Enrollment

Special Enrollment Periods

After qualifying life event (year-round)

Tax Filing

January 31, 2015- April 15, 2015

Financial Help is Available

Financial Help Acts as a Motivator to Get Covered

Newly Insured

Financial help was the single greatest motivator to get consumers to explore options and get covered during the initial open enrollment period



The Remaining Uninsured

“I can’t afford insurance.”

-Number one reason respondents gave for not enrolling



1 in 5 Knew About Financial Help

Message Research Shows How We Talk about Financial Help Matters

The remaining uninsured want “proof” that financial help is available and will make insurance affordable.

Consider using statistics or comparing costs to other monthly bills:

“Millions of Americans are getting financial help”

“Frank got covered for less than his monthly cable bill”

“Pam in IA got covered for \$9.43”



Finding the “Best” Health Plan

“Best” is in the eye of the beholder

Shoppers should take into account:

- Ability to afford premiums and cost-sharing
- Health status
- Existing relationships with doctors
 - Transportation/language considerations if no current doctor
- Drugs currently being taken

Don't Forget...

Navigators, CACs, and In-Person Assisters may not tell a consumer what plan is “best”.



The Role of an Assister

Program Requirements	Consumer Assistance Programs (CAPs)	Navigators	Certified Application Counselors
Provide QHP Enrollment Assistance	Yes	Yes	Yes
Conduct Outreach and Education	Yes	Yes	No
Handle Complaints and Appeals	Yes	No	No
Collect Data/Track Trends in Complaints	Yes	No	No
Resolve Issues with Tax Credits Once Enrolled	Yes	No	No



IMPORTANT: Assisters may not tell a consumer what plan to purchase, unless working as an agent or broker

Three things to know about plan choices

- 1. Premiums** and resources that reduce premiums
- 2. Adequacy of Coverage:**
 - Covered services/drug formularies
 - Out-of-pocket costs
- 3. Does Provider Network** include YOUR doctors and hospitals?

Premiums

Fixed payment every month
....whether or not you use medical services



You can get help paying the premium
(tax credits)

Premium isn't your only cost!

What's covered?

- Health plans you buy on your own now cover a standard set of benefits:
 - Doctor, hospital, maternity, prescription drugs, mental health and more.
- But some things may not be covered:
 - Adult dental
 - Children's dental
 - Certain drugs



Summary of Benefits and Coverage

Insurance Company 1: Plan Option 1

Coverage Period: 01/01/2014 – 12/31/2014

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

Coverage for: Individual + Spouse | Plan Type: PPO



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.\[insert\]](http://www.[insert]) or by calling 1-800-[insert].

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. See www.[insert].com or call 1-800-[insert] for a list of participating providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <u>excluded services</u> .

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OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146

1 of 8

Released on April 23, 2013 (corrected)

Where can I find this summary (SBC?)

Click on the benefit categories below to learn more about this plan's covered benefits and services. To see a full

Plan Documents

Company Website

<http://newyork.healthrepublic.us/contact>

Summary of Benefits and Coverage

<http://newyork.healthrepublic.us/product/education/summary-of-benefits>

Prescription Drug List

<http://newyork.healthrepublic.us/formulary>

Provider Network

<http://newyork.healthrepublic.us/network>

Plan Brochure

Payment Information

[Return to Plan List](#)

[Select This Plan](#)

Other Covered Services



CD BChoice Sil 2000

Coverage Period: 01/01/2014 - 12/31/2014

Coverage for: Individual | Plan Type: HMO

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

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Most coverage provided outside the United States.
- Non-emergency care when traveling outside the U.S.
- 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.)

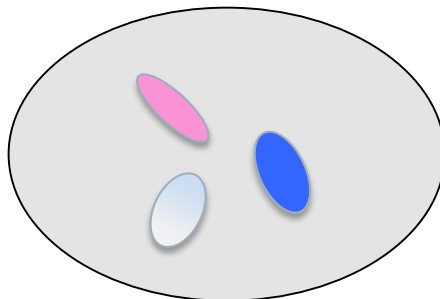
- Bariatric surgery
- Chiropractic care
- Private-duty nursing
- Routine eye care (Adult)

Source: Summary of Benefits and Coverage for CareFirst Blue Choice Silver and Kaiser Permanente KP VA Silver 1750/25%/Has Dental plans in Fairfax County, VA

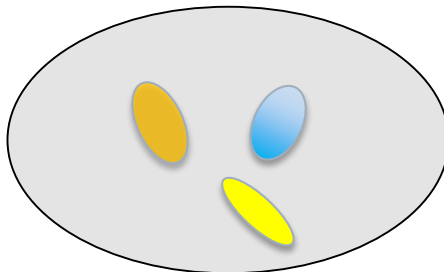


Check the Drug Formulary for drugs you take

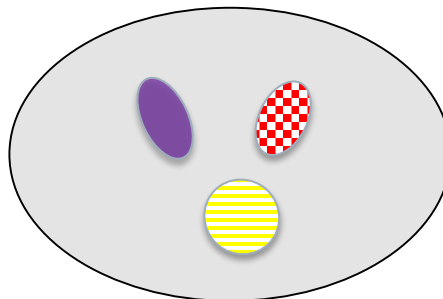
Tier 1: Generic \$



Tier 2: Brand \$\$

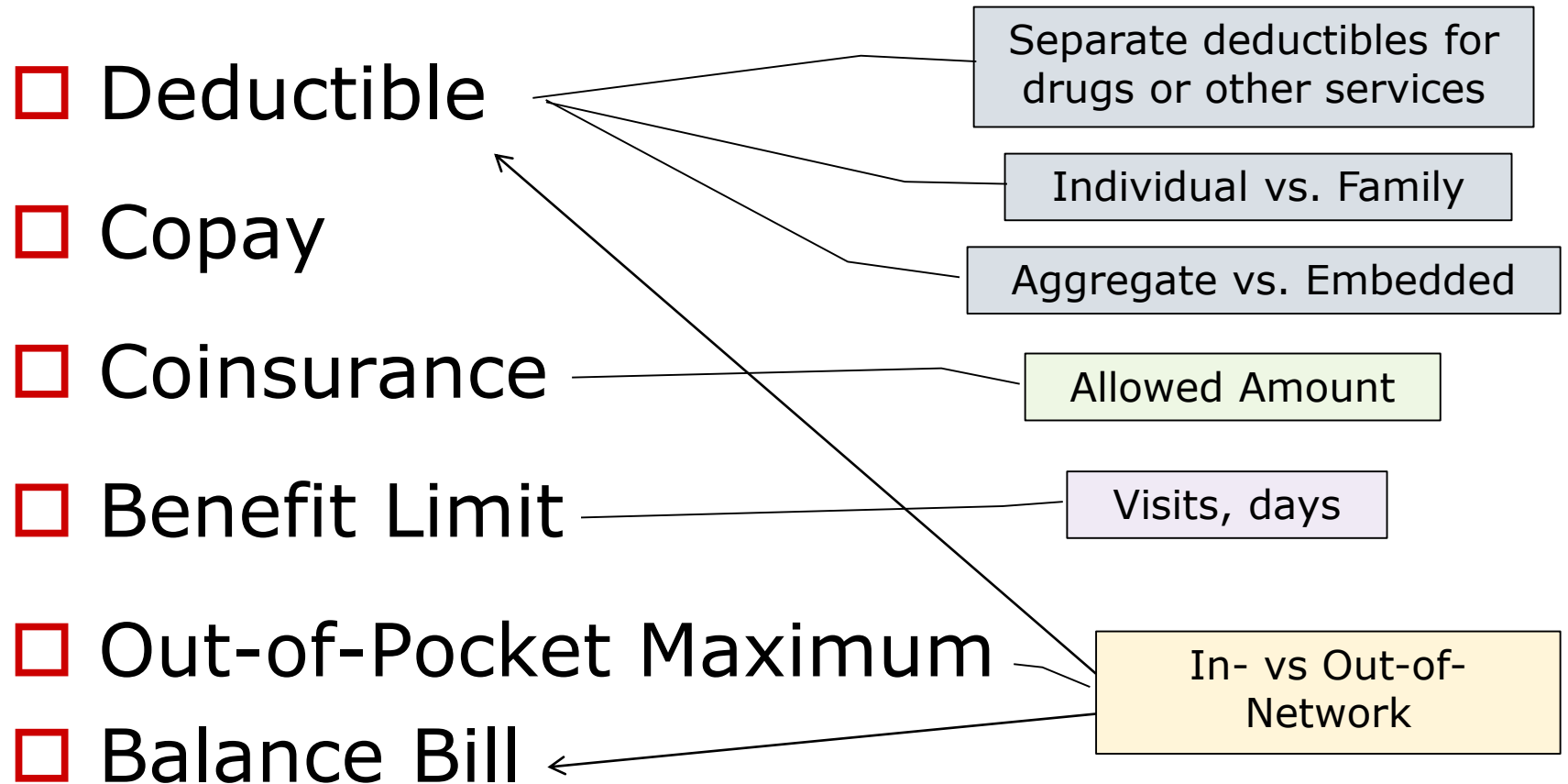


Tier 3: Specialty Drugs \$\$\$\$



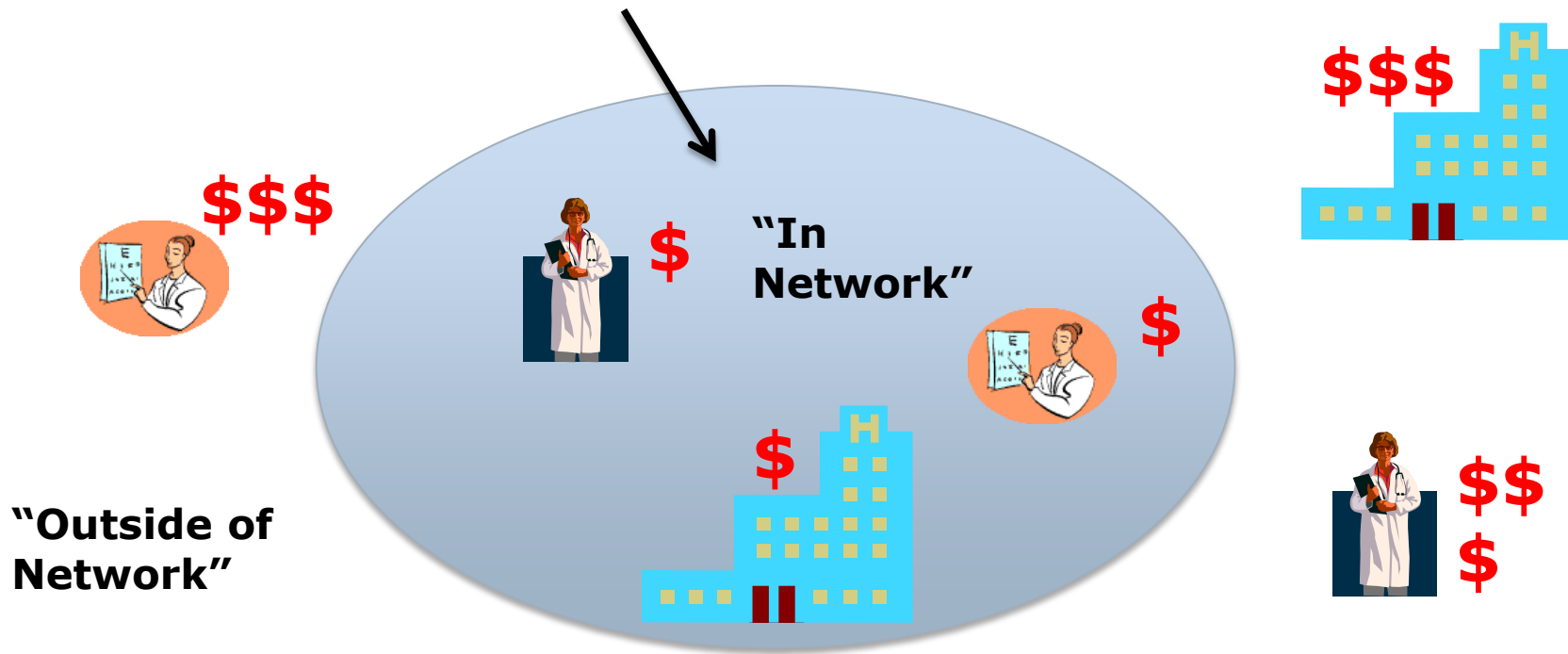
HOW? Use Marketplace website or ask the health plan for the link to the formulary online (won't be listed on the SBC) 36

Cost-sharing terms are very difficult for consumers



Cost-sharing will vary by whether providers are in or out of network

To minimize costs, patients should participate in the plan's "network"

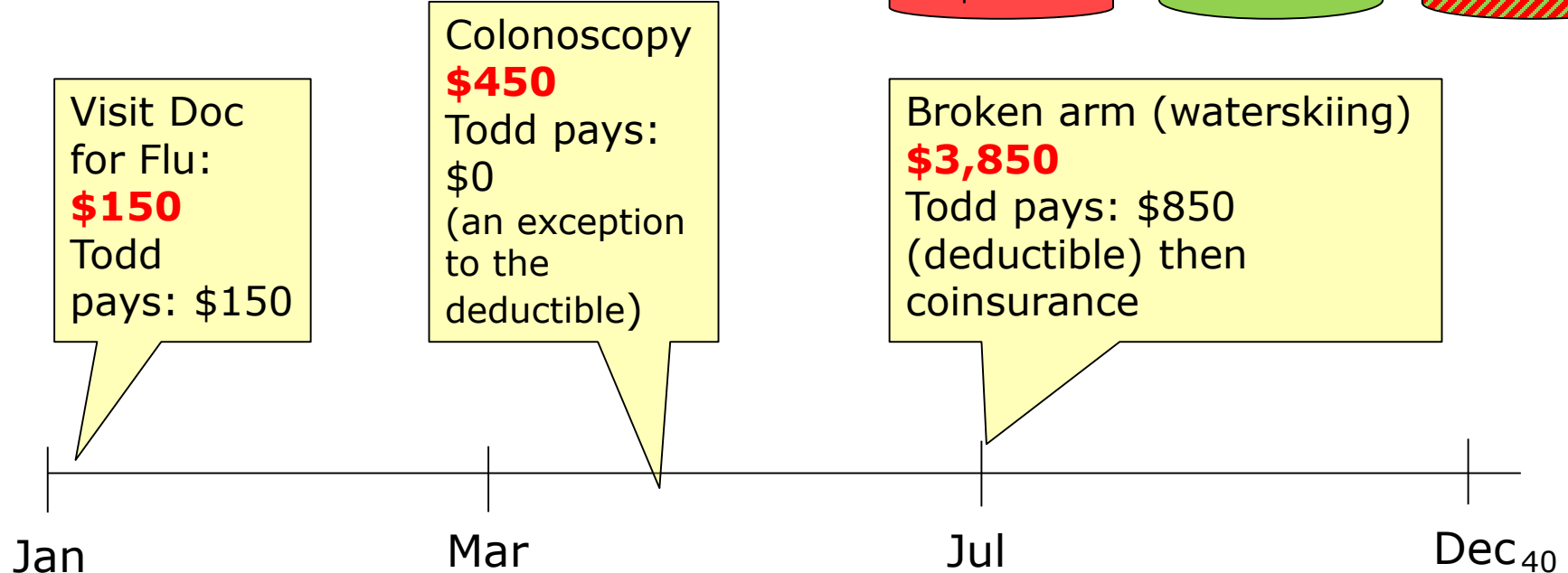


Polling Question: How many of these deductible terms have you encountered?

- 1. Family Deductibles**
- 2. Out-of-network deductibles**
- 3. Aggregate deductibles**
- 4. Exceptions to deductibles**
- 5. Separate deductibles for Medical/Pharmacy**
- 6. Some but not all of these**
- 7. All of these**

Deductible is what you pay first

Todd's plan has a
\$1,000 deductible:



Exceptions to Deductible

□ Free Preventive Health Services

- including some vaccinations, mammograms and other cancer screenings, contraception, including birth control pills, and periodic physicals. But prevention services do not include treatment for an illness, such as the flu.
- See: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>

□ Some plans offer 1-3 primary care visits before deductible – you have to look.



If the price for a doctor visit followed by the phrase "after the deductible is met" the consumer must pay the full deductible before getting doctor visits for indicated copayment or coinsurance amount.

Where can I find deductible information?

Insurance Company 1: Plan Option 1

Coverage Period: 01/01/2014 – 12/31/2014

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

Coverage for: Individual + Spouse | Plan Type: PPO



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Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
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Types of Deductible

- ❑ Individual vs. Family
- ❑ Separate Medical and Prescription Drug vs. Combined

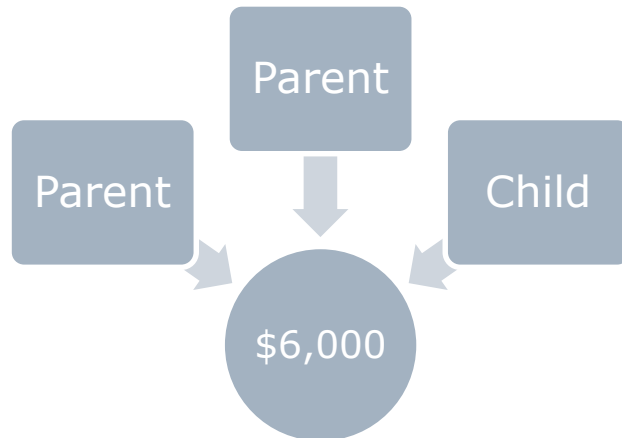
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Types of Deductible Aggregate vs. Embedded

Family Composition = 2 parents, 1 child

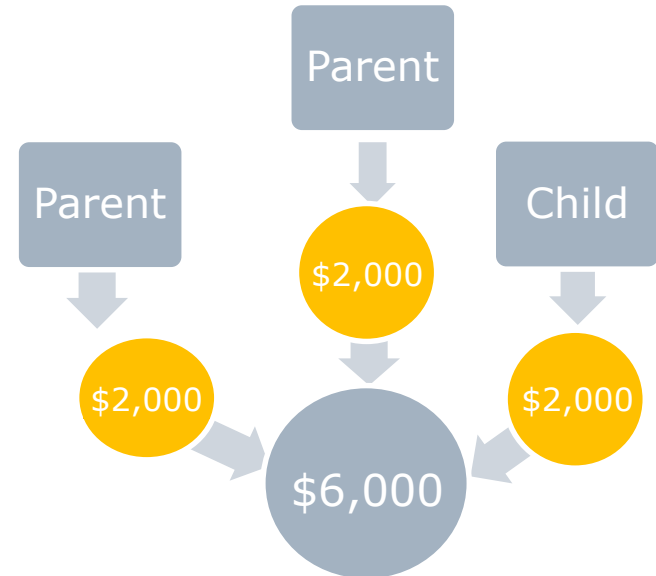
Family Deductible = \$6,000

Aggregate Deductible



Entire family deductible must be met before co-pay or coinsurance is applied for any individual family member.

Embedded Deductible

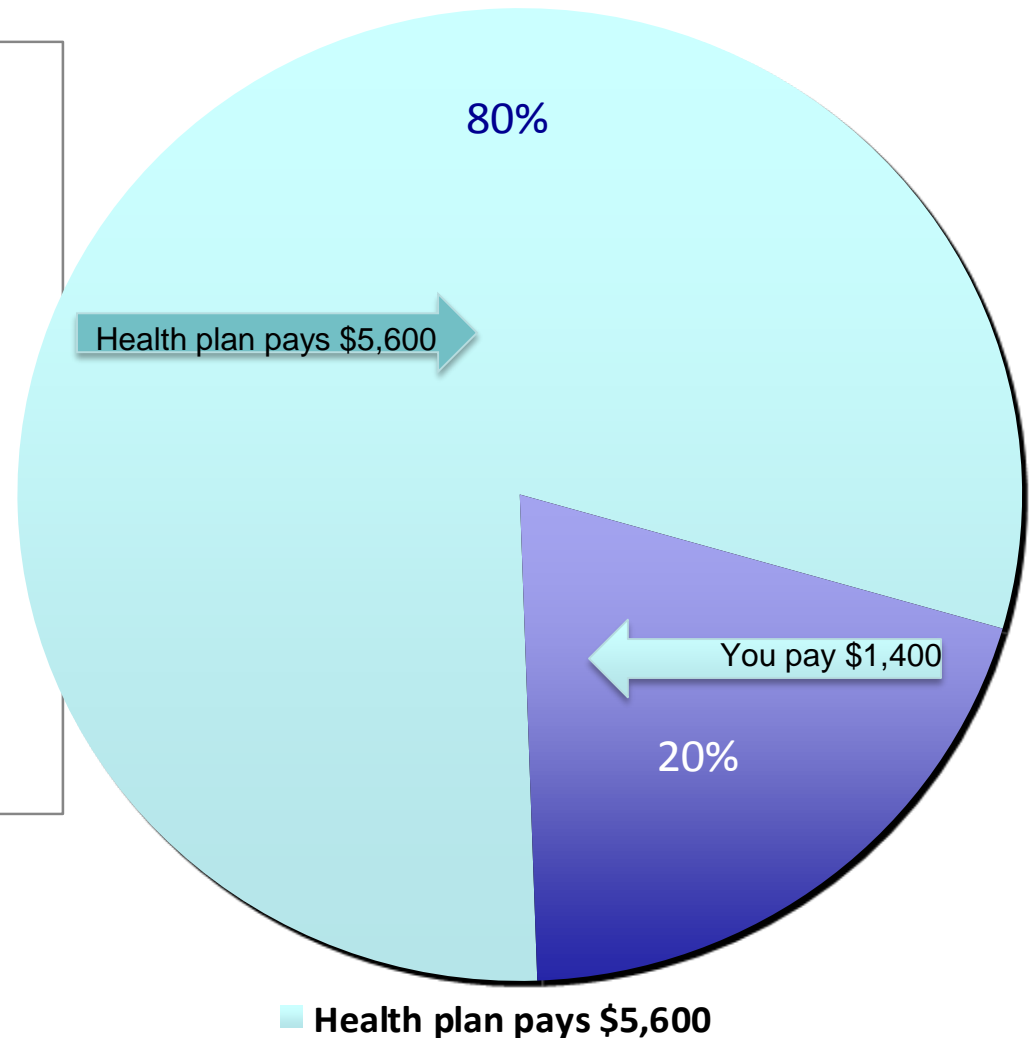
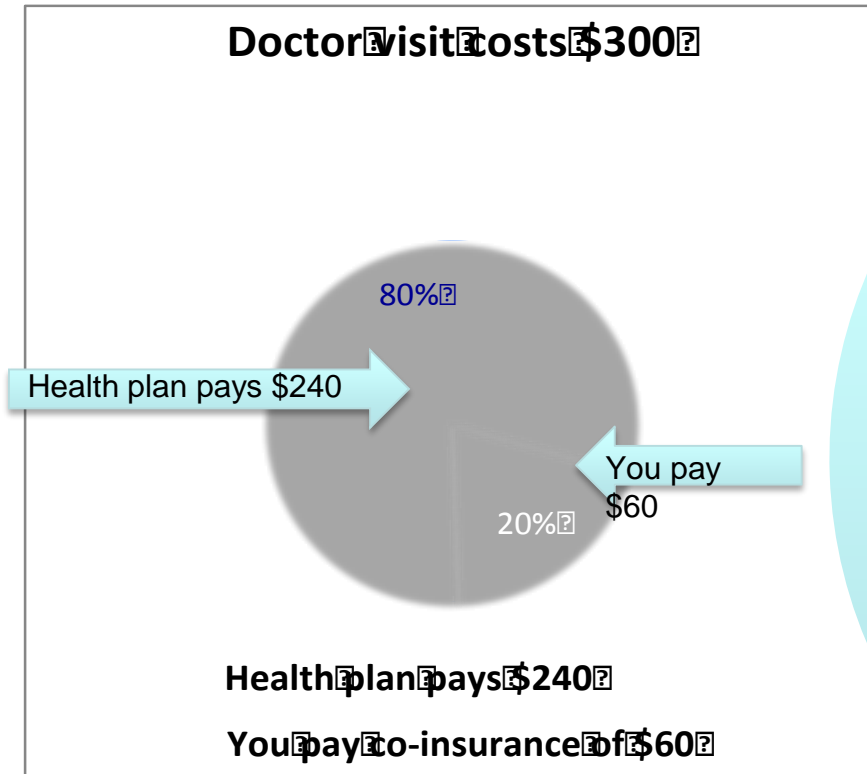


Each family member only needs to meet his/her individual deductible prior to receiving plan benefits.

Co-insurance

Cost is shared between enrollee and plan

Broken arm costs \$7,000



Co-insurance percentages apply to the “allowed amount”



Most times, you don't learn what the allowed or contracted amount is until you get your bill.

Where can I find coinsurance information?

Insurance Company 1: Plan Option 1

Coverage Period: 01/01/2013 – 12/31/2013

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

Coverage for: Individual + Spouse | Plan Type: PPO

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$35 co-pay/office visit and 20% co-insurance other outpatient services	40% co-insurance	none
	Mental/Behavioral health inpatient services	20% co-insurance	40% co-insurance	none
	Substance use disorder outpatient services	\$35 co-pay/office visit and 20% co-insurance other outpatient services	40% co-insurance	none
	Substance use disorder inpatient services	20% co-insurance	40% co-insurance	none
If you are pregnant	Prenatal and postnatal care	20% co-insurance	40% co-insurance	none
	Delivery and all inpatient services	20% co-insurance	40% co-insurance	none
If you need help recovering or have other special health needs	Home health care	20% co-insurance	40% co-insurance	none
	Rehabilitation services	20% co-insurance	40% co-insurance	none
	Habilitation services	20% co-insurance	40% co-insurance	none
	Skilled nursing care	20% co-insurance	40% co-insurance	none
	Durable medical equipment	20% co-insurance	40% co-insurance	none
	Hospice service	20% co-insurance	40% co-insurance	none
If your child needs dental or eye care	Eye exam	\$35 co-pay/ visit	Not Covered	Limited to one exam per year
	Glasses	20% co-insurance	Not Covered	Limited to one pair of glasses per year
	Dental check-up	No Charge	Not Covered	Covers up to \$50 per year



Benefit Limits

(less coverage for consumers)

- Not allowed by law:
 - Dollar lifetime limits
 - Dollar annual limits
- Allowed under law:
 - Visit limits
 - Day limits
 - Script limits



Once a limit is reached, patient pays all costs for services over the limit.

Where can I find Benefit Limit information?

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	Dental check-up	No Charge	Not Covered	Covers up to \$50 per year



Out-of-Pocket Maximum

Protects Consumers

- This is the total you have to pay each year for most of your covered services.
- It does not include premiums or balance bill charges.
- In-network vs. out-of-network.

Where can I find out-of-pocket Maximum information?

Insurance Company 1: Plan Option 1

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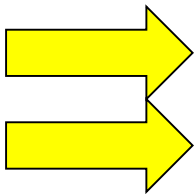
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What is the overall <u>deductible</u> ?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
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Does this plan use a <u>network of providers</u> ?	Yes. See www.[insert].com or call 1-800-[insert] for a list of participating providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.



Balance Billing

Charges from Out-of-Network Providers

- ❑ In-network providers are capped on what they can bill you
- ❑ Out-of-network doctors can bill as much as they want.
- ❑ Bill might look like this:

	Provider Charge	Plan Allowed Amount	Balance
Total	\$500	\$300	\$200
Plan Pays		\$150 (50%)	\$0
Patient Pays		\$150	\$200



Metal tiers can help!

Tiers provide an overall indication of patient cost sharing in-network

	Premiums	Out-of-Pocket Costs
Platinum Plans	Highest	Lowest
Gold Plans	Higher	Lower
Silver Plans	Moderate	Moderate
Bronze Plans	Lower	Higher
Catastrophic Plans	Lowest	Highest

Health Savings Accounts

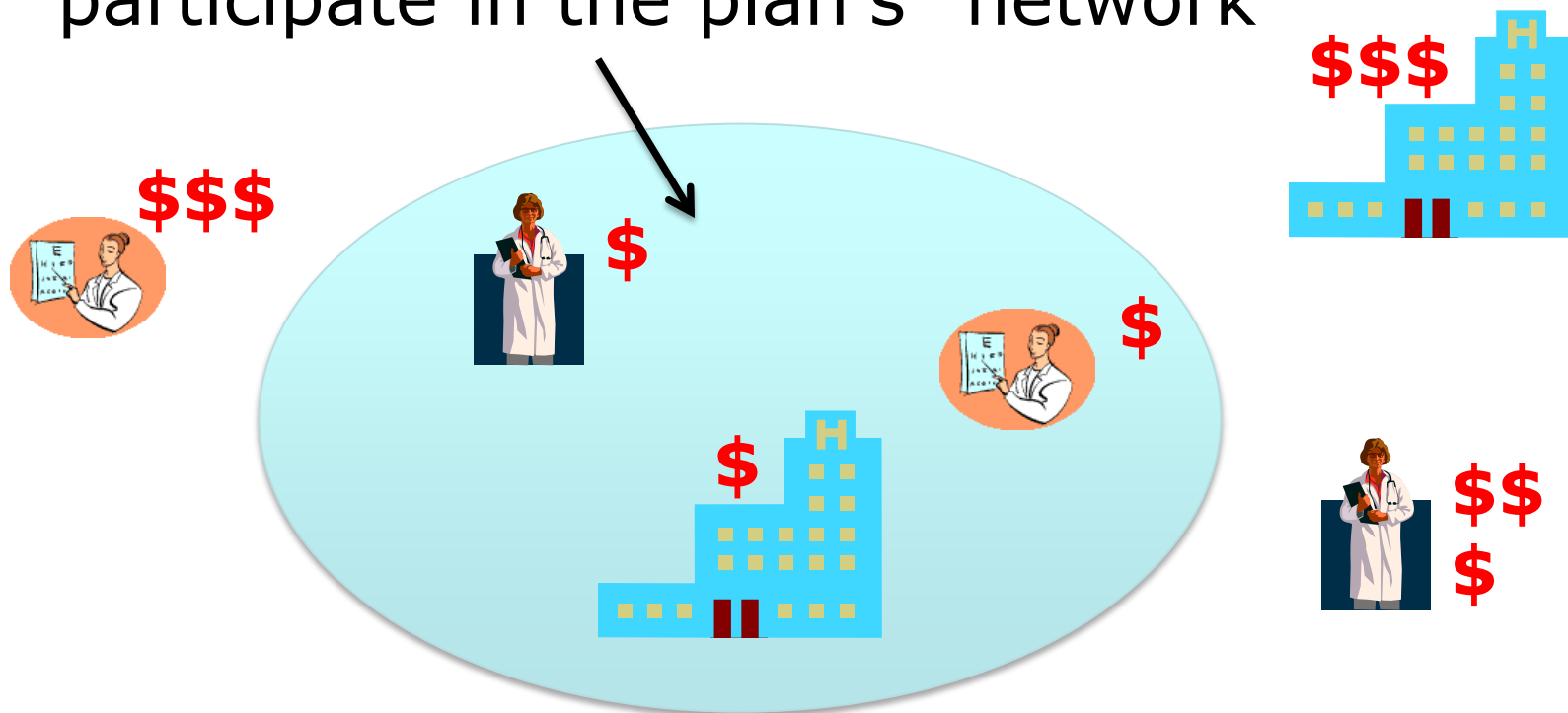
- Linked to a health plan that has these features:
 - Min deductible for 2015: \$1,300 individual; \$2,600 family
- Consumer puts pre-tax money in the account
 - Max: \$3,350 individual; \$6,650 family
- Expenses can be paid from account:
 - Cost-sharing
 - Medical supplies
 - Premiums after age 65



Not appropriate for many low income families....

Provider Networks

- To minimize costs, patients must use doctors and hospitals that participate in the plan's "network"

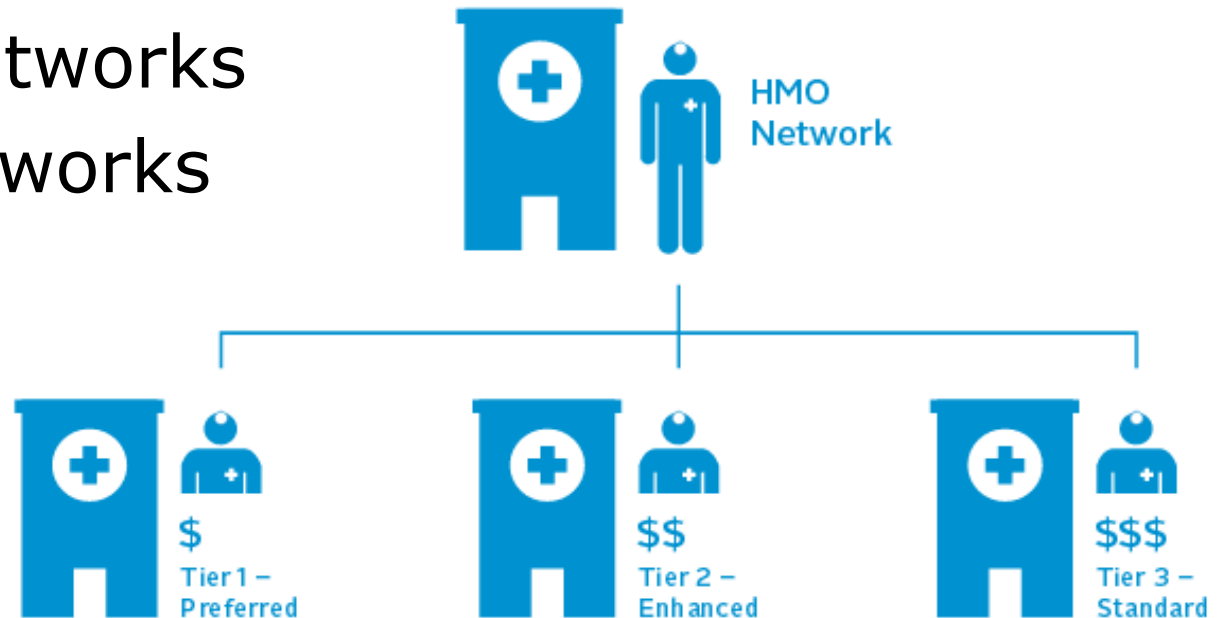


What Enrollee Pays Varies by Types of Provider Network

Type	Name	PCP Required?	Referrals Required?	Out-of-Network Coverage?	Lower Co-pays In-network?
PPO	Preferred Provider Organization	No	No	Yes	Yes
HMO	Health Maintenance Organization	Yes	Yes	No	n/a
POS	Point of Service	Yes	Maybe	Yes	Yes
EPO	Exclusive Provider Organization	No	No	No	n/a

Trends in Provider Networks

- Narrow networks
- Tiered networks



Adapted with permission from
CBPP presentation.

Where can I find provider network information?

Insurance Company 1: Plan Option 1

Coverage Period: 01/01/2014 – 12/31/2014

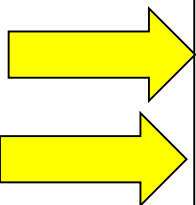
Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Spouse | Plan Type: PPO



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.\[insert\]](#) or by calling 1-800-[insert].

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How Cost-sharing Differs by Network "Tier"

- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)

This plan may encourage you to use in-network **providers** by charging you lower **deductibles, copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Domestic Network Provider	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 co-pay	20% co-insurance	Not Covered	Subject to deductible
	Specialist visit	\$40 co-pay	20% co-insurance	Not Covered	Subject to deductible
	Other practitioner office visit	Acupuncture Not Covered Chiropractic \$40 co-pay	Acupuncture Not Covered Chiropractic 20% co-insurance	Not Covered	Subject to deductible
	Preventive care/screening/immunization	No Charge	No Charge	Not Covered	Adult Physical 1 Visit(s) per contract year
If you have a test	Diagnostic test (x-ray, blood work)	X-Ray \$40 co-pay Lab Services \$25 co-pay	20% co-insurance	Not Covered	Subject to deductible
	Imaging (CT/PET scans, MRIs)	\$40 co-pay	20% co-insurance	Not Covered	Subject to deductible

Bottom line: use provider directories to ensure YOUR doctors and hospitals are in-network

Find a Plan for Laurie Jeters

Account Information

Build Household

Income

Other

Account

Find

Monthly Premium [?]

\$96⁰⁷ to \$5,000⁰⁰

Metal Level [?]

Select

Carrier Name [?]

Search by Doctor [?]

Search by Hospital or Facility [?]

Select

MICHAEL LETTRICK (FAMILY PF)

Select a Doctor

Reset

Select a Facility

Quality Rating [?]

☆☆☆☆☆

Reset All Filters

Apply Filters

Filter Options ▲

Apply for an Exemption

Apply for an Exemption

different
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ction, call
on Reset
insurance

Provider directories may be inaccurate



Enrollee should call health plan and doctor to confirm in network

Polling Question: Which Aspects of Plan Selection are Hardest for Your Clients?

1. Premiums
2. Tax credits that lower premium cost
3. Which services are covered?
4. Cost-sharing (deductibles, coinsurance, etc)
5. Provider networks
6. I haven't yet worked with clients



Questions?



Congratulations –
you're covered!
Now what?

You've got coverage, now what?

- Keep paying your premiums
- Find a primary care doctor – don't use the emergency room for routine care
- Report changes in income and family size to the Marketplace (if you are receiving a tax credit)

How do I get the most out of my appointment?

During your appointment, ask:

- Why do I need this treatment?
- What is the test for?
- Are there any alternatives?
- What are the possible complications?
- How many times have you done this procedure?
- When will I get the results?
- Does the medication have any side effects?
- Will this medicine interact with medicines that I'm already taking?



For more information: <http://www.ahrq.gov/apps/qb/>

How do I make sure I get the most out of my appointment?

After the appointment . . .

- Follow your provider's instructions
- Fill any prescriptions you were given
- Schedule a follow-up visit if necessary
- Contact your insurance plan or provider



Adapted with permission from
Texas Association of Community
Health Centers presentation

Insurer didn't pay for a service? Got a bill that seems too high?

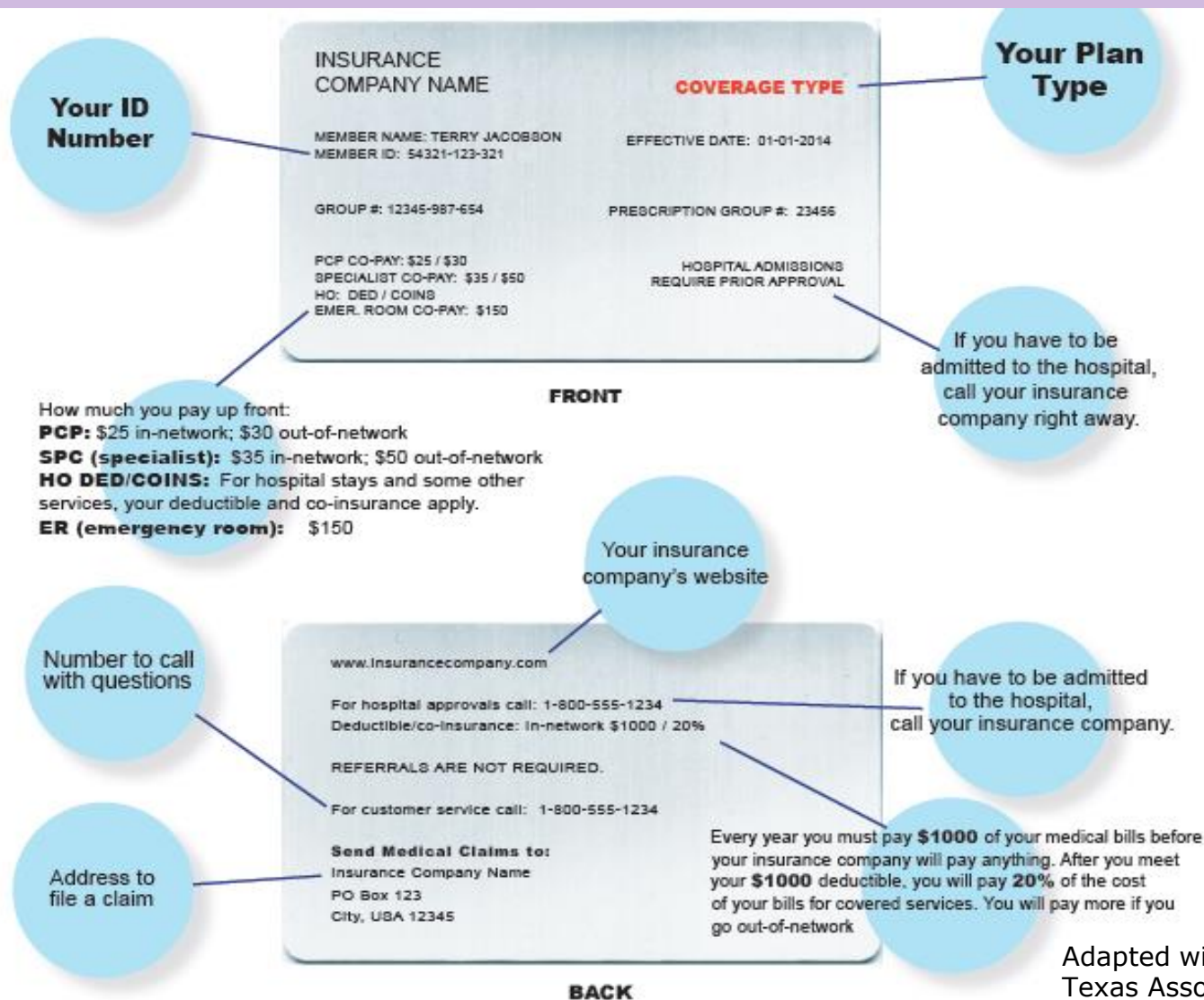
You have options!

- Start with health plan's 1-800 number
- Call number at the bottom of your "Explanation of Benefits"
- If that doesn't help, contact the Department of Financial Services Consumer Complaint Division:

<http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

Explain the info on the insurance card

For example:



Adapted with permission from Texas Association of Community Health Centers presentation

Polling Question: Once covered, what do your clients have the most difficulty with?

- 1. Paying premiums**
- 2. Finding primary care doctor**
- 3. Understanding their “explanation of benefits”**
- 4. Understanding other health plan communications**
- 5. Knowing where to complain**
- 6. Something else**
- 7. I don’t hear from my clients after they’ve enrolled.**



Resources

- Sign up for the Health Insurance Literacy Listserv! Email sstern@enrollamerica.org
- Health Insurance Literacy Resource Hub for digital tools, fact sheets and other handouts, and videos to help fill gaps in health insurance literacy among consumers. <http://www.enrollamerica.org/hil/>

Health Insurance Literacy Resource Hub

Welcome! Below are digital tools, fact sheets and other handouts, and videos to help fill gaps in health insurance literacy among consumers and assisters. These materials have been sent to Enroll America by a variety of enrollment stakeholders.

This Resource Hub is a mechanism to foster collaboration among enrollment stakeholders and to create a one-stop-shop so organizations do not have to reinvent the wheel. Posting of materials does not indicate an endorsement by Enroll America. Resources that have been consumer-tested will be prioritized for posting. To have materials added to this webpage, please email sstern@enrollamerica.org.

IMPORTANT: We are in the process of making this webpage easier to navigate so you can quickly find the tools and resources you need. In the meantime, please take a look and stay tuned!

Menu

[Health Insurance Basics](#)

[Tax Credits, Exemptions, and the Fine](#)

[Premiums and Out-of-Pocket Costs](#)

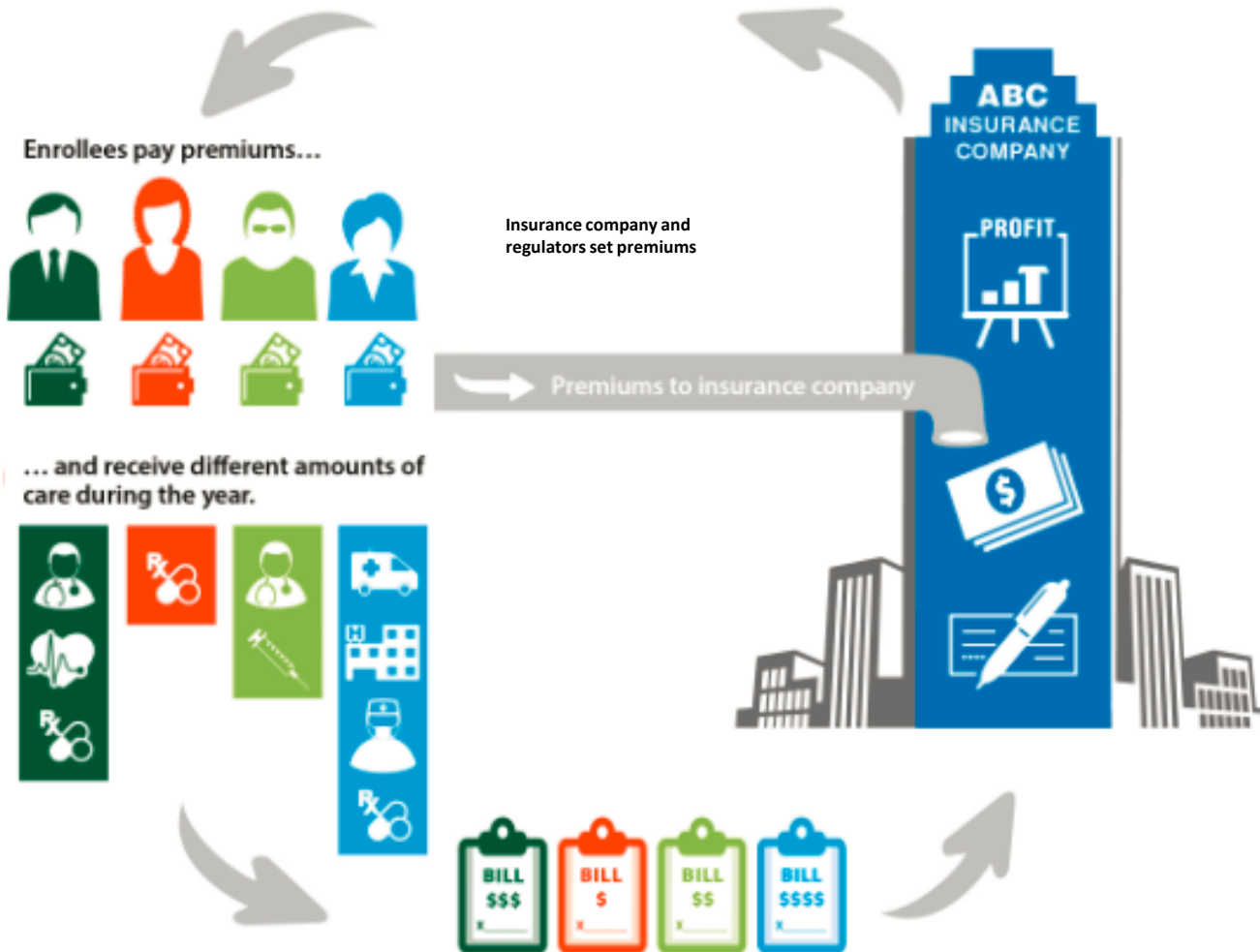
[Choosing a Plan](#)

[Using Coverage](#)

[Constituency-Specific Resources](#)

[About Health Insurance Literacy](#)

How Health Insurance Works



Short, interactive guide to Premium Tax Credit

English | Español

ConsumerReports

Health Tax Credit Tool

Robert Wood Johnson Foundation

Lower the cost of health insurance

with the Health Premium Tax Credit. This new tax credit is a form of financial help available to people who buy their own plans.

EXAMPLE:

MONTHLY PREMIUM BILL:	\$400
MONTHLY TAX CREDIT:	-\$250
FINAL COST:	\$150

Would I Qualify?

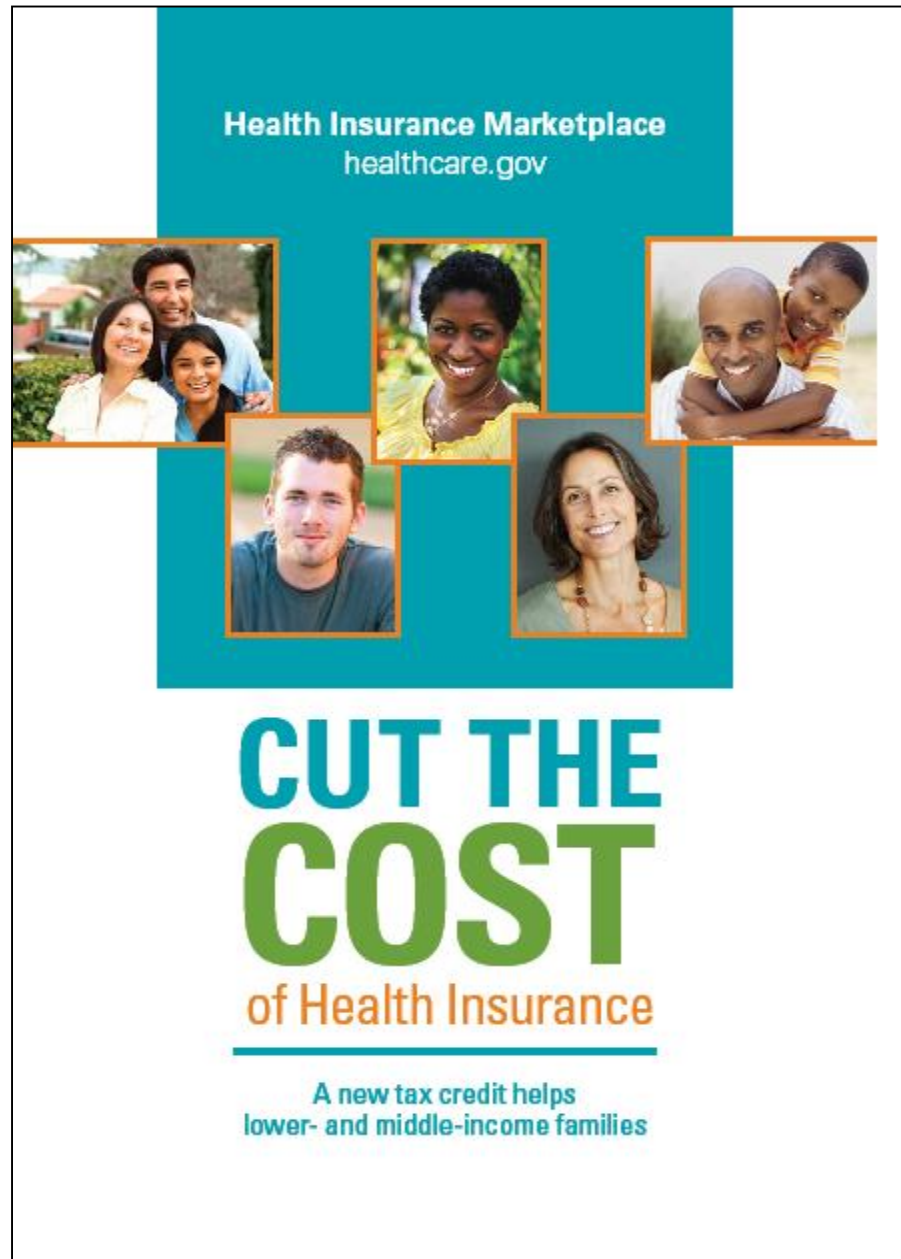
Answer a few questions to learn more about the tax credit and whether you might qualify.

? FAQs



www.healthtaxcredittool.org

Consumer-
tested paper
brochure
explaining tax
credit
-customized
for each state



Sample Page

3 Two Ways to Take the Tax Credit — You Decide!

Take It Now!

October 2013 – March 2014	<ul style="list-style-type: none"> • Sign up for health insurance at HealthInsuranceMarketplace.gov • Tell them you want to take the tax credit “in advance.” You can take your full credit in advance, or just a portion.
2014	<ul style="list-style-type: none"> • Your tax credit is used to reduce your premium — you pay a lower premium each month!
January 2015	<ul style="list-style-type: none"> • Get a statement from your health plan showing how much tax credit you received in 2014.
January 2015 – April 2015	<ul style="list-style-type: none"> • File your 2014 taxes, including information about tax credit already taken.

ADVANTAGE: Lower your health care premium each month!



“I love my steady job at the print shop, but it’s tough to make ends meet. So I’m taking the tax credit now. It’s just nice to have less going out each month.”

Monthly Premium	\$300
Monthly Tax Credit	– \$240
Adjusted Monthly Cost	\$60

HealthInsuranceMarketplace.gov

Take It Later!

October 2013 – March 2014	<ul style="list-style-type: none"> • Sign up for your health insurance at HealthInsuranceMarketplace.gov
2014	<ul style="list-style-type: none"> • Pay the full premium each month
January 2015 – April 2015	<ul style="list-style-type: none"> • File your 2014 taxes • Subtract the amount of your tax credit from the amount you owe — or get a bigger refund if you don’t owe anything.

ADVANTAGE: Lower the amount you pay at tax time!

“I can afford the monthly premium. So I’m taking the tax credit later. I like the idea of getting a bigger refund next April. I’ll use it to get my kids a better computer.”

Tax Due	\$900
Yearly Tax Credit	– \$2,880
IRS Refund	\$1,980



Call 1-800-555-1212

Last Page:

Can be customized
with your assister
contact
information.

More at:
[consumersunion.org/
tax-credit](http://consumersunion.org/tax-credit)

5

How Do I Get Started?

- For details on whether you qualify and for how much credit you will get, contact your state's Health Insurance Marketplace:

healthcare.gov

or call

1-800-555-1212

- Need more advice? Talk to a local agent, broker or enrollment counselor familiar with this new program at:

xxxx.org

or call

1-888-111-2222

or visit this local office:

123 Maple Avenue

Somewhere, ST 12345

- At tax time, talk to your tax preparer or find free tax preparation help at:

irs.treasury.gov/freetaxprep

or call

1-800-906-9887

Distributed by Health Insurance Marketplace

Updated: 4/17/2013

Questions?



Thank you!

Please email
with questions:

lquincy “at” consumer.org
www.consumersunion.org

Remaining Spring Training Series Webinars

- **Inning #9, 2015 Health Plan Lineup (2015 Health Plan Choices)**
 - Wednesday, October 22, 2014, 10am
- ***To Be Rescheduled:* Inning #7, Know Who You're Pitching To, Part 2 (Cultural & Linguistic Competence)**

End of the Inning

- Please complete Inning #8 survey.
- Watch for inning replay to be posted to <http://info.nystateofhealth.ny.gov/SpringTraining>
- Reminders to follow for the remaining webinars. The registration links have already been emailed.