

NY State of Health 2015 Health Plans

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.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.



Agenda

- Welcome Kelly Smith: Director, Small Business Marketplace
- 2015 Health Plans Randi Imbriaco: Director, Plan Management
 - Carriers
 - Qualified Health Plans
 - Resources
- Q&A

2015 Health Insurers



Indicates participation in the Small Business Market







































Indicates participation in the Small Business Market

2015 Dental Insurers





























Health Plan Updates for 2015

Individual Marketplace

New Carrier: Wellcare

- Expanded Service Areas:
 - EmblemHealth 18 counties
 - Fidelis Care 11 counties
 - Health Republic 11 counties
 - Healthfirst 1 county
 - MVP 1 county
 - North Shore LIJ 3 counties
- Leaving Market: Today's Options

Map of health plans by county: http://info.nystateofhealth.ny.gov/PlansMap

Chart listing counties covered by each plan:

http://info.nystateofhealth.ny.gov/sites/default/files/2015%20Medical%20Plans%20by%20County%20-%20Individual.pdf



Health Plan Updates for 2015

Small Business Marketplace

- New Carriers: Emblem Health, Blue Cross Blue Shield of Western NY
- Expanded Service Areas:
 - Health Republic 11 Counties
 - MVP 1 County
 - North Shore LIJ 3Counties
- Leaving Market: Oxford



Standard Plan Refresher

- Every insurer must offer a Standard Product at each metal level
- Standard products include all of the Essential
 Health Benefits except pediatric dental is optional
- Cost sharing (deductibles, copayments) are the same across insurers within a metal tier
- Differences between insurers are provider network, formulary and quality rankings



Minimal Changes to Standard Products in 2015

Metal Level	Deductible	Maximum Out of Pocket
Platinum	\$0	\$2,000
Gold	\$600	\$4,000
Silver	\$2,000	\$5,500
Silver (200-250 FPL)	\$1,200	\$5,200
Silver (150-200 FPL)	\$250	\$2,000
Silver (100-150 FPL)	\$0	\$1,000
Bronze	\$3,000	\$6,350

Wellness Benefit may be substituted



Non-standard Plans Refresher

- Insurers remain limited to 3 Non-standard product offerings
- New non-standard product offerings must be meaningfully different from the standard product
 - Examples: adult dental, adult vision, acupuncture, network variation



Side by Side Comparison

	Standard	Non-Standard
Offering	Offered by all insurers	Offered by most i nsurers
Provider Network	Marketplace Network	May be the Marketplace, Tiered or Limited Network
Pharmacy	No separate Rx deductible Maximum out-of-pocket includes all Rx spending & deductible	May have separate Rx deductible Maximum out-of-pocket includes all Rx spending & deductible
Covered Benefits	Essential Health Benefits (EHB)	EHB plus additional benefits
Cost-sharing	Standard across all insurers	Varies from insurer to insurer



2015 Dental Products Better Reflect Consumer Enrollment Preference

- 1. Pediatric Dental (up to age 19) is offered as a standalone product for children only
- 2. Stand-alone dental is available at 4 tiers:
 - Single adult
 - 2 Adult
 - 1 Adult plus child
 - Family
- 3. Stand-alone dental products are available with dependent coverage through age 25 or through age 29



Product Naming Format

- The name of each plan will follow a standard format to help consumers better understand the plan
- Every product offered in 2015 will use this new naming format
 - Individual Marketplace
 - Small Business Marketplace





Field Name	Values	Meaning
Product Name	To be assigned by Insurer	
Metal Tier	Bronze, Silver, Gold, Platinum, Child Only, Catastrophic	Identifies Metal Level and whether Child Only Product
Standard/Non-standard	ST or NS	Identifies Standard (ST) or Non- Standard (NS) Product
Network Coverage	INN or OON	Identifies in-network coverage (INN) or out-of-network coverage (OON)
Dental Coverage	Pediatric Dental, Adult/Family Dental	Identifies type of dental coverage included, if any, in QHP
Dependent Age Coverage	Dep25, Dep29	Identifies the maximum age of covered dependents
Non-Standard Details	Adult Vision, Family Dental, Family Vision, Wellness, Other	Identifies additional covered benefits

Naming Format – Small Business Market



Same elements as Individual Market, PLUS the following:

Field Names	Values	Meaning
Domestic Partner	DP	Identifies that domestic partners are covered
Family Planning	FP	Identifies that family planning benefits are covered



Naming Format – Dental Plans

Field Name	Values	Meaning		
Product Name	To be assigned by Insurer	To be assigned by Insurer		
Standard/Non-standard	ST or NS	Identifies Standard (ST) or Non- Standard (NS) Product		
Network Coverage	INN or OON	Identifies in-network coverage (INN) or out-of-network coverage (OON)		
Dental Coverage	Pediatric Dental, Adult/Family Dental	Identifies type of dental covered		
Dependent Age Coverage	Dep25, Dep29	Identifies the maximum age of covered dependents		



Network Adequacy

- Every QHP offered on the Marketplace must meet network adequacy standards, even if the networks are tiered or tailored
- If an insurer is lacking a particular type of physician or provider, the insurer must permit the consumer to access out-of-network providers at the in-network cost-share



Network Identification

- NYSOH has required all insurer participants to modify their web sites to ensure the Marketplace networks are clearly identified
- Most insurers have made this change and some will have their websites updated by November 15

http://info.nystateofhealth.ny.gov/resource/health-plan-customer-service-phone-numbers-and-provider-networks



NYSOH is Enhancing Requirements for Network Accuracy

- NYSOH has required insurers to submit the procedures they use to verify the providers in their Marketplace network
- NYSOH has also adopted the standards in the Out-of-Network legislation; Insurers must:
 - Hold consumers harmless from surprise medical bills
 - Permit consumers to request a referral to out-of-network providers and specialists
 - Provide consumers with an external appeal right when a request to see a specialist is denied



Drug Formularies

- Every QHP has drug formulary
- Each formulary must cover the same number of drugs in each category and class as the benchmark plan, or at least one drug in every USP category (whichever is greater)



Website Enhancements

- NYSOH has developed new tools and resources to help you and consumers understand and compare plans
 - Enhanced Benefit Design Description
 - Plan Compare
 - Quick Quote/Anonymous Shopping (Small Business/Individual)



Benefit Design Description

Will provide consumers with the following information:

- Whether referrals are required
- The type of network available (e.g., tiered)
- For non-standard QHPs, other benefits included in the product that may not be obvious to the consumer from the web page, and/or features that make the product unique or different than other insurer products

Benefit Design Description



✓ ACCOUNT INFORMATION		
✓ BUILD HOUSEHOLD		
✓ INCOME INFORMATION		
✓ OTHER INFORMATION		
✓ ACCOUNT SUMMARY		
✓ FIND A PLAN		
Introduction		
Plan Selection Dashboard		
Select A Plan for :		
Kara El		
Select A Plan for :		
Bib Jib		
Confirm Plan Selections		
Confirmation Acknowledgment		

Plan Detail

This page provides details about the monthly premium, the benefits that are covered by the plan, and what your out-of-pocket costs would be for these benefits. Information is also provided on what your out-of-pocket costs would be for visit to doctors or hospitals your plan covers. Click on the benefit category below to learn more about this plan's covered benefits and services. Click on **Plan Documents** to see a Summary of Benefits and Coverage. Click on **Select This Plan** to buy this plan. To return to the list of plans, click on the **Return to Plan List** button at the bottom of the page.

HEALTH REPUBLIC	EssentialCare Bronze Plan - A Consumer Operated and Oriented Plan (CO-OP) Option				
Monthly Premium	\$233 ¹⁸	Metal	Bronze	Quality Rating	New Plan Quality data not yet available.
Medical Deductible 3	-/-	Drug Deductible 🛭	-/-	Combined Deductible	\$3,000 / \$6,000
Maximum Out of Pocket @	\$6,350 / \$12,700	Out-of-Network Coverage ①	No	HSA Eligible 🛭	No

Design

Description here. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum



Plan Compare Tool

- Includes every QHP offered on the Marketplace
- Compares each product to the standard product
- Available through an interactive map by county
- Printable so you can take it with you or give a copy to your clients

Plan Name: Univera

Product Name: Silver Select Silver NS INN Dep29

HIOS Plan ID: 78124NY0950008

Metal Level: Silver



In-Network Benefits:⊠ Out-of-Netwo	k Benefits Available:□	
Benefit Description	Standard Silver Benefits	How Does this Non-Standard Product Compare?
Deductible		
• Individual Policy	\$2,000	\$2,000
• Family Policy	\$4,000	\$4,000
Maximum Out of Pocket		
• Individual Policy	\$5,500	\$5,000
Family Policy	\$11,000	\$10,000
PCP Visit	\$30 copayment	20% coinsurance
Specialist Visit	\$50 copayment	20% coinsurance
Preventive Care	\$0 copayment	\$0 copayment
Prescription Drug		
• Tier 1	\$10 copayment	\$10 copayment
• Tier 2	\$35 copayment	\$45 copayment
• Tier 3	\$70 copayment	\$90 copayment
Inpatient Services (includes Maternity	\$1,500 copayment	20% coinsurance
Care, Mental Health, Behavioral Health,		
and other inpatient hospital services)		
Emergency Room	\$150 copayment	20% coinsurance
Urgent Care	\$70 copayment	20% coinsurance
Durable Medical Equipment	30% coinsurance	50% coinsurance
Covered Therapies (PT/OT/ST)	\$30 copayment	20% coinsurance
Diagnostic and Routine Lab Services	\$50 copayment	20% coinsurance
Diagnostic and Routine Imaging	\$50 copayment	20% coinsurance
Outpatient Surgery Services	\$100 copayment	20% coinsurance
Home Health Care Services	\$30 copayment	20% coinsurance
Outpatient Behavioral Health Services	\$30 copayment	20% coinsurance
Pediatric Basic Dental Care	\$30 copayment	Not covered
Pediatric Vision Care	\$30 copayment	20% coinsurance
Wellness		
Gym Membership		\$0

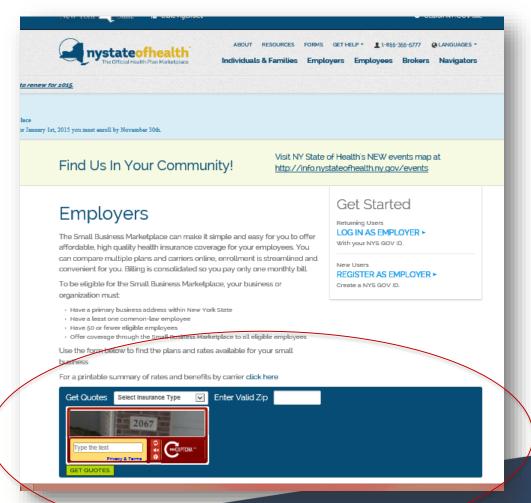
Additional Non-Standard Benefits:

- Gym
 Membership
 Reimbursement
- Autism Spectrum Disorders
- Health Savings Account



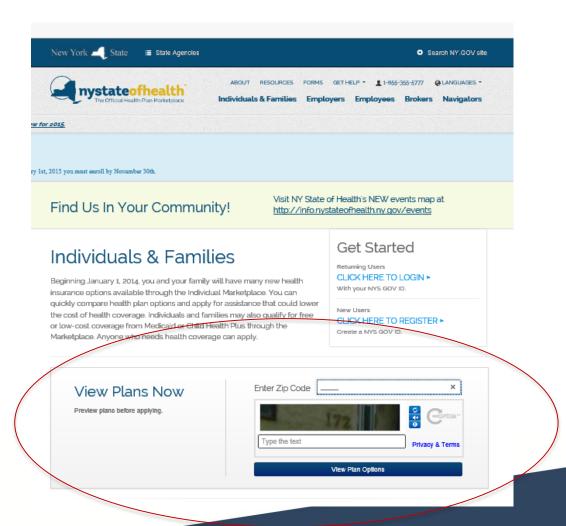
nystateofhealth The Official Health Plan Marketplace

Quick Quote for Small Business Marketplace



Anonymous Shopping for Individuals







Questions?

Tools & Resources Available on NY State of Health Website:



- Videos: How to Pick a Plan That's Right for You and Renewing Your
 Coverage for 2015
- Map of Health Plans by County
- Map of Assistors by County
- Events Map
- Anonymous Shopping Tool (Individuals & Small Business)
- Tax Credit and Premium Calculator (Individuals)
- Summary of Benefits
- "Find a Broker/Navigator" Search Function
- Broker Administrative Guide
- Consumer Education Materials
 - Available in English, Spanish, Haitian Creole, French, Korean, Russian, Italian, and Chinese
 - Select materials also available in 10 new languages: Arabic, Bengali, Hindi, Japanese,
 Nepali, Polish, Twi, Urdu, Vietnamese, and Yiddish