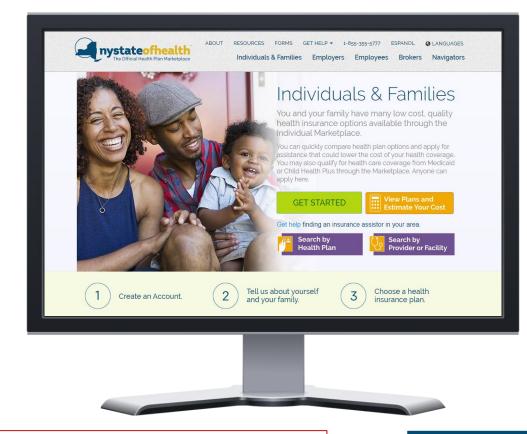
### QHP & EP LINE UP 2019





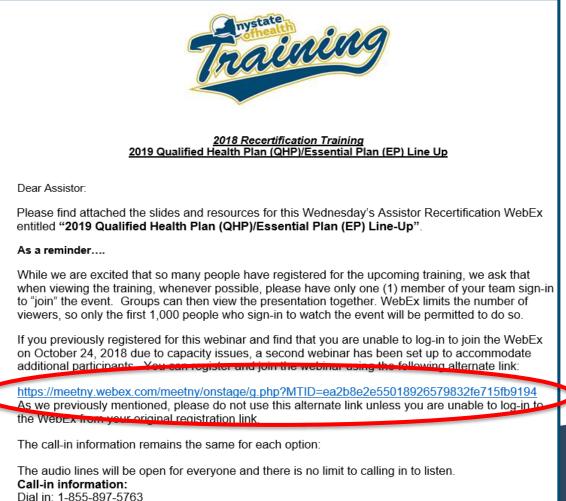
There is no sound through your computer. You must dial-in on the telephone in order to hear the sound.

Date: October 24, 2018 Time: 10:00am – 11:30am Dial-In Number: 1-855-897-5763 Conference ID: 5369607

### **TODAY'S WEBINAR**



 There are two webinars running at the same time. If the 1st has reached capacity log into the 2<sup>nd</sup> [see email instructions].



Conference ID: 5369607

### **TODAY'S WEBINAR**



- There is no sound through your computer. If you can't hear me right now - You MUST dial in via the telephone [1-855-897-5763].
- Questions can be submitted at any time using the Q&A function on your WebEx control panel. We will also pause to answer live questions.
- A recording of the webinar, the Q & A, and any printable materials will be available online and emailed to all registrants.

There is no sound through your computer. You must dial-in **and the telephone in order to hear the sound.** 



### Your Feedback: From the Open Enrollment & Renewals Webinar



#### Webinar Statistics:

- More than 97% said the webinar <u>increased your knowledge</u> of open enrollment & renewals!
- 98% said information from the webinar will allow you to better assist consumers through the open enrollment and renewal process!

#### Here's what you said:

- "Everything was great. I can't think of anything that needed improvement!"
- "When going through the slides, I believe talking a little slower would be helpful."

### **TODAY'S WEBINAR**



<u>Director</u>	
Gabrielle Armenia	Bureau Director, Child Health Plus Policy & Exchange Consumer Assistance
Presenters	
Joe Gagnon	Assistant Director of Plan Management, NY State of Health
Nick Johnston	Senior Healthcare Program Specialist
Sonia Sekhar	Director of Policy and Evaluation, NY State of Health
Panelists	
Danielle Holahan	Deputy Director, NY State of Health
Maggie Middleton	Deputy Director of Plan Management, NY State of Health





#### Qualified Health Plans

- Insurers
- Standard Products VS Non-Standard
- Naming

#### Essential Plan

- Insurers
- Essential Plan Options

#### Small Business Marketplace

- Insurers
- Naming
- Dental Plans

#### Resources and Tools

- Look Up Tool Reminders
- QHP Consumer Out of Pocket Cost Estimator
- Qualified Health Plan Preview



### NY State of Health is Open for Business

- Individual and Small Business health and dental insurer options will continue to be robust in every county of the State
- Open enrollment begins November 1, 2018 and will continue through January 31, 2019
- Our priority is to ensure that quality, affordable coverage is available



## **2019 Qualified Health Plans**

- The same 12 health insurers will offer Qualified Health Plans (QHPs) in the individual market in 2019
- Product level changes in 2019:
  - Empire BlueCross and Empire Blue Cross Blue Shield
  - Health Insurance Plan of Greater New York (EmblemHealth)
  - MVP Health Plan
  - Consumers in these plans will receive a renewal notice and email reminders telling them they need to select a new plan offered by these or other insurers

# 2019 QHP Insurers Individual Market







CI	none 🤜	S
	BLUECROSS	
	00000000	

An Anthem Company



An Anthem Company

BlueCross BlueShiel

of Western New York

Excellus 🗟 🕅











oscar

🕖 UnitedHealthcare





# 2019 Qualified Health Plans In Stateofhealth

- The number of insurer options varies by county – from 2 to 7
- Most consumers have a choice of at least 4 insurer options

County maps of insurers offering Individual/Small Business/Dental New York City Plans are available at: <u>http://info.nystateofhealth.ny.gov/PlansMap</u>







### **Standard Product Refresher**

- Every insurer must offer a Standard Product at each metal level and in every county of its Marketplace service area
- Standard products must include the Essential Health Benefits – except pediatric dental, which is optional if otherwise available
- Cost sharing (deductibles, copayments) are the same across insurers within a metal tier





### **Standard Products in 2019**

Metal Level	<u>Deductible</u> <u>2018</u>	Deductible 2019	<u>Max Out of</u> Pocket 2018	Max Out of Pocket 2019
Platinum	\$0	\$0	\$2,000	\$2,000
Gold	\$600	\$600	\$4,000	\$4,000
Silver	\$2,000	\$1,700	\$6,750	\$7,500
Silver (>200 -<250 FPL)	\$1,650	\$1,350	\$5,550	\$6,075
Silver (>150 -<200 FPL)	\$250	\$250	\$2,100	\$2,100
Silver (>100 -<150 FPL)	\$0	\$0	\$1,000	\$1,000
Bronze	\$4,000	\$4,000	\$7,150	\$7,600
Catastrophic	\$7,350	\$7,900	\$7,350	\$7,900

\*In 2019, Bronze free for EVERYONE with incomes below \$25,000





### **Non-Standard Products**

- Non-Standard Product Rules:
  - Insurers can offer up to 3 non-standard products in each metal level
  - Unlike standard products, non-standard products do not have to be offered at all four metal levels.
  - They must, however, be offered at a minimum of two metal levels of the insurers choosing. And, the number of non-standard Bronze products that can be offered is limited
- 10 QHP insurers offer non-standard products
- Non-standard products are available in all counties
- The most commonly offered non-standard benefits include Adult/Family Vision, Telemedicine, and Acupuncture





## Side by Side Comparison

	Standard	Non-Standard
Offering	Offered by <u>all</u> insurers	Offered by <u>most</u> insurers
Provider Network	QHP Standard Network	May be the QHP Standard Network, Tiered or Limited Network
Covered Benefits	Essential Health Benefits (EHB)	EHB plus additional benefits (e.g., adult dental, adult vision, acupuncture)
Cost-sharing	Standard across all insurers	Varies from insurer to insurer

## 2019 QHPs



### **Naming Format - Individual Market**

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 or Catastrophic 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



## **Questions?**



#### **Standard Plans and Standard Plus Dental and Vision**



# **2019 Essential Plans**



#### Entering Market: CDPHP

(Albany, Broome, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Warren and Washington)

- Expanded Service Area: Wellcare (Broome, Richmond and Suffolk)
- The number of insurer options varies by county from 2 to 8
- Most consumers have a choice of at least 4 insurer options

County maps of insurers offering EP available at: <a href="http://info.nystateofhealth.ny.gov/EssentialPlanMap">http://info.nystateofhealth.ny.gov/EssentialPlanMap</a>



# **Essential Plan Options**



- Consumers eligible for Essential Plan 1 (150 200% FPL):
  - \$20 premium
  - Option to purchase Essential Plan 1 plus Vision and Dental for an additional premium
- Consumers eligible for Essential Plan 2 (138 150% FPL):
  - \$0 premium
  - Option to purchase Essential Plan 2 plus Vision and Dental for an additional premium

#### • Consumers eligible for Essential Plan 3 and 4 (up to 138% FPL):

- \$0 premium
- Additional benefits included (dental, vision, non-emergency transportation, non-prescription drugs, orthotic services, orthotic footwear)

https://info.nystateofhealth.ny.gov/sites/default/files/Attachment%20H%20-%20EP%20Benefits%20and%20Cost-Sharing\_1\_0.pdf

# 2019 Small Business Marketplace ystateofhealth

- 9 insurers will offer coverage in the Small Business Marketplace (SBM) in 2019
  - New: United (Oxford) NYS largest small group insurer
  - Leaving: BCBS-NENY/WNY
- Significant changes to the SBM earlier this year have made it easier for New York's small businesses to access the Federal Small Business Health Care Tax Credit
- There are more insurers for employers to choose from through New York's SBM. Currently these 9 insurers are offering 2,080 policies
- The number of insurer options varies by county from 2 to 6



# 2019 SHOP Insurers Small Business Marketplace



























An Anthem Company



An Anthem Company











#### **Additional Dental Benefit Descriptions in 2019**

- QHP Dental Applicant's product descriptions must include a plain language description of what services are included within "Basic" and "Major" dental services
- Waiting periods or benefit maximums for adult dental care benefits must be clearly listed

## **2019 Dental Plans**



Plain language display of basic vs major services

Click on the benefit categories below to learn more about this plan's covered benefits and services. To see a full list of the benefits and services, visit	
the "Summary of Benefits" link under "Plan Documents" at the bottom of this page.	

• Pediatric Dental Ca	are	
• Adult Dental Care		
Benefit	In Network Cost Share 🕑	Description
Routine Dental Services (Adult)	\$48.00	X-rays, Fillings and Simple Extractions. Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at 6 month intervals.
/lajor Dental Care - \dult	\$48.00	Pre-Authorization Required - Endodontics*, Periodontics, Prosthodontics and Oral Surgery. *Adult molar root canals have very limited coverage.
Basic Dental Care - Adult	\$48.00	Cleanings and Exams
	Adult Dental Care     Benefit     Routine Dental     Services (Adult)     Major Dental Care -     vdult     Basic Dental Care -	Benefit     In Network Cost Share (Cost)       Routine Dental Services (Adult)     \$48.00       Major Dental Care - vdult     \$48.00       Basic Dental Care - (Sasic Dental Care -     \$48.00

Click on the benefit categories below to learn more about this plan's covered benefits and services. To see a full list of the benefits and services, visit the "Summary of Benefits" link under "Plan Documents" at the bottom of this page.

Example of waiting period displayed

Benefit	In Network Cost Share 🛛	Description
Basic Dental Care - Adult	50.00% Coinsurance after deductible	6 Month Waiting Period. Fillings and simple extractions.
Routine Dental Services (Adult)	No Charge after deductible	Exams, cleanings & x-rays
• Pediatric Dental Care		
Plan Documents		

## **2019 SHOP Dental Plans**











# NYS Provider & Health Plan Look-Up Tool

- An on-line tool to research provider networks and health plans
- Search by provider, including doctors and hospitals, to see which health plans they participate in
- Search by health plan, to see a list of providers that participate with that plan
- The NYS Provider & Health Plan Look-Up currently includes:

Qualified Health Plans	Health and Recovery Plans
Essential Plans	Fully Integrated Duals Advantage
Child Health Plus	Managed Long Term Care
Medicaid Managed Care	

- The tool is regularly updated using data submitted by health plans
- <u>https://pndslookup.health.ny.gov/</u>



#### **QHP Out-of-Pocket Cost Estimator**



- Created in response to consumer and assistor feedback
- Compares estimated consumer premium and out-of-pocket costs in different plans
- Generates the <u>estimated</u> total cost for the year as well as the largest possible amount an individual may pay
- Disclaimer: No tool can provide an exact estimate or perfectly predict costs



### **QHP Out-of-Pocket Cost Estimator**



Premium & Out-of-Pocket Cost Estimator for NYSOH Standard Plans

<ol> <li>Enter your estimated premium after tax cred</li> </ol>	its from the NYS	OH Premium Cos	st Estimator Tool.	(https://nystateofhe	alth.ny.gov/individual
	Bronze	Silver	Silver-Cost Sharing Reduction*	Gold	Platinum
	Diolize	Silver	Shver-cost sharing neutron	Goid	T In Children
<ol><li>Enter the amount you expect to spend on me</li></ol>	edical costs for th	e year.			
Premium Costs	D	Clines	Citizer Control Charles Deduction	0.14	Distance
YOUR Monthly Premium Costs (after any tax credit)	Bronze \$0	Silver \$0	Silver-Cost Sharing Reduction* \$0	Gold \$0	Platinum \$0
Your calculated Annual Premium Costs:	\$0	\$0 \$0	ŞU	\$0 \$0	\$0
Four calculated Annual Premium Costs:	50	50		50	50
Deductible	Bronza	Cilcor	Cilver Cast Charles Badustian*	C-14	Platinum
	Bronze	Silver	Silver-Cost Sharing Reduction*	Gold	
Annual Deductible, by metal level.	\$4,000	\$1,700	\$1,350	\$600	\$0
Maximum Out-of-Pocket Costs	<b>D</b>	01		0-14	DI-1
	Bronze	Silver	Silver-Cost Sharing Reduction*	Gold	Platinum
Annual Maximum Out-of-Pocket Limit, by metal level.	\$7,600	\$7,500	\$6,075	\$4,000	\$2,000
Your estimated medical expenses for the year	Bronze	Silver	Silver-Cost Sharing Reduction*	Gold	Platinum
Your estimated medical costs for the year:					
\$0	0		0 0	0	
Your estimated TOTAL COSTS for the year	Bronze	Silver	Silver-Cost Sharing Reduction*	Gold	Platinum
The tool will estimate your total costs for the year ba	ised on the informa	ation input above.			
Your estimated total cost:	\$0	ŝ	\$0	\$0	ŝ
	÷-			,	
The most you will pay in a year:	\$7,600	\$7,500	\$6,075	\$4,000	\$2,000



### **QHP Out-of-Pocket Cost Estimator**



							sumale Fin	ancial	пер		
		1				Cot	unty Kings		•		
tool to estimat credits	e Anonyn determin ted prem	nous Plai e the cor ium after ealth.ny.go	tax <u>bv/indi</u>	er's <u>vidual</u>	Dependen Out Of Ne	Ent Chi Are app Tota	nber of Members in er number of adults Idren under Age 19 there any depende Iying for coverage? al Household Incom	needing co ents ages 26	overage	1 0 • Yes • N \$ 40000	set
	Search plans										
	This is an estimate of	ncial Help Disclain your financial help. Your	actual Advanc				ne time you apply for	r coverage.			
	Based on your yo	early household in	come, a Sil	ver Plan may	be best	t for you.					
	Compare Plans <sup>3</sup>	Reset Compare Plans						Page 1	of 2 <b>₩</b> ₩		
	Insurance Compa	CiluseDrives Of	Metal Level Silver	Coverage Type Medical Plus	County Kings	Persons Covere	d Price Per Month \$504.32	<b>You Pay</b> \$265.40	Details View		
	MetroPue plan alead. ★★☆☆☆ Quality Details	ST3PCP Silver, INN, Pediatric Dental, Dep25, Healthy Living Rewards	Chiver	Child Dental	Ningo	mannadar	<u>4004.02</u>	5200.40	Details		
29								·			



#### **QHP Out-of-Pocket Cost Estimator**



#### Enter this amount "you pay" in the estimator tool

1. Enter your estimated premium after tax cred	its from the NYS	OH Premium C	ost Estimator Tool.	https://nystateofhe	alth.ny.gov/individual)
	Bronze	Silver	Silver-Cost Sharing Reduction*	Gold	Platinum
	\$225	\$265	N/A	\$404	\$529
Ask the consumer to estin	mate his	/her me	edical costs	_	
Ask the consumer to estine 2. Enter the amount you expect to spend on m			edical costs \$4,500		

## The remainder of the table will auto-populate and estimate the consumer's total premium and out-of pocket costs

Your estimated TOTAL COSTS for the year	Bronze Silver		Silver-Cost Sharing Reduction*	Gold	Platinum				
The tool will estimate your total costs for the year based on the information input above.									
Your estimated total cost:	\$6,704	\$4,885	N/A	\$5,447	\$6,348				
			N/A						
The most you will pay in a year:	\$10,304	\$10,685	N/A	\$8,847	\$8,348				

#### **\*\*Disclaimer: This is just a rough estimate.**

## **QHP Plan Preview**



#### 2019 plan options now available

#### Search for Plans

This search tool lets you view health plans based on features important to you. Select from the features below.

#### Estimate Financial Help

Follow these steps in order:

- 1. Select the year you are interested in from the "Plan Year" dropdown.
- 2. Click the "Search" button (this will set the plan year for you).
- 3. Select the "Estimate Financial Help" button and enter the information about your County, Household Size, and Household Income.
- 4. Click "Calculate"
- 5. Click the "Search" button a second time to view plans after estimating monthly financial help.

Click here to search for doctors and facilities. By clicking on the link, you will be re-directed to the NYS Provider & Health Plan Look-Up website.

Estimate of Financial Help Disclaimer: This is an estimate of your financial help. Your actual Advanced Premium Tax Credit will be determined at the time you apply for coverage.

Quality Ratings Data Disclaimer: Plan quality ratings and enrollee survey results for 2019 were calculated by the U.S. Centers for Medicare and Medicaid Services (CMS), using data provided by health plans in 2018. CMS is testing the use of star ratings this year and will use this test to improve the program. Learn more about these ratings https://info.nystateofhealth.ny.gov/QualityRatings

#### Filter Options

County (Required) Fulton	Plan Year 2019	Persons Covered (Required)	Overall Quality Rating
Coverage Type MEDICAL	Metal Level 🕑	Insurance CompanyAll	HIOS Plan ID All
	ted Financial Help 9.73	<ul> <li>Dependent Age 29 </li> <li>Out Of Network </li> </ul>	C Reset All Search

## **QHP Plan Preview**



#### Search plans for 2019

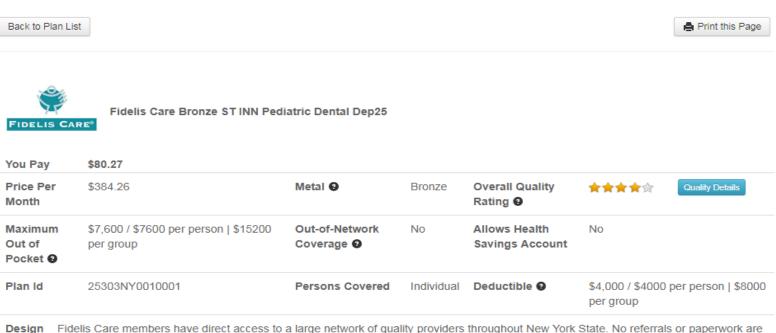
Compare Plans  Reset Compare Plans		Page 1 of 6 •					1 af 6 <b>4 14</b>	display with ta credit		
	Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	You Pay	Details	deducte
3		Fidelis Care Bronze ST INN Pediatric Dental Dep25	Bronze	Medical Plus Child Dental	Fulton	Individual	\$384.26	\$80.27	Vew Details	
6		MVP Premier Bronze 2, ST, INN, Dep25, Telemedicine, Weilness	Bronze	Medical	Fuiton	Individual	\$384.89	\$80.90	View Detaile	
ä		MVP Premier HDHP Bronze 1, Expanded Bronze, HSA, ST, INN, Dep25, Telemedicine, Wellness	Bronze	Medical	Fulton	Individual	\$388.94	\$84,95	View Details	
	Binardinated of New Plan : Quality data not yet available	Bronze, ST, OON, Dep25	Bronze	Medical	Fulton	Individual	\$392.21	\$88.22	View Detaila	
0		MVP Premier Plus Bronze 1, NS, INN, Dep25, Acupuncture, Preferred Facilities, Telemedicine,	Bronze	Medical	Fulton	Individual	\$396.37	\$92.38	View Details	

### **Benefit Design Description**



#### Plan Details

You can see information about premiums, co-pays, deductibles, covered services and quality details for each plan. To see more information, click on the plus sign before the 'Benefit' in column one or click on 'Plan Documents' at the end of the list.



required to access Fidelis Care providers. Benefits include comprehensive coverage for hospitalization, surgery, prescription drugs, and 100% coverage for some preventive care services such as annual check-ups & flu shots. Coverage for your child's dental and vision care is also covered, as well as a gym reimbursement program to help you reach your fitness goals.



## **Questions?**

## **Recertification Process**



 All Assistors who are registered before <u>10/31/2018</u> and/or who were <u>trained in September or October</u> <u>of 2018</u> must view all webinars to be recertified.

o <u>https://info.nystateofhealth.ny.gov/SpringTraining</u>

- Assistors, keep track of the date you watched the live webinar or the video for each of this year's five (5) Recertification Webinars.
- Provide your dates to your supervisor so they can complete the Recertification Report.



- Recertification Spreadsheets (lists) will be sent to agency contacts Mid-November.
- Supervisors and Managers, watch your email for your agency's Recertification Report.
- Instructions on how to complete the forms and due dates will be included in the email.
- Recertification documents will be due before the end of December.



## Thank you for joining us!



- Please complete the survey
  - Evaluation of Webinar: QHP & EP Line-Up 2019
- As always, watch for the video and materials to be posted to: <u>http://info.nystateofhealth.ny.gov/SpringTraining</u>