

QHP & EP LINE UP, FOR 2021

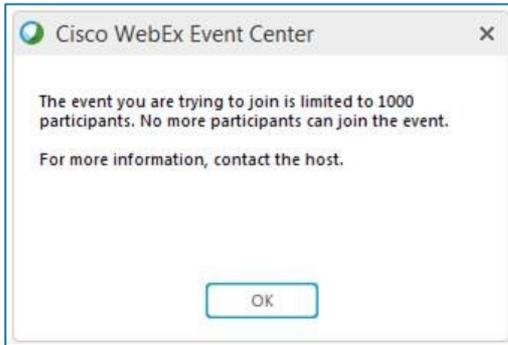


The screenshot shows the 'Individuals & Families' section of the nystateofhealth website. At the top, there is a navigation bar with links for ABOUT, RESOURCES, FORMS, GET HELP (with a dropdown arrow), 1-855-355-6777, ESPANOL, and LANGUAGES. Below this is a secondary navigation bar with links for Individuals & Families, Employers, Employees, Brokers, and Navigators. The main content area features a large image of a smiling family (a woman, a man, and a child). To the right of the image, the heading 'Individuals & Families' is followed by a paragraph: 'You and your family have many low cost, quality health insurance options available through the Individual Marketplace.' Below this is another paragraph: 'You can quickly compare health plan options and apply for assistance that could lower the cost of your health coverage. You may also qualify for health care coverage from Medicaid or Child Health Plus through the Marketplace. Anyone can apply here.' There are four buttons: a green 'GET STARTED' button, an orange 'View Plans and Estimate Your Cost' button, a purple 'Search by Health Plan' button, and a purple 'Search by Provider or Facility' button. Below the buttons is a link: 'Get help finding an insurance assistor in your area.' At the bottom of the page, there is a light green banner with a three-step process: 1. Create an Account., 2. Tell us about yourself and your family., 3. Choose a health insurance plan.

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

**Date: October 28, 2020
Time: 10:00am – 11:30am
Dial-In Number: 1-855-897-5763
Conference ID: 7179668**

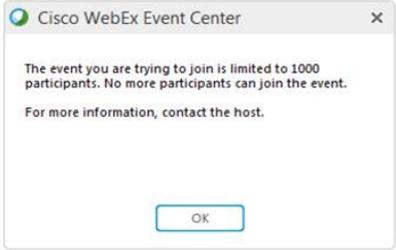
TODAY'S WEBINAR



If you see this message when logging into the webinar...



As a reminder....
If You previously registered for this webinar via:
<https://meetny.webex.com/meetny/onstage/g.php?MTID=e2de9de2b9a3bde0e8310438f7fa1839f>
and you see the message below when logging into the webinar.



Please use this alternate link to join the webinar.
<https://meetny.webex.com/meetny/onstage/g.php?MTID=e98419a6d185319cb2071721f2a6b2e3d>

The audio lines will be open for everyone and there is no limit to calling in to listen. Anyone who cannot access the Webinar will be able to follow along using the slides sent previously.
Call-in information:
Dial in: 1-855-897-5763
Conference ID: 2795934

Please note, all Assistors who are certified on NY State of Health are required to recertify annually.

Thank you for all that you do to help New Yorkers shop, compare and enroll in health insurance coverage through NY State of Health

Please find this email:
Subject Line: '2020
Recertification Overflow
Reminder I 2021 QHP and
EP Line Up' and click on the
second link in order to log in.

Dial-In Number: 1-855-897-5763
Conference ID: 7179668

YOUR FEEDBACK FROM THE LAST WEBINAR: 'OPEN ENROLLMENT & RENEWALS'



Webinar Statistics:

- 98% said the webinar increased your knowledge of the topic!
- AND... 98.5% said information from the webinar will allow you to better assist during Open Enrollment.

Here's what you said:

- “Keep up the great work. These are some of the best webinars available.”
- “I love the new feature helping people access home care. That's terrific and I appreciate being told it's there so I'm not surprised if someone asks.”

TAKE THE SURVEY MONKEY AT THE END OF THIS PRESENTATION

TODAY'S WEBINAR



Director

Gabrielle Armenia

Bureau Director, Child Health Plus and Marketplace
Consumer Assistance

Presenters

Rachel Jeschke

Supervisor, Plan Management, NY State of Health

Panelists

Maggie Middleton

Director of Plan Management, NY State of Health

Joe Gagnon

Assistant Director of Plan Management, NY State of Health

Sonia Sekhar

Director of Policy and Evaluation, NY State of Health

AGENDA



- **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
 - Dental Plan Comparison Tool
 - Qualified Health Plan Preview Reminders
 - Improved QHP Consumer Out of Pocket Cost Estimator

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, 2020 and will continue through January 31, 2021
- Our priority is to ensure that quality, affordable coverage is available

Extension Due to COVID-19 Health Emergency

- NY State of Health will be extending all **MA**, **CHPlus**, and **EP** consumers with a coverage end date through 12/31/2020, for an additional 12 months of coverage
- All households with **QHP** members will get a renewal notice



COVID-19 SPECIAL ENROLLMENT PERIOD (SEP)



NY State of Health continues to offer a Special Enrollment Period (SEP) during which eligible individuals will be able to enroll in insurance coverage

- NY State of Health, The Department of Financial Services, and New York State health insurers are taking this action due to the exceptional nature of the public health emergency posed by the Coronavirus so that individuals do not avoid seeking testing or medical care for fear of cost
- This SEP will be extended through December 31, 2020. Individuals who are using this SEP may have a choice for when their coverage will begin

When Enrollment under this SEP is Completed	Coverage Begins
By October 15, 2020	Choice of coverage start date: <ul style="list-style-type: none">• October 1, OR• November 1, 2020
Between October 16 and November 15, 2020	Choice of coverage start date: <ul style="list-style-type: none">• November 1, OR• December 1, 2020
Between November 16 and December 15, 2020	Choice of coverage start date: <ul style="list-style-type: none">• December 1, OR• January 1, 2021
Between December 16 and December 31, 2020	<ul style="list-style-type: none">• January 1, 2021

2021 QUALIFIED HEALTH PLANS



- The same 12 health insurers will offer Qualified Health Plans (QHPs) in the individual market in 2021
- Product level changes in 2021:
 - CDPHP and MVP are expanding into new counties
 - CDPHP is expanding into Jefferson, Lewis and St. Lawrence
 - MVP is expanding into Chemung and Schuyler
 - Excellus is adding pediatric dental to all QHP products

2021 QHP INSURERS INDIVIDUAL MARKET



Note: When counting Insurers, BlueCross BlueShield of Western NY/BlueShield of Northeastern NY, Empire BlueCross/Empire BlueCross BlueShield, and Excellus/Univera are each counted as one.

2021 QHPs

- The number of insurer options varies by county – from two (2) to seven (7)
- Most consumers have a choice of at least four (4) insurer options
- County maps of insurers offering Individual/Small Business/Dental Plans are available at:

<http://info.nystateofhealth.ny.gov/PlansMap>

- You can identify which QHP is new to a county in 2021
- New counties are identified in the PDF attachments located below the map. New counties are highlighted in yellow and read “New”



2021 QHPs

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

2021 QHPs

STANDARD PRODUCTS IN 2021

<u>Metal Level</u>	<u>Deductible 2020</u>	<u>Deductible 2021</u>	<u>Max Out of Pocket 2020</u>	<u>Max Out of Pocket 2021</u>
Platinum	\$0	\$0	\$2,000	\$2,000
Gold	\$600	\$600	\$4,000	\$4,000
Silver	\$1,300	\$1,300	\$7,900	\$8,500
Silver (>200 -<250 FPL)	\$1,100	\$1,100	\$6,500	\$6,500
Silver (>150 -<200 FPL)	\$250	\$250	\$2,100	\$2,200
Silver (>100 -<150 FPL)	\$0	\$0	\$1,000	\$1,000
Bronze	\$4,425	\$4,700	\$8,150	\$8,550
Catastrophic	\$8,150	\$8,550	\$8,150	\$8,550

CHANGES TO STANDARD PRODUCTS

- All Standard Bronze products will include three (3) visits subject to co-payments, but not subject to the deductible
- New in 2021, the three visits covered in Standard Bronze products can be either primary care OR specialist
- Standard Silver and Silver CSR (200-250% FPL) products will have:
 - Higher co-payment for ER visits, diagnostic, and advanced imaging
 - Higher maximum out-of-pocket (MOOP)
- Prescription drugs are covered before the deductible for Standard Gold and Silver products
- Standard Bronze and Catastrophic products will have:
 - Higher deductibles and MOOP
- Deductible levels affect most consumers, while few consumers reach their MOOP each year

NON-STANDARD PRODUCTS REFRESHER

- Insurers can offer up to three (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
 - Must be offered at a minimum of two metal levels of the insurer's choosing, and the number of non-standard Bronze products is limited
- 11 QHP insurers will offer non-standard products in 2021
- Non-standard products are available in all counties
- The most commonly offered non-standard benefits include Adult/Family Dental, 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

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)
Network Name	To be assigned by the Insurer	Indicates the network name associated with each product
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?



2021 ESSENTIAL PLAN



- Thirteen (13) insurers will offer EP in 2021
- YourCare and WellCare are no longer available in 2021
- Two Issuers are expanding to EP + Vision & Dental
 - CDPHP
 - Independent Health
- No changes to consumer eligibility or cost sharing in 2021:
 - \$0 or \$20 premium
 - No deductible
 - Only the premium for the optional EP Plus Vision and Dental may change slightly in 2021

2021 ESSENTIAL PLAN INSURERS

Standard Plans and Standard Plus Dental and Vision



Offers Essential Plan Plus Vision and Dental

Note: When counting Insurers, Excellus/Univera is counted as one.

2021 ESSENTIAL PLANS

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



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

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)

Note: Dental benefits included in Essential Plan Plus Vision and Dental differ, and are typically more robust, than the benefits offered by stand-alone dental plans.

- **Consumers who are actively enrolled in EP 2 + Vision & Dental:**
 - If a consumer fails to pay Vision and Dental premium, they will be re-enrolled in EP2 without Vision and Dental, effective the month following the EP 2 Vision and Dental termination, without a gap in coverage

2021 SMALL BUSINESS MARKETPLACE



- 10 Insurers will offer coverage in the Small Business Marketplace (SBM)
- There are many insurers for employers to choose from through New York's SBM in 2021, currently these 10 insurers offer over 2,300 policies
- The number of insurer options varies by county – from two (2) to seven (7)
- Healthy NY will be offered in every county across the state in 2021:
 - EmblemHealth, Independent Health and MVP Health Care will continue to offer Healthy NY
 - Excellus/Univera will begin offering Healthy NY in 2021
 - This is a new addition in Chemung & Schuyler counties
 - Small employers can benefit from both Healthy NY and federal small business tax credits
- SBM “Direct Enrollment” option makes it easier for New York's small businesses to access the Federal Small Business Health Care Tax Credit

2021 SMALL BUSINESS MARKETPLACE INSURERS



Note: When counting Insurers, Empire BlueCross/Empire BlueCross BlueShield, and Excellus/Univera are each counted as one.

STAND ALONE DENTAL PLANS (SADPs)

2021 INDIVIDUAL STAND ALONE DENTAL PLANS



2021 STAND ALONE DENTAL PLANS

- 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
 - Plan names listed will include “WP” if there is a waiting period associated with any covered dental services

Empire 
BLUECROSS
An Anthem Company

Empire Dental Family Enhanced, NS, OON, Adult/Family Dental, Dep 25, WP

Price Per Month	\$23.79	Metal	High		
Maximum Out of Pocket	See Plan Brochure	Out-of-Network Coverage	Yes	Allows Health Savings Account	No
Plan Id	44113NY0440052	Persons Covered	Individual	Deductible	See Plan Brochure

Design Empire proudly serves members in its New York service area. Our Dental Prime network gives access to a wide variety of dentists and specialists locally in New York as well as across the nation. Empire Dental PPO plans do not require any referrals before visiting a dental specialist. The Dental Family Enhanced plan has a \$0 deductible for pediatric children, and a \$50 deductible for adults age 19 and older. There is a waiting period of 6 months on Adult Basic Dental Care and 12 months on Adult Major Dental Care, which may be waived for enrollees with prior dental coverage. The Enhanced plan also covers non-medically necessary (cosmetic) orthodontia for children after a 12 month waiting period and subject to a \$1,000 lifetime benefit maximum.

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 Care
- Adult Dental Care

Benefit	In Network Cost Share	Description
Routine Dental Services (Adult)	No Charge after deductible	Exams, cleanings & x-rays
Major Dental Care - Adult	50.00% Coinsurance after deductible	12 Month Waiting Period. Endodontics, Periodontics, Prosthodontics and Oral Surgery
Basic Dental Care - Adult	20.00% Coinsurance after deductible	6 Month Waiting Period. Fillings and simple extractions.

2021 STAND ALONE DENTAL PLANS

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 Care

⊖ 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.
Major Dental Care - Adult	\$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

⊕ Plan Documents [?]

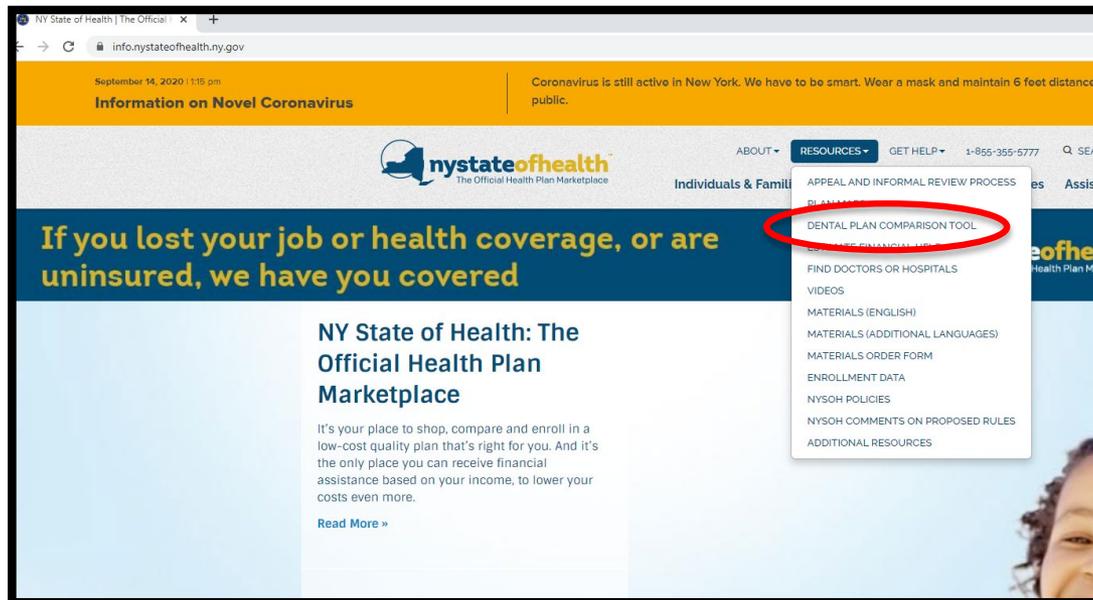
Plain language display of basic vs major services

2021 SBM STAND ALONE DENTAL PLANS



2021 DENTAL PLANS: NEW FOR 2021 **COMING SOON**

- The Dental Plan Comparison Tool helps to compare Pediatric Dental Plans, Family Dental Plans and Qualified Health Plans with Dental benefits that are offered in a specific county.



- The Dental Plan Comparison Tool can be found at www.info.nystateofhealth.ny.gov in the “Resources” drop down.

2021 DENTAL PLANS: NEW FOR 2021 **COMING SOON**



Dental Plan Comparison Tool

This tool is designed to help you compare dental plans that are offered through NY State of Health.

If you plan to enroll only your children in dental benefits, select the Pediatric Dental tab below.

If only adults or both adults and children need dental coverage, you can either shop for stand-alone family dental plans (select the **Family Dental** tab below) or you can see if there are Qualified Health Plans that include a family dental benefit in your county (select the **QHP with Dental** tab below).

Next, select the County in which you reside. Then, enter the number of children you wish to enroll in a Pediatric Dental plan OR who you wish to enroll in a Family Dental plan or in a QHP with family dental benefits. Next, select whether you wish to compare In Network or Out of Network Cost Sharing (or both). Finally, click on the plan brochure to see what categories of services (Preventive, Routine, Basic, Major, Orthodontial), are covered and the cost-sharing amounts for those services, and to get more detailed information about the specific plan you are considering. **You should always confirm benefits and covered services with your insurer before enrolling in a plan or receiving dental care services.**

Make sure to hover over the "Question Marks" for help.

Pediatric Dental Family Dental QHP with Dental Total results 8

County: Albany Network: In Network Cost Sharing Out of Network Cost Sharing Number of children: 1

Issuer Name	Plan Name	Annual Benefit Maximum	Out of Network Coverage?	County	Premium	Brochure
Delta Dental of New York, Inc	Delta Dental PPO Pediatric Basic Plan ST OON Pediatric Dental Dep 19	None	Y	Albany	\$16.03	Brochure
Dentcare Delivery Systems Inc	Pediatric Dental, ST,INN,DP	None	N	Albany	\$18.95	Brochure
BlueShield of Northeastern New York	Blue Pediatric Dental, ST, OON, Pediatric Dental	None	Y	Albany	\$31.94	Brochure
Guardian	Managed DentalGuard NY Child Essentials 2, ST, INN, Pediatric Dental	None	N	Albany	\$17.85	Brochure
Guardian	Guardian Pediatric Essentials, ST, INN, OON, Pediatric Dental	None	Y	Albany	\$20.79	Brochure
Empire Blue Cross (Dental Update)	Empire Dental Pediatric, ST, OON, Pediatric Dental	None	Y	Albany	\$24.85	Brochure

- Select the type of coverage: Pediatric, Family, or QHP
- Indicate the county, who is applying and the network
- The results of the search will appear below

Pediatric Dental Family Dental QHP with Dental

County: Albany Who in the family is enrolling in dental?: Individual Network: In Network Cost Sharing Out of Network Cost Sharing

Pediatric Dental Family Dental QHP with Dental

County: Albany Who in the family is enrolling in dental?: Individual Network: In Network Cost Sharing Out of Network Cost Sharing

2021 DENTAL PLANS: NEW FOR 2021 **COMING SOON**



Issuer Name	Plan Name	Coverage Level	Dep Age	Annual Benefit Maximum	Out of Network Coverage?	Waiting Periods	County	Premium	Brochure
BlueShield of Northeastern New York	Blue Value Dental 1, NS, OON, Dep25 Adult/Family Dental	Individual	Age 25	\$750 per adult member	Y	None	Albany	\$30.70	Brochure
BlueShield of Northeastern New York	Blue Value Dental 1, NS, OON, Dep29, Adult/Family Dental	Individual	Age 29	\$750 per adult member	Y	None	Albany	\$30.70	Brochure
Delta Dental of New York, Inc	Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 WP	Individual	Age 25	\$1,000 per adult member. Separate lifetime maximum of \$300 for adult TMJ services	Y	12 months for adult TMJ services	Albany	\$14.21	Brochure
Empire Blue Cross (Dental Upstate)	Empire Dental Family Enhanced, NS, OON, Adult/Family Dental, Dep25, WP	Individual	Age 25	\$1,000 per adult member; pediatric cosmetic orthodontia has \$1000 lifetime maximum	Y	6 months for adult routine; 12 months for adult major; 12 months for pediatric cosmetic orthodontia	Albany	\$23.79	Brochure
Empire Blue Cross (Dental Upstate)	Empire Dental Family Value, NS, OON, Adult/Family Dental, Dep25, WP	Individual	Age 25	\$750 per adult member	Y	6 months for adult routine; 12 months for adult major	Albany	\$12.41	Brochure
Empire Blue Cross Blue Shield (Dental Downstate)	Empire Dental Family Value, NS, OON, Adult/Family Dental, Dep25, WP	Individual	Age 25	\$750 per adult member	Y	6 months for adult routine; 12 months for adult major	Albany	\$20.22	Brochure
Solstice Health Insurance Company	EssentialSmile 111 NS INN Family Dental Dep 29	Individual	Age 29	None	N	None	Albany	\$9.38	Brochure
Healthplex Insurance Company, Inc	Family Dental, NS, INN, DP, DEP 29	Individual	Age 29	None	N	None	Albany	\$19.25	Brochure
Dentcare Delivery Systems Inc	Family Dental, NS, INN, DP, DEP 29	Individual	Age 29	None	N	None	Albany	\$19.25	Brochure
Guardian	Guardian Family Essentials, NS, INN, OON, Adult/Family Dental, Dep 25, Family Dental, WP	Individual	Age 25	\$1,000 per adult member	Y	6 months for adult routine; 12 months for adult major	Albany	\$22.23	Brochure
Guardian	Managed DentalGuard NY10 Family Plan, NS, INN, Adult/Family Dental, Dep25, Family Dental	Individual	Age 25	None	N	None	Albany	\$14.14	Brochure

2021 DENTAL PLANS: NEW FOR 2021 **COMING SOON**

By clicking on the Brochure button for the plan, you can view what categories of services are covered and the cost-sharing amounts

Dental Plan Comparison Tool

This tool is designed to help you compare dental plans that are offered through NY State of Health.

If you plan to enroll only your children in dental benefits, select the Pediatric Dental tab below.

If only adults or both adults and children need dental coverage, you can either shop for stand-alone family dental plans (select the **Family Dental** tab below) or you can see if there are Qualified Health Plans that include a family dental benefit in your county (select the **QHP with Dental** tab below).

Next, select the County in which you reside. Then, enter the number of children you wish to enroll in a Pediatric Dental plan OR who you wish to enroll in a Family Dental plan or in a QHP with family dental benefits. Next, select whether you wish to compare In Network or Out of Network Cost Sharing for (both). Finally, click on the plan brochure to see what categories of services (Preventive, Routine, Basic, Major, Orthodontial), are covered and the cost-sharing amounts for those services, and to get more detailed information about the specific plan you are considering. **You should always confirm benefits and covered services with your insurer before enrolling in a plan or receiving dental care services.**

Make sure to hover over the "Question Marks" for help.

Pediatric Dental **Family Dental** **QHP with Dental**

County: Albany Network: In Network Cost Sharing Out of Network Cost Sharing

Issuer Name	
Delta Dental of New York, Inc	Delta Dental PPO Pediatric Basic Plan ST OC
Dentcare Delivery Systems Inc	Pediatric Dental, ST,INN,DP
BlueShield of Northeastern New York	Blue Pediatric Dental, ST, OON, Pediatric De
Guardian	Managed DentalGuard NY Child Essentials 2
Guardian	Guardian Pediatric Essentials, ST, INN, OON,
Empire Blue Cross (Dental Upstate)	Empire Dental Pediatric, ST, OON, Pediatric I

Total results 8

Benefit Minimum	Out of Network Coverage?	County	Premium	Brochure
Y		Albany	\$16.03	
N			\$18.95	
Y		Albany	\$31.94	
N		Albany	\$17.85	
Y		Albany	\$20.79	
Y		Albany	\$24.85	

Brochure



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 updated about every 15 days, using data submitted by the health plans
- <https://pndslookup.health.ny.gov>

★ REMINDER

NYS PROVIDER & HEALTH PLAN LOOK-UP TOOL

New Features for 2021:

- Enlarged the spoken language box to show more of the list
- Added search by *type* of health plan, i.e. QHP, EP, Medicaid, etc.
- Limited facilities data to NYS licensed facilities
- Addressed missing behavioral health data
- Addressed missing nursing home data
- Simplified the advanced search feature

★ REMINDER - QHP PLAN PREVIEW



2021 PLAN OPTIONS NOW AVAILABLE TO VIEW

Search for Plans

Plan Selection Filter
This tool lets you view health plans based on features important to you. Start by selecting your County, Plan Year and Persons Covered. Click the "Search" to update the list of available plans.

Estimate Financial Help
1.) Select the "Estimate Your Tax Credit" button.
2.) Enter the information about your County, Household Size, and Household Income, then click "Calculate".
3.) Click the "Search" button again to update the plans.

Additional Plan Selection Tools:
These tools can help determine which plans best meet your needs.

Use **Search by Health Plan, Provider, or Facility** to find what insurance companies are accepted by your doctor, clinic, etc.

Use **Calculate Your Costs** to estimate your total annual costs. Enter your expected monthly premiums after estimating your tax credit below, then provide your annual income and expected annual medical costs.

Search by Health Plan, Provider, or Facility

Calculate Your Costs

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 are calculated by CMS using data provided by health plans. Due to the COVID-19 virus, CMS did not collect data from health plans during the 2020 calendar year. Therefore, the ratings reflect data previously provided health plans in 2019. The ratings are being displayed for health plans for the 2021 plan year. Learn more about these ratings <https://info.nystateofhealth.ny.gov/QualityRatings>

Filter Options

County (Required) <input type="text" value="Rensselaer"/>	Plan Year <input type="text" value="2021"/>	Persons Covered (Required) <input type="text" value="--Select--"/>	Overall Quality Rating <input type="text" value="--All--"/>
Coverage Type <input type="text" value="--All--"/>	Metal Level <input type="text" value="--All--"/>	Insurance Company <input type="text" value="--All--"/>	HIOS Plan ID <input type="text" value="--All--"/>

Estimated Financial Help

Estimate Financial Help

Dependent Age 29

Out Of Network

Reset All

Search

QHP PLAN PREVIEW

Search plans for **2021**

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.

Based on your yearly household income, a Silver Plan may be best for you.

Compare Plans ²

Reset Compare Plans

Page 1 of 2

	Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	You Pay	Details
<input type="checkbox"/>	 Fidelis Care New Plan Quality data not yet available	Fidelis Care, Silver, ST, INN, Fidelis Care HBX Network, Pediatric Dental, Dep25, Free Telemedicine	Silver	Medical Plus Child Dental	Rensselaer	Individual	\$565.59	\$209.52	View Details
<input type="checkbox"/>	 BlueShield of Northeastern New York New Plan Quality data not yet available	IND Destination 65, Silver, NS, INN, Blue Marketplace, Dep25	Silver	Medical	Rensselaer	Individual	\$583.26	\$227.19	View Details
<input type="checkbox"/>	 BlueShield of Northeastern New York New Plan Quality data not yet available	Silver, ST, OON, Blue Marketplace, Dep25	Silver	Medical	Rensselaer	Individual	\$584.94	\$228.87	View Details
<input type="checkbox"/>	 CDPHP New Plan Quality data not yet available	HDHMO Qualified 35 Silver, HSA, NS, INN, Dep25, Adult Vision, Lasik, Wellness	Silver	Medical	Rensselaer	Individual	\$595.68	\$239.61	View Details

Plans display with tax credit deducted

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.

[Back to Plan List](#)

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HDHMO Qualified 35 Silver, HSA, NS, INN, Dep25, Adult Vision, Lasik, Wellness

You Pay	\$239.61				
Price Per Month	\$595.68	Metal ⓘ	Silver	Overall Quality Rating ⓘ	★ New Plan ★ Quality data not yet available
Maximum Out of Pocket ⓘ	\$6,600 / \$6600 per person \$13200 per group	Out-of-Network Coverage ⓘ	No	Allows Health Savings Account	Yes
Plan Id	94788NY0280149	Persons Covered	Individual	Deductible ⓘ	\$2,000 / \$2000 per person \$4000 per group

Design CDPHP Health Maintenance Organization (HMO) • Referrals are not required for services performed by the member's primary care physician (PCP), but referrals are required for services performed by specialists • All non-emergency health services must be provided by a Capital District Physicians Health Plan, Inc (CDPHP) participating provider (including hospital admissions) unless otherwise pre-authorized by CDPHP. • For other than individual coverage, each member under a family plan is only responsible for the individual deductible amount before first dollar coverage begins. • CDPHP HMO plans include: No charge for certain preventive care, including routine annual physicals, immunizations, and screenings. OB/GYN visits without a referral • Coverage for emergency care is available worldwide. • Member's are required to select a primary care physician (PCP) from CDPHP's network of doctors and that doctor will then coordinate your care and refers you to network specialists as needed. • CDPHP will reimburse up to seven hundred and fifty dollars (\$750) for elective refractive eye surgery per Member, per Lifetime to include pre-consultation and post-consultation visits when performed solely to eliminate the need for glasses or contact lenses. • Condition Specific Health and Wellness Program Reimbursement of \$50 enrollment fee; one per year • Child birthing classes (Lamaze) Reimbursement of up to \$75

BENEFIT DESIGN DESCRIPTION

⊖ Prescription Drugs		
Benefit	In Network Cost Share	Description
Specialty Drugs		Specialty drugs are used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia. The drugs are often self-injected or administered in a physician's office or through home health services.
Non-Preferred Brand Drugs	\$70.00	Brand drugs are sold by a drug company under a specific name or trademark and is protected by a patent. Non-preferred drugs may or may not be included on a plan's covered drug list or formulary and have higher cost-share.
Preferred Brand Drugs	\$35.00	Brand drugs are sold by a drug company under a specific name or trademark and is protected by a patent. Preferred drugs are included on a plan's covered drug list or formulary.
Generic Drugs	\$10.00	A prescription drug that has the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs.
⊕ Mental Health and Substance Abuse Services		
⊕ Other Services		
⊕ Emergency Services		
⊕ Preventive and Wellness Services and Chronic Disease Management		
⊕ Laboratory Outpatient and Professional Services		
⊕ Pediatric Dental Care		
⊕ Outpatient Services		
⊕ Pediatric Vision		
⊕ Hospitalization		
⊕ Rehabilitative and Habilitative Services and Devices		
⊖ Plan Documents		
Customer Service	www.fideliscare.org	
Summary of Benefits and Coverage	https://www.fideliscare.org/Member/Manage-Your-Plan/Member-Resources	
Prescription Drug List	https://www.fideliscare.org/Member/Manage-Your-Plan/Member-Resources	
Provider Network	https://www.fideliscare.org/Find-A-Doctor#/search	
Plan Brochure	https://www.fideliscare.org/Member/Manage-Your-Plan/Member-Resources	
Payment Information	https://www.fideliscare.org/Member/Helpful-Tools/Make-A-Payment	

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 standard and non-standard plans
- Consumers input household information and estimated annual medical costs
- Generates the estimated 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

This tool is designed to help you estimate your premium and out-of-pocket (OOP) costs for health insurance in a given year. The cost estimator will generate the estimated total cost for the year as well as the largest possible amount an individual may pay.

Disclaimer: This tool is just an estimate of your cost. Information from this tool should not be regarded as definitive or exact. No tool can provide an exact estimate or perfectly predict insurance costs. In addition, this estimate does not account for out-of-pocket costs (e.g., co-payments) after the deductible is met but before you reach your maximum out-of-pocket costs.

For instructions on how to use this tool, [click here](#).

Enter household information

Total Household Income per Year 

Number of Members in Household 

FPL % 

Persons Covered

Estimated Annual Medical Costs 

Standard Plans

Non-Standard Plans

Enter your estimated monthly premiums  after financial help from the [Search for Plans page](#)

Bronze

Silver

Gold

Platinum

QHP OUT-OF-POCKET COST ESTIMATOR

How to use the tool:

Use the Anonymous Plan Search tool to determine the consumer's estimated premium after tax credits.

<https://nystateofhealth.ny.gov/individual>

Estimate Financial Help ×

County Fulton ▼

Number of Members in Household 1 ?

Enter number of adults needing coverage 1 ?

Children under Age 19 0

Are there any dependents ages 26 to 29 applying for coverage? Yes No

Total Household Income per Year \$ 30000 ?

Calculate
Reset

Estimated Financial Help

Estimate Financial Help
370.05

Dependent Age 29 ?
 Out Of Network ?

Reset All
Search

Search plans for **2021**

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.

Based on your yearly household income, a Silver Plan may be best for you.

Compare Plans
Reset Compare Plans
Page 1 of 9 ◀▶

Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	You Pay	Details	
<input type="checkbox"/>	 <small>New Plan Quality data not yet available</small>	Fidelis Care, Bronze, ST, INN, Fidelis Care HBX Network, Pediatric Dental, Dep25, Free Telemedicine	Bronze	Medical Plus Child Dental	Fulton	Couple	\$803.14	\$433.09	<small>View Details</small>
<input type="checkbox"/>	 <small>New Plan Quality data not yet available</small>	Fidelis Care Bronze HSA, Bronze, ST, INN, Fidelis Care HBX Network, Pediatric Dental, Dep25, Free Telemedicine	Bronze	Medical Plus Child Dental	Fulton	Couple	\$825.36	\$455.31	<small>View Details</small>

QHP OUT-OF-POCKET COST ESTIMATOR



Enter your estimated monthly premiums [Ⓢ] after financial help from the [Search for Plans page](#)

Bronze	Silver	Gold	Platinum
\$ 16.59	\$ 198.63	\$ 321.55	\$ 478.65

Estimated Annual Costs

	Bronze	Silver	Gold	Platinum
Premium [Ⓢ]	\$199.08	\$2,383.56	\$3,858.6	\$5,743.8
Deductible [Ⓢ]	\$4,425	\$1,100	\$600	\$0
Estimated Out of Pocket Costs [Ⓢ]	\$4,425	\$1,100	\$600	\$0
Estimated Total Cost [Ⓢ]	\$4,624.08	\$3,483.56	\$4,458.6	\$5,743.8
Max Out-of-Pocket Costs [Ⓢ]	\$8,150	\$6,500	\$4,000	\$2,000
Most You May Pay in a Year [Ⓢ]	\$8,349.08	\$8,883.56	\$7,858.6	\$7,743.8

Note: This estimate does not account for out-of-pocket costs (e.g., co-payments) after the deductible is met, but before you reach your maximum out-of-pocket costs.

The results above take into account additional financial assistance you may be eligible for to lower your out-of-pocket costs, like co-payments and deductibles, based on your estimated income, if you enroll in a silver product.

Estimated Annual Costs



QUESTIONS?



RECERTIFICATION PROCESS

- All Assistors who are registered or completed the in-person or online Assistor Certification training by **10/31/2020** will be required to view the recertification webinars
- Keep track of the date you watched the live webinar or the recording
- In November, supervisors will be emailed a Recertification Report or spreadsheet and must attest to the accuracy of each date the Assistor said they viewed the webinar
- The webinars that are required for 2020 will be posted here:
- <https://info.nystateofhealth.ny.gov/SpringTraining>

2020 Spring Training



Session	Topic	Training Materials
1 July 8, 2020	Privacy and Security - Providing a reminder and an update on the Privacy and Security rules and regulations by which all NY State of Health Assistors must comply	Presentation Video Authorized Representative Designation Form Document Linking Checklist ID Proofing Tool Kit
2 August 26, 2020	Immigration - A review of the citizenship and immigration categories in the NY State of Health application. An in-depth review of how to review immigration documents	Presentation Video Immigration and Citizenship Resources EAD and COA Code Resource
3 September 30, 2020	Open Enrollment and Renewals, NY State of Health Race and Ethnicity Questions, Pilot Program for Private Pay Home Care Services	Presentation Video 2020 Income Levels

THANK YOU FOR JOINING US!



- Please complete the Survey Monkey Evaluation of the Webinar:
 - QHP & EP Lineup, for 2021
- As always, watch for the video and materials to be posted to:
<http://info.nystateofhealth.ny.gov/SpringTraining>