



# Inning #9

## 2015 Health Plan Lineup

**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.
- You can log one vote per computer in the polling feature
- 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 Inning 8: How to Pick the Most Valuable Player
- 2015 Health Plan Lineup (2015 Health Plan Choices)
  - Insurers
  - Qualified Health Plans
  - Resources
- Remaining webinar schedule
- Conclusion

## Inning 8: How to Pick the Most Valuable Player Evaluation Survey Results

### **Here's what you said:**

Nearly 94% said it “increased my knowledge of the topic(s).”

More than 94% said that “information from this webinar will allow me to better inform consumers about what factors they should consider when selecting a health plan through the Marketplace.”

*“One of the best webinars I’ve viewed. Although I’m very familiar with health insurance, the examples helped me put the info into a different perspective.”*

*“Continue the polling questions. It’s helpful to understand what other assistors are experiencing.”*

*“Presenter went through some of the screens too quickly.”*

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

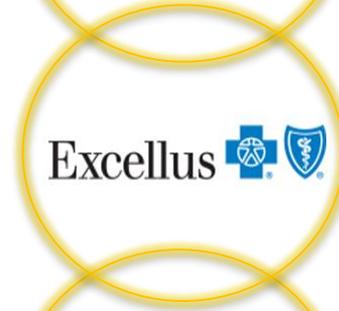
## Today's Presenter

**Randi Imbriaco**  
Director, Plan Management  
NY State of Health



# 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:** EmblemHealth, Blue Cross Blue Shield of Western NY
- **Expanded Service Areas:**
  - Health Republic – 11 Counties
  - MVP – 1 County
  - North Shore LIJ – 3 Counties
- **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               |
| <b>Silver (200-250 FPL)</b> | <b>\$1,200</b> | <b>\$5,200</b>        |
| 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 <b>all</b> insurers   | Offered by <b>most</b> insurers  |
| Provider Network | Marketplace Network  | May be the Marketplace, Tiered or Limited Network  |
| Pharmacy         | No separate Rx deductible<br><br>Maximum out-of-pocket includes all Rx spending & deductible | May have separate Rx deductible<br><br>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 stand-alone 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

# 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 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                |   |
| 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,<br>Adult/Family Dental | Identifies type of dental covered                                     |
| Dependent Age Coverage | Dep25, Dep29                             | Identifies the maximum age of covered dependents                      |

# Pop Quiz!

*Can you correctly identify the features of this Plan?*

## **Affinity Access Platinum ST INN Dep25**

- a. What Metal Tier is the product?
- b. Is the plan standard or non-standard?
- c. Does this plan have out-of-network benefits?
- d. To what age is dependent coverage offered in the plan?

## *True or False?*

# **HDHP-HSA 269 Silver NS OON Dep29**

1. The product name is HDHP-HSA 269
2. The product is a platinum product
3. The product is a standard product
4. The product covers out-of-network services

## *Choose the Correct Statement*

### **Delta Dental Individual DeltaCare<sup>®</sup> USA Pediatric Basic Plan ST INN Pediatric Dental Dep 19**

1. This is a family dental plan
2. This is a non-standard plan
3. This is an in-network only plan

# 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
  - New Comparison Tool

# 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.



### EssentialCare Bronze Plan - A Consumer Operated and Oriented Plan (CO-OP) Option

|                                |                     |                                  |        |                              |  |
|--------------------------------|---------------------|----------------------------------|--------|------------------------------|--|
| <b>Monthly Premium</b>         | \$233 <sup>18</sup> | <b>Metal</b>                     | Bronze | <b>Quality Rating</b>        | <b>New Plan</b><br>Quality data not yet available. |
| <b>Medical Deductible</b> ⓘ    | - / -               | <b>Drug Deductible</b> ⓘ         | - / -  | <b>Combined Deductible</b> ⓘ | \$3,000 / \$6,000                                  |
| <b>Maximum Out of Pocket</b> ⓘ | \$6,350 / \$12,700  | <b>Out-of-Network Coverage</b> ⓘ | No     | <b>HSA Eligible</b> ⓘ        | 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

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

**Additional Non-Standard Benefits:**

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

## What's In A Name?

- Help us narrow the choices for the name of our new plan compare tool. Vote for your favorite two choices:
  - NY State of Health **Plan Compare**
  - NY State of Health **Plan Preview**
  - NY State of Health **Plan Guide**
  - NY State of Health **Plan Inventory**

# Questions?

# End of the Inning

- ***Final Inning: New Date to be announced soon***

Inning #7, Know Who You're Pitching To, Part 2 (Cultural & Linguistic Competence)

- Please complete Inning #9 survey

- Watch for inning replay to be posted to

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