



[Outreach and Enrollment Distance Learning Series]



Assisting Clients with Complex Medical Needs

July 14, 2016

Welcome to the Outreach and Enrollment Distance Learning Series

All lines are muted. Please use chat to ask a question to the chairperson.

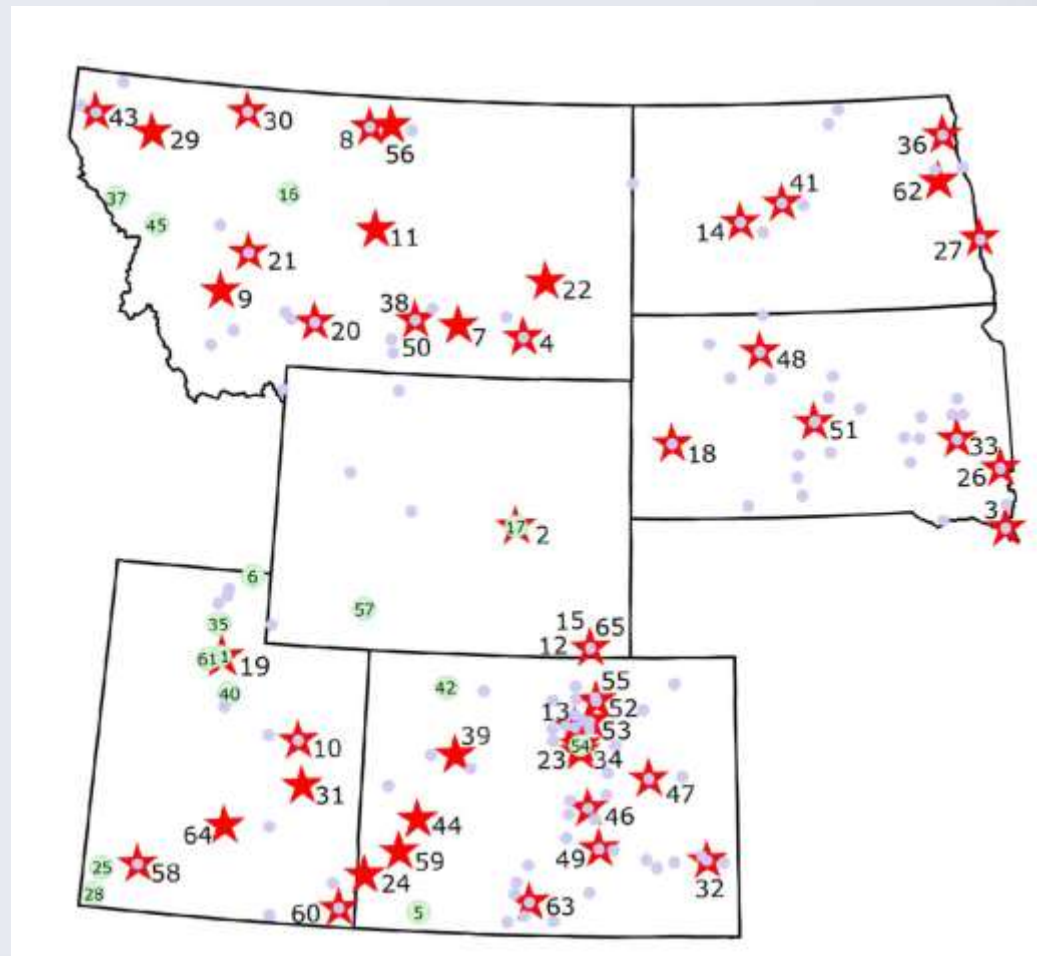
2016 O&E Distance Learning Series: Upcoming Events

- Visit the CHAMPS Distance Learning Page for more information
 - Engagement and Issue Advocacy for O&E Staff – *August 18, 2016*
 - Habits of Highly Effective Assisters – *September 22, 2016*

Community Health Association of Mountain/Plains States (**CHAMPS**)



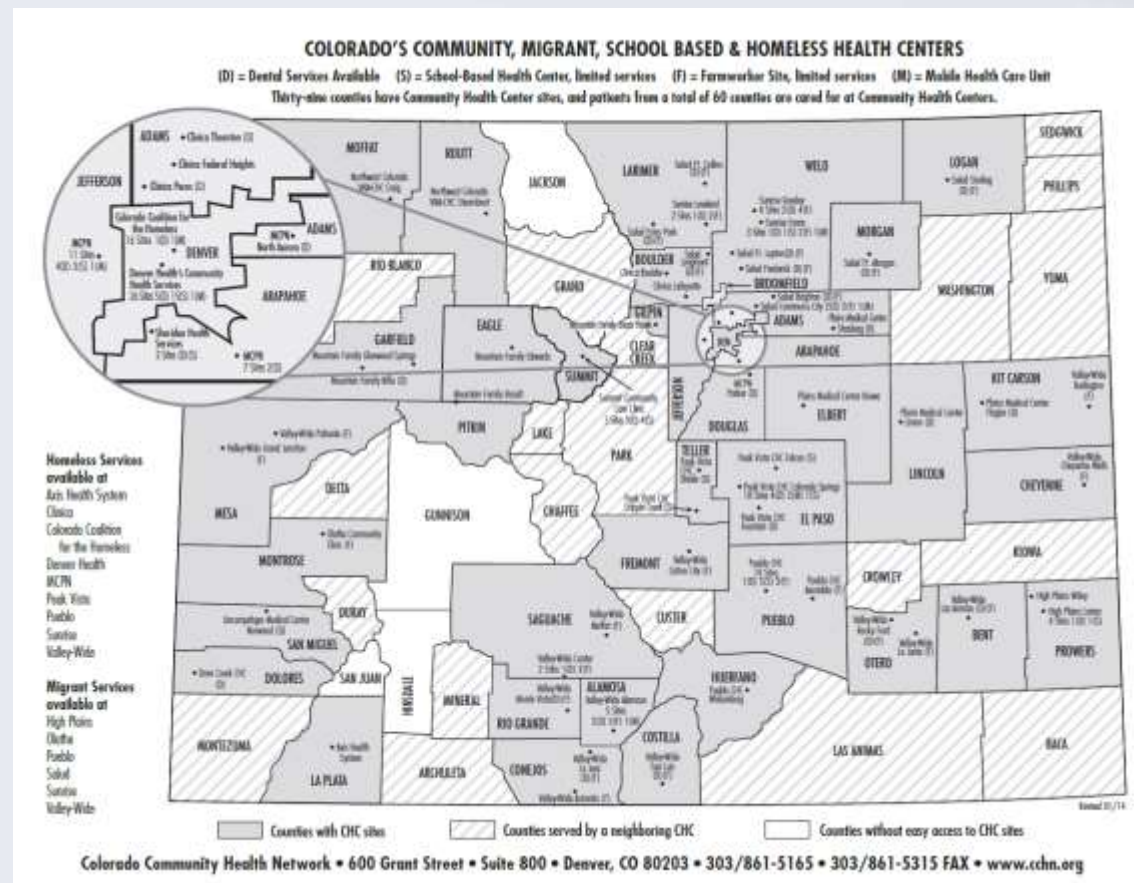
www.champsonline.org



Colorado Community Health Network (CCHN)



www.cchn.org



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Health Reform: **Beyond the Basics**

healthreformbeyondthebasics.org

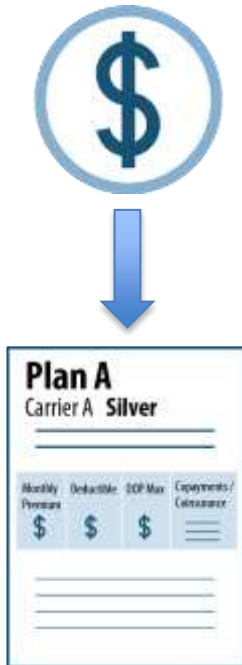
Assisting Clients with Complex Medical Needs

Sarah Lueck

July 14, 2016

Premiums

The monthly cost a person pays for a health plan



VS

Cost-Sharing Charges

The charges a person pays as he or she uses benefits covered by a health plan



- Covered Benefits
 - Essential Health Benefits, including preventive services
 - Additional benefits possible
 - Prescription drug formulary is a list of covered drugs
- Provider Network
 - Insurers contract with physicians, hospitals, and other professionals to provide services to plan enrollees
 - May be broad (with a greater number of providers) or narrow
 - Plan may or may not provide coverage outside its network

Deductible

- Enrollee must pay the deductible before the plan begins to pay for most benefits
- Set on a yearly basis

Copayments

- Dollar amount for an item or service that enrollees must pay
- Many copayments are applicable before the deductible is met

Coinsurance

- Percentage of the cost of an item or service that enrollees must pay

Maximum Out-of-Pocket Limit (OOP)

- Puts a cap on what the enrollee pays in cost-sharing charges each year
 - Set on a yearly basis
 - Applies to in-network services, not out-of-network care
- OOP limit is not the amount that an enrollee must spend each year

Maximum OOP Limit for 2016 Coverage

Individual OOP Limit <i>(NOTE: applies to each individual in a family plan as well)</i>	\$6,850
Family OOP Limit	\$13,700

Lower Maximum OOP Limits for Cost-Sharing Reduction Plans (2016 Coverage)

Household Income	Up to 200% FPL	201–250% FPL
Individual OOP Limit	\$2,250	\$5,450
Family OOP Limit	\$4,500	\$10,900



Actuarial Value Guides Cost-Sharing Charges

	Plan A Coventry POS Bronze	Plan B Anthem HMO Bronze	Plan C Anthem HMO Silver	Plan D Optima HMO Silver	Plan E Coventry POS Gold
Metal tier	Bronze	Bronze	Silver	Silver	Gold
Actuarial value	60% AV	60% AV	70% AV	70% AV	80% AV
Deductible	\$6,300	\$5,500	\$2,600	\$3,500	\$1,250
OOP limit	\$6,300	\$6,350	\$5,950	\$6,450	\$4,200
Inpatient hospital	No charge (after deductible)	25% (after deductible)	20% (after deductible)	20% (after deductible)	20% (after deductible)
Primary care visit	No charge (after deductible)	\$40 (2 visits) + 25% (after deductible)	\$35 (3 visits) + 20% (after deductible)	\$25 (4 visits) + 20% (after deductible)	No charge
Specialist visit	No charge (after deductible)	25% (after deductible)	20% (after deductible)	\$25 + 20% (after deductible)	\$50
Generic drug	No charge (after deductible)	25% (after deductible)	\$15	\$15 (after deductible)	\$10

Example: In-Network vs. Out-of-Network Cost-Sharing

		Annual Deductible	Annual OOP Limit	Hospital Admission	Primary Care Visit	Specialist Visit
Plan A Carrier A - Silver	In-Network	\$4,000	\$6,350	30%	\$60	30%
	Out-of-Network	\$8,000	\$12,700	50%	50%	50%
Plan B Carrier B - Silver	In-Network	\$4,000	\$6,350	30%	\$60	30%
	Out-of-Network	N/A	N/A	N/A	N/A	N/A
Plan C Carrier C - Silver	Tier I	\$2,000	\$5,000	30%	\$20	\$40
	Tier II	\$4,000	\$6,350	50%	\$40	\$60
	Tier III	\$8,000	\$12,700	50%	50%	50%

Example: Cost-Sharing under Different Drug Formularies

	Plan A Carrier A Silver	Plan B Carrier B Silver
	Prescription drug deductible: N/A	Prescription drug deductible: \$500
Drug X  Full cost: \$50/month (\$600/year)	Tier 1: \$10 copay annual cost: \$120	Tier 2: \$40 copay (deductible waived) annual cost: \$480
Drug Y  Full cost: \$400/month (\$4800/year)	Not covered annual cost: \$4,800	Tier 3: 40% coinsurance after deductible annual cost: \$500 + \$2,150
	Total Annual Cost: \$4,920	Total Annual Cost: \$3,130

Cost-Sharing Reductions

What is a Cost-Sharing Reduction (CSR)?

- A federal benefit that reduces the out-of-pocket charges an enrollee pays for medical care covered by the plan
- People with income up to 250% FPL are eligible
- Must enroll in a silver plan through the Marketplace

3 Levels of Cost-Sharing Reduction Plans Based on Income:

	Standard Silver No CSR	CSR Plan Level 1	CSR Plan Level 2	CSR Plan Level 3
Income Range	Above 250% FPL	201–250% FPL	151–200% FPL	Up to 150% FPL
Actuarial Value	70% AV	73% AV	87% AV	94% AV
Max OOP Limit <i>Individual in 2016</i>	\$6,850	\$5,450	\$2,250	\$2,250
Max OOP Limit <i>Family in 2016</i>	\$13,700	\$10,900	\$4,500	\$4,500

	Plan A Blue Cross HMO Silver	Plan A Blue Cross HMO Silver	Plan A Blue Cross HMO Silver	Plan A Blue Cross HMO Silver
CSR Level	No CSR	201-250% FPL	151-200% FPL	<150% FPL
Actuarial value	70% AV	73% AV	87% AV	94% AV
Deductible	\$4,500	\$3,000	\$750	\$250
OOP limit	\$6,300	\$5,200	\$2,250	\$2,250
Inpatient hospital	No charge (after ded.)	No charge (after ded.)	No charge (after ded.)	No charge (after ded.)
Primary care visit	\$10	\$8	\$5	\$3
Specialist visit	\$20	\$18	\$10	\$5
Generic drugs	\$5 (after ded.)	\$4 (after ded.)	\$3 (after ded.)	\$2 (after ded.)
Specialty drugs	\$285 (after ded.)	\$250 (after ded.)	\$150 (after ded.)	\$150 (after ded.)

Comparing Two Insurers' CSR Variations

	Deductible	OOP limit	Inpatient hospital	Primary care visit	Specialist visit	Generic drugs	Specialty drugs
Plan A <u>Blue Cross HMO Silver</u> AV: 94%	\$250	\$2,250	No charge (after ded.)	\$3	\$5	\$2 (after ded.)	\$150 (after ded.)
Plan B <u>Highmark PPO Silver</u> AV: 94%	\$100	\$500	\$100 + 10%	\$5	\$10	\$8	25%

- Health reform included special assistance for members of federally recognized tribes and Alaska Native Claims Settlement Act (ANCSA) Corporation shareholders.
- They can enroll or change Marketplace plans each month.
- **For people between 100 % and 300% FPL** who qualify for premium tax credits, zero cost-sharing plans are available.
 - Enrollees pay no deductibles, co-payments, or other cost-sharing when using in-network medical care.
 - Some out-of-network care is also available with zero cost-sharing.
- **For people with incomes below 100% FPL or above 300% FPL**, there is a “limited” cost-sharing plan available.
 - Enrollee pays no cost-sharing charges to receive services from an Indian health care provider or from another provider if referred from an Indian health care provider.

Finding Information about Qualified Health Plans

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



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].

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 <u>deductibles</u> .	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.

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



- **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 participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$35 copay/visit	40% coinsurance	—————none—————
	Specialist visit	\$50 copay/visit	40% coinsurance	—————none—————
	Other practitioner office visit	20% coinsurance for chiropractor and acupuncture	40% coinsurance for chiropractor and acupuncture	—————none—————
	Preventive care/screening/immunization	No charge	40% coinsurance	
If you have a test	Diagnostic test (x-ray, blood work)	\$10 copay/test	40% coinsurance	—————none—————
	Imaging (CT/PET scans, MRIs)	\$50 copay/test	40% coinsurance	—————none—————

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 Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.[insert] .	Generic drugs	\$10 copay/prescription (retail and mail order)	40% coinsurance	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	Preferred brand drugs	20% coinsurance (retail and mail order)	40% coinsurance	———— none ————
	Non-preferred brand drugs	40% coinsurance (retail and mail order)	60% coinsurance	———— none ————
	Specialty drugs	50% coinsurance	70% coinsurance	———— none ————
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	———— none ————
	Physician/surgeon fees	20% coinsurance	40% coinsurance	———— none ————
If you need immediate medical attention	Emergency room services	20% coinsurance	20% coinsurance	———— none ————
	Emergency medical transportation	20% coinsurance	20% coinsurance	———— none ————
	Urgent care	20% coinsurance	40% coinsurance	———— none ————
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	———— none ————
	Physician/surgeon fee	20% coinsurance	40% coinsurance	———— none ————

Visit Limits on Covered Services



BlueCross BlueShield of Texas

Blue Advantage Bronze HMO 006SM

Coverage Period: 01/01/2015-12/31/2015

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

Coverage for: Individual/Family | Plan Type: HMO

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
Home health care		No Charge	Not Covered	Limited to 60 visits per year.
Rehabilitation services		No Charge	Not Covered	Limited to combined 35 visits per year, including Chiropractic.
Habilitation services		No Charge	Not Covered	
Skilled nursing care		No Charge	Not Covered	Limited to 25 days per year.
Durable medical equipment		No Charge	Not Covered	---none---
Hospice service		No Charge	Not Covered	
If you are pregnant	Prenatal and postnatal care	No Charge	Not Covered	---none---
	Delivery and all inpatient services	No Charge	Not Covered	
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Limited to 60 visits per year.
	Rehabilitation services	No Charge	Not Covered	Limited to combined 35 visits per year, including Chiropractic.
	Habilitation services	No Charge	Not Covered	Limited to 25 days per year.
	Skilled nursing care	No Charge	Not Covered	---
	Durable medical equipment	No Charge	Not Covered	---
	Hospice service	No Charge	Not Covered	---
If your child needs dental or eye care	Eye exam	No Charge	Reimbursed up to \$30	One visit per calendar year. Up to age 19.
	Glasses	No Charge	Reimbursed up to \$30 frames/\$25 single vision lenses	One pair per calendar year. Up to age 19.
	Dental check-up	Not Covered	Not Covered	---

Other Covered Services & Excluded Services

Plan A Carrier A Silver

Excluded Services & Other Covered Services:

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

- Cosmetic surgery
- Dental care (Adult)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care

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.)

- Acupuncture (if prescribed for rehabilitation purposes)
- Bariatric surgery
- Chiropractic care
- Hearing aids
- Most coverage provided outside the United States. See [www.\[insert\]](#)
- Weight loss programs

Plan B Carrier B Silver

Excluded Services & Other Covered Services:

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

- Cosmetic surgery
- Long Term Care
- Routine Eye Care (Adult)
- Dental Care (Adult and Child)
- Non-emergency care when traveling outside the U.S.
- Hearing aids (Adult)
- Private-duty nursing


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.)

- Acupuncture
- Infertility Treatment
- Bariatric surgery
- Routine Foot Care (diabetics only)
- Chiropractic care
- Weight Loss Programs

Helping People with Complex Medical Needs to Compare Plans

- What are the person's priorities for health coverage?
- What services and health care providers does the person expect to use?
 - Inpatient and outpatient services?
 - Specialists?
- Does the person want to continue seeing one or more specific health care providers?
 - Are certain health care providers really important to have in network?
- What prescription drugs does the person expect to need?
 - Are there medications the person takes regularly?

- Resource for assisters to help consumers evaluate and select a QHP
- Available in both English and Spanish:
[Marketplace Plan Comparison Worksheet](#)


Health Reform: **Beyond the Basics**

A project of the
 Center for Outcomes and Policy Studies

Marketplace Plan Comparison Worksheet

Applicant Name: _____ Tax Credit (monthly): _____ Date: _____

Number of people in the plan: _____ Eligible for cost-sharing reductions? No 73% 87% 94%

	Option 1 (or Current Plan)	Option 2	Option 3
Insurance company			
Health plan name			
Metal tier (Bronze, Silver, Gold, Platinum)			
Plan type (HMO, PPO, POS, EPO, or other)			
Monthly premium (after tax credit)			
Deductible (medical/drug or combined) <small>(if family deductible: apply/regulated or unregulated?)</small>			
Out-of-Pocket Maximum (OOP Max)			
Copays/Coinsurance	Amount	Amount	Amount
	Deductible applies? (check if yes)	Deductible applies? (check if yes)	Deductible applies? (check if yes)
Primary Care Provider (PCP) visit			
Specialist visit			
Prescriptions	Generic drugs		
	Preferred brand name drugs		
	Non-preferred brand name drugs		
	Specialty drugs		
Emergency Room (ER) visit			
Inpatient hospital stay			
Other service:			
Other service:			
Other service:			
Health Care Providers	In Network/Covered?	In Network/Covered?	In Network/Covered?
Current doctor/provider:			
Other provider or hospital:			
Current prescription drugs:			
Other Considerations			
Other consideration:			
Other consideration:			
Other consideration:			

Questions, comments or feedback? Please contact Dave Chandra, dchandra@cbpp.org (as of November 13, 2014)

- Gaby lives with her son, Henry, in Billings, Montana
- Her income is around \$43,000 a year
- She is eligible for a premium tax credit of \$155 a month for a plan that will cover her and Henry
- Because she and her son are members of a federally recognized American Indian tribe, they are eligible for a zero cost-sharing plan
- What are Gaby's health concerns?
 - Henry has asthma
 - Gaby has depression and has chronic back pain
- How can you help Gaby shop for a plan?



Tips for Helping Gaby Shop for a Plan

- The difference between metal levels generally disappears when someone has access to zero cost-sharing plans.
- It is still important to for her to consider differences other than cost-sharing charges.
- Some plan features to look at:
 - Premium cost
 - Provider networks
 - Visit limits
 - Additional covered benefits
 - Availability of adult dental or vision benefits

Comparing Plan Options

	Option 1	Option 2	Option 3
Insurance company	BlueCross BlueShield	BlueCross BlueShield	MT Health CO-OP
Health plan name	Blue Focus POS 104	Blue Preferred PPO 006	Connected Care
Metal tier (<i>Bronze, Silver, Gold, Platinum</i>)	Bronze	Bronze	Bronze
Plan type (<i>HMO, PPO, POS, EPO, or other</i>)	POS	PPO	PPO
Monthly premium (<i>after tax credit</i>)	\$208	\$243	\$218

	Option 1	Option 2
Insurance company	BlueCross BlueShield	BlueCross BlueShield
Health plan name	Blue Focus POS 104	Blue Preferred PPO 006
Metal tier (<i>Bronze, Silver, Gold, Platinum</i>)	Bronze	Bronze
Plan type (<i>HMO, PPO, POS, EPO, or other</i>)	POS	PPO
Monthly premium (<i>after tax credit</i>)	\$208	\$243

Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider
Mental/Behavioral health outpatient services	No Charge	No Charge
Mental/Behavioral health inpatient services	No Charge	No Charge

Limitations & Exceptions

Outpatient: Preauthorization required for psychological testing, neuropsychological testing, electroconvulsive therapy, repetitive transcranial magnetic stimulation, and intensive outpatient treatment. Failure to preauthorize prior to service, 15 days for In-Network or 2 days for Out-of-network, may result in claim denial. Inpatient: Residential treatment facilities will be covered if medical necessity criteria are met. Failure to preauthorize prior to admission, 15 days for In-Network or 2 days for Out-of-network, may result in claim denial.



Insurance company
Health plan name
Metal tier (<i>Bronze, Silver, Gold, Platinum</i>)
Plan type (<i>HMO, PPO, POS, EPO, or other</i>)
Monthly premium (<i>after tax credit</i>)

Option 3
MT Health CO-OP
<u>Connected Care</u>
Bronze
PPO
\$218

Services You May Need	Your Cost If You Use an Indian Health Service	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Out-of-Network Provider
Mental/Behavioral health outpatient services	No charge	No charge	No charge
Mental/Behavioral health inpatient services	No charge	No charge	No charge

Limitations & Exceptions
_____none_____
_____none_____

Comparing Plan Options: Mental Health Services

	Option 1	Option 2	Option 3
Insurance company	BlueCross BlueShield	BlueCross BlueShield	MT Health CO-OP
Health plan name	Blue Focus POS 104	Blue Preferred PPO 006	Connected Care
Metal tier (<i>Bronze, Silver, Gold, Platinum</i>)	Bronze	Bronze	Bronze
Plan type (<i>HMO, PPO, POS, EPO, or other</i>)	POS	PPO	PPO
Monthly premium (<i>after tax credit</i>)	\$208	\$243	\$218
Copays/Coinsurance	Amount	Amount	Amount
	Deductible applies? (✓ if yes)	Deductible applies? (✓ if yes)	Deductible applies? (✓ if yes)
Other service: Mental/Behavioral health outpatient care	No charge <i>(pre-authorization required)</i>	No charge <i>(pre-authorization required)</i>	No charge
Other service: Mental/Behavioral health inpatient care	No charge	No charge	No charge
Other service:			
Health Care Providers	In Network/Covered?	In Network/Covered?	In Network/Covered?
Current doctor/provider:			
Other provider or hospital:			
Current prescription drugs:			
Other Considerations			
Other consideration: Psychiatry	19 specialists in 20 miles	28 specialists in 20 miles	3 specialists in 20 miles
Other consideration:			
Other consideration:			

Comparing Plan Options: Other Considerations

	Option 1	Option 2	Option 3
Insurance company	BlueCross BlueShield	BlueCross BlueShield	MT Health CO-OP
Health plan name	Blue Focus POS 104	Blue Preferred PPO 006	Connected Care
Metal tier (<i>Bronze, Silver, Gold, Platinum</i>)	Bronze	Bronze	Bronze
Plan type (<i>HMO, PPO, POS, EPO, or other</i>)	POS	PPO	PPO
Monthly premium (<i>after tax credit</i>)	\$208	\$243	\$218
Copays/Coinsurance	Amount	Amount	Amount
	Deductible applies? (✓ if yes)	Deductible applies? (✓ if yes)	Deductible applies? (✓ if yes)
Other service: Mental/Behavioral health outpatient care	No charge <i>(pre-authorization required)</i>	No charge <i>(pre-authorization required)</i>	No charge
Other service: Mental/Behavioral health inpatient care	No charge	No charge	No charge
Other service: Chiropractic care	10 visits per year	10 visits per year	20 visits per year
Health Care Providers	In Network/Covered?	In Network/Covered?	In Network/Covered?
Current doctor/provider: Sherry Castille, Billings Clinic	Yes	Yes	No
Other provider or hospital: Lame Deer Health Center	No	Yes	No
Current prescription drugs: Flovent HFA (for Henry's asthma)	Yes (Tier 3)	Yes (Tier 3)	Yes (Tier 3)
Other Considerations			
Other consideration: Psychiatry	19 specialists in 20 miles	28 specialists in 20 miles	3 specialists in 20 miles
Other consideration: Chiropractic (specialist)	11 specialists in 15 miles	15 specialists in 15 miles	32 specialists in 15 miles
Other consideration: Pediatric Pulmonologist (specialist)	1 specialist in 20 miles	2 specialists in 20 miles	1 specialist in 5 miles

- Doug lives in Cheyenne, WY
- His income is around \$22,000 a year
- He is eligible for a premium tax credit of \$463 a month and cost-sharing reductions
- What are Doug's health concerns?
 - Diabetes
 - Coronary heart disease
- Doug also travels to Colorado and Nebraska for work and would like to be able to use his health insurance in neighboring states
- How can you help Doug shop for a plan?



Tips for Helping Doug Shop for a Plan

- In Cheyenne, there is only one insurance carrier: BlueCross BlueShield
- To help manage his multiple chronic conditions, Doug should look carefully at the cost and coverage of various benefits, prescriptions and services
- Doug is eligible for cost-sharing reductions, so a silver plan will help reduce his out of pocket costs when he uses his coverage
- Because Doug travels to other states for work, looking at out-of-network or multi-state coverage is important
- Some plan areas to look at:
 - Coverage of diabetes medication
 - Access to diabetes services and supplies
 - Coverage of heart disease medicine
 - Out-of-network coverage or multi-state coverage

		Option 1		Option 2		Option 3	
Insurance company		BlueCross BlueShield		BlueCross BlueShield		BlueCross BlueShield	
Health plan name		BlueSelect ValueTwo		BlueSelect ValueOne		BlueSelect Core	
Metal tier (<i>Bronze, Silver, Gold, Platinum</i>)		Silver (CSR 87%)		Silver (CSR 87%)		Silver (CSR 87%)	
Plan type (<i>HMO, PPO, POS, EPO, or other</i>)		PPO		PPO		PPO	
Monthly premium (<i>after tax credit</i>)		\$97		\$130		\$141	
Deductible (<i>medical/drug or combined</i>)		\$1,250 / \$150		\$750 / \$250		\$200	
Out-of-Pocket Maximum (OOP Max)		\$1,500		\$1,000		\$2,250	
Copays/Coinsurance		Amount		Amount		Amount	
		Deductible applies? (✓ if yes)		Deductible applies? (✓ if yes)		Deductible applies? (✓ if yes)	
Primary Care Provider (PCP) visit		\$25 (x6) / 0%		\$20 (x6) / 20%		20%	
Specialist visit		0%		20%		20%	
Prescriptions	Generic drugs	\$5(30 day)/\$10(90 day)		\$5(30 day)/\$10(90 day)		20%	
	Preferred brand name drugs	\$25(30 day)/\$50(90 day)		\$25(30 day)/\$50(90 day)		20%	
	Non-preferred brand name drugs	20%		20%		20%	
	Specialty drugs	20%		20%		20%	
Emergency Room (ER) visit		No charge		20%		20%	
Inpatient hospital stay		No charge		20%		20%	
Other services: Out-of-network office visits, tests, hospital		No charge		20%		20%	
Other services: Out-of-network prescriptions		Not covered		Not covered		Not covered	

Comparing Plan Options: Diabetes Care

		Option 1	Option 2	Option 3
Insurance company		BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield
Health plan name		BlueSelect ValueTwo	BlueSelect ValueOne	BlueSelect Core
Metal tier (<i>Bronze, Silver, Gold, Platinum</i>)		Silver (CSR 87%)	Silver (CSR 87%)	Silver (CSR 87%)
Plan type (<i>HMO, PPO, POS, EPO, or other</i>)		PPO	PPO	PPO
Monthly premium (<i>after tax credit</i>)		\$97	\$130	\$141
Deductible (<i>medical/drug or combined</i>)		\$1,250 / \$150	\$750 / \$250	\$200
Out-of-Pocket Maximum (OOP Max)		\$1,500	\$1,000	\$2,250
Copays/Coinsurance		Amount	Amount	Amount
		Deductible applies? (✓ if yes)	Deductible applies? (✓ if yes)	Deductible applies? (✓ if yes)
Specialist visit		0% ✓	20% ✓	20% ✓
Prescriptions	Generic drugs	\$5(30 day)/\$10(90 day) ✓	\$5(30 day)/\$10(90 day) ✓	20% ✓
	Preferred brand name drugs	\$25(30 day)/\$50(90 day) ✓	\$25(30 day)/\$50(90 day) ✓	20% ✓
	Non-preferred brand name drugs	20% ✓	20% ✓	20% ✓
	Specialty drugs	20% ✓	20% ✓	20% ✓
Health Care Providers		In Network/Covered?		
Current prescription drugs: Glucose blood test strip; Glucose blood test disk; Blood glucose calibration liquid; Glucose chew tab; Glucose oral liquid; Humalog (insulin)		Yes (Tier 2); Yes (Tier 2); Yes (Tier 3); Yes (Tier 3); Yes (Tier 1); Yes (Tier 3)		
Other Considerations				
Other consideration: Endocrinologist (specialist)		0 specialists in 50 miles		
Other consideration: Routine eye care		Not covered		



Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,820
- Patient pays \$1,580

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$1,100
Co-pays	\$400
Co-insurance	\$0
Limits or exclusions	\$80
Total	\$1,580

BlueCross BlueShield
[BlueSelect ValueTwo](#)

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,320
- Patient pays \$1,080

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$750
Co-pays	\$200
Co-insurance	\$50
Limits or exclusions	\$80
Total	\$1,080

BlueCross BlueShield
[BlueSelect ValueOne](#)

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,120
- Patient pays \$1,280

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$200
Co-pays	\$0
Co-insurance	\$1,000
Limits or exclusions	\$80
Total	\$1,280

BlueCross BlueShield
[BlueSelect Core](#)

Comparing Plan Options: Heart Disease Care

		Option 1	Option 2	Option 3
Insurance company		BlueCross BlueShield	BlueCross BlueShield	BlueCross BlueShield
Health plan name		BlueSelect ValueTwo	BlueSelect ValueOne	BlueSelect Core
Metal tier (<i>Bronze, Silver, Gold, Platinum</i>)		Silver (CSR 87%)	Silver (CSR 87%)	Silver (CSR 87%)
Plan type (<i>HMO, PPO, POS, EPO, or other</i>)		PPO	PPO	PPO
Monthly premium (<i>after tax credit</i>)		\$97	\$130	\$141
Deductible (<i>medical/drug or combined</i>)		\$1,250 / \$150	\$750 / \$250	\$200
Out-of-Pocket Maximum (OOP Max)		\$1,500	\$1,000	\$2,250
Copays/Coinsurance		Amount	Amount	Amount
		Deductible applies? (✓ if yes)	Deductible applies? (✓ if yes)	Deductible applies? (✓ if yes)
Specialist visit		0% ✓	20% ✓	20% ✓
Prescriptions	Generic drugs	\$5(30 day)/\$10(90 day)	\$5(30 day)/\$10(90 day)	20% ✓
	Preferred brand name drugs	\$25(30 day)/\$50(90 day) ✓	\$25(30 day)/\$50(90 day)	20% ✓
	Non-preferred brand name drugs	20% ✓	20% ✓	20% ✓
	Specialty drugs	20%	20%	20% ✓
Health Care Providers		In Network/Covered?		
Current prescription drugs: Lipitor (blood pressure)		Yes (Tier 3)		
Other Considerations				
Other consideration: Cardiovascular disease (specialist)		4 specialists in 50 miles		
Other consideration:				

- Cost considerations – premiums and out-of-pocket costs – are likely most important.
- Thinking through expected health care needs during the coming year is a critical part of the process.
- It is likely that a person with complex health needs will have to prioritize some needs over others when deciding which plan to choose.
- Helping someone understand differences between various plan options can help them use their coverage most effectively once they have it.

QUESTIONS?

Type any questions into the chat box at the bottom of the screen.