



Health Reform: **Beyond the Basics**

healthreformbeyondthebasics.org

Part III:

Plan Design and Selection

Coverage Year 2018

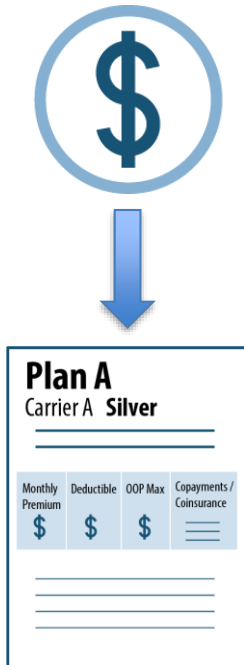
Center on Budget and Policy Priorities

September 26, 2017

Elements of Plan Design

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
- 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



10 "Essential Health Benefits" All Qualified Health Plans Must Provide



Ambulatory Patient Services



Preventive and Wellness Services and Chronic Disease Management



Emergency Services



Laboratory Services



Maternity and Newborn Care



Prescription Drugs



Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment



Rehabilitative and Habilitative Services and Devices



Hospitalization



Pediatric Services, including Oral and Vision Care

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 2018 Coverage

Individual OOP Limit <i>(NOTE: applies to each individual in a family plan as well)</i>	\$7,350
Family OOP Limit	\$14,700

Lower Maximum OOP Limits for Cost-Sharing Reduction Plans (2018 Coverage)

Household Income	Up to 150% FPL	151 – 200% FPL	201–250% FPL
Individual OOP Limit	\$1,250	\$2,450	\$5,850
Family OOP Limit	\$2,500	\$4,900	\$11,700

- Some services may be exempt from the deductible (sometimes referred to as “first dollar coverage”)
 - *Examples:* Coverage of 2 physician visits for a copayment, or coverage of generic drugs with a copayment – even when enrollee has not reached the deductible
- Some benefits may have a separate deductible
 - *Example:* Prescription drugs

METAL LEVEL PLAN TIERS		
QHPs must provide plan designs consistent with actuarial values		
Platinum		90% actuarial value
Gold		80% actuarial value
Silver		70% actuarial value
Bronze		60% actuarial value
Catastrophic coverage		High deductible health plan available for individuals up to age 30 or some individuals exempted from the individual responsibility requirement

Costs covered by a plan (indicated by an upward-pointing arrow on the left)

Premiums paid by consumer (indicated by a downward-pointing arrow on the right)

Actuarial value is a measure of the percentage of expected health care costs a health plan will cover and is considered a general summary measure of health plan generosity. It represents an average for a population and does not necessarily reflect the actual cost-sharing experience of an individual.

- A way to estimate and compare the overall generosity of plans

Calculating Actuarial Value:

- Assume entire typical population enrolls
- Estimate the percentage of costs the plan pays for their covered services
- Plan pays 70% of the costs of covered benefits
→ Silver plan



Typical population

NOTE: AV does not represent what the plan would pay for a particular individual enrolled in the plan

- Enrollee OOP costs depend on the medical care a person uses
- AV does not determine what benefits or prescription drugs are covered nor does it impact the provider network

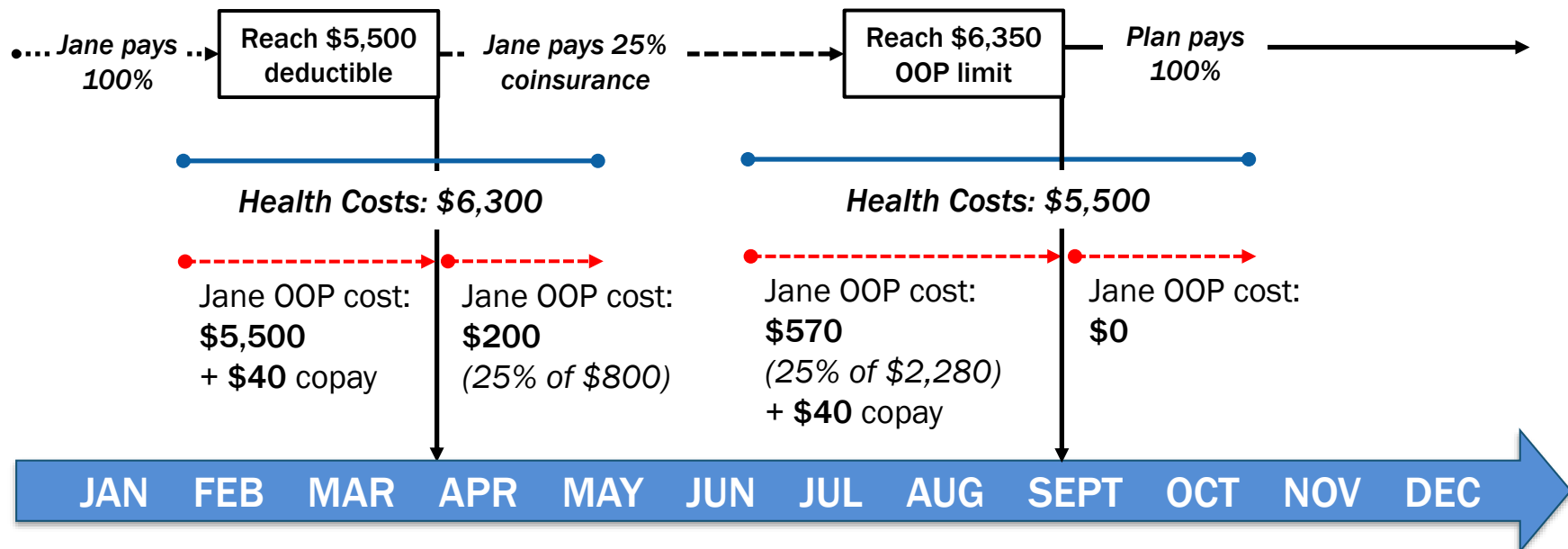
Actuarial Value Guides Cost-Sharing Charges

	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: How Cost Sharing Works

Health Plan Y:

Deductible	\$5,500	Primary care visit	\$40
OOP limit	\$6,350	Specialist visit	25%
Inpatient hospital	25%	Generic drug	25%

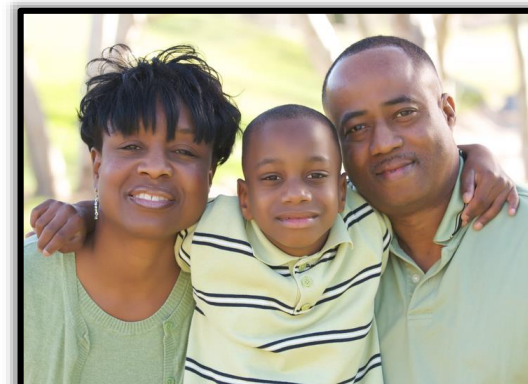


Individual and Family Cost-Sharing Charges Differ

Plan X			
Carrier A HMO Bronze			
Monthly Premium	Deductible	OOP Max	Copayments / Coinsurance
\$	\$	\$	≡
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Plan X (individual)



Plan X (family)

Deductible	\$4,000	\$8,000
OOP limit	\$6,850	\$13,700
Inpatient hospital	30%	30%
Primary care visit	\$60 (first 2 visits)	\$60 (first 2 visits)
Generic drug cost	\$5	\$5

Embedded Family Cost Sharing:

- **Embedded deductible:** In addition to a family deductible, smaller individual deductibles apply to each family member
- **Embedded OOP limit:** In addition to a family out-of-pocket limit, smaller individual out-of-pocket limits apply to each individual

Aggregate Family Cost Sharing:

- **Aggregate deductible:** All family members' expenses are pooled toward a combined deductible
- **Aggregate OOP limit:** All family members' expenses are pooled toward a combined out-of-pocket limit



However, each family member is also protected by the individual maximum OOP limit of \$7,350 (in 2018)

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	\$5,000	\$6,350	\$1,500 (per admission)	\$25	30%
	Out-of-Network	\$10,000	None	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: In-Network vs. Out-of-Network Cost Sharing

Plan A Carrier A Silver	Annual Deductible	Annual OOP Limit	Hospital Admission	Primary Care Visit
In-Network	\$5,000	\$6,350	\$1,500 (per admission)	\$25
Out-of-Network	\$10,000	None	50%	50%

Network Physician

Doctor's bill: \$200

Plan allowed amount: \$100

Plan pays: \$75

Patient pays: \$25
(copay)

Counts towards in-network OOP limit



Out-of-Network Physician

Doctor's bill: \$200

Plan allowed amount: \$100

Plan pays: \$50

Patient pays: \$150
(50% + \$100)

Does not count towards in-network OOP limit



Cost-Sharing Reductions

- 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 2018</i>	\$7,350	\$5,850	\$2,450	\$1,250
Max OOP Limit <i>Family in 2018</i>	\$14,700	\$11,700	\$4,900	\$2,500

Cost-Sharing Reductions: Example Plan A

	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.)

Cost-Sharing Reductions: Example Plan B



	Plan B Highmark PPO Silver	Plan B Highmark PPO Silver	Plan B Highmark PPO Silver	Plan B Highmark PPO Silver
CSR Level	No CSR	201-250% FPL	151-200% FPL	<150% FPL
Actuarial value	70% AV	73% AV	87% AV	94% AV
Deductible	\$2,100	\$1,750	\$500	\$100
OOP limit	\$6,350	\$4,500	\$1,500	\$500
Inpatient hospital	\$950 + 30%	\$950 + 30%	\$500 + 20%	\$100 + 10%
Primary care visit	\$45	\$45	\$20	\$5
Specialist visit	\$90	\$90	\$40	\$10
Generic drugs	\$8	\$8	\$8	\$8
Specialty drugs	25%	25%	25%	25%

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%

- Special assistance for members of federally recognized tribes and Alaska Native Claims Settlement Act (ANCSA) Corporation shareholders
- They can enroll in or change Marketplace plans each month
- **For people between 100 % and 300% FPL** who qualify for PTC, 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

Evaluating Qualified Health Plans

- Monthly premium
- Plan design
- Visit limits on covered services & other included services
- Prescription drug formulary
- Provider network



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 deductible ?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible 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 deductible .
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles .	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The out-of-pocket limit 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 out-of-pocket limit ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
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 network of providers ?	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 provider , 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 provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	No. You don't need a referral to see a specialist.	You can see the specialist 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 provider's 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—————

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



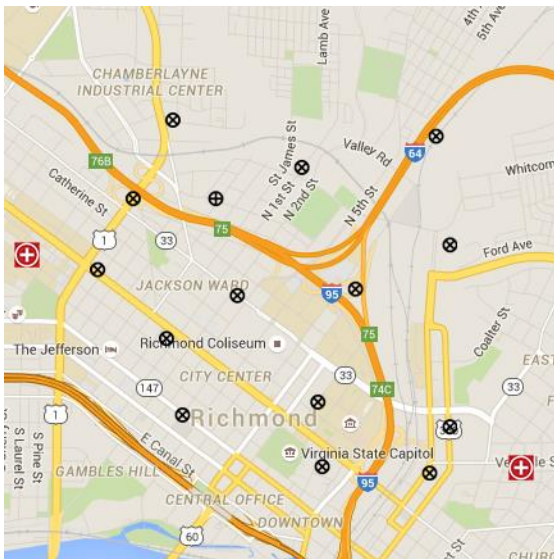
	Plan A Carrier A Silver	Plan B Carrier B Silver
	Prescription drug deductible: N/A	Prescription drug deductible: \$500
Drug X  Full cost: \$50/month (\$600/year)	Tier 1: \$10 copay annual cost: \$120	Tier 2: \$40 copay (deductible waived) annual cost: \$480
Drug Y  Full cost: \$400/month (\$4800/year)	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

Type	Name	PCP Required?	Referrals Required?	Out-of-Network Coverage?
PPO	Preferred Provider Organization	No	No	Yes
POS	Point of Service	Yes	Maybe	Yes
HMO	Health Maintenance Organization	Yes	Yes	No*
EPO	Exclusive Provider Organization	No	No	No*

**except for emergency care*

Plan A

Carrier A HMO

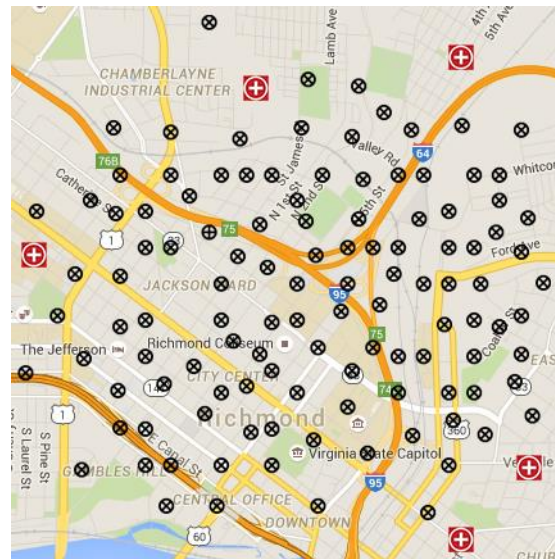


Narrower network

- Fewer doctors
- Several hospitals

Plan B

Carrier A HMO

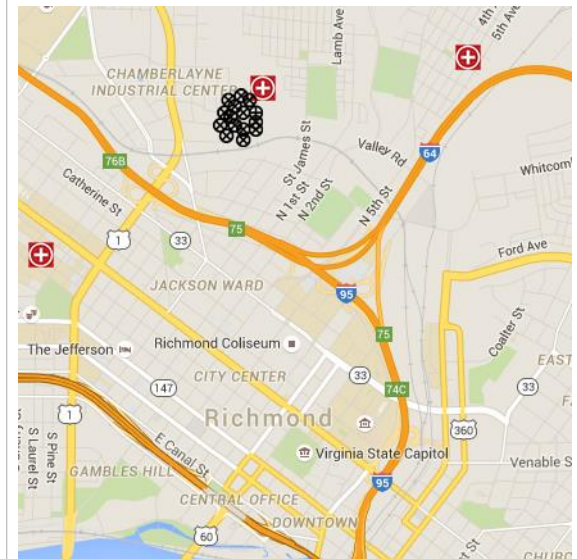


Broader network

- More doctors
- Many hospitals

Plan C

Carrier B Integrated HMO



Integrated network

- All doctors in one office
- Several hospitals

- ⊗ In network primary care physician (PCP)
- ⊕ In network hospital

Comparing Plan Options

- What are the person's priorities for health coverage?
- What services and health care providers does the person expect to use?
- Does the person want to continue seeing one or more specific doctors or specialists?
- Are there medications the person takes regularly?

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

PLAN COMPARISON WORKSHEET							PAGE 1 OF 2
Marketplace Plan Comparison Worksheet							
Applicant Name:		APTC (monthly):		Date:			
# of people in the plan:		Eligible for cost-sharing reductions?		<input type="checkbox"/> No <input type="checkbox"/> 73% AV <input type="checkbox"/> 87% AV <input type="checkbox"/> 94% AV			
	Option 1 (or Current Plan)	Option 2	Option 3	Option 3	Option 3	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)							
Out-of-Pocket Maximum (OOP Max)							
<i>OUT-OF-NETWORK DEDUCTIBLE / OOP MAX</i>							
COST-SHARING CHARGES (COPAYS / COINSURANCE)	AMOUNT		AMOUNT		AMOUNT		
	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE	
Primary Care Provider (PCP) visit							
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>							
Specialist visit							
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>							
Generic (Tier 1)							
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>							
Prescription drugs Preferred brand name (Tier 2)							
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>							
Non-preferred brand name (Tier 3)							
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>							
Specialty (Tier 4)							
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>							
Emergency Room (ER) visit							
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>							
Inpatient hospital stay							
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>							
Other service:							

- Joe and Danielle live in Miami, FL
- Their income is \$41,000 a year (252% FPL) and both are uninsured
- They are eligible for a PTC of \$198 a month

Do they have specific health concerns?

- Joe has asthma



Tips for Helping Joe and Danielle Shop for a Plan

- What are some of Joe and Danielle's priorities for insurance:
 - Low monthly premium?
 - Manageable deductible?
 - Low- copay/coinsurance?
 - Access to primary care pre-deductible?
- Some specific plan areas Joe and Danielle want to look at:
 - Current doctor in network
 - Coverage of asthma medication
 - Access to pulmonologists

Comparing Plan Options

		Option 1		Option 2		Option 3	
Insurance company		Ambetter		Molina		Coventry	
Health plan name		Essential Care 1 + Dental		Silver 250 Plan		\$10 Copay Carelink	
Metal tier (<i>Bronze, Silver, Gold, Platinum</i>)		Bronze		Silver		Gold	
Plan type (<i>HMO, PPO, POS, EPO, or other</i>)		EPO		HMO		HMO	
Monthly premium (<i>after tax credit</i>)		\$258		\$316		\$474	
Deductible (<i>medical/drug or combined</i>)		\$13,600		\$4,000 / \$400		\$2,800 / \$250	
Out-of-Pocket Maximum (OOP Max)		\$13,600		\$13,700		\$10,000	
COST-SHARING CHARGES (COPAYS/COINSURANCE)		AMOUNT		AMOUNT		AMOUNT	
		PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.
Primary Care Provider (PCP) visit		---	<i>No charge</i>	\$20	---	\$10	---
Specialist visit		---	<i>No charge</i>	\$55	---	\$40	---
Prescriptions	Generic (Tier 1)	\$20	---	\$10	---	---	\$3 / \$10
	Preferred brand name (Tier 2)	---	<i>No charge</i>	\$55	---	---	\$35
	Non-preferred brand name (Tier 3)	---	<i>No charge</i>	---	30%	---	\$65
	Specialty (Tier 4)	---	<i>No charge</i>	---	30%	---	40% / 50%
Emergency Room (ER) visit		---	<i>No charge</i>	\$300	---	---	\$250
Inpatient hospital stay		---	<i>No charge</i>	---	30%	---	20%

Comparing Plan Options: Doctor in Network

		Option 1		Option 2		Option 3	
Insurance company		Ambetter		Molina		Coventry	
Health plan name		Essential Care 1 + Dental		Silver 250 Plan		\$10 Copay Carelink	
Metal tier (Bronze, Silver, Gold, Platinum)		Bronze		Silver		Gold	
Plan type (HMO, PPO, POS, EPO, or other)		EPO		HMO		HMO	
Monthly premium (after tax credit)		\$258		\$316		\$474	
Deductible (medical/drug or combined)		\$13,600		\$4,000 / \$400		\$2,800 / \$250	
Out-of-Pocket Maximum (OOP Max)		\$13,600		\$13,700		\$10,000	
COST-SHARING CHARGES (COPAYS/COINSURANCE)		AMOUNT		AMOUNT		AMOUNT	
		PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.
Primary Care Provider (PCP) visit		---	No charge	\$20	---	\$10	---
Specialist visit		---	No charge	\$55	---	\$40	---
Prescriptions	Generic (Tier 1)	\$20	---	\$10	---	---	\$3 / \$10
	Preferred brand name (Tier 2)	---	No charge	\$55	---	---	\$35
	Non-preferred brand name (Tier 3)	---	No charge	---	30%	---	\$65
	Specialty (Tier 4)	---	No charge	---	30%	---	40% / 50%
Emergency Room (ER) visit		---	No charge	\$300	---	---	\$250
Inpatient hospital stay		---	No charge	---	30%	---	20%
HEALTH CARE PROVIDERS		IN NETWORK/COVERED?		IN NETWORK/COVERED?		IN NETWORK/COVERED?	
Current doctor/provider: Marien Vazquez Sanchez, MD							

Do you want to see if your doctors, medical facilities, and prescription drugs are covered?

BETA

Add your doctors, medical facilities (like hospitals and pharmacies), and prescription drugs. When you compare plans, you'll see if they're covered. Information on group practices will be available in the future.

Search

Marien Vazquez Sanchez

SEARCH

results for *Marien Vazquez Sanchez*

A single provider may have multiple offices, and have different coverage options at each office.

If the same doctor or facility is listed more than once, contact the insurance company to verify the location near you is in the network.

Information on group practices will be available in the future. In the meantime, check the plan's provider directory.

DOCTORS

Marien Vazquez Sanchez Md
Family Medicine

Miami, FL
33138

ADD

SKIP

Ambetter from Sunshine Health · Ambetter Essential Care 1 (2016) + Vision +Adult Dental

Bronze EPO | Plan ID: 21683FL0150004

Your doctors, medical facilities, and prescription drugsMarien Vazquez Sanchez Md
Family Medicine

✘ Out of Network

Molina Marketplace · Molina Marketplace Silver Plan

Silver HMO | Plan ID: 54172FL0010002

Your doctors, medical facilities, and prescription drugsMarien Vazquez Sanchez Md
Accepting New Patients
Family Medicine

✔ In-network in these locations

Coventry · Coventry Gold \$10 Copay Carelink HMO

Gold HMO | Plan ID: 57451FL0070001

Your doctors, medical facilities, and prescription drugsMarien Vazquez Sanchez Md
Accepting New Patients
Family Medicine

✔ In-network in these locations

Comparing Plan Options: Doctor in Network

		Option 1		Option 2		Option 3	
Insurance company		Ambetter		Molina		Coventry	
Health plan name		Essential Care 1 + Dental		Silver 250 Plan		\$10 Copay Carelink	
Metal tier (<i>Bronze, Silver, Gold, Platinum</i>)		Bronze		Silver		Gold	
Plan type (<i>HMO, PPO, POS, EPO, or other</i>)		EPO		HMO		HMO	
Monthly premium (<i>after tax credit</i>)		\$258		\$316		\$474	
Deductible (<i>medical/drug or combined</i>)		\$13,600		\$4,000 / \$400		\$2,800 / \$250	
Out-of-Pocket Maximum (OOP Max)		\$13,600		\$13,700		\$10,000	
COST-SHARING CHARGES (COPAYS/COINSURANCE)		AMOUNT		AMOUNT		AMOUNT	
		PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.
Primary Care Provider (PCP) visit		---	<i>No charge</i>	\$20	---	\$10	---
Specialist visit		---	<i>No charge</i>	\$55	---	\$40	---
Prescriptions	Generic (Tier 1)	\$20	---	\$10	---	---	\$3 / \$10
	Preferred brand name (Tier 2)	---	<i>No charge</i>	\$55	---	---	\$35
	Non-preferred brand name (Tier 3)	---	<i>No charge</i>	---	30%	---	\$65
	Specialty (Tier 4)	---	<i>No charge</i>	---	30%	---	40% / 50%
Emergency Room (ER) visit		---	<i>No charge</i>	\$300	---	---	\$250
Inpatient hospital stay		---	<i>No charge</i>	---	30%	---	20%
HEALTH CARE PROVIDERS		IN NETWORK/COVERED?		IN NETWORK/COVERED?		IN NETWORK/COVERED?	
Current doctor/provider: Marien Vazquez Sanchez, MD		No		Yes		Yes	



Ambetter from Sunshine Health · Ambetter Essential Care 1 (2016) + Vision +Adult Dental

Bronze EPO | Plan ID: 21883FL0150004

28 ACTUAT Fluticasone propionate
0.25 MG/ACTUAT Dry Powder Inhaler
[Flovent]

✓ Covered

Molina Marketplace · Molina Marketplace Silver Plan

Silver HMO | Plan ID: 54172FL0010002

28 ACTUAT Fluticasone propionate
0.25 MG/ACTUAT Dry Powder Inhaler
[Flovent]

✗ Not Covered

Coventry · Coventry Gold \$10 Copay Carelink HMO

Gold HMO | Plan ID: 57451FL0070001

28 ACTUAT Fluticasone propionate
0.25 MG/ACTUAT Dry Powder Inhaler
[Flovent]

✗ Not Covered

Do you want to see if your doctors, medical facilities, and prescription drugs are covered?

BETA

Add your doctors, medical facilities (like hospitals and pharmacies), and prescription drugs. When you compare plans, you'll see if they're covered. Information on group practices will be available in the future.

Search

flovent

SEARCH

Results for *flovent*

A single provider may have multiple offices, and have different coverage options at each office.

If the same doctor or facility is listed more than once, contact the insurance company to verify the location near you is in the network.

Information on group practices will be available in the future. In the meantime, check the plan's provider directory.


PRESCRIPTION DRUGS

- FLOVENT
250 mcg/puff Dry Powder Inhaler ⓘ
- FLOVENT
44 mcg/puff Metered Dose Inhaler ⓘ
- FLOVENT
110 mcg/puff Metered Dose Inhaler ⓘ
- FLOVENT
220 mcg/puff Metered Dose Inhaler ⓘ
- FLOVENT
50 mcg/puff Dry Powder Inhaler ⓘ
- FLOVENT ⓘ

Comparing Plan Options: Asthma

		Option 1		Option 2		Option 3	
Insurance company		Ambetter		Molina		Coventry	
Health plan name		Essential Care 1 + Dental		Silver 250 Plan		\$10 Copay Carelink	
Metal tier (<i>Bronze, Silver, Gold, Platinum</i>)		Bronze		Silver		Gold	
Plan type (<i>HMO, PPO, POS, EPO, or other</i>)		EPO		HMO		HMO	
Monthly premium (<i>after tax credit</i>)		\$258		\$316		\$474	
Deductible (<i>medical/drug or combined</i>)		\$13,600		\$4,000 / \$400		\$2,800 / \$250	
Out-of-Pocket Maximum (OOP Max)		\$13,600		\$13,700		\$10,000	
COST-SHARING CHARGES (COPAYS/COINSURANCE)		AMOUNT		AMOUNT		AMOUNT	
		PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.
Primary Care Provider (PCP) visit		---	<i>No charge</i>	\$20	---	\$10	---
Specialist visit		---	<i>No charge</i>	\$55	---	\$40	---
Prescriptions	Generic (Tier 1)	\$20	---	\$10	---	---	\$3 / \$10
	Preferred brand name (Tier 2)	---	<i>No charge</i>	\$55	---	---	\$35
	Non-preferred brand name (Tier 3)	---	<i>No charge</i>	---	30%	---	\$65
	Specialty (Tier 4)	---	<i>No charge</i>	---	30%	---	40% / 50%
HEALTH CARE PROVIDERS		IN NETWORK/COVERED?		IN NETWORK/COVERED?		IN NETWORK/COVERED?	
Current prescription(s): Flovent HFA (asthma inhaler)		Yes (Tier 3)		No		No	
OTHER CONSIDERATIONS							
Other consideration: Pulmonology (specialist)							




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Home
Find A Pharmacy
Find A Provider

Find A Provider

*Required

Enter Your Location

Search by City or Zip
 Search By County
 Search Near Street Address

State* FL And
City* Select Or Zip Code 33138

Distance Within Select (miles)

Select a Coverage & Provider Type


Coverage* Molina Marketplace
Provider Type* SPECIALIST

Pediatric Vision Benefit Providers
 (For Dependent Children Through Age 26)

More Search Options

- Program/Plan Name
- Specialty PULMONARY DISEASE
- Name, Language, Gender, Accept New Patients
- By Hospital/Facility
- By Medical Group

[Hide All Options](#)

Menu


Filter Options ✕

Specialist ▼

Pulmonary Disease ▼

Provider
 Practitioner
 Either

Male
 Female


Accepting New Patients

 Open After 5:00 PM

 Open Weekends

 Accessible to People with Disabilities

 Patient Centered Medical Home



Provider Online Search
Dental
Pharmacy
Psychcare
Vision

[Start New Search](#) | [Criteria Used for Providers](#) | [Help](#)

Find a Health Care Provider

Search

GO

9
 Results

Carelink HMO
 Less than 10 miles

Show only those accepting new patients
 Specialists
 Pulmonary Medicine

[Print](#)
[Create Directory](#)
[Sort By Distance](#)

Mario Jose Mangas, MD
 Type: Specialist
 Specialty: Pulmonary Medicine

Estimated Distance: **3.9 miles**
 4302 Alton Rd Ste 310

Comparing Plan Options: Asthma

		Option 1		Option 2		Option 3	
Insurance company		Ambetter		Molina		Coventry	
Health plan name		Essential Care 1 + Dental		Silver 250 Plan		\$10 Copay Carelink	
Metal tier (<i>Bronze, Silver, Gold, Platinum</i>)		Bronze		Silver		Gold	
Plan type (<i>HMO, PPO, POS, EPO, or other</i>)		EPO		HMO		HMO	
Monthly premium (<i>after tax credit</i>)		\$258		\$316		\$474	
Deductible (<i>medical/drug or combined</i>)		\$13,600		\$4,000 / \$400		\$2,800 / \$250	
Out-of-Pocket Maximum (OOP Max)		\$13,600		\$13,700		\$10,000	
COST-SHARING CHARGES (COPAYS/COINSURANCE)		AMOUNT		AMOUNT		AMOUNT	
		PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.
Primary Care Provider (PCP) visit		---	<i>No charge</i>	\$20	---	\$10	---
Specialist visit		---	<i>No charge</i>	\$55	---	\$40	---
Prescriptions	Generic (Tier 1)	\$20	---	\$10	---	---	\$3 / \$10
	Preferred brand name (Tier 2)	---	<i>No charge</i>	\$55	---	---	\$35
	Non-preferred brand name (Tier 3)	---	<i>No charge</i>	---	30%	---	\$65
	Specialty (Tier 4)	---	<i>No charge</i>	---	30%	---	40% / 50%
HEALTH CARE PROVIDERS		IN NETWORK/COVERED?		IN NETWORK/COVERED?		IN NETWORK/COVERED?	
Current prescription(s): Flovent HFA (asthma inhaler)		Yes (Tier 3)		No		No	
OTHER CONSIDERATIONS							
Other consideration: Pulmonology (specialist)		20 specialists in 10 miles		36 specialists in 10 miles		9 specialists in 10 miles	

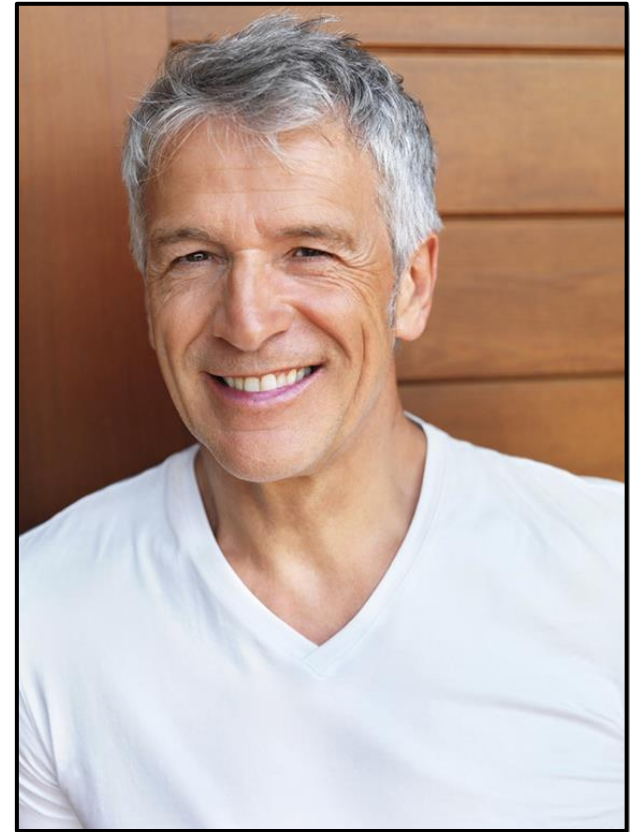
Comparing Plan Options: Asthma

		Option 1		Option 2		Option 3	
Insurance company		Ambetter		Molina		Coventry	
Health plan name		Essential Care 1 + Dental		Silver 250 Plan		\$10 Copay Carelink	
Metal tier (Bronze, Silver, Gold, Platinum)		Bronze		Silver		Gold	
Plan type (HMO, PPO, POS, EPO, or other)		EPO		HMO		HMO	
Monthly premium (after tax credit)		\$258		\$316		\$474	
Deductible (medical/drug or combined)		\$13,600		\$4,000 / \$400		\$2,800 / \$250	
Out-of-Pocket Maximum (OOP Max)		\$13,600		\$13,700		\$10,000	
COST-SHARING CHARGES (COPAYS/COINSURANCE)		AMOUNT		AMOUNT		AMOUNT	
		PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.
Primary Care Provider (PCP) visit		---	No charge	\$20	---	\$10	---
Specialist visit		---	No charge	\$55	---	\$40	---
Prescriptions	Generic (Tier 1)	\$20	---	\$10	---	---	\$3 / \$10
	Preferred brand name (Tier 2)	---	No charge	\$55	---	---	\$35
	Non-preferred brand name (Tier 3)	---	No charge	---	30%	---	\$65
	Specialty (Tier 4)	---	No charge	---	30%	---	40% / 50%
HEALTH CARE PROVIDERS		IN NETWORK/COVERED?		IN NETWORK/COVERED?		IN NETWORK/COVERED?	
Current doctor/provider: Marien Vazquez Sanchez, MD		No		Yes		Yes	
Current prescription(s): Flovent HFA (asthma inhaler)		Yes (Tier 3)		No		No	
Other consideration: Pulmonology (specialist)		20 specialists in 10 miles		36 specialists in 10 miles		9 specialists in 10 miles	

- Doug lives in Cheyenne, WY
- His income is around \$22,000 a year (182% FPL)
- He is eligible for a PTC of \$463 a month and cost-sharing reductions (87% AV)

Does Doug have specific health concerns?

- Diabetes



Tips for Helping Doug Shop for a Plan

- In Cheyenne, there is only one insurance carrier: BlueCross BlueShield
- To help manage his diabetes, 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
- Some specific plan areas that Doug wants to look at:
 - Coverage of diabetes medication
 - Access to diabetes services and supplies
 - Out-of-network coverage

Comparing Plan Options

		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 (Bronze, Silver, Gold, Platinum)		Silver (CSR 87%)		Silver (CSR 87%)		Silver (CSR 87%)	
Plan type (HMO, PPO, POS, EPO, or other)		PPO		PPO		PPO	
Monthly premium (after tax credit)		\$97		\$130		\$141	
Deductible (medical/drug or combined)		\$1,250 / \$150		\$750 / \$250		\$200	
Out-of-Pocket Maximum (OOP Max)		\$1,500		\$1,000		\$2,250	
COST-SHARING CHARGES (COPAYS/COINSURANCE)		AMOUNT		AMOUNT		AMOUNT	
		PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.
Primary Care Provider (PCP) visit		\$25 (x6)	0%	\$20 (x6)	20%	---	20%
Specialist visit		---	0%	---	20%	---	20%
Prescriptions	Generic (Tier 1)	\$5	---	\$5	---	---	20%
	Preferred brand name (Tier 2)	---	\$25	\$25	---	---	20%
	Non-preferred brand name (Tier 3)	---	20%	---	20%	---	20%
	Specialty (Tier 4)	20%	---	---	20%	---	20%
Emergency Room (ER) visit		---	No charge	---	20%	---	20%
Inpatient hospital stay		---	No charge	---	20%	---	20%

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 (Bronze, Silver, Gold, Platinum)		Silver (CSR 87%)		Silver (CSR 87%)		Silver (CSR 87%)	
Plan type (HMO, PPO, POS, EPO, or other)		PPO		PPO		PPO	
Monthly premium (after tax credit)		\$97		\$130		\$141	
Deductible (medical/drug or combined)		\$1,250 / \$150		\$750 / \$250		\$200	
Out-of-Pocket Maximum (OOP Max)		\$1,500		\$1,000		\$2,250	
COST-SHARING CHARGES (COPAYS/COINSURANCE)		AMOUNT		AMOUNT		AMOUNT	
		PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.
Primary Care Provider (PCP) visit		\$25 (x6)	0%	\$20 (x6)	20%	---	20%
Specialist visit		---	0%	---	20%	---	20%
Prescriptions	Generic (Tier 1)	\$5	---	\$5	---	---	20%
	Preferred brand name (Tier 2)	---	\$25	\$25	---	---	20%
	Non-preferred brand name (Tier 3)	---	20%	---	20%	---	20%
	Specialty (Tier 4)	20%	---	---	20%	---	20%
HEALTH CARE PROVIDERS		IN NETWORK/COVERED?					
Current prescription(s): Humalog (insulin)		Yes (Tier 3)					
Other prescription(s): <i>Supplies: Glucose blood test strip; Glucose blood test disk; Blood glucose calibration liquid; Glucose chew tab; Glucose oral liquid</i>		Yes (Tier 2); Yes (Tier 2); Yes (Tier 3); Yes (Tier 3); Yes (Tier 1)					



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: 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 (Bronze, Silver, Gold, Platinum)		Silver (CSR 87%)		Silver (CSR 87%)		Silver (CSR 87%)	
Plan type (HMO, PPO, POS, EPO, or other)		PPO		PPO		PPO	
Monthly premium (after tax credit)		\$97		\$130		\$141	
Deductible (medical/drug or combined)		\$1,250 / \$150		\$750 / \$250		\$200	
Out-of-Pocket Maximum (OOP Max)		\$1,500		\$1,000		\$2,250	
COST-SHARING CHARGES (COPAYS/COINSURANCE)		AMOUNT		AMOUNT		AMOUNT	
		PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.
Primary Care Provider (PCP) visit		\$25 (x6)	0%	\$20 (x6)	20%	---	20%
Specialist visit		---	0%	---	20%	---	20%
Prescriptions	Generic (Tier 1)	\$5	---	\$5	---	---	20%
	Preferred brand name (Tier 2)	---	\$25	\$25	---	---	20%
	Non-preferred brand name (Tier 3)	---	20%	---	20%	---	20%
	Specialty (Tier 4)	20%	---	---	20%	---	20%
OTHER CONSIDERATIONS							
Other consideration: Endocrinologist (specialist)		0 specialists in 50 miles 2 specialists in Wyoming					

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 (Bronze, Silver, Gold, Platinum)		Silver (CSR 87%)		Silver (CSR 87%)		Silver (CSR 87%)	
Plan type (HMO, PPO, POS, EPO, or other)		PPO		PPO		PPO	
Monthly premium (after tax credit)		\$97		\$130		\$141	
Deductible (medical/drug or combined)		\$1,250 / \$150		\$750 / \$250		\$200	
Out-of-Pocket Maximum (OOP Max)		\$1,500		\$1,000		\$2,250	
OUT-OF-NETWORK DEDUCTIBLE / OOP MAX		\$6,000 / \$13,200		\$6,500 / \$10,000		\$4,500 / \$9,700	
COST-SHARING CHARGES (COPAYS/COINSURANCE)		AMOUNT		AMOUNT		AMOUNT	
		PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.	PRE-DEDUCT.	AFTER DEDUCT.
Primary Care Provider (PCP) visit		\$25 (x6)	0%	\$20 (x6)	20%	---	20%
OUT-OF-NETWORK		---	0%	---	20%	---	20%
Specialist visit		---	0%	---	20%	---	20%
OUT-OF-NETWORK		---	0%	---	20%	---	20%
Prescriptions	Generic (Tier 1)	\$5	---	\$5	---	---	20%
	Preferred brand name (Tier 2)	---	\$25	\$25	---	---	20%
	Non-preferred brand name (Tier 3)	---	20%	---	20%	---	20%
	Specialty (Tier 4)	20%	---	---	20%	---	20%
	OUT-OF-NETWORK PRESCRIPTIONS	Not covered		Not covered		---	20%

- Jason, Michelle, Andre and Sasha live in Houston, TX
- They make \$50,000 a year (203% FPL)
- Jason and Michelle are eligible marketplace coverage with a PTC of \$233 a month and cost-sharing reductions (73% AV)
- Andre and Sasha are eligible for CHIP (Children's Health Insurance Program)



- Jason and Michelle are interested in comparing out-of-pocket costs for different plans in the marketplace
- Let's use their general health care needs from last year as a starting point:
 - **Primary care physician visits:** 3 visits for Jason, 4 for Michelle (\$100/visit at full cost)
 - **Specialist visits:** 4 orthopedic surgeon visits for Jason's back (\$300/visit at full cost)
 - **Prescriptions:** Monthly prescription for Jason (\$150/month at full cost)
 - **Emergency room visit:** 1 visit last year for Michelle (\$2,000/visit at full cost)

Comparing Plan Options: Out-of-Pocket Costs

		Option 1			Option 2				
Insurance company		Community Health Choice		Annual Cost	Molina		Annual Cost		
Health plan name		HMO Bronze 003			Choice Silver 200				
Metal tier (Bronze, Silver, Gold, Platinum)		Bronze			Silver (CSR 73%)				
Plan type (HMO, PPO, POS, EPO, or other)		HMO			HMO				
Monthly premium (after tax credit)		\$165			\$1,980	\$270		\$3,240	
Deductible (medical/drug or combined)		\$8,000 / \$400				\$4,000			
Out-of-Pocket Maximum (OOP Max)		\$13,700				\$10,900			
COST-SHARING CHARGES (COPAYS/COINSURANCE)		AMOUNT				AMOUNT			
		PRE-DEDUCT.	AFTER DEDUCT.		PRE-DEDUCT.	AFTER DEDUCT.			
Primary Care Provider (PCP) visit		---	\$40	\$700	\$20	---	\$140		
Specialist visit		---	\$65	\$1,200	\$55	---	\$220		
Prescriptions	Generic (Tier 1)	---	\$20	\$1,075	\$10	---	\$660		
	Preferred brand name (Tier 2)	---	\$75		\$55	---			
	Non-preferred brand name (Tier 3)	---	\$100		30%	---			
	Specialty (Tier 4)	---	35%		30%	---			
Emergency Room (ER) visit		---	\$400	\$2,000	\$300	---	\$300		
Inpatient hospital stay		---	\$400/day		---	30%			
				\$6,955			\$4,560		

HEALTH NEEDS:

12 Tier 2 prescriptions (\$150 each) 4 specialist visits (\$300/visit)
 7 PCP visits (\$100/visit) 1 ER visit (\$2,000/visit)

Comparing Plan Options: Out-of-Pocket Costs

		Option 1			Option 2				
Insurance company		Community Health Choice		Annual Cost	Molina		Annual Cost		
Health plan name		HMO Bronze 003			Choice Silver 200				
Metal tier (Bronze, Silver, Gold, Platinum)		Bronze			Silver (CSR 73%)				
Plan type (HMO, PPO, POS, EPO, or other)		HMO			HMO				
Monthly premium (after tax credit)		\$165			\$1,980	\$270		\$3,240	
Deductible (medical/drug or combined)		\$8,000 / \$400				\$4,000			
Out-of-Pocket Maximum (OOP Max)		\$13,700				\$10,900			
COST-SHARING CHARGES (COPAYS/COINSURANCE)		AMOUNT			AMOUNT				
		PRE-DEDUCT.	AFTER DEDUCT.		PRE-DEDUCT.	AFTER DEDUCT.			
Primary Care Provider (PCP) visit		---	\$40	\$700	\$20	---	\$140		
Specialist visit		---	\$65	\$1,200	\$55	---	\$220		
Prescriptions	Generic (Tier 1)	---	\$20	\$1,075	\$10	---	\$660		
	Preferred brand name (Tier 2)	---	\$75		\$55	---			
	Non-preferred brand name (Tier 3)	---	\$100		30%	---			
	Specialty (Tier 4)	---	35%		30%	---			
Emergency Room (ER) visit		---	\$400	\$2,000	\$300	---	\$300		
Inpatient hospital stay		---	\$400/day		---	30%			
				\$3,755			\$4,040		

HEALTH NEEDS:

- 12 Tier 2 prescriptions (\$150 each) ~~4 specialist visits (\$300/visit)~~
- 7 PCP visits (\$100/visit) ~~1 ER visit (\$2,000/visit)~~

- Sarah Lueck, lueck@cbpp.org
 - Twitter: @sarahL202
- Halley Cloud, cloud@cbpp.org
- General inquiries: beyondthebasics@cbpp.org

For more information and resources, please visit:

www.healthreformbeyondthebasics.org

This is a project of the Center on Budget and Policy Priorities, www.cbpp.org

Part IV: Exemptions and Penalties

- Thursday, September 28, 2017 | 2:00 pm ET (11:00 am PT)

Immigrant Eligibility for Coverage Programs

- Wednesday, October 4, 2017 | 2:00 pm ET (11:00 am PT)

Register for all upcoming webinars at
[Health Reform: Beyond the Basics, Upcoming Webinars](#)