PuttingPatientsFirst.net

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Executive Vice President and Chief Operating Officer
National Health Council
The mission of the National Health Council is to provide a united voice for people with chronic diseases and disabilities.
NHC Membership
Goal #1: Create a learning experience that helps patients get the right health insurance plan that meets their health care and budget needs.
# Out-of-Pocket Costs

<table>
<thead>
<tr>
<th>Plan</th>
<th>Estimated Annual Premium—Individual*</th>
<th>OOP Maximums</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBS Model</td>
<td>$5,032</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Platinum</td>
<td>$5,205</td>
<td>$1,500</td>
<td>$6,705</td>
</tr>
<tr>
<td>Gold</td>
<td>$4,627</td>
<td>$5,950</td>
<td>$10,577</td>
</tr>
<tr>
<td>Silver</td>
<td>$4,048</td>
<td>$5,950</td>
<td>$9,998</td>
</tr>
<tr>
<td>Bronze</td>
<td>$3,470</td>
<td>$5,950</td>
<td>$9,420</td>
</tr>
</tbody>
</table>

*The estimated premiums and the reduced OOP max for the platinum plan are actuarial estimates from the Actuarial Research Corporation (ARC). 2011*
Welcome to Putting Patients First®
This site is compatible with IE 10+, Safari 6+, Chrome 30+, and Firefox 25+

Putting Patients First® is an initiative launched by the National Health Council to connect people living with chronic diseases and disabilities to resources and organizations focused on their particular needs.

A guide for understanding out-of-pocket spending.

INSURANCE MARKETPLACE
Out-of-pocket spending on health care can add up, and the marketplace plan you choose will affect how much you may have to spend. Estimate My Costs will help you learn about the types of marketplace plans that will meet your health and budget needs.

ESTIMATE MY COSTS

GET THE FACTS
What Is a Health Insurance Marketplace?
What Do Marketplace Plans Cover?
## BASIC INFORMATION

- **My age is** 36
- **I live in** DC

## EXPECTED USE OF MEDICAL SERVICES IN THE COMING YEAR

<table>
<thead>
<tr>
<th>Health Care Provider Visits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>3</td>
</tr>
<tr>
<td>Specialist Care</td>
<td>2</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>0</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overnight Hospitalizations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalizations with Surgery</td>
<td>0</td>
</tr>
<tr>
<td>Hospitalizations without Surgery</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Surgeries</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple Outpatient Surgeries</td>
<td>1</td>
</tr>
<tr>
<td>Complex Outpatient Surgeries</td>
<td>0</td>
</tr>
</tbody>
</table>
## Expected Use of Prescriptions in the Coming Year

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Every month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity</td>
<td>4</td>
</tr>
</tbody>
</table>

Number of packages, such as tubes, bottles, or pumps, you get each time you refill this prescription.

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ADD ANOTHER MEDICATION
<table>
<thead>
<tr>
<th></th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
<th>Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
<td>High</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Total OOP</td>
<td>*</td>
<td>$6350</td>
<td>$6350</td>
<td>$6350</td>
</tr>
<tr>
<td>Medical OOP</td>
<td>$154</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Drug OOP</td>
<td>$5846</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Annual Premiums</td>
<td>$2022</td>
<td>$3251</td>
<td>$2897</td>
<td>$3801</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$8022</td>
<td>$9601</td>
<td>$9247</td>
<td>$10151</td>
</tr>
</tbody>
</table>

* Total OOP appears when OOP maximum is reached. Data may not be available for Platinum plans in your state.
MY COST BREAKDOWN

OUT-OF-POCKET COSTS

Bronze low
Bronze high
Silver low
Silver high
Gold low
Gold high
Platinum low
Platinum high

- Annual Premium
- Drug OOP
- Medical OOP
- Total OOP

NATIONAL HEALTH COUNCIL
HELP ME DECIDE

Total Costs
Your total annual out-of-pocket costs will depend on a range of factors, including:

- The medical services, such as doctor visits and hospitalizations, and medications you use.
- Your monthly premium.
- How much a plan requires you to pay each time you visit a doctor or refill a prescription.
- Whether you use doctors, specialists, hospitals, and pharmacies that are in your plan's network.

Providers and Services
Your out-of-pocket costs may be higher if you use a provider that is not in your plan's network. Be sure to check if your doctors, specialists, hospitals, and pharmacies are in the plan's network before you pick a marketplace insurance plan. If you want to use health care services and providers outside the network, you may have higher costs than you would have for care in-network.

Prescription Medications
Health plans do not always cover every prescription medication you might use or need. If your medication is not covered by your plan, you may have to pay 100% of the cost for that medicine. Be sure to check a plan's list of covered drugs (known as a formulary) before making a decision.

Lower Your Costs
When purchasing coverage through the marketplace, some people will pay lower monthly premiums than those shown in My Cost Report.

Individuals with an annual income up to about $48,000 and families of four with an annual income of $94,000 will qualify for lower costs. Other patients may qualify for extra help paying for deductibles, copayments, and out-of-pocket maximums. Learn more about getting help to pay for insurance through the marketplace.
EXPLORE MY OPTIONS

Your particular condition, the medicines you take, and the providers you see will greatly affect the selection of an insurance plan that meets your health and budget needs. Visit each of the patient examples linked below to learn about the important decisions you must make when choosing a health insurance plan on the marketplace.

PATIENT SUMMARIES

“I am generally healthy.”

Jane usually goes to a doctor a couple of times a year, mostly for preventive care. She does not regularly take any prescribed medication and only gets a yearly flu shot.

ANSWER MY QUESTIONS

The Answer My Questions page is a collection of useful, patient-centered materials and guides provided by trusted organizations. These tools are designed to inform patients and family caregivers about health care reform and help you make good decisions about your health insurance.

Most of these materials were created by organizations focused on the needs of patients. For this reason, many of these resources are tailored to patients with specific chronic diseases and disabilities.
Goal #2: Collect patient information to assist NHC and its members with advocacy and strategy efforts.
SHARE MY STORY

BE HEARD!
Please share as many details about your story as you feel comfortable. Note: The National Health Council values your privacy. How your story is used is always up to you! View our privacy statement.

MY NAME IS

I LIVE IN

STATE ZIP

MY STORY PERTAINS TO
(check all that apply)

- Picking a health plan that meets my needs.
- Getting help paying for my insurance.
- Accessing benefits under my insurance plan.
- Other.

I AM A

- Patient
- Parent
- Provider
- Family Caregiver

DETAILS OF MY STORY

NOTE: Please do not include any personal information such as SSN or
National Survey
Public Policymaking Process in the U.S.

# Modification Strategy

## Goals

<table>
<thead>
<tr>
<th>Short-Term (1-3 months)</th>
<th>Intermediate (3-9 months)</th>
<th>Long-Term (1 year +)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Facilitate informed decision-making</td>
<td>- Urge inclusion of OOP calculator on healthcare.gov and state Marketplace websites</td>
<td>- Increase precision of OOP calculators</td>
</tr>
<tr>
<td>- Collect data to inform modification strategy</td>
<td>- Standardize formularies and provider directories</td>
<td>- Improved formulary adequacy reviews</td>
</tr>
<tr>
<td></td>
<td>- Introduce drug/provider search tools</td>
<td>- Improved network adequacy standards</td>
</tr>
<tr>
<td></td>
<td>- Cultivate relationships for future debate</td>
<td>- Improved standardized exceptions and appeals processes</td>
</tr>
</tbody>
</table>

## Targets

- Patients
- Patient Advocacy Organizations
- Navigators
- HHS
- State-Based Exchanges
- Media (national & regional)
- Congress

## Tactics

- Outreach to members/partners
- Outreach to groups on target list
- Continued website promotion and media strategy
- Compile evidence from PPF and survey to develop recommendations
- Hill briefings
- State advocacy efforts in key states of interest
- Revise PPF website for 2015 open enrollment

## Constituencies

- NHC Members
- Patient Advocacy Organizations
- Individual Patients
- Industry Partners
- Other Like-Minded Partners
- Consumer-centric Elected Officials
- Thought Leaders
WASHINGTON—With the Affordable Care Act now making it possible for a greater number of Americans to purchase medical coverage, the nation looked back this week and fondly recalled a simpler time when its health care system was broken beyond any hope of repair.

Millions of Americans miss the “good old days,” when receiving proper health care was a completely hopeless endeavor.
Be Ready for a Period of Uncertainty