

HealthCare.gov

Individuals & Families

Small Businesses

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ESPAÑOL

2017 health insurance plans & prices

People covered: Primary (Age 38)

EDIT

ESTIMATE TOTAL YEARLY COSTS

SEE IF PROVIDERS & DRUGS ARE COVERED

36 plans available

PLAN TYPE

Health plans

SORT BY

Premium

REFINE RESULTS

Innovation Health Insurance Company - Innovation Health Leap Bronze

Bronze | PPO | Plan ID: 12028VA0120028

Overall Rating
★★★★☆
Details

The Right Fit Helping Consumers Navigate the Plan Selection Process

Dave Chandrasekaran

Health Policy Consultant, Certified Application Counselor (CAC)

October 17, 2019

Center on
Budget
and Policy
Priorities



Health Reform: **Beyond the Basics**

healthreformbeyondthebasics.org

Upcoming CBPP Webinars

Immigrant Eligibility for Health Coverage Programs

- Tuesday, October 22 | 2 pm ET (11 am PT)

Working with Immigrants: What Consumer Enrollment Assistance Providers Need to Know Now

- Tuesday, October 29 | 2 pm ET (11 am PT)

Best Practices When Assisting People with Disabilities Enroll in Health Coverage

- Thursday, October 31 | 2 pm ET (11 am PT)

Question? Contact us at beyondthebasics@cbpp.org

Sign up for our email list at bit.ly/btbemail

Register for webinars at www.healthreformbeyondthebasics.org/events

Today's Presentation

- **Section 1: Overview of Marketplace QHPs**
- **Section 2: Trends in Marketplace plans**
- **Section 3: Strategies to Help Consumers**
- **Section 4: Plan Comparison & Selection Demo**

Initial Self-Assessment

Q1: On a scale of 1 to 10, how confident are you in your ability to assist consumers in selecting a plan?

(1 = not confident, 10 = very confident)

Section 1:

Overview of Marketplace QHPs

Elements of Marketplace Health Plans

- 1. Premium**
- 2. Plan Design/Cost Sharing**
- 3. Covered Benefits**
- 4. Prescription Drug Formulary**
- 5. Provider Network**

Overview of Cost Sharing

2019 health insurance plans & prices

People covered: Primary (Age 32) with **estimated tax credit** (not your premium) of \$180.19 per month

[EDIT](#)

[ESTIMATE TOTAL YEARLY COSTS](#)

[SEE IF PROVIDERS & DRUGS ARE COVERED](#)

49 plans available

PLAN TYPE

Health plans

SORT BY

Premium

[REFINE RESULTS](#)

Estimated monthly premium

\$127.41

Including a \$180.19 tax credit
Was \$307.60

[Plan details](#)

[Like this plan](#)

Ambetter from Sunshine Health

[Ambetter Essential Care 1 \(2019\)](#)

Bronze | EPO | Plan ID: 21663FL0130006

[Compare](#)

Deductible ⓘ

\$7,900

Individual total

Out-of-pocket maximum ⓘ

\$7,900

Individual total

Estimated total yearly costs ⓘ

[Add](#)

Copayments / Coinsurance ⓘ

Emergency room care
No Charge After Deductible

Generic drugs
\$20

Primary doctor
No Charge After Deductible

Specialist doctor
No Charge After Deductible

Plan features

- ✗ Adult Dental
- ✗ Child Dental

[Add Your Medical Providers](#)

Add your medical providers and we'll show you which plans cover them

[Add Your Prescription Drugs](#)

Add your prescription drugs and we'll show you which plans cover them.

Estimated monthly premium

\$148.41

Florida Blue HMO (a BlueCross BlueShield FL company)

[myBlue Bronze 1602](#)

Bronze | HMO | Plan ID: 30252FL0070003

[Compare](#)

Overview of Cost Sharing

Ambetter from Sunshine Health

Ambetter Essential Care 1 (2019)

Bronze | EPO | Plan ID: 21663FL0130006

Like this plan? Take the next step

Estimated monthly premium	\$127.41 Including a \$180.19 tax credit <i>Was \$307.60</i>
Deductible	\$7,900 Individual total
Out-of-pocket maximum	\$7,900 Individual total
Estimated total yearly costs	Add
Medical Providers In-network	Add Your Medical Providers
Drugs covered/Not covered	Add Your Prescription Drugs

Plan documents ▼

Costs for medical care ▼

Deductible	\$7,900 Individual total
Out-of-pocket maximum	\$7,900 Individual total
Primary care doctor visit	In Network: No Charge After Deductible Out of Network: Benefit Not Covered
Specialist visit	In Network: No Charge After Deductible Out of Network: Benefit Not Covered

Overview of Cost Sharing

Ambetter from Sunshine Health

Ambetter Essential Care 1 (2019)

Bronze | EPO | Plan ID: 21663FL0130006

Like this plan? Take the next step

Estimated monthly premium	\$127.41 Including a \$180.19 tax credit <i>Was \$307.60</i>
----------------------------------	--

Deductible	\$7,900 Individual total
-------------------	--------------------------

Out-of-pocket maximum	\$7,900 Individual total
------------------------------	--------------------------

Estimated total yearly costs	Add
-------------------------------------	---------------------

Medical Providers In-network	Add Your Medical Providers
-------------------------------------	--

Drugs covered/Not covered	Add Your Prescription Drugs
----------------------------------	---

Plan documents ▼

Costs for medical care ▼

Prescription drug coverage ▼

Generic drugs	In Network: \$20 Out of Network: Benefit Not Covered
----------------------	---


Preferred brand drugs	In Network: No Charge After Deductible Out of Network: Benefit Not Covered
------------------------------	---

Non-preferred brand drugs	In Network: No Charge After Deductible Out of Network: Benefit Not Covered
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Summary of Benefits and Coverage (SBC)

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
Cigna Health and Life Insurance Co.: Cigna Connect 4000

Coverage Period: 01/01/2018 – 12/31/2018
Coverage for: Individual&Family Plan Type: HMO

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-866-494-2111. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-866-494-2111 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$4,000 person/ \$8,000 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care , Primary care visits, Specialty drugs, Urgent care and eye exam/glasses for children are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$7,350 person/ \$14,700 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges, penalties for failure to obtain pre-authorization for services and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.cigna.com/itp-providers or call 1-866-494-2111 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Questions: Call 1-866-494-2111 or visit us at www.cigna.com/individuals-families/illinois-insurance-plans-2018.

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-866-494-2111 to request a copy.

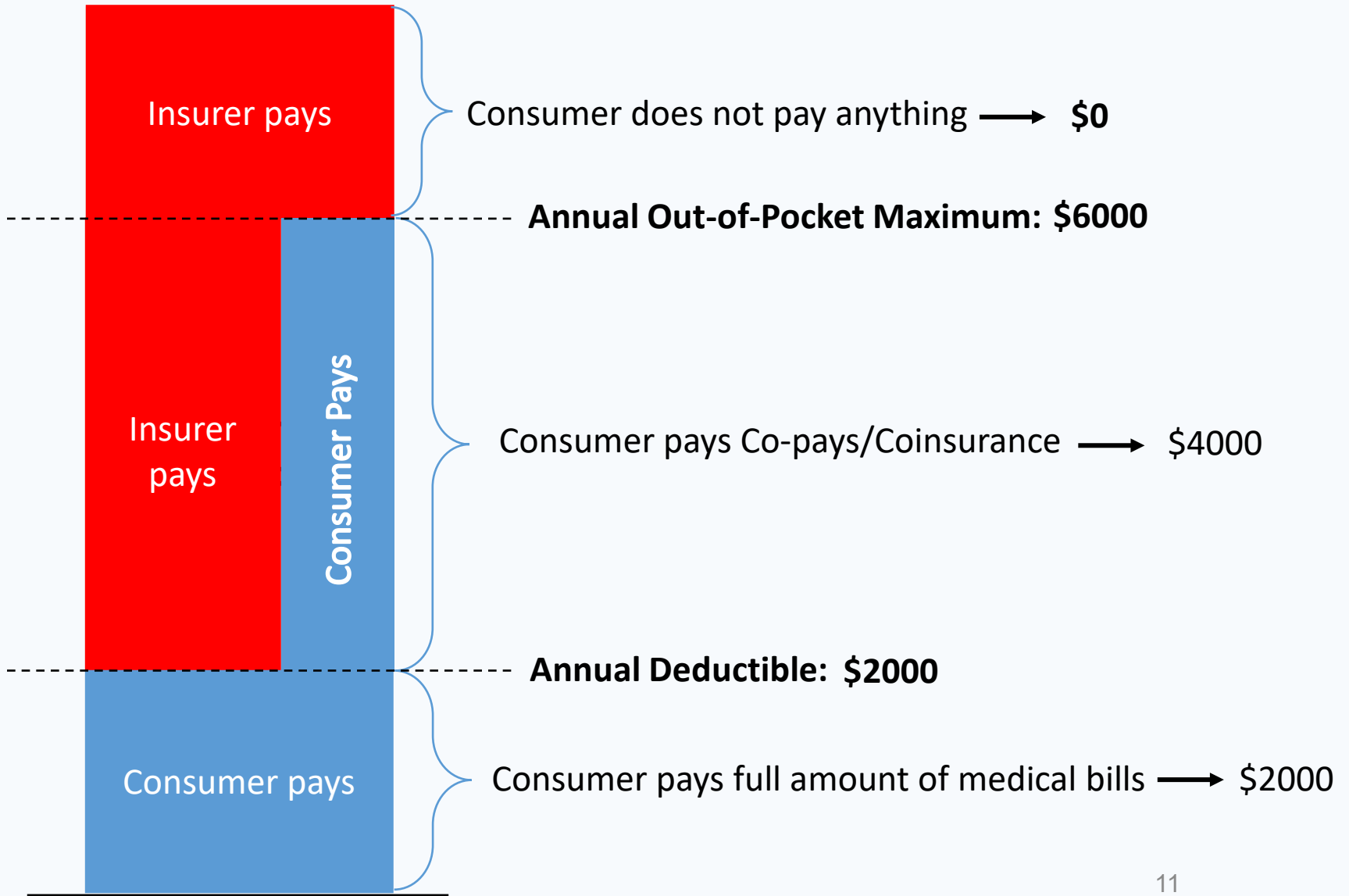
1 of 5

Source: Summary of Benefits and Coverage for Cigna Connect 4000 plan in Chicago, IL (2018)

Do you need a [referral](#) to

This [plan](#) will pay some or all of the costs to see a [specialist](#) for covered services but only if you

Explaining Cost-Sharing Terms



First Dollar Coverage

Common Ground Healthcare Cooperative · Envision Aurora Bellin PPO - Silver 5200/80

★★★★☆
Overall Rating **3**
Details

Silver | PPO | Plan ID: 87416WI0010057

Estimated monthly premium \$360.82	Deductible \$5,200 Individual Total	Out-of-pocket maximum \$7,150 Individual Total	Copayments / Coinsurance Emergency room care: \$300 Copay after deductible Generic drugs: \$10 Primary doctor: \$50 Specialist doctor: \$80	Estimated total yearly costs ESTIMATE TOTAL YEARLY COSTS	Medical providers & prescription drugs covered SEE IF PROVIDERS & DRUGS ARE COVERED
--	---	---	--	--	---

Costs for medical care

Primary care doctor visit	In Network: \$50 Out of Network: 50% Coinsurance after deductible
Specialist visit	In Network: \$80 Out of Network: 50% Coinsurance after deductible

X-rays and diagnostic imaging	In Network: 20% Coinsurance after deductible Out of Network: 50% Coinsurance after deductible
Laboratory outpatient and professional services	In Network: 20% Coinsurance after deductible Out of Network: 50% Coinsurance after deductible

Prescription drug coverage

Generic drugs	In Network: \$10 Out of Network: \$10
Preferred brand drugs <i>Q Limits and exclusions apply</i>	In Network: \$50 Copay after deductible Out of Network: \$50 Copay after deductible
Non-preferred brand drugs <i>Q Limits and exclusions apply</i>	In Network: \$75 Copay after deductible Out of Network: \$75 Copay after deductible
Specialty drugs <i>Q Limits and exclusions apply</i>	In Network: 20% Coinsurance after deductible Out of Network: 50% Coinsurance after deductible

deductible applies

Source: healthcare.gov, Common Ground Healthcare Envision Aurora Bellin PPO Silver 5200/80 in Green Bay, WI (2017)

First Dollar Coverage

Common Ground Healthcare Cooperative · Envision Aurora Bellin PPO - Silver 5200/80

★★★★☆
Overall Rating **3**
Details

Silver | PPO | Plan ID: 87416WI0010057

Estimated monthly premium \$360.82	Deductible \$5,200 Individual Total	Out-of-pocket maximum \$7,150 Individual Total	Copayments / Coinsurance Emergency room care: \$300 Copay after deductible Generic drugs: \$10 Primary doctor: \$50 Specialist doctor: \$80	Estimated total yearly costs ESTIMATE TOTAL YEARLY COSTS	Medical providers & prescription drugs covered SEE IF PROVIDERS & DRUGS ARE COVERED
--	--	---	--	--	---

Costs for medical care

Primary care doctor visit	In Network: \$50 Out of Network: 50% Coinsurance after deductible	deductible does not apply
Specialist visit	In Network: \$80 Out of Network: 50% Coinsurance after deductible	
X-rays and diagnostic imaging	In Network: 20% Coinsurance after deductible Out of Network: 50% Coinsurance after deductible	
Laboratory outpatient and professional services	In Network: 20% Coinsurance after deductible Out of Network: 50% Coinsurance after deductible	
Prescription drug coverage		
Generic drugs	In Network: \$10 Out of Network: \$10	
Preferred brand drugs	In Network: \$50 Copay after deductible Out of Network: \$50 Copay after deductible	
Non-preferred brand drugs	In Network: \$75 Copay after deductible Out of Network: \$75 Copay after deductible	
Specialty drugs	In Network: 20% Coinsurance after deductible Out of Network: 50% Coinsurance after deductible	

Source: healthcare.gov, Common Ground Healthcare Envision Aurora Bellin PPO Silver 5200/80 in Green Bay, WI (2017)

First Dollar Coverage

Common Ground Healthcare Cooperative · Envision Aurora Bellin PPO - Silver 5200/80

★★★★☆
Overall Rating ⓘ
Details

Silver | PPO | Plan ID: 87416WI0010057

Estimated monthly premium \$360.82	Deductible \$5,200 Individual Total	Out-of-pocket maximum \$7,150 Individual Total	Copayments / Coinsurance Emergency room care: \$300 Copay after deductible Generic drugs: \$10	Estimated total yearly costs ESTIMATE TOTAL YEARLY COSTS	Medical providers & prescription drugs covered
--	--	---	---	--	--

Terms used to describe First Dollar Coverage:

- Service is ***Pre-deductible***
- Service is ***Exempt from the deductible***
- Service is ***not subject to the deductible***
- ***Deductible does not apply*** to this service
- ***Deductible is Waived*** for this service
- Service copay is ***before the deductible***
- Absence of the words ***“after deductible”***

Q Limits and exclusions apply

Non-preferred brand drugs

In Network: \$75 Copay after deductible
Out of Network: \$75 Copay after deductible

Q Limits and exclusions apply

Specialty drugs

In Network: 20% Coinsurance after deductible
Out of Network: 50% Coinsurance after deductible

Q Limits and exclusions apply

HSA vs. non-HSA Plans

Kaiser Permanente - KP GA Signature Bronze

Bronze | HMO | Plan ID: 89942GA0050020

Estimated monthly premium

\$206.58

Was: \$349.17

Deductible

\$6,200

Individual Total

Out-of-pocket maximum

\$6,550

Individual Total

Primary care doctor visit In Network: 40% Coinsurance after deductible
Out of Network: Benefit Not Covered

Specialist visit In Network: 40% Coinsurance after deductible
Out of Network: Benefit Not Covered

X-rays and diagnostic imaging In Network: 40% Coinsurance after deductible
Out of Network: Benefit Not Covered

Laboratory outpatient and pro In Network: 40% Coinsurance after deductible
Out of Network: Benefit Not Covered

Prescription drug coverage

Generic drugs In Network: 40% Coinsurance after deductible
Out of Network: Benefit Not Covered

[View limits and exclusions](#)

Preferred brand drugs In Network: 50% Coinsurance after deductible
Out of Network: Benefit Not Covered

[View limits and exclusions](#)

Non-preferred brand drugs In Network: 50% Coinsurance after deductible
Out of Network: Benefit Not Covered

[View limits and exclusions](#)

Specialty drugs In Network: 50% Coinsurance after deductible
Out of Network: Benefit Not Covered

Kaiser Permanente - KP GA Signature Silver 4700

Silver | HMO | Plan ID: 89942GA0050025

Estimated monthly premium

\$231.36

Was: \$373.95

Deductible

\$4,700

Individual Total

Out-of-pocket maximum

\$7,350

Individual Total

Primary care doctor visit In Network: \$35
Out of Network: Benefit Not Covered

Specialist visit In Network: \$65
Out of Network: Benefit Not Covered

X-rays and diagnostic imaging In Network: 30% Coinsurance after deductible
Out of Network: Benefit Not Covered

Laboratory outpatient and profi In Network: 30% Coinsurance after deductible
Out of Network: Benefit Not Covered

Prescription drug coverage

Generic drugs In Network: \$15
Out of Network: Benefit Not Covered

[View limits and exclusions](#)

Preferred brand drugs In Network: \$45 Copay after deductible
Out of Network: Benefit Not Covered

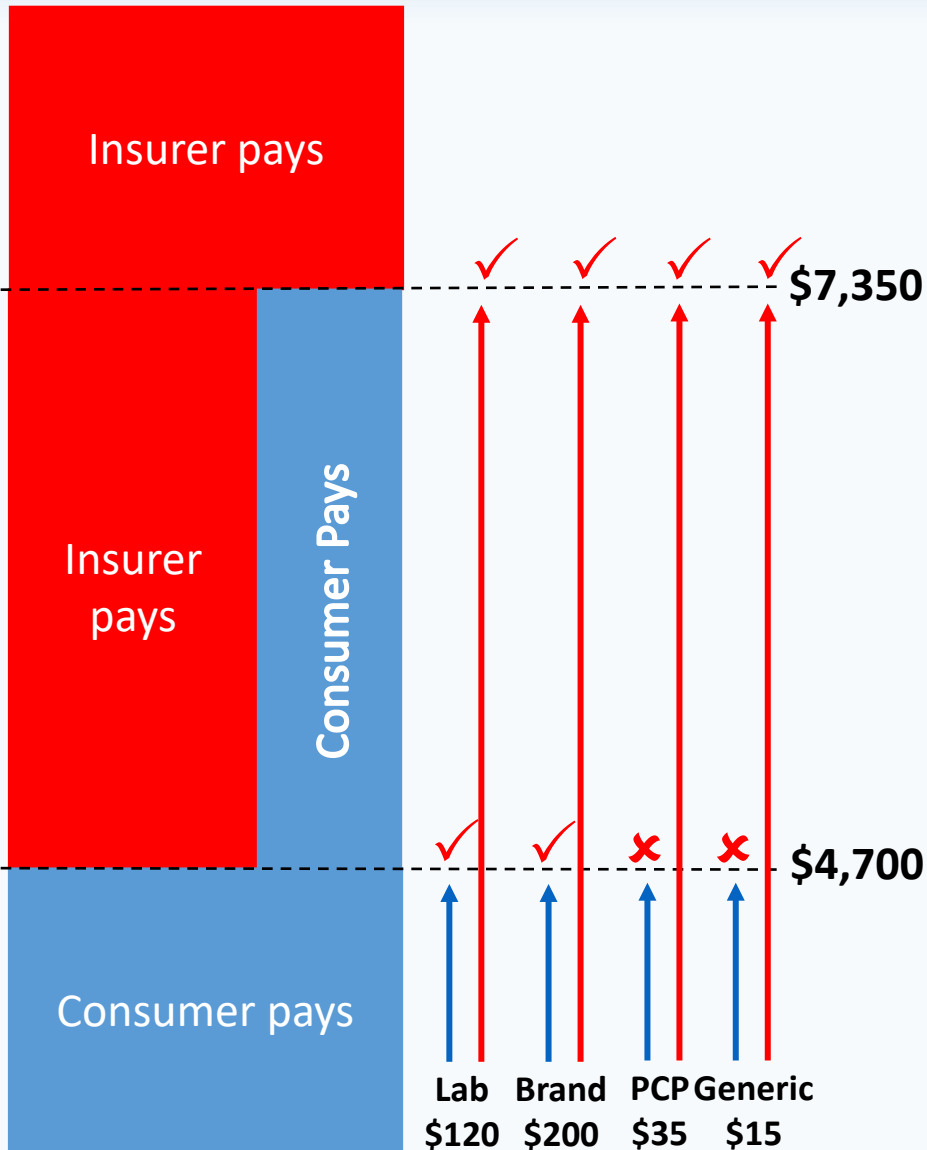
[View limits and exclusions](#)

Non-preferred brand drugs In Network: 50% Coinsurance after deductible
Out of Network: Benefit Not Covered

[View limits and exclusions](#)

Specialty drugs In Network: 50% Coinsurance after deductible
Out of Network: Benefit Not Covered

Counting toward Deductible & OOP Max



Kaiser Permanente · KP GA Signature Silver 4700/35

Silver | HMO | Plan ID: 89942GA0050025

Estimated monthly premium
\$231.36
Was: \$373.95

Deductible
\$4,700
Individual Total

Out-of-pocket maximum
\$7,350
Individual Total

Primary care doctor visit In Network: \$35
Out of Network: Benefit Not Covered

Specialist visit In Network: \$65
Out of Network: Benefit Not Covered

X-rays and diagnostic imaging In Network: 30% Coinsurance after deductible
Out of Network: Benefit Not Covered

Laboratory outpatient and professional services In Network: 30% Coinsurance after deductible
Out of Network: Benefit Not Covered

Prescription drug coverage

Generic drugs In Network: \$15
Out of Network: Benefit Not Covered

[View limits and exclusions](#)

Preferred brand drugs In Network: \$45 Copay after deductible
Out of Network: Benefit Not Covered

[View limits and exclusions](#)

Non-preferred brand drugs In Network: 50% Coinsurance after deductible
Out of Network: Benefit Not Covered

[View limits and exclusions](#)

Specialty drugs In Network: 50% Coinsurance after deductible
Out of Network: Benefit Not Covered

QHP Metal Tiers

	Bronze (60%)	Silver (70%)	Gold (80%)	Platinum (90%)
Premium	136.10	\$235.62	\$301.97	\$458.86
Deductible	\$6,950	\$3,500	\$1,400	\$250
Maximum OOP limit	\$7,350	\$7,350	\$5,000	\$1,500
Primary care visit	\$35	\$25	\$20	\$10
Specialist visit	no charge after ded.	\$75	\$50	10%
Emergency room care	no charge after ded.	\$800	20% after ded.	10% after ded.
Inpatient hospitalization	no charge after ded.	no charge after ded.	20% after ded.	10% after ded.
Generic drugs	\$30	\$20	\$10	\$10
Preferred brand name	30% after ded.	\$65 after ded.	\$40	\$45
Non-preferred brand	50% after ded.	\$100 after ded.	\$75	\$90
Specialty Drugs	50% after ded.	50% after ded.	50% after ded.	50% after ded.

Cost Sharing Reduction (CSR) Silver Plans

	Silver (70%)	Silver (CSR 73%)	Silver (CSR 87%)	Silver (CSR 94%)
Eligibility (% FPL)	>250%	200%-250%	150%-200%	100%-150%
Premium	\$311.62	\$143.17	\$63.24	\$48.44
Deductible	\$3,500	\$2,650	\$1,250	\$150
Maximum OOP limit	\$7,350	\$5,850	\$2,450	\$1,000
Primary care visit	\$25	\$25	\$5	\$5
Specialist visit	no charge after ded.	\$75	\$25	\$15
Emergency room care	\$800	\$800	\$150	\$75
Inpatient hospitalization	no charge after ded.	no charge after ded.	no charge after ded.	no charge after ded.
Generic drugs	\$20	\$20	\$4	\$2
Preferred brand name	\$65 after ded.	\$65 after ded.	\$15	\$25
Non-preferred brand	\$100 after ded.	\$100 after ded.	\$45	\$45
Specialty Drugs	50% after ded.	50% after ded.	50%	50%

Source: UPMC Silver CSR Plans in Pittsburgh, PA

No Cost Sharing for Preventive Services



SelectBlue 5850 HSA Bronze

Coverage Period: 01/01/2016-12/31/2016

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

Coverage for: Individual/Family | Plan Type: HDHP



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 <https://www.nebraskablue.com/individualacacontracts> or by calling 1-888-592-8960.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	<p>Select In-network: \$5,850 individual / \$11,700 family</p> <p>In-network: \$6,450 individual / \$12,900 family</p> <p>Out-of-network: \$12,900 individual / \$25,800 family</p> <p><u>Does not apply to most preventive care.</u> Copayments and coinsurance don't count toward the deductible.</p>	<p>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 3 for how much you pay for covered services after you meet the deductible.</p>
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 3 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	<p>Yes.</p> <p>Select In-network: \$5,850 individual / \$11,700 family</p> <p>In-network: \$6,450 individual / \$12,900 family</p> <p>Out-of-network: \$12,900 individual / \$25,800 family</p>	<p>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.</p>

Paying Carrier Negotiated Rates



Health Insurance Provider
1212 Main Street
Anytown, USA 000000

EXPLANATION OF BENEFITS

Please retain for future reference
Mary Jones MD/ PIN:7654321

Mary Jones, MD
Homeville Medical Center
2121 Elm Ave.
Homeville, USA 000000




Date: 01/01/12
Tax ID #: 0101010101
Check #: 1010101010
Check Amount: \$ ###.00

Patient Name: Bill Smith
Patient Account Number: 987654321
Patient ID #: 1234567
Member ID: 54321

Treatment Date	AA	Service Code	BB	Submitted Charges	Allowed Amount	Copay Amount	Insurance Pays	You Owe
01/01/12	II	Office visit	II	\$220.00	\$85.00	\$0.00	\$0.00	\$85.00
01/02/12	II	Office visit	II	\$220.00	\$85.00	\$0.00	\$0.00	\$85.00
01/03/12	II	Laboratory	II	\$130.00	\$20.00	\$0.00	\$0.00	\$20.00
TOTALS				\$570.00	\$190.00	\$0.00	\$0.00	\$190.00

Covered Benefits

10 Categories of Essential Health Benefits

-  **Ambulatory Patient Services**
-  **Emergency Services**
-  **Maternity and Newborn Care**
-  **Hospitalization**
-  **Mental Health and Substance Use Disorders**
-  **Preventive & Wellness Services**
-  **Laboratory Services**
-  **Prescription Drugs**
-  **Rehabilitation and Habilitative Services**
-  **Pediatric Oral and Vision Care**

Dental Coverage for Children/Adults

Insurance Plan	Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total costs	Dental Coverage
Cigna Health And Life Insurance Company Cigna Connect 5750 Bronze EPO Plan ID: 41921VA0020011	\$164.54 <small>Was: \$230.86</small>	\$5,750 <small>Individual Total</small>	\$7,150 <small>Individual Total</small>	Emergency room care: 50% Coinsurance after deductible Generic drugs: 50% Coinsurance after deductible Primary doctor: 50% Coinsurance after deductible Specialist doctor: 50% Coinsurance after deductible	ESTI TC YE CC	<ul style="list-style-type: none"> ✗ Child Dental Benefit Not Included ✗ Adult Dental Benefit Not Included
Innovation Health Insurance Company Innovation Health Leap Bronze Bronze PPO Plan ID: 12028VA0120028	\$155.80 <small>Was: \$222.12</small>	\$7,050 <small>Individual Total</small>	\$7,050 <small>Individual Total</small>	Emergency room care: No Charge After Deductible Generic drugs: \$5 Primary doctor: No Charge After Deductible Specialist doctor: No Charge After Deductible		<ul style="list-style-type: none"> ✓ Child Dental Benefit Included ✗ Adult Dental Benefit Not Included
Kaiser Permanente · KP VA Bronze 6500/50/Dental/Ped Dental Bronze HMO Plan ID: 95185VA0530011	\$164.40 <small>Was: \$230.72</small>	\$6,500 <small>Individual Total</small>	\$7,150 <small>Individual Total</small>	Emergency room care: 40% Coinsurance after deductible Generic drugs: 40% Coinsurance after deductible Primary doctor: \$50/40% Coinsurance after deductible Specialist doctor: 40% Coinsurance after deductible		<ul style="list-style-type: none"> ✓ Child Dental Benefit Included ✓ Adult Dental Benefit Included

Source: Healthcare.gov, Innovation Health Leap Bronze, Kaiser Permanente VA Bronze 6500/50/Dental/Ped Dental, and Cigna Connect 5750 plans in Arlington County, VA

Other Covered Services

Common Medical Event	Services You May Need	Your cost if you use a Plan Provider	Your cost if you use a Non-Plan Provider	Limitations & Exceptions
If your child needs dental or eye care	Eye exam	20% Coinsurance after deductible	Not Covered	—————none—————
	Glasses	No Charge after deductible	Not Covered	1 pair glasses/yr (single OR bifocal lenses) OR 1st purchase of contact lenses/yr OR 2 pair/eye/yr medically necessary contacts (select group of frames and contacts)
	Dental check-up	No charge (Deductible does not apply)	Not Covered	One evaluation, including teeth cleaning, topical fluoride applications, covered 2 times per yr; 2 bitewing x-rays per yr, 1 set full mouth x-rays every 3 yrs.

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 <u>excluded services</u> .)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic Surgery • Hearing Aids 	<ul style="list-style-type: none"> • Long-Term/Custodial Nursing Home Care • Non-Emergency Care when Traveling Outside the U.S. 	<ul style="list-style-type: none"> • Routine Foot Care • Weight Loss Programs

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.)		
<ul style="list-style-type: none"> • Bariatric Surgery • Chiropractic Care with limits • Infertility Treatment with limits 	<ul style="list-style-type: none"> • Private-Duty Nursing with limits • Routine Dental Services (Adult) with limits • Routine Eye Exam (Adult) 	<ul style="list-style-type: none"> • Routine Hearing Tests • Voluntary Termination of Pregnancy with limits

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

Prescription Drug Cost-Sharing

Costs for medical care

Primary care doctor visit

In Network: \$20
Out of Network: Benefit Not Covered

Specialist visit

In Network: \$55
Out of Network: Benefit Not Covered

X-rays and diagnostic imaging

In Network: \$55
Out of Network: Benefit Not Covered

Laboratory outpatient and professional services

In Network: \$35

Prescription drug coverage

1

Generic drugs

In Network: \$10
Out of Network: Benefit Not Covered

2

Preferred brand drugs

In Network: \$55
Out of Network: Benefit Not Covered

3

Non-preferred brand drugs

In Network: 40%
Out of Network: Benefit Not Covered

4

Specialty drugs

In Network: 40%
Out of Network: Benefit Not Covered

List of covered drugs

[View](#)

Three month in-network mail order pharmacy benefit

Yes

Prescription drug deductible

Included in plan deductible

Prescription drug out-of-pocket maximum

Included in plan's out-of-pocket maximum

Prescription Drug Formulary

Plan Differences in Cost-sharing/Drug Tiers



Drug Search

2016 CoventryOne Prescription Drug List: IA

[Start Over](#)

Please select a drug from the list below to continue.

- [T2 HumaLOG 100 UNIT/ML SUBCUTANEOUS*](#)
- [T2 HumaLOG KwikPen 100 UNIT/ML SUBCUTANEOUS*](#)
- [T2 HumaLOG Mix 50/50 KwikPen \(50-50\) 100 UNIT/ML SUBCUTANEOUS*](#)
- [T2 HumaLOG Mix 50/50 SUSPENSION \(50-50\) 100 UNIT/ML SUBCUTANEOUS*](#)
- [T2 HumaLOG Mix 75/25 KwikPen \(75-25\) 100 UNIT/ML SUBCUTANEOUS*](#)
- [T2 HumaLOG Mix 75/25 SUSPENSION \(75-25\) 100 UNIT/ML SUBCUTANEOUS*](#)
- [T2 HumaLOG SOLUTION 100 UNIT/ML SUBCUTANEOUS*](#)

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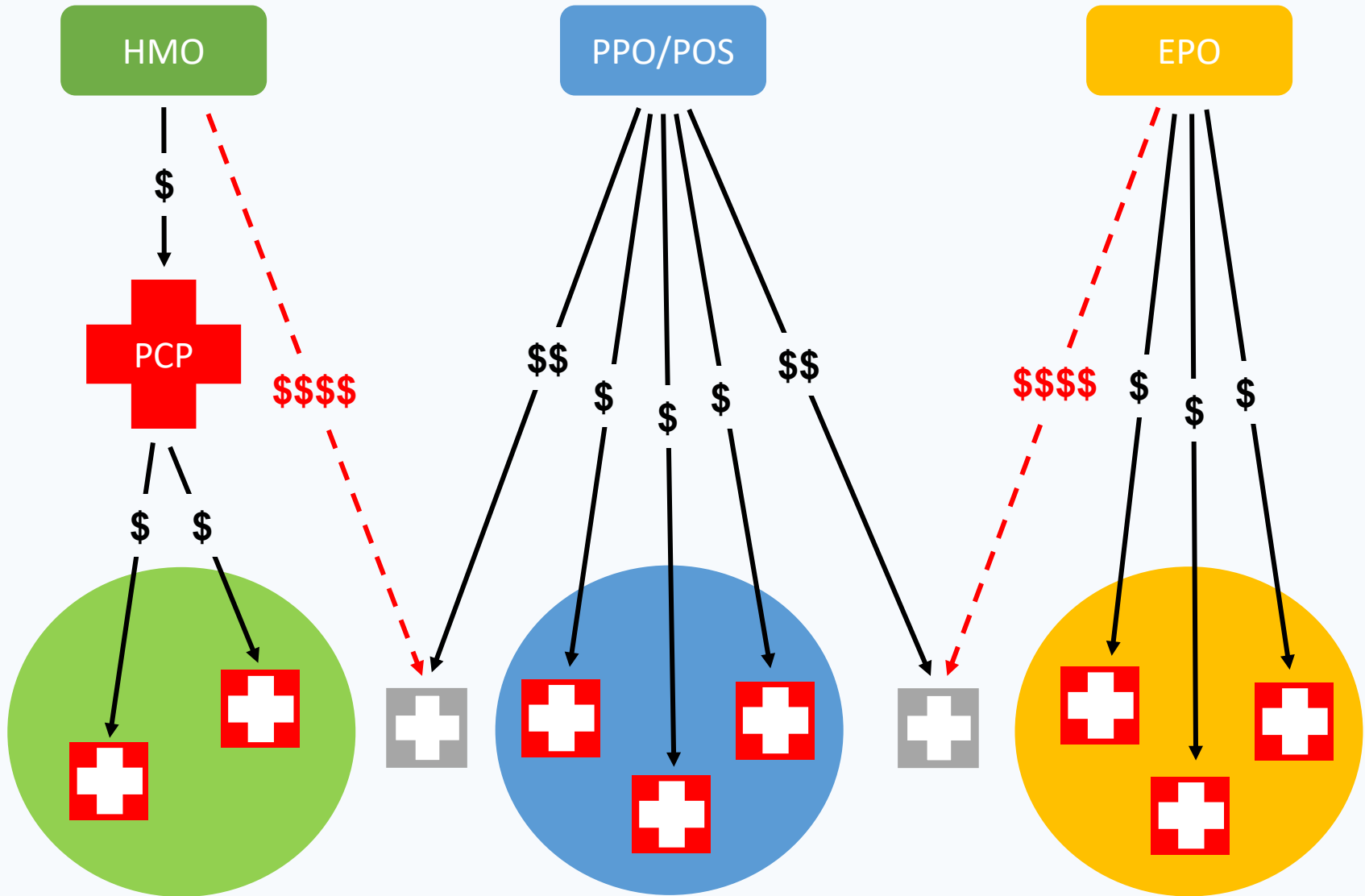
2016 CoventryOne Prescription Drug List: IA



BlueCross BlueShield
of Illinois

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
XIGDUO XR - dapagliflozin-metformin hcl tab sr 24hr 10-1000 mg	4			•		
Rapid-Acting Insulins						
APIDRA - insulin glulisine inj 100 unit/ml	4	•		•		
APIDRA SOLOSTAR - insulin glulisine soln pen-injector inj 100 unit/ml	4	•		•		
HUMALOG - insulin lispro (human) inj 100 unit/ml	4	•		•		
HUMALOG - insulin lispro (human) soln cartridge 100 unit/ml	4	•		•		
HUMALOG KWIKPEN - insulin lispro (human) soln pen-injector 100 unit/ml	4	•		•		
HUMALOG KWIKPEN - insulin lispro (human) soln pen-injector 200 unit/ml	4	•		•		

Health Plan Network Types



Provider Network Size

Specialty	Plan/Network Name	Network Type	Network Size*
BlueCross BlueShield of Nebraska	SelectBlue	PPO	269
	BlueEssentials	PPO	311
Coventry	MIPPA	POS	137
	CHI Heath Omaha	HMO	242
	Methodist Health Partners	HMO	195
	Nebraska Health Network	HMO	216
Medica	Medica Insure	PPO	719
UnitedHealthcare	Compass	HMO	1,082

*Number of Primary Care Physicians within a 10 mile radius of 69022 Zip Code in Nebraska

Provider Search

2018 health insurance plans & prices

People covered: Primary (Age 30) with estimated tax credit (not your premium) of \$130.44 per month

EDIT

ESTIMATE TOTAL YEARLY COSTS

SEE IF PROVIDERS & DRUGS ARE COVERED

IdealCare By Sendero Health Plans · IdealCare Essential By Sendero Health Plans

Bronze | HMO | Plan ID: 71837TX0010003

Estimated monthly premium

\$156.16

Was: \$286.60

Deductible

\$6,500

Individual Total

Out-of-pocket maximum

\$7,350

Individual Total

Copayments / Coinsurance

Emergency room care: \$500
Copay with Deductible
Generic drugs: \$5
Primary doctor: \$25
Specialist doctor: \$50 Copay with Deductible

Estimated total yearly costs

ESTIMATE TOTAL YEARLY COSTS

Medical providers & prescription drugs covered

Coverage details below

SEE IF PROVIDERS & DRUGS ARE COVERED

Documents

- [Summary of Benefits](#)
- [Plan brochure](#)
- [Provider directory](#)

Dental

- ✘ Child Dental Benefit Not Included
- ✘ Adult Dental Benefit Not Included

\$8,275: Typical cost for a healthy pregnancy and normal delivery.

\$6,633: Typical yearly cost for managing type 2 diabetes for one person.

\$1,849: Typical cost for treatment of a simple fracture.

Provider Search



IdealCare Members: 844.800.4693

[Click here for Member Portal](#)

- HOME
- ABOUT SENDERO
- MEMBERS
- PAYMENTS
- PROVIDERS
- PHARMACY/FORMULARY
- WELLNESS
- NEWS

- Doctor Search
- Hospital Search
- Ancillary Search
- Find a Vision Care Provider
- Find a Behavioral Care Provider
- Map It

Doctor Search Results

Last Updated: 2018-09-17

Quick search Back

Provider	Medical Group Affiliation	Hospital Affiliations	Languages Spoken By Doctor Or Staff	Accepting New Patients
Gonzales, Mary, MD Physical Medicine & Rehabilitation Specialist	Mary A. Gonzales, M.D., P.A. 919 E. 32nd St. Suite 4 Austin, TX 78705 (512) 544-5116	Cornerstone Hospital Austin St. David's South Austin Medical Center	English	Yes
Gonzales, Migdalia (Micky), APRN Physical Medicine & Rehabilitation Specialist	Institute of Reconstructive Plastic Surgery 601 E. 15th St. 4th Fl. W. Austin, TX 78665 (512) 324-8300	None	English, Spanish	No

Go to First Previous Next Last [1 to 2 of 2]

To reset the search criteria click the **Back** button

Section 2: Trends in Marketplace Plans

Partial Exemptions from the Deductible

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
 Cigna Health and Life Insurance Company: Cigna Connect 6750

Coverage Period: 01/01/2019 – 12/31/2019
Coverage for: Individual & Family | **Plan Type:** EPO

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 copayment /visits 1-3, deductible does not apply; 35% coinsurance /visits 4 and after	Not Covered	Virtual telehealth visit – \$10 copayment , deductible does not apply if from a Cigna Telehealth Connection Physician. Refer to the policy for more information.
	Specialist visit	35% coinsurance	Not Covered	None
	Preventive care/screening/immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive . Ask your provider if the services needed are preventive . Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	35% coinsurance	Not Covered	None
	Imaging (CT/PET scans, MRIs)	35% coinsurance	Not Covered	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.cigna.com/ifp-drug-list	Preferred generic drugs	\$8 copayment (retail)/\$24 copayment (home delivery); deductible does not apply	Not Covered	Limited to a 30 day supply (retail) or up to a 90 day supply (designated 90 day retail pharmacy/home delivery). You pay a copayment for each 30 day supply (retail).
	Generic drugs	35% coinsurance (retail/home delivery)	Not Covered	Limited to a 30 day supply (retail) or up to a 90 day supply (designated 90 day retail pharmacy/home delivery).
	Preferred brand drugs	35% coinsurance (retail/home delivery)	Not Covered	
	Non-preferred drugs	50% coinsurance (retail/home delivery)	Not Covered	
	Specialty drugs and other high cost drugs	50% coinsurance (retail/home delivery)	Not Covered	Limited to a 30 day supply (retail/home delivery).

Partial Exemptions from the Deductible

Cigna Health And Life Insurance Company · Cigna Connect 6750

Bronze | EPO | Plan ID: 41921VA0020012

<p>Estimated monthly premium</p> <p>\$107.59</p> <p>Was: \$390.45</p>	<p>Deductible</p> <p>\$6,750</p> <p>Individual total</p>	<p>Out-of-pocket maximum</p> <p>\$7,900</p> <p>Individual total</p>	<p>Copayments / Coinsurance</p> <p>Emergency room care: 50% Coinsurance after deductible</p> <p>Generic drugs: 35% Coinsurance after deductible</p> <p>Primary doctor: \$25/35% Coinsurance after deductible</p> <p>Specialist doctor: 35% Coinsurance after deductible</p>	<p>Estimated total yearly costs</p> <p>ESTIMATE TOTAL YEARLY COSTS</p>
--	---	--	--	---

Costs for medical care

<p>Deductible</p>	<p>\$6,750 Individual total</p>
<p>Out-of-pocket maximum</p>	<p>\$7,900 Individual total</p>
<p>Primary care doctor visit</p> <p>View limits and exclusions</p>	<p>In Network: \$25/35% Coinsurance after deductible</p> <p>Out of Network: Benefit Not Covered</p>
<p>Specialist visit</p>	<p>In Network: 35% Coinsurance after deductible</p> <p>Out of Network: Benefit Not Covered</p>

Partial Exemptions from the Deductible

Cigna Health And Life Insurance Company · Cigna Connect 6750

Bronze | EPO | Plan ID: 41921VA0020012

Estimated monthly premium

\$107.59

Was: \$390.45

Deductible

\$6,750

Individual total

Out-of-pocket maximum

\$7,900

Copayments / Coinsurance

Emergency room care: 50%

Estimated total yearly costs

CLOSE

ESTIMATE TOTAL YEARLY COSTS

PRIMARY CARE DOCTOR VISIT

This health plan includes access to telehealth visits. Refer to the policy for more information. The first 3 primary care doctor visits are not subject to the deductible or coinsurance. Each of the first 3 visits is subject to a copayment of \$25 only. Starting with the 4th visit, the deductible and coinsurance will apply.

Costs for medical services

Deductible

Out-of-pocket maximum

\$7,900 Individual total

Primary care doctor visit

In Network: \$25/35% Coinsurance after deductible
Out of Network: Benefit Not Covered

[View limits and exclusions](#)

Specialist visit

In Network: 35% Coinsurance after deductible
Out of Network: Benefit Not Covered

Deductible-only Plans

Florida Blue HMO (A BlueCross BlueShield FL Company) · MyBlue Bronze 1602

Bronze | HMO | Plan ID: 30252FL0070003

Estimated monthly premium
\$285.98

Deductible
\$7,150
Individual Total

Out-of-pocket maximum
\$7,150
Individual Total

Copayments / Coinsurance

Emergency room care: No Charge After Deductible
Generic drugs: No Charge After Deductible
Primary doctor: No Charge After Deductible
Specialist doctor: No Charge After Deductible

Estimated total yearly costs

ESTIMATE TOTAL YEARLY COSTS

Medical providers & prescription drugs covered

SEE IF PROVIDERS & DRUGS ARE COVERED

Costs for medical care

Primary care doctor visit

In Network: No Charge After Deductible
Out of Network: Benefit Not Covered

Specialist visit

In Network: No Charge After Deductible
Out of Network: Benefit Not Covered

X-rays and diagnostic imaging

In Network: No Charge After Deductible
Out of Network: Benefit Not Covered

Laboratory outpatient and professional services

In Network: No Charge After Deductible
Out of Network: Benefit Not Covered

Outpatient facility

In Network: No Charge After Deductible
Out of Network: Benefit Not Covered

Prescription drug coverage

Generic drugs

In Network: No Charge After Deductible
Out of Network: Benefit Not Covered

[Limits and exclusions apply](#)

Preferred brand drugs

In Network: No Charge After Deductible
Out of Network: Benefit Not Covered

[Limits and exclusions apply](#)

Additional Prescription Drug Tiers

Geisinger Health Plan: HMO Plan 20/40/3000

Coverage Period: 01/01/2017-12/31/2017

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

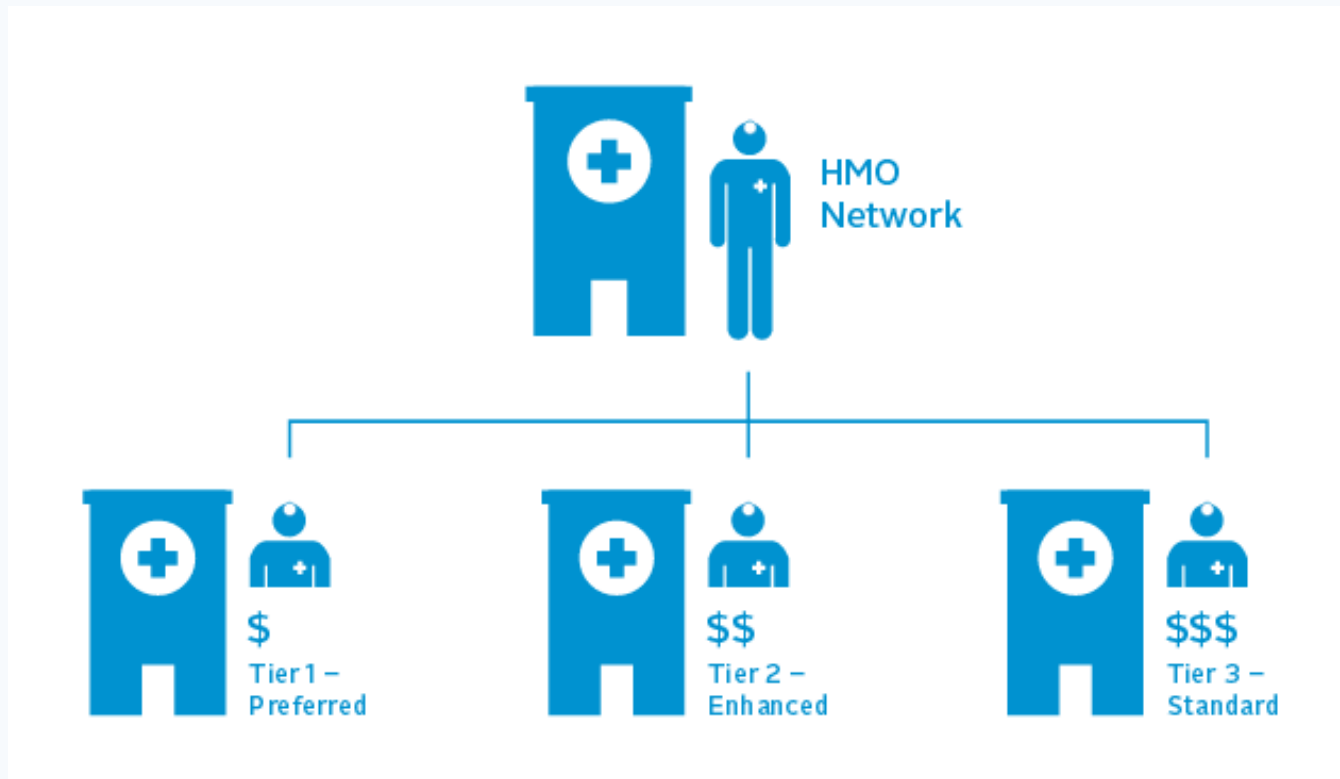
Coverage for: Individual + Family | Plan Type: HMO



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.thehealthplan.com or by calling 1-866-379-4489.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay/visit	Not covered	None
	Specialist visit	\$40 copay/visit	Not covered	None
	Other practitioner office visit	\$20 copay/visit	Not covered	Chiropractor, In-network only: 20 visits/member/benefit period
	Preventive care/screening/immunization	No charge	Not covered	Adults (22+): Limited to 1 routine exam per year, PCP copay applies thereafter
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Precert / prior auth required.
If you need drugs to treat your illness or condition	1 Generic (preferred) drugs	\$3	Not covered	Covers up to a 34-day supply. Mail order 2x copayment.
	2 Generic (non-preferred) drugs	\$15	Not covered	
	3 Brand (preferred) drugs	\$35	Not covered	
	4 Brand (non-preferred) drugs	\$55	Not covered	
	5 Specialty (preferred)	40% up to \$150	Not covered	No mail order option
More information about prescription drug coverage is available at www.thehealthplan.com	\$0 Tier	No Charge	Not covered	MediBenNC vaccines (flu and zostavax)

Tiered Provider Networks



Tiered Provider Networks



HMO Silver Proactive

Coverage Period: Beginning on or after 01/01/2017

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

Coverage for: FAMILY | PlanType: HMO

Common Medical Event	Services You May Need	Your Cost If You Use			Limitations & Exceptions
		Tier 1 - Preferred	Tier 2 - Enhanced	Tier 3 - Standard	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 Copayment (copay)	\$40 copay, no Deductible (ded)	\$50 copay, no ded	-----none-----
	Specialist visit	\$60 copay	\$80 copay, no ded	\$100 copay, no ded	PCP referral required.
	Other practitioner office visit	\$50 copay	\$50 copay, no ded	\$50 copay, no ded	PCP referral required for spinal manipulation. Visit limits may apply. See benefit booklet.
	Preventive care / screening / immunization	No Charge	No Charge no ded	No Charge no ded	Age and frequency schedules may apply. For colorectal cancer screening, your cost share may vary depending on where you receive service.
If you have a test	Diagnostic test (x-ray, blood work)	\$60 copay(X-Ray)/ No Charge(Blood Work)	\$60 copay, no ded(X-Ray)/ No Charge no ded(Blood Work)	\$60 copay, no ded(X-Ray)/ No Charge no ded(Blood Work)	PCP referral required for x-rays. Requisition form required for lab work.
	Imaging (CT/PET scans, MRIs)	\$250 copay	\$250 copay, no ded	\$250 copay, no ded	Precertification required for certain services. See benefit booklet.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250 copay	Subject to ded and \$750 copay	Subject to ded and \$1,250 copay	Precertification may be required. See benefit booklet.
	Physician/surgeon fees	No Charge	5%, after ded	10%, after ded	Precertification may be required. See benefit booklet.
If you need immediate medical attention	Emergency room services	\$550 copay	\$550 copay, no ded	\$550 copay, no ded	-----none-----
	Emergency medical transportation	\$200 copay	\$200 copay, no ded	\$200 copay, no ded	-----none-----
	Urgent care	\$100 copay	\$100 copay, no ded	\$100 copay, no ded	Your costs for urgent care are based on care received at a designated urgent care center or facility.

Inaccurate Provider Directories

Improving the Accuracy of Health Insurance Plans' Provider Directories

ISSUE BRIEF / OCTOBER 2015

Inaccuracies in Provider Directories Are Prevalent

Consumers often find that reliable information about health insurance provider networks is not available.

Common inaccuracies contained in the provider directories maintained by health plans include:

- » Providers who are not actually in the plan's network
- » Inaccurate provider contact information, such as incorrect phone numbers
- » Inaccurate information about which languages providers speak or the type of health care services they deliver

Research Documenting the Prevalence of Inaccurate Provider Directories

One study of Maryland's qualified health plans (QHPs, plans certified for sale on a health insurance marketplace under the ACA) found that less than half (only 43 percent) of psychiatrists listed in their provider

43%

Less than half of psychiatrists in Maryland QHPs could be reached at the numbers listed for them in the provider directories.¹

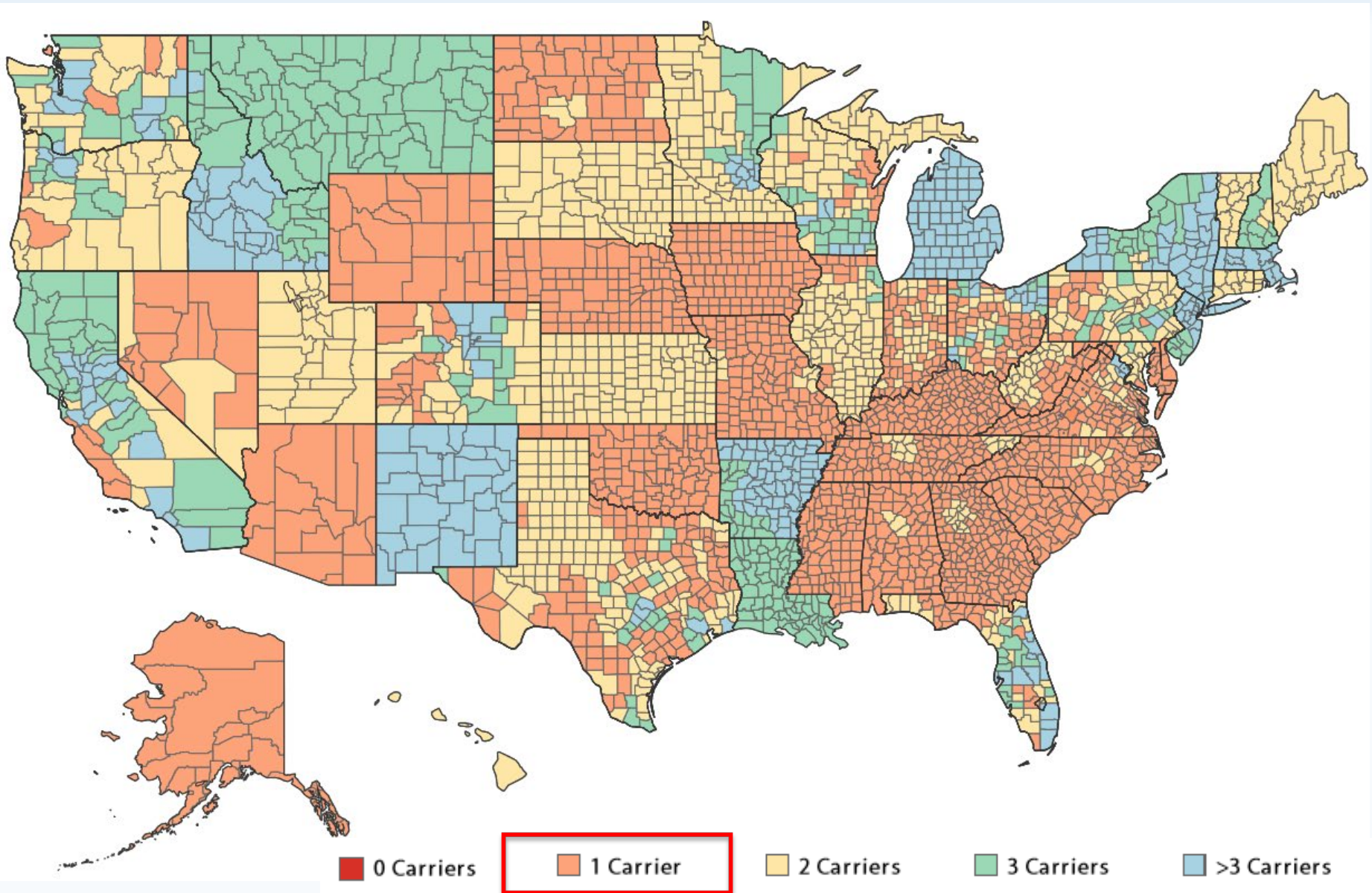
1/3

of psychiatrists listed in New Jersey PPOs had incorrect contact information.²

18.2%

of providers in one plan were not practicing at their listed locations.³

Counties with Only One Issuer



Source: Center for Consumer Information and Insurance Oversight. Centers for Medicare and Medicaid Services, US Department of Health and Human Services: (October, 2017)

Impact of Loss of CSR Payments on Rates

CareFirst Blue Cross Blue Shield Plans and Prices for 40 y/o in Arlington, VA (no ATPC)

Metal Level	Plan	Plan Type	Premium
Catastrophic	BlueChoice HMO Young Adult \$7,350	HMO	\$333.70
Gold	HealthyBlue HMO Gold \$1,000	HMO	\$652.93
Silver	BlueChoice HMO Silver \$3,500	HMO	\$720.34
Gold	HealthyBlue PPO Gold \$1,000	PPO	\$806.53
Silver	BluePreferred Silver \$3,500	PPO	\$927.58

Source: Madala, D., Health Insurance Marketplace Survey of the 2018 Virginia QHP Options, presentation to volunteer CACs (October 27, 2018) (Virginia Bureau of Insurance, 2018 ACA Rate Filing Data available at <https://www.scc.virginia.gov/boi/co/acafilinginfo/files/acaratefile.pdf>)



Elimination of Individual Mandate Penalty



Expansion of Substandard Coverage

	Short-Term Limited Durational Policies	Health Care Sharing Ministries	Association Health Plans
ACA Reform			
Guaranteed issue <i>Insurers must accept everyone who applies</i>	—	—	—
Dependent coverage to age 26	—	—	✓
Rescissions <i>Prohibits plans, with certain exceptions, from retroactively canceling coverage</i>	—	—	✓
Rating requirements <i>Rates can vary only on number of enrollees, geographic area, age, and tobacco use</i>	—	—	—
Medical loss ratio <i>Health plans must spend 80% of revenue on health care and quality improvement</i>	—	—	—
Preexisting condition exclusions	—	—	✓
Essential health benefits <i>Requires coverage of 10 service categories, including maternity care and mental health</i>	—	—	—
Single Risk Pool <i>When setting premium rates, each insurer must consider the claims experience of all enrollees in all the plans it sells</i>	—	—	—

2020 Rates: Increasing or Stabilizing?

POLITICO

Obamacare rate hikes appear modest for 2020

By PAUL DEMKO | 06/03/2019 07:16 PM EDT

The era of annual eye-popping Obamacare rate hikes appears to be over.

Premium increases in the law's marketplaces are on track to be relatively modest for the second straight year, according to the first batch of 2020 rates proposed by insurers. The rate filings are an early indication that this year's small rate hikes weren't a fluke and that other Trump administration policies — including support for a lawsuit that could torch the Affordable Care Act — have proven less disruptive than some experts feared.



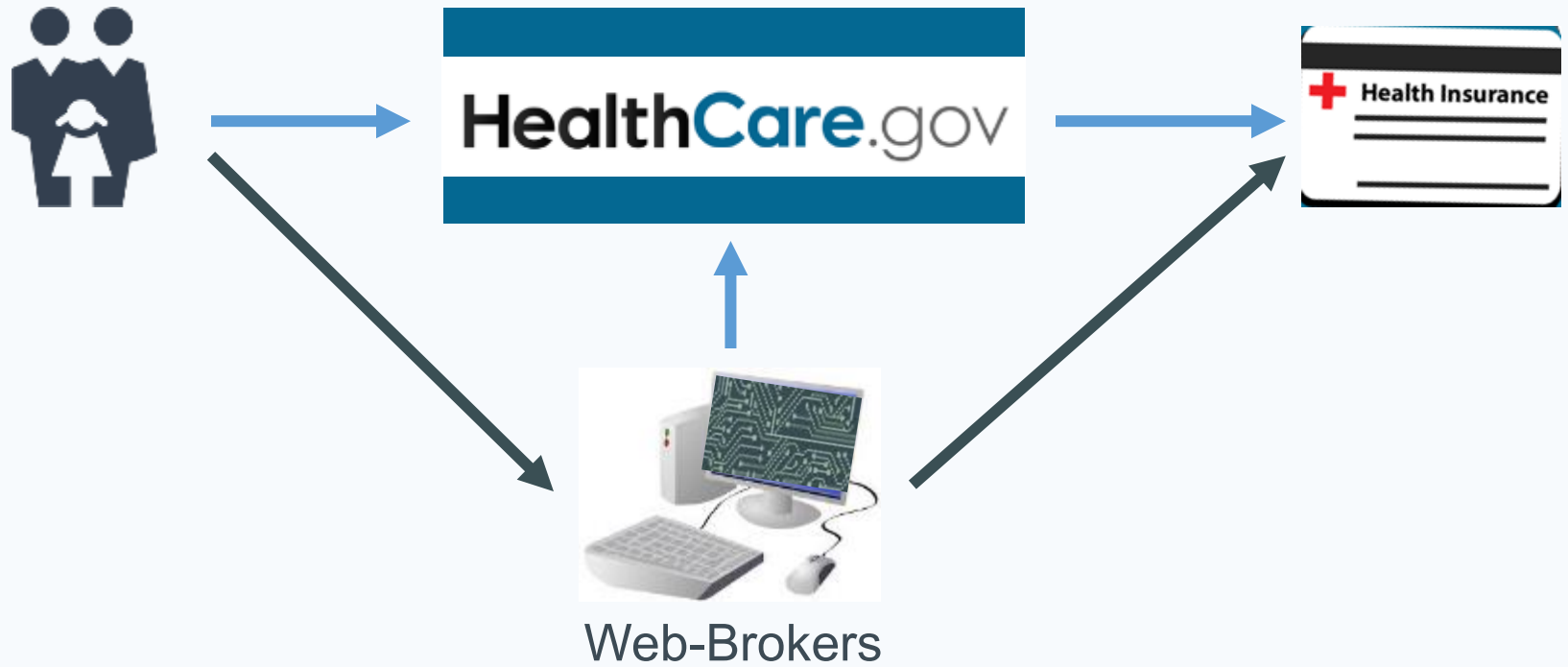
Georgetown University Health Policy Institute
**CENTER ON HEALTH
INSURANCE REFORMS**

Table. Average 2020 Proposed Individual Market Rates in States with Early Filing Deadlines

State	Average Proposed Rate Change	Number of Insurers
DC	9.0%	Two
Maryland	2.9%	Two
New Mexico*	N/A	Six
New York**	8.4%	Thirteen
Oregon	3.3%	Seven
Vermont	12.5%***	Two
Washington	0.96%	Thirteen

Source: Demko, P. "Obamacare rate hikes appear modest for 2020." Politico, Jun 3, 2019 and Georgetown University Center on Health Insurance reforms

Enhanced Direct Enrollment



Enhanced Direct Enrollment


eHealth


Find Health Insurance ▾ Learn ▾ Sign in 1-877-463-0281 ▾ 

 Affordable Care Act Health Insurance starting from \$324/mo	 Short-term Health Insurance starting from \$82/mo
--	--

Narrow results 12 of 12 (show all) Company ▾ Any Monthly Cost ▾ Any Deductible ▾ Any Office Visit ▾ Any Coinsurance ▾ Any Plan Type ▾ Any More ▾ Any

Filter plans by doctor | Add Rx drugs | Get Recommendations | Sort by: Cost ▾

 KAISER PERMANENTE. KP VA Bronze 5500/50/Dental Bronze <input type="checkbox"/> Compare	Office Visit \$50 Copay for first 2 visits then \$50 Copay after deductible Find Doctors	Deductible \$5,500	Drug Savings Add Rx drugs to see savings	Estimated Monthly Cost \$324⁴⁰ \$517.40 Apply View Details
--	--	------------------------------	--	--

 KAISER PERMANENTE. KP VA Gold 1500/20/Dental Gold <input type="checkbox"/> Compare	Office Visit \$20 Find Doctors	Deductible \$1,500	Drug Savings Add Rx drugs to see savings	Estimated Monthly Cost \$418¹⁶ \$611.16 Apply View Details
--	---	------------------------------	--	--

Federal Navigator Funding Remains Low



CMS To Maintain Navigator Funding At \$10 Million For 2020, 2021

Katie Keith

MAY 29, 2019

10.1377/hblog20190529.659554



On May 23, 2019, the Centers for Medicare and Medicaid Services (CMS) released a new [funding opportunity announcement](#) for the navigator program for 2020 and 2021, as well as a series of [frequently asked questions](#) and an [overview](#) of the application process. CMS intends to fund the navigator program in the 34 states with a federally facilitated marketplace at \$10 million per year, for a total of \$20 million.

The amount of funding for navigators is [unchanged](#) from last year's significant cuts. The \$10 million in annual funding is down from a high of \$63 million for the 2017 plan year. Since the Trump administration took office, the navigator program has been cut by about 84 percent.

These funding cuts have had an impact. For 2019, the number of navigator organizations [dropped](#) by about half—from more than 80 organizations for 2018 to only 39 grantees for 2019. Three states (Iowa, Montana, and New Hampshire) had no navigators at all, and entire areas of

Source: Keith, Katie. "CMS to Maintain Navigator Funding at \$10 Million For 2020, 2021" *Health Affairs*, May 29, 2019
<https://www.healthaffairs.org/doi/10.1377/hblog20190529.659554/full/>

Section 3: Strategies to Help Consumers

Preparing for Open Enrollment

1. Tracking changes in the lowest-cost Silver plans

Rank	2017		2018		2019	
	Plan	Price	Plan	Price	Plan	Price
1	Innovation Health Leap Silver Basic	\$259	Kaiser Permanente Silver 6000/35/ Dental	\$392	Cigna Connect 6500	\$445
2	Innovation Health Leap Silver Diabetes	\$271	Cigna Connect 6500	\$401	Cigna Connect 4500	\$457
3	Cigna Connect 4500	\$274	Kaiser Permanente Silver 2750/20%/ HSA/Dental	\$421	Kaiser Permanente Silver 6000/35/ Dental	\$559
4	UnitedHealthcare Compass Silver 5200	\$279	Kaiser Permanente Silver 3000/30/ Dental	\$427	Kaiser Permanente Silver 3200/20%/ HSA/Dental	\$591
5	Innovation Health Leap Silver Plus	\$281	Kaiser Permanente Silver 2000/30/ Dental	\$437	Kaiser Permanente Silver 2500/30/ Dental	\$629
6	UnitedHealthcare Compass HSA Silver 2800	\$282	Cigna Connect 4500	\$441	CareFirst BlueChoice HMO HSA \$3,000	\$702
7	Innovation Health Leap Silver Healthy Minds	\$287	Kaiser Permanente Standard Silver 3500/30/Dental	\$452	CareFirst BluePreferred PPO HSA \$3,000	\$1,060
8	Kaiser Permanente VA Silver 6000/30/Dental/Ped Dental	\$288	CareFirst BlueChoice HMO Silver \$3,500	\$631		
9	Cigna Connect 2500	\$288	CareFirst BluePreferred Silver \$3,500	\$812		
10	Kaiser Permanente VA Silver 2750/20%/HSA/Dental/Ped Dental	\$315				
	(9 other plans)					

Preparing for Open Enrollment

2. Tracking First Dollar Coverage in Bronze Plans

Plan	Price	Deductible	OOP Max	PCP	Specialist	Tier 1 Rx	ER
Oscar Simple Bronze	\$275	\$7,900	\$7,900	\$0 after	\$0 after	\$0 after	\$0 after
Oscar Classic Bronze	\$282	\$4,500	\$7,900	50% after	50% after	50% after	50% after
IdealCare Bronze High Deductible	\$286	\$7,900	\$7,900	\$0 after	\$0 after	\$0 after	\$0 after
Oscar Saver Bronze HSA	\$302	\$5,500	\$6,650	50% after	50% after	50% after	50% after
IdealCare HSA	\$307	\$6,750	\$6,750	\$0 after	\$0 after	\$0 after	\$0 after
Ambetter Essential care 1	\$316	\$7,900	\$7,900	\$0 after	\$0 after	\$20	\$0 after
IdealCare Essential	\$321	\$7,900	\$7,900	\$25	\$75	\$0 after	\$0 after
Blue Advantage Bronze HMO two \$40 OCO visits	\$327	\$6,000	\$7,900	\$40/50% after	50% after	\$15	\$950/50% after
Blue Advantage Bronze HMO	\$336	\$7,900	\$7,900	\$0 after	\$0 after	\$0 after	\$0 after
Blue Advantage Plus Bronze (305)	\$337	\$5,000	\$7,900	40% after	50% after	20% after	\$950/50% after
Blue Advantage Plus Bronze (303)	\$395	\$3,900	\$7,900	\$40	40% after	\$10	\$950/40% after

Preparing for Open Enrollment

3. Comparing Differences in Provider Networks

	CareFirst BCBS PPO	CareFirst BCBS HMO	Cigna	Kaiser Permanente
Primary Care Physicians	500+	500+	398	8
Cardiologists	222	222	110	0 (3 in 10 mi.)
OB/GYN	312	309	151	4
Pediatricians	177	147	200	1
Hospitals	6	6	13	0 (5 in 10 mi.)

Providers in a 5 mile radius of 22202 Zip Code (Arlington, VA)

Preparing for Open Enrollment

4. Comparing Other Covered Services

	CareFirst BCBS	Cigna	Innovation Health	Kaiser Permanente	United Healthcare
Abortions					
Acupuncture					
Bariatric surgery					
Chiropractic care					
Dental care (adult)					
Infertility treatment					
Hearing aids					
Long-term care					
Private duty nursing					
Routine eye exam (adult)					
Routine hearing tests (adult)					
Routine foot care					

Source: Summary of Benefits and Coverage for CareFirst Blue Cross Blue Shield, Cigna, Innovation Health, Kaiser Permanente, and UnitedHealthcare plans in Arlington, VA (2017)

Preparing for Open Enrollment

4. Comparing Other Covered Services

	CareFirst BCBS	Cigna	Innovation Health	Kaiser Permanente	United Healthcare
Abortions				✓	
Acupuncture					
Bariatric surgery	✓			✓	
Chiropractic care	✓	✓	✓	✓	✓
Dental care (adult)				✓	
Infertility treatment				✓	
Hearing aids					
Long-term care					
Private duty nursing	✓	✓	✓	✓	✓
Routine eye exam (adult)	✓			✓	✓
Routine hearing tests (adult)				✓	
Routine foot care					

Tailoring Search Based on Consumer Needs

1. Renewal or new applicant?

Enroll to-do list

Congratulations!
You've successfully completed all steps of your application. See below for next steps or return to [My Account](#).

Your Plans
For **John Doe**

Independence Blue Cross Keystone HMO Silver Proactive Health Insurance plan for John Doe

To activate your new coverage, you must pay your first month's premium by your plan's due date. Your plan will contact you in the next few days with details on how to pay, or visit your health plan online to make your payment now if your plan accepts online payment. Your payment must be received and processed by the effective date to be fully enrolled. Contact the plan's customer service if you have any payment questions or issues.

Submit Payment to Independence Blue Cross

Amount Due: **\$246.30**

Your plan will confirm your final premium amount with you.

Estimated Effective Date: **01/01/2014**

CUSTOMER SERVICE
Customer Service: 18554293800

PAY FOR HEALTH PLAN

HealthCare.gov Individuals & Families Small Businesses **ESPAÑOL** **LOG IN**

Create an account

If you already have an account, [log in](#). Having trouble? **Don't create another account.** Forgot your [password](#) or [username](#)?

New Jersey

First name Last name

Your email address will also be your username when you log in.

Email address

Use: 8-20 characters Upper & lowercase letters Number(s)

Password

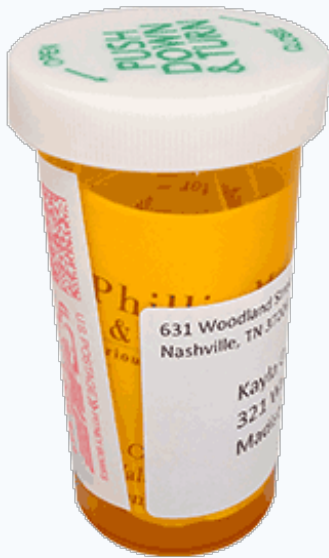
Retype password

Pick 3 questions that only you will be able to answer. If you forget your password, we'll ask you these questions to verify your identity.

Pick a question

Tailoring Search Based on Consumer Needs

2. Any prescription drugs or current doctors?



Cigna [Log in to myCigna](#) [Find a Doctor/Dentist](#)

Home » Choose a Directory » Find a Doctor, Dentist or Facility for Individuals & Families » Search Results

SEARCH RESULTS

[START OVER](#)

[CHANGE PLAN](#) Results for **rodriguez** near **Chicago, IL, USA** (Change)
MEDICAL PLAN: Connect Network | **DENTAL PLAN:** No Plan Selected

DISTANCE 0 20 40 60 80 100
Up to: 5 miles

SPECIALTY

- Counseling (1)
- Psychiatry (1)
- Psychology (1)

ACCEPTING NEW PATIENTS

- Accepting new patients only (2)

YEARS IN PRACTICE

- <5 (2)

2 In-Network Doctors

Sorted by Distance (Near to Far) [Explain Quality & Recognitions](#) [Print/Save PDF](#) [List](#) [Map](#)

Rodriguez Cabezas, Lisette A, MD
(312) 929-8200 | 678 N St. Clair St Chicago, IL 60611 | 1.2 miles - [Map](#) | 1 other location

Psychiatry - Board Certified
✓ In-Network for selected Plan

Quality Ratings & Recognitions
American Board of Medical Specialties

✓ Accepting new patients with selected plan

Resendiz-Rodriguez, Rebecca M, PSYD, LPC, LCPC
(312) 833-5841 | 1431 N Western Ave #401 Chicago, IL 60622 | 3.6 miles - [Map](#) | 1 other location

Counseling - Board Certified
Psychology - Board Certified
✓ In-Network for selected Plan

Quality Ratings & Recognitions
American Board of Medical Specialties

✓ Accepting new patients with selected plan

Tailoring Search Based on Consumer Needs

3. Major health needs or anticipated procedures?



Tailoring Search Based on Consumer Needs

4. Finding options for First Dollar Coverage

HealthCare.gov

Individuals & Families

Small Businesses

Log in

ESPAÑOL

2017 health insurance plans & prices

Cigna Healthcare · Cigna Connect 7150

Bronze | HMO | Plan ID: 53882L0040009

Estimated monthly premium

\$134.05

Was: \$270.71

Deductible

\$7,150

Individual Total

Out-of-pocket maximum

\$7,350

Individual Total

Copayments /
Coinsurance

Emergency room care: 50%
Coinsurance after deductible
Generic drugs: 50%
Coinsurance after deductible
Primary doctor: 50%
Coinsurance after deductible
Specialist doctor: 50%
Coinsurance after deductible

Estimated total yearly costs

ESTIMATE TOTAL
YEARLY COSTS

Medical providers &
prescription drugs
covered

SEE IF PROVIDERS
& DRUGS ARE
COVERED

QUICK VIEW

DETAILS

COMPARE

LIKE THIS PLAN

Cigna Healthcare · Cigna Connect 6650

Bronze | HMO | Plan ID: 53882L0040002

Estimated monthly premium

\$159.92

Was: \$296.58

Deductible

\$6,650

Individual Total

Out-of-pocket maximum

\$7,350

Individual Total

Copayments /
Coinsurance

Emergency room care: 50%
Coinsurance after deductible
Generic drugs: \$10
Primary doctor: \$25/50%
Coinsurance after deductible
Specialist doctor: 50%
Coinsurance after deductible

Estimated total yearly costs

ESTIMATE TOTAL
YEARLY COSTS

Medical providers &
prescription drugs
covered

SEE IF PROVIDERS
& DRUGS ARE
COVERED

Understanding Consumers Tradeoffs

1. Bronze vs. Silver

Total Health Care USA, Inc. - Total Saver Complete

Bronze | HMO | Plan ID: 67183MI0030006

Estimated monthly premium \$60.89 <small>Was: \$194.11</small>	Deductible \$7,150 <small>Individual Total</small>	Out-of-pocket maximum \$7,150 <small>Individual Total</small>	Copayments / Coinsurance Emergency room care: No Charge After Deductible Generic drugs: No Charge After Deductible Primary doctor: No Charge After Deductible Specialist doctor: No Charge After Deductible	Medical providers & prescription drugs covered 0 medical providers covered EDIT
--	--	---	--	--

VS

Total Health Care USA, Inc. - Totally You - Value

Silver | HMO | Plan ID: 67183MI0030007

Estimated monthly premium \$107.38 <small>Was: \$264.73</small>	Deductible \$3,000 <small>Individual Total</small>	Out-of-pocket maximum \$5,000 <small>Individual Total</small>	Copayments / Coinsurance Emergency room care: 20% Coinsurance after deductible Generic drugs: \$10 Primary doctor: \$20 Specialist doctor: 20% Coinsurance after deductible	Medical providers & prescription drugs covered SEE IF PROVIDERS & DRUGS ARE COVERED
---	--	---	--	---

Understanding Consumers Tradeoffs

2. Paying more to preserve access to providers/Rx

Total Health Care USA, Inc. - Total Saver Complete

Bronze | HMO | Plan ID: 67183MI0030006

Estimated monthly premium \$60.89 Was: \$194.11	Deductible \$7,150 Individual Total	Out-of-pocket maximum \$7,150 Individual Total	Copayments / Coinsurance Emergency room care: No Charge After Deductible Generic drugs: No Charge After Deductible Primary doctor: No Charge After Deductible Specialist doctor: No Charge After Deductible	Medical providers & prescription drugs covered 0 medical providers covered EDIT
---	---	--	--	--

VS

McLaren Health Plan Community - McLaren Bronze

Bronze | HMO | Plan ID: 74917MI0020011

Estimated monthly premium \$102.06 Was: \$235.28	Deductible \$5,500 Individual Total	Out-of-pocket maximum \$7,350 Individual Total	Copayments / Coinsurance Emergency room care: 50% Coinsurance after deductible Generic drugs: \$30 Primary doctor: 50% Coinsurance after deductible Specialist doctor: 50% Coinsurance after deductible	Medical providers & prescription drugs covered 1 medical providers covered EDIT
--	---	--	--	--

Source: healthcare.gov, HMO Louisiana Blue POS

60/40 \$6500 Bronze | Source: healthcare.gov, Total Saver Complete Bronze and McLaren Bronze Plans in Detroit, MI (2018)

Copay 70/50 \$3100 Silver plans in New Orleans, LA

Understanding Consumers Tradeoffs

3. Expensive Plan vs. Bronze + other source of care

Total Health Care USA, Inc. - Total Saver Complete

Bronze | HMO | Plan ID: 67183MI0030006

Estimated monthly premium

\$60.89

Was: \$194.11

Deductible

\$7,150

Individual Total

Out-of-pocket maximum

\$7,150

Individual Total

Copayments / Coinsurance

Emergency room care: No Charge After Deductible

Generic drugs: No Charge After Deductible

Primary doctor: No Charge After Deductible

Specialist doctor: No Charge After Deductible

Medical providers & prescription drugs covered

0 medical providers covered

[EDIT](#)

+



Understanding Consumers Tradeoffs

4. Benefits of coverage vs. going uninsured

Ambetter From Superior HealthPlan · Ambetter Essential Care 1 (2017)

Bronze | EPO | Plan ID: 29418TX0140006

Estimated monthly premium
\$184.96

Deductible
\$6,800
Individual Total

Out-of-pocket maximum
\$6,800
Individual Total

Copayments / Coinsurance

Emergency room care:
No Charge After Deductible
Generic drugs: \$20
Primary doctor: No Charge After Deductible
Specialist doctor: No Charge After Deductible

Preventive Services

Does not apply to most preventive care. Copayments and coinsurance don't count toward the **deductible**.

Negotiated Rates

SERVICE CODE	BB	SUBMITTED CHARGES	ALLOWED AMOUNT
Office visit		\$150.00	\$85.00
Office visit		\$150.00	\$85.00
Laboratory		\$85.00	\$20.00
		\$385.00	\$190.00

Risk for Accidents



Q & A Session 1

2016 health insurance plans & prices

People covered: Primary (Age 37)



36 plans available

SORT BY

Premium

PLAN TYPE

Health plans

Live Plan Selection Demonstration via healthcare.gov

SCENARIO 1: Jennifer



Applicant(s) (age): Jennifer (32)

Location: Austin, TX
Travis County

Zip Code: 78724

Annual Income: \$30,000

Health Status?	Mostly healthy
Doctors/Providers?	No
Prescription Drugs?	No
Other Priorities?	Mostly concerned about cost

healthcare.gov Plan Browsing

HealthCare.gov

Log in | Español

See plans & prices

Preview 2019 plans and estimated prices

You can browse plans here whether you qualify for a Special Enrollment Period or not. After you browse plans, we'll send you to log in or create an account if you want to apply for and enroll in a 2019 plan.

Open Enrollment for 2019 coverage is over

You can enroll only if you qualify for a Special Enrollment Period or for coverage through Medicaid or the Children's Health Insurance Program (CHIP).

Enter your ZIP Code & choose your location:

Example: 60647

Continue

Looking for [2018 plans and prices?](#)

Marketplace Plan Comparison Worksheet

Marketplace Plan Comparison Worksheet

Applicant Name: APTC (monthly): Date:
 # of people in the plan: Eligible for cost-sharing reductions? No 73% AV 87% AV 94% AV

	Option 1 (or Current Plan)	Option 2	Option 3
--	----------------------------	----------	----------

	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)						
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>						
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:						

Prescription drugs

SCENARIO 1: Jennifer

	Plan 1		Plan 2		Plan 3	
Insurance company						
Health plan name						
Metal level/Network Type						
Monthly premium <i>(after tax credit)</i>						
Deductible (in-network/out-of-network)						
OOP Maximum (in-network/out-of-network)						
Copay	Deductible applies?		Deductible applies?		Deductible applies?	
Primary Care Provider						
Specialist Visit						
Rx Tier 1						
Rx Tier 2						
Rx Tier 3						
Rx Tier 4						
Emergency Room Visit						
Inpatient Hospital Stay						
Other Service:						
Other Service:						
Health Care Providers	In Network/Covered?		In Network/Covered?		In Network/Covered?	
Provider/Rx:						
Provider/Rx:						
Provider/Rx:						66

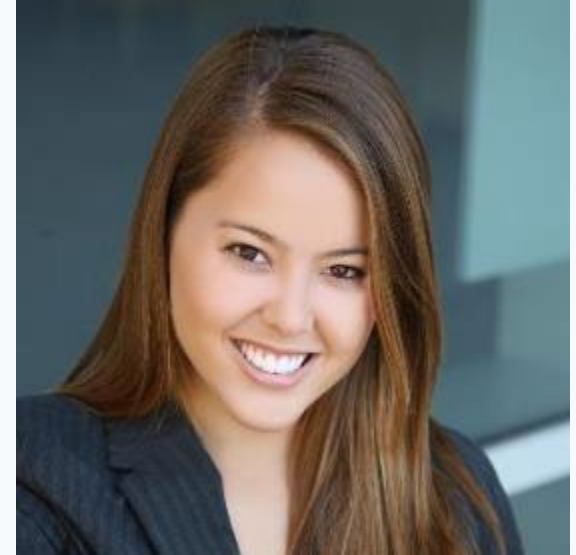
SCENARIO 1: Jennifer

	Plan 1		Plan 2		Plan 3	
Insurance company	Oscar		Sendero Health Care		Oscar	
Health plan name	Simple Bronze		IdealCare Essential		Saver Silver HSA	
Metal level/Network Type	Bronze EPO		Bronze HMO		Silver EPO	
Monthly premium <i>(after tax credit)</i>	\$105.52		\$154.52		\$255.67	
Deductible (in-network/out-of-network)	\$7,900		\$7,900		\$3,000	
OOP Maximum (in-network/out-of-network)	\$7,900		\$7,900		\$6,650	
Copay	Deductible applies?		Deductible applies?		Deductible applies?	
Primary Care Provider	No charge	✓	\$25		40%	✓
Specialist Visit	No charge	✓	\$75		40%	✓
Rx Tier 1	No charge	✓	No charge	✓	40%	✓
Rx Tier 2	No charge	✓	No charge	✓	40%	✓
Rx Tier 3	No charge	✓	No charge	✓	40%	✓
Rx Tier 4	No charge	✓	No charge	✓	40%	✓
Emergency Room Visit	No charge	✓	No charge	✓	40%	✓
Inpatient Hospital Stay	No charge	✓	No charge	✓	40%	✓
Other Service:						
Other Service:						
Health Care Providers	In Network/Covered?		In Network/Covered?		In Network/Covered?	
Provider/Rx:						
Provider/Rx:						
Provider/Rx:						67

SCENARIO 1: Jennifer

Identifying Jennifer's priorities:

- Cheapest monthly payment?
- Manageable deductible/copays
- Having first dollar coverage?



SCENARIO 2: Jim and Michelle



Applicant(s) (age): Jim (52), Michelle (45)

Location: Pittsburgh, PA
Allegheny County

Zip Code: 15222

Annual Income: \$24,000

Health Status?	Jim has diabetes
Prescription Drugs?	Jim takes Metformin (500 mg)
Doctors/Providers?	Michelle sees Dr. Sonia Aneja (OB/Gyn)
Other considerations?	Jim gets frequent lab work

SCENARIO 2: Jim and Michelle

	Plan 1		Plan 2		Plan 3	
Insurance company						
Health plan name						
Metal level/Network Type						
Monthly premium <i>(after tax credit)</i>						
Deductible (in-network/out-of-network)						
OOP Maximum (in-network/out-of-network)						
Copay	Deductible applies?		Deductible applies?		Deductible applies?	
Primary Care Provider						
Specialist Visit						
Rx Tier 1						
Rx Tier 2						
Rx Tier 3						
Rx Tier 4						
Emergency Room Visit						
Inpatient Hospital Stay						
Other Service: Laboratory Services						
Other Service:						
Health Care Providers	In Network/Covered?		In Network/Covered?		In Network/Covered?	
Provider/Rx: Dr. Aneja						
Provider/Rx: Metformin 500 mg						
Provider/Rx:						70

SCENARIO 2: Jim and Michelle

	Plan 1	Plan 2	Plan 3
Insurance company	UPMC Health Plan	UPMC Health Plan	Highmark BCBS
Health plan name	Advantage \$175/\$5 Partner	Advantage \$0/\$10 Partner	My Direct Blue Extra Savings
Metal level/Network Type	Silver EPO	Silver EPO	Silver HMO
Monthly premium <i>(after tax credit)</i>	\$65.67	\$79.73	\$472.55
Deductible (in-network/out-of-network)	\$350	\$0	\$200
OOP Maximum (in-network/out-of-network)	\$2,500	\$2,000	\$2,000
Copay	Deductible applies?	Deductible applies?	Deductible applies?
Primary Care Provider	\$5	\$10	10% ✓
Specialist Visit	\$15	\$30	10% ✓
Rx Tier 1	\$2	\$2	10% ✓
Rx Tier 2	\$15	\$15	10% ✓
Rx Tier 3	\$45	\$45	10% ✓
Rx Tier 4	50%	50%	10% ✓
Emergency Room Visit	\$75	\$100	10% ✓
Inpatient Hospital Stay	No charge ✓	\$250/stay	10% ✓
Other Service: Laboratory Services	\$10	\$15	10% ✓
Other Service:			
Health Care Providers	In Network/Covered?	In Network/Covered?	In Network/Covered?
Provider/Rx: Dr. Aneja	✗	✗	✓
Provider/Rx: Metformin 500 mg	Yes (Tier 1)	Yes (Tier 1)	Yes (Tier 1)
Provider/Rx:			71

SCENARIO 2: Jim and Michelle

Identifying Jim and Michelle's priorities:

- Cheapest monthly payment?
- Manageable deductible/copays
- Having first dollar coverage?
- **Current doctor in network?**
- **Prescription drug(s) covered/cost?**
- **Best plan for health needs/condition?**



SCENARIO 3: Rodriguez Family



Applicant(s) (age): Marco (43), Maria (43),
Mariela (19)

Location: Orlando, FL
Orange County

Zip Code: 32824

Annual Income: \$36,000

Health Status?	Mariela has asthma
Doctors/Providers?	Mariela sees Dr. Yasmeeen Gowani (Pulmonologist)
Prescription Drugs?	Mariela takes Advair (0.5 MG inhaler)
Other Health Needs/Issues?	Marco is considering procedure at Halifax Medical Center

SCENARIO 3: Rodriguez Family

	Plan 1		Plan 2		Plan 3	
Insurance company						
Health plan name						
Metal level/Network Type						
Monthly premium <i>(after tax credit)</i>						
Deductible (in-network/out-of-network)						
OOP Maximum (in-network/out-of-network)						
Copay	Deductible applies?		Deductible applies?		Deductible applies?	
Primary Care Provider						
Specialist Visit						
Rx Tier 1						
Rx Tier 2						
Rx Tier 3						
Rx Tier 4						
Emergency Room Visit						
Inpatient Hospital Stay						
Other Service:						
Other Service:						
Health Care Providers	In Network/Covered?		In Network/Covered?		In Network/Covered?	
Provider/Rx: Dr. Yasmeen Gowani						
Provider/Rx: Halifax Medical Center						
Provider/Rx: Advair 60 0.1mg/0.05						

SCENARIO 3: Rodriguez Family

	Plan 1	Plan 2	Plan 3
Insurance company	BCBS of Florida	BCBS of Florida	Ambetter
Health plan name	myBlue Bronze 1711S	myBlue Silver 1604	Balanced Care 11 (2019)
Metal level/Network Type	Bronze HMO	Silver HMO	Silver EPO
Monthly premium <i>(after tax credit)</i>	\$0.00	\$189.48	\$210.51
Deductible (in-network/out-of-network)	\$13,300	\$0	\$0
OOP Maximum (in-network/out-of-network)	\$15,800	\$5,200	\$5,200
Copay	Deductible applies?	Deductible applies?	Deductible applies?
Primary Care Provider	\$35	\$15	\$7
Specialist Visit	\$75	\$35	\$10
Rx Tier 1	\$35	\$22	\$7
Rx Tier 2	40% ✓	\$47	\$30
Rx Tier 3	45% ✓	50%	40%
Rx Tier 4	45% ✓	50%	40%
Emergency Room Visit	40% ✓	\$600	40%
Inpatient Hospital Stay	40% ✓	40%	40%
Other Service:			
Other Service:			
Health Care Providers	In Network/Covered?	In Network/Covered?	In Network/Covered?
Provider/Rx: Dr. Yasmeen Gowani	✓	✓	✓
Provider/Rx: Halifax Medical Center	✗	✗	✓
Provider/Rx: Advair 60 0.1mg/0.05	Yes (Tier 2)	Yes (Tier 2)	Yes (Tier 2)

SCENARIO 3: Rodriguez Family

Plan 1		
Insurance company	BCBS of Florida	
Health plan name	myBlue Bronze 1711S	
Metal level/Network Type	Bronze HMO	
Monthly premium <i>(after tax credit)</i>	\$0.00	
Deductible (in-network/out-of-network)	\$13,300	
OOP Maximum (in-network/out-of-network)	\$15,800	
Copay	Deductible applies?	
Primary Care Provider	\$35	
Specialist Visit	\$75	
Rx Tier 1	\$35	
Rx Tier 2	40%	✓
Rx Tier 3	45%	✓
Rx Tier 4	45%	✓
Emergency Room Visit	40%	✓
Inpatient Hospital Stay	40%	✓
Other Service:		
Other Service:		
Health Care Providers	In Network/Covered?	
Provider/Rx: Dr. Yasmeen Gowani	✓	
Provider/Rx: Halifax Medical Center	✗	
Provider/Rx: Advair 60 0.1mg/0.05	Yes (Tier 2)	

Plan 2		
Ambetter		
Balanced Care 11 (2019)		
Silver EPO		
\$210.51		
\$0		
\$5,200		
Deductible applies?		
\$7		
\$10		
\$7		
\$30		
40%		
40%		
40%		
40%		
40%		
In Network/Covered?		
✓		
✓		
Yes (Tier 2) ⁷⁶		

SCENARIO 3: Rodriguez Family

Plan 1		
Insurance company	BCBS of Florida	
Health plan name	myBlue Bronze 1711S	
Metal level/Network Type	Bronze HMO	
Monthly premium <i>(after tax credit)</i>	\$0.00	
Deductible (in-network/out-of-network)	\$13,300	
OOP Maximum (in-network/out-of-network)	\$15,800	
Copay	Deductible applies?	
Primary Care Provider	\$35	
Specialist Visit	\$75	
Rx Tier 1	\$35	
Rx Tier 2	40%	✓
Rx Tier 3	45%	✓
Rx Tier 4	45%	✓
Emergency Room Visit	40%	✓
Inpatient Hospital Stay	40%	✓
Other Service:		
In Network/Covered?		
	✓	
	✘	
	Yes (Tier 2)	

Annual Cost	Annual Cost
\$0	\$2,526
\$175	\$35
\$375	\$50
\$1,050	\$90
\$5,000	\$2,000
\$6,600	\$4,701

Plan 2	
Ambetter	
Balanced Care 11 (2019)	
Silver EPO	
\$210.51	
\$0	
\$5,200	
Deductible applies?	
\$7	
\$10	
\$7	
\$30	
40%	
40%	
40%	
40%	
40%	
In Network/Covered?	
✓	
✓	
Yes (Tier 2)	

5 primary care visits (\$100 each)

5 specialist visits (\$150 each)

3 prescriptions (\$350 each)

4-day hospital stay for surgery (\$5000)

SCENARIO 3: Rodriguez Family

Identifying Jim and Michelle's priorities:

- Cheapest monthly payment?
- Manageable deductible/copays
- Having first dollar coverage?
- Current doctor in network?
- Prescription drug(s) covered/cost?
- Best plan for health needs/condition?
- **Hospital or facility in network?**
- **Lowest estimated annual OOP cost based on consumer's needs**



Q & A Session 2

The Right Fit Presentation Evaluation

Thank you for participating in The Right Fit: Helping Consumers Navigate the Plan Selection Process. We welcome your feedback to help us improve these presentations in the future.

* Required

Your State *

Choose ▾

How confident were you in your ability to help consumers select a plan (BEFORE the presentation)? *

2 3 4 5 6 7 8 9
Not Confident ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ Very Confident

How confident are you in your ability to help consumers select a plan (AFTER the presentation)? *

2 3 4 5 6 7 8 9 10

The Right Fit: Evaluation

<https://tinyurl.com/2019RightFitEval>

The Right Fit: Evaluation

Q1: On a scale of 1 to 10, how confident were you in your ability to assist consumers in selecting a plan (BEFORE the presentation?)

(1 = not confident, 10 = very confident)

<https://tinyurl.com/2019RightFitEval>

The Right Fit: Evaluation

Q2: On a scale of 1 to 10, how confident are you in your ability to assist consumers in selecting a plan (AFTER the presentation?)

(1 = not confident, 10 = very confident)

<https://tinyurl.com/2019RightFitEval>

The Right Fit: Evaluation

Q3: What plan selection topics do you think were missing and should be added to the presentation?

Q4: What topics were not useful and should be removed from the presentation?

Q5: What topics were not explained well enough and needed more time/focus?

<https://tinyurl.com/2019RightFitEval>

The Right Fit: Evaluation

Q6: On a scale of 1 to 10, how would you rate the CONTENT of the training?

Q7: On a scale of 1 to 10, how would you rate the presenter's DELIVERY of the training?

<https://tinyurl.com/2019RightFitEval>

GOOD LUCK IN OEP 7!!!



Contact Information

Dave Chandrasekaran
Health Policy Consultant
dave.chandrasekaran@gmail.com
Washington, DC

Upcoming CBPP Webinars

Immigrant Eligibility for Health Coverage Programs

- Tuesday, October 22 | 2 pm ET (11 am PT)

Working with Immigrants: What Consumer Enrollment Assistance Providers Need to Know Now

- Tuesday, October 29 | 2 pm ET (11 am PT)

Best Practices When Assisting People with Disabilities Enroll in Health Coverage

- Thursday, October 31 | 2 pm ET (11 am PT)

Question? Contact us at beyondthebasics@cbpp.org

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Register for webinars at www.healthreformbeyondthebasics.org/events