

2017 Open Enrollment for Health Insurance in Central Oregon

Produced by - High Desert Insurance and Financial Services
For the Exclusive use of our Clients and Agents

Index of Information

- ▶ Take a deep breath - We can help you! page 3
- ▶ Carriers available and critical dates pages 4-5
- ▶ What do I qualify for based on my income? Pages 6-9
- ▶ Important terms you need to know Pages 10-12
- ▶ Standardized Plans, description, details, rates Pages 13-19
- ▶ If I receive a supplement, what next? Page 20
- ▶ What is the penalty for NOT having health coverage? Page 21
- ▶ Key contact phone #'s you need to know Page 22

2017 Open Enrollment - *“Take a deep breath”*

- ▶ All Central Oregon Residents are facing the same decisions and challenges regarding the availability and affordability of Health Insurance for 2017.
- ▶ The good news is that High Desert Insurance is well-versed in all the changes and options available for 2017 and WE CAN HELP YOU!
- ▶ There is NO cost to you to use our agency, and we look forward to helping you and your family navigate this Open Enrollment period and select the best health insurance options available.

Carriers Available in Central Oregon in 2017

- ▶ PacificSource Health Plans - Marketplace AND Direct Enrollment
- ▶ Providence Health Plans - Marketplace AND Direct
- ▶ Regence Blue Cross Blue Shield of Oregon - Direct Enrollment ONLY
- ▶ BridgeSpan Health - Marketplace Enrollment ONLY
- ▶ Atrio Health Plans - Marketplace AND Direct Enrollment

Open Enrollment Details

- ▶ Open Enrollment begins 11/1/2016 and ends on 01/31/2017.
- ▶ Last day to purchase coverage for a January 1st effective date is 12/15/2016.
- ▶ Last day to purchase coverage for a February 1st Effective date is 1/15/2017.
- ▶ Last day to purchase coverage for a March 1st effective date is 1/31/2017.

There Are 3 Ways to Obtain Health Insurance in 2017

- ▶ 1. **Oregon Health Plan - Medicaid** - If your household income is below certain levels (see next slide), you may qualify for FREE coverage through the OHP. Sometimes your children may qualify for CHIP (part of OHP) even if the parents do not. We cannot help you with access to OHP, please call Health Beginnings at 541-383-6357.
- ▶ 2. **Subsidized Coverage through the Federal Marketplace** - If your household income is above the OHP threshold, but below certain other levels (see slide #7 for these levels), you may qualify for premium assistance in the form of advanced payment of tax credits from the federal government. If you fall into this category you may also qualify for “cost sharing” that reduces your deductible and some other features of your plan. This applies to SILVER plans ONLY.
- ▶ 3. **Purchase Direct from the Health Insurance Carriers** - If your household income is above the thresholds for subsidized coverage, you may apply directly to the Health Insurance Carrier, and can avoid working with the Federal Marketplace.

Anticipated Household Income for 2017

- ▶ It is **CRITICAL** that you know your anticipated household income for 2017 in order to properly determine the best coverage options for your family.
- ▶ Every income earner in your household will need to provide their income on an hourly, monthly, or annual basis.
- ▶ We **CANNOT** help you with this process. If you need to seek the counsel of your tax advisor before meeting with us, please do so.

Income Qualification for Oregon Health Plan

- ▶ - If your household income is below:
 - ▶ \$16,394 for a 1-person household
 - ▶ \$22,108 for a 2-person household
 - ▶ \$27,821 for a 3-person household
 - ▶ \$33,534 for a 4-person household
- You may be eligible for the Oregon Health Plan/Medicaid.
- Please contact Health Beginnings at 541-383-6357, to schedule an appointment to discuss enrollment in OHP.

Approximate Income Levels for Subsidized Coverage

- ▶ Depending on your household income level, you *MAY* qualify for subsidized coverage through the Federal Marketplace in the form of Advanced Payment of Tax Credits. The income levels are below.
 - ▶ \$47,520 for a 1-person household
 - ▶ \$64,080 for a 2-person household
 - ▶ \$80,640 for a 3-person household
 - ▶ \$97,200 for a 4-person household
 - ▶ \$113,760 for a 5-person household
 - ▶ \$130,320 for a 6-person household

Important Insurance Terms You Need to Know

- ▶ **Deductible:** The amount you pay for health care services before your health insurance or plan begins to pay within a benefit year. Not all of out-of-pocket payments you make count toward reaching the deductible (co-pays for Dr. Office visits for example). *For most Gold and Silver plans, this is usually for inpatient, hospital, and ambulatory outpatient charges/procedures.* Plans vary - read your Summary of Benefits and Coverage.
- ▶ **Co-insurance:** Your share of the costs of a covered health care service, after you pay your deductible. Calculates as a percent of the allowed amount for the service.
- ▶ **Co-payment or Co-pay:** An amount you will be required to pay for covered services, like a Dr. office visit, specialist visit, or urgent care visit. A co-payment is usually a set amount, rather than a percentage.

Important Insurance Terms You Need to Know

- ▶ **Preventative Services**: These are benefits that are mandated by the Affordable Care Act and included in ALL plans. They are routine health care services including screenings, check-ups, and patient counseling to prevent illnesses, disease or other health problems or to detect illness at an early stage when treatment is likely to work best. This can include services like flu shots, vaccines, colonoscopy's and screenings, depending on what is recommended for you.
- ▶ **Out of Pocket Maximum**: The most you pay during a policy period (usually a calendar year) before your plan starts to pay 100% for covered essential health benefits. This limit includes deductibles, co-insurance, copayments, or similar charges and any other expenditure required of an individual for qualified medical expense.

Important Insurance Terms You Need to Know

- ▶ **Network**: The facilities, providers and suppliers your health insurer has contract with to provide health care services. Contact your insurance company to find out which providers are “in-network” and “out-of-network”; it will cost you more to see an out-of-network provider.
- ▶ **Premium**: The amount you pay for your health insurance or plan. You usually pay it monthly or quarterly. It does NOT count toward your deductible, your co-payment, or your co-insurance. If you don't pay your premium you could lose your coverage. If your coverage lapses during 2017 for non-payment you are NOT eligible to reapply until the open enrollment period for the 2018 coverage year.

Oregon Standardized Health Plans for 2017

- ▶ “Standardized plans” means all companies offer the same benefits, which are mandated by the state of Oregon.
- ▶ ONLY Standardized plans will be available in Central Oregon. ALL carriers offering coverage in Central Oregon will be offering ONLY Standardize plans in 2017.
- ▶ If you have had a “Balance”, “Choice”, or “Beacon” plan in the past you will be automatically moved to the most similar Standard Plan that the carrier has available.
- ▶ NONE of the Standardized plans provide pediatric dental. However you are required to carry this coverage if you have children in your household. We have supplemental dental plans available, please ask.
- ▶ Benefit highlights of the Standard Medal Plans Gold, Silver and Bronze are on the slides that follow.

Oregon Standard Gold Plans - Coverage Highlights

- ▶ Gold plans are the most expensive and have the lowest out of pocket costs. They are designed to pay 78% of your medical costs. Highlights include:
- ▶ \$1,000/person, \$2,000/family deductible (this does NOT apply to preventative care, office visits, or urgent care visits).
- ▶ Yearly out of pocket limit of \$6,850/person, \$13,700/family per year.
- ▶ Co-insurance of 20% after deductible
- ▶ Co-pays for primary care office visits of \$20/visit, specialists visits are \$40
- ▶ Urgent Care visits are a \$60 co-pay.
- ▶ Prescription drugs are \$10/generic, \$30 for preferred name brand medications, and 50% for non-preferred and specialty medication

Premium Comparisons for 2017 Standard Gold Plans - Non Tobacco User

▶ <u>Company Name</u>	<u>Age 21</u>	<u>Age 40</u>	<u>Age 60</u>
▶ Atrio HP	\$422	\$539	\$1,144
▶ BridgeSpan	\$448	\$572	\$1,215
▶ PacificSource HP	\$434	\$555	\$1,178
▶ Providence HP	\$433	\$554	\$1,176
▶ Regence BCBS of OR	N/A	N/A	N/A

Oregon Standard Silver Plans - Coverage Highlights

- ▶ Silver plans are the “middle of the road” in terms of cost and out of pocket costs. They are designed to pay 68% of your medical costs. Highlights include:
- ▶ \$2,500/person, \$5,000/family deductible per year (this does NOT apply to preventative care, office visits, or urgent care visits).
- ▶ Co-insurance of 30% after deductible
- ▶ Yearly out of pocket limit of \$6,850/person, \$13,700/family per year.
- ▶ Co-pays for primary care office visits of \$35/visit, specialists visits are \$70
- ▶ Urgent Care visits are a \$70 co-pay.
- ▶ Prescription drugs are \$15/generic, \$50 for preferred name brand medications, and 50% for non-preferred and specialty medication.
- ▶ Depending on your household income you MAY qualify for additional cost sharing options to lower your deductible - This is ONLY available on Silver plans

Premium Comparisons for 2017 Standard Silver Plans - Non Tobacco User

▶ <u>Company Name</u>	<u>Age 21</u>	<u>Age 40</u>	<u>Age 60</u>
▶ Atrio HP	\$357	\$457	\$970
▶ BridgeSpan	\$357	\$457	\$970
▶ PacificSource HP	\$349	\$446	\$946
▶ Providence HP	\$357	\$457	\$970
▶ Regence BCBS of OR	\$344	\$439	\$933

Oregon Standard Bronze Plans - Coverage Highlights

- ▶ Bronze plans are the lowest cost plans and have the highest out of pocket costs. They are designed to pay 58% of your medical costs. Highlights include:
- ▶ \$7,150/person, \$14,300/family deductible per year (this does NOT apply to preventative care, office visits, or urgent care)
- ▶ Co-insurance of 0% after deductible
- ▶ Yearly out of pocket limit of \$7,150/person, \$14,300/family per year.
- ▶ Co-pays for primary care office visits of \$70/visit, specialists visits are \$115
- ▶ Urgent Care visits are a \$100 co-pay.
- ▶ Prescription drugs are \$35/generic. All other prescription drugs are subject to deductible and paid in full AFTER deductible.

Premium Comparisons for 2017 Standard Bronze Plans - Non Tobacco User

▶ <u>Company Name</u>	<u>Age 21</u>	<u>Age 40</u>	<u>Age 60</u>
▶ Atrio HP	\$281	\$359	\$762
▶ BridgeSpan	\$292	\$373	\$791
▶ PacificSource HP	\$275	\$351	\$746
▶ Providence HP	\$291	\$372	\$791
▶ Regence BCBS of OR	\$280	\$358	\$761

If You Are Receiving a Supplement to Pay Your Premium YOU MUST:

- ▶ Set up or access your current account with the federal marketplace at www.healthcare.gov.
- ▶ You will be asked to create a user name, and password, it is VERY IMPORTANT to write these down and keep them available.
- ▶ You will need to contact the insurance company to make your initial payment. It can take several days for them to have you loaded in their system, but **YOU MUST make a payment before coverage is put into force.**
- ▶ Watch your email carefully for information and updates from the Marketplace/Healthcare.gov. You MUST respond to their inquiries and requests for information or risk losing your subsidy and coverage.

Shared Responsibility Payment - Penalty for NOT Having Health Insurance in 2017

- ▶ The Penalty for NOT having Health Insurance in 2017 is called a Shared Responsibility Payment.
- ▶ The Shared Responsibility Payment is the **HIGHER** of:
 - ▶ 2.5% of your Household Income
 - ▶ OR
 - ▶ \$695/adult + \$347.50/child under 18.

Key Contact Phone #'s

- ▶ Federal Marketplace/Health Care.gov - 800-318-2596
- ▶ Providence Health Plans - Payments = 888-816-1300 -
Customer Service = 800-878-4445.
- ▶ PacificSource Health Plans - 888-977-9299
- ▶ Regence Blue Cross Blue Shield of Oregon - 888-675-6570
- ▶ BridgeSpan - 855-857-9943.
- ▶ Atrio Health Plans - 877-672-8620