Federally Facilitated Marketplace and IFP Portfolios for 2015

Vicki Major
Health Net

Presentation for
IFP Brokers

Presentation by
Health Net of Arizona Inc. and Health Net Life Insurance Company (Health Net)

Health Net®

2015 Overview

Objectives

- HMO
  - Continue to be highly competitive.
  - Streamline CommunityCare plan portfolio.
  - One plan per metal tier.
- PPO
  - Continue PPO plan portfolio with minor changes in Silver cost share-reductions (CSRs).

What's New

- Federal Mental Health Parity (FMHP) – Any mental health cost-share must equal the medical cost-share.
- Telemedicine
- CommunityCare
  - Discontinued 10 plans and created 3 new plans for 2015 – Platinum, Gold and Silver.
  - No longer use "Open Access" or "HSA" terms in plan names.

Please note: Throughout this presentation, Individual & Family Plans (IFP) refers to plans purchased directly from Health Net, not through the Federally Facilitated Marketplace (FFM), including mirrored-platform FFM plans.

2015 FFM and IFP – Statewide PPO

We've filed 32 statewide PPO plans in 15 counties.

- Counties served: Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, and Yuma
- FFM with Pediatric Dental: 3 Platinum, 3 Gold, 1 Silver , 1 Bronze
- IFP with Pediatric Dental: 3 Platinum, 3 Gold, 1 Silver, 1 Bronze
- FFM without Pediatric Dental: 3 Platinum, 3 Gold, 1 Silver, 1 Bronze
- IFP without Pediatric Dental: 3 Platinum, 3 Gold, 1 Silver, 1 Bronze

2015 FFM and IFP – CommunityCare HMO

We've filed 18 CommunityCare HMO plans (reduced from 36 in 2014) in 3 counties.

- Counties served: Maricopa, Pima, Pinal
- FFM with Pediatric Dental: 1 Platinum, 1 Gold, 1 Silver, 1 Bronze, 1 Catastrophic
- IFP with Pediatric Dental: 1 Platinum, 1 Gold, 1 Silver, 1 Bronze
- FFM without Pediatric Dental: 1 Platinum, 1 Gold, 1 Silver, 1 Bronze, 1 Catastrophic
- IFP without Pediatric Dental: 1 Platinum, 1 Gold, 1 Silver, 1 Bronze

New 2015 CommunityCare HMO plans

- Platinum $15/$30/$3,000 with and without Pediatric Dental
- Gold $30/$60/$6,000/$375 with and without Pediatric Dental
- Silver $30/$50/$4,500 with and without Pediatric Dental

Health Net

2015 FFM and IFP Plan Changes

Discontinued 2014 plans – CommunityCare HMO Open Access

- Platinum $15/$30/$3,000
- Platinum $20/$40/$2,000
- Platinum $20/$40/$4,000
- Gold $30/$60/$6,000/$500
- Gold $30/$60/$6,000/$750
- Gold $25/$50/$5,000/$600
- Silver $45/$65/$1,500
- Silver $30/$50/$2,000
- Silver 20%/20%/$2,000
- Bronze 40%/40%/$3,500 (HSA)

Plan name changes

- Removed “Open Access” from all CommunityCare plans
- Added “with Pediatric Dental” or “without Pediatric Dental”
- Replaced “$750” with “$375” for the CommunityCare HMO Gold plan
- Removed “HSA” from plan names on HMO and PPO

Health Net®

2015 FFM and IFP Plans (1/1/15 availability)

Portfolio Strategy: Offer streamlined, affordable plans that are easy for consumers to understand and easy for brokers to manage.

CommunityCare HMO Open Access: Low-cost plans for individuals and families in Maricopa, Pima and Pinal counties seeking the best value in HMO coverage. Offers a streamlined choice of one benefit plan per metal tier.

Platinum – New

$15/$30/$3,000/$375

Changes from 2014:
- **Deductible increased to $200/$400**
- **Inpatient copay reduced to $375/day**
- **Medical coinsurance reduced to 10%**

Gold – New

$30/$60/$6,000/$375

Changes from 2014:
- **Deductible increased to $450/$900**
- **Inpatient copay reduced to $375/day**
- **Medical coinsurance reduced to 10%**

Silver – New

$30/$50/$6,350/20%

(CSR and Tribal on IEX)

Changes from 2014:
- **Deductible increased to $4,500/$9,000**
- **Rx brand deductible reduced to $100**

Bronze – Renewing

40%/40%/$6,000/$5,000

(HSA Embedded)

Basic/Catastrophic – Renewing

0%/0%/$6,350/$6,350

No changes from 2014

PCP/SP/Individual OOPM/IP

PPO: Competitively priced statewide PPO plans for individuals and families, offering the most flexibility in terms of provider choice and access. Minor changes from 2014 including FMHP, Pediatric Dental, and Silver CSR cost-shares.

Platinum – Renewing

1) $15/$30/$1,500/20%
2) $15/$30/$1,250/20%
3) $15/$30/$1,750/20%

Gold – Renewing

1) $25/$50/$4,000/30%
2) $25/$50/$4,000/30%
3) $25/$50/$3,500/30%

Silver – Renewing

1) 30%/30%/$6,350/30%

(HSA Aggregate/Comprehensive)

(CSR and Tribal on FFM)

Bronze – Renewing

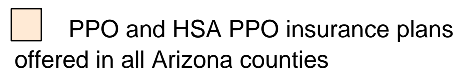
1) 50%/50%/$6,350/$5,500

2015 FFM and IFP Plans – Supplemental Coverage

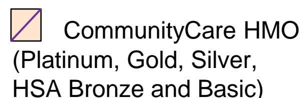
- **Pediatric Vision *(included in every plan)*:** Medically necessary vision services and supplies are covered for children up to age 19 as described below.
  - Routine eye exams (separate office visit) limit: 1 per year (exam and hardware).
  - Lenses limit: 1 pair per year.
  - Provider selected frames limit: 1 per year.
  - Contact lenses limit: 1 per year in lieu of eyeglasses coverage for medically necessary glasses.
- **Pediatric Dental *(optional buy up)* 100/50/50/50**: Pediatric Dental Services for children up to the age of 19 are covered.
  - 1 exam every six (6) months.
  - Diagnostic & Preventive Services.
  - Basic Services – Dental deductible applies.
  - Major Services – Dental deductible applies.
  - Medically Necessary Orthodontics – Dental deductible applies.
- **Adult Dental/Vision:** No changes to benefits; offering will remain the same. Only one offering each of Adult Dental and Adult Vision.
  - These plans would cover adults 19 and older only..
  - The adult buy-up dental/ vision rates will be reflected separately. Adult buy-up dental plans will not cross-accumulate to the OOPM.

2015 FFM and IFP

Network:



PPO and HSA PPO insurance plans offered in all Arizona counties



CommunityCare HMO (Platinum, Gold, Silver, HSA Bronze and Basic)

Apache
Cochise
Coconino
Gila
Graham
Greenlee
La Paz
Maricopa
Mohave
Navajo
Pima
Pinal
Santa Cruz
Yavapai
Yuma

Maricopa
Pima
Pinal

CommunityCare Hospitals

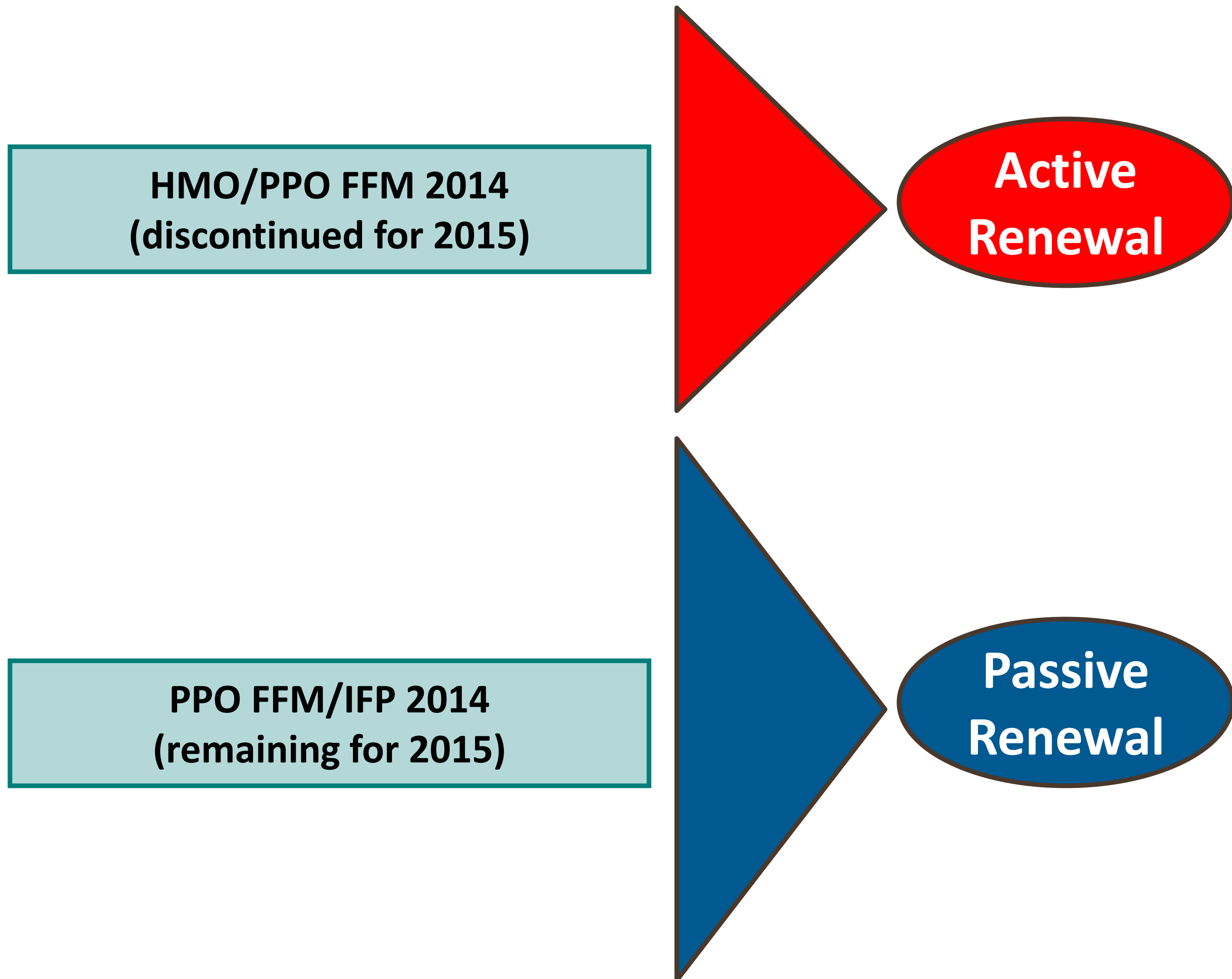
- Arizona Heart Hospital (under Phoenix Baptist)
- Arrowhead Hospital
- Casa Grande Regional Medical Center
- Dignity
- Maryvale Hospital
- Mountain Vista Medical Center
- Phoenix Children's Hospital
- Paradise Valley Hospital
- Phoenix Valley Hospital
- Phoenix Baptist Hospital
- St. Luke's Hospital
- Tempe St. Luke's Hospital (under St. Luke's)
- Tucson Medical Center
- West Valley Hospital

Health Net

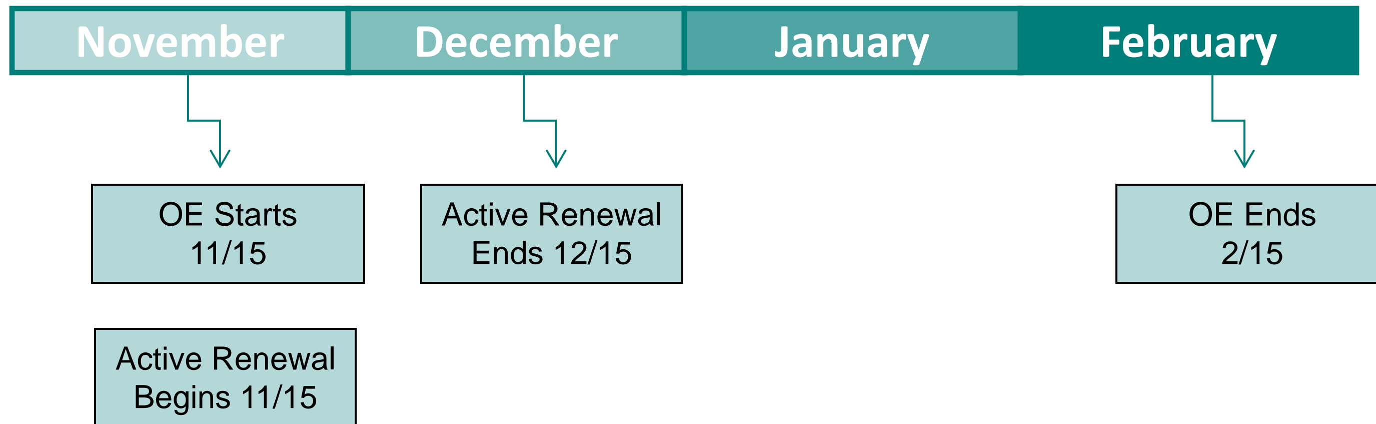
Terminology and Definitions

Terminology	Definition	Consumer Impacted
Active Renewal	When a member accesses the Federally Facilitated Marketplace (FFM) and selects renew. May involve plan or other change(s).	Current/existing member enrolled in 2014 plan
Passive Renewal	Enrolled member does nothing. The FFM automatically sends renewal file enrolling member into same or cross-walked/mapped plan.	Current/existing member enrolled in 2014 plan
Open Enrollment	Defined period of time when an individual is not previously enrolled through the FFM, they may enroll for coverage. Previously enrolled members may also make changes at this time.	New consumers and/or currently enrolled members in 2014 plan
Special Enrollment	Enrollment opportunity for consumers who have had a qualifying event (e.g., job loss, birth of child, life change such as divorce).	New consumers and/or currently enrolled members in 2014 plan
Redetermination	• For renewals, the FFM will call out to IRS and HHS systems to verify income and citizenship/immigration status to determine eligibility for subsidies. • Consumers must provide consent for redetermination. If a subsidized consumer did not provide consent prior to renewal the individual will be auto-renewed into a Silver plan without subsidy.	Subsidized and consumers who did not receive a premium subsidy in 2014

Active and Passive Renewals (2014 to 2015)



Renewal and Open Enrollment Timeline



Open Enrollment Submissions and Cancellations

Open enrollment runs from November 15, 2014, through February 15, 2015. Effective dates for enrollment received during this time would be based on the date the enrollment is submitted.

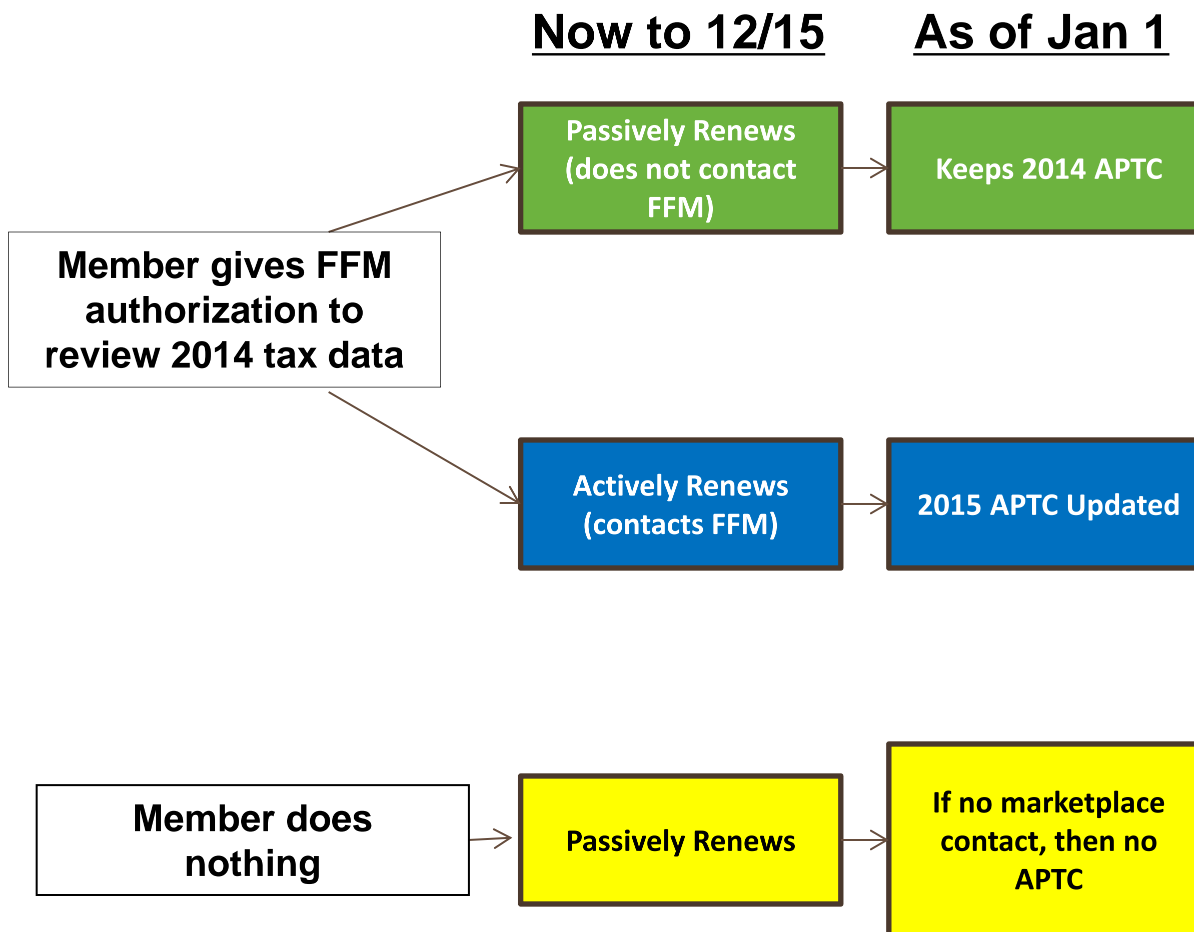
Submission date	Effective date	Payment due date	Cancel for non-payment of binder
11/15/2014–12/15/2014	1/1/2015	12/31/14	1/15/2015
12/16/2014–1/15/2015	2/1/2015	1/31/2015	2/15/2015
1/16/2015–2/15/2015	3/1/2015	2/28/2015	3/15/2015

Redetermination Timing

- The FFM will be unable to provide 2015 Advanced Premium Tax Credit (APTC) and Cost-Share Reduction (CSR) redetermination amounts until AFTER close of open enrollment on December 15, 2014.
- To allow adequate time for billing and payment prior to January 1, 2015, billing statements must run no later than December 18, 2014. Bills will be generated December 18–20, 2014.
- IMPACT
  - Active enrollees processed by December 18, 2014, will receive 2015 APTC/CSR amounts on their January 1, 2015, invoices.
  - Passive enrollees will receive a January 1, 2015, premium invoices reflecting 2014 APTC/CSR subsidy amounts. For their February 1, 2015, invoice, the amount will reflect the premium less subsidy (if applicable), plus any remaining balance or credit due from the January 1, 2015, statement.

Health Net

APTC Member Experience and Redetermination



Our messages to members

Potential tax implications:

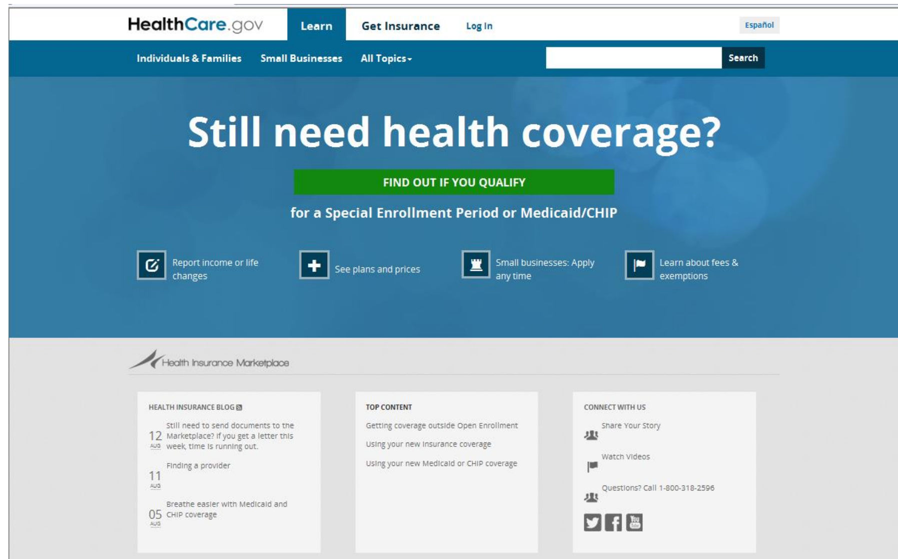
"Update your info through the FFM to be sure you and your family get the correct premium assistance and avoid the 2015 tax implications."

"You're good to go!"

Potential loss of APTC

"To keep your subsidy, be sure to give FFM authorization to review your 2014 tax data."

What Is the Federally Facilitated Marketplace (FFM)?



- The FFM is run by HHS and introduced as:
  - The Federally Facilitated Marketplace (for individual and family coverage).
  - Small Business Health Options Program (SHOP).
- Allows individuals, families and small groups to compare health plans based on price, benefits and value.
- Helps consumers offset plan costs by understanding which subsidies they are eligible for.
- Assist with enrollment.

Health Net

Federally Facilitated Marketplace Overview

Who is Eligible

- Most people will be eligible for health coverage through the FFM.
- To be eligible for health coverage a person must:
  - Live in the United States.
  - Be a U.S. citizen or national (or be lawfully present).
  - Not be currently incarcerated.

Open Enrollment Periods

- 2014 Open Enrollment: CLOSED
- 2015 Open Enrollment: November 15, 2014–February 15, 2015
- 2015 coverage begins: January 1, 2015

Special Enrollment

- Triggered by specific events (loss of coverage, family status change, etc.)
  - Individual can add/change coverage.
  - Lasts 60 days from qualifying event.

Individual Subsidies

- Individuals who meet specific income requirements (generally between 100 to 250 percent of the federal poverty level) will be eligible for federal subsidies to help them purchase coverage.
- A calculator posted on the FFM website helps individuals determine the cost of coverage after subsidies.

Essential Health Benefits (EHB) – What Is Covered?

Every health insurance plan sold in the Marketplace will offer 10 essential health benefits. These **Essential Health Benefits (EHB)** include at least the following:

1. Outpatient care – The kind you get without being admitted to a hospital.
2. Trips to the emergency room.
3. Treatment in the hospital for inpatient care.
4. Care before and after your baby is born.
5. Mental health and substance use disorder services – This includes behavioral health treatment, counseling and psychotherapy.
6. Your prescription drugs.
7. Services and devices to help you recover if you are injured, or have a disability or chronic condition. This includes physical and occupational therapy, speech-language pathology, psychiatric rehabilitation, and more.
8. Your lab tests.
9. Preventive services including counseling, screenings and vaccines to keep you healthy and care for managing a chronic disease.
10. Pediatric services – This includes dental care and vision care for kids.

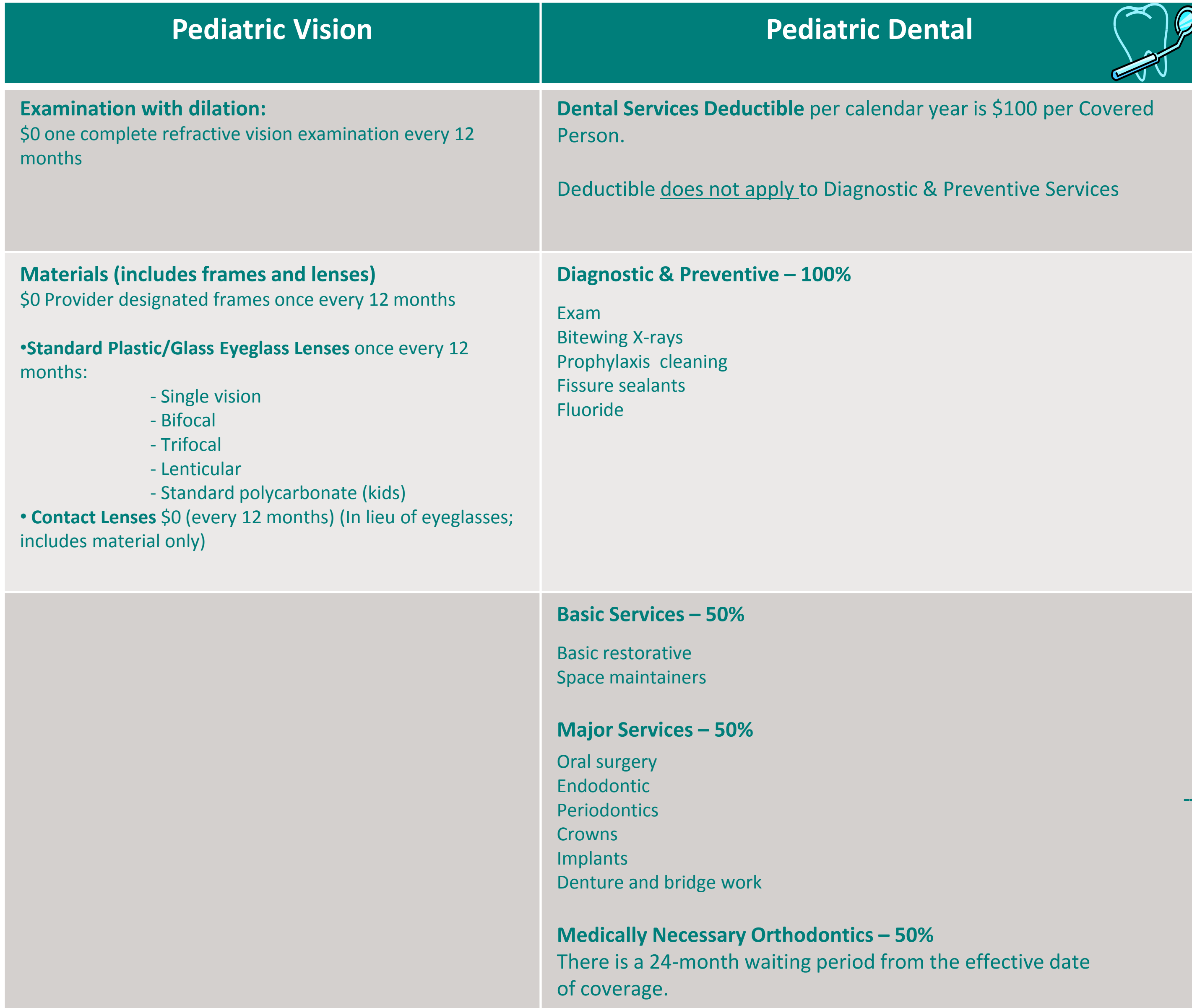
2015 EHB Benefit Impact

Health Net®

Minimum Categories	Considerations/Impact Including Benchmark Plan
Ambulatory Patient Services	• TMJ diagnosis and treatment. • Hearing aids: one hearing aid per ear, per year. • Chiropractic limit increase to 20 visits on HMO; remain unlimited on PPO. • Nutritional evaluation and counseling for diagnosed chronic disease/condition.
Emergency Services	No change.
Hospitalization	• Bariatric Surgery (when provided at Centers of Excellence). • Organ Transplant Travel Services: $10,000 travel benefit (exception: cornea transplants).
Maternity/Newborn Care	New for IFP PPO in 2014.
Mental Health/Behavioral Health	• Autism/ABA . • Mental Health Parity applies to all plans and segments.
Substance Use Disorder Services	• Inpatient / Outpatient Substance Abuse diagnosis, care and treatment. • Voluntary and court-ordered Residential substance abuse treatment.
Prescription Drugs	• New Essential Rx Drug Lists . • Preventive Pharmacy Medication based on USPTSF A and B recommendation provided at no charge. • Smoking Cessation Medication. • No program participation required. • Includes OTC with no script.
Rehabilitative/Habilitative	• "Habilitative Services and Devices" refers to medically necessary health care services and devices that assist an individual in partially or fully acquiring or improving skills and functioning and that are necessary to address a health condition, to the maximum extent practical. These services address the skills and abilities needed for functioning in interaction with an individual's environment. • 60-day limit for Rehabilitation and 60-day limit for Habilitation. • DME annual limits removed.
Laboratory Services	Considered an EHB today.
Preventive/Wellness Services/Chronic Disease Management	Does not include wellness incentive programs and/or "value added" benefits.
Preventive Pediatric Vision and Dental Care	Dental $100 deductible. The Dental Services Deductible does not apply to Diagnostic Services and/or Preventive Services.

IFP Pediatric Vision and Dental

Health Net®



Pediatric Vision	Pediatric Dental
Examination with dilation: $0 one complete refractive vision examination every 12 months	**Dental Services Deductible** per calendar year is $100 per Covered Person. Deductible does not apply to Diagnostic & Preventive Services
Materials (includes frames and lenses) $0 Provider designated frames once every 12 months •**Standard Plastic/Glass Eyeglass Lenses** once every 12 months: - Single vision - Bifocal - Trifocal - Lenticular - Standard polycarbonate (kids) • **Contact Lenses** $0 (every 12 months) (In lieu of eyeglasses; includes material only)	**Diagnostic & Preventive – 100%** Exam Bitewing X-rays Prophylaxis cleaning Fissure sealants Fluoride
	Basic Services – 50% Basic restorative Space maintainers **Major Services – 50%** Oral surgery Endodontic Periodontics Crowns Implants Denture and bridge work **Medically Necessary Orthodontics – 50%** There is a 24-month waiting period from the effective date of coverage.

Initial quote will be non-embedded plans. Pediatric Dental will be included in the medical rates, only if coverage is elected.

When Pediatric dental coverage is elected, the embedded medical rate includes dental and is applied for the entire family.

Pediatric dental rates will not be billed separately. They will need to be included in the member-level medical rating.

The Pediatric embedded dental plan will cross-accumulate to the OOPM.