

INDIVIDUAL AND FAMILY HEALTH INSURANCE MADE SIMPLE

BIA

Boone Insurance Associates Education Guide: New

About Boone Insurance Associates

- Boone Insurance Associates provides health and life insurance products to clients all over Oregon.
- We work directly with the companies to resolve any of your claim, benefit, & premium questions.
- Unlike a captive insurance producer who represents that insurance company alone, we are independent of a specific insurance company and represent a variety of different companies and products.
- Boone Insurance Associates provides this educational program today to help inform you. There is no obligation for you to purchase services from us.

“Our pledge is to provide our clients with superior customer service and product knowledge in order to guide them in making the most informed decisions.”

Terminology

- **Exchange:** Organizations in each state through which people can purchase health insurance
 - ▣ Oregon uses the Federally Facilitated Marketplace (FFM)
- **Deductible:** How much you have to spend for covered health services before your insurance company pays anything (except free preventive services)
- **Copay or Coinsurance:** Payments you make each time you get a medical service after reaching your deductible
- **OOP – Out of Pocket Maximum:** The most you would have to spend for covered services in a year. After you reach this amount, the insurance company pays 100% for covered services.

Two Markets to Purchase From

□ **Private Market**

- Guarantee Issue (no pre-existing condition clause)
- No tax credits
- Simplified enrollment process

□ **Health Insurance Marketplace**

- Guarantee Issue (no pre-existing condition clause)
- Tax credits available to help pay premiums if income is under 400% Federal Poverty Level (FPL)
- Longer and more detailed enrollment process

Health Insurance Marketplace

- **Health Insurance Marketplaces**
 - Since 2014, Marketplaces have primarily served individuals buying insurance on their own and small businesses with up to 50 employees.
 - States can establish their own Marketplaces, or use Federally Facilitated Marketplace (FFM).
 - Oregon uses the FFM or Healthcare.gov
 - Plans offered through a Marketplace are known as “Qualified Health Plans,” or “QHPs.” QHPs will have to offer a set of "essential benefits."

Health Insurance Marketplace

- Individuals who sign up for insurance through a Marketplace may be eligible for federal subsidies (tax credits or cost-sharing reductions, see next page for chart)
 - ▣ Tax Credits – Under 400% FPL (Federal Poverty Level)
 - ▣ Cost Sharing Plans – Under 250% FPL
 - ▣ Medicaid
 - Adults – Under 138% FPL
 - Kids – Under 300% FPL

Health Insurance Marketplace FPL Table

What am I likely **eligible** for?

In the chart below, first find your family size and follow that row over to the dollar amounts. If you earn less than the income amount listed in one column, you may be eligible for that coverage or assistance.

Family Size	Oregon Health Plan (OHP)	Tax Credits and Cost-Sharing Reductions (1st level)	OHP for Pregnant Women	Tax Credits and Cost-Sharing Reductions (2nd level)	Tax Credits and Cost-Sharing Reductions (3rd level)	OHP for Kids Under 19	Tax Credits
	MONTHLY GROSS INCOME	ANNUAL GROSS INCOME	MONTHLY GROSS INCOME	ANNUAL GROSS INCOME	ANNUAL GROSS INCOME	MONTHLY GROSS INCOME	ANNUAL GROSS INCOME
1	\$1,387	\$18,090	\$1,910	\$24,120	\$30,150	\$3,065	\$48,240
2	\$1,868	\$24,360	\$2,571	\$32,480	\$40,600	\$4,128	\$64,960
3	\$2,348	\$30,630	\$3,233	\$40,840	\$51,050	\$5,190	\$81,680
4	\$2,829	\$36,900	\$3,895	\$49,200	\$61,500	\$6,253	\$98,400
5	\$3,310	\$43,170	\$4,557	\$57,560	\$71,950	\$7,315	\$115,120
6	\$3,790	\$49,440	\$5,219	\$65,920	\$82,400	\$8,377	\$131,840
7	\$4,271	\$55,710	\$5,881	\$74,280	\$92,850	\$9,440	\$148,560
8	\$4,752	\$61,980	\$6,542	\$82,640	\$103,300	\$10,502	\$165,280
9	\$5,233	\$68,250	\$7,204	\$91,000	\$113,750	\$11,565	\$182,000
10	\$5,713	\$74,520	\$7,866	\$99,360	\$124,200	\$12,627	\$198,720

*Oregon Health Plan eligibility is based on gross monthly income. The Marketplace bases eligibility on estimated gross annual income.

*This chart provides only an ESTIMATE of an individual or family's likely eligibility.

*This chart is valid 11/1/2017 - 2/28/2018. An updated version will be available at OregonHealthCare.gov at that time.

For information or questions about the Oregon Health Plan call **800-699-9075** (toll-free) or visit **OregonHealthCare.gov**.

For information and questions about private health insurance, go to **HealthCare.gov** or call **800-318-2596** (toll-free) (TTY: 855-889-4325).

To find FREE local in-person assistance visit **OregonHealthCare.gov** or call **855-268-3767** (toll-free).

440-5063 (11/17/COM)



Types of Plans

- Plans in the Health Insurance Marketplace are presented in 3 “metal” categories: Bronze, Silver and Gold
- Metal categories are based on how you and your plan split the costs of your health care. They have nothing to do with quality of care.

Which metal category is right for you?

□ **Bronze**

- Lowest monthly premium
- Highest costs when you need care
- Bronze plan deductibles — the amount of medical costs you pay yourself before your insurance plan starts to pay — can be thousands of dollars a year.
- **Good choice if:** You want a low-cost way to protect yourself from worst-case medical scenarios, like serious sickness or injury. Your monthly premium will be low, but you'll have to pay for most routine care yourself

Metal Categories

□ Silver

- Moderate monthly premium
- Moderate costs when you need care
- Silver deductibles — the costs you pay yourself before your plan pays anything — are usually lower than those of Bronze plans.
- If you qualify for “extra savings” on your deductible, copayment, and coinsurance (sometimes called “cost-sharing reductions”) you must pick a Silver plan to get the extra savings. You can save hundreds or even thousands of dollars per year if you use a lot of care.
- **Good choice if:** You qualify for “extra savings” — or, if not, if you’re willing to pay a slightly higher monthly premium than Bronze to have more of your routine care covered.

Metal Categories

- **Gold**
 - ▣ High monthly premium
 - ▣ Low costs when you need care
 - ▣ Deductibles — the amount of medical costs you pay yourself before your plan pays — are usually low.
 - ▣ **Good choice if:** You're willing to pay more each month to have more costs covered when you get medical treatment. If you use a lot of care, a Gold plan could be a good value.

Types of Plan Networks:

- **PPO** – Preferred Provider Organization
- **HMO** – Health Maintenance Organization
- **CCO** – Coordinated Care Organization

Preferred Provider Organization (PPO)

- ▣ Defined network of providers
- ▣ Allows flexibility to use providers who are not part of the network
- ▣ No referral needed to see any doctor
- ▣ Out-of-pocket costs increase significantly when out-of-network providers are used
- ▣ Greatest saving for use of network providers because the plan pays a larger share of the cost

Health Maintenance Organization (HMO)

- Defined network of providers
- With most HMOs, a primary care physician (PCP) acts as a health care coordinator (gatekeeper) to provide or refer for all the patient's care. Referrals are usually required to see a specialist.
- You must use in-network providers for all scheduled care and there is no out-of-network coverage except for emergencies
- Out-of-pocket costs may be significantly lower with an HMO plan
- You may change your PCP any time but usually not more than twice a year

Coordinated Care Organization (CCOs)

- Coordinated Care Organizations (CCOs) are local health entities that will deliver health care and coverage for people eligible for the Oregon Health Plan (Medicaid), including those also covered by Medicare.
 - ▣ **Lane County: Trillium**
- They will have one budget that grows at a fixed rate for mental, physical and dental care.

Prescription Benefits

- Most plans use a Mac (Maximum Allowable Charge) “A” formulary
 - ▣ If you want brand name but generic alternative is available, you must pay difference between generic copay cost and brand name cost.
- Most plans have Rx benefit included in health plan maximum.
- Drugs on a formulary are typically grouped into tiers. The tier that your medication is in determines your portion of the drug cost. A typical drug benefit includes three or four tiers: Tier 1 usually includes generic medications

Value Added Programs

- Some carriers have added value programs that most consumers don't take advantage of:
 - ▣ Dental Discounts
 - ▣ Vision Discounts
 - ▣ Gym Discounts
 - ▣ Alternative or Complimentary Care
 - ▣ Wellness Incentives

Enrollment Periods

- **OEP 2017: November 1-December 15: Enroll or Switch plans.**
- **SEP (Special Election Period) – Any time during the year as long as you have a qualified event such as:**
 - Loss of Employer Coverage
 - Marriage or Divorce
 - Birth or adoption of a child
 - Death
 - Move
 - Release from Incarceration
 - Change in Medicaid Eligibility

Insurance Planning: Next Steps

□ Private Market

- If you want to apply directly through the private market, simply call our office to schedule an appointment with an agent at 541-345-3707

□ FFM

- If you want to apply through the FFM, use our comprehensive enrollment guide to walk you through the first steps.
- [BIA Enrollment Guide \(Click Here\)](#)

Insurance Planning: Medicaid Information

- What is Medicaid?
 - Medicaid provides coverage for some low-income people, families and children, pregnant women, the elderly, and people with disabilities.
 - Medicaid programs must follow federal guidelines, but coverage and costs may be different from state to state.
 - Some Medicaid programs pay for your care directly. Others use private insurance companies to provide Medicaid coverage.
 - Oregon uses Oregon Health Plan (OHP)
 - For more information: visit www.oregonhealthcare.gov