



Plan Distinction

Empowering Your Customers through Education and Decision-Making Tools

ConnectforHealthCO.com



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During this session, you will gain access to Connect for Health Colorado's tools and resources related to Plan Distinction.

Educating customers on their plan options is a monumental task – this session should help you better understand how to simplify the process and empower your customers to make the best plan choice possible.

Resources and Tools

- Asking the right questions
- Health Insurance Literacy (HIL)
- Plan Benefit Outline
- QCPF: Sort & Compare
- Dental
- Summary of Benefits and Coverage (SBC)
- Evidence of Coverage (EOC)
- Drug Formularies
- Provider/Network Look-Up Tools
- CSRs
- Broker Referrals

Asking the right questions

Narrow down plan choices

- Priorities:
 - Health needs
 - Budget (monthly, yearly, benefits [co-pay vs coinsurance] for certain coverage)
 - Network
 - Other
- Familiarity with Health Insurance
 - Opportunities for HIL = education
- By helping the customer establish their priorities, we may narrow down their plan choices
 - Example: Customer needs a certain medication covered for a co-pay: by determining which plans cover the customer's medications, we can rule out the others and only talk about the ones that meet this customer's health needs

Health Insurance Literacy

ConnectforHealthCO.com

Get Ready to Shop YOUR GUIDE TO HEALTH INSURANCE COSTS



Key elements that determine how much you pay

Premium

Think of this as your monthly membership fee – the amount you must pay the insurance company, on time each month or you may lose coverage. You pay this even if you don't use healthcare services that month.

KEEP IN MIND

- Unlike some "skinny" plans sold outside of Connect for Health Colorado, your gender and your current or past health needs do NOT impact your premium amount.
- If you choose a plan with a lower premium, expect to pay more for prescriptions and healthcare services.

Out-of-Pocket Costs

Health insurance is designed to share costs with you in two ways – **copayments** and **coinsurance**. When these costs apply depends on the **deductible** and **out-of-pocket maximum**. Let's explore them:

Copay (or copayments): A fixed amount (\$10, for example) you owe for a prescription or medical visit that is covered under your health plan, usually paid when you receive the service.

Deductible: For most plans, you will pay a copay at the time of service OR be billed 100% of the full allowed amount until you've paid this amount. Copays do NOT count towards your deductible.

Coinsurance: After you've met your deductible, you'll start splitting the bills with the insurance company. This is the percentage you'll pay (30%, for example).

Out-of-Pocket Maximum: After you pay this amount for covered services and prescriptions, including copays but NOT premiums, your health insurance company pays 100% of the bills for covered benefits until the end of December.



****HIL Resources: in C4U & Box**


- Create a cheat sheet to help distinguish which plans cover what benefits
 - If your region has an abundance of plans, distribute Issuers among your staff to research their plans and benefits
 - Can create own version or use C4HCO's
 - Utilizing QCPF and SBC's
 - Update yearly when new plans are released
 - Examples:
 - [Plan Benefit Outline](#)
 - [Plan Comparison Worksheet](#)

Plan Benefit Outline & Compare Plans Worksheet

Plan Benefit
Cheat Sheets =
make plan
distinction easy!

[illegible]

Plan	Costs		Health Care OV		Tests		Prescription Drugs					Outpatient Surgery	
	Deductible	OOPM	PCP	Specialist	Diagnostic Test	Imaging	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Facility fee	Physician fees
Friday Catastrophic	\$ 8,550	\$ 8,550	3 @ \$0, then 0%	0%	0%	0%	0%	0%	0%	0%	n/a	0%	0%
Kaiser Catastrophic	\$ 8,550	\$ 8,550	3 @ \$0, then 0%	0%	0%	0%	0%	0%	0%	0%	n/a	0%	0%
Anthem Catastrophic	\$ 8,550	\$ 8,550	3 @ \$40, then 0%	0%	0%	0%	0%	0%	0%	0%	n/a	0%	0%
Friday Bronze X	\$ 8,550	\$ 8,550	0%	0%	0%	0%	0%	0%	0%	0%	n/a	0%	0%
Cigna Connect Flex Bronze 8550	\$ 8,550	\$ 8,550	0% (telehealth \$0)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Anthem Bronze Pathway X HMO 8550	\$ 8,550	\$ 8,550	3 @ \$40, then 0%	0%	0%	0%	0%	0%	0%	0%	n/a	0%	0%
Kaiser CO Bronze 8000/50	\$ 8,000	\$ 8,550	2 @ \$50 (KP MOB only), then 50%	50% (telehealth \$0)	50%	50%	50%	50%	50%	50%	n/a	50%	50%
Anthem Bronze Pathway X HMO 6000	\$ 6,000	\$ 8,550	3 @ \$45, then 30%	30%	30%	30%	30%	30%	30%	30%	n/a	30%	30%
Cigna Bronze 6900	\$ 6,900	\$ 8,550	\$50 copay (telehealth \$0)	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Cigna Bronze HSA 6500	\$ 6,500	\$ 7,000	30% (telehealth \$0)	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Kaiser CO Bronze 6500/50	\$ 6,500	\$ 8,550	3 @ \$50 (KP MOB only), then 40%	40% (telehealth \$0)	40%	40%	\$30 copay	40%	40%	40%	n/a	30%	40%
Friday Bronze Rx CoPay	\$ 8,550	\$ 8,550	\$0 copay	0%	0%	0%	\$25 copay	\$250 copay	\$350 copay	\$710 copay	n/a	0%	0%
Cigna Bronze 7000 Rx CoPay	\$ 7,000	\$ 8,550	\$50 copay	40%	40%	40%	\$10 copay	\$35 copay	\$250 copay	\$600 copay	\$675 copay	40%	40%
Kaiser Bronze 6500 HSA	\$ 6,500	\$ 6,900	35%	35%	35%	35%	\$35 copay	35%	35%	35%	n/a	35%	35%
Anthem Bronze Pathway X HMO 7000 HSA	\$ 7,000	\$ 7,000	0%	0%	0%	0%	0%	0%	0%	0%	n/a	0%	0%
Kaiser CO Bronze 7000/50 Rx CoPay	\$ 7,000	\$ 8,550	2 @ \$50, then 45%	45%	45%	45%	\$30 copay	\$150 copay	\$450 copay	\$650 copay	n/a	45%	45%
Anthen Bronze Pathway X HMO 5650 Rx CoPay	\$ 5,650	\$ 8,550	2 @ \$50, then 40%	40%	40%	40%	\$30 copay	\$75 copay	\$150 copay	\$650 copay	n/a	40%	40%
Cigna Connect Flex Silver 5000	\$ 5,000	\$ 8,550	\$25 copay	20%	20%	20%	\$8 copay	\$20 copay	\$70 copay	50%	40%	20%	20%
Cigna Silver 4000	\$ 4,000	\$ 8,550	\$25 copay	25%	25%	25%	\$8 copay	\$25 copay	\$70 copay	50%	40%	25%	25%
Cigna Silver 3000 Rx CoPay	\$ 3,000	\$ 8,550	\$30 copay	30%	30%	30%	\$8 copay	\$30 copay	\$75 copay	\$500 copay	\$725 copay	30%	30%
Kaiser Silver 5000	\$ 5,000	\$ 8,550	\$25 copay	\$80 copay	40%	40%	\$15 copay	\$85 copay	40%	40%	n/a	40%	40%
Friday Bronze HSA	\$ 6,900	\$ 6,900	0%	0%	0%	0%	0%	0%	0%	0%	n/a	0%	0%
Anthem Silver 5500	\$ 5,500	\$ 7,800	\$35 copay	25%	25%	25%	\$5 copay	\$40 copay	35%	50%	n/a	25%	25%
Kaiser Gold 2000	\$ 2,000	\$ 8,200	\$20 copay	\$60 copay	35%	35%	\$10 copay	\$40 copay	35%	35%	n/a	25%	25%
Anthem Silver 6500 Rx CoPay	\$ 6,500	\$ 8,500	\$35 copay	30%	30%	\$500 then 50%	\$5 copay	\$40 copay	\$80 copay	\$650 copay	n/a	30%	30%
Kaiser Silver 3500 HSA	\$ 3,500	\$ 6,900	20%	20%	20%	20%	\$15 copay	\$85 copay	20%	20%	n/a	10%	10%
Friday Silver X	\$ 5,500	\$ 8,550	\$0 copay	20%	20%	20%	\$0 copay	20%	50%	50%	n/a	20%	20%
Anthem Silver 4500 Rx CoPay	\$ 4,500	\$ 8,550	3 @ \$40, then 25%	25%	25%	\$300 then 50%	\$5 copay	\$40 copay	\$80 copay	\$650 copay	n/a	25%	25%
Kaiser Silver 4000 Rx CoPay	\$ 4,000	\$ 8,550	\$30 copay	\$80 copay	35%	35%	\$20 copay	\$90 copay	\$400 copay	\$650 copay	n/a	25%	25%
Kaiser Silver 2500	\$ 2,500	\$ 8,550	\$25 copay	\$75 copay	35%	35%	\$15 copay	\$85 copay	35%	35%	n/a	25%	25%
Cigna Gold 2000	\$ 2,000	\$ 8,550	\$20 copay	\$60 copay	30%	30%	\$5 copay	\$10 copay	\$50 copay	50%	40%	30%	30%
Anthem Silver 2000	\$ 2,000	\$ 7,500	\$35 copay	30%	30%	\$250 then 30%	30%	30%	30%	30%	n/a	30%	30%
Friday Silver Rx CoPay	\$ 4,300	\$ 8,550	\$0 copay	20%	20%	20%	\$0 copay	\$250 copay	\$350 copay	\$710 copay	n/a	20%	20%
Kaiser Gold 1500	\$ 1,500	\$ 7,800	\$20 copay	\$60 copay	25%	25%	\$10 copay	\$40 copay	25%	25%	n/a	15%	15%
Anthem Silver 3200 Rx CoPay	\$ 3,200	\$ 8,550	3 @ \$45 then 15%	15%	15%	\$500 then 15%	\$5 copay	\$50 copay	\$80 copay	\$650 copay	n/a	15%	15%
Cigna Gold 900 Rx CoPay	\$ 900	\$ 7,800	\$20 copay	\$60 copay	20%	20%	\$5 copay	\$10 copay	\$50 copay	\$500 copay	\$650 copay	20%	20%
Friday Gold X	\$ 2,300	\$ 8,250	\$0 copay	20%	20%	20%	\$0 copay	20%	50%	50%	n/a	20%	20%
Friday Gold 0	\$ -	\$ 7,500	\$20 copay	\$55 copay	35%	\$500 copay	\$10 copay	\$35 copay	\$375 copay	\$600 copay	n/a	25%	25%
Anthem Gold 1400 Rx CoPay	\$ 1,400	\$ 8,550	\$30 copay	\$60 copay	30%	\$250 then 30%	\$5 copay	\$40 copay	\$80 copay	\$650 copay	n/a	30%	30%
Friday Gold Rx CoPay	\$ 950	\$ 8,250	\$0 copay	20%	20%	20%	\$0 copay	\$250 copay	\$350 copay	\$685 copay	n/a	20%	20%

		Option A	Option B	Option C		
General Plan Details						
Premium <i>Think of this as your monthly membership fee – the amount you must pay the insurance company, on-time each month or you may lose coverage.</i>						
Monthly Premium	\$		\$			
Annual Premium	\$		\$			
Deductible <i>For most plans, you will pay a copay at the time of service OR be billed 100% of the full allowed amount until you've paid this amount. Copays do NOT count towards your deductible.</i>						
Individual	\$		\$			
Family	\$		\$			
Pharmacy Deductible (if separate)	\$		\$			
Coinsurance for Services <i>After you've met your deductible, you'll start splitting the bills with the insurance company. This is the general percentage you'll pay.</i>						
Medical Services	\$		\$			
Prescription Drugs	\$		\$			
Out-of-Pocket Maximum/Limit <i>After you pay this amount for covered services and prescriptions, including copays but NOT premiums, your health insurance company pays 100% of the bills for covered benefits until the end of December.</i>						
Individual	\$		\$			
Family	\$		\$			
Pharmacy / Medications	Plan Details amount (circle one)	Estimated Costs	Plan Details amount (circle one)	Estimated Costs	Plan Details amount (circle one)	Estimated Costs
Generic	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
Specialty	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
Preferred Brand	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
Non-preferred Brand	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
Subtotal of Estimated Medication Costs		\$		\$		\$

Compare Plans Worksheet

Questions?

Quick Cost Plan Finder – how to use

- Sort
 - Usage: high, medium, low
 - Doctor preference: Network screening
 - Best practice: double-check network with doctor's office and/or Insurance Company
 - Medication preference
- Review all plans available under selected criteria
- Compare: up to 3 plans, side-by-side

Compare Plans – Quick Cost Plan Finder

Compare
Plans
available in
Shopping for
OE9!

ConnectforHealthCO.com

Quick Cost & Plan Finder

[< Back to plans](#)

[Download summary of this page](#)

Shopping for

A (age 34)

Zip code: 81401

Income: Not provided



Want advice
or have
questions?

[Talk to a certified expert](#)



**ROCKY MOUNTAIN
HEALTH PLANS®**

A UnitedHealthcare Company

Rocky Mountain Valley
Bronze 3 Free Visits RX
Copay

HMO/Expanded Bronze

[Summary of benefits and coverage](#)

[Choose plan](#)

Anthem

Anthem Bronze Pathway >
HMO 6000

HMO/Expanded Bronze

[Summary of benefits and coverage](#)

[Choose plan](#)



**ROCKY MOUNTAIN
HEALTH PLANS®**

A UnitedHealthcare Company

Rocky Mountain Valley
Silver 3 Free Visits 4000
HMO/Silver

[Summary of benefits and coverage](#)

[Choose plan](#)

Cost snapshot

Yearly cost estimate	\$13,111/yr	\$13,307/yr	\$14,169/yr
Estimated monthly premium	\$380.10	\$396.41	\$468.28
Estimated advanced premium tax credit	--	--	--
Annual deductible	\$7,500 individual	\$6,000 individual	\$4,000 individual
Annual out-of-pocket maximum	\$8,550 individual	\$8,550 individual	\$8,550 individual

- Compare Plans option in the shopping portal: coming soon!
 - Waiting periods on most dental plans for high-cost services (fillings, crowns, etc.)
 - Suggest alternatives for coverage during this time
 - Health Clinics with sliding scales/fees
 - Student-led procedures = discounted
 - Pediatric Dental: how to determine if included and if deductible must be met first



****Please access HCPF's office hours recording to learn more about Dental Plan Distinction**

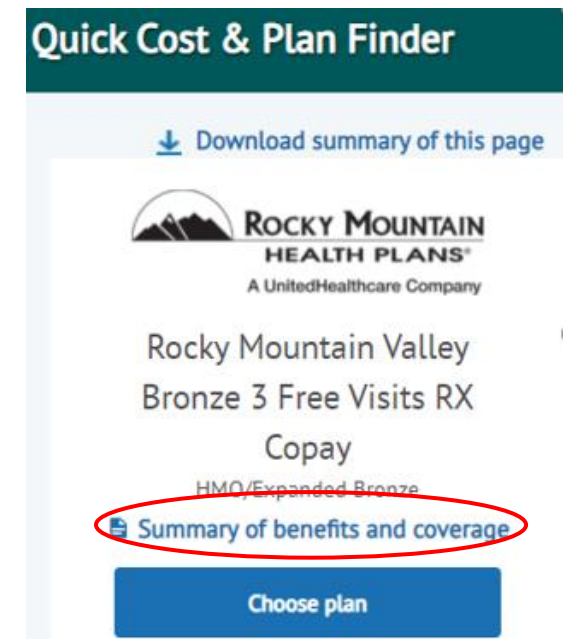
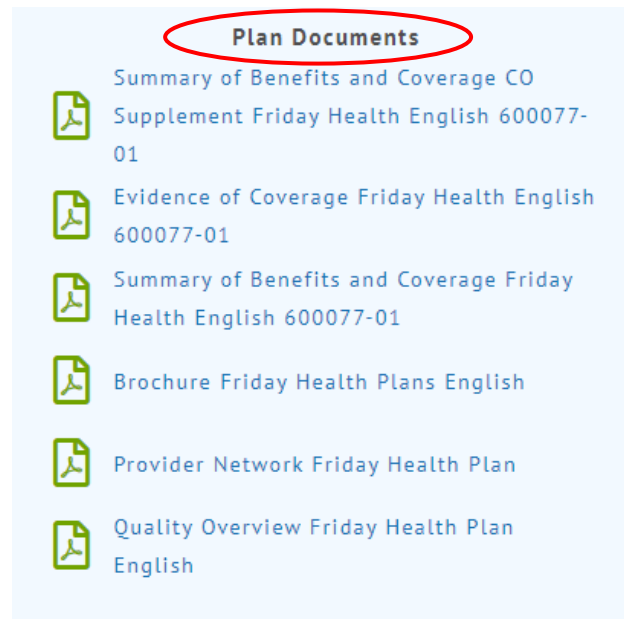
Dental Plan Distinction

Questions?

Summary of Benefits and Coverage (SBC)

SBC's are snapshots of a health plan's costs, benefits, covered health care services, and limits/exceptions to coverage

- “Apples to Apples” comparison, implemented by the ACA for an easier way to compare plan benefits
- Locations = **Plan Documents in Shopping & QCPF**



Understanding & Utilizing SBC's

- How to read:
 - Important Questions: HIL
 - Understanding major costs: deductibles, max out-of-pockets
 - In-network and out-of-network information
 - Common Medical Event: cost-sharing information, including significant limitations or exclusions
 - Displays amounts related to copays and coinsurance percentages
 - Make sure to look for coverage limits! (such as limit 3 on covered doctor's visits for a co-pay)
 - Excluded Services and Other Covered Services:
 - Lists services that are not covered under the plan as well as additional covered services (Chiropractic care)
 - Coverage Examples:
 - Should not be used to calculate costs, rather to show how much financial protection the plan is generally expected to provide for common health conditions
 - Uniform Glossary: link to consumer-friendly explanations of common medical and insurance terms
 - Such as "deductible" or "premiums"



Rocky Mountain Valley Bronze 3 Free Visits RX Copay

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, www.rmhp.org or call 1-800-346-4643. For 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 1-800-346-4643 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$7,500 individual /\$15,000 family (In- <u>Network</u>)	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> , outpatient <u>prescription drugs</u> , child eye exams and child dental check-ups are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$8,550 individual/\$17,100 family (In- <u>Network</u>)	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges (unless balanced billing is prohibited), and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Understanding & Utilizing SBC's (cont.)

- * Limits to benefits (number of visits covered for certain benefits)
- * Deductible does not apply = does not have to reach deductible first
- * % coinsurance = after deductible has been met then coinsurance will start (0% = no coinsurance after deductible [paid in full by plan])

Services You May Need	Network Provider (You will pay the least)
Primary care visit to treat an injury or illness	No charge for the first 3 visits; <u>deductible</u> does not apply, then 50% <u>coinsurance</u>
<u>Specialist</u> visit	50% <u>coinsurance</u>
<u>Preventive care/screening/immunization</u>	No charge; <u>deductible</u> does not apply

Evidence of Coverage

Overlooked Resources

- Under Plan Documents in Shopping
- Can use document to demonstrate Issuer's obligation to pay for services and the rules that plan uses

SECTION 1: SCHEDULE OF BENEFITS (WHO PAYS WHAT)

Friday Bronze Rx Copay X	In-Network	Out-of-Network
Deductible	\$8,550 Ind. / \$17,100 Fam.	Not applicable
OOP Max	\$8,550 Ind. / \$17,100 Fam.	Not applicable
Preventive	\$0 copay	Not covered
PCP	\$0 copay	Not covered
Chiropractic	\$40 copay	Not covered
Preventive Pediatric Vision Exam	\$0 copay	Not covered
Telehealth PCP	\$0 copay	Not covered
Telehealth Mental/Behavioral	\$0 copay	Not covered
Telehealth Substance Abuse	\$0 copay	Not covered
Telehealth Specialist	0% coinsurance after deductible	Not covered
MHSA/Behavioral Health - OP	\$0 copay	Not covered
Specialist	0% coinsurance after deductible	Not covered
PT/OT/ST	0% coinsurance after deductible	Not covered
Inpatient	0% coinsurance after deductible	Not covered
Emergency Room	0% coinsurance after deductible	0% coinsurance after deductible
Urgent Care	\$75 copay	\$75 copay
Outpatient	0% coinsurance after deductible	Not covered
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible
X-ray and Diagnostic Imaging	0% coinsurance after deductible	Not covered
All other services	0% coinsurance after deductible	Not covered
Preventive Rx	\$0 copay	Not covered
Preferred Generic Rx	Up to \$25 copay	Not covered
Preferred Brand Rx	Up to \$250 copay	Not covered
Non-Preferred Generic and Brand Rx	Up to \$350 copay	Not covered
Specialty Rx	Up to \$710 copay	Not covered

Questions?

- Access each Insurance Company's drug formulary separately
- Search for drug and determine its tier
- See what plans cover that drug tier for co-pay (if necessary)



Prescription Drug List

Drug Name	Therapeutic Class	Status Tier
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Search the list of FDA-approved drugs and coverage for each by entering a drug name below.

Last Update: September, 2021

Drug name

Example: Lipitor, Amoxicillin



Index by drug name

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

**Confirm formulary results directly with Insurance Company (especially if it is a non-covered or "non-formulary" drug)

** Must know plan name for Issuer to look-up coverage

**Ask customer if they would like a Broker List if prescription needs are too in-depth/complicated: to access in-depth help







Drug Formularies

ConnectforHealthCO.com

- Access most up-to-date network information directly from the Insurance Company's website/call center
 - Must know plan name for Issuer to look-up coverage
- Call provider and speak to the billing office to verify the specific plan is “in-network”
 - Not to be confused with “accepted”

Provider Look-up Tools

Hello,
What are you searching for today?

 Doctors by name	 Doctors by specialty	 Places by name	 Places by type
All doctors and places		Advanced Search	

DOCTORS BY SPECIALTY
Primary Care →

DOCTORS BY SPECIALTY
Behavioral Health →

DOCTORS BY SPECIALTY
Pediatrics →

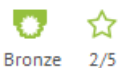
DOCTORS BY SPECIALTY
Women's Health →

Always double-check network with provider and Insurance Company



Friday Bronze X

Family Deductible	\$17,100	Primary Care Coinsurance (after deductible)	0%
Family Out-of-Pocket Max	\$17,100	Specialist Coinsurance (after deductible)	0%
		Urgent Care Coinsurance (after deductible)	0%



Monthly Premium	\$437.22	After \$104.85 tax credit	\$332.37/mo
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[Plan Details](#)

Select this Plan

Located in Plan Details
in Shopping

For those looking for
specific
providers/networks
or are looking for a new
doctor/provider

Provider Network Templates

Friday Bronze X



Monthly Premium	\$437.22
After \$104.85 tax credit	\$332.37/mo

Select this Plan

In Network Tier 1 Out of Network

General Details

More Information on this Plan

- Preferred Drug List
- [Provider Network](#)



Questions?

- Reductions of out-of-pocket costs
 - Deductibles
 - Max out-of-pockets
 - Copays
 - Coinsurance amounts
- Silver plans appear first, with CSR benefits already applied
 - Compare to normal prices to show savings
- Increases value of plan without increasing premium

Broker-Referrals

- If customer's health needs are too complex, or customer needs guidance on what plan to choose (not just education) = ask to refer to a Broker
- Assistors: must provide comprehensive list of all Brokers in the area when referring Customer to Broker
- Brokers act as plan/benefit experts
 - Have in-depth training resources
 - Direct contacts at Insurance Companies
 - Account managers
 - Quoting/sorting/filter tools (paid)

Questions?