## **UPMC** Health Plan

Navigator webinar October 19, 2017

UPMC HEALTH PLAN

## Agenda

- Key considerations for 2018
  - Market Stability
- UPMC Health Plan Networks, Plans, and Benefits
  - Changes to 2018 Plans
  - Renewal Process

## **Market Stability in 2018**

- The Affordable Care Act is still in effect
- Open Enrollment is shorter: 11/1/17-12/15/17
- Rates for 2018
  - PID required all carriers to:
    - Add a "load" to all rates to account for risk that Individual Mandate is removed.
    - Add a "load" to silver rates to account for the risk that insurers will not receive Cost Share Reduction payments from the federal government. **What does this mean**?
      - On Exchange silvers will have a higher rate increase from 2017 to 2018 (48% on average)
      - On Exchange subsidy-eligible silver members will not feel the impact of the significant rate increase because their subsidies will go up as well.
      - Bronze, Gold, and Platinum plans will have ∼14% rate increase, on average.
  - New Off-Exchange-only Silver plans were created for 2018; these will be significantly cheaper (34% less) vs. the On-Exchange silvers (due to no "load" in those plans).
    - Existing 2017 members who bought silver plans <u>Off-Exchange</u> will be mapped into the new Off-Exchange silver plans as this is the most affordable coverage at their existing metallic.
  - The new rates and any plan changes due to mapping will be reflected in the annual renewal letters sent to members



## Federal Poverty Levels and Subsidies

## It's important for consumers to know that *subsidy* eligibility changes <u>every year</u> based on their income.

#### **Premium Tax Credits**

PERSONS IN FAMILY/HOUSEHOLD	ANNUAL INCOME*
1	\$12,060 - \$48,240
2	\$16,240 - \$64,960
3	\$20,420 - \$81,680
4	\$24,600 - \$98,400
5	\$28,780 - \$115,120
6	\$32,960 - \$131,840
7	\$37,140 - \$148,560
8	\$41,320 - \$165,280

#### Cost-share Reductions

PERSONS IN FAMILY/HOUSEHOLD	ANNUAL IN COME*
1	\$12,060 - \$30,150
2	\$16,240 - \$40,600
3	\$20,420 - \$51,050
4	\$24,600 - \$61,500
5	\$28,780 - \$71,950
6	\$32,960 - \$82,400
7	\$37,140 - \$92,850
8	\$41,320 - \$103,300



UPMC *Advantage* Individual & Family Plans for 2018

### **Changes for 2018 Plan Year Overview**

- New Simple Choice\* Gold \$1,400/\$20 Plan to be offered on all three networks (Partner, Select, Premium)
- Addition of Pharmacy Sub-Deductibles to Silver Plans
- Additional counties added to Partner and Select Network
  - Lycoming and Tioga counties added to the Partner network
  - Fayette county added to the Select network
- Introduction of UPMC Advantage Inside Advantage for Individuals for Crawford county residents
  - Tiered PPO plan options, Meadville Medical Center and providers are In-Network Level 2.
  - Simple Choice\* plan designs will not be offered in Crawford county
  - Existing Premium PPO plans will not be offered in Crawford county (Bronze, Silver, Gold, Platinum)
  - Catastrophic Premium PPO plan to be offered but will not be tiered
- Tower Health UPMC Health Plan joint venture
- Off-Exchange Only Silver Plans



<sup>\*</sup>Simple Choice refers to a CMS-designed plan design.

#### Choose a Network. Choose a Plan.

#### 4 Networks

## \*\*Items that are new for 2018 in bold\*\*

- Premium: 29 County (including Centre)
- Select: 6 County (Allegheny, Beaver, Butler, Fayette, Washington, Westmoreland)
- Partner: 9 County (Allegheny, Erie, Bedford, Blair, Lawrence, Lycoming, Mercer, Tioga, Venango)
- Tower: 1 County (Berks)

#### • **11** Plans

Plan Names: Metal Level Deductible/PCP – Network Bronze \$6,950 - Premium Network

- 1 Catastrophic
- 1 Bronze
- 6 Silver (including 1 Qualified High Deductible Health Plan/Health Savings Account eligible and 1 Off Exchange Only Silver Plan)
- 2 Gold (1 "Simple Choice" Gold Plan)
- 1 Platinum

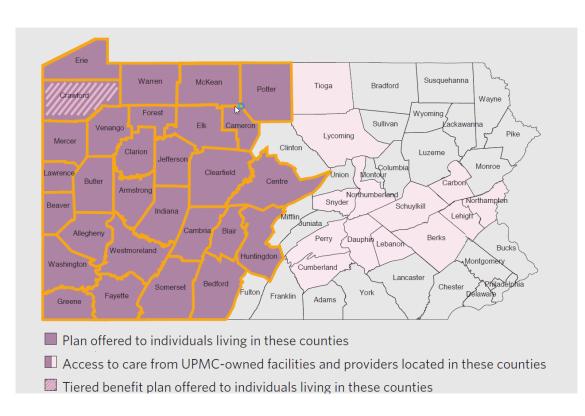


### **Benefit Highlights**

- Vision discount for adults on exams, lenses, frames and contact lenses
- Pharmacy Sub-Deductibles added to all Silver plans except the Silver HSA
  - Separate deductible from overall medical deductible that only pharmacy cost shares are subject to
  - If medical plan has pharmacy deductible, pharmacy cost shares will apply to pharmacy deductible instead of overall medical plan deductible
  - Dependent on medical plan whether all four tiers subject to pharmacy deductible
- Artificial Insemination is covered; Acupuncture covered with 12 visit limit; Podiatry is covered with Prior Authorization
- Advantage Choice 4-tier formulary
  - \$0 generics for oral cholesterol agents, oral hypertensive agents, non-sedating antihistamines, Proton Pump Inhibitors, and Antibiotics.
  - Cost-share associated with each RX tier depends on the medical plan
- Pediatric dental and vision for children under 19 are included
- All plans have an Embedded deductible and out of pocket maximum
- Private Duty Nursing and Bariatric Surgery are not covered.

## **UPMC** *Advantage* Networks for 2018

#### **Premium Network**

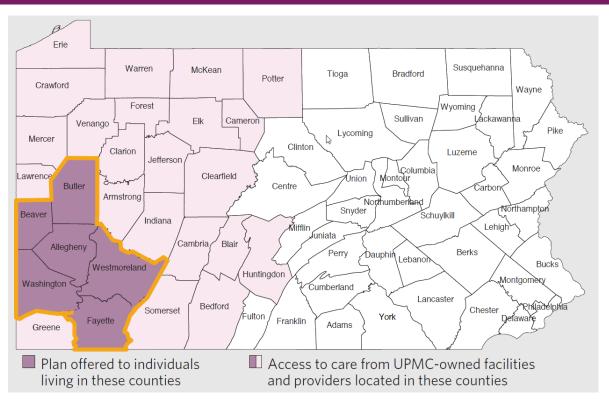


- PPO plans available for purchase in Western PA
- Broadest of all Networks
- Includes all UPMC Providers and UPMC-owned facilities as well as many independent providers and facilities.
- New for 2018! Tiered PPO plan options in Crawford county
- Member can go outside the network but will pay a greater share of the cost if they do

**UPMC HEALTH PLAN** 

## **UPMC** *Advantage* **Networks** for 2018

#### **Select Network**

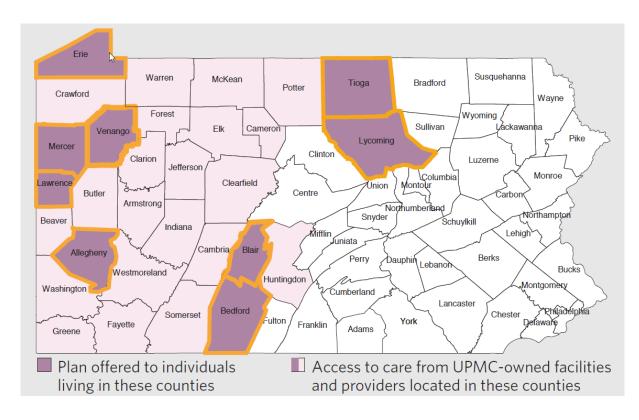


- The Select Network available for purchase in six county region of Allegheny, Beaver, Butler,
  Fayette, Washington and Westmoreland.
- Includes all UPMC Providers and UPMC-owned facilities as well as our Community Partners
  - Uniontown Hospital
  - Heritage Valley Hospital
  - Butler Memorial Hospital
  - Monongahela Valley Hospital
  - Excela Health
  - Washington Health System
  - Grove City Medical Center (Mercer County)

**UPMC HEALTH PLAN** 

## **UPMC** *Advantage* **Networks** for 2018

#### **Partner Network**



- Offered to residents of Allegheny, Erie, Bedford, Blair, Lawrence, Lycoming, Mercer, Tioga, and Venango counties.
- Plans offered in this network are the least expense.
- Includes only UPMC Providers and UPMC-owned facilities in all 30 counties
  - There are a select number of independent providers and facilities that are included

## Tower Health - UPMC Health Plan Joint Venture



- Will offer slim portfolio of Individual and Family plans for residents of Berks county
  - Plans will be sold both on and off the exchange in Berks county only
- Separate network from other commercial plans which consists of Tower Health facilities and providers + UPMC facilities
- All plan options will be an EPO plan type
  - Bronze \$6,950/\$35
  - Silver \$3,500/\$25
  - Silver \$3,550/\$25 (Off Exchange Only)
  - Gold \$800/\$20

## Tower Health – UPMC Health Plan Joint Venture ctnd.



- Cobranding will appear on member facing documents, welcome kits, Confirmation of Enrollment letter, and ID cards
  - Company Name: Tower Health UPMC Health Plan
  - Product Portfolio Name: Tower UPMC Advantage
  - Network Name: Tower Network
  - Marketing Plan Names will appear as Tower UPMC Advantage Silver \$3,500/\$25 Tower Network
- To search for participating providers members will visit <u>www.upmchealthplan.com/find</u> and Tower Network will be called out in the drop down menu.

## **Off-Exchange Only Silver Plans**

- For the 2018 plan year, we will be offering an additional Silver \$1,800/\$50 plan sold <u>Off</u> Exchange only
- Lower monthly premium than other Silver plan options
- Silver \$1,800/\$50 plan will be offered for all three networks (Partner, Select, Premium)
- Crawford County will be a tiered PPO plan option
  - UPMC Advantage Inside Advantage for Individuals Silver \$1,800/\$50
- Silver \$3,550/\$25 plan option will be offered in Berks county
- Current members who purchased a Silver plan off the exchange in 2017 will be automatically enrolled into the Silver \$1,800/\$50 plan for 2018 and given the option to shop

#### Gift Card Incentive

#### Members\* who complete two steps will be eligible to receive a \$50 gift card.

- 1. Select a Primary Care Physician
  - Partner with a PCP to take charge of your health
- 2. Complete a Health Risk Assessment
  - Understand your health status and what to focus on moving forward

Members who complete these steps will receive a gift card code that they can redeem at hundreds of retailers, including:









<sup>\*</sup>Dependent children are not eligible for the gift card incentive

Renewal Process

## Importance of updating Healthcare.gov with personal information

Auto-Renewal and Advanced Premium Tax Credits (APTC)



Marketplace members will be renewed into same plan or same metallic level

A member's APTC will change due to changes in income and changes in the premiums.

Due to the rate increases, it is especially critical for those who receive subsidies to update their household information on healthcare.gov. This impacts their 2018 subsidy eligibility.



### What's new, what's not?

#### **NEW**

- Open Enrollment window is now only 6 weeks long (11/1/17-12/15/17)
- Uncertainty in market→ higher rate increases

#### **NOT NEW**

- Process for renewal is the same: members can keep the plan they were re-enrolled into, but they can and should shop
- UPMC Health Plan will offer a broad range of plans and networks to meet consumers' needs

# Resources for Navigators and Certified Application Counselors

## On the web www.upmchealthplan.com/navigators

- Health insurance 101
- UPMC Provider Directory
- Prescription drug formulary
- Plan information/details
- Timely health care reform news

#### By phone

- Get your questions answered fast (In just one call!)
- Dedicated hotline for Navigators and CACs



#### Call 1-855-498-UPMC (8762)\*\*

Monday through Friday: 7 a.m. to 7 p.m. Saturday: 8 a.m. to 3 p.m.

Get your questions answered in one call so you can quickly return to your clients.

www.upmchealthplan.com/navigators



## Appendix

#### Rate Factors, EHBs, and Actuarial Value

Rating Area

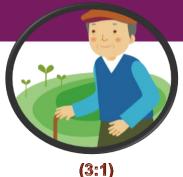




#### Tobacco



















Actuarial Value	60%	70%	80%	90%
Monthly premiums	Lowest	Moderate	Moderate	Highest
Offer essential benefits	Yes	Yes	Yes	Yes
Must offer in Health Insurance Marketplace	No	At least 1 plan	At least 1 plan	No

### **Explanation of Out of Pocket Maximum**

- The ACA requires all non-grandfathered plans to have a single out of pocket maximum for all plan coverage.
  - Includes Medical, Pharmacy, Mental Health, Pediatric Dental EHB and Pediatric Vision EHB.
  - Expenses include deductibles, copays and coinsurance.
  - Out of pocket maximums in 2018:
    - \$7,350 for individuals and \$14,700 for families
    - \$6,650 for individuals and \$13,300 for families on Qualified High Deductible plans