



Making Your HEALTH INSURANCE Choices

This curriculum has been customized to support Prince George's County's health insurance literacy program.

Community Education









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Revised February 2018



DOES THIS SOUND LIKE YOU?

"I dread making decisions about health insurance, and I don't know if I have the right amount of coverage. I'm not comfortable with the terms and rules of health insurance plans and don't feel confident with my decisions."





Purpose of This Session

- To provide you with information on how to apply for health insurance
- To guide you through the process of selecting health insurance that best fits your needs
- To provide guidance on how to select a managed care organization (MCO) if needed
- To encourage you to utilize all the services your health insurance provides



What is the Capital South Connector Entity?

The Capital South Connector Entity (CSCE), called Prince George's County Health Connect is administered by the Department of Social Services.

The Connector Entity is one of eight (8) organizations across Maryland responsible for outreach and enrollment efforts under the federal Affordable Care Act (ACA).



Affordable Care Act (ACA)





Affordable Care Act (ACA)

Patient Protection and Affordable Care Act

Key Elements of Health Care Reform





Affordable Care Act (ACA)

- On March 23, 2010, President Obama signed The Patient Protection and Affordable Care Act (ACA).
- The ACA expands the affordability, quality, and availability of private and public health insurance through consumer protections, regulations, subsidies, taxes, insurance exchanges, and other reforms.





- In 2014, health insurance marketplaces, also known as health insurance exchanges, were launched.
- Maryland's health insurance exchange is called the Maryland Health Connection (MHC).



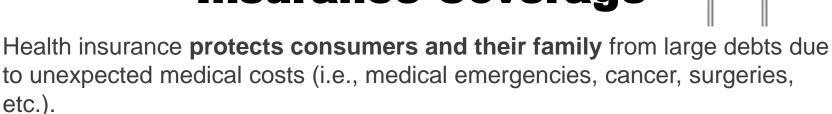


- The goal of ACA for consumers:
 - To have access to affordable health care
 - To experience quality health services
 - To practice healthy lifestyles



NEXT EXIT

Importance of Health Insurance Coverage



An **unexpected illness or injury can happen to anyone**, even to someone who is young and healthy.

Without health coverage, or without enough coverage, an **illness or injury can drain savings**.

High medical bills are a leading cause of personal bankruptcy in the U.S.



Consumer Protections

- □ Insurance companies cannot deny or cancel coverage
- Insurance companies cannot raise premiums due to gender or pre-existing conditions (like cancer or diabetes)
- □ Insurance companies cannot put any caps on total benefits
- □ Consumers are given a Summary of Benefits & Coverage
- Preventive care is covered by ALL PLANS: annual checkups, well-visits, cancer screenings, and family planning.
- All individuals and employers have the right to appeal an eligibility determination



Under ACA All Plans Must Include 10 Essential Benefits

- Preventive Care- screenings such as mammograms, colonoscopies, and vaccines
- Doctor Visits- (outpatient care) care you receive without being admitted to a hospital
- 3. Pediatric Services- dental care and vision care for kids
- 4. Medical Prescriptions- vary in cost
- 5. Medical Tests- lab work and X-rays



Under ACA All Plans Must Include 10 Essential Benefits

- 6. Hospital Stays- treatment in the hospital for inpatient care
- 7. Maternity Care- care before and after your baby is born
- 8. Mental Health Care- behavioral health treatment, counseling, and psychotherapy
- 9. Substance Abuse Treatment
- **10. Emergency Care-** Care provided in the Emergency Room



INDIVIDUAL MANDATE



Individual Responsibility Payment – Tax Penalty

The ACA includes a mandate that individuals MUST have health insurance that provides Minimum Essential Coverage (MEC): insurance plans that meet all of the rules described on the previous slide.

Consumers without coverage will be required to pay a tax penalty. •Some people may be exempt from having coverage:

- Religious objections
- Financial Hardship
- □ Members of a federally recognized Indian tribe
- □ Those without coverage for less than 3 months
- Incarcerated individuals
- □ Consumers with incomes below the tax filing threshold
- Undocumented individuals

* Tax Penalty for 2018 tax filers is \$695.00 for each adult in the household or 2.5% of your yearly income.



ELIGIBILITY



Who is Eligible?

Eligibility for health coverage is obtained through the Maryland Health Connection (MHC):

www.MarylandHealthConnection.gov

To be eligible for health coverage through MHC, applicants must:

- Live in the state of Maryland
- Be a U.S. citizen, national or be lawfully present
- □ Not currently incarcerated



What Do I Need to Enroll?

Government issued photo identification

- Maryland driver's license
- Maryland non-driver's ID

Most recent income documents:

- W-2 and month's worth of paystubs
- Income taxes (if filed)
- Unemployment benefits
- Any source of taxable income

- Social Security card
- Citizenship documents
 - Naturalization certificate
 - Passport
 - Birth certificate
- Immigration documents
 - I-94 form {Refugee/Asylee}
 - Work authorization
 - Permanent Resident Card
 - Any other source of legal status



Health Insurance Coverage

- Types of Health Insurance Plans
 - Medicaid
 - Maryland Children's Health Plan (MCHP)
 - Maryland Children's Health Plan Premium
 - Qualified Health Plan
 (QHP or Commercial Plans)



MEDICAID, MCHP & MCHP Premium



Medicaid Expansion

Maryland expanded Medicaid (also known as Medical Assistance) January 1, 2014.

Expanded Medicaid currently covers all low-income families and individuals, including low-income, able-bodied parents, low-income adults without children, and many low-income individuals with chronic mental illness or disabilities, as well as those who struggle to maintain well-paid jobs but don't meet disability standards for Medicaid.

Medicaid is a health coverage option in the Marketplace

Consumers qualify for Medicaid based on income, family size, and immigration status.

If you are eligible, you can get free or low-cost care through an approved Medicaid plan.

Individuals can apply for Medicaid, MCHP and MCHP Premium throughout the year.



Maryland Children's Health Program MCHP/MCHP Premium

- Maryland Children's Health Program (MCHP) is a program that provides medical coverage for qualifying uninsured children under the age of 19.
- Uninsured children from households who may not meet medical eligibility criteria with higher income levels may qualify for MCHP Premium.
- A small premium is required to enroll in MCHP Premium.
- Unlike traditional health insurance, premiums for children enrolled in MCHP Premium are assessed per household rather than per child.



Income Guidelines

This chart reflects the income qualifications for Medicaid and a Qualified Health Plan

You may be eligible for Medicaid if your annual income is up to approximately:					
lf your household size is this	Adults	Children (MCHP)	Children (MCHP Premium)		Pregnant Women
1	\$16,643	\$25,447	\$31,838	\$38,833	N/A
2	\$22,411	\$34,266	\$42,874	\$52,293	\$42,874
3	\$28,180	\$43,086	\$53,909	\$65,752	\$53,909
4	\$33,948	\$51,906	\$64,944	\$79,212	\$64,944
5	\$39,716	\$60,726	\$75,979	\$92,672	\$75,979
6	\$45,485	\$69,546	\$87,014	\$106,131	\$87,014
7	\$51,253	\$78,365	\$98,050	\$119,591	\$98,050
8	\$57,022	\$87,185	\$109,085	\$133,050	\$109,085

Source: Maryland State Dept. of Health and Mental Hygiene, Medicaid Planning Administration



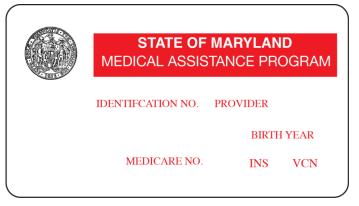
AFTER YOU ENROLL IN MEDICAID



Receiving Your Medicaid Card

• You will receive a red and white card in the mail within 2-3

weeks.



• If you have any questions or concerns when you receive your card, **please call** the Medicaid Hotline at **1-800-492-5231.**

Managed Care Organizations (MCOs)

- After you receive your Medicaid card, you can request to receive an enrollment packet with information sheets and booklets on all of the participating managed care organizations (MCOs) by calling 855-642-8572.
- An MCO is a group of health professionals and companies that deliver high quality health services.



Participating Managed Organizations (MCOs) In Maryland Health Connection

- Amerigroup
- Jai Medical Systems
- Kaiser Permanente
- Maryland Physicians Care

- Priority Partners
- University of Maryland Health Partners
- United Health Care
- Aetna

MedStar Family Choice



Next Steps

 Once you have selected your MCO, you will receive your card in the mail within 10-14 days. The name of plan that you have selected will appear on your card.





Key Things to Remember

- Retroactive Coverage
 - When you get covered, Medicaid will pay for any medical expenses within the past 3 months.
 - To receive retroactive coverage, you must apply during the time of enrollment.
- Re-determinations
 - You must renew/reapply for Medicaid each year.
 - Letters that explain the renewal process will be sent out 60-75 days prior to the date your coverage ends.
- Life Events
 - If anything has changed since the time you completed your application such as income, address, status in the U.S., family size, etc., you must contact the Maryland Health Connection at 1-855-642-8572 to report your change.



Choosing an MCO



Steps To Choosing an MCO

- Each plan offers the same core benefits.
- Check out the "Benefits and Summary" page where you can compare all of the plans together and their coverage side by side.
- Look to see what <u>extra</u> services are offered by each plan.
- Compare performance data for plans in your area using the <u>Medicaid Health Plan Report Card</u>.
- Contact a Health Choice Counselor for help. (855) 642-8572



More Steps to Choosing an MCO

- If you already have a primary care provider, check to see their affiliation with an MCO.
- Make sure that the MCOs operate in your area.
- Check to see the affiliation with other doctors,
 i.e. specialists, dentists, hospitals or drug stores of the MCO.
- Check to see if the MCO services are convenient to you.



Questions To Ask Yourself

- What services do I think I need? How many doctor's visits will I need?
- What plan do my current doctors take?
- What kind of doctors do I need? Pediatrician? Family Doctor?
- What extra benefits meet my needs? i.e. one stop shopping vs. a variety of services spread out.



How Can I Stay Healthy?

- Exercise (at least 30 minutes a day)
- Reduce sodium and sugar in your diet (daily)
- Eat fruits and vegetables (daily)
- Visit your primary care doctor regularly
- Get at least 8 hours of sleep each night
- Drink water (at least 8 glasses daily)



When Should I Use My Insurance?

- Check-ups (yearly)
- Immunizations (shots) (as required)
- Preventive Care (yearly)
- Oral Care, dental cleanings, exams (twice a year)
 - Children receive full coverage
 - Adults receive limited coverage
- Prescriptions (as required)
- Health Problems or Concerns (as needed)



FYI on MCOs

- MCOs provide covered benefits exclusively through <u>their</u> provider networks.
- Consumers must see providers in the MCO's network
- Consumers are responsible for **paying** for care provided by out-of-network providers.



QUALIFIED HEALTH PLANS (QHPs)



Qualified Health Plan (QHP)

A Qualified Health Plan (QHP) is a private health insurance plan that meets requirements for certification under the ACA and Maryland law.

The ACA offers financial assistance to those who qualify based on their income and immigration status:

- Advance Premium Tax Credits (APTC)
- Cost Sharing Reductions (CSR), only for "Silver" plans Maryland residents can buy QHPs through the Maryland Health Connection: <u>www.MarylandHealthConnection.gov</u>



Qualified Dental Plan

Through the Maryland Health Connection, <u>www.MarylandHealthConnection.gov</u> you can get dental coverage only during open enrollment as part of a health plan or by itself through a separate, stand-alone dental plan.

Financial assistance is not available for Qualified Dental Plans.



What To Consider When Choosing a Qualified Health Plan (QHP)

- If consumers expect a lot of doctor visits or need regular prescriptions they may want a plan with a <u>lower deductible</u>. These plans are likely to have higher monthly premiums but pay more of the costs when needing care.
- If consumers do not need regular medical services and do not take prescriptions regularly they may want a plan with a <u>lower</u> <u>premium</u>.



What To Consider When Choosing a Qualified Health Plan (QHP) cont.

- If consumers qualify to save on out-of-pocket costs: Silver plans may offer the best value. They may qualify for <u>lower out-of-pocket</u> <u>costs</u> based on household size and income.
- Consumers can get these out-of-pocket savings only if they enroll in a Silver plan. If they make this choice they will get the lower out-of-pocket costs of a Gold or Platinum plan while paying a Silver plan premium.



Qualified Health Plans Metal Levels

Plan Levels:

- Group of plans that have similar value.
- Plan levels include bronze, silver, gold and platinum.
- The premiums are based on age, and geographic location.
- Cost Sharing Subsidies only apply to Silver Plans





Maryland Commercial Health Plans







George's County



OPEN ENROLLMENT

- Open enrollment for QHP is held once a year
- Open enrollment for 2019 coverage will be November 1st -December 15th 2018.
- Note: Medicaid, MCHP and MCHP Premium are open year-round.



SPECIAL ENROLLMENT PERIODS

including "Special Circumstances" or "Life Events"

- QHP consumers who miss open enrollment, will not be able to sign up again until next enrollment season unless there is a special circumstance or life event.
- Examples of life events:
 - Gain or become a dependent
 - Losing a dependent
 - Newly eligible or ineligible for APTC or a change in CSR
 - Certain losses of minimum essential coverage
 - Permanent geographic residential move
 - Change of citizenship or lawful presence status
 - Release from incarceration
 - American Indian
 - Pregnancy

Making Your HEALTH INSURANCE Choices





Our Partnership





Mary's Center



HealthCare Dynamics International, Inc.



Sowing Empowerment & Economic Development, Inc.



CASA



Prince George's County Health Connect complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Prince George's County Health Connect cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, national origin, age, disability, or sex. Prince George's County Health Connect est en conformité avec la loi fédérale de droit civil et ne fait pas de discrimination en matière de race, genre, nationalité d'origine, invalidité ou age. Help is available in your language: 1-855-642-8572 (TTY: 1-855-642-8573). These services are available for free. Hay ayuda disponible en su idioma: 1-855-642-8572 (TTY: 1-855-642-8573). Estos servicios están disponibles gratis. L'aide est disponible dans votre langue: 1-855-642-8572 (TTY: 1-855-642-8573). Ces services sont disponible gratuitement.



Ways To Enroll

- **Online:** <u>www.MarylandHealthConnection.gov</u>
- Phone: 1-855-642-8572 TTY line: 1-855-642-8573

For In-Person Assistance in Prince George's County: Call (301) 927- 4500 or go online <u>www.pgchealthconnect.org/gethelp</u>

Certified Insurance Agents or Private Brokers for QHPs: Go to the Producer's Directory: <u>http://www.marylandhbe.com/wp-content/docs/Authorized-Producer-Directory.pdf</u>

MHC Mobile App – Available to upload documents and browse plans for free, on all App stores.



2018 Updates

- Open Enrollment will be November 1st- December 15th 2018
- Beginning 2018, MCHP premium payments can be made online
- Managed Care Organizations (MCOs) can be chosen online
- For updated information visit <u>www.pgchealthconnect.org</u>



For More Information

Prince Georges County Health Connector Call Center

301-927-4500

www.pgchealthconnect.org

Maryland Health Connection Call Center

1-855-642-8572

TTY line: 855-642-8573



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Questions

