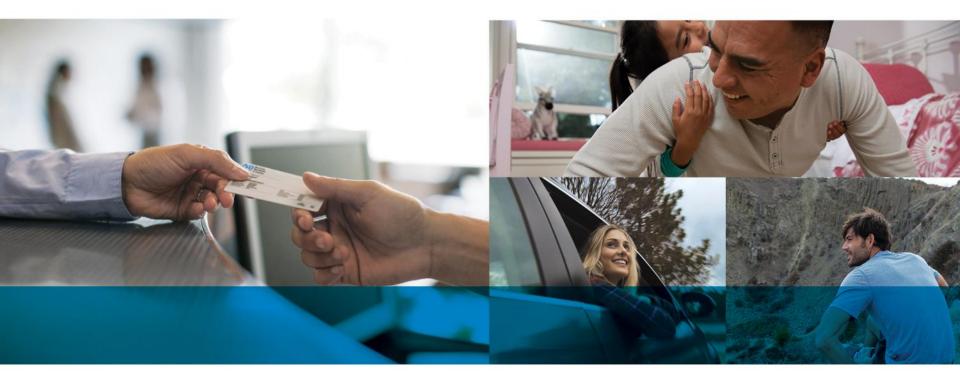
2019 Individual & Family Plans Cover Arizona Training



Jessica Kirkland Individual & Family Products





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Agenda

- Why Partner with Us
- Our ACA Participation
- 2019 Plan Offerings
- Subsidies
- Key Dates & Resources



Why Partner with Us

Who	We	Are	
-----	----	-----	--

Not-for-profit organization	In business since	Involved in our	Philanthropically
	1939	community	focused
Nearly 1,500 employees in Arizona	Offices in Phoenix, Tucson, Chandler, Flagstaff	Nearly 1.5 million customers	Innovative partnerships with local providers and hospitals



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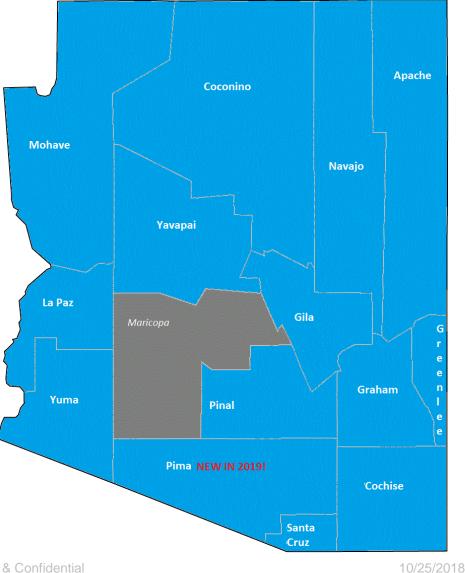
Our ACA Participation

Plans will be available in **14 of the 15** counties in Arizona

Plans will be available in Pima County in 2019

Gold, silver, bronze, and catastrophic plans will be available in each of the 14 counties

All plans will be sold, marketed through the Exchange (healthcare.gov)







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BCBSAZ will offer 6 plan options in 2019

		Plan Options	Metal Level
	EverydayHealth HMO	EverydayHealth HMO 2000	Gold
		EverydayHealth HMO 4000	Silver
		EverydayHealth HMO 6500	Bronze
IEV	V! TrueHealth HMO	TrueHealth HMO 6000	Silver
	Portfolio HSA HMO HSA Eligible	Portfolio HSA HMO 5850	Bronze
	SimpleHealth Catastrophic	SimpleHealth HMO	Catastrophic

Health Plan Overview





Essential Health Benefits

All Plans offer ACA Essential Health Benefits



- **Outpatient care**
- Emergency care (ER)
- Hospital stays
- Lab tests, exams
- Pregnancy, newborn care
- Mental health, substance abuse care
- Prescription drugs
- Preventive, wellness care
- Child healthcare that includes dental, vision
- Rehabilitative, habilitative care, devices

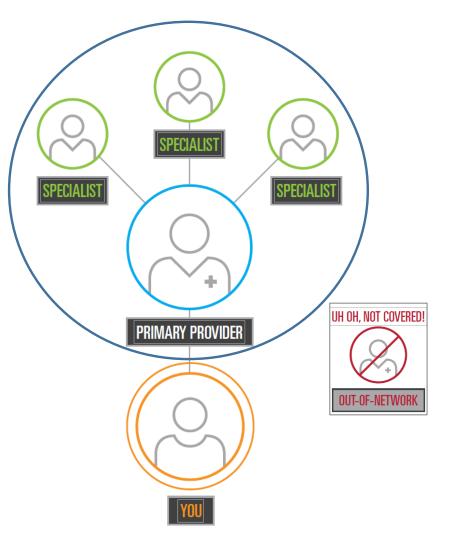




All Plans Offered are HMO

Our HMO Plans Include

- A selection of healthcare services through a contracted network of doctors, specialists and hospitals. Care received **out-of-network won't be covered except** in emergencies and special situations with BCBSAZ preauthorization.
- 2. A designated primary care provider (PCP) for each member to oversee and coordinate their care. Their PCP will provide a referral to see most in-network specialists when recommended. Care from a non-designated primary care provider will not be covered except when the provider is in the same practice as the designated PCP.
- 3. Services **out-of-state are not covered** except for emergency care, urgent care from a BlueCard Traditional provider and special situations with BCBSAZ preauthorization.



Health Plan Details





2019 EverydayHealth HMO

Features

- Copays for most common services
- Separate deductible for Level 2 and 3 prescription drugs
- Surgeries, emergencies and other major health care apply a deductible and coinsurance
- Most similar to traditional health plans

May be the right plan for your clients if they ...

- Want low out-of-pocket costs for doctor visits
- Need financial protection in case they have a major health issue
- Want deductible plan options to meet most financial needs

Referenced benefits are based on services from a network provider. All plans are subject to the limitations, exclusions. More detailed information about benefits, cost share, exclusions, limitations is in the benefit plan booklets, plans. Summary of Benefits, Coverage (SBC), benefit plan booklets are available on request or at azblue.com/2019INDbooks.



2019 EverydayHealth HMO

Plan Details		EverydayHealth HMO 2000	EverydayHealth HMO 4000	EverydayHealth HMO 6500	
County Availability		All Arizona counties except Maricopa	All Arizona counties except Maricopa	All Arizona counties except Maricopa	
Network Ava	ailability	Neighborhood Network PimaFocus Network	Neighborhood Network PimaFocus Network	Neighborhood Network PimaFocus Network	
Metal Le	evel	Gold	Silver	Bronze	
Overall Ded	uctible	\$2,000/member, \$4,000/family	\$4,000/member, \$8,000/family	\$6,500/member, \$13,000/family	
Coinsurance (Member)	20%	20%	10%	
Out-of-pocket	Maximum	\$6,000/member, \$12,000/family	\$6,650/member, \$13,300/family	\$7,900/member, \$15,800/family	
PCP		\$15	\$20	\$30	
Special	ist	\$60 \$60		\$100	
Diagnostic & Imaging		Office visit copay or 20%Office visit copay orcoinsurance20% coinsurance		Office visit copay or 10% coinsurance	
Rx deductible fo prescriptior	•	\$350	\$450	\$650	
	Level 1	\$10	\$15	\$35	
	Level 2	\$60 after deductible	\$60 after deductible	\$100 after deductible	
Prescription drugs*	cription drugs* 40% after deductible (\$100 minimum)		40% after deductible (\$120 minimum)	40% after deductible (\$200 minimum)	
	Specialty	50%, deductible waived	50%, deductible waived	50%, deductible waived	
Emergency roo	m services	20%	20%	10%	
Ambula	nce	20%, deductible waived	20%, deductible waived	10%, deductible waived	
Urgent c	are	\$60	\$60	\$100	
Hospital	stay	20%	20%	10%	

*If generic available, member pays level 1 copay + price difference (of allowed amount) for brand drug.



2019 EverydayHealth HMO Cost Share Variations

Plan Details EverydayHealth HMO 4000 73AV		EverydayHealth HMO 4000 87AV	EverydayHealth HMO 4000 94AV	
County Availability All Arizona countie		All Arizona counties except Maricopa	All Arizona counties except Maricopa	All Arizona counties except Maricopa
Network Availability Neighborhood Network PimaFocus Network		-	Neighborhood Network PimaFocus Network	Neighborhood Network PimaFocus Network
Metal L	evel	Silver 73AV	Silver 87AV	Silver 94AV
Overall De	ductible	\$3,250/member, \$6,500/family	\$1,000/member, \$2,000/family	\$25/member, \$50/family
Coinsurance	(Member)	20%	10%	10%
Out-of-pocket	t Maximum	\$6,000/member, \$12,000/family	\$2,000/member, \$4,000/family	\$1,500/member, \$3,000/family
PCF)	\$15	\$10	\$5
Specia	list	\$60	\$25	\$10
Diagnostic 8	k Imaging	Office visit copay orOffice visit copay or20% coinsurance10% coinsurance		Office visit copay or 10% coinsurance
Rx deductible f prescriptic		\$300	\$75	\$25
	Level 1 \$15		\$10	\$5
Prescription	Level 2	\$60 after deductible	\$25 after deductible	\$10 after deductible
drugs*	Level 3	40% after deductible (\$120 minimum)	40% after deductible (\$35 minimum)	40% after deductible (\$20 minimum)
	Specialty	50%, deductible waived	50%, deductible waived	50%, deductible waived
Emergency roo	om services	20%	10%	10%
Ambula	ance	20%, deductible waived	10%, deductible waived	10%, deductible waived
Urgent	care	\$60	\$40	\$20
Hospita	l stay	20%	10%	10%

*If generic available, member pays level 1 copay + price difference (of allowed amount) for brand drug.



NEW!

Features

- Copays for most common services and prescription drugs
- No separate prescription drug deductible
- Surgeries, emergencies and other major health care apply a deductible and coinsurance

May be the right plan for your clients if they . . .

- Want predictable costs for doctor visits and most prescription drugs
- Need financial protection in case they have a major health issue
- Want broad coverage, but don't want to pay too much each month

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2019 TrueHealth HMO



Plan Details		TrueHealth HMO 6000		
County A	vailability	All Arizona counties except Maricopa		
Network	Availability	Neighborhood Network PimaFocus Network		
Meta	l Level	Silver		
Overall D	Deductible	\$6,000/member, \$12,000/family		
Coinsuranc	e (Member)	0%		
Out-of-pock	et Maximum	\$6,500/member, \$13,000/family		
Р	СР	\$25		
Spec	cialist	\$100		
Diagnostic	& Imaging	No charge after deductible		
	Level 1	\$25		
Drocorintian drugs	Level 2	\$100		
Prescription drugs	Level 3	No charge after deductible		
	Specialty	50%, deductible waived		
Emergency r	oom services	No charge after deductible		
Ambi	ulance	No charge after deductible		
Urger	nt care	\$100		
Hospi	tal stay	No charge after deductible		



2019 TrueHealth HMO Cost Share Variations

Plan Details		TrueHealth HMO 6000 73AV	TrueHealth HMO 6000 87AV	TrueHealth HMO 6000 94AV	
County Availability		All Arizona counties except Maricopa	All Arizona counties except Maricopa	All Arizona counties except Maricopa	
Network Ava	ilability	Neighborhood Network PimaFocus Network	Neighborhood Network PimaFocus Network	Neighborhood Network PimaFocus Network	
Metal Le	vel	Silver	Silver	Silver	
Overall Ded	uctible	\$5,200/member, \$10,400/family	\$1,750/member, \$3,500/family	\$550/member, \$1,100/family	
Coinsurance (Vember)	0%	0%	0%	
Out-of-pocket I	Maximum	\$5,500/member, \$11,000/family	\$1,850/member, \$3,700/family	\$600/member, \$1,200/family	
РСР		\$10	\$0	\$0	
Speciali	st	\$50 \$5		\$5	
Diagnostic & Imaging		No charge after deductible	No charge after deductible	No charge after deductible	
	Level 1	\$10	\$0	\$0	
	Level 2	\$50	\$25	\$15	
Prescription drugs*	Level 3	No charge after deductible	No charge after deductible	No charge after deductible	
	Specialty 50%, deductible waive		50%, deductible waived	50%, deductible waived	
Emergency roo	m services	No charge after deductible	No charge after deductible	No charge after deductible	
Ambular	nce	No charge after deductible	No charge after deductible	No charge after deductible	
Urgent c	are	\$75	\$10	\$10	
Hospital	stay	No charge after deductible	No charge after deductible	No charge after deductible	

*If generic available, member pays level 1 copay + price difference (of allowed amount) for brand drug.



2019 Portfolio HSA HMO

Features

- Can be paired with a Health Savings Account
- Integrated payments through Health Equity

HealthEquity, Inc. is an independent, separate company contracted with BCBSAZ to administer health savings accounts. HealthEquity does not provide BCBSAZ products or services, is solely responsible for any products, services that it offers.

May be the right plan for your clients if they ...

- Want to pair their health plan with an Health Savings Account (HSA) and either,
- Don't expect frequent doctor visits or prescriptions, or
- Do expect higher medical costs and want to use a HSA for its tax advantages

Referenced benefits are based on services from a network provider. All plans are subject to the limitations, exclusions. More detailed information about benefits, cost share, exclusions, limitations is in the benefit plan booklets, plans. Summary of Benefits, Coverage (SBC), benefit plan booklets are available on request or at azblue.com/2019INDbooks.

2019 Portfolio HSA HMO



Plan Details		Portfolio HSA HMO 5850		
County A	vailability	All Arizona counties except Maricopa		
Network	Availability	Neighborhood Network PimaFocus Network		
Meta	l Level	Bronze		
Overall D	eductible	\$5,850/member, \$11,700/family		
Coinsuranc	e (Member)	10%		
Out-of-pock	et Maximum	\$6,750/member, \$13,500/family		
Р	СР	10%		
Spec	cialist	10%		
Diagnostic	& Imaging	10%		
	Level 1	10%		
Due envietien deues	Level 2	10%		
Prescription drugs	Level 3	10%		
	Specialty	10%		
Emergency r	oom services	10%		
Ambi	ulance	10%		
Urger	nt care	10%		
Hospital stay		10%		





Features

- Three in-network PCP visits at copay
- Lowest monthly premium available

Catastrophic \$

May be the right plan for your clients if they...

- Are under age 30
- Are likely to visit their doctor less than four times in a year
- Want the lowest possible monthly premium, even if that means they may pay more if they do have to get medical services

Referenced benefits are based on services from a network provider. All plans are subject to the limitations, exclusions. More detailed information about benefits, cost share, exclusions, limitations is in the benefit plan booklets, plans. Summary of Benefits, Coverage (SBC), benefit plan booklets are available on request or at azblue.com/2019INDbooks.

2019 SimpleHealth HMO



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Plan Details		SimpleHealth HMO		
County A	vailability	All Arizona counties except Maricopa		
Network	Availability	Neighborhood Network PimaFocus Network		
Meta	l Level	Catastrophic		
Overall D	Deductible	All Arizona counties except Maricopa Neighborhood Network PimaFocus Network Catastrophic \$7,900/member, \$15,800/family 0% \$7,900/member, \$15,800/family \$20/3 visits, then no charge after deductible No charge after deductible		
Coinsuranc	e (Member)	0%		
Out-of-pock	et Maximum	\$7,900/member, \$15,800/family		
Р	СР	\$20/3 visits, then no charge after deductible		
Spec	cialist	No charge after deductible		
Diagnostic	c & Imaging	No charge after deductible		
	Level 1	No charge after deductible		
	Level 2	No charge after deductible		
Prescription drugs	Level 3	No charge after deductible		
	Specialty	No charge after deductible		
Emergency r	room services	No charge after deductible		
Amb	ulance	No charge after deductible		
Urgei	nt care	No charge after deductible		
Hospital stay		No charge after deductible		

Available only to people under age 30, or to people who receive an exemption from the individual mandate through the Health Insurance Marketplace.

Provider Networks





Neighborhood Network

- Only available for members who live outside of Maricopa and Pima Counties
- Over 18,000 hospitals, facilities, doctors and other providers
- Out-of-state services for emergency care and urgent care covered with a BlueCard Traditional provider
- BlueCard out-of-state provider network not available
- Coverage from a non-designated primary care provider will not be covered except for providers within the same practice.



Yuma County

Over 590 doctors and other providers

One acute-care hospital

• Yuma Regional Medical Center

Five urgent care centers

- NextCare Urgent Care
- PrimeCare 24 Foothills Campus
- PrimeCare Central Clinic
- PrimeCare Valley 24
- San Luis Walk-in Clinic

Coconino County

Over 1,100 doctors and other providers

Partnership with Pathfinder ACO

Three acute-care hospitals

- Flagstaff Medical Center
- Page Hospital
- Tuba City Regional Health Care

Two psychiatric hospitals, three urgent care centers



PimaFocus Network

- Available to residents in Pima County
- Includes Tucson Medical Center
- Over 2,400 contracted hospitals, facilities, doctors and other providers
- Out-of-state services for emergency care and urgent care covered with a BlueCard Traditional provider
- BlueCard out-of-state provider network not available
- Coverage from a non-designated primary care provider will not be covered except for providers within the same practice.

Subsidies





Value of Health Insurance

Affordability

- Advanced premium tax credits (APTCs) are available for individuals earning up to \$48,560/year, and for a family of four up to \$100,400/year
- Many individuals and families qualify for a low cost or \$0 premium plan
- Individuals earning less than \$30,350/year also qualify for subsidies that lower out-of-pocket costs such as deductibles, out-of-pocket maximums and copays

Peace of mind

- Almost everyone will need health care services at some point, and without health insurance, they could be faced with paying the bill themselves
- Care is costly:
 - A three-day hospital stay could cost as much as \$30,000
 - A broken leg could cost \$7,500 on average
 - The annual cost for managing type 2 diabetes averages \$13,700



Source: https://www.bcbs.com/the-health-of-america/articles/im-young-,-healthy-do-i-really-need-health-insurance



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		Number of People in Household					
Qualify for:	Percent of FPL	1	2	3	4	5	6
Medicaid	100%	\$12,140	\$16,460	\$20,780	\$25,100	\$29,420	\$33,740
Meurcalu	138%	\$16,753	\$22,715	\$28,676	\$34,638	\$40,600	\$46,561
Premium subsidy and cost-sharing	Over 138% - Under 250%	\$16,754 - \$30,349	\$22,716 - \$41,149	\$28,677 - \$51,949	\$34,639 - \$62,749	\$40,601 - \$73,549	\$46,562 - \$84,349
Premium subsidy	250% - 400%	\$30,350 - \$48,560	\$41,150 - \$65,840	\$51,950 - \$83,120	\$62,750 - \$100,400	\$73,550 - \$117,680	\$84,350 - \$134,960
No subsidy	Over 400%	\$48,561	\$65,841	\$83,121	\$100,401	\$117,681	\$134,961

- 73% AV Cost Share Reduction Plans 200-250% FPL
- 87% AV Cost Share Reduction Plans 150-200% FPL
- 94% AV Cost Share Reduction Plans 138-150% FPL
- Zero Cost Share Reduction Plans = <300% FPL, Native American/Native Alaskan
- Limited Cost Share Reduction Plans = <u>></u>300% FPL, Native American/Native Alaskan

Source:

https://aspe.hhs.gov/poverty-guidelines

https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines https://www.healthcare.gov/glossary/federal-poverty-level-FPL/

Key Dates & Resources





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By end of October, 2018 Renewal Letters

November 1, 2018 Open Enrollment Begins

December 15, 2018 Open Enrollment Ends

December 31, 2018 2018 Plans End

January 1, 2019 2019 Plans Begin





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Resources

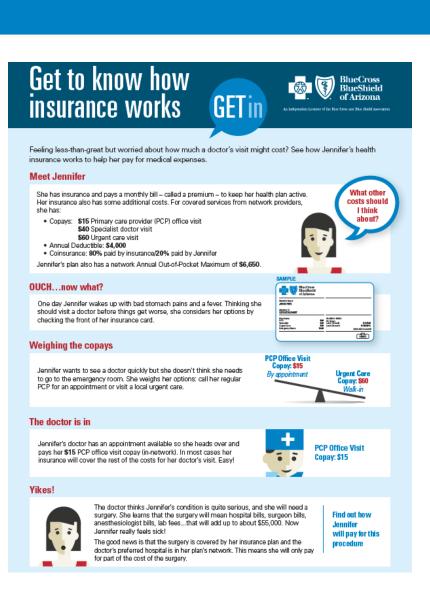
2019 Plan Information

- Plan Comparison Chart
- Rate Sheets

Member Education Materials

- How Insurance Works
- Plan Overview
- HMO Plan Coordinated Care
- Financial Help/Subsidies
- Network Overview
- How to use Your Benefits

Materials in English and Spanish



Thank You! Have Questions?

