



Welcome!

Cover Arizona

Enrollment Assister Training

Open Enrollment 7

Zoom links: [YUMA](#) – [PHOENIX](#) – [FLAGSTAFF](#) – [TUCSON](#)

Welcome and Introductions

U.S. Department of Health & Human Services

CENTERS FOR MEDICARE AND MEDICAID SERVICES



Arizona Department of Insurance



2020 Health Insurance Market

Arizona Department of Insurance
Sept.-October 2020



Topics:

- Arizona's 2020 Individual Marketplace
- When & how to submit Complaints to ADOJ
- Non-ACA products
- Renewing Navigator/CAC license with ADOJ

Who's in the Individual Market?

- Overall, rates in 2020 are **holding steady or decreasing** for the **five insurers** that will continue to offer Individual HMO plans in Arizona.
- ADOI is not yet at liberty to disclose *which insurers* are going to be *in which counties*.
- Health Insurance Rates FAQ on ADOI website
<https://insurance.az.gov/consumers/help-health-insurance/information-about-health-insurance-rate-increases>



Marketplace Plans and Rates:

- We'll publish plans by insurer, county and metal level in mid-October here:

<https://insurance.az.gov/consumers/help-health-insurance/information-about-health-insurance-rate-increases>

- Look up the **actual approved policy** or the **actual rate filings**, using the SERFF tracking number in the charts above here:

<https://insurance.az.gov/sfa>



Marketplace Questions?

Filing a Complaint

Examples of complaints to the ADOI related to health insurance:

- Delayed Claims
 - Denied claims disputes should be "appealed" to health insurer: <https://insurance.az.gov/complaint/health/appeal>
- Access to care difficulties
- Deductible/cost-share Issues
- Balance or Surprise Billing
 - New *dispute resolution* process available for some surprise bill situations: Learn more at <https://insurance.az.gov/soonbdr>
- Agent misrepresented the insurance or stole premium

Note: Consumer are urged to *try* to resolve complaints directly with their insurer; if unable to resolve, contact ADOI!



Who can submit a complaint to ADOI:

- ✓ Policyholders/Dependents
 - ✓ Employees
 - ✓ Claimants
- ✓ Authorized representatives



Reasons to complain to ADOI:

- Termination of coverage by the insurer
 - Premium payments problems
 - Cost-share issues: co-payments, deductibles
 - Continuity of care
 - Provider network adequacy
 - e.g., access to specialty care, such as Mental Health
 - Provider Directory errors
 - Agent misrepresentation or misappropriation
- more...



ADOI Complaints Continued...

- Not providing Essential Health Benefits
- Qualified life event, e.g., *adding newborn*
- Claim problems
 - Insurer not processing claims per policy terms
- Refund Issues
 - Insurer insurer fails to issue refund per Marketplace instruction or consumer request



When to complain to the Marketplace:

- Marketplace eligibility
- Special Enrollment Period (SEP) eligibility
- Premium tax credit and CSR eligibility
- Requests for cancellation of Marketplace coverage
 - If plan sold through marketplace, requests to cancel or make changes must be made through marketplace
- Refund Requests
 - Must be initiated with marketplace if plan sold through marketplace
- Requests for effective date changes
- Minimum Loss Ratio (MLR) Rebates



How to file a Complaint with ADOI:

<https://insurance.az.gov/consumers/help-problem>

- When filing a complaint **on behalf of someone**, submit a signed *3rd party authorization form*:

https://insurance.az.gov/sites/default/files/documents/files/form_c-tpc.pdf



Non-ACA insurance products:

- ➡ Pre-ACA plans (2013 and before)
- ➡ Limited benefit or “package” plans
- ➡ Short term limited duration plans (STP or STLD)
- ➡ “Association Plans”

Short Term Limited Duration Plans

[45 CFR § 144.103]

“This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any **exclusions or limitations** regarding coverage of preexisting conditions or **health benefits** (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not ‘‘minimum essential coverage.’’

Navigator/CAC Licenses

Your license number is your National Producer Number (NPN).

- Renewing Navigator/CAC license with ADOI
 - Renew licenses at www.nipr.com
 - \$5 transaction fee
 - *After application is submitted to NIPR, email copy of your most recent **Marketplace Training Certificate** to licensing@azinsurance.gov. Reference the NIPR transaction number in the email.*
- ADOI licensing webpage:
<https://insurance.az.gov/producers/>



ARIZONA DEPARTMENT OF INSURANCE

insurance.az.gov

602.364.2499

(800) 325-2548 (outside Phoenix)

Spanish: 602-364-2977

Break

10 MIN

2019 Cover Arizona Scenario Workshop

Presenters: Livby Pearson & Claudia Maldonado





Case Scenario #1

Kenia and Marcos are married and have three children. Pedro is 5 years old, Jose is 2 and Brenda just turned one. All three children require health care coverage. Marcos also has twins from his previous marriage who live with him 50 percent of the time. The mother of the twins will be claiming both of them on her income tax return for this year. Marco is self-employed and earned at net income of \$57,562.



Case Scenario #1

Who will qualify for KidsCare?

- A. Pedro and Jose
- B. The twins
- C. Pedro, Jose and Brenda
- D. None of the above



Case Scenario #2

Angelina is a single mother of three children. Angelina works for a modeling agency and earns \$ 2,950 every two weeks. Currently, Angelina and her children have insurance through her employer. She recently gained temporary custody of her two nephews Brian and Henry. Angelina is not sure whether she should add her two nephews to her insurance or if they will qualify for AHCCCS. Brian and Henry will not be claimed as dependents on her taxes.

Case Scenario #2

Who is eligible for AHCCCS

- A. Angelina
- B. Brian and Angelina
- C. Brian and Henry
- D. Non

Case Scenario #2

Angelina's income is counted towards her nephews.

- A. True
- B. False

Case Scenario #3

Zack is 27 years old and a part-time firefighter who recently moved from Yuma to Phoenix. It is outside the Open Enrollment period and he wants to apply for the Marketplace. His gross income is \$25,000 per year. He did not have qualifying health insurance in Yuma, but realizes that he might be able to get insurance because of his recent move.

Case Scenario #3

Does Zack qualify for an SEP in Phoenix?

- A. Yes, he recently moved from Yuma County to Maricopa County.
- B. Yes, his income increased.
- C. No, he did not have qualifying health coverage and will not receive an SEP.

Case Scenario #3

CMS guidelines require that a consumer must have qualifying health coverage for how many days to receive a SEP?

- A. 1 out of 60 days
- B. 10 out of 90 days
- C. 18 out of 45 days
- D. Every day for 60 days

Case Scenario #4

Frank is married to Sophia who is four months pregnant. They have three common children Mario (6 yrs.), Luigi (4yrs.) and Bowser (2yrs.). Frank has two children from his previous marriage that he claims on his tax return, Amber (11 yrs.) and Sally (10 yrs.). Frank's children do not live in the household. They live with their mother and are insured through her. Frank is self-employed and earns \$5,500 a month from his tile company. Frank would like to know how he can insure his wife and their children.



Case Scenario #4

Who is eligible for KidsCare?

- A. All the children
- B. Mario, Luigi, Bowser
- C. Amber and Sally
- D. None of the above

Case Scenario #4

Who is eligible for AHCCCS?

- A. Amber and Sally
- B. Sophia
- C. Mario, Luigi, and Bowser
- D. None of the above

Case Scenario #4

Who is eligible for the Marketplace? (Select all that apply)

- A. Frank
- B. Sophia
- C. Mario, Luigi and Bowser

Case Scenario #5

Mary and Sam are married and have coverage through the Marketplace. Sam will be turning 65 in April and will be eligible for Medicare. Mary who is 62 will still need health coverage through the Marketplace. Sam needs to report that his Medicare Part A & B coverage will start on April 1, but he is not sure when he needs to inform the Marketplace.



Case Scenario #5

When should Sam report to the Marketplace that he is now eligible for Medicare Part B?

- A. 30 days after new coverage starts
- B. No need to let the Marketplace know
- C. At least 14 days before you want the coverage to end
- D. None of the above

Case Scenario #5

Medicare Part A counts as minimum essential coverage.

- A. True
- B. False

Case Scenario #6

Tom is a former employee of Hexcel LLC, but now receives long-term disability payments of \$2,000 per month gross. He is enrolled in a COBRA plan that his former employer subsidizes. Tom pays \$150 per month. He received a letter stating that his former employer will no longer be paying the subsidy for his COBRA plan. His plan will now be \$560 per month. It is outside the Open Enrollment period and Tom is looking for assistance to enroll in new health coverage.



Case Scenario #6

Tom qualifies for a Special Enrollment Period (SEP) from Healthcare.gov.

- A. True
- B. False

Case Scenario #6

What special enrollment period status would he qualify under?

- A. Loss of coverage
- B. Medicaid Denial
- C. Affordability

Case Scenario #6

Would he qualify for Advanced Premium Tax Credits (APTC)?

- A. No, Tom will not receive APTC because he is enrolled in COBRA.
- B. Yes, Tom's former employer stopped contributing to his COBRA coverage, requiring him to pay the full cost.
- C. No, Tom only qualifies for APTC during Open Enrollment.

Case Scenario #7

Jane has two children, Chris and Tony. Jane's gross income is \$2,500 per month. She applied for KidsCare in August and the kids were approved. Tony had a severe asthma attack and was hospitalized in June. Jane wants to have the outstanding hospital bill covered because neither child had health insurance at that time.



Case Scenario #7

Will KidsCare cover Tony's hospital bill?

- A. Yes, KidsCare is retroactive.
- B. Yes, Tony has severe asthma and did not have coverage.
- C. No, KidsCare is prospective and not retroactive.

Case Scenario #7

Bonus question: How do you make a KidsCare payment?



Case Scenario #8

Andres is a Lawful Permanent Resident of six years who is married to Amy who currently has an employment authorization card. They have three children. Antonio is 15 years old and currently under Deferred Action for Childhood Arrival (DACA), Manny who is an undocumented immigrant and is 12 years old, and Sara who is a U.S. citizen and is 2 years old. Amy is currently looking for employment and Andres is the sole provider for the family. Andres is a plumber and earns \$3,000 a month in gross income.



Case Scenario #8

Who is eligible for full coverage from AHCCCS?

- A. Andres and Sara
- B. The entire household
- C. Antonio, Manny, and Sara
- D. Andres and Amy

Case Scenario #8

Who is eligible for Federal Emergency Services (FES) through AHCCCS?

- A. Andres and Manny
- B. Amy, Sara and Antonio
- C. Amy, Antonio and Manny
- D. None of the above

Case Scenario #8

Who is eligible for Marketplace?

- A. Andres and Amy
- B. Amy
- C. The entire household
- D. Antonio, Manny, and Sara

Case Scenario #9

Blaine has been receiving SSDI in the amount of \$1,500 a month since January 1, 2019. Blaine's AHCCCS coverage was terminated on January 31, 2019 for being over income. Blaine states that he was not worried because he knew that he would go into Medicare. Blaine has been feeling sick and went to see a doctor but when he got to his appointment he was charged \$85. Blaine requested an explanation and was informed that his AHCCCS coverage had ended and he had no other health insurance. Blaine comes into your office on May 10, 2019 because he was under the impression that because he has been receiving SSDI he automatically qualifies for Medicare. He wants you to help him understand why he's paying for his medication and doctor visits.



Case Scenario #9

Is Blaine eligible for Medicare?

- A. Yes
- B. No

Case Scenario #9

Does Blaine qualify for an SEP?

- A. Yes
- B. No

Case Scenario #9

What would you do next? Select all that apply.

- A. Explain to Blaine when he would be eligible for Medicaid.
- B. Provide him with the HealthCare.gov list of Brokers.
- C. Give Blaine the information to a SHIP Counselor for Medicare.
- D. Submit an application for Marketplace and Medicaid.
- E. Provide the dates for OE7

Case Scenario #10

Edgar is 63 years old and retired. Edgar made an appointment during Open Enrollment to see a Navigator because he wanted assistance in reviewing his health coverage options. Edgar was previously covered under AHCCCS health insurance, but became ineligible due to a change in his income. Edgar currently receives \$1,400 from Social Security and receives a monthly disbursement of \$2,000 from his 401k. Edgar is not sure if he'll qualify for subsidies through the Marketplace.



Case Scenario #10

Is Edgar eligible to enroll in the Marketplace?

- A. Yes
- B. No

Case Scenario #10

Edgar does not have to report the money he is retrieving from his 401k.

- A. True
- B. False

Case Scenario #11

Alisa and Mike are married with three kids. Alisa is a DACA recipient and her husband Mike is a Legal Permanent Resident of four years. They have two common children Nancy (6 years old) and Melissa (7 years old) who are both U.S citizens. Tony, the oldest of the three is 10 years old and a U.S citizen. Tony is from Mike's previous relationship. Mike receives \$500 a month in child support for Tony's care. Mike is the sole provider of the family and earns \$3,900 a month in gross income. Mike and Alisa plan on filing their taxes jointly and will claim all three children as dependents. They make an appointment to see if they can apply for AHCCCS.



Case Scenario #11

Do you include the \$500 from child support in their application?

- A. Yes
- B. No

Case Scenario #11

Who is potentially eligible for KidsCare?

- A. Nancy, Melissa and Tony
- B. Nancy and Melissa
- C. No one

Case Scenario #11

Alisa and Mike can apply for coverage through the Marketplace.

- A. True
- B. False

Case Scenario #12

Diane, a 25 year-old college student, is self-employed. She grosses \$42,000 per year, but her net income is \$23,000 per year. She is also part of the Hopi tribe and sells her Native American art and grosses an additional \$5,000 per year. She wants to apply for health insurance outside the Open Enrollment period. Please answer the following questions.



Case Scenario #12

Is Diane able to enroll in health insurance outside the Open Enrollment period?

- A. Yes
- B. No

Case Scenario #12

When you are completing Diane's application should you count her income from selling Native American art as part of her income?

- A. Yes
- B. No

Case Scenario #13

Denise, her husband, and her two children have coverage through the Marketplace. Denise was laid off from work and needed to report a change in her application. Her husband was now the sole provider and is working at the same company as a contractor. This was their first time reporting a change and wanted to know what steps to take. Denise also wanted to know how their premium would be affected. Denise submitted her change on April 1st. Denise wasn't happy with the eligibility results, she expected her premium to be less now that there was only one income in the household.

visits.



Case Scenario #13

Where can Denise report a change for her Marketplace application?

- A. Marketplace Call Center
- B. Healthcare.gov
- C. In person assister (Navigator/CAC)
- D. All of the above

Case Scenario #13

How long does Denise have to submit an eligibility appeal?

- A. 60 Days
- B. 90 Days
- C. 120 Days

Case Scenario #13

How long does the Marketplace have to make a determination on Denise's appeal?

- A. 30 days
- B. 60 days
- C. 90 days

Case Scenario #14

Melanie is an undocumented immigrant who sells tamales to support her family. She earns \$3,900 per month. Melanie has three children, Natalie 17 years old, who has a DACA status, Liliana 16 years old who is a Lawful Permanent Resident of three years. Natalie works at a local restaurant earning \$150 twice a month. Melanie just had her third child, a boy named Derek. Melanie will receive an additional income from child support of \$25 per week for just her newborn. Melanie needs to apply for coverage for her three children.



Case Scenario #14

Who will qualify for KidsCare?

- A. Derek
- B. Natalie and Derek
- C. Natalie, Liliana and Derek
- D. None of the above

Case Scenario #14

Liliana is not eligible to go to the Marketplace.

- A. True
- B. False

Case Scenario #15

John (Hopi) is married to Mary who is not native. They have three kids together, aged 6, 12, and 19, each enrolled with the Hopi tribe. They receive their primary care from the Hopi Indian Health Services and are uninsured. While playing outside, their youngest child Billy hit his head and became unconscious. John and Mary rush Billy to the Hopi Health Facility to treat Billy's injury. His injury was too severe for Hopi IHS to treat due to the lack of resources. Hopi health providers recommended that Billy be transferred to an off-reservation facility for specialized treatment that they cannot provide. John does not feel comfortable with Billy being transferred to an off-reservation health facility because he fears the cost of treatment and trusts the Hopi providers he usually sees for his family's health care needs.



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Case Scenario #15

IHS does not meet the requirement of Minimum Essential Coverage ?

- A. True
- B. False



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Case Scenario #15

What options do John and his children have for healthcare coverage?

- A. AHCCCS
- B. Marketplace
- C. File an exemption
- D. All of the above



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Case Scenario #15

Tribal Members have year round enrollment through Healthcare.gov. Does this apply to Mary?

- A. Yes
- B. No



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Case Scenario #16

Ben and his wife Andrea come into the office on September 10, 2019 seeking help with their health insurance options. They had previously submitted a Marketplace application and were determined AHCCCS eligible. Ben doesn't understand why they would be sent to AHCCCS when their coverage ended on August 31, 2019 when he started receiving his SSDI in the amount of \$1,900 a month. Since he was confused he decided not to continue with the application. Ben also explained that Andrea is pregnant and only receives \$1,000 a month in SSI.



Case Scenario #16

What are your next steps with Ben and Andrea? Select all that apply

- A. Submit an application for AHCCCS like Marketplace asked.
- B. Tell them there's nothing you can do and that AHCCCS and the Marketplace will have to sort it out.
- C. Explain to Ben that the SSI income his wife is receiving is not countable income for Marketplace which is why the Marketplace determined them AHCCCS eligible.
- D. Inform Ben that you will help him review the application and upload the AHCCCS denial letter.



Case Scenario #16

Is Andrea potentially eligible for AHCCCS?

- A. Yes
- B. No

Case Scenario #17

Brad and Carrie are married and file taxes together. Brad is the sole provider of the household and is projected to make a gross income of \$60,000 for 2019. Brad is offered employer sponsored insurance for him and his wife but he is not sure if he can afford it. He only has a couple more weeks until his employer's open enrollment ends. Brad and Carrie are curious about what other options they may have so they make an appointment with a Navigator during the Marketplace Open Enrollment period. Brad brings the Employer Coverage Tool to his appointment. Brad's employee only premium is \$150 per month. If he adds his wife he'll have to pay \$700 a month.



Case Scenario #17

What percentage of the household annual income goes towards the employer sponsored insurance premium?

- A. 3%
- B. 14%
- C. 25%
- D. 2%

Case Scenario #17

How do you assist Brad and Carrie with their next steps? Select all that apply

- A. You do nothing.
- B. You submit the Marketplace application, view the plans and tell them that the QHP's in the Marketplace are the better option.
- C. You explain the affordability guidelines and its impact on subsidy eligibility.
- D. You take them through the application and compare the Marketplace QHP's with Brad's employer sponsored insurance.



Case Scenario #17

What is the affordability threshold for 2019?

- A. 10.1%
- B. 9.75%
- C. 8.96%
- D. 9.86%

Case Scenario #18

On September 2, 2019 Jennifer comes into your office seeking health insurance for her family. Jennifer is a Lawful Permanent Resident of six years and is married to Marc who is a U.S citizen. They have two children. A three year old named Raul and eight year old name Rafaela. Both children are U.S citizens. Jennifer and Marc file taxes together and claim both children as dependents. Jennifer and Marc's tax return for 2018 reflected a net income of \$33,000 from her business. On August 28, 2019 Marc and Rafaela had to be hospitalized due to severe stomach pains. Jennifer is very worried about how she is going to pay for the hospital bills and asks for help.



Case Scenario #17

What programs is the family potentially eligible for?

- A. AHCCCS
- B. KidsCare
- C. Marketplace
- D. None of the above

Case Scenario #18

Are Marc and Rafaela eligible for prior quarter coverage?

- A. Yes, based on their income and family size they are potentially eligible for prior quarter coverage.
- B. No, only Marc would qualify for prior quarters.
- C. Yes, because they had an emergency.
- D. No, only Rafaela is potentially eligible for prior quarters because she is under the age of 19.

Case Scenario #19

Nicolas and his family go for assistance to one of the Volunteer Income Tax Assistance (VITA) sites to file their taxes for the year. Nicolas, his wife, and his son had coverage through the Marketplace. The family received financial assistance that included APTC's and CSR's to help lower their premiums and out of pocket costs.



Case Scenario #19

Will Nicolas and his family have to do tax reconciliation?

- A. Yes
- B. No

Case Scenario #19

What will Nicolas have to reconcile?

- A. APTC
- B. CSR
- C. A and B
- D. None

Case Scenario #19

What forms will Nicolas need to do tax reconciliation?

- A. 1095-A and 8962
- B. 1095-B and 8962
- C. 1095-C
- D. None of the above

Case Scenario #20

Rosemary and Dominic are domestic partners and U.S. Citizens. Rosemary and Dominic have been living together in Arizona for the last five years. They file their taxes separately. They have two children: Mia, 5 years old, and Donovan, 2 years old. Dominic claims both children as dependents on his tax returns. Dominic works as a manager at a restaurant and earns \$40,000 annually. Rosemary runs a child care service on her own (she has no employees) and earns \$19,000 annually.

Case Scenario #20

How should Rosemary and Dominic apply for Marketplace health coverage?

- A. Submit one application: List Dominic as an applicant and applying for coverage for Mia, and Donovan, and include Rosemary as a tax filer.
- B. Submit one application: Rosemary is the applicant filer and applying for coverage for Dominic, Mia and Donovan.
- C. Submit two applications: One application with Dominic as the application filer and applying for coverage for himself, Mia, and Donovan; include Rosemary as a non-applicant. One application with Rosemary as the application filer and applying for coverage; include Dominic, Mia, and Donovan as non-applicants.
- D. None of the above

Case Scenario #20

Are Rosemary and Dominic both eligible for financial assistance to make health coverage more affordable?

- A. No. Based on their incomes and respective household sizes, only the applicant who has tax dependents and applying for coverage for them should qualify for advance payments of the premium tax credit (APTC) because, assuming they meet all other eligibility criteria, their incomes are between 100% to 400% of the federal poverty level, and they aren't eligible for Medicaid or the Children's Health Insurance Program (CHIP).
- B. Yes. Based on their incomes and respective household sizes, both Rosemary and Dominic could potentially qualify for advance premium tax credits (APTC) because, assuming they meet all other eligibility criteria, their incomes are between 100% to 400% of the federal poverty level, and they aren't eligible for Medicaid or the Children's Health Insurance Program (CHIP).
- C. None of the above



Case Scenario #21

Juan and his wife Alejandra come in to your office to apply for Marketplace Health Insurance for their family. They have two daughters: Brittany (8 yrs) and Sofia (13 yrs) U.S. citizens. Juan is self employed and projected his income will be \$29,000 in 2019, which is \$10,000 less than 2018. Alejandra receives SSDI of \$1650 monthly (not Medicare eligible); and Brittany receives SSI of \$733 monthly. Juan and his wife will file taxes and claiming both of their daughters as dependents. During the process, Juan decided to apply for health coverage for himself, Alejandra, and Sofia. After Juan chooses a health plan the Marketplace is now requesting income verification.



Case Scenario #21

Whose income is the Marketplace requesting verification from?

- A. Juan and Brittany
- B. Juan, Alejandra, and Sofia
- C. Juan and Alejandra
- D. Juan

Case Scenario #21

Juan provides his 1040 tax forms for 2018, and other income verification. What other supportive document **MUST Juan provide to the Marketplace?**

- A. Verification of residence
- B. An explanation of any income discrepancies
- C. Verification of Brittany's SSI
- D. No more is needed

Case Scenario #21

Does the Navigator include Brittany in the application, including her SSI payments?

- A. Yes, Include everyone and all income.
- B. Yes, but not her SSI payments.
- C. No, because they are not applying for her.
- D. Yes, only if Juan applies for her in his application.

Case Scenario #22

Ross comes into your office to apply for AHCCCS for his girlfriend Rachel and her children Monica and Chandler. During the interview, Ross explains that he works the third shift at Elite Warehouse earning a total of \$1,200 a month. Rachel works the first shift at Elite Warehouse and earns the gross amount of \$1,500 a month. Rachel also receives \$100 a week in child support for the care of Monica and Chandler. Rachel works during the morning and has asked Ross to go in and apply for her. Ross states that even when they lived in New Mexico he was the one submitting the application. Ross has all the required documentation and is asking you to help him apply.



Case Scenario #22

What would be the best course of action?

- A. **Submit the application-** Since he has all the documents with him he must be telling the truth.
- B. **Reschedule the appointment- Provide** him with an Authorized Representative form and ask him to schedule another appointment to apply on Rachel and her children's behalf.
- C. **Submit the application- Give** him the forms after and ask him to bring it back to you at a different time.
- D. **Submit an application and schedule another appointment-** Let him know that you can submit an application for him but will need to schedule another appointment to apply on Rachel and her children's behalf. You provide him with the Authorized Representative form that needs to be filled out by Rachel.

Case Scenario #22

Who can be an Authorized Representative? Select all that apply.

- A. Neighbor
- B. Family member
- C. Partner
- D. Assistor Organization
- E. All of the above



Case Scenario #23

Kassandra and Oscar are married and have a blended family. They each have a child from a previous relationship as well as one child from their current marriage. Oscar and Kassandra moved to Arizona five weeks ago and lost their employer sponsored coverage. Kassandra started a part time job as a waitress in a local restaurant earning \$2,800 a month before taxes. Kassandra is also receiving \$400 in child support from her ex-husband. Oscar works at Amazon earning a monthly gross amount of \$3,000. Kassandra and Oscar plan to file 2019 taxes as married filing jointly and claiming all the children as dependents.



Case Scenario #23

Who is eligible to enroll in the Marketplace?

- A. Kassandra and Oscar
- B. Only common children
- C. Step-children
- D. The entire household

Case Scenario #23

What SEP does family qualify under?

- A. Change in household
- B. Change in residency
- C. Change in income
- D. All of the above

Case Scenario #24

Lisa is 19 years old and attends Northern Arizona University on a full time basis. Every summer, Lisa comes back to Phoenix to stay with her parents and two younger siblings. Lisa's parents claim her as a dependent on their taxes. They recently received their renewal letter from Health-e-Arizona Plus and are unsure of what to do. They schedule an appointment with an Assistor.



Case Scenario #24

Should Lisa still be included on their renewal application?

- A. Yes, because her parents claim her as a dependent.
- B. No, because she is attending college on a full time basis.

Case Scenario #24

Lisa's parents need to obtain an Authorized Representative form in order for them to apply on her behalf.

- A. True
- B. False

Case Scenario #25

Tanya and Sean are married and have coverage through the Marketplace. They have a silver plan and are receiving APTCs and CSR. Tanya will be turning 65 on November 2nd of this year. Tanya makes an appointment with a Navigator to discuss the upcoming changes. Tanya explains that she spoke with a community representative at a health fair who stated that she can have both Marketplace and Medicare as long as she does not take Medicare Part B. Tanya knows that she will receive part A starting November 1, 2019 because she earned sufficient credits. Her husband who is 63 years old will continue to have coverage through the Marketplace but is also considering having Medicare and Marketplace coverage.



Case Scenario #25

Medicare part A counts as minimum essential coverage.

- A. True
- B. False

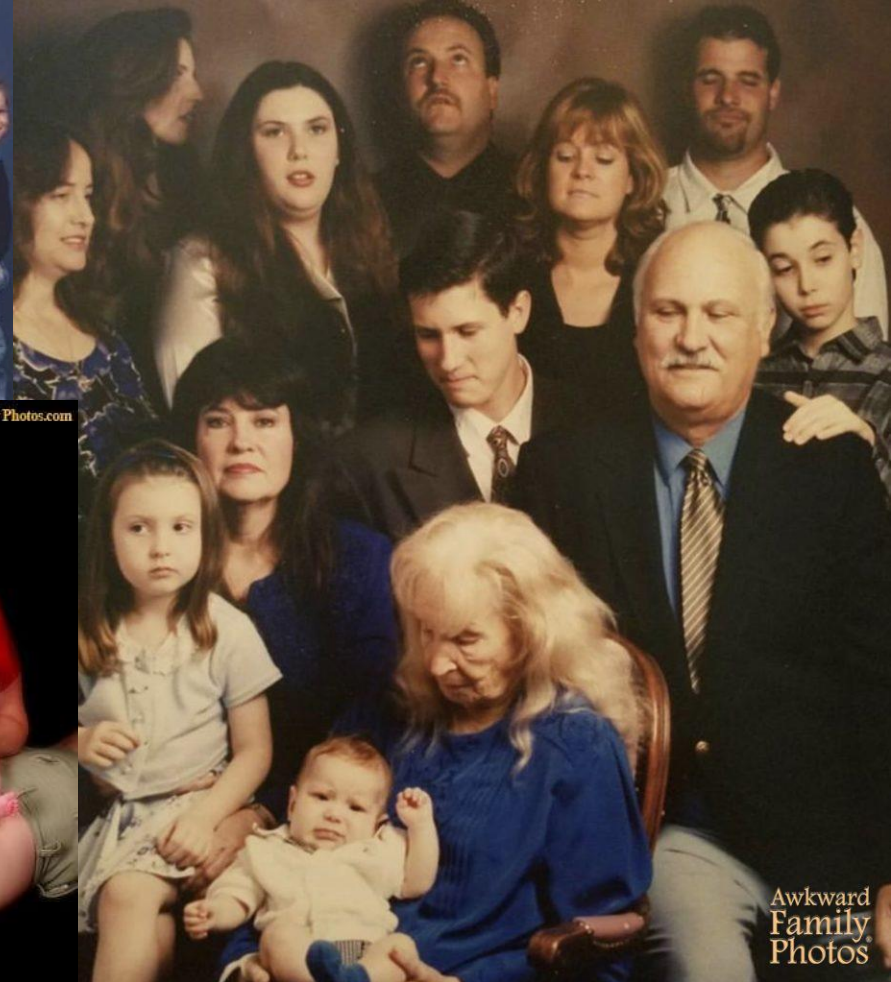
Case Scenario #25

If Tanya decides to keep her Marketplace coverage will she still be eligible to receive subsidies as long as she waives Medicare Part A and B.

- A. Yes
- B. No



Family Photo & Lunch



Awkward
Family
Photos

AHCCCS Updates



Cover Arizona Assister Training

Dana Flannery

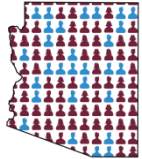
AHCCCS Assistant Director

Division of Community Advocacy and
Intergovernmental Relations



Who We Are

A managed care system that mainstreams recipients, allows members to select their providers, and encourages quality care and preventive services.



Largest Insurer in AZ
Covers 1.9 million individuals and families



Covers 50% Of all Births



Covers 2/3 of nursing facility days



AHCCCS uses federal, state, and county funds to provide health care coverage to the State's Acute and Long-Term Care Medicaid populations.

\$14,500,000+
Program



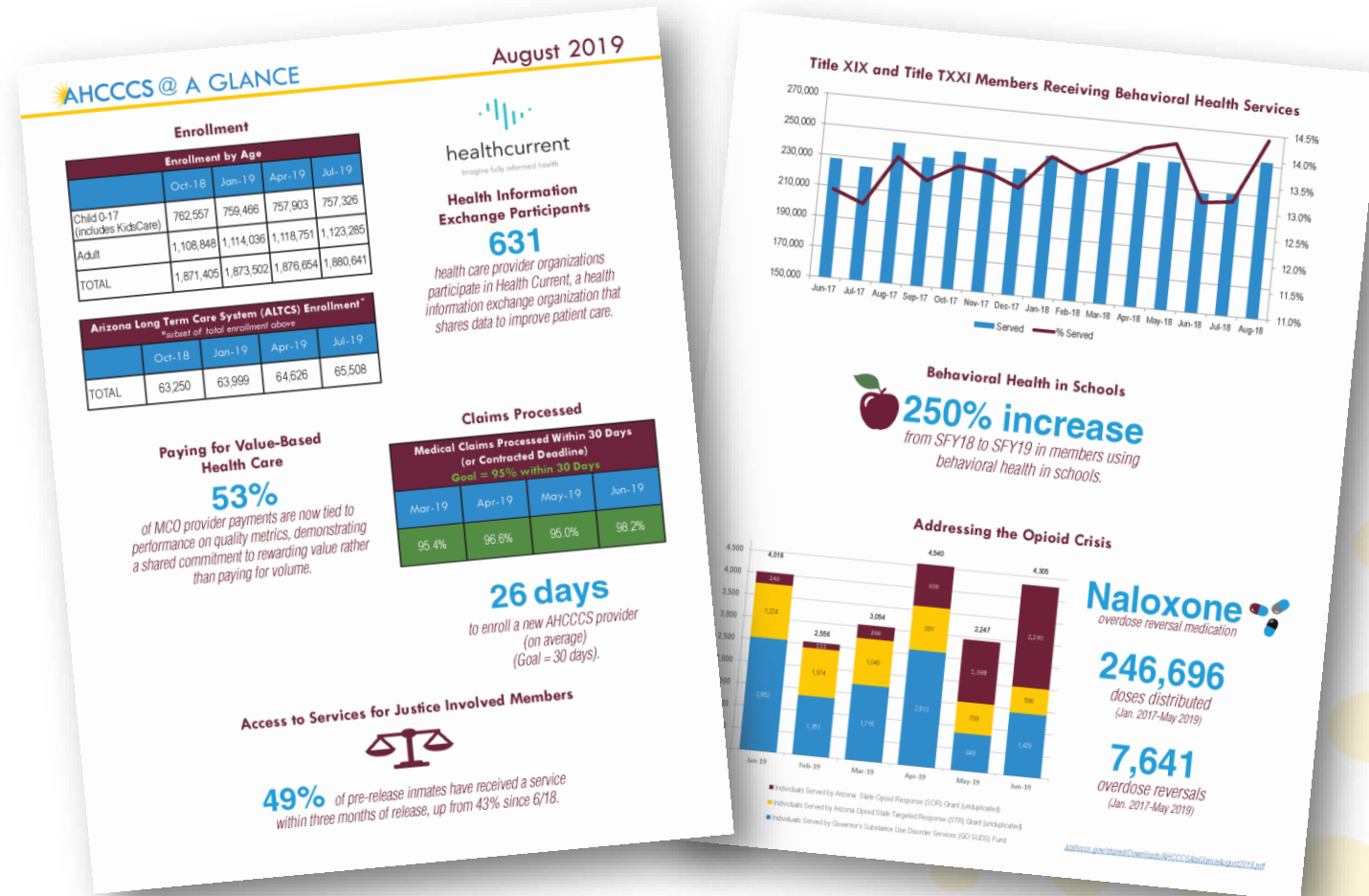
Payments are made to 15 contracted health plans, known as Managed Care Organizations (MCOs), responsible for the delivery of care to members.



87,906 Registered Healthcare Providers

Reaching across Arizona to provide comprehensive quality health care for those in need

AHCCCS at a Glance



Empower yourself... ONE-PAGERS

Info at a Glance

Download and print these handy one-page fliers to help you navigate behavioral health care needs and advocate for you and your family.



Your Health Care Rights

You have a voice and a choice in your health care decisions. Learn how to be your own advocate.

[No Wait Lists](#)

[You Have a Voice and Choice](#)

[Sharing Health Information With Family and Friends Of Adult Members](#)

[Services for AHCCCS Members Without a Serious Mental Illness](#)

[Hospital Discharge Plan](#)

[Standards Appointment Availability](#)



Foster Care, Kinship and Adoptive Families

If you are a foster parent or kinship/adoptive caregiver, learn more about your health care choices.

[Foster Caregiver FAQs - English](#) | [Spanish](#)

[Crisis Services for Children in Foster Care Bilingual](#)

[BHS Children in Foster Care Bilingual](#)



Peer and Family-Run Organizations

Familiarize yourself with the family support services available to you from family-run organizations.

[Family-run Organizations](#)

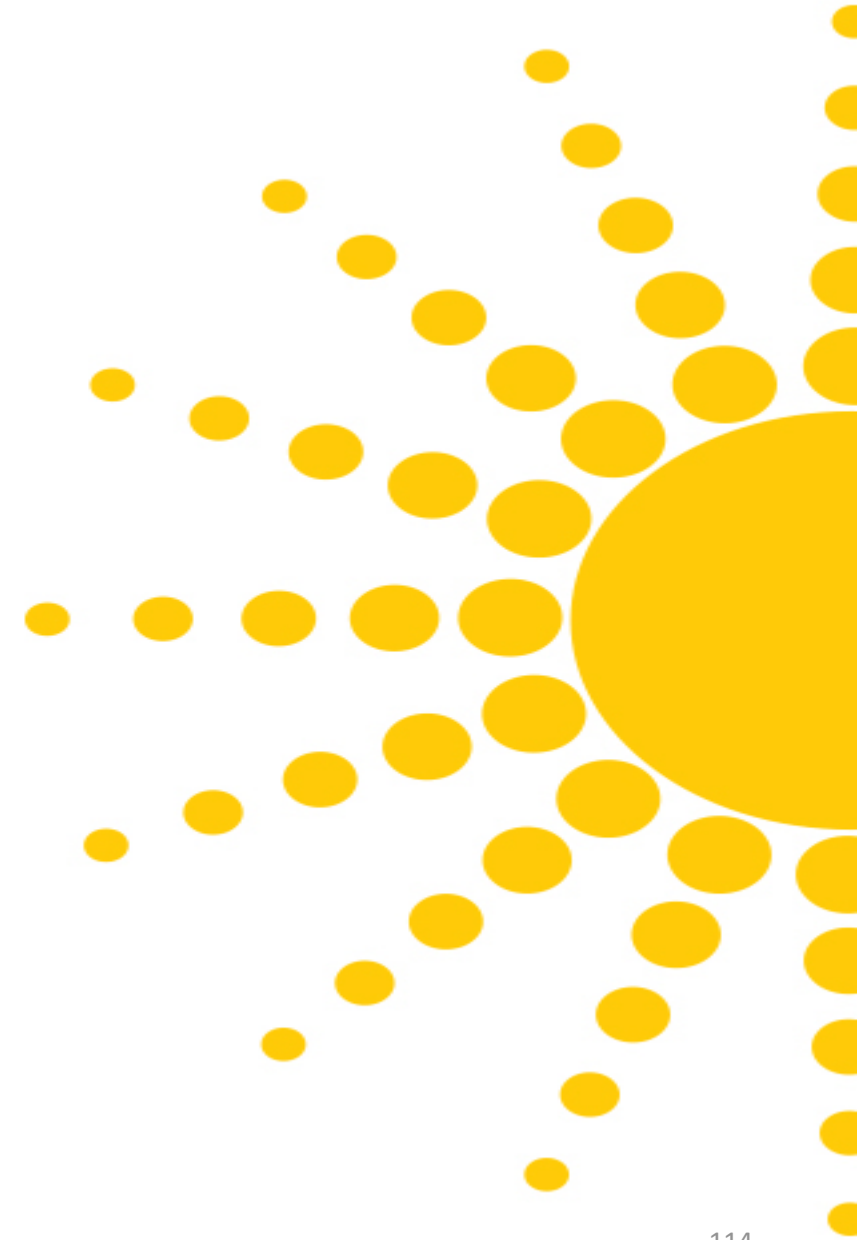
[Peer and Family-Run Organizations](#)

There are more than this but this just gives a glance... You can also sign up for OIFA's weekly newsletter

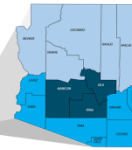
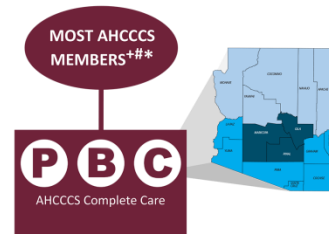
Office of Individual and Family Affairs

[Subscribe to our Friday Newsletter](#)

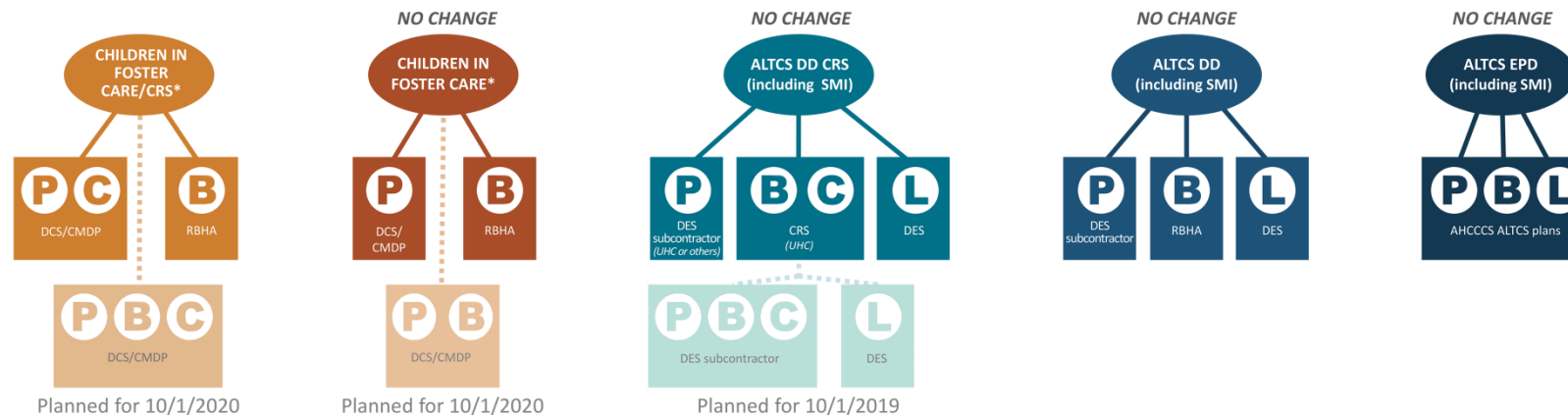
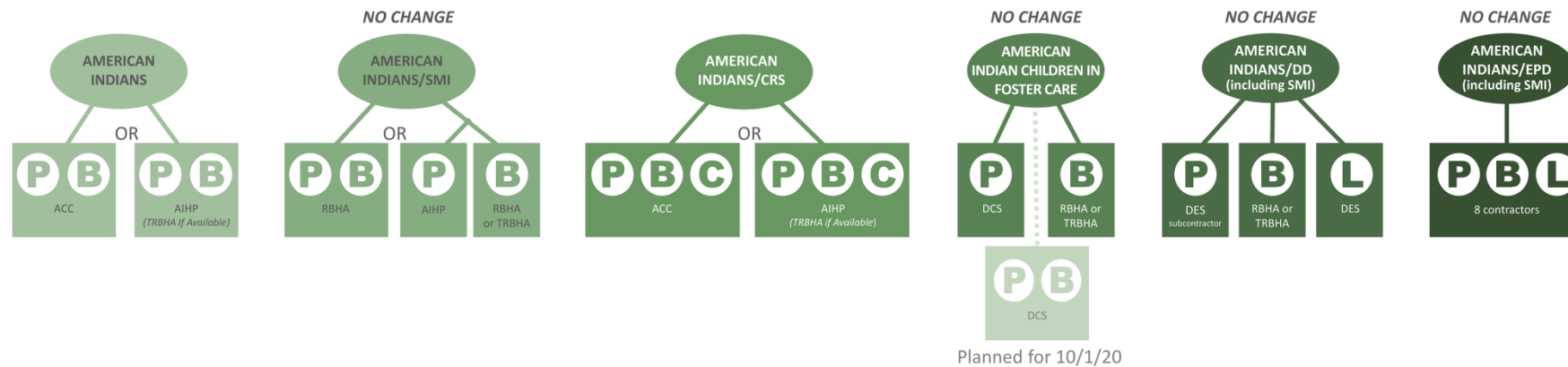
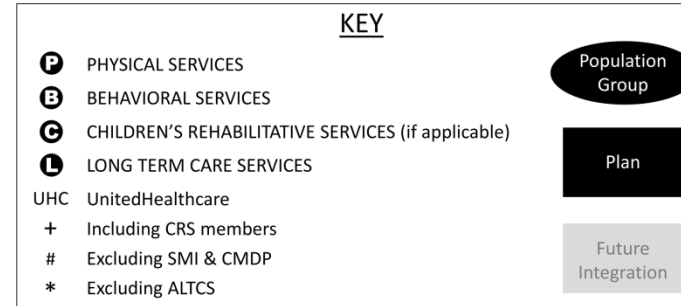
Timeline for Integration



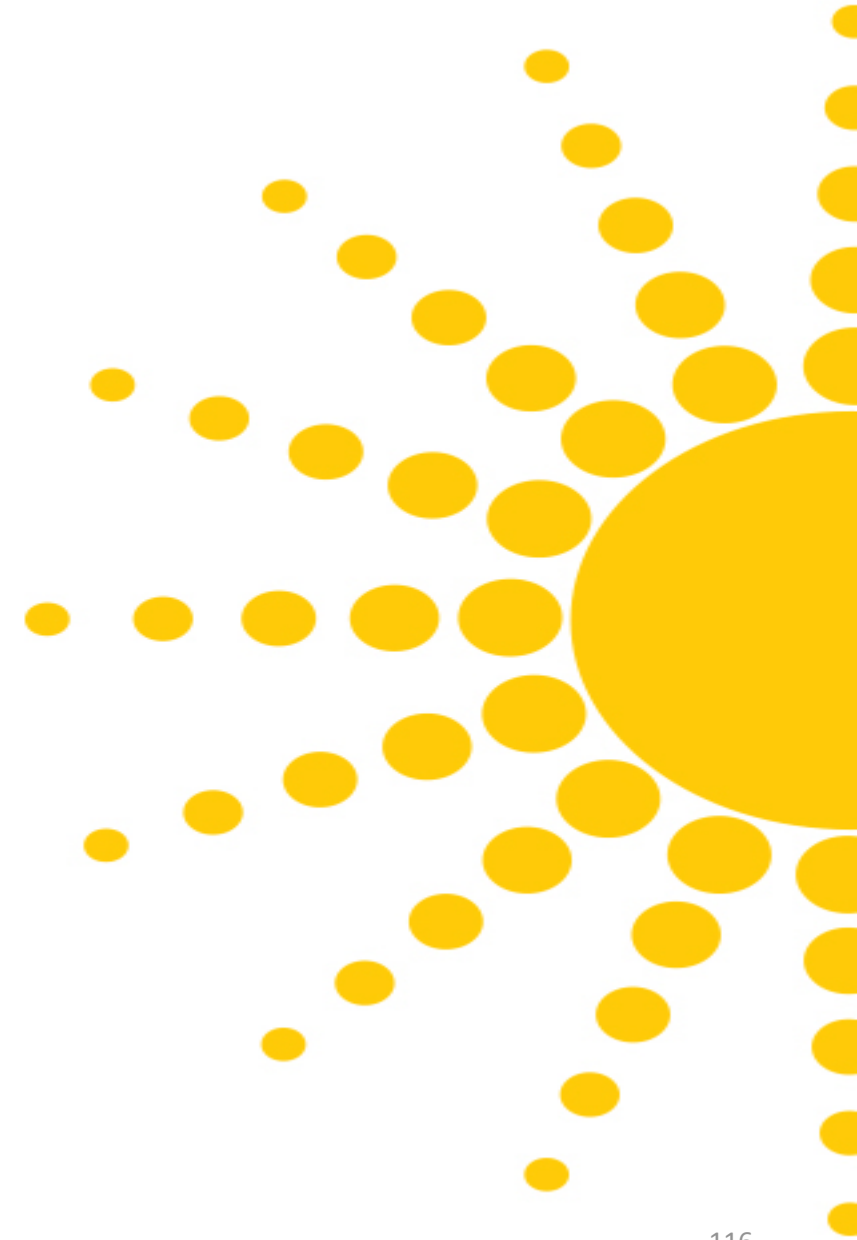
2018-2019 AHCCCS COMPLETE CARE (ACC) INTEGRATION



This represents a change only for SMI/CRS members.

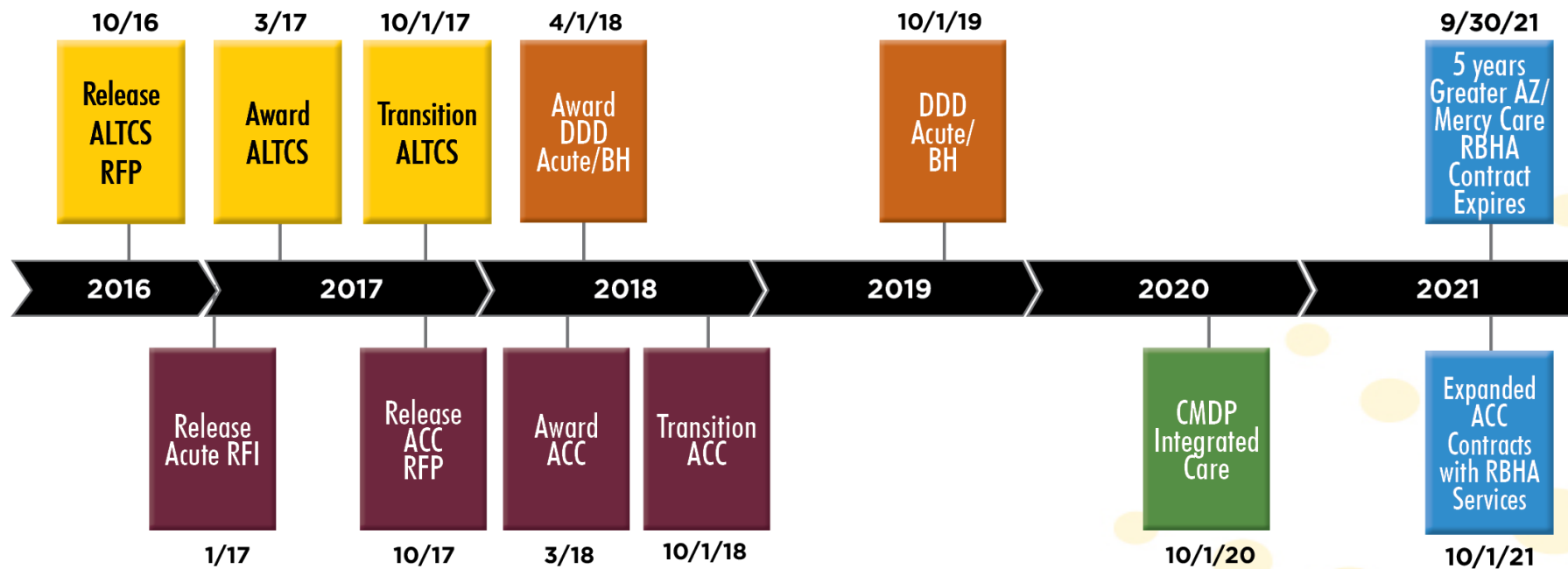


More changes to come....



AHCCCS Contract Timeline







AHCCCS Contract Timeline



RBHA Services Transfer RFI

Requests for Information (RFIs)

YH19-0084 RBHA Services Transfer

- **Due Date:** March 14, 2019, 3:00 P.M. Arizona Time
- **Deadline for Questions:** February 21, 2019 5:00 P.M. Arizona Time
- **Notice of Request for Information** 
 - Questions and Answers Form 
 - Solicitation Amendment 1 
 - Appendix 
 - Revised Appendix 3/8/19 
 - Solicitation Amendment 2 

What is an RFI?

- A request for information allows AHCCCS to engage stakeholders and gain feedback on a path forward continuing the journey of integrated health care in Arizona.
- Responding to an RFI allows you the chance to inform AHCCCS of opinions and matters to be considered in next steps.

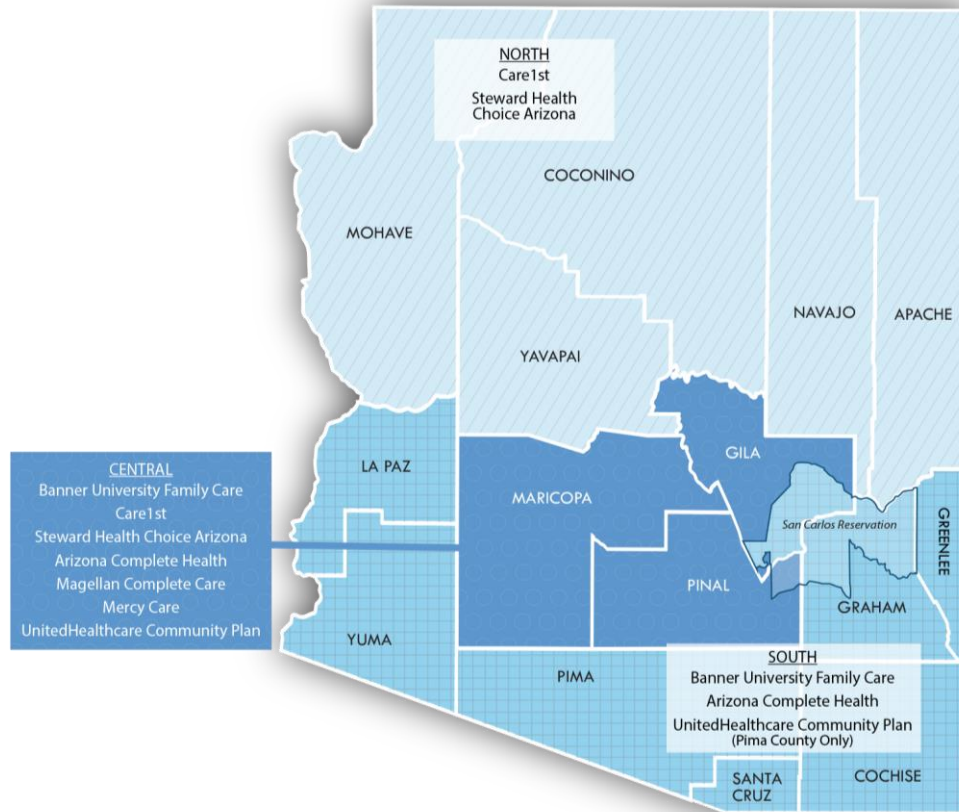
Current status with RBHA services

Regional Behavioral Health Authorities (RBHAs) currently continue to provide and serve:

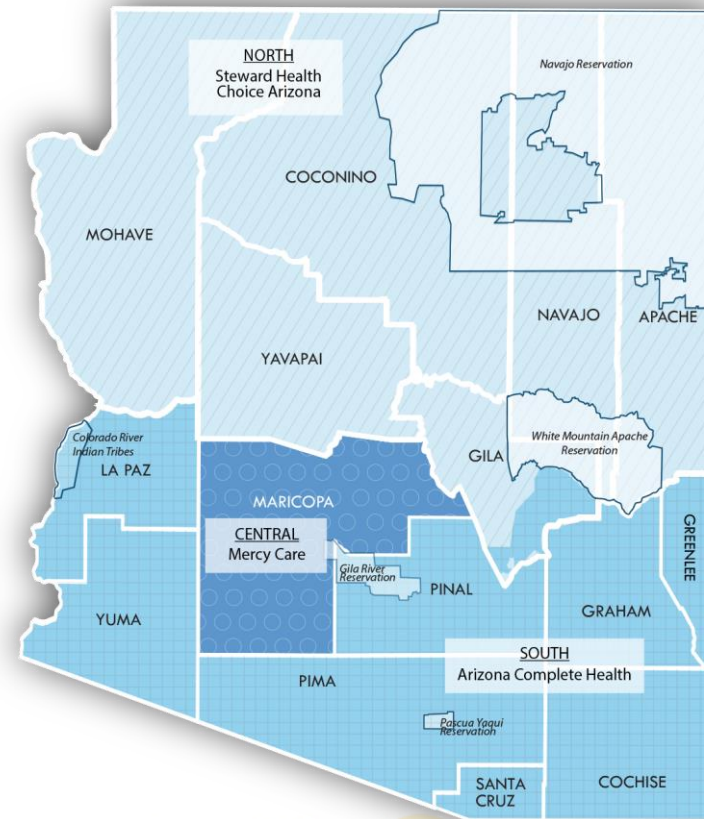
- Foster children enrolled in CMDP
- Members enrolled with DES/DD;
- Individuals determined to have a serious mental illness (SMI)
- Crisis services, grant funded, and state-only funded services
 - Populations:
 - Northern GSA Enrollment 5,725
 - Central GSA Enrollment 21,597
 - South GSA Enrollment 13,352

Geographic Service Areas

AHCCCS Complete Care (ACC) Services Map



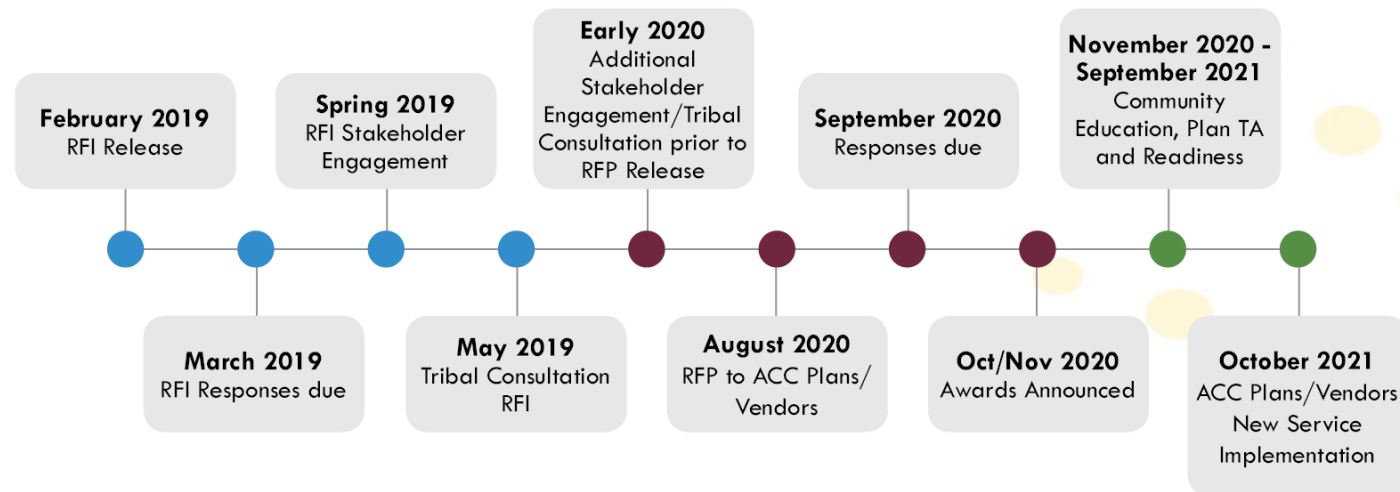
RBHA/TRBHA and Crisis Services Map



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

Next steps

- In ACC RFP it announced AHCCCS sole discretion to allow at least one ACC plan in each GSA to expand services to those served by a RBHA
- No sooner than 10-1-20



SMI Specific Responsibilities

- What should AHCCCS consider to maintain focus on the needs of individuals with an SMI as the responsibilities are blended within one plan?



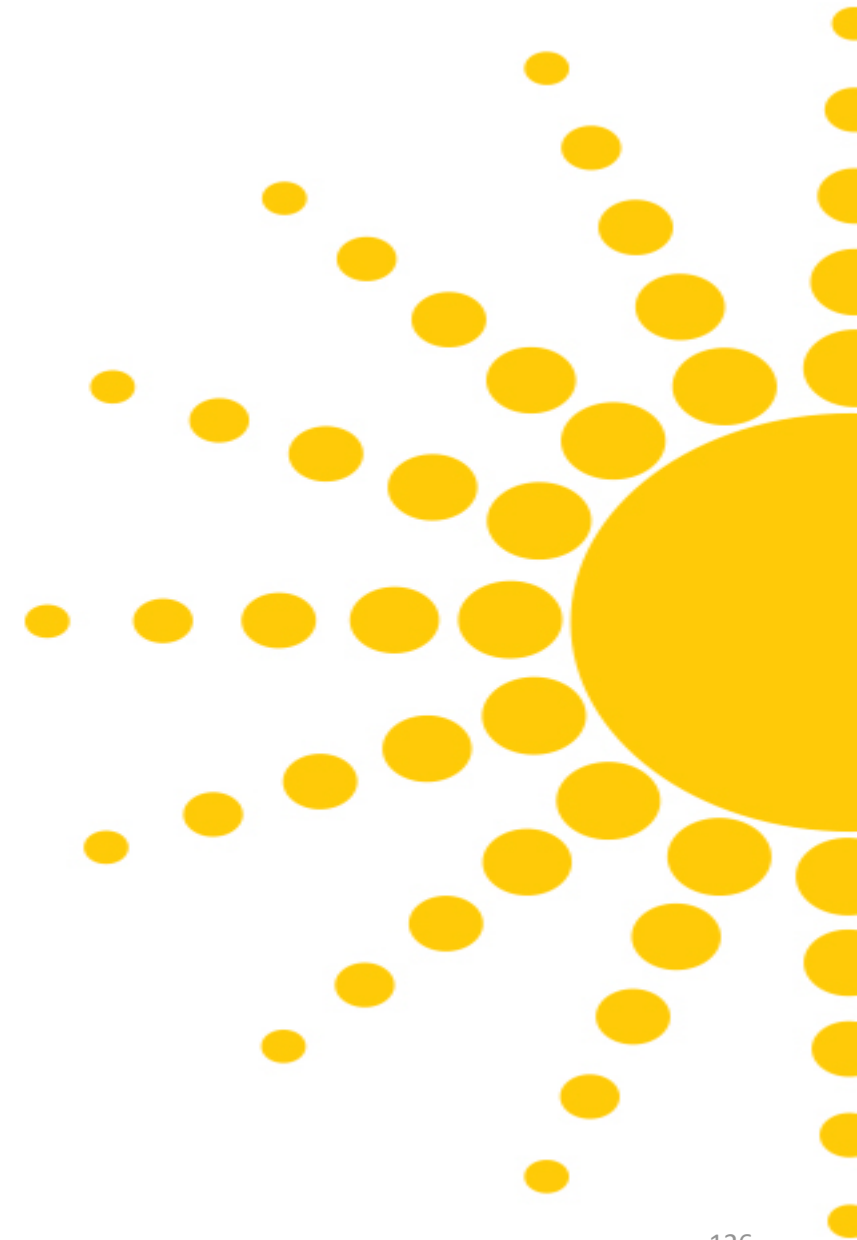
Telehealth Policy

Out for public comment

Telehealth

- Revision to telehealth policy scheduled for 10/1/19
 - Broadening of POS allowable for distant and originating sites (including home)
 - Broadening of disciplines able to offer telehealth services, generally, to any AHCCCS enrolled provider
 - Broadening of coverage for telemedicine (real time, remote patient monitoring)
 - No rural vs. metro limitations
 - MCOs retain their ability to manage network and leverage telehealth strategies as they determine appropriate

What is a Waiver and State Plan?



1115 Waiver & State Plan Overview

- States have flexibility in designing the their Medicaid program, and they can change aspects of their program at any time
- However, states must apply for and receive approval from the Centers for Medicare and Medicaid Services (CMS) before making changes to the program
- Two ways a state can go about changing their program:
 - A State Plan Amendment (SPA)
 - A Waiver

State Plan & 1115 Waiver Comparison

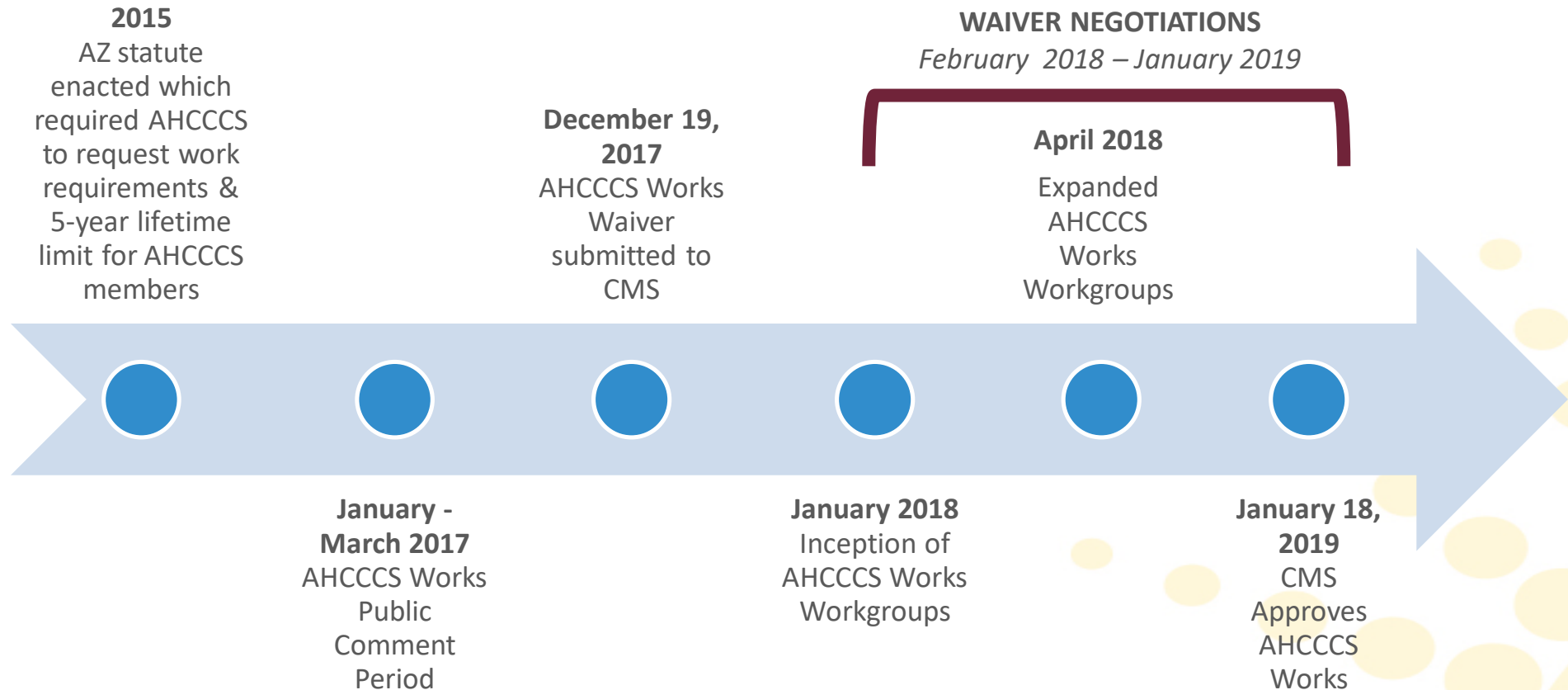
	State Plan Amendment	1115 Waiver
Submission to CMS	Proposed changes to Medicaid State Plan. Changes must comply with federal Medicaid requirements.	Formal request to have certain federal Medicaid requirements waived
What States Can Request	Can address any aspect of Medicaid program administration--e.g. eligibility, benefits, services, provider payments, etc.	Seek changes that cannot be implemented through state plan amendments.
Budget Requirements	No cost or budget requirements	Cost neutral to the federal government
Approval Process	90 day clock that can be suspended if CMS request information from state.	Approval process includes robust public notice process and extensive negotiations with CMS.
Duration of Approval	Permanent	Time limited. Must be renewed every 5-years.



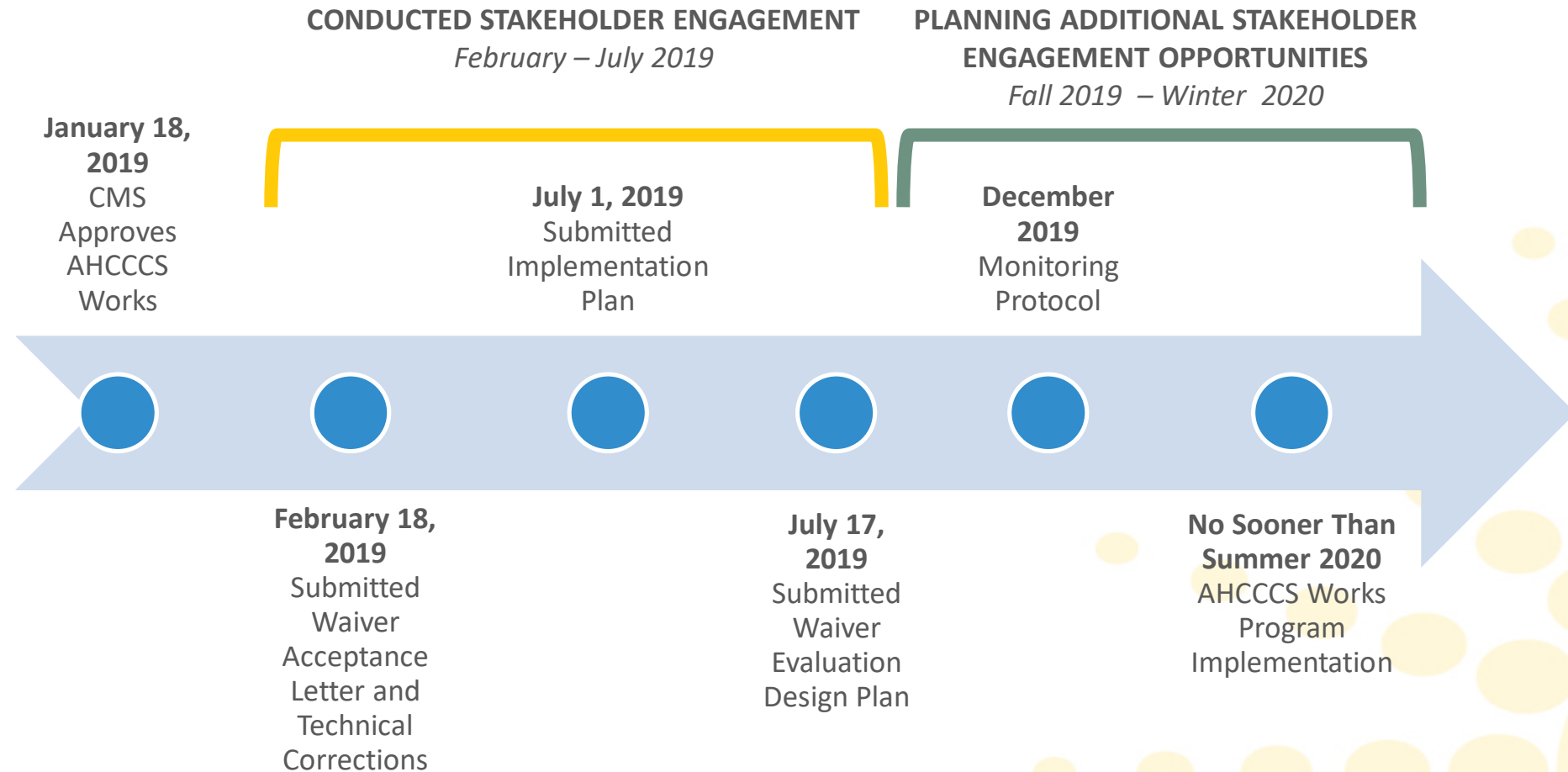
Section 1115 Community Engagement Demonstration Implementation Plan



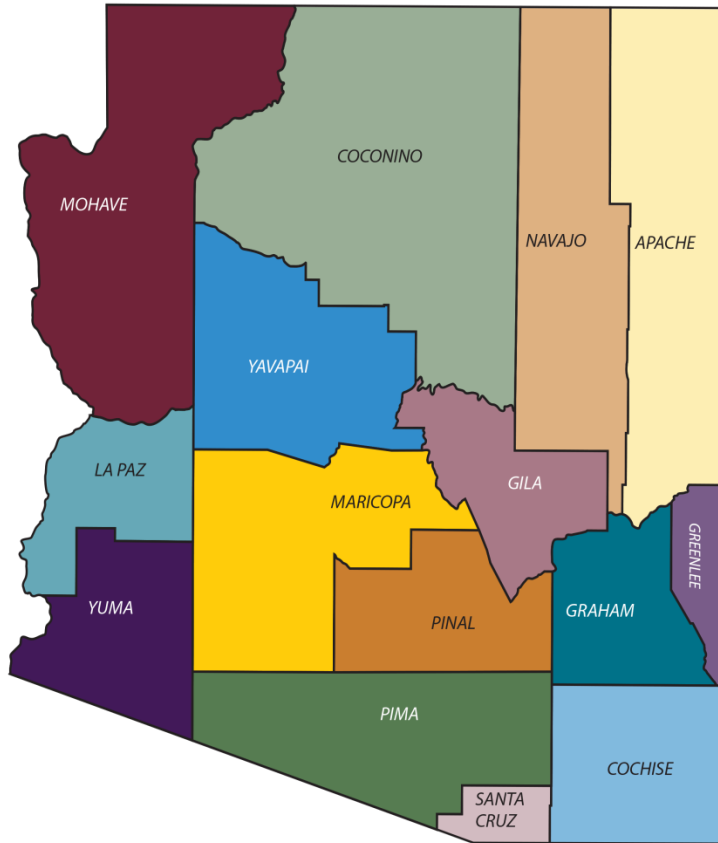
Background on Arizona's CE Demonstration



Background on Arizona's CE Demonstration



Stakeholder Engagement and Education



- AHCCCS leveraged an in-house peer and family group as well as community-based organizations to obtain members' perspective regarding critical aspects of the implementation plan.
- Staff also hosted several community and tribal specific forums around the state to obtain member and stakeholder perspective regarding implementation of CE requirements in their particular geographic area.

AHCCCS Works Unique Program Features

1st

- First in the nation to exempt members of federally recognized tribes
- First in the nation to allow members who are suspended to automatically re-enrolled at the expiration of the Suspension Period as long as they meet all other eligibility criteria

AHCCCS Works Requirements

- No sooner than **Summer 2020**, able-bodied adults* 19-49 who do not qualify for an exemption must, for at least 80 hours per month:
 - Be employed (including self-employment);
 - Actively seek employment;
 - Attend school (less than full time);
 - Participate in other employment readiness activities, i.e., job skills training, life skills training & health education; or
 - Engage in Community Service.

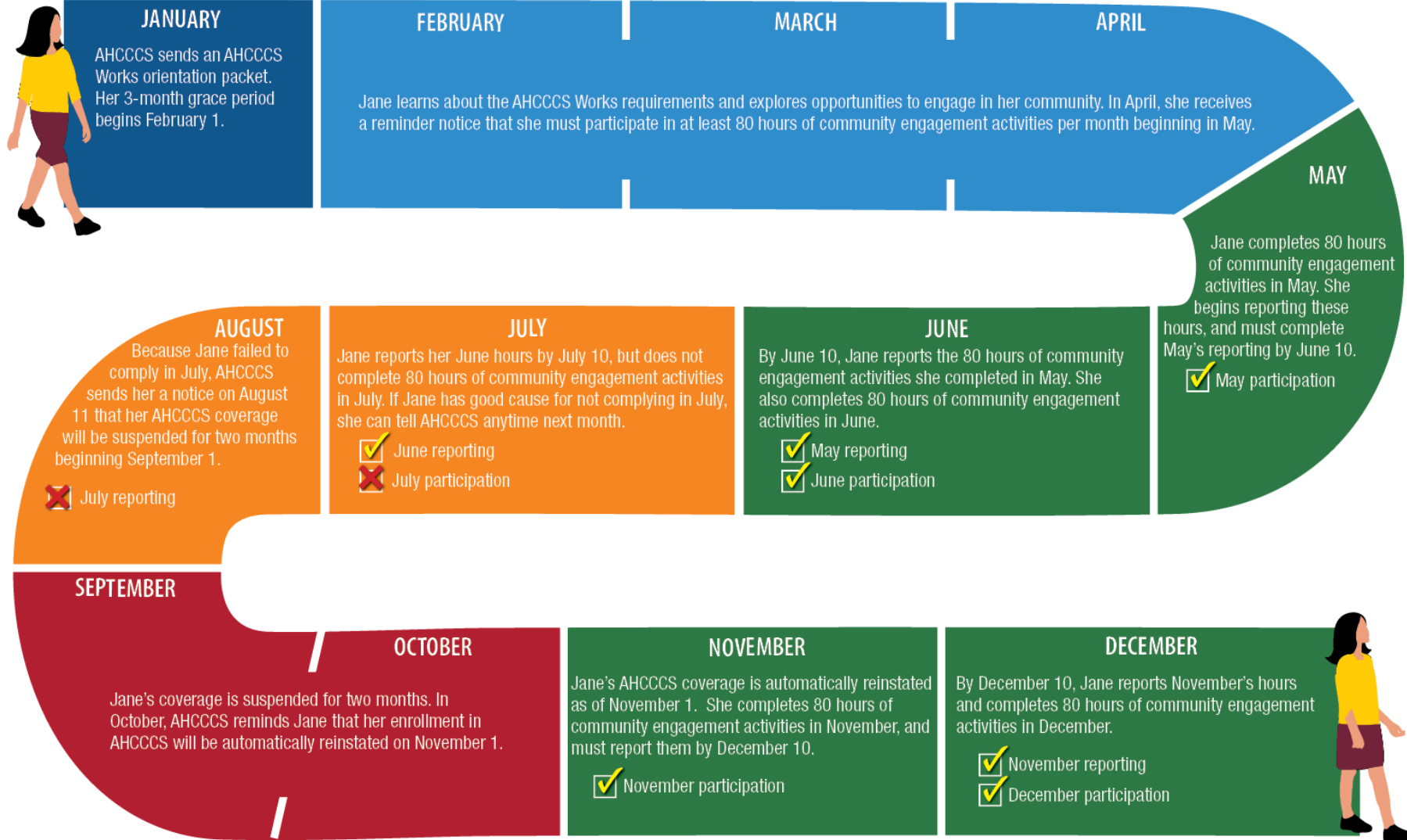
* Adults = SSA Group VIII expansion population, a.k.a, Adult group

Who is Exempt

- ❑ Members of federally recognized tribes
- ❑ Former Arizona foster youth up to age 26
- ❑ Members determined to have a serious mental illness (SMI)
- ❑ Members with a disability recognized under federal law and individuals receiving long term disability benefits
- ❑ Individuals who are homeless
- ❑ Individuals who receive assistance through SNAP, Cash Assistance or Unemployment Insurance or who participate in another AHCCCS-approved work program
- ❑ Pregnant women up to the 60th day post-pregnancy
- ❑ Members who are medically frail
- ❑ Caregivers who are responsible for the care of an individual with a disability
- ❑ Members who are in active treatment for a substance use disorder
- ❑ Members who have an acute medical condition
- ❑ Survivors of domestic violence
- ❑ Full-time high school, college, or trade school students
- ❑ Designated caretakers of a child under age 18

A Year in the Life of a New AHCCCS Works Member

In this example, January represents the first month any new AHCCCS member is required to comply



Reporting Requirement

- Must complete at least 80 hours of qualifying activities each month and report these hours by the 10th day of the following month
- Members will be allowed report AW activities through several methods including in a state portal, by phone, and in person

Reactivation of Eligibility During Suspension Period

- Member is automatically reinstated immediately following the 2 month suspension period
- Member who is suspended will have eligibility reactivated immediately during the suspension period if:
 - Member is found eligible for another eligibility category
 - Verifies that he or she currently qualifies for an AW exemption

AHCCCS Works Geographic Phase-in Recommendation

- Gradually phase-in AHCCCS Works program by geographic areas.
- If approved, the AW program will be implemented in three phases:
 - **Phase 1:** Most Urbanized Counties: Maricopa, Pima, and Yuma
 - **Phase 2:** Semi-Urbanized Counties: Cochise, Coconino, Mohave, Pinal, Santa Cruz, & Yavapai
 - **Phase 3:** Least Urbanized Counties: Apache, Gila, Graham, Greenlee, La Paz, & Navajo

AHCCCS Works Geographic Phase-in Recommendation

Why:

- Need time to establish community engagement supports for members in regions with limited employment, educational and training opportunities, accessible transportation, and child care services.
- Phase-in approach will give the State time to assess the availability of community engagement resources in rural areas and address gaps.
- Counties with a higher percentage of urban populations are likely to have sufficient community engagement supports compared to counties with a higher percentage of rural populations.

AHCCCS Works Geographic Phase-in Recommendation

Counties	Percentage of the County Population Residing in Rural Areas as of the 2010 Census.	Percentage of AW Members Residing in the County	AW Implementation Phases
Maricopa	2.4	56.9	Phase I 2020 – 2021
Pima	7.5	17.6	
Yuma	10.4	4.1	
Total Phase I	-	78.6	
Pinal	21.9	4.7	Phase II 2021 – 2022
Mohave	23	5	
Santa Cruz	26.9	1	
Coconino	31.5	1.5	
Yavapai	33.2	3.3	
Cochise	36.3	2.6	
Total Phase II	-	18.1	
Gila	41.1	0.9	Phase III 2022 – 2023
Graham	46.4	0.6	
Greenlee	46.6	0.1	
Navajo	54.1	1	
La Paz	56.3	0.3	
Apache	74.1	0.4	
Total Phase III	-	3.3	

Key:

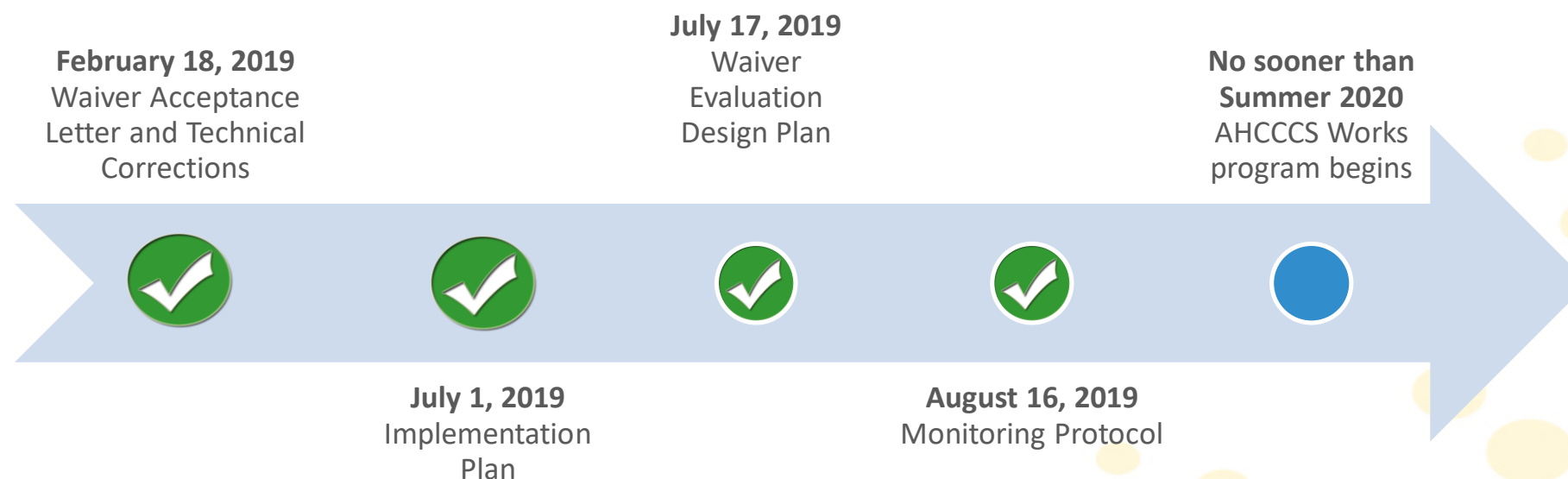


= < 20% Low Rural Population
= 20 - 40% Moderate Rural Population
= > 40% High Rural Population



= 40% - 20% Moderate Rural Population

Next Steps: AHCCCS Works



Implementation Plan

- Describes the state's approach to implementing the AHCCCS Works program, including exemptions, coordination with other agencies, member protections, and outreach.

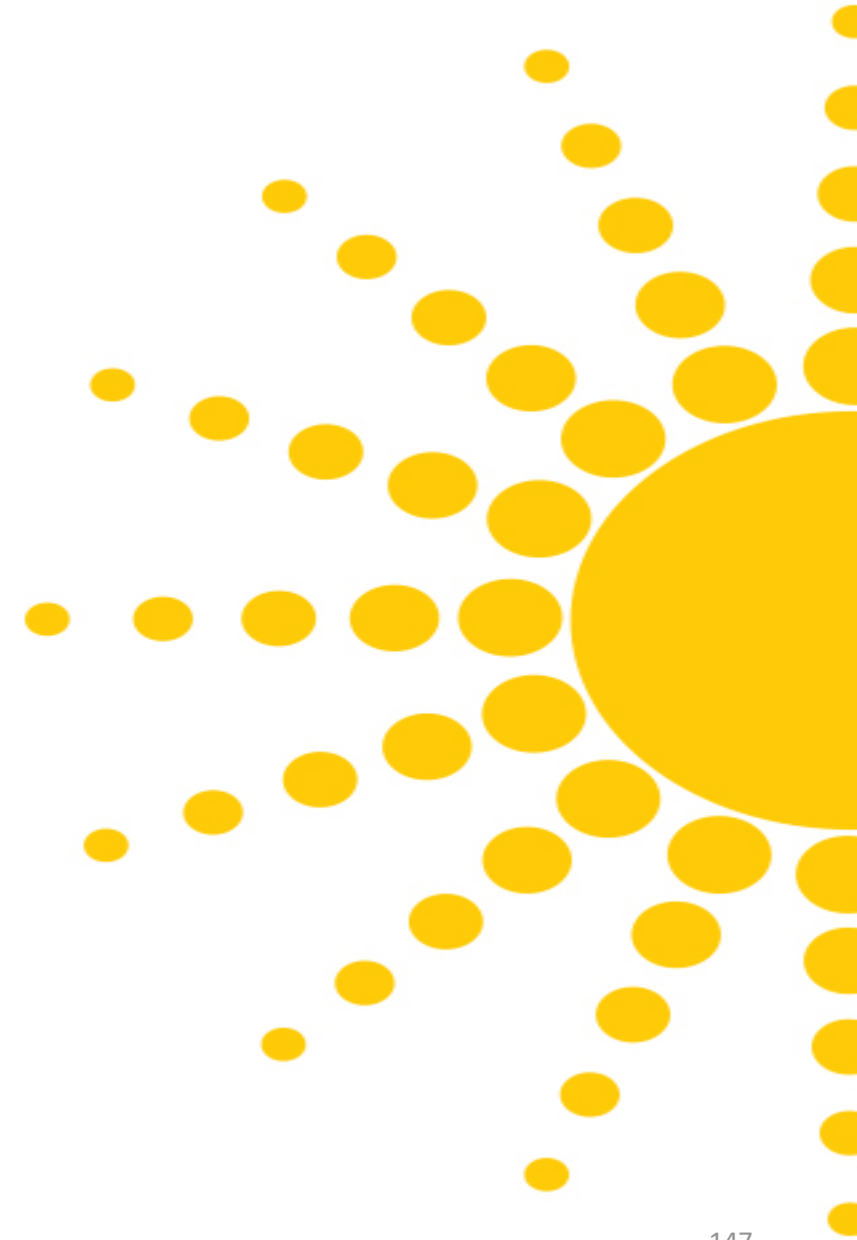
Evaluation Design Plan

- Specifies the state's plan for evaluating the success of the AHCCCS Works and Retroactive Coverage Waivers
- The Evaluation Design Plan includes research questions, hypotheses, and proposed measures, and method for conducting evaluation.
- The Evaluation Design Plan must be developed by an independent party.

Monitoring Protocol

- Specifies the state's plan for reporting required monitoring metrics and implementation updates to CMS.
- CMS will provide the state with a set of required metrics including:
 - Total members exempted from AHCCCS Works requirement in the month
 - Members with approved good cause circumstances
 - Total members whose benefits were reinstated after being in suspended status for non-compliance

Questions?



Your Marketplace Insurance Companies



FROM



arizona
complete health.™

2020 Product Training

About Ambetter

- Ambetter health insurance plans are designed to deliver high quality, locally-based healthcare services to our members
- Established to deliver quality health insurance through local, regional and community-based resources, our Ambetter products are offered by the Centene Corporation. Centene is a Fortune 100 company with over 30 years in the managed care industry
- Ambetter is certified as a Qualified Health Plan issuer on the Health Insurance Marketplace

Local, Helpful, Affordable

- Local presence of the health plan – customer service by people that live and work in the community
- Easy to understand and helpful from enrollment through membership
- Ambetter helps our members navigate their healthcare
- Medical management programs
- Ambetter Telehealth
- My Health Pays



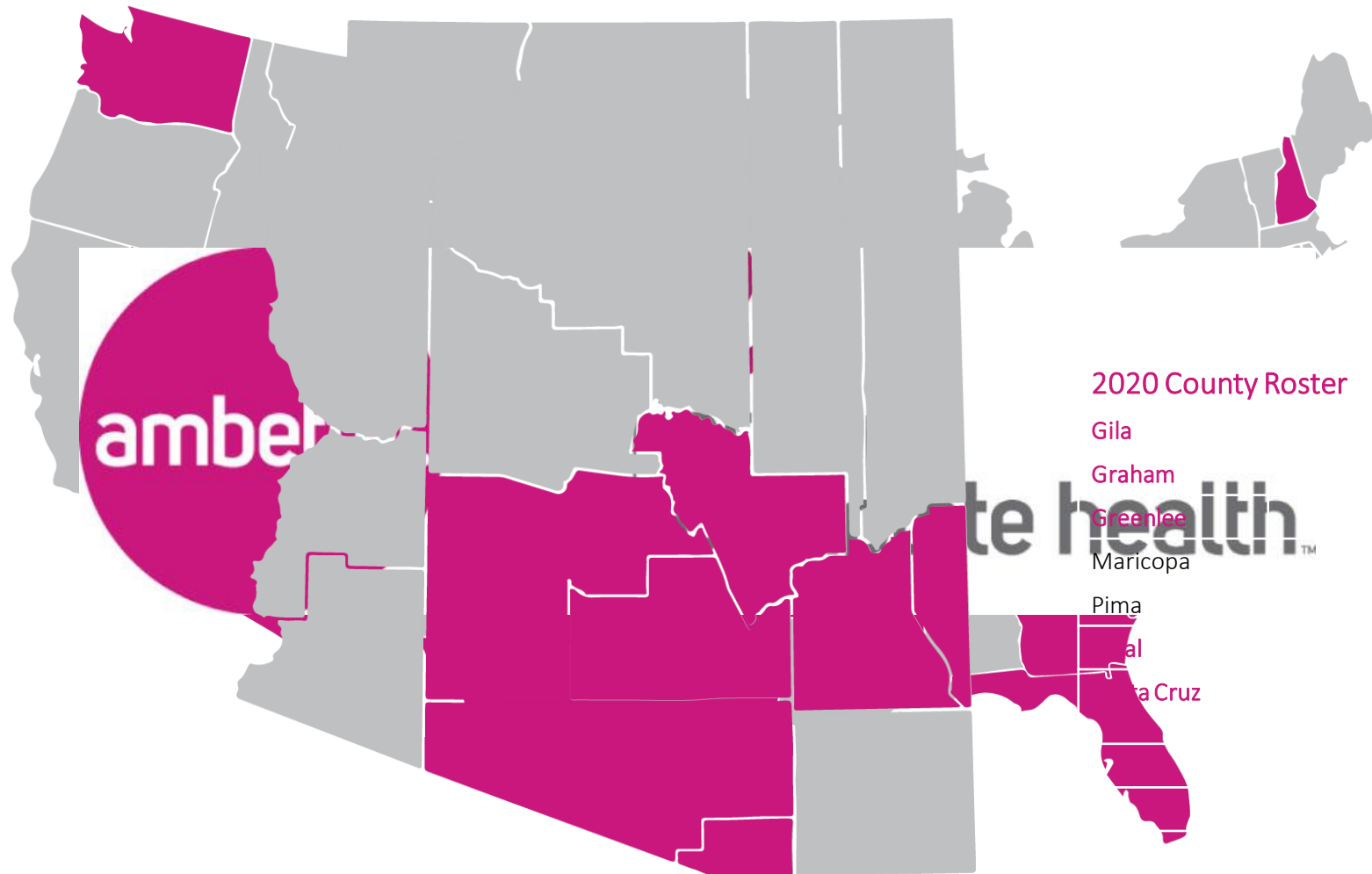
Plan Design Philosophy

- Focus on offering plans with affordable premiums that will also keep your clients out of pocket costs down
- Maximize cost sharing reductions; Low deductible and copays
- Ambetter's exclusive provider network has strong discounts with select providers



Arizona Complete Health Plan

- **Focus on individuals:** We believe treating people with kindness, respect and dignity empowers healthy decisions and that healthier individuals create more vibrant families and communities
- **Whole health:** We believe in treating the whole person, not just the physical body
- **Active local involvement:** We believe local partnerships enable meaningful, accessible healthcare with local provider relations, medical management and member services staff



2020 County Roster

- Gila
- Graham
- Greenlee
- Maricopa
- Pima
- Pinal
- Santa Cruz



FROM



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2020 Featured Plans

Plan Tiers




Advanced Premium Sharing Program

Top Benefits in Revolving

- Highest monthly premiums, but with-
holds \$2,000 of the \$5,000 deductible
- Lower out of pocket expenses
- Most office visits are covered by a
copay (Silver Plans)



2020 Portfolio Overview

	<u>Product I</u> Medical EHB	<u>Product II</u> Medical EHB Plus Adult Vision Plus Adult Dental
 Secure Care (Gold)	<div>SC 5</div>	<div>SC 5</div>
 Balanced Care (Silver)	<div>BC 4</div> <div>BC 9</div> <div> BC 11 <i>\$0 Deductible 87% & 94%</i> </div> <div>BC 12</div> <div>BC 14</div> <div>BC 15</div>	<div>BC 4</div> <div>BC 9</div> <div> BC 11 <i>\$0 Deductible 87% & 94%</i> </div> <div>BC 14</div> <div>BC 15</div>
 Essential Care (Bronze)	<div>EC 1</div> <div>EC 2 HSA</div>	<div>EC 1</div>

* Bold outline denotes new plan for state

Essential Care 2 HSA (2020)

	Essential Care 2 HSA (2020)
Medical Deductible	\$6,750
Medical Coinsurance	0%
Rx Drug Deductible	INT
Rx Coinsurance	INT
MOOP	\$6,750
Emergency Room Services	NCAD
All Inpatient Hospital Services (inc. MHSA)	NCAD

	Essential Care 2 HSA (2020)
Medical Deductible	\$6,750
MOOP	\$6,750

Rehabilitative Speech Therapy	NCAD
Rehabilitative OT/PT	NCAD
Preventive Care/Screening/Immunization	No Charge
Labs	NCAD
X-rays and Diagnostic Imaging	NCAD
Skilled Nursing Facility	NCAD
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	NCAD
Outpatient Surgery Physician/Surgical Services	NCAD
Drugs	Essential Care 2 HSA (2020)
Generics	NCAD
Preferred Brand Drugs	NCAD
Non-Preferred Brand Drugs	NCAD
Specialty Drugs (i.e. high-cost)	NCAD

Balanced Care 11 (2020)

	Base Silver	73% CSR	87% CSR	94% CSR
Medical Deductible	\$6,000	\$3,250	\$0	\$0
Medical Coinsurance	40%	40%	40%	25%
Rx Drug Deductible	INT	INT	INT	INT
Rx Coinsurance	50%	50%	50%	35%
MOOP	\$8,100	\$6,500	\$2,700	\$1,050
Emergency Room Services	40% AD	40% AD	40%	25%
All Inpatient Hospital Services (inc. MHSA)	40% AD	40% AD	40%	25%

Drugs	Base Silver	73% CSR	87% CSR	94% CSR
Generics	\$20	\$20	\$8	No Charge
Preferred Brand Drugs	\$50	\$50	\$30	\$25
Mental/BH and Substance Abuse Disorder Outpatient Services	\$30 Copay/Office Visit; 40% AD for all other outpatient services	\$20 Copay/Office Visit; 40% AD for all other outpatient services	\$8 Copay/Office Visit; 40% for all other outpatient services	No charge/Office Visit; 25% for all other outpatient services

	Base Silver	73% CSR	87% CSR	94% CSR
Specialist Visit	\$60	\$50	\$15	\$5
Injury or Illness	\$30	\$20	\$0	No Charge
Labs	\$30	\$25	\$20	No Charge
X-rays and Diagnostic Imaging	40% AD	40% AD	40%	25%
Skilled Nursing Facility	40% AD	40% AD	40%	25%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% AD	40% AD	40%	25%
Outpatient Surgery Physician/Surgical Services	40% AD	40% AD	40%	25%

Drugs	Base Silver	73% CSR	87% CSR	94% CSR
Generics	\$20	\$20	\$8	No Charge
Preferred Brand Drugs	\$50	\$50	\$30	\$25
Non-Preferred Brand Drugs	50% AD	50% AD	50%	35%
Specialty Drugs (i.e. high-cost)	50% AD	50% AD	50%	35%

Balanced Care 12 (2020)

	Base Silver	73% CSR	87% CSR	94% CSR
Medical Deductible	\$6,500	\$3,850	\$950	\$0
Medical Coinsurance	40%	40%	40%	25%
Rx Drug Deductible	INT	INT	INT	INT
Rx Coinsurance	50%	50%	50%	50%
MOOP	\$8,150	\$6,500	\$1,850	\$1,400
Emergency Room Services	40% AD	40% AD	40% AD	25%
All Inpatient Hospital Services (inc. MHSA)	40% AD	40% AD	40% AD	25%
Urgent Care	\$55	\$55	\$20	\$10
Hospital Physician	40% AD	40% AD	40% AD	25%
Primary Care Visit to Treat an Injury or Illness	\$35	\$25	\$10	No Charge
Specialist Visit	\$70	\$60	\$30	\$10
Drugs	Base Silver	73% CSR	87% CSR	94% CSR
Generics	\$25	\$25	\$10	No Charge
	Base Silver	73% CSR	87% CSR	94% CSR
Primary Care Visit to Treat an Injury or Illness	\$35	\$25	\$10	No Charge
Specialist Visit	\$70	\$60	\$30	\$10
Skilled Nursing Facility	40% AD	40% AD	40% AD	25%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% AD	40% AD	40% AD	25%
Outpatient Surgery Physician/Surgical Services	40% AD	40% AD	40% AD	25%
Drugs	Base Silver	73% CSR	87% CSR	94% CSR
Generics	\$25	\$25	\$10	No Charge
Preferred Brand Drugs	\$60	\$60	\$35	\$30
Non-Preferred Brand Drugs	50% AD	50% AD	50% AD	50%
Specialty Drugs (i.e. high-cost)	50% AD	50% AD	50% AD	50%

Balanced Care 14 (2020)

	Base Silver	73% CSR	87% CSR	94% CSR
Medical Deductible	\$0	\$0	\$0	\$0
Medical Coinsurance	50%	50%	40%	30%
Rx Drug Deductible	INT	INT	INT	INT
Rx Coinsurance	50%	50%	40% & 50%	40%
MOOP	\$8,150	\$6,500	\$2,700	\$1,400
Emergency Room Services	50%	50%	40%	30%
All Inpatient Hospital Services (inc. MHSA)	50%	50%	40%	30%
Urgent Care	\$60	\$60	\$20	\$10
Hospital Physician	50%	50%	40%	30%
Primary Care Visit to Treat an Injury or Illness	\$45	\$45	\$15	No charge
Drugs	Base Silver	73% CSR	87% CSR	94% CSR
	Base Silver	73% CSR	87% CSR	94% CSR
Primary Care Visit	\$45	\$45	\$15	No charge
Specialist Visit	\$95	\$95	\$30	\$15
Preventive Care/Screening/Immunization	No Charge	No Charge	No Charge	No Charge
Labs	\$45	\$45	\$15	No charge
X-rays and Diagnostic Imaging	50%	50%	40%	30%
Skilled Nursing Facility	50%	50%	40%	30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	50%	50%	40%	30%
Outpatient Surgery Physician/Surgical Services	50%	50%	40%	30%
Drugs	Base Silver	73% CSR	87% CSR	94% CSR
Generics	\$36	\$36	\$15	No charge
Preferred Brand Drugs	50%	50%	40%	30%
Non-Preferred Brand Drugs	50%	50%	50%	40%
Specialty Drugs (i.e. high-cost)	50%	50%	50%	40%

Balanced Care 15 (2020)

	Base Silver	73% CSR	87% CSR	94% CSR
Medical Deductible	\$2,950	\$2,875	\$1,000	\$200
Medical Coinsurance	40%	40%	40%	30%
Rx Drug Deductible	INT	INT	INT	INT
Rx Coinsurance	50%	50%	50%	40%
MOOP	\$8,150	\$6,500	\$2,400	\$1,350
Emergency Room Services	40% AD	40% AD	40% AD	30% AD
All Other Outpatient Services (i.e. AMU/CA)	40% AD	40% AD	40% AD	30% AD
Drugs	Base Silver	73% CSR	87% CSR	94% CSR
Generics	\$15	\$15	\$10	No Charge
Preferred Brand Drugs	\$60	\$60	\$35	\$25
Mental/BH and Substance Abuse Disorder Outpatient Services	\$30 Copay/Office Visit; 40% AD for all other outpatient services	\$30 Copay/Office Visit; 40% AD for all other outpatient services	\$15 Copay/Office Visit; 40% AD for all other outpatient services	No charge/Office Visit; 30% AD for all other outpatient services
	Base Silver	73% CSR	87% CSR	94% CSR
Specialist Visit	\$65	\$65	\$30	\$10
an Injury or Illness	\$65	\$65	\$15	No Charge
Laboratory Outpatient and Professional Services	\$30	\$30	\$15	No Charge
X-rays and Diagnostic Imaging	40% AD	40% AD	40% AD	30% AD
Skilled Nursing Facility	40% AD	40% AD	40% AD	30% AD
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% AD	40% AD	40% AD	30% AD
Outpatient Surgery Physician/Surgical Services	40% AD	40% AD	40% AD	30% AD
Drugs	Base Silver	73% CSR	87% CSR	94% CSR
Generics	\$15	\$15	\$10	No Charge
Preferred Brand Drugs	\$60	\$60	\$35	\$25
Non-Preferred Brand Drugs	50% AD	50% AD	50% AD	40% AD
Specialty Drugs (i.e. high-cost)	50% AD	50% AD	50% AD	40% AD

Secure Care 5 (2020)

	Secure Care 5 (New 2020)
Medical Deductible	\$1,250
Medical Coinsurance	20%
Rx Drug Deductible	INT
Rx Coinsurance	30%
MOOP	\$5,900
Emergency Room Services	20% AD
All Inpatient Hospital Services (inc. MHSA)	20% AD
Urgent Care	\$35
Hospital Physician	20% AD

	Primary Care Visit to Treat an Injury or Illness	\$15	20)
	Specialist Visit	\$35	
Generics		\$15	
	Secure Care 5 (New 2020)		
Primary Care Visit to Treat an Injury or Illness	\$15		
Specialist Visit	\$35		

Labs	\$15
X-rays and Diagnostic Imaging	20% AD
Skilled Nursing Facility	20% AD
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% AD
Outpatient Surgery Physician/Surgical Services	20% AD
Drugs	Secure Care 5 (2020)
Generics	\$15
Preferred Brand Drugs	\$30
Non-Preferred Brand Drugs	30% AD
Specialty Drugs (i.e. high-cost)	30% AD

Pediatric Vision

Up to 19 years of age

	Subj. to Ded.	Your Cost In-network Providers Only	Out-of-Network
Copayment for Exams and Eyewear	NA	\$0	Not Covered
Exams and Eyewear			
Routine Eye Exam (1 visit per year)	N	100% Covered	Not Covered
Eyeglasses (frames) and contacts (1 item per	N	100% Covered	Not Covered

Pediatric Vision

Routine Eye Exam (1 visit per year)	N	100% Covered	Not Covered
-------------------------------------	---	--------------	-------------

Bifocal	N	100% Covered	Not Covered
Trifocal	N	100% Covered	Not Covered
Lenticular	N	100% Covered	Not Covered
Contact Lenses			
Contact lenses (in lieu of glasses)	N	100% Covered	Not Covered
Contact Lens Fitting	N	100% Covered	Not Covered
Specialty Lens Fitting	N	100% Covered	Not Covered

Adult Vision Buy-up

Ages 19 years of age and older

In-Network Providers Only	
Exams and Eyewear	
Routine Eye Exam - 1 visit per year	\$0 copay
Contact Lenses	
Contact lenses (in lieu of glasses)	Covered up to \$130
Eyeglasses (frames) - 1 item per year	Covered up to \$130
Trifocal	100% Covered
Lenticular	
Contact Lenses	
Contact lenses (in lieu of glasses)	Covered up to \$130
Contact Lens Fitting	100% Covered
Specialty Lens Fitting	Covered up to \$50

Adult Dental Buy-up

- Ages 19 years of age and older

	Subj. to Ded.	Cost for In-network Providers Only	Out-of-Network
Annual Maximum (Dental out-of-pocket maximum does not apply toward any other maximums)	NA	\$1,000 per covered person, per calendar year	Not Covered
Routine Dental (Class 1)			
Routine Oral Exam	N	\$0 copay, subject to annual maximum	Not Covered
Routine Cleaning	N	\$0 copay, subject to annual maximum	Not Covered
X-rays, bite-wings, full-mouth and panoramic film	N	\$0 copay, subject to annual maximum	Not Covered
Basic Dental (Class 2)			
Minor restorative – metal and resin based fillings	N	50% coinsurance, subject to annual maximum	Not Covered
Endodontic therapy	N	50% coinsurance, subject to annual maximum	Not Covered
Periodontics:			
- Scaling and root planing and Periodontal Maintenance	N	50% coinsurance, subject to annual maximum	Not Covered
Simple Extractions	N	50% coinsurance, subject to annual maximum	Not Covered
Prosthodontics:			
- Relines, Rebase, Adjustments & Repairs	N	50% coinsurance, subject to annual maximum	Not Covered
Major Restorative (Class 3)			
Crowns & Bridges	N	50% coinsurance, subject to annual maximum	Not Covered
Dentures	N	50% coinsurance, subject to annual maximum	Not Covered
More complex extractions and surgical services	N	50% coinsurance, subject to annual maximum	Not Covered



FROM






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Post Application & Beyond

Post Application

- After submitting an application an 834 Enrollment File is sent by the Marketplace to Ambetter
- After we receive the 834 File an applicant can expect to receive a welcome letter and billing statement in about 7 days
- After first payment, members will receive their ID cards in about 7 days

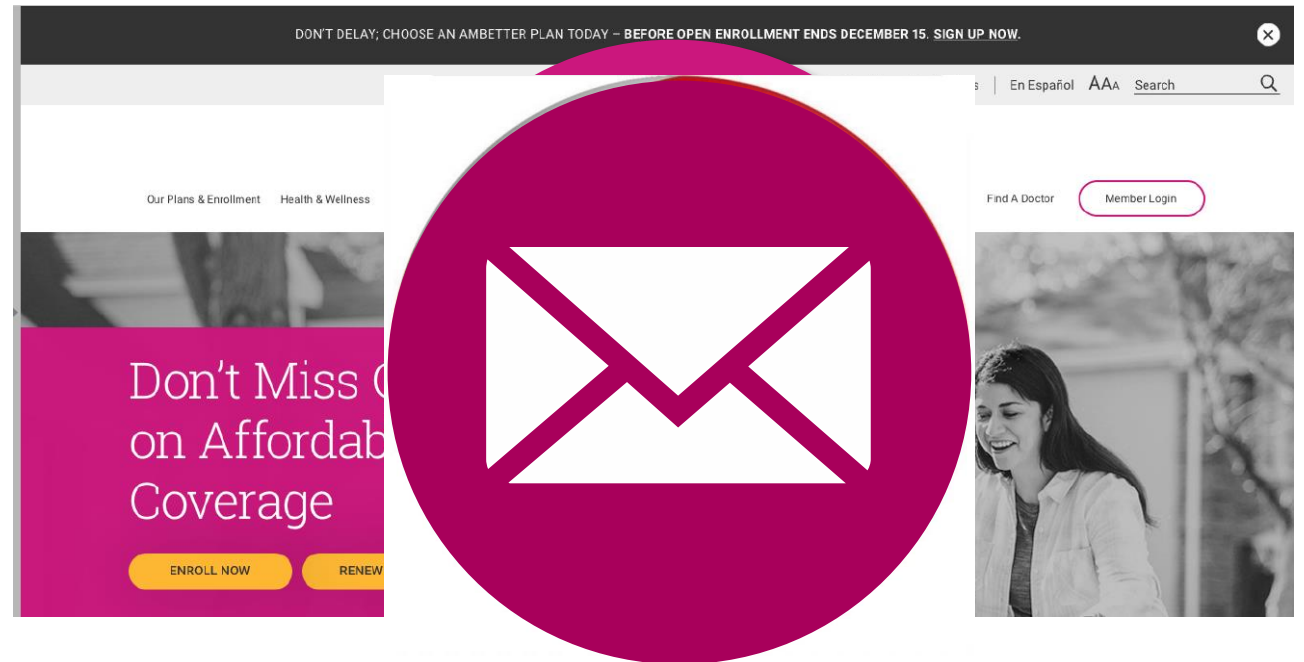
Welcome Packet

-  **Welcome Brochure:** Information about our My Health Pays program, a premium rate letter and plan brochure
-  **Start Guide Card:** Check list that helps the member with “what’s next” now that they are enrolled with Ambetter
-  **Tip Sheet:** Information about a members rights and responsibilities

Payment

A policy is not effective until the first months premium is received!

- Pay Online
- Pay by Phone
- Pay by Mail
- Pay by MoneyGram®



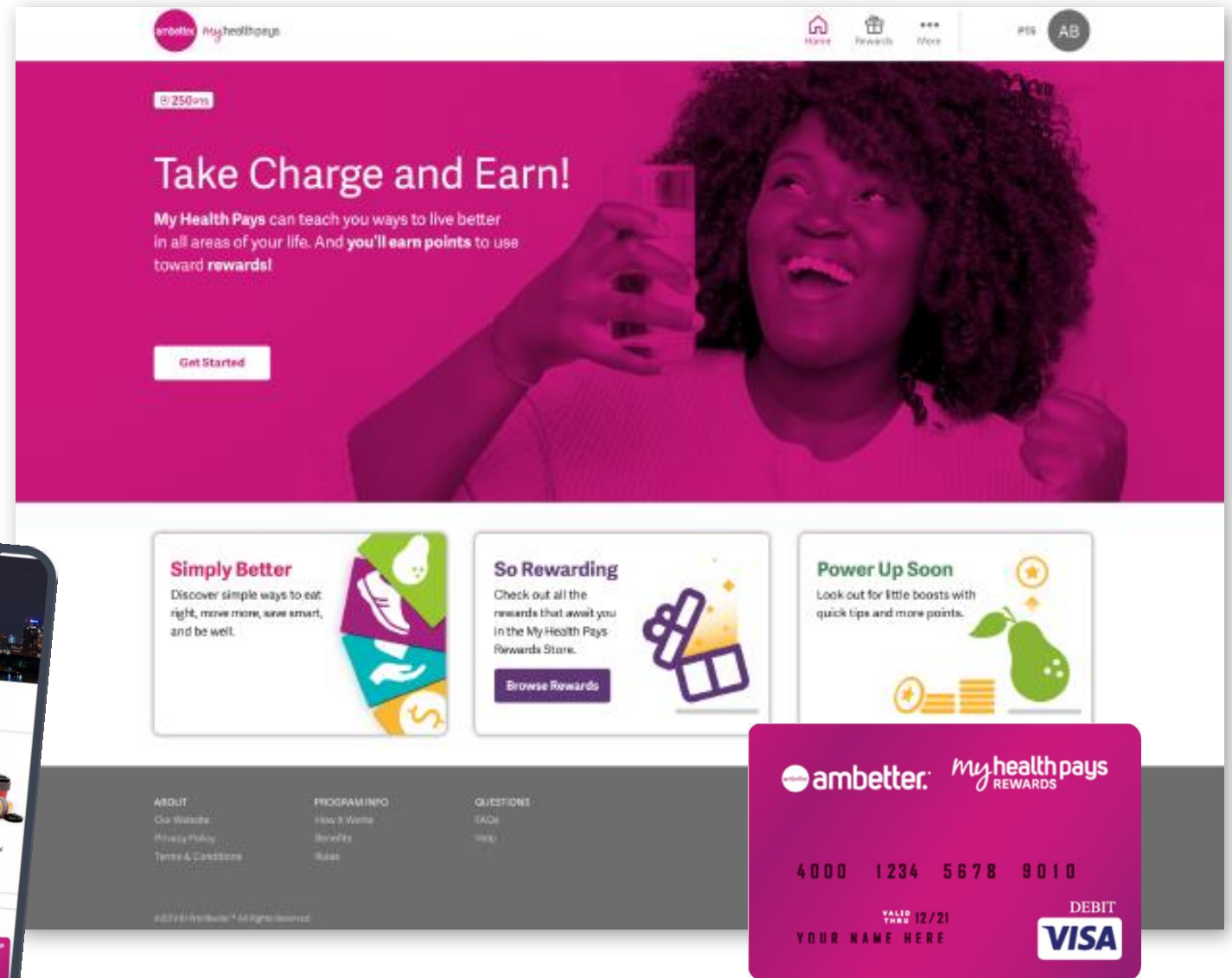
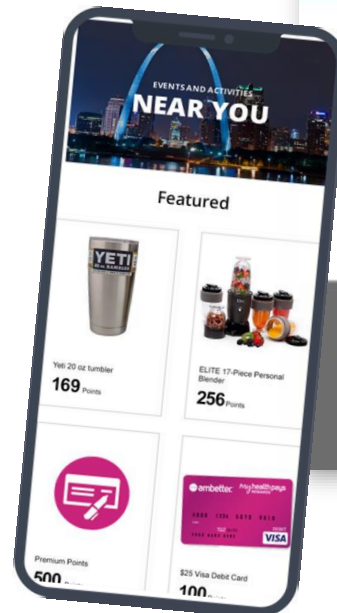
Ambetter's Value Added Benefits

- My Health Pays Program
- Ambetter Telehealth
- Health Management Programs



My Health Pays®

- Visit member portal to log in
- Earn points on healthy activities and behaviors
- Use points to shop our online rewards store
- Convert points into dollars to pay healthcare-related costs
- Starting in 2020, members can earn up to \$500 in rewards!



Funds expire 90 days after termination of insurance coverage. Rewards program is subject to change. My Health Pays rewards can't be used for pharmacy copays.

This card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions.

Ambetter Telehealth

24-Hour help for
non-emergency issues

Connect to experts
regardless of
physical location

Avoid long wait
times at
physician offices

Reduce cost of
health care
when a members
PCP or clinic is
not available

Good for
outlying or
rural areas

New for 2020!
\$0 PCP copay
*except HSA plans

How to Register



Online at www.teladoc.com/ambetter



By phone at 1-800-Teladoc
(1-800-835-2362)



Have ID card ready, will need to
give agent first/last name and DOB

Health Management Programs

Ambetter offers a Health Management Program for these conditions:

- Asthma
- Coronary Artery Disease (Adult Only)
- Depression
- Diabetes
- Hypertension (high blood pressure)
- High Cholesterol
- Low Back Pain
- Tobacco Cessation



Member Portal Overview

[Doctors/Pharmacies](#)
[Pay Bill](#)
[Rewards](#)
[Coverage](#)
[Claims](#)

Miranda

Hi, Miranda!

Status: Active

My Health Pays

You can earn up to ### rewards points this year.

[Rewards](#)

Pay your premium

Your total balance is \$204.

Your monthly premium is due at the end of the month.

[Make a Payment](#)

Find a Provider

Use our search tool to find in-network doctors and specialists in your area.

[Search Providers](#)

ID Cards

Member ID: U0000000-01

Plan Name: Balanced Care Plan 1

Effective Date of Coverage: 1/1/2020

[View All ID Cards](#)

Your 2020 plan has more ways to earn rewards!

[View your 2020 plan](#)

2019 Coverage At-A-Glance

Want to see more? Click below for a deep dive into your plan.

[Plan details](#)

Maximum Out-of-Pocket

\$8,000/year

The amount of money you pay before your insurance starts to pay.

Deductible

\$6,000/year

The amount of money you pay before your insurance starts to pay.

PCP Copay

\$10/visit

You will be charged this amount whenever you go see your PCP.

[FAQ](#) | [My Health](#) | [Wellness Survey](#) | [Terms and Conditions](#) | [Privacy Policy](#)

Copyright 2019, Centene



FROM



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[Find a Provider & Formulary](#)

Finding a Provider

DON'T DELAY; CHOOSE AN AMBETTER PLAN TODAY – BEFORE OPEN ENROLLMENT ENDS DECEMBER 15. [SIGN UP NOW.](#)

For Providers | For Brokers | En Español AA Search

Our Plans & Enrollment | Health & Wellness | Insurance Education | For Members

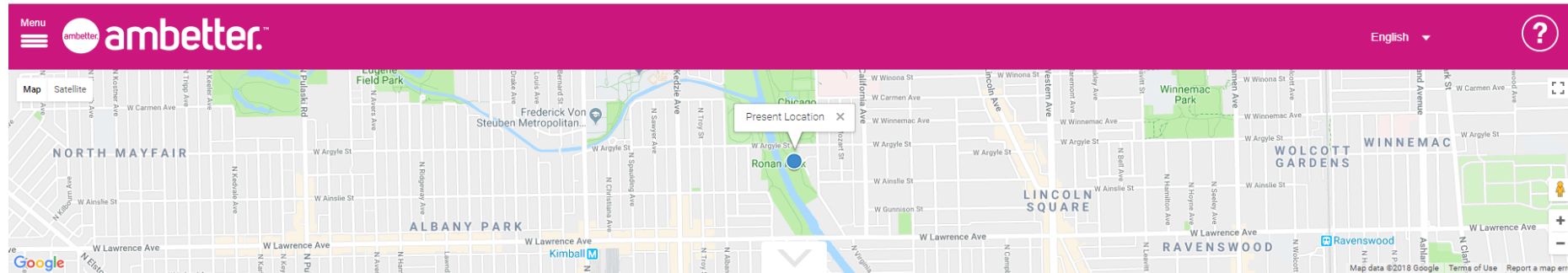
ambetter.

Select Your State | Pay My Premium | Find A Doctor | [Member Login](#)

Don't Miss Out
on Affordable
Coverage

[ENROLL NOW](#) [RENEW TODAY](#)

Location and Search



Network: [Illinois](#)

Location: [Click to Update](#)

Find a HealthCare Provider



Quick Name Search



Detailed Search



My Favorites



[Click here](#) for information about out-of-network providers (for example: physicians within the emergency service department) who may treat you at Ambetter participating hospitals, and for information on member financial responsibility at out-of-network providers.

Detailed Search

2825 results within 200 miles

Updated: 09/18/2019

 Print Page

 Filter Results

Primary Care Provider X

1	Nancy E Fuegner, PNP Practitioner 23.89 miles	Mercy Clinic East Communities <i>Mercy Clinic East Communities</i> 107 Piper Hill Drive Suite 130 Saint Peters, MO 63376	(636) 928-5950
2	Bachar Malek, MD Practitioner 153.76 miles	Indiana Exceptional Medical Care, LLC <i>Indiana Exceptional Medical Care LLC</i> 4972 Lincoln Avenue Suite 101 Evansville, IN 47715	(812) 402-3700
3	Matthew A Broom, MD Practitioner 2.12 miles	SLUCare Dept of Pediatric Endocrinology <i>SLUCare Dept of Pediatric Endocrinology</i> 1465 South Grand Boulevard Saint Louis, MO 63104 Show All Locations	(314) 268-6492
4	Isam S Hawatmeh, MD Practitioner 6.27 miles	Sam Hawatmeh MD <i>Sam Hawatmeh MD1</i> 6651 Chippewa Street Suite 202 Saint Louis, MO 63109	(314) 645-8200
5	Robert Parker Pierce, MD Practitioner 96.80 miles	Fulton Family Health Associates PC <i>Fulton Family Health Associates</i> 2613 Fairway Drive Suite C Fulton, MO 65251	(573) 642-1990

Additional Search Options

Provider Details

Network: **Missouri**

Location: **Click to Update**

[← Return to Results](#)



Matthew Broom, MD
Practitioner
(314) 268-6492

Print Page

Public Transportation

Driving Directions

Add / Remove Favorite

Slucare Dept Of Pediatric Endocrinology ▼
Slucare Dept Of Pediatric Endocrinology
1465 South Grand Boulevard
Saint Louis, MO 63104

Practice Details

Location Hours: Sun, Sat (Closed)

Mon, Tue, Wed, Thu, Fri (8:00 AM - 5:00 PM)

Open Weekends: No

Fax: (314) 268-4116

After-hours Phone: (314) 577-5648

County: Saint Louis City

Accessible to People with Disabilities: Yes ⓘ

Patient Types

Accepting New Patients: Yes

Age Limitations: 0 yr(s) - 18 yr(s)

Gender Limitation: None

Provider Details

Gender: Male

Specialties:

Pediatrics

◦ **Board Status:** Not Certified [View Details](#)

Hospital Affiliations: ⓘ

• SSM Cardinal Glennon Childrens Hospital

• SSM ST Marys Health Center

• SSM St Marys Health Center

Additional Practitioner Languages: None

National Provider Identifier: 1114967767

Finding a Medication

DON'T DELAY; CHOOSE AN AMBETTER PLAN TODAY – BEFORE OPEN ENROLLMENT ENDS DECEMBER 15. [SIGN UP NOW.](#)

For Providers For Brokers | En Español **AAA** Search

Our Plans & Enrollment Health & Wellness Insurance Education For Members **ambetter.** Select Your State Pay My Premium Find A Doctor [Member Login](#)

Don't Miss Out
on Affordable
Coverage

[ENROLL NOW](#) [RENEW TODAY](#)

Searching on the Formulary List

2019_mo_formulary.pdf

ambetter.homestatehealth.com/content/dam/centene/home-state-health/ambetter/pdfs/...

Apps Company News - N... CNET - Home P1 Request Central - H

Medication here

Control + F

2019_mo_formulary.pdf 1 / 189

ambetter. FROM home state health.

2019 Prescription Drug List

Effective September 1, 2019

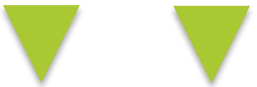
Prescription Tiers

- Tier 0** - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age or gender limits apply.
- Tier 1** - Lowest copayment for those drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC), generic or brand name drugs may be covered under this tier.
- Tier 2** - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.
- Tier 3** - Highest copayment covers higher cost brand name drugs. This tier may also cover non-specialty drugs that are not on the Preferred Drug List but approval has been granted for coverage.
- Tier 4** - Coverage for this tier is for "specialty" drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. For members who do not have a Tier 4 plan, these drugs may be covered under Tier 3.

Abbreviations

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
PA	Prior Authorization	Your doctor must ask for approval from Ambetter before some drugs will be covered.
ST	Step Therapy	In some cases, you must first try certain drugs before Ambetter covers another drug for your medical condition. For example, if Drug A and Drug B both treat your medical condition, Ambetter may not cover Drug B unless you try Drug A first.
NF	Non-formulary	This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered product
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.

Sample Result



Drug Name	Drug Tier	Requirements/ Limits
<i>zileuton tb12</i>	1	QL(4 ea daily)
ZYFLO CR TB12 (<i>Use Zileuton</i>)	3	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rtl MAX day(s) supply,180 rtl lmt day(s),30 mail MAX day(s) supply,180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	
Steroid Inhalants		
ALVESCO AERS	3	PA
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 60 METERED DOSES	2	



FROM



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Thank you!

Website:
AmbetterHealth.com

Member
Services:
800-909-3447

Email:
Brian.j.Morrissey
@centene.com

Sales Line:
855-700-7985

Thank You!!



inspiring health for All Arizonans



2020

AFFORDABLE CARE
ACT HEALTH PLANS



Agenda

welcome

- Why Blue
- 2020 Plan Portfolio
- Q&A

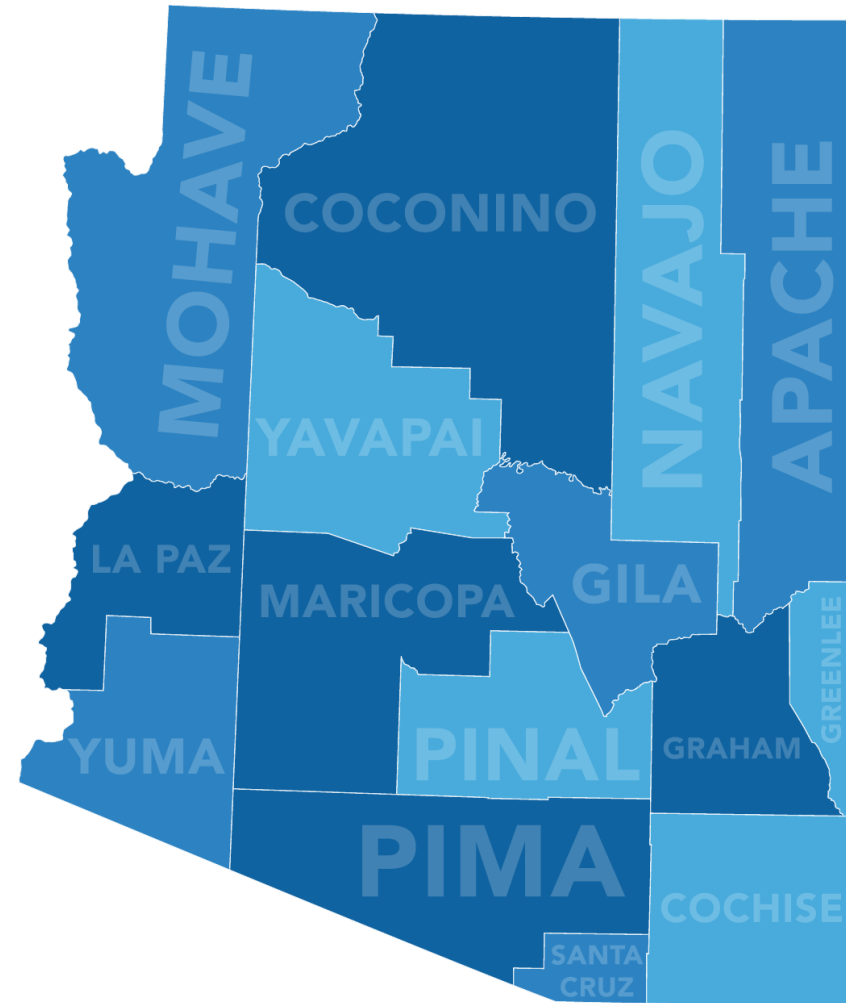
Access in all 15 Arizona Counties



Starting on January 1st 2020
we are excited to serve

ALL ARIZONA COUNTIES

including Maricopa County.



Why Our Plans Are Unique



Care designed for *you*



A doctor who
understands you



Save money while
getting healthy



Local support
when you need it

Why Our Plans Are Unique

Care designed for *you*



A doctor who
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Save money while
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Local support
when you need it

Patient-Provider Experience is Important

75% of consumers want to work
in *partnership* with their provider
to make treatment decisions



Source: Deloitte Consumer Engagement Priorities September 2019

Personalization Expected via Providers

Interaction	Overall Rank & Score
Doctors or other health care providers who spend time with me and does not rush	#1 (5.6x the average)
Doctors or other health care providers who listen and show they care about me	#3 (4.8x the average)
Doctors or other health care providers who clearly explain what they are doing and what I need to do later	#4 (4.3x the average)
Clear, helpful information about my diagnoses and conditions	#6 (2.8x the average)

A Care Coordination Model Focused on You



Blue Care Coordination

- Each member is paired with an in-network primary care provider of their choice
- Personalized care based on demographics, health history and life situation
- Helping members get the right care at the right time through real-time data
- A new partner in Maricopa to enhance the provider-patient experience



Our members **saved over 20%** on unnecessary specialist visits and pharmacy costs

Source: BCBSAZ data 2016-2017

Why Our Plans Are Unique

Care designed for *you*



A doctor who
understands you



Save money while
getting healthy



Local support
when you need it

Save Money While Getting Healthy

Breaking down barriers for members to access care



I went to my doctor for my **free annual wellness visit**. I figured while I'm there I'll talk to my doctor about this rash on my arm. My visit was great. Not only did I get a clean bill of health, I got a prescription to get rid of my rash. **A month later to my surprise, I got a bill for my visit.** I thought it was free.

Save Money While Getting Healthy



Every ACA plan has free preventive visits but....

Our plans include **free primary care provider visits** with no copay or out of pocket cost **regardless of diagnosis**



Save Money While Getting Healthy

MyBlue *rewards*

- Member reward programs
 - ✓ Incentives for healthy actions (e.g. doctor visits, health assessment)
 - ✓ MyBlue Welcome



Why Our Plans Are Unique



Care designed for *you*



A doctor who
understands you



Save money while
getting healthy

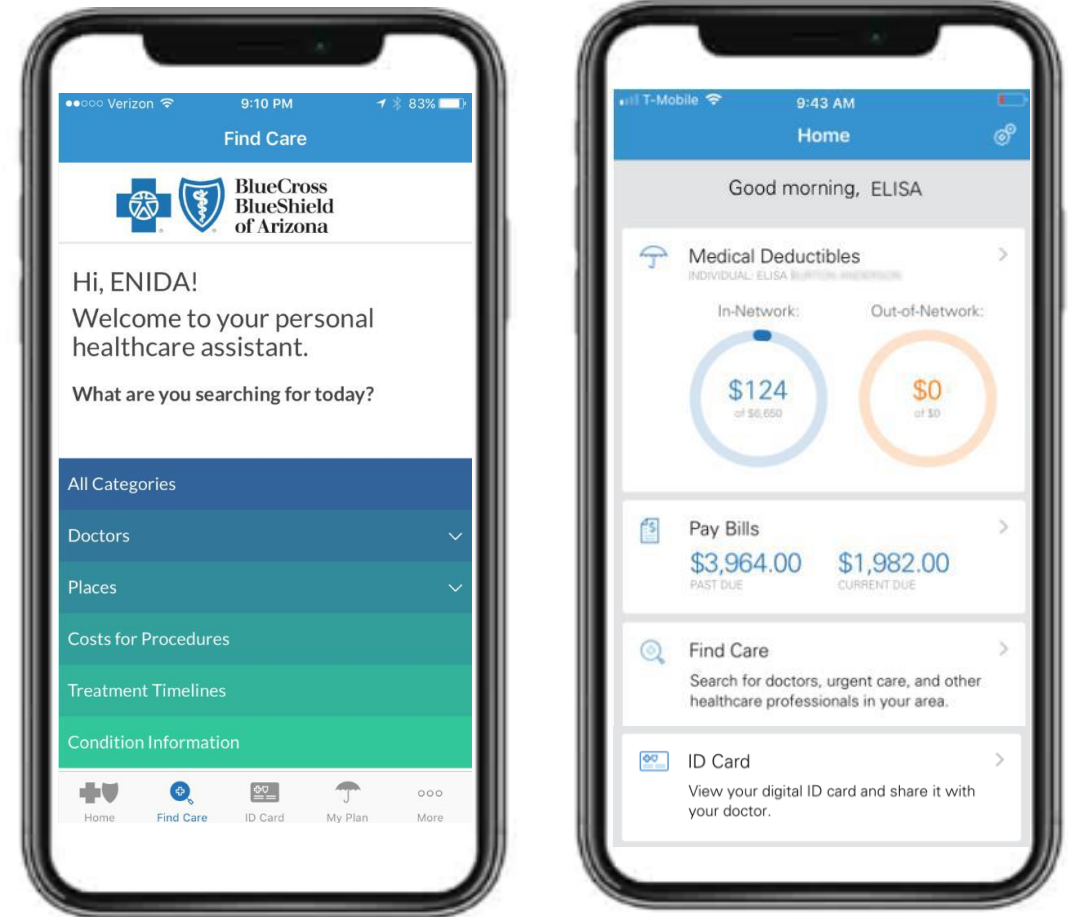


Local support
when you need it

Local Support When You Need It

Digital tools at your fingertips

- ✓ MyBlue Welcome onboarding
- ✓ MyBlue member account
- ✓ MyBlue AZ mobile app
- ✓ Find a Doctor/Care estimator
- ✓ BlueCare AnywhereSM mobile app
- ✓ Welvie online surgery education
- ✓ Sharecare Wellness platform



MyBlue *welcome*

Five Step Education

1. Remind them about their designated PCP
2. Ensure they understand benefits
3. Determine how they want to receive communications
4. Understand their current health status
5. Give them access to their MyBlue member account

84% of consumers say that more **post-purchase communication** is critical if a purchase is expensive.



Local Support When You Need It



MyBlue *welcome*



An Independent Licensee of the Blue Cross and Blue Shield Association

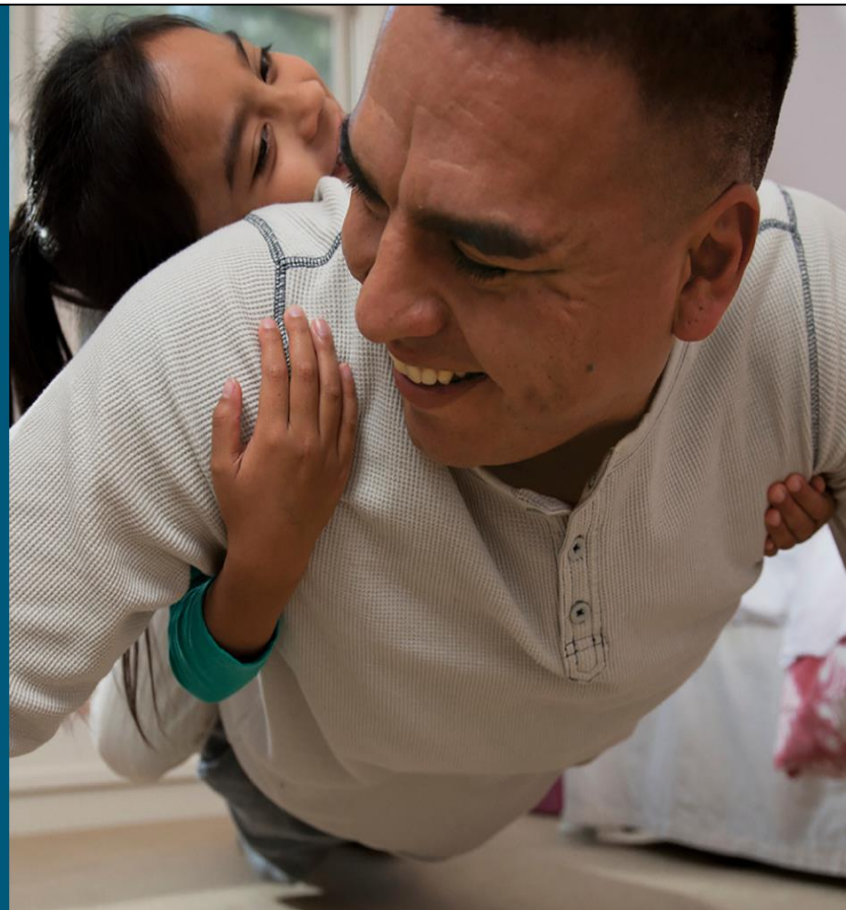
Hi, Neqmi!

Thanks for choosing Blue.

In this quick tour, you'll see key features of your plan, choose how you want to hear from us, and learn how to get the most out of your plan.

Get started >

Español



Local Support When You Need It

MyBlue *welcome*

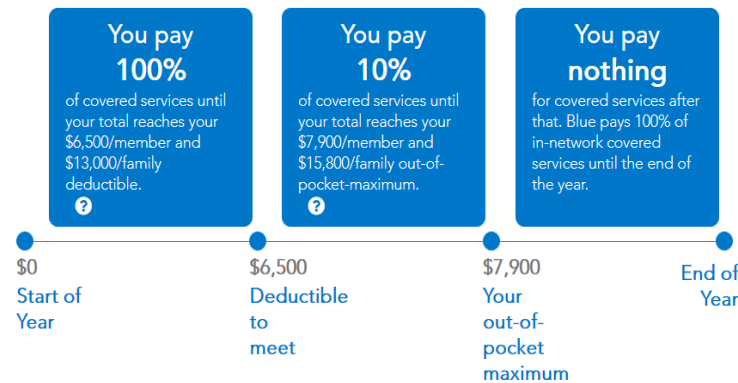
≡ (Step 2 of 5)

How Benefits Work

My Health Plan: EverydayHealth HMO 6500

Let's look at how your health plan works over the course of the year.

- ✓ Your deductible is the amount you pay for certain healthcare services before Blue starts to pay.
- ✓ Preventive services such as your annual wellness checkup are no charge.
- ✓ Your monthly premium and any copays for common services such as doctor visits and prescriptions drugs do not apply to your deductible.
- ✓ Some covered benefits are subject to a deductible.



Not all services will be covered. Plan limitations and exclusions apply.

Local Support When You Need It

MyBlue *welcome*

☰ (Step 4 of 5)

My Health

Tell us a little about yourself with a short health survey. Your answers will in no way impact your health coverage or rate – we want to understand your needs to better serve you.

Get started >



Local Support When You Need It



We *understand* healthcare

- Serving Arizonans for more than 80 years
- Call center representatives with an average 10 years experience
- Bilingual staff and support

“BCBSAZ provides **excellent service** for health plan. They are **extremely knowledgeable** on plans and answer any questions I may have. Been with them for years as a private plan, **they are the best.**”

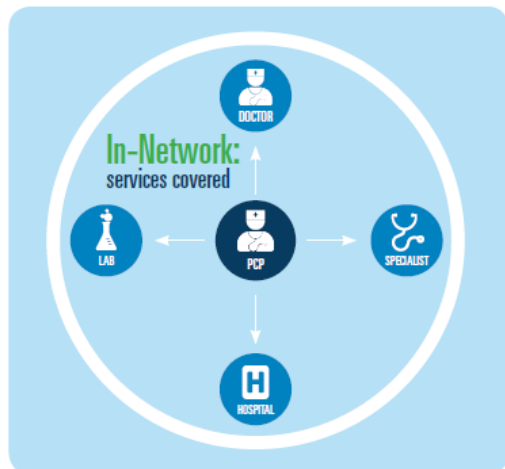
- Nina, Phoenix

2020

Plan Portfolio What's New?

A designated PCP partner

- This doctor is their central point of care to review health history and identify health goals so that when needed, the member gets better care, lower costs and a healthier outcome
- PCP coordinates referral to see most in-network specialists *except*:
 - Telehealth
 - OB/GYN
 - Outpatient mental health
 - Pediatric dental and vision
 - Emergency and urgent care
 - Chiropractic
 - Physical, occupational, speech and cognitive therapy
 - Certain rehabilitative and habilitative services



Key features of HMO plans

- Emergency care is covered out of network
- Outside of Arizona, 24/7 online telehealth and urgent care from a BlueCard Traditional provider are covered

2020 Plans with Savings Built In



Free means free – new free primary care provider visits

- 2 or more free PCP office visits on all non-HSA plans
 - Regardless of diagnosis
-

Lower out-of-pocket costs for outpatient surgeries

- Deductible waived for the outpatient facility fee at an ambulatory surgery center
 - Available on most plans
 - Quality care at a lower cost while reducing risk of hospital acquired illnesses
-

24/7 access with board-certified online doctor visits

- Be seen for common illnesses like cold, flu, or sinus infection
- Available at home and when traveling outside Arizona
- Low copays and a 10 minute average wait time

Neighborhood Network

- Network for rural counties with access to advanced care in facilities in Maricopa County
 - Available for members who live outside of Maricopa and Pima Counties
-

PimaFocus Network

- Access to Tucson Medical Center facilities and physicians in Pima County
 - Available for members who live in Pima County
-

MaricopaFocus Network **New**

- Access to Dignity and Phoenix Children's Hospital facilities and providers in Maricopa County
- Available for members who live in Maricopa County

Plans Designed for Every Individual



EverydayHealth

Predictable Out-of-Pocket Costs for Every Budget
Traditional plan design in Bronze, Silver, Gold



Portfolio

For the Health Planner
Paired with a health savings account (HSA)



TrueHealth

**For Those Who Need Specialist Care or
Brand-Name Drugs**
Strong fit for highly subsidized



AdvanceHealth

For Peace-of-Mind Coverage
Low-cost generic drugs and online doctor visits



SimpleHealth

For the Young and Healthy
Under 30 without a subsidy

Plan Availability in 2020



2020 Plans & Networks by County		Maricopa County	Pima County	All other Arizona Counties
		NEW MaricopaFocus Network	PimaFocus Network	Neighborhood Network
Gold	EverydayHealth HMO 2000	✓	✓	✓
Silver	EverydayHealth HMO 4000	✓	✓	✓
Bronze	EverydayHealth HMO 7000	✓	✓	✓
Silver	TrueHealth HMO 6000	✓	✓	✓
Silver	NEW AdvanceHealth HMO 6500	✓	✓	<i>Not available</i>
Bronze	Portfolio HSA HMO 5000	<i>Not available</i>	✓	✓
Catastrophic	SimpleHealth HMO	✓	✓	✓

2020 Plans – TrueHealth CSR Plans



	Silver 73 AV	Silver 87AV	Silver 94 AV
Eligibility Category	200-250% FPL	150-200% FPL	100-150% FPL

	TrueHealth Silver 73AV	TrueHealth Silver 87AV	TrueHealth Silver 94AV
Deductible	\$4,500	\$1,750	\$550
Coinsurance (Plan/Member)	100%/0%	100%/0%	100%/0%
Out-of-Pocket Maximum	\$5,500	\$1,850	\$600
Emergency Room Visit	Deductible	Deductible	Deductible
Inpatient Care	Deductible	Deductible	Deductible
Primary Care (PCP) Visit	No charge first 2 visits, then \$25	\$0	\$0
Specialist Visit	\$60	\$5	\$5
Telehealth - Medical	\$10	\$0	\$0
Urgent Care	\$75	\$10	\$10
Diagnostic Tests & Imaging	Deductible	Deductible	Deductible
Skilled Nursing	Deductible	Deductible	Deductible
Outpatient Facility – Non ASC	Deductible	Deductible	Deductible
Outpatient Facility - ASC	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived
Outpatient Surgical	Deductible	Deductible	Deductible
Rx Tier 1	\$20	\$0	\$0
Rx Tier 2	\$100	\$25	\$15
Rx Tier 3	Deductible	Deductible	Deductible
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived

2020 Plans– Portfolio & **NEW** AdvanceHealth



	Portfolio HSA HMO 5000	AdvanceHealth HMO 6500
Metal Level	Bronze	Silver
Deductible	\$5,000	\$6,500
Coinsurance (Plan/Member)	90%/10%	90%/10%
Out-of-Pocket Maximum	\$6,750	\$8,000
Emergency Room Visit	Deductible/Coinsurance	Ded/Coins
Inpatient Care	Deductible/Coinsurance	Ded/Coins
Primary Care (PCP) Visit	Deductible/Coinsurance	No charge first 3 visits, then Deductible/Coinsurance
Specialist Visit	Deductible/Coinsurance	Deductible/Coinsurance
Telehealth - Medical	Deductible/Coinsurance	\$10
Urgent Care	Deductible/Coinsurance	Deductible/Coinsurance
Diagnostic Tests & Imaging	Deductible/Coinsurance	Deductible/Coinsurance
Skilled Nursing	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Facility – Non ASC	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Facility - ASC	Deductible/Coinsurance	Coinsurance, deductible waived
Outpatient Surgical	Deductible/Coinsurance	Deductible/Coinsurance
Rx Tier 1	Deductible/Coinsurance	\$5
Rx Tier 2	Deductible/Coinsurance	Deductible/Coinsurance
Rx Tier 3	Deductible/Coinsurance	Deductible/Coinsurance
Specialty Drug	Deductible/Coinsurance	Deductible/Coinsurance

2020 Plans – **NEW** AdvanceHealth CSR Plans



**BlueCross
BlueShield**
Arizona

	Silver 73 AV	Silver 87AV	Silver 94 AV
Eligibility Category	200-250% FPL	150-200% FPL	100-150% FPL

	AdvanceHealth Silver 73AV	AdvanceHealth Silver 87AV	AdvanceHealth Silver 94AV
Deductible	\$4,000	\$1,300	\$600
Coinsurance (Plan/Member)	90%/10%	90%/10%	90%/10%
Out-of-Pocket Maximum	\$6,500	\$2,250	\$800
Emergency Room Visit	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Inpatient Care	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Primary Care (PCP) Visit	No charge first 3 visits, then Deductible/Coinsurance	No charge first 3 visits, then Deductible/Coinsurance	No charge first 3 visits, then Deductible/Coinsurance
Specialist Visit	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Telehealth – Medical	\$10	\$10	\$5
Urgent Care	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Diagnostic Tests & Imaging	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Skilled Nursing	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Facility – Non ASC	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Facility - ASC	Coinsurance, deductible waived	Coinsurance, deductible waived	Coinsurance, deductible waived
Outpatient Surgical	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Rx Tier 1	\$5	\$2	\$2
Rx Tier 2	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Rx Tier 3	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Specialty Drug	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance



What's New in Arizona?

- New 2020 ACA plans – in all counties
- Free means free – new free primary care provider visits
- Ways to save – ambulatory surgical center
- 24/7 access – online doctor visits
- More healthy rewards – added value throughout the year
- Easy ways to get answers – more digital tools

thank you!



**BlueCross
BlueShield**
Arizona

APPENDIX



2020 Plans – EverydayHealth



	EverydayHealth HMO 2000	EverydayHealth HMO 4000	EverydayHealth HMO 7000
Metal Level	Gold	Silver	Bronze
Deductible	\$2,000	\$4,000	\$7,000
Coinsurance (Plan/Member)	80%/20%	80%/20%	55%/45%
Out-of-Pocket Maximum	\$6,000	\$7,500	\$8,150
Emergency Room Visit	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Inpatient Care	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Primary Care (PCP) Visit	No charge for first 2 visits then \$15	No charge for first 2 visits then \$20	No charge first 2 visits, then \$50
Specialist Visit	\$60	\$75	\$100
Telehealth - Medical	\$10	\$10	\$10
Urgent Care	\$60	\$60	\$75
Diagnostic Tests & Imaging	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Skilled Nursing	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Facility – Non ASC	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Facility - ASC	Coinsurance, deductible waived	Coinsurance, deductible waived	Coinsurance, deductible waived
Outpatient Surgical	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Rx Tier 1	\$10	\$15	\$35
Rx Tier 2	\$60 after \$350 drug deductible	\$75 after \$500 drug deductible	\$150 after \$715 drug deductible
Rx Tier 3	40% after \$350 drug deductible with \$100 minimum	40% after \$500 drug deductible with \$120 minimum	40% after \$715 drug deductible with \$200 minimum
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived

2020 Plans – TrueHealth & SimpleHealth



	TrueHealth HMO 6000	SimpleHealth HMO 8150
Metal Level	Silver	Catastrophic
Deductible	\$6,000	\$8,150
Coinsurance (Plan/Member)	100%/0%	100%/0%
Out-of-Pocket Maximum	\$6,500	\$8,150
Emergency Room Visit	Deductible	Deductible
Inpatient Care	Deductible	Deductible
Primary Care (PCP) Visit	No charge first 2 visits, then \$25	No charge first 3 visits, then Deductible
Specialist Visit	\$100	Deductible
Telehealth - Medical	\$10	Deductible
Urgent Care	\$100	Deductible
Diagnostic Tests & Imaging	Deductible	Deductible
Skilled Nursing	Deductible	Deductible
Outpatient Facility – Non ASC	Deductible	Deductible
Outpatient Facility - ASC	50% coinsurance, deductible waived	Deductible
Outpatient Surgical	Deductible	Deductible
Rx Tier 1	\$25	Deductible
Rx Tier 2	\$100	Deductible
Rx Tier 3	Deductible	Deductible
Specialty Drug	50% coinsurance, deductible waived	Deductible

Financial Help is Available



Qualifying Income Levels

There are two types of help:

- 1) A discount on the **monthly premium**
- 2) A discount that **lowers out-of-pocket costs** such deductibles, copayments, and coinsurance is called a cost-share reduction (CSR). Consumers must enroll in a plan in the Silver category to get the extra savings.

2019 income will be used to calculate eligibility for a subsidy in 2020.

Persons in Household	138% FPL	250% FPL	400% FPL
1	\$17,236	\$31,225	\$49,960
2	\$23,335	\$42,275	\$67,640
3	\$29,435	\$53,325	\$85,320
4	\$35,535	\$64,375	\$103,000
5	\$41,634	\$75,425	\$120,680
6	\$47,734	\$86,475	\$138,360
7	\$53,833	\$97,525	\$156,040
8	\$59,933	\$108,575	\$173,720
9+	If household is larger than 8 people, add \$4,320 for each additional person.		

2020 Plans – EverydayHealth CSR Plans



	Silver 73 AV	Silver 87AV	Silver 94 AV
Eligibility Category	200-250% FPL	150-200% FPL	100-150% FPL

	EverydayHealth Silver 73AV	EverydayHealth Silver 87AV	EverydayHealth Silver 94AV
Deductible	\$3,500	\$1,000	\$25
Coinsurance (Plan/Member)	80%/20%	90%/10%	90%/10%
Out-of-Pocket Maximum	\$6,500	\$2,250	\$1,500
Emergency Room Visit	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Inpatient Care	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Primary Care (PCP) Visit	No charge first 2 visits, then \$15	No charge first 2 visits, then \$10	No charge first 2 visits, then \$5
Specialist Visit	\$60	\$30	\$10
Telehealth - Medical	\$10	\$10	\$5
Urgent Care	\$60	\$40	\$20
Diagnostic Tests & Imaging	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Skilled Nursing	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Facility – Non ASC	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Facility - ASC	Coinurance, deductible waived	Coinurance, deductible waived	Coinurance, deductible waived
Outpatient Surgical	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Rx Tier 1	\$15	\$10	\$5
Rx Tier 2	\$75 after \$400 drug deductible	\$40 after \$100 drug deductible	\$10 after \$25 drug deductible
Rx Tier 3	40% after \$400 drug deductible with \$120 minimum	40% after \$100 drug deductible with \$35 minimum	40% after \$25 drug deductible with \$20 minimum
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived

2020 Plans – TrueHealth CSR Plans



	Silver 73 AV	Silver 87AV	Silver 94 AV
Eligibility Category	200-250% FPL	150-200% FPL	100-150% FPL

	TrueHealth Silver 73AV	TrueHealth Silver 87AV	TrueHealth Silver 94AV
Deductible	\$4,500	\$1,750	\$550
Coinsurance (Plan/Member)	100%/0%	100%/0%	100%/0%
Out-of-Pocket Maximum	\$5,500	\$1,850	\$600
Emergency Room Visit	Deductible	Deductible	Deductible
Inpatient Care	Deductible	Deductible	Deductible
Primary Care (PCP) Visit	No charge first 2 visits, then \$25	\$0	\$0
Specialist Visit	\$60	\$5	\$5
Telehealth - Medical	\$10	\$0	\$0
Urgent Care	\$75	\$10	\$10
Diagnostic Tests & Imaging	Deductible	Deductible	Deductible
Skilled Nursing	Deductible	Deductible	Deductible
Outpatient Facility – Non ASC	Deductible	Deductible	Deductible
Outpatient Facility - ASC	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived
Outpatient Surgical	Deductible	Deductible	Deductible
Rx Tier 1	\$20	\$0	\$0
Rx Tier 2	\$100	\$25	\$15
Rx Tier 3	Deductible	Deductible	Deductible
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived



2020 Individual & Family Plans





Bright Health Overview

Led by a best-in-class team

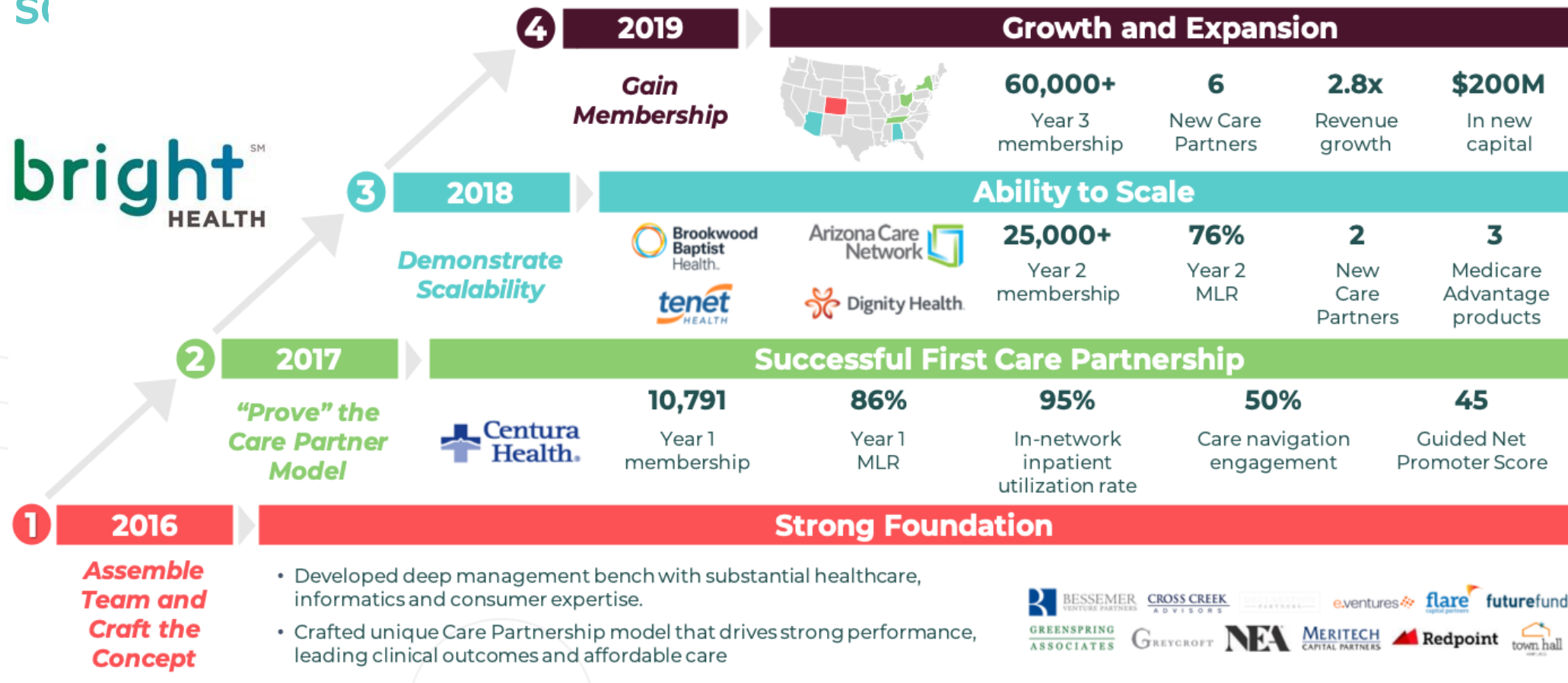
Innovative leadership

Our executive leadership team is fresh, bold, and filled with the brightest minds in the industry.



A brief history

Bright Health has assembled a best-in-class team, proven the validity of our Care Partner model, and demonstrated the ability to scale



Bright Health 2020

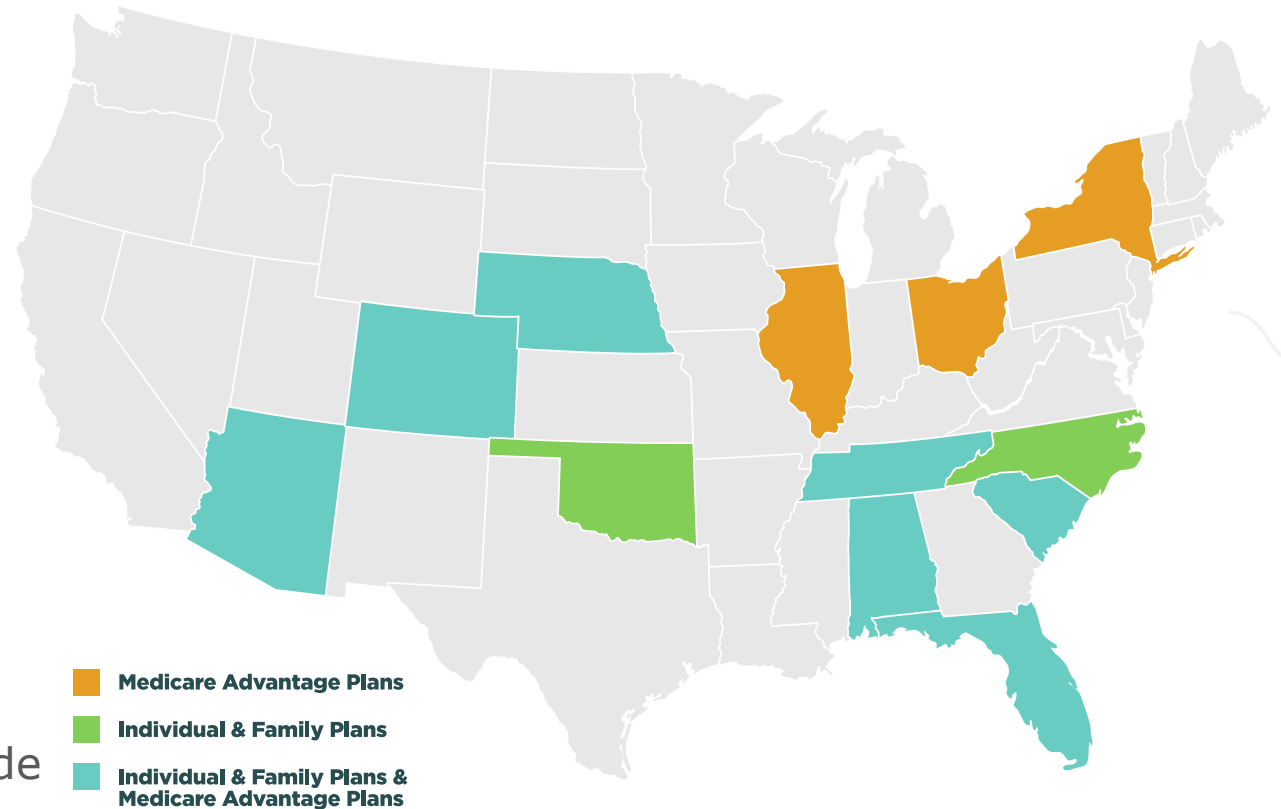
Our 2020 expansions mark a 300% increase in product offerings compared to 2019.

Current IFP Markets

- Denver
- Birmingham
- Phoenix
- Tucson
- Memphis
- Nashville
- Knoxville

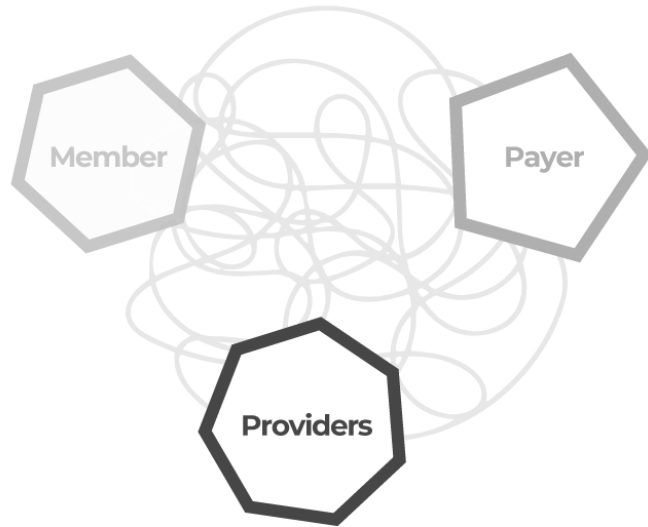
New IFP Markets

- Jacksonville
- Pensacola
- Tampa
- Daytona Beach
- Orlando
- Palm Beach
- Oklahoma City
- Charlotte
- Winston-Salem
- Greenville
- Anderson
- Nebraska statewide



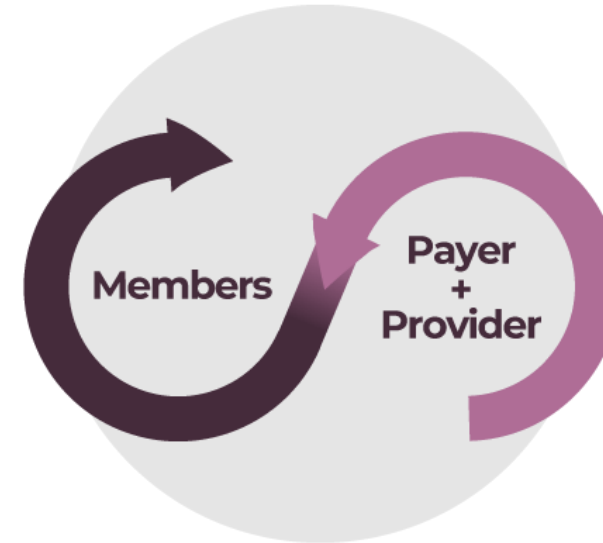
Our Health Plan Care Partner Model makes us different.

Traditional Health Plan Model:



- Separates the entities providing care and paying for care
- Disjointed data across multiple systems

Bright Health Model:



- Integrates the payer and provider structures
- Synchronizes claim and member data
- Focuses on in-network care
- Creates a close relationship between Bright Health and our Care Partners

What is our approach?

Bright Health partners with high quality providers and designs competitive benefits in order to offer access to high quality care at the lowest cost

Smart Networks built around key Care Partner relationships



Thoughtful benefit design, promoting access to care



LOWER OUT OF POCKET COST

- Low Deductibles and MOOP
- Co-pays over co-insurance

COMPETITIVE PREMIUM PRICING

UNIQUE SERVICES AVAILABLE TO ALL MEMBERS

- Rides to doctor visits
- Meals post surgery
- Cash Rewards

HIGH
QUALITY

LOW COST

ACCESS TO
CARE

Pharmacy benefits

We've partnered with pharmacy benefit manager Envision Rx to provide access to thousands of pharmacies locally and across the country.



2,000

Statewide pharmacy
locations



65,000

National pharmacy
locations

Includes access to pharmacies at stores where members already shop.

Walmart



CVS pharmacy®

Walgreens

Costco Pharmacy, Rite Aid, Harris Teeter Pharmacy, Safeway Pharmacy, Publix Pharmacy, Sam's Pharmacy and many other chain and Independent Pharmacies

Get urgent care at home with DispatchHealth.*

If you need care and can't wait for an appointment but it's not an emergency, have Dispatch Health come to you!

We've partnered with DispatchHealth to deliver on-demand urgent care at home with ER-trained, mobile healthcare teams. Here's how it works:

1

Request care

Use the DispatchHealth mobile app, website, or call directly

2

Explain your symptoms

Clinical support will call to talk about what's wrong so you get the right care

3

Receive care

The DispatchHealth team will be there soon

4

Rest easy

Everything will be handled, from updating your PCP to calling in your prescription

**Benefit only available in AZ, CO, and OK Markets*



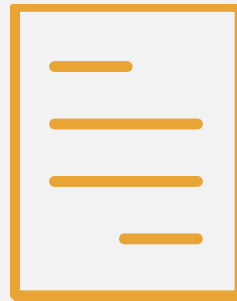
What happens after enrollment?

The onboarding process is triggered when an applicant makes their first payment of the year. Next, members receive:



1. ID card

Once members have their ID card, they can set up their Member Hub account and receive care (after their effective date)



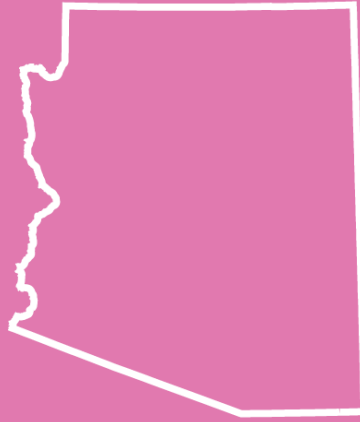
2. Welcome Packet

The welcome packet includes benefit highlights and information to help members get the most out of their plan.



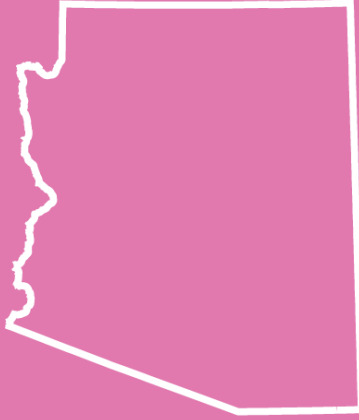
3. Ongoing communications

Members will receive ongoing communications via their preferred channels. These include information about monthly payments, the Member Hub, Cash Rewards, and more.



Arizona Overview

[Click here for video](#)



Arizona Overview

Why Arizona?



Sizeable Market opportunity

- ~120k addressable lives in target markets



Collaborative partners

- Multiple strong, market-leading Care Partners



Competitive Landscape

- Limited competition offers opportunity for new entrants



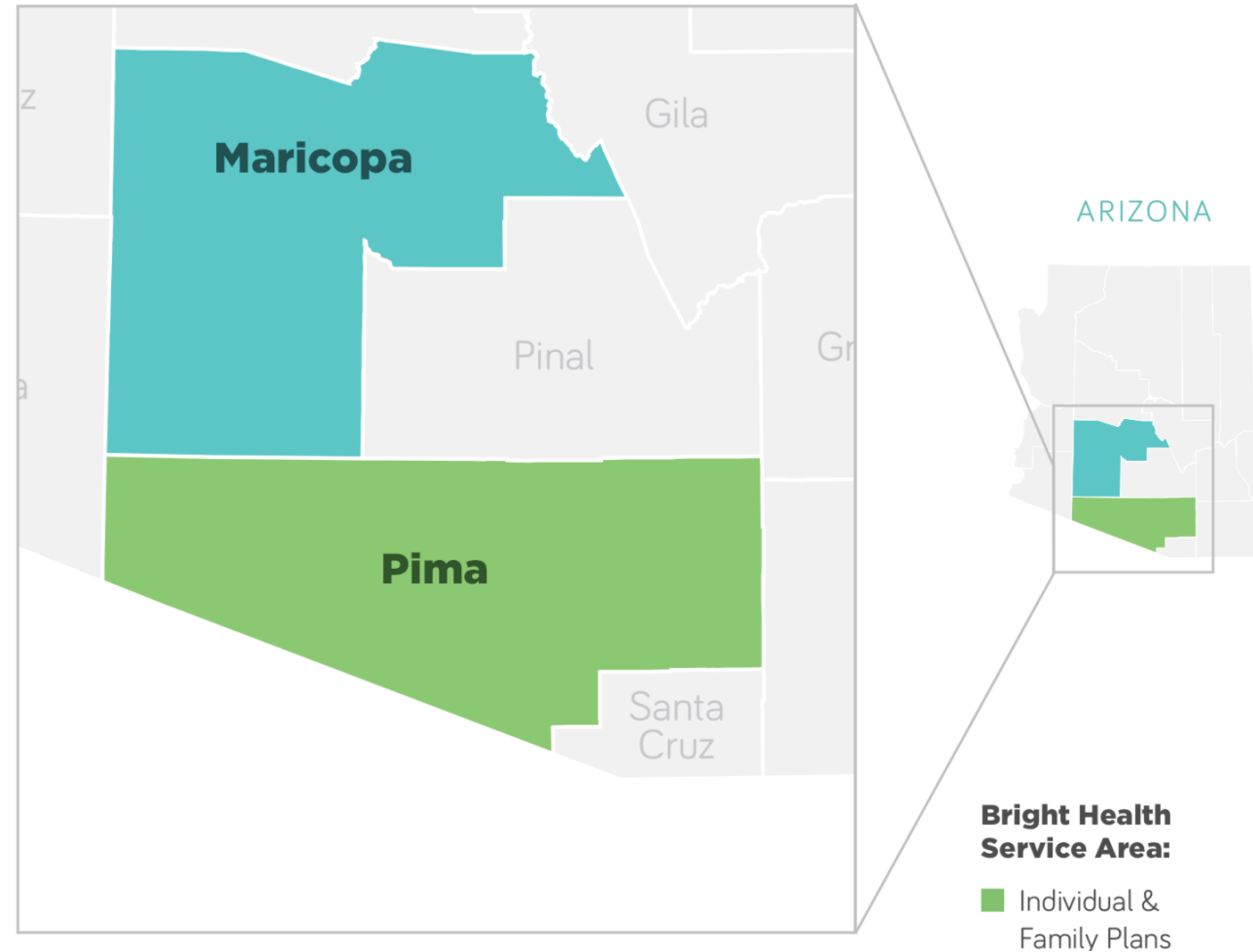
Diverse distribution channels

- Strong Broker Channel
- Many consumers use FFM
- Navigator footprint

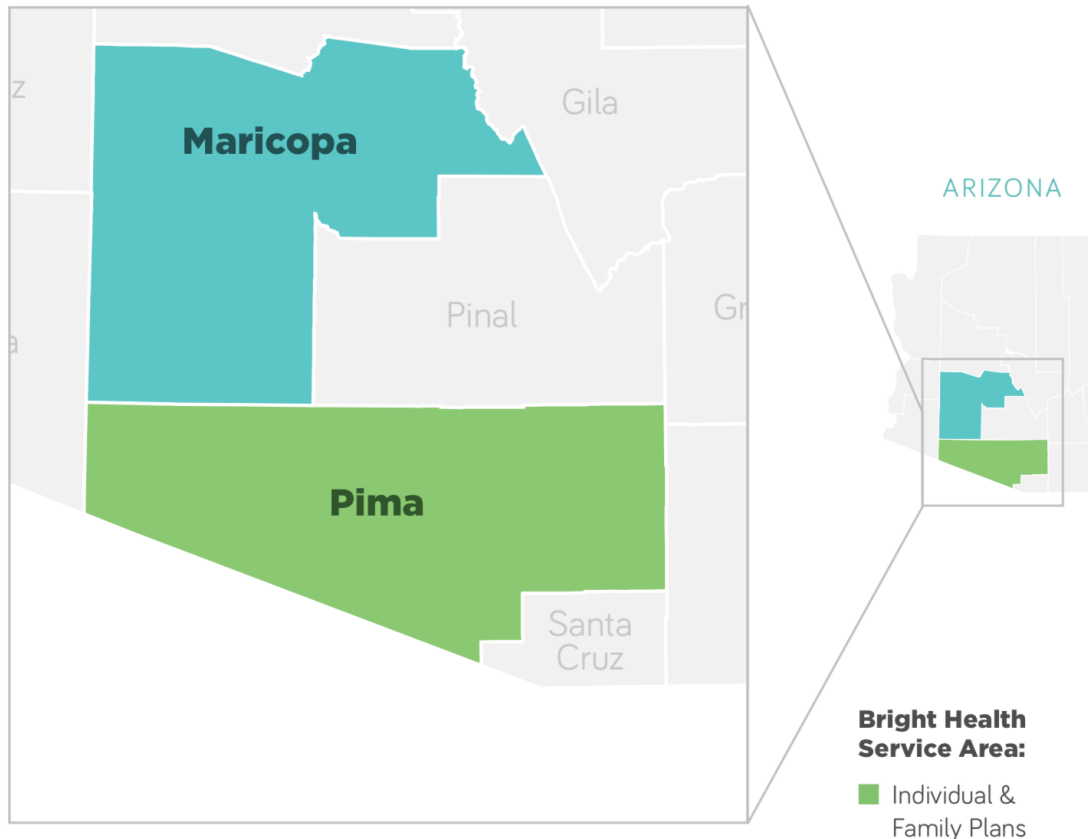
Service Areas

Maricopa County
Phoenix Metro

Pima County
Tucson



Maricopa County provider network



Arizona Care Network



Dignity Health.



Abrazo™
Community Health Network



PHOENIX
CHILDREN'S
Care Network

dispatch
HEALTH

ACN and Bright Health

Transforming Healthcare for Arizona



Why ACN?

- Largest primary care network in Arizona
- Affiliation with Phoenix Children's Care Network
- Use of leading technologies to support our network and patients

ACN At-a-Glance



Primary



Community
Specialists



Facility/
other

5,807 Providers



Care locations
statewide

310,000+



**\$1 Billion in annual medical
cost**

13 DIVERSE VALUE-BASED

CONTRACTS



- Medicare
- Medicaid
- Commercial
- Direct to Employer

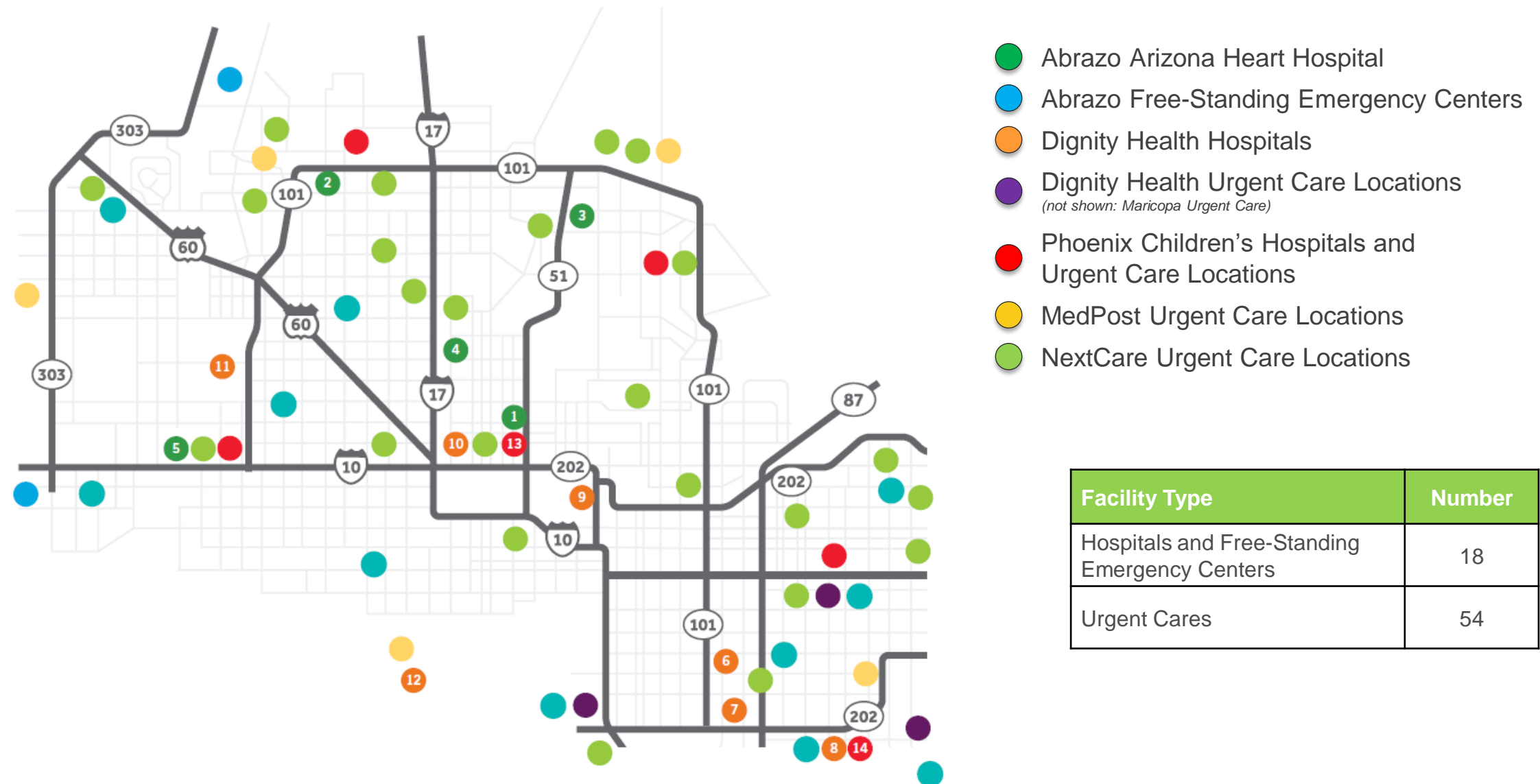


Quality outcomes achieving

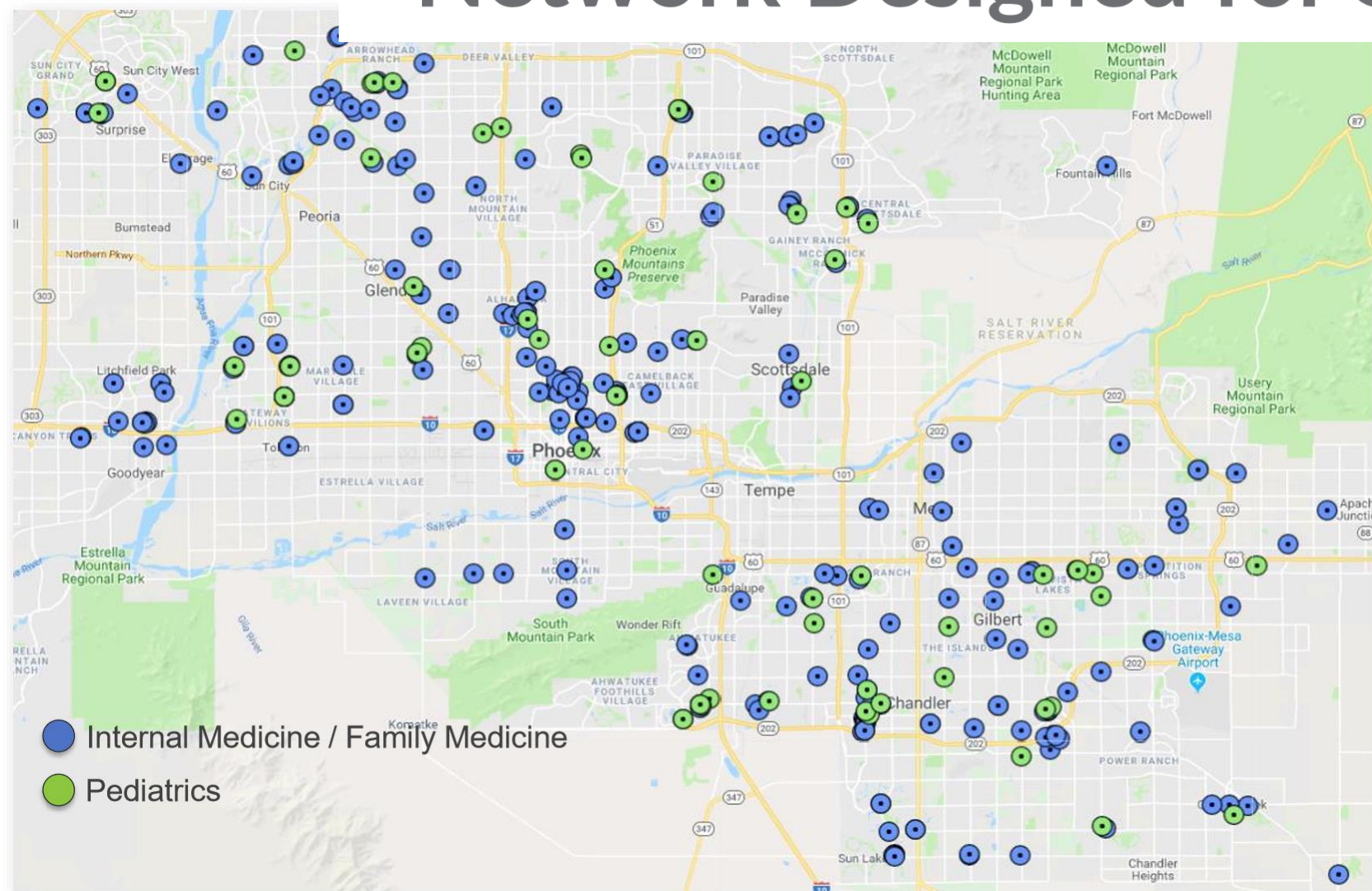
\$41 Million

Total Medical Cost Savings

Network Designed for Success: Hospitals and Urgent Cares



Network Designed for Success



- Physician governance
- Broad geographic coverage
- Primary Care growth
- Provider participation requirements
- Specialist network optimization

Provider Type	2013	Today
Primary Care	322	1,220
Specialists: Community Based	771	3,999
Facility & Ancillary Locations	397	588

Bright Health does not cover out-of-network care unless in the case of emergency, urgently needed services out-of-area dialysis services are needed.



PCCN At-a-Glance



Phoenix Children's Care Network

1096	Pediatric Providers
178	Unique Care Locations
385	Primary Care Providers
631	Pediatric Specialty Providers
+137,000	Covered Lives

- Largest Pediatric MM platform in SW US
- Developed proprietary CM application



Phoenix Children's Hospital

33	Primary Pediatric Specialties
55	Pediatric Subspecialties
525	Employed Physicians
433	Licensed beds in Phoenix
48	Licensed beds at MGMC
+13,500	Inpatient Discharges/Year
+327,500	Outpatient Visits/Year
+138,500	ED/Urgent Care Visits/Year



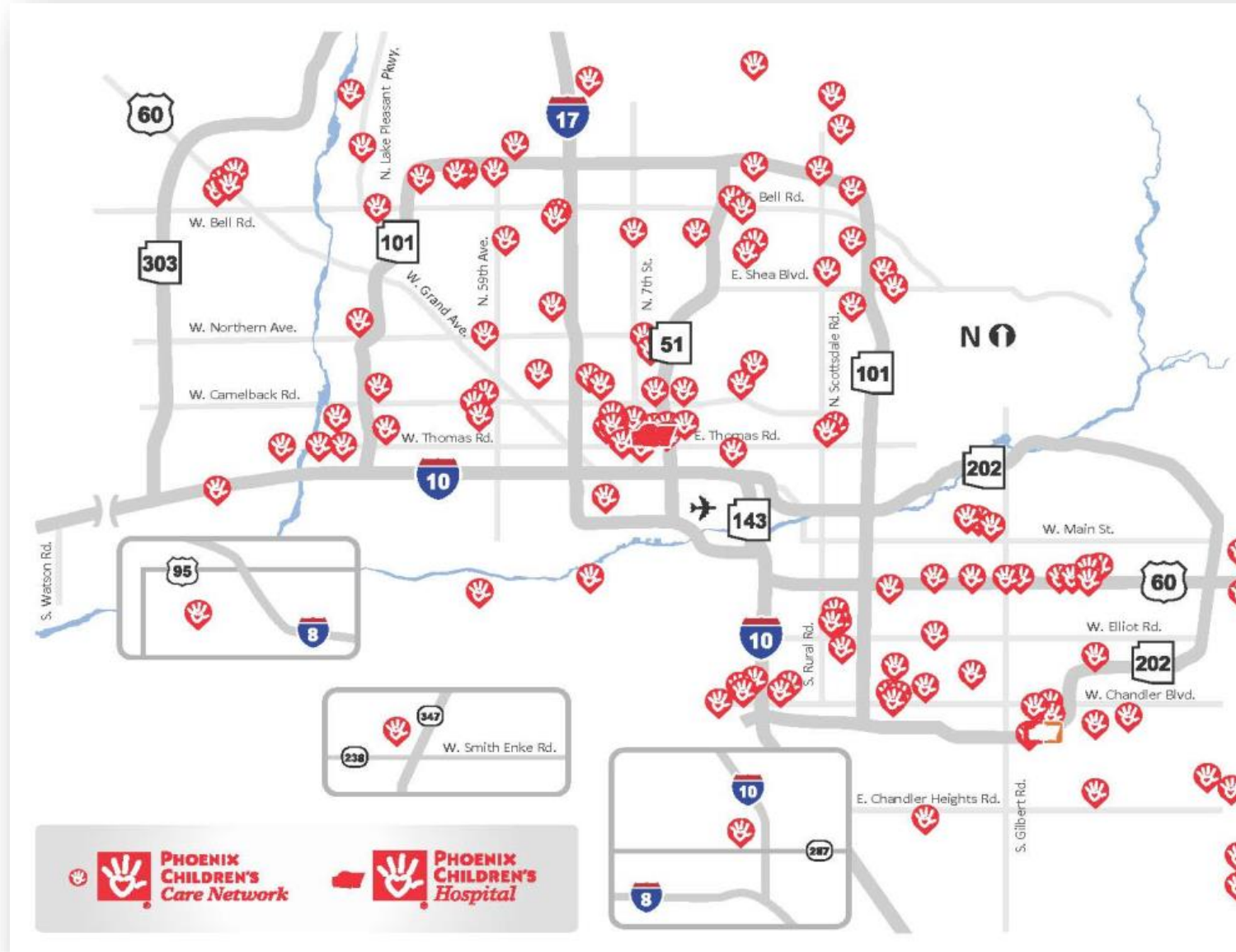
Quality and Cost

\$26M	Total Medical Cost Savings
82%	Performance exceeding CQMs
1st	URAC Accredited Pediatric CIN
10/10	Ranked Specialties by US News

- Focused on Quality
- Proprietary, proven patient stratification
- Successful National Care Management Model



PCCN – Where We Are



PHOENIX CHILDREN'S Care Network

Phoenix Children's Hospital – East Valley Expansion

Women's and Children's Pavilion at Mercy Gilbert Medical Center

- **Groundbreaking in November 2018**
- **Grand Opening Spring 2021**
- **Pediatric Services:**
 - 24-Bed Pediatric Emergency Department
 - 6 Operating Rooms + Procedural Suites
 - Diagnostic Imaging
 - 60-Bed Level III NICU
 - 24-Bed Inpatient Unit (24 additional shelled beds)
 - Pediatric Lab
 - Pediatric Pharmacy



Phoenix Children's Hospital – East Valley Expansion

New Medical Office Building at Mercy Gilbert Medical Center

- Opening January 2020
- 80,000 square feet total
 - PCH to occupy ~45,000 square feet
- **7 Key Specialty Anchors**
 - Gastroenterology (GI)
 - Orthopedic Surgery
 - General Surgery
 - Neurology
 - Otolaryngology (ENT)
 - Endocrinology
 - Hematology Oncology (beginning in 2021)
- **Behavioral Health Services**
- **Ancillary support**
 - Imaging
 - Rehab
 - Nutrition
 - Social Services
 - Child Life



Arizona Care Network



A Better State of Care



Get urgent care at home with DispatchHealth.*

If you need care and can't wait for an appointment but it's not an emergency, have Dispatch Health come to you!

We've partnered with DispatchHealth to deliver on-demand urgent care at home with ER-trained, mobile healthcare teams. Here's how it works:

1

Request care

Use the DispatchHealth mobile app, website, or call directly

2

Explain your symptoms

Clinical support will call to talk about what's wrong so you get the right care

3

Receive care

The DispatchHealth team will be there soon

4

Rest easy

Everything will be handled, from updating your PCP to calling in your prescription

**Benefit only available in AZ, CO, and OK Markets*



SAME AS TREATMENT AVAILABLE IN URGENT CARE:

COMMON CONDITIONS

NAUSEA, VOMITING, DIARRHEA

MIGRAINE, HEADACHE, & NEUROLOGICAL

ASTHMA & RESPIRATORY

URINARY

EAR, NOSE & THROAT

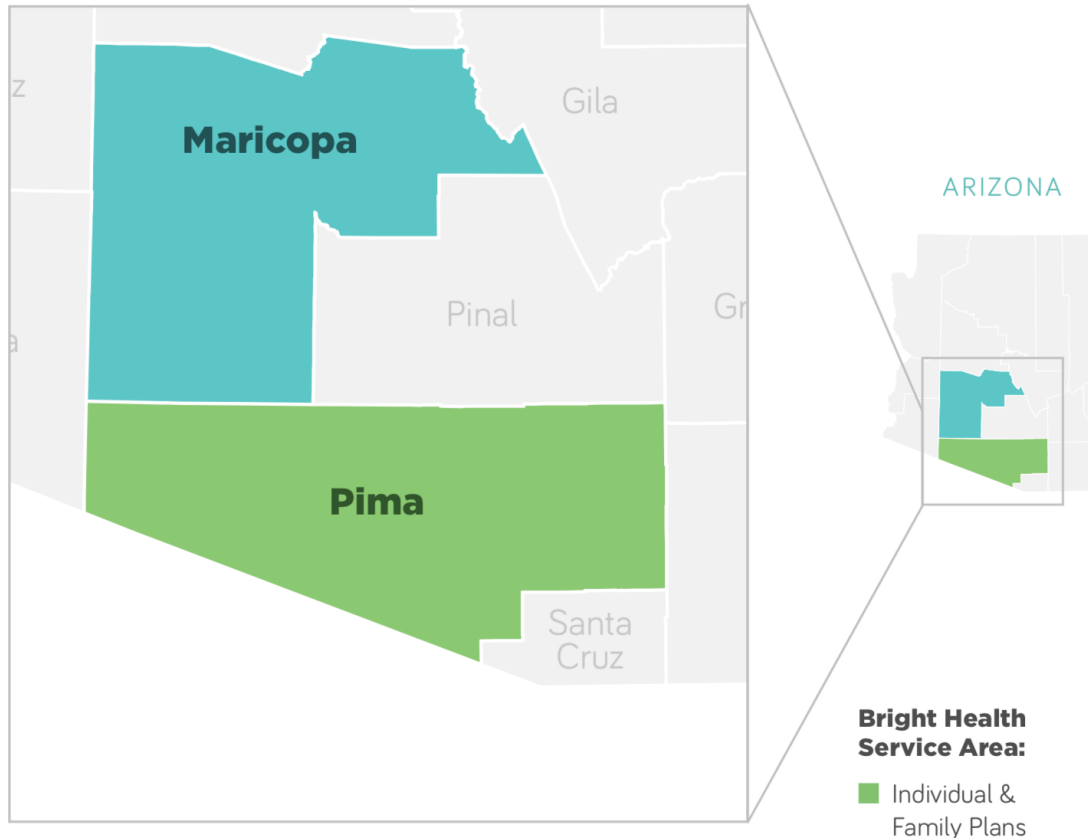
LABS, IVS AND TESTS

MEMBER COST:

Urgent care \$75, or \$275 for plans without copay



Pima county provider network



Carondelet Health Network

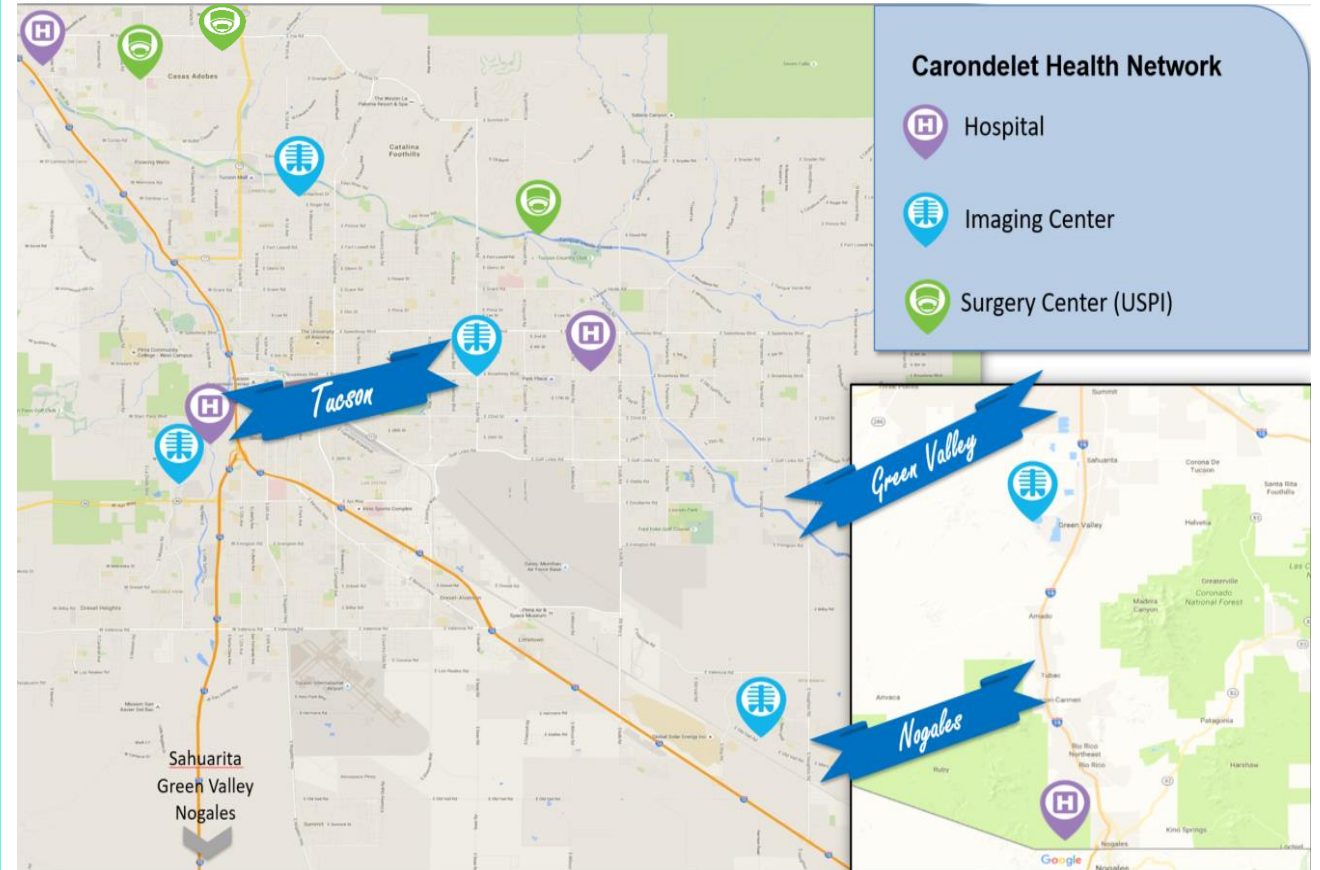
And Physicians Performance
Network of Tucson (PPNT)



Carondelet Health Network

- One of the largest healthcare providers in Southern Arizona
- 2 Acute Care hospitals
- 1 critical access hospital
- 1 microhospital (opening Spring, 2019)
- 5 imaging centers
- 3 ambulatory surgery centers and
- 13 medical group practice locations.

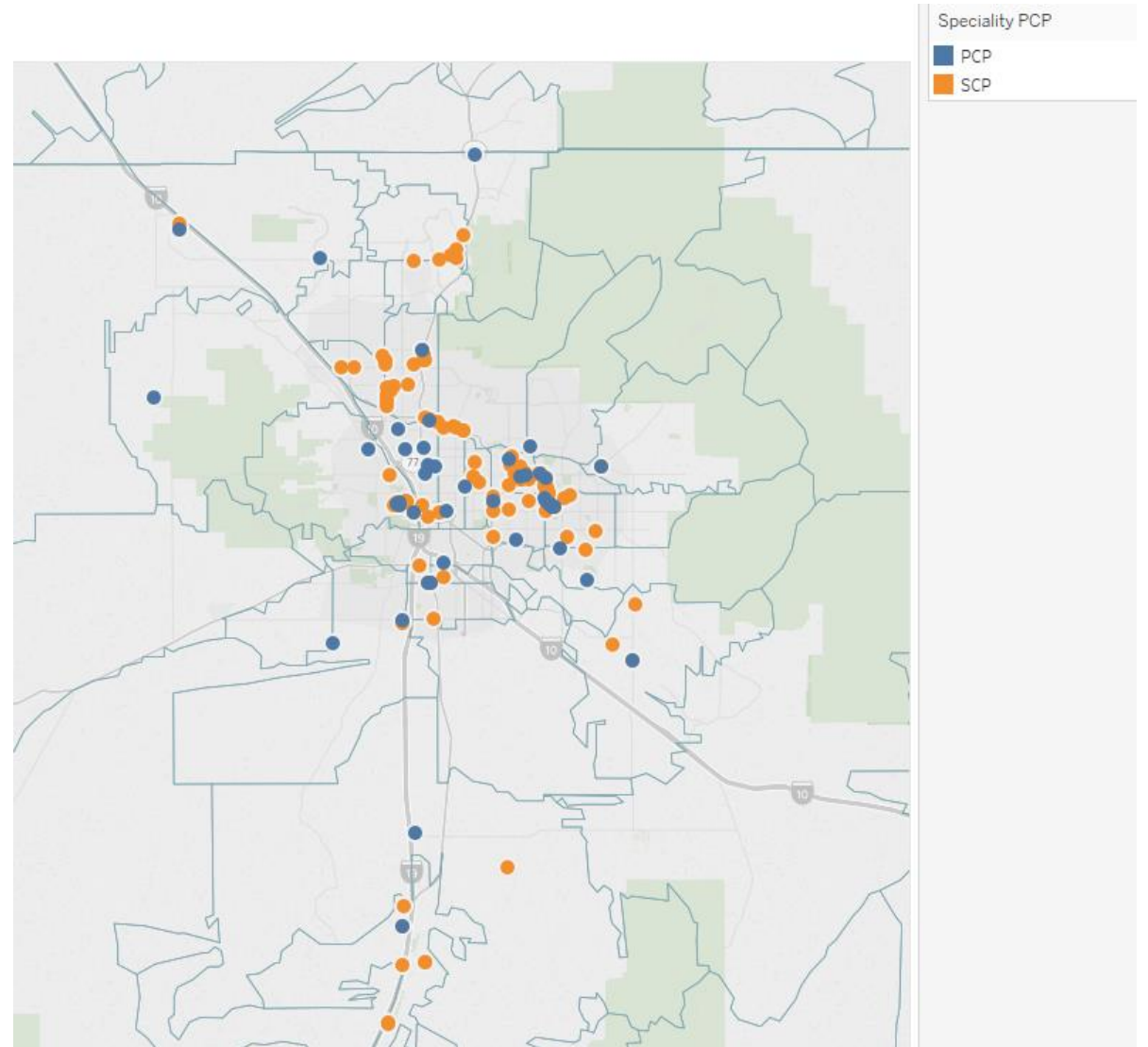
Facility Network



Physician Performance Network of Tucson Overview

Provider Network

- Highly respected private practice physicians
- Comprehensive system improves quality
- Delivery of better value



2020 Individual & Family Plan – Arizona

On–Exchange

- Gold
- Silver 1
- Silver 2
- Silver 3
- Silver 4

Off–Exchange

- Silver 1 Direct
- Silver 2 Direct

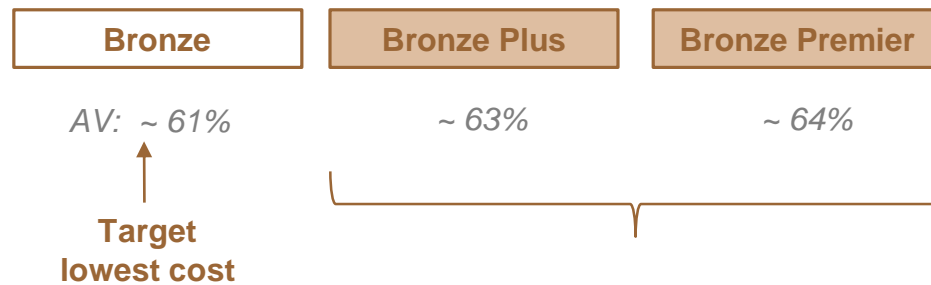
On/Off Exchange

- Bronze
- Bronze Plus
- Bronze Premier
- Bronze HSA

Bronze and Silver Strategy

We've taken a thoughtful approach to our Bronze and Silver portfolios

Bright Health Bronze Portfolio



Expanded Bronze Plans

- Bronze plan with richer benefits
- Goal to capture on-exchange individuals who qualify for subsidy - can't afford silver plan
- Or off-exchange individuals who want a richer benefit, but not at the cost of a full silver plan

Silver “Direct” Offerings

Silver 1, 2, 3 ... (On/Off Exchange)

Include CSRs and are eligible for premium subsidies

Lowest cost for ON exchange consumers

Bronze/Silver “Direct”

Do not include CSR pricing and are NOT eligible for subsidies

Silver Direct (Off Exchange Only)

- Silver variations only available off exchange
- Direct plans only available through Bright
- Do not have CSR priced into the premium, so plans range anywhere from **10% to 30%** cheaper than their on-exchange equivalent plans

Bright Health 2020 plan names

Unique plan structures require different naming conventions for each plan metal tier

	Bronze	Silver	Catastrophic & Gold
Names	<ul style="list-style-type: none">Bright Health BronzeBright Health Bronze PlusBright Health Bronze Premier <i>(Add modifiers where applicable)</i>	<ul style="list-style-type: none">Bright Health Silver 1Bright Health Silver 2Bright Health Silver 3... etc. <i>(Add modifiers where applicable)</i>	<ul style="list-style-type: none">Bright Health CatastrophicBright Health Gold
Modifiers	<ul style="list-style-type: none">"HSA" – for plans eligible for Health Savings Accounts"Direct" – for versions sold only Off-Exchange	<ul style="list-style-type: none">"HSA" – for plans eligible for Health Savings Accounts"Direct" – for versions sold only Off-Exchange	<ul style="list-style-type: none">No modifiers
Rationale	<ul style="list-style-type: none">Names convey valueOur Bronze plans are more different from each otherFewer plan variations than Silver	<ul style="list-style-type: none">Our silver plans are very similar to each other in terms of overall value but have more variable benefitsSimple number approach allows the consumer to distinguish between plans and the items that matter to them (premium, deductible, MOOP)	<ul style="list-style-type: none">One version per market

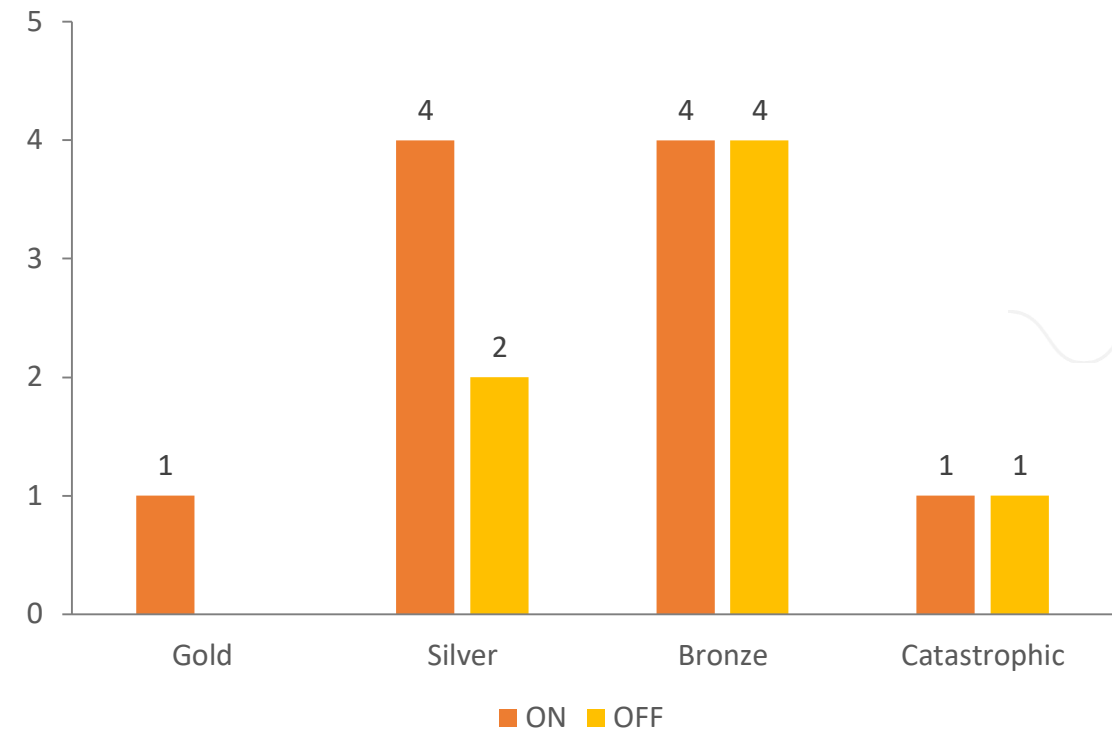
Plan summary

Arizona Product Strategy

- Desire lowest Bronze, lowest Silver, 2nd lowest Silver
- Competitive Gold & Catastrophic
- Focus on benefits displayed prominently on Exchange
- Maintained 2019 plans to allow for passive renewals and better retention
- Added 2 new Silver plans to position as lowest & 2nd lowest cost; 1 new Bronze for expanded/richer benefits
- Silver Direct options offer cheaper off-exchange plans for unsubsidized consumers
- Anticipate Bright Bronze will capture our most premium-focused consumers and Bronze Premier will capture subsidized and unsubsidized members looking for a richer benefit without the price

Use this slide or next slide, “plan strategies” but not both

Number of Plans per Market



Plan strategies

Use this slide or previous slide, “Plan summary” but not both

Minimal changes to existing plans

to allow passive renewals & better retention

Adding 2 new Silver plans

targeted to price-shoppers without affecting renewals in existing plans

Differentiate CSR variations –

options with lower deductible or MOOP

Our CSR load is spread across all Silver plans,

so unsubsidized consumers can purchase either of our 2 “Silver Direct” plan off-exchange at a lower cost

Plan highlights and copays

Plan highlights

- No Primary Care Selection Required
- No referrals required
- Minimal Changes - most related to Federal limits, deductible and Maximum Out of Pocket changes
- Plans available on and off exchange
- Out of network coverage - urgent/emergent services only

Plan overviews – Phoenix & Tucson

GOLD and SILVER

New

New

Plan Name	Gold	Silver 1	Silver 2	Silver 3	Silver 4	Silver 1 Direct Direct	Silver 2 Direct Direct
Exchange Participation Participation	On-Exchange	On-Exchange	On-Exchange	On-Exchange	On-Exchange	Off-Exchange	Off-Exchange
IND Deductible	\$3,500	\$4,700	\$4,000	\$5,000	\$3,200	\$5,500	\$3,500
FAM Deductible	\$7,000	\$9,400	\$8,000	\$10,000	\$6,400	\$11,000	\$7,000
IND MOOP	\$8,150	\$8,150	\$8,150	\$8,150	\$8,150	\$8,150	\$8,150
FAM MOOP	\$16,300	\$16,300	\$16,300	\$16,300	\$16,300	\$16,300	\$16,300
Coinsurance	20%	40%	40%	40%	30%	40%	30%
Primary Care	2 Free visits Then \$20 per visit visit	\$40	\$35	\$40	\$30	\$40	\$30
Specialist Care	\$45	40%	40%	\$75	\$75	\$75	\$75
Urgent Care	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Emergency Room	\$500	Ded/Coins	Ded/Coins	\$750	Ded/Coins	Ded/Coins	Ded/Coins
Inpatient Hospital	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient Hospital	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
RETAIL RX							
Tier 1: Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Generics	\$10	\$15	\$15	\$25	\$15	\$25	\$15
Tier 3: Pref Brands	\$50	\$0	\$0	\$80	\$80	\$100	\$80
Tier 4: Non-Pref Brand Brand	\$0	\$0	\$0	Ded/Coins	Ded/Coins	\$0	Ded/Coins
Tier 5: Specialty	\$0	\$0	\$0	\$0	\$0	\$0	\$0

*Benefits for In-network services and providers only.

Plan overviews – Phoenix & Tucson

BRONZE and CATASTROPHIC

New

New

Plan Name	Bronze	Bronze Plus	Bronze Premier	Bronze HSA	Catastrophic
Exchange Participation Participation	On-/Off-Exchange	On-/Off-Exchange	On-/Off-Exchange	On-/Off-Exchange	On-/Off-Exchange
IND Deductible	\$8,150	\$7,500	\$5,000	\$6,850	\$8,150
FAM Deductible	\$16,300	\$15,000	\$10,000	\$13,700	\$16,300
IND MOOP	\$8,150	\$7,500	\$8,150	\$6,850	\$8,150
FAM MOOP	\$16,300	\$15,000	\$16,300	\$13,700	\$16,300
Coinsurance	0%	0%	40%	0%	0%
Primary Care	2 visits \$50 then Ded/Coins	2 visits \$50 then Ded/Coins	\$25	0%	3 visits \$20 Then Ded/Coins
Specialist Care	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	\$75	\$75	\$75	Ded/Coins	Ded/Coins
Emergency Room	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Inpatient Hospital	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient Hospital	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
RETAIL RX					
Tier 1: Preventive	\$0	\$0	\$0	\$0	\$0
Tier 2: Generics	\$25	\$20	\$25	0%	Ded/Coins
Tier 3: Pref Brands	Ded/Coins	Ded/Coins	\$0	Ded/Coins	Ded/Coins
Tier 4: Non-Pref Brand Brand	Ded/Coins	Ded/Coins	\$0	Ded/Coins	Ded/Coins
Tier 5: Specialty	Ded/Coins	Ded/Coins	\$0	Ded/Coins	Ded/Coins

*Benefits for In-network services and providers only.

Pharmacy benefits

We've partnered with pharmacy benefit manager Envision Rx to provide access to thousands of pharmacies locally and across the country.



2,000

Statewide pharmacy
locations



65,000

National pharmacy
locations

Includes access to pharmacies at stores where members already shop.

Walmart 

 **CVS** pharmacy[®]

Walgreens

Costco Pharmacy, Rite Aid, Harris Teeter Pharmacy, Safeway Pharmacy, Publix Pharmacy, Sam's Pharmacy and many other chain and Independent Pharmacies

Pediatric Dental and Vision

Pediatric dental & vision coverage is for plan members under age 19 and includes:



Diagnostic
and
preventive
procedures



Basic
restorative
services



Extraction
surgery



Endodontics



Medically
necessary
orthodontia
and
prosthodontics
*



One set of
standard
frames or
contact
lenses

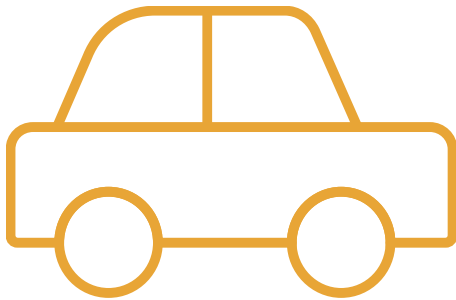
*Cleft lip and Cleft Palate



Rides, Meals, & Cash Rewards

Our members get more for less

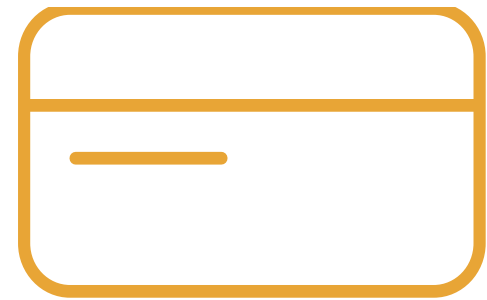
Bright Health offers more than just benefits to our members.



+



+



Rides

Get rides to and from appointments.

Meals

Have meals delivered after a hospital stay.

Bright Health Rewards

Earn cash by completing healthy actions.

Perks → Rides, Meals, & Cash Rewards

Bright will offer legacy “Perks” plan designs in 2020 - with new plan names.

Changing “Perks” to Rides, Meals, & Cash Rewards for all members!

2019

2020

PLANS	OFFERING	CONDITIONS
Rides		
Bronze	4 one-way trips	Must enroll in a “Perks” specific plan and enroll in recurring payments
Silver	8 one-way trips	
Meals		
Bronze	10 meals	Must enroll in a “Perks” specific plan, enroll in recurring payments, and have a inpatient hospital stay (first stay only)
Silver	14 meals	
Copays		
Bronze	Variable based on market \$25-\$50	Must enroll in a “Perks” specific plan, enroll in recurring payments, and visit a PCP
Silver	Variable based on market \$25-\$50	

PLANS	OFFERING	CONDITIONS
Rides		
CAT, Bronze, Silver, & Gold	Up to 4 one-way trips	No recurring payments requirement – all plans qualify
Meals		
CAT, Bronze, Silver, & Gold	4 days of meals (14 meals)	No recurring payments requirement – all plans qualify, triggered by <i>each discrete</i> inpatient hospital stay
Cash Rewards		
CAT, Bronze, Silver, & Gold	Variable rewards offered for taking healthy actions (could include PCP visit, etc.)	All reward conditions will be reward by reward

Rides



What do members receive?

- Up to four rides to and from their doctor through our partner, Circulation, who contracts and credentials local non-emergency medical transportation (NEMT) companies and Lyft drivers
- Option to bring up to two guests per ride
- Ability to request one of their previous drivers

Other ride details

- Members can schedule rides on-demand or up to six months in advance
- Number of available rides and pre-approved locations depend on member's plan

Members can call Member Services to schedule a ride.

Meals



What do members receive?

- One-time meal delivery of nutritious, shelf-stable or flash frozen meals following each hospital stay
- Option to personalize meals based on dietary needs and restrictions

Other meal details

- More than four days of meals - 14 per hospital stay
- Ability to include eligible family members
- Discounts on future purchases

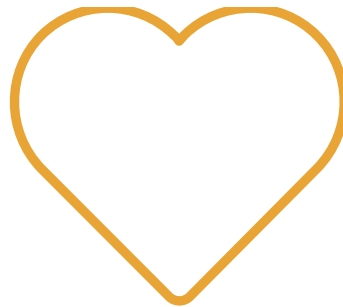
Members simply call Member Services to request their meals.

Bright Health Rewards – Earn Cash

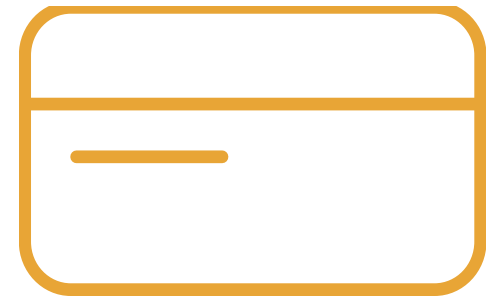
Members can earn cash rewards for taking healthy actions.



**Log in to the
Member Hub and
create a profile**



**Complete healthy
actions**



**Bright Health sends
members a preloaded
Bright Health Rewards
Visa®**

Health actions include things like finding a Primary Care Provider (PCP) or going to an annual wellness visit. Rewards also change throughout the year, like getting a flu shot during flu season.



Marketing

The Brighty Bunch is back! (so is the whistle)



STAND OUT

from the “sea of same”

mnemonic devices

MEMORABLE

win on

IMPACT

v. spend \$\$\$



ownable

PRICE
positioning

[See
more?](#)

(See more?)



Agency: Figliulo & Partners, LLC
Client: Bright Health Management, Inc.
Title: Fast Exits IFP Master
Length: :30
Code: BIHM0185000H
Date: 06/05/2019



Not for Broadcast; Pending Substantiation & Legal Disclosures

MACKCUT



Thank you!

Changes to Public Charge



Public Charge Final Rule Update

Presented by Erika Mach | Updated September 25, 2019

This presentation is NOT legal advice. For more details, please speak with an immigration attorney.



Bite size **facts**

WHAT is the Public Charge definition?

PREVIOUS DEFINITION

- A person who is considered “likely to become primarily dependent on the government for subsistence.”

NEW DEFINITION

- A person who “receives one or more public benefit... for more than 12 months in the aggregate within any 36-month period...”

Under the new definition:

(Number of Benefits) x (Number of Months Used) = Aggregate of Benefits

WHEN is the Public Charge test used?

The public charge test takes place in the following instances:

1. When a person who is in the United States (i.e. work visa, student visa, family petition) applies to adjust his/her status to a lawful permanent resident (LPR) (or green card)
2. Applies from another country (embassy) to enter the U.S.
3. A green card holder leaves the U.S. for more than 180 consecutive days (6 months) and reenters

WHO is excluded from the Public Charge test?

The following is a list of people who would NOT go through the public charge test:

- People applying for citizenship
- People renewing their green card (unless they have been out of the country for 180 consecutive days)
- Refugees
- Asylees
- Survivors of domestic violence, and victims of trafficking or other serious crimes
- Special immigrant juveniles
- Temporary protected status (TPS)
- DACA recipients (only when applying for DACA or renewing their DACA status)
- Certain other groups (Amerasians, Afghan and Iraqi military translators, certain Cuban and Haitian adjustment applicants, certain Nicaraguans and Central Americans under NACARA, registry applicants, Soviet and Southeast Asian Lautenberg parolees)

WHAT are the Public Charge Benefits Considered?

Old Rule

*Cash Assistance for Income Maintenance

Long Term Institutional Care at Government Expense

New Rule

Supplemental Nutrition Assistance Program (SNAP or Food Stamps)

Federal, State, Local and Tribal Cash Assistance

Housing Assistance (Public Housing or Section 8 Housing Vouchers and Rental Assistance)

** Medicaid (with exceptions)

* Included under current policy

** Exceptions for **MEDICAID ONLY** (1) emergency medical conditions, (2) coverage of children under 21, (3) women who are pregnant and up to 60 days postpartum, and (4) Medicaid services provided through the Individuals with Disabilities Education Act (IDEA) and schools.

WHICH programs are excluded from public charge?

Any programs NOT listed on the previous slide, including, but not limited to:

- School-based nutrition services
- Public education, including Head Start
- WIC
- CHIP program (KidsCare)
- ACA tax credits
- Earned Income Tax Credit (EITC)
- Medicare Part D financial assistance
- Community Health Centers and their sliding-fee scale

WHAT are other factors looked at?

Totality of Circumstances

- Age
- Health
- Family status
- Financial status
- Education and skills
- Affidavit of support

The public charge test is forward-looking



Is the person likely to rely on cash or long-term care in the future?

- No one factor (including past use of cash benefits) can alone determine whether or not someone is a “public charge”
- Positive factors can be weighed against negative factors

WHAT is looked at in the Totality of Circumstances Test?

- Income and Financial Status
 - Under 125% FPL (negative); Over 250% FPL (heavy positive)
- Age
 - Under 18 or over 61 (negative)
- Education and Skills
 - Includes proficiency in English
- Health
 - Medical condition likely to require extensive treatment, institutionalization or interfere with ability to care for self, attend school or work
- Family Status
- Affidavit of Support

WHEN will the Public Charge rule go into effect?

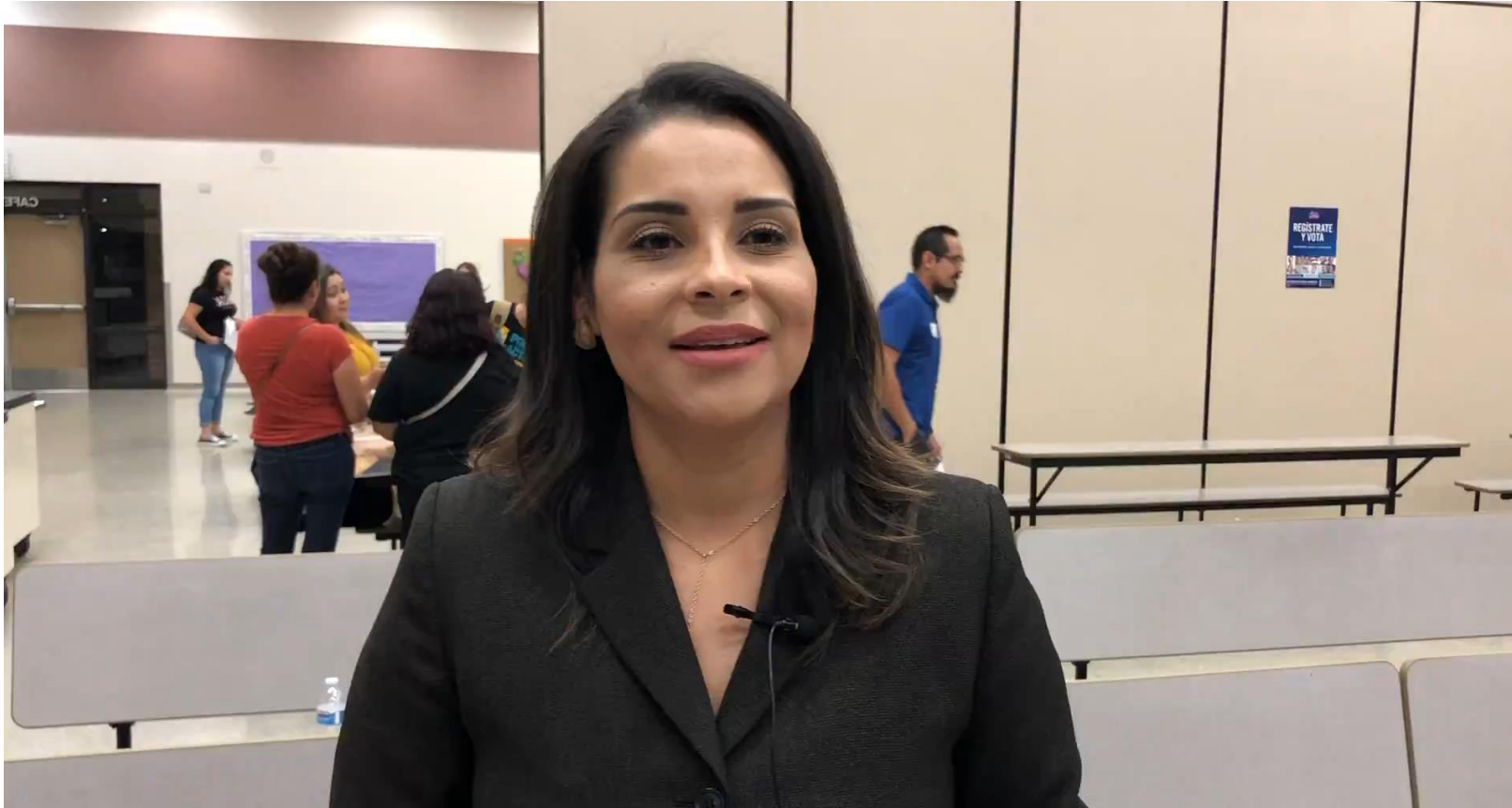


Changes to the Public Charge rule will take effect October 15, 2019.

To date, six federal lawsuits have been filed against the changes and may delay the implementation date.

(For the newly added benefits, benefits used **before** the implementation date WILL NOT be considered.)

WHAT should I keep in mind?



Ayensa Millan | Managing Attorney, Founder and CEO at Cima Law Group

WHAT should I keep in mind?

- The rule is not in effect yet.
 - Applies only to applications submitted on or after October 15, 2019.
 - Newly named benefits used prior to that date will not be considered.
- Not everyone is subject to the rule.
 - Many immigrants are exempt from the public charge inadmissibility ground.
 - Benefits used by family members will not be counted.
- Positive factors can be weighed against negative factors in this forward-looking test.
- Every situation is different.
 - You can consult with an immigration attorney if you have questions about your own case.

WHICH resources are available?

2019 PUBLIC CHARGE RULE

A GUIDE FOR ARIZONA FAMILIES

This document provides general information. This is NOT legal advice.

WHAT IS PUBLIC CHARGE?


"Public Charge" is a test U.S. immigration uses to decide if a person can get a visa or green card. When the government makes this decision, they look at many different things, including income, work, age, health, education, skills, family, and whether a U.S. citizen or resident has agreed to support the person.

A Public Charge test decides if someone will be able to live in the U.S. without a lot of help from the government. In the past, only using cash assistance or long-term care funded by the government would hurt someone's visa or green card application. The government is changing how they make Public Charge decisions.

These changes will begin on **October 15th** unless they are stopped or delayed.

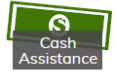
CHANGES TO PUBLIC CHARGE

Starting October 15th, the government will look more closely at whether someone has used any of the following programs for more than 12 out of 36 months:




SNAP

SNAP is also called EBT or Food Stamps



Cash Assistance


TANF, SSI, or other cash assistance



AHCCCS


You can use AHCCCS if:

- It's an emergency
- You are under 21
- You are pregnant, up to 60 days after giving birth



Housing Programs

Section 8 or Federal Housing



Long-Term Care

At a facility funded by the government


The new Public Charge test is graded on a scale, positive and negative. Things like having a job or going to school are considered positive factors. Negative factors include things like age (being younger than 18 or older than 61), or having an illness. Programs used by U.S. citizen family members are **NOT** considered on this grading scale.

Services that are not listed above will **NOT** be counted in the new public charge test.

Using WIC, KidsCare, school lunch, food banks, shelters, community health centers, and other services will **NOT** be counted.

Programs or benefits used **before** October 15th will **NOT** be considered in the test. Programs or benefits used on or after October 15th **MAY** be considered.


DOES THIS RULE APPLY TO ME?



Do you already have a green card?

If Yes, the new Public Charge changes will probably **NOT** apply to you.

However, if you plan to leave the U.S. for more than 180 days in a row, the changes **MIGHT** apply to you.



Do you fall under one of these statuses?


- U.S. Citizenship
- Legal permanent residency (green card holder)*
- DACA**
- Temporary Protected Status
- U or T Visa
- VAWA Self-Petition
- Asylee or Refugee
- Special Immigrant Juvenile

If you have any of these statuses, you will **NOT** go through a Public Charge test.

* If you are renewing your green card you will **NOT** go through a Public Charge test unless you leave the country for more than 180 days in a row.

If you are a DACA recipient adjusting your status, you **MIGHT go through a Public Charge Test.

If you have any concerns, talk to an immigration attorney.



Is this your first time applying for a green card?

You will likely go through a Public Charge test. Ask an immigration lawyer for advice.

RESOURCES

Every situation is different. An immigration lawyer can help you make the best choices for your family. To find free or low-cost legal resources, visit: <https://www.immigrationadvocates.org/nonprofit/legaldirectory/>.

This document was prepared by the Arizona Equal Voice Network and Basic Needs Coalition. For more information, visit [Protecting Immigrant Families at www.protectingimmigrantfamilies.org/](http://ProtectingImmigrantFamilies.org)

WHAT do we tell immigrants and their families?

Community-Facing Talking Points

- **Fight fear with facts - KNOW YOUR RIGHTS.**
 - The public charge rule was designed to be confusing, complicated, and scary on purpose. You have rights in this country no matter where you were born.
- **It's not over - we still have a chance to stop the rule.**
 - Advocates are using every tool at their disposal to stop this rule from taking effect - including in the courtroom.
- **This public charge test does not apply to every immigrant.**
 - Exempt immigrants include: refugees; asylees; survivors of trafficking, domestic violence, or other serious crimes (T or U visa applicants/holders); VAWA self-petitioners; special immigrant juveniles; and certain people paroled into the U.S. Benefits received when people are in one of these statuses will not be counted against them. And lawful permanent residents (green card-holders) are not subject to a public charge test when they apply for U.S. citizenship.

Community-Facing Talking Points

- **Use of public benefits alone will not make you a public charge.**
- **The public charge test does not consider benefits used by family members.**
 - Benefits used by eligible family members are not counted unless the family members are also applying for a green card.
- **The rule does not consider benefits used before October 15, 2019.**
 - **For NEWLY added benefits only.*
- **Your personal information is protected.**

Ultimately, health care, nutrition, and housing programs can help you and your children remain strong, productive, and stable. The best thing a family can do is keep meeting their children's needs - keep taking them to the doctor, keep feeding them, keep a roof over their heads.

Conversations with Immigrants

Do you or your family members already have green cards?

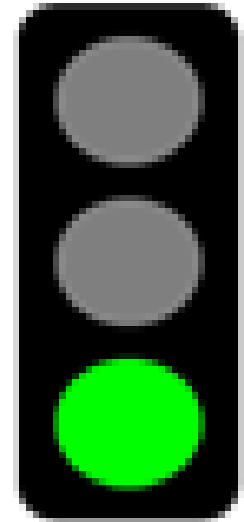
The DHS public charge test does not apply to you. However, if you plan to leave the country for more than 6 months, it is a good idea to talk with an immigration attorney.

*The public charge test is not part of a US Citizenship application.

Do you have or have applied for one of the following statuses?

- U.S. Citizenship
- Green card renewal
- DACA renewal
- TPS
- U or T Visa
- Asylum or Refugee status
- Special Immigrant Juvenile Status

The public charge test does not apply to the categories listed here. If you already have or are in the process of applying for one of these immigration statuses, you can continue to use any government programs that you qualify for.



Conversations with Immigrants

Does your family plan to apply for a green card or visa from inside the United States?

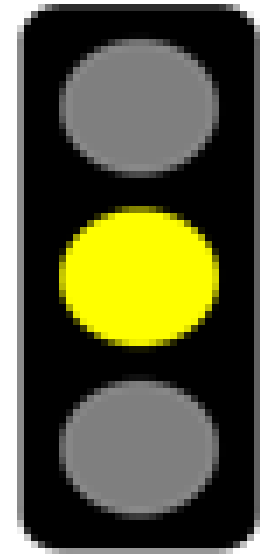
If you aren't sure whether or not this policy applies to you, we recommend that you seek advice from an attorney who understands the new changes. **If you are not subject to the public charge test, we recommend that you continue to get the assistance that you and your family needs.**

Does your family plan to apply for a green card or visa from outside the United States?

U.S. consular offices abroad use different rules in making this decision You should talk with an expert for advice on your case before making any decisions.

For free or low-cost options near you, go to:

www.immigrationadvocates.org/nonprofit/legaldirectory



Questions from Immigrants

I was just granted asylum status a few months ago, now I'm worried that using SNAP is going to stop me from getting my green card.

I'm pregnant and need help. I'm currently enrolled in Medicaid but I'm afraid it will be used against me.

My friend says public charge will apply to her. She disenrolled from SNAP. She said I should too.



I'm scared to sign up for WIC, I know that WIC is a public benefit.

Coverage under my Medicaid plan is the only option for health insurance for my children who 12 and 19 years old.

My brother is applying for citizenship but uses Section 8 housing vouchers. Is he a public charge?

How to respond to questions



I was just granted asylum status a few months ago, now I'm worried that using SNAP is going to stop me from getting my green card.

The public charge test does not apply to asylees. We encourage you to stay enrolled in SNAP - it will not impact your green card application.

I'm pregnant and need help. I'm currently enrolled in Medicaid but I'm afraid it will be used against me.

The public charge test will not consider non-emergency Medicaid used by pregnant women up until 60 days after they give birth. We encourage you to get the health care that you and your baby need.

My friend says public charge will apply to her and so she disenrolled from SNAP. He said I should too.

Everyone's situation is different. What may be good advice for one person could be bad advice for another. We encourage you to learn more about your situation and speak to an immigration attorney.

How to respond to questions



I'm scared to sign up for WIC, I know that WIC is a public benefit.

You're right - WIC is a public benefit. BUT it is not included in the public charge test. We encourage you to sign up for programs you are eligible for.

Coverage under my Medicaid plan is the only option for health insurance for my children who 12 and 19 years old.

The public charge test has a specific exception for children under the age of 21 that use Medicaid. Your kids fall under that exception - their use of Medicaid will not be considered in their public charge test.

My brother is applying for citizenship but uses Section 8 housing vouchers. Is he a public charge?

The public charge test does not come up when people apply for U.S. citizenship. Section 8 housing vouchers are considered for public charge, yes. But since your brother is applying for citizenship - public charge does not apply.

Fight Fear with Facts: Know Your Rights

EMPOWERMENT THROUGH COMMUNITY EDUCATION

The more we know about our rights - the harder it is for us to be intimidated

Educate communities on the following:

- **Accessing services and assistance**
 - Feel safe going to the doctor's office and sensitive locations
- **Enrolling in benefits programs**
 - Figure out what you are eligible for
 - Privacy protections of personal information
 - Children's eligibility for programs
 - State-funded programs

WHAT can organizations and our communities
do to fight back against public charge?

Direct and Indirect Effects

- **Directly affected individuals**
 - The proposed threats could prevent immigrants from using the programs their tax dollars help support, preventing access to healthy, nutritious food and secure housing.
- **Broader population of people subject to “chilling effect”**
 - Family members living with or sponsoring immigrants, particularly U.S. citizen children
 - Non-family sponsors, co-sponsors, and joint sponsors (community members, religious congregants, family friends, etc.)
- **States and localities**
- **Providers and communities**
- **All of us**

The Big Picture

As many as **26 million** people in families with immigrants might be chilled from participating in programs that make their families healthier and stronger.¹

There is already a chilling effect. The Urban Institute reported that 1 out of 5 low-income immigrant families were afraid to access public benefits.²



1 in 4 children have an immigrant parent.³

¹“Public Charge Proposed Rule: Implications for Non-Citizens and Citizen Family Members Data Dashboard,” Manatt Health, October 2018

² <https://www.urban.org/research/publication/one-seven-adults-immigrant-families-reported-avoiding-public-benefit-programs-2018>

Document the Harm

Be aware how our communications could add to this chilling effect.

- Meanwhile, please help us continue documenting this harm/chilling effect
- **Documentation needs:**
 - Disenrollment from Medicaid, SNAP, WIC, or other public benefits
 - ✓ Even if the program is not included in final rule
 - Cases where immigrants/immigrant families share fears about public charge (to teachers, doctors, attorneys, pastors, etc.)
 - *For state/local governments*, ask eligibility workers to report examples of chilling effects, and monitor own administrative data for trends in decreased enrollment/utilization



Thank You

Erika Mach

Grassroots Coordinator

602.288.7542 | erikam@aachc.org

ARIZONA ENROLLMENT TOOLS

THE CONNECTOR

www.coveraz.org/connector

The Get Covered Connector

KidsCare is back, AHCCCS enrollment is open now, and Marketplace is open from Nov. 1 to Dec. 15, 2017.

The assisters from Cover Arizona and the Get Covered Connector are here to help. Enter your zip code below to get started or schedule an appointment over the phone at 1-800-377-3536.



FIND LOCAL HELP

Need help with your health insurance application?
Enter your ZIP code below to find appointments with
local application assisters.

Enter Your ZIP Code:

Search Within:

10 miles

Language:

All

Search For Help

Brought to you by



ARIZONA ENROLLMENT TOOLS

1-800-377-3536

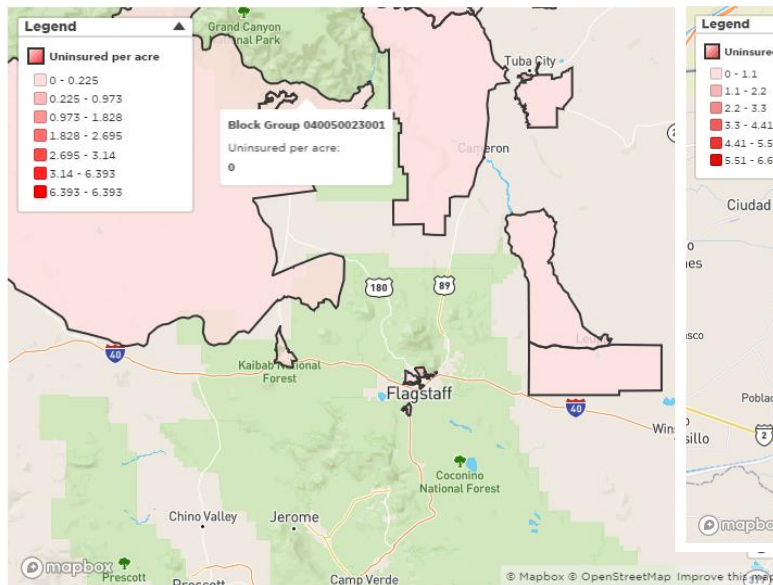


Where to Conduct Outreach?

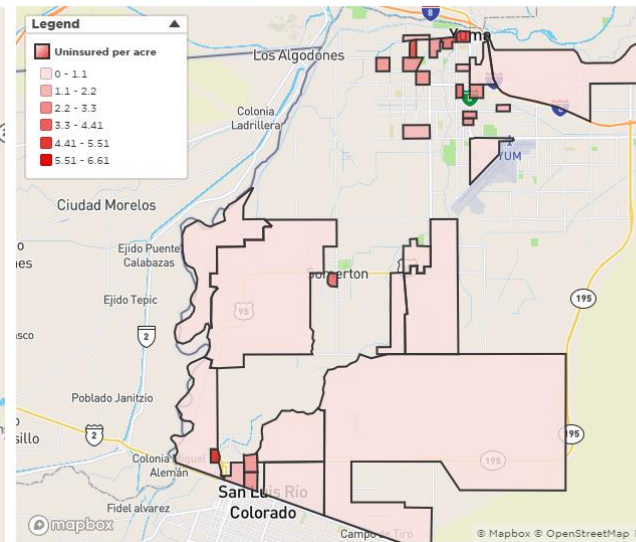
[Interactive maps are available at www.coveraz.org/outreach](http://www.coveraz.org/outreach)

- Click on “Uninsured Rate by County” Link

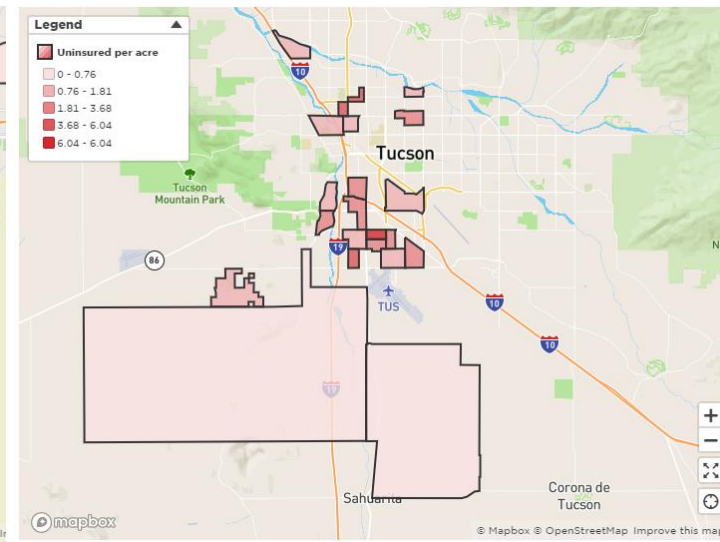
75th percentile of uninsured rate in Coconino County - by census block group



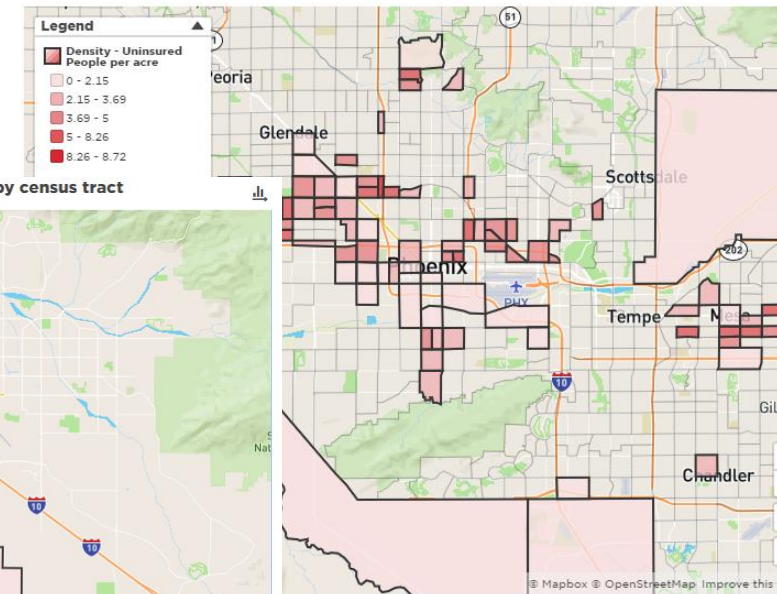
50th percentile Uninsured Rate in Yuma county - by Census block group



90th percentile of uninsured rate in Pima County - by census tract



90th Percentile Uninsured Rate by Census Tract - Maricopa County





Thank you!



Please complete your evaluation!

Please TAKE FLYERS!
