

How To Navigate

# *Covered California Insurance 2017*

*An introductory guide to understanding and  
determining your California Health Plan*

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A Publication of

***CARDINAL INSURANCE***

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# Introduction

## *CARDINAL INSURANCE*

Cardinal Insurance is an independent health insurance agency appointed with multiple best-of-class insurance carriers. We research insurance solutions to align with our client’s needs and objectives. As an independent agency we are not limited by the number of insurance products we can offer, but rather, design any solution available in today’s health insurance marketplace. We work with every insurance carrier contracted with Covered California, and additional carriers in the private sector. There are no additional fees when using our services . Our commission is paid directly by insurance carriers, and your plan costs are the same, with or without our guidance.

The information contained within this book is preliminary and subject to public regulatory review. It is intended to provide insight to the current status of Covered California and the enrollment process.

Please contact our Office or Website for additional assistance.

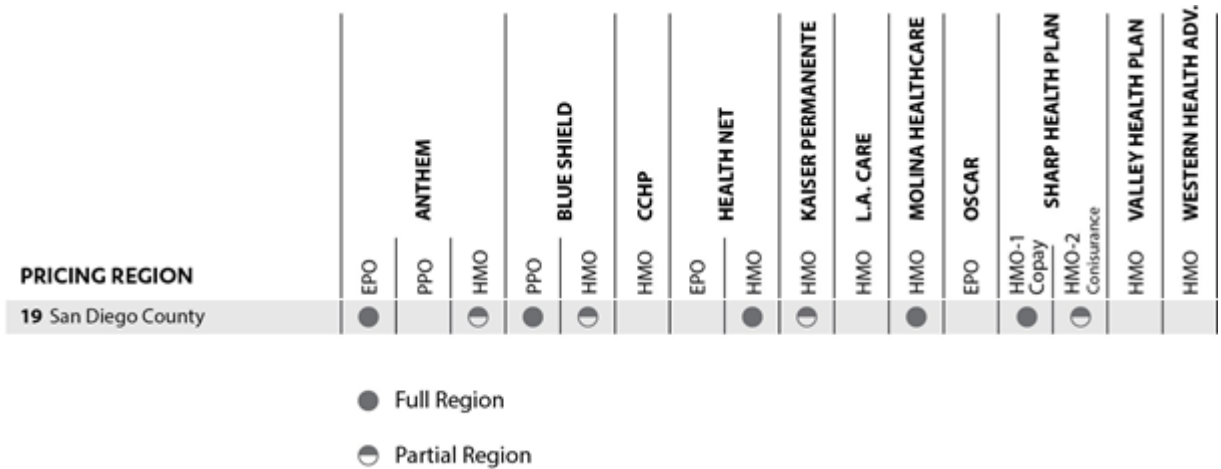


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# San Diego Plan Availability



Cardinal Insurance helps enroll consumers directly with the health insurance company of their choosing in the individual and group market. Insurance plans are designed with the same costs and benefits if purchased using Covered California (CCA) or not using CCA and purchased direct from the insurance company. (A silver plan is the same in & out of CCA). Based on income, if consumers are eligible for premium assistance, they can only receive this financial assistance (the subsidy) if they purchase through Covered California. The open-enrollment period is the same for CCA and the individual market.

The Open Enrollment Period for Individual & Family Health Insurance is November 1<sup>st</sup> through January 31<sup>st</sup>.

Plan coverage begins January 1<sup>st</sup> of the following year, or the 1<sup>st</sup> day of the following month if purchased before the 15<sup>th</sup>.

Hint: Covered California = “CCA” = “Exchange” = “Marketplace” = Affordable Care Act = “ACA” = Obamacare

# Determining Financial Assistance in 2017

The following table depicts incomes and federal poverty level percentages. Those making 138 percent of the federal poverty level or less may qualify for Medi-Cal, California’s state health insurance program.

FEDERAL POVERTY LEVELS FOR 2017 BENEFIT YEAR						
Size of Household	138%	150%	200%	250%	300%	400%
1	\$16,394	\$17,820	\$23,760	\$29,700	\$35,640	\$47,520
2	\$22,107	\$24,030	\$32,040	\$40,050	\$48,060	\$64,080
3	\$27,820	\$30,240	\$40,320	\$50,400	\$60,480	\$80,640
4	\$33,534	\$36,450	\$48,600	\$60,750	\$72,900	\$97,200
5	\$39,247	\$42,660	\$56,880	\$71,100	\$85,320	\$113,760

“Household income” is determined by how taxes are filed. Anyone listed on the same tax report creates the household. If an 19 year old is living at home, working and filing their own taxes, they are not considered in household income for the rest of the family.

Covered California uses a ‘sliding scale’ premium assistance approach. The higher the household income, the lower the premium assistance or subsidy.

# 2017 Benefit Design by Metal Tier

MEDICAL COST SHARES				
Coverage Category	Bronze	Silver	Gold	Platinum
	Covers 60% average annual cost	Covers 70% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Annual Wellness Exam	\$0	\$0	\$0	\$0
Primary Care Visit	\$75	\$35	\$30	\$15
Specialty Care Visit	\$105	\$70	\$55	\$40
Urgent Care Visit	\$75	\$35	\$30	\$15
Emergency Room Facility	Full cost until out-of-pocket maximum is met	\$350	\$325	\$150
Laboratory Tests	\$40	\$35	\$35	\$20
X-Ray and Diagnostics	Full cost until out-of-pocket maximum is met	\$70	\$55	\$40
Deductible	Individual: \$6,300 medical \$500 drug  Family: \$12,600 medical \$1,000 drug	Individual: \$2,500 medical \$250 drug  Family: \$5,000 medical \$500 drug	N/A	N/A
Annual Out-of-Pocket Maximum	\$6,800 individual and \$13,600 family	\$6,800 individual and \$13,600 family	\$6,750 individual and \$13,500 family	\$4,000 individual and \$8,000 family

Exact Plan Benefits May Vary Slightly Depending on the Company

DRUG COST SHARES — 30 DAY SUPPLY				
Generic Drugs (Tier 1)	full cost up to \$500, after deductible is met	\$15 or less	\$15 or less	\$5 or less
Preferred Drugs (Tier 2)	full cost up to \$500, after deductible is met	\$55 after drug deductible	\$55 or less	\$15 or less
Non-preferred Drugs (Tier 3)	full cost up to \$500, after deductible is met	\$80 after drug deductible	\$75 or less	\$25 or less
Specialty Drugs (Tier 4)	full cost up to \$500, after deductible is met	20% up to \$250 after drug deductible	20% up to \$250	10% up to \$250

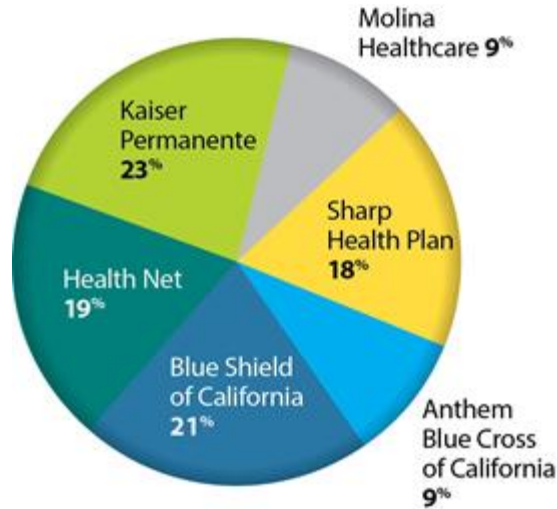
# 2017 Specialty Silver Plans

The Specialty Silver Plans are only available to individuals meeting certain income criteria according to the federal poverty levels.

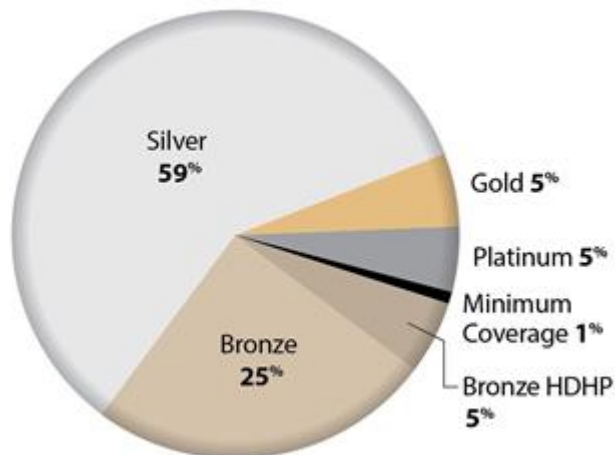
MEDICAL COST SHARES			
Coverage Category	Enhanced Silver 94	Enhanced Silver 87	Enhanced Silver 73
Eligibility Based on Income and Premium Assistance	Covers 94% average annual cost	Covers 87% average annual cost	Covers 73% average annual cost
Single Income Ranges	up to \$17,655 (≤150% FPL)	\$17,656 to \$23,450 (>150% to ≤200% FPL)	\$23,451 to \$29,425 (>200% to ≤250% FPL)
Annual Wellness Exam	\$0	\$0	\$0
Primary Care Visit	\$5	\$10	\$30
Specialty Care Visit	\$8	\$25	\$55
Urgent Care Visit	\$5	\$10	\$30
Laboratory Tests	\$8	\$15	\$35
X-Ray and Diagnostics	\$8	\$25	\$65
Imaging	\$50	\$100	\$300
Deductible	Individual: \$75 medical Family: \$150 medical	Individual: \$650 medical \$50 drug Family: \$1,300 medical \$100 drug	Ind.: \$2,200 medical \$250 drug Family: \$4,400 medical \$500 drug
Annual Out-of-Pocket Maximum	\$2,350 individual and \$4,700 family	\$2,350 individual and \$4,700 family	\$5,700 individual and \$11,400 family

# 2016 San Diego Enrollment

## Enrollment By Carrier



## Enrollment By Metal Tier





# 2017 Expected Rate Impact

In many ways 2017 will be a significant year for premium rates in California and across the nation. Several factors influence the rate you pay each year. You can expect an increase based on your attained age increase alone. In addition, the upcoming year ends the Affordable Care Act's reinsurance program that subsidized health care plans enrolling higher-cost individuals. Reinsurance was designed to help keep rates down during the first three years of the exchanges to stabilize the market and attract more consumers to build a healthy risk mix. Covered California estimates that this one-time adjustment added between four and six percent to this year's rate change.

The weighted average change for 2017 rates in California is 13.2 percent. This change is higher than what Covered California has seen during its first two years, when the rate changes was 4.0 and 4.2 percent. The compounded average change for Covered California over the past three years has been 7 percent.

**Helpful Hint:** This year it will be more imperative than ever to shop your health plan. Changing insurance companies can provide significant cost savings.

"Shopping is going to be more important this year than ever before," Covered California Executive Director Peter V. Lee said. "Almost 80 percent of our consumers will either be able to pay less than they are paying now, or see their rates go up by no more than 5 percent, if they shop and buy the lowest-cost plan at their same benefit level. That's the power of shopping."

# San Diego Rate Impact

Rate Change (weighted average)	+10.0%
Statewide Rate Change (weighted average)	+13.2%
Lowest-price Bronze plan (unweighted average)	+0.5%
Lowest-price Silver plan (unweighted average)	+3.8%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-8.6%

## The Percentage of Enrollment For Each Carrier And Rate Change For Individuals Staying with their Current Plan

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2016
Anthem EPO	9%	25.8%	21.1% to 31.5%
Anthem HMO	0.2%	14.0%	10.5% to 14.6%
Blue Shield PPO	21%	18.2%	13.1% to 18.7%
Health Net HMO	19%	6.2%	3.7% to 21.1%
Kaiser Permanente HMO	23%	5.4%	0.4% to 7.5%
Molina Healthcare HMO (Coinsurance)	9%	2.4%	-0.5% to 3.8%
Sharp Health Plan HMO Network 2 (Coinsurance)	10%	4.7%	-1.7% to 13.8%
Sharp Health Plan HMO Network 1 (Copay)	8%	8.4%	3.0% to 13.2%

The “Weighted Average Increase” is for all enrollees with the carrier, and the “Range of % Change from 2016” reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

# Participating Insurance Companies



Anthem Blue Cross of California | [www.anthem.com/ca](http://www.anthem.com/ca) (877) 702-3074

Anthem Blue Cross is one of the largest managed health care companies in California. It is an independent licensee of the Blue Cross Blue Shield Association based in Thousand Oaks, California. Anthem and its affiliates serve over 8 million Californians, including over 350,000 Covered California enrollees statewide.

## **Anthem has you covered**

With a long history of providing health plans to Californians, Anthem's strength and stability in the marketplace offers a broad network in the state. And with our PPO and EPO plans, members get access to a wide network of doctors and hospitals when traveling across the U.S. and other parts of the world through the BlueCard program.

## **Innovative programs**

Anthem is working with doctors and hospitals that share responsibility for increasing access to appointments, improving the member experience, and providing a more coordinated treatment plan to patients. Anthem's Enhanced Personal Health Care Program leverages medical groups care capabilities and Anthem staff to drive improvements in quality.

Anthem Whole Health Connection is transforming the face of health care by connecting claims and clinical data from all Anthem coverage lines, including dental, vision, pharmacy and medical, so members get complete care with administrative ease.

Benefits include one quote, one bill, single sign-on and more.

## **24/7 access with telehealth**

Anthem's LiveHealth Online telehealth program gives members access to real-time, face-to-face visits with a choice of doctors across a range of specialties via computer, tablet or mobile phone 24 hours a day.

## **Mobile and online tools**

Anthem's newly redesigned, easy-to-use mobile app enables on-the-go members to manage their care from anywhere. Features include a benefit balance dashboard where members can track deductibles and out-of-pocket-limits, as well the ability to view their electronic ID card, find a doctor or urgent care and estimate their cost of care. The redesigned Anthem website is launching later this year, [anthem.com/ca](http://anthem.com/ca), built with easy access and personalization in mind. Members can find all the same features as the mobile app and much more.

# Participating Insurance Companies

## blue of california

Blue Shield of California | [www.blueshieldca.com](http://www.blueshieldca.com) (855) 836-9705

Blue Shield of California is a nonprofit health plan founded in 1939 by the California Medical Association. Blue Shield is based in San Francisco, California and serves 29 percent of Covered California members in regions statewide.

### **Trio Accountable Care Organization HMO**

Blue Shield's "Trio" Accountable Care Organization product is new to Covered California for 2017, with goals of improved patient access, higher quality outcomes and increased cost efficiency. Trio uses an integrated network delivery model across specialties, plus hospitals, that provides coordinated care and leverages relationships with select providers in specific regions. Trio is smaller than Blue Shield's Exclusive PPO network. Blue Shield's provider directory can be used to find a provider in Trio.

### **Exclusive PPO Network Expansion**

Blue Shield has more than doubled the size of its Exclusive PPO network since 2013. Blue Shield's Exclusive PPO network now includes more than 300 acute hospitals and more than 46,000 total physicians (as of July 2016).

### **Consumer Transparency Tools**

Blue Shield's online tools help its PPO members manage their healthcare, by including information on more than 400 treatments, 1,600 procedures and 160 episodes of care.\* In addition, tools show accumulations toward deductibles and out-of-pocket-maximums, and enrollee ratings as quality information.

### **Wellness Services**

Blue Shield's WellvolutionSM program uses online and mobile technologies to encourage and reward healthy lifestyle choices. Wellvolution's programs assess physical and emotional health and also include daily reminders and challenges designed to improve well-being. Members can take advantage of lower prices on a variety of helpful programs, services, and products. For details, visit [blueshieldca.com/wellnessdiscounts](http://blueshieldca.com/wellnessdiscounts).

### **Getting Care Anywhere**

In 2017, PPO members will have access to 24/7 phone or video consultations for primary care through a telehealth service called Teladoc. Copays are \$5 per consultation for most plans. Teladoc provides access to board certified physicians who can resolve many non-emergent medical issues outside of an emergency room, urgent care center or provider's office. In addition to Teladoc, NurseHelp 24/7, BlueCard and clinic services are also available to PPO members, including routine check-ups to emergencies and everything in between.

\*Please note that service and treatment information from the Treatment Cost Estimator is for reference. Actual out-of-pocket costs may vary. Members should consult their physician, as this information is not a substitute for a doctor's care. For more information, visit <https://www.blueshieldca.com/bzca/popups/treatment-cost-estimator-disclaimer.sp>.

# Participating Insurance Companies



Based in Woodland Hills, California, Health Net is a managed health care company that was founded in 1985. Health Net serves 13 percent of Covered California enrollees in all pricing regions except 6, 12 and 13.

## Culturally appropriate care and outreach

Health Net has earned the Multicultural Health Care Distinction from the National Committee for Quality Assurance for its health equity projects aimed at mitigating member disparities. One example is community engagement to improve discharge processes and clarity for Hmong members.

## Member Education

Health Net offers one-hour community workshops to members in English, Spanish and Chinese on the basics of managed care, how to use your health plan and understanding benefits and costs.

## Online Tools

Health Net offers a variety of online tools to help members understand their coverage and the costs involved. These tools include:

Health Net's Treatment Cost Advisor allows members to search hundreds of medical procedures to learn cost share and compare to alternative treatments. Also included is a drug tool that allows for search and compare.

Health Net Mobile is an app for smart phone or other Web-enabled devices that gives members personalized health resources such as a virtual ID card.

MyStrength is a behavioral health tool devoted to managing depression, anxiety and substance abuse issues.

## Health and Wellness

Message and email campaigns help educate members on key areas such as importance of flu shots, colorectal cancer screening and reduction of early elective deliveries. In addition, one-on-one phone wellness coaching is offered for smoking cessation, meeting fitness goals and other health topics.

## Health Assessments

Members can earn a \$50 gift certificate, valid with popular retailers, for taking a Health Risk Questionnaire (HRQ), and reporting results to their primary care provider.

Health Net HMO and HSP health plans are offered by Health Net of California, Inc. Health Net PPO and EPO insurance plans are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.

# Participating Insurance Companies



Sharp Health Plan | [www.sharphealthplan.com](http://www.sharphealthplan.com) (800) 359-2002

Sharp Health Plan is a nonprofit operating in San Diego and Southern Riverside Counties since 1992. It is a subsidiary of Sharp HealthCare, the largest provider of comprehensive health care services in San Diego. Sharp Health Plan serves Covered California enrollees in pricing region 19.

## Quality Care and Convenience

Members receive access to an expansive network of high-quality physicians from Sharp Rees-Stealy and Sharp Community Medical Groups and other medical groups.

Additional convenience is available through MinuteClinic, the walk-in medical clinic located inside select CVS/pharmacy stores. The clinics are staffed by nurse practitioners who treat common illnesses, minor injuries, skin conditions and more.

## Telehealth

Sharp makes care more convenient by offering visits by telephone from select physicians of Sharp Rees-Stealy Medical Group. Telehealth visits are ideal for certain medical conditions and for a variety of follow-up appointments, as recommended.

## Consumer Health Management Tools

FollowMyHealth, Sharp's mobile app and web portal, allows members with participating doctors to schedule appointments, send messages, view test results and get health related information. The health plan's online drug list allows members to view their estimated drug costs and alternate drug options.

## Wellness Promotion

Best Health, Sharp's integrated wellness program, provides free one-on-one health coaching, online workshops, fitness tracking tools, meal planners and an extensive health library. Sharp is the only Covered California plan to hold accreditation from the National Committee for Quality Assurance (NCQA) for "Wellness & Health Promotion."

## Member Satisfaction

Sharp is the highest rated health plan in California, as measured by NCQA's 2015 Quality Compass including the Consumer Assessment of Healthcare Providers and Systems survey. And, Sharp Health Plan earned 4 out of 4 stars in Covered California's Quality Rating System survey.

## Free health insurance educational events and enrollment labs

Sharp offers free educational events and enrollment labs. These events help community members learn about health insurance options and premium subsidy eligibility, and also help them enroll.

# Participating Insurance Companies



Molina Healthcare | [www.molinahealthcare.com](http://www.molinahealthcare.com) (888) 562-5442

Since 1985, Molina Healthcare of California has been providing care for low-income individuals. Our mission is to bring high-quality and cost-effective health care to kids, adults, seniors, families and people with disabilities. The company serves approximately 676,000 members through Medi-Cal, Medicare, Medicare-Medicaid (Duals) and Covered California. Molina's service areas are Sacramento, Los Angeles, San Bernardino, Riverside, San Diego and Imperial counties.

## Network Expansion

For 2017, Molina is expanding its Covered California service area into Orange County, and is partnering with Monarch Health Plan, Inc. and Heritage Provider Network, which provides over 2,000 physicians and 29 hospitals. Molina is also in discussions with Inland Faculty Medical Group in the Inland Empire to add their network of providers.

## Practical Health Management Tools

With the MyMolina portal, members have 24/7 online access to find or change doctors, view their plan or benefits, check the drug formulary, see their balance or medical history, print a temporary ID card and much more.

Molina also offers a Procedure Cost Estimator search tool in the MyMolina portal that enables members to understand the estimated in-network and out-of-network costs of common services by entering a procedure code. In addition, Molina provides decision support tools to members, providers, and care teams that include access to member diagnoses, care plans, medications, assessments and needed services.

## Community Connectors Program

This program links members with liaisons who help coordinate care and avoid extra costs such as unnecessary procedures and excessive use of emergency medicine, while addressing social determinants of health. Geared toward those with complex medical, behavioral and social issues, the program educates members so they can better manage their own conditions, connect to community resources, and advocate for themselves. The program has resulted in improved outcomes among the plan's most vulnerable members.

## Multicultural approach to health and wellness

Molina promotes health to young adults through activities in neighboring trade schools, and to families through English as a Second Language (ESL) parent groups in local school districts. These are just a few of the many efforts that earned Molina the Multicultural Health Care Distinction from the National Committee for Quality Assurance.

# Participating Insurance Companies



Kaiser Permanente | [www.kp.org](http://www.kp.org) (800) 464-4000

Kaiser Permanente is a nonprofit, group-practice health plan with headquarters in Oakland, California. Kaiser Permanente is composed of Kaiser Foundation Health Plans (nonprofit, public-benefit corporations), Kaiser Foundation Hospitals (a nonprofit, public-benefit corporation) and the Permanente Medical Groups (for-profit professional organizations). Kaiser Permanente serves 24 percent of Covered California enrollees and has offerings in all pricing regions in 2017.

## Network Expansion

Kaiser's expansion into Region 9 (Santa Cruz and Monterey) in 2017 involves collaboration with Watsonville Community Hospital and Dominican Hospital for inpatient and ambulatory specialty care. Phased expansion plans include the opening of three medical offices in January of 2017 and a specialty hub for members to be added by 2020.

## Culturally appropriate care

Efforts to improve culturally and linguistically appropriate services and reduce health care disparities have earned Kaiser the Multicultural Health Care Distinction from the National Committee for Quality Assurance. Nearly one in four Kaiser Permanente physicians — over 3,000 — is bilingual, fully fluent in Spanish, Armenian, Cantonese, Mandarin or Russian. For new members, guidebooks are available in 12 languages, and language preference surveys are given to enable automatic communication in the member's language of choice. Member satisfaction surveys indicate that new Spanish-speaking Kaiser members are as satisfied as English-speaking members.

## Disease Management

Kaiser has long worked to improve disease management. An example of this is cardiovascular disease, which includes both heart disease and strokes. While the evidence and means for modifying cardiovascular disease were well known, they had not historically been reliable and systematically implemented. Kaiser was ahead of the nation in systematically implementing risk factor modification (control of hypertension and diabetes, reductions in smoking, lipid management, etc.) across its membership. Kaiser reported that by 2008 the death rate from cardiovascular disease for its Northern California membership had dropped to below that of cancer.

## Health Management Tools

Kaiser's online tools provide support to members as well as to providers. Members can email their doctors directly, make appointments, view their laboratory results, order prescription refills online, understand costs for common procedures and check accumulations toward out of pocket maximums and deductibles. The online Personal Action Plan provides members with a tool to learn more about their health care and be sure they are receiving recommended health screenings.



# Next Steps

At this point you should have a general understanding of;

- Metal Tier Plan Design & Benefits; Bronze vs. Silver, Gold, Platinum
- Household Income & How the Premium Assistance is determined
- San Diego Participating Insurance Companies
- 2017 Premium & Rate Impact

## Next Steps

1. Review your plan costs and the affordability
2. Determine if you need to make a plan change for 2017
3. Identify what company and specific plans your physician accepts
4. Call Cardinal Insurance and let us manage the change

As a reminder; Your plan costs and benefits are the same if you allow us to help navigate your health care program, or you decide to do it alone. Insurance Companies pay our commissions directly, so your monthly premium is not increased from utilizing our services.

The Affordable Care Act has required the citizens of the United States to buy, change or cancel insurance within a 3 month open enrollment period. This has overwhelmed Insurance Companies, Government Organizations and Covered California. Avoid the hassle. Avoid the long waiting periods, frustrated call center representatives and navigating the new system.

We specialize in this space. We do the shopping for you.

# Why Cardinal Insurance

## Our Promise To You:

- *You Will Be Respectfully Treated As a Valued Client*
- *You Will Have a Solution that Meets Your Objective*
- *You Will Understand the Solutions We Create*
- *We Will Be Resilient Ensuring Your Satisfaction*

Cardinal Insurance has been helping our clients navigate & understand the Affordable Care Act & Covered California from its origination.

Enhancing the lives of our clients is at the foundation of everything we do. We exist to create, simplify and enhance the relationship between our client's busy lives and their health program. We are the liaison between you and your health insurance company. We eliminate the frustration and confusion of today's complicated health care environment, and we view it as our responsibility to maintain a relationship and adopt the plan as health changes occur.

Your situation is unique.

Your solution is one phone call away.

We value your time and appreciate you reading this guidebook.

Please call our office at: (619) 456-0789 to learn more about us.

Or Email Us At: [customerservice@cardinalpros.com](mailto:customerservice@cardinalpros.com)

Thank You, Good Luck and Blessings Today and in 2017



*We Help Navigate Your Family's  
Health Care Decisions*