

Jefferson Health Plans

Individual and Family Plans for 2024

Agenda

In this presentation, we will cover:

- 1 What is the Affordable Care Act (ACA)?
- 2 The ACA Marketplace
- One Network, Two Tiers of Providers
- Pennsylvania ACA Plans NEW for 2024

What is the Affordable Care Act?

- The Patient Protection and Affordable Care Act (also known as the Affordable Care Act, ACA, or "Obamacare") was enacted in 2010 and offers low-cost health insurance to qualified individuals and their families.
- The ACA is a federal law, but similarly to Medicaid, each state administers its own program in accordance with federal requirements.
- Under the Affordable Care Act, states offer health plans through online marketplaces or "exchanges." Across all states, there are four categories of ACA plans: Bronze, Silver Gold, and Platinum. Jefferson Health Plans is offering Bronze, Silver, and Gold plans.
- PA's exchange is called Pennie.
- ACA plans can be purchased either directly through Pennie ("on exchange") or through a broker ("off-exchange"). The benefits for a particular plan are the same regardless of how it was purchased, but a person getting subsidies can only purchase through Pennie.



Who is Eligible for an ACA Plan?

In order to enroll in an ACA plan offered through Pennie, a person must:

Find out what immigration statuses qualify for coverage in the Health Insurance Marketplace®.

- 1. Be a U.S. citizen, U.S. National, or have a qualified immigration status. <u>Click here for more information.</u>
- 2. Be a PA resident.
- 3. Not be incarcerated*. *Keep in Mind: Returning citizens have a 60-day Special Enrollment Period (SEP) to sign up for a plan through Pennie after they are released.
- Typically, people who qualify for ACA coverage are not eligible for programs such as
 Medicare, Medicaid, and CHIP. They also don't have health insurance through their job—or
 the plan offered by their employer does not meet the <u>ACA's minimum coverage</u>
 requirements.
- While a person with Medicaid or CHIP *may* enroll in an ACA plan, they will have to pay full price.

In 2024, Jefferson Health Plans is Entering the ACA Marketplace!

Jefferson Health Plans plans for individuals and families in Philadelphia, Bucks, and Montgomery Counties will be available both on and off the Pennie exchange in 2024.

Open Enrollment for ACA begins on November 1, 2023, and ends on January 15, 2024.





Jefferson Health Plans Will Offer 10 ACA Plans

- Two Bronze plans (targeting lower premium Bronze plan)
- Six Silver plans (Silver benchmark plan)
- Two Gold plans

Jefferson Health Plans will offer 10 ACA Plans in Philadelphia, Bucks, and		
Montgomery Counties:		

2 Bronze Plans:	\$0 Deductible and Total Bronze plans
6 Silver Plans:	\$0 Deductible, Balanced, and Total Silver plans All 3 also available in Value (*Off-Exchange only) for total of 6 plans
2 Gold Plans	\$0 Deductible and Total Gold plans

Lowest Priced Bronze Plan

Lowest Priced Silver Plan Benchmark Silver Plan

One Network, Two Tiers of Providers - No Referrals Required

Jefferson Health Plans' ACA plan members can choose providers in either the Enhanced or Standard tier:



Enhanced Tier (lower member copay) - Jefferson Health providers and other select providers that meet enhanced requirements.



Standard Tier (higher member copay) -

All other network providers.

Advantages of visiting **Enhanced Tier** providers include:

- First PCP visit is free!
- JeffConnect is available at no cost, 24/7
- \$0 medical deductible for certain plans





Jefferson Health Plans + \$0 Deductible + Bronze + HMO - NEW FOR 2024

Plan ID: 93909PA0010001-00 (off-exchange); 93909PA0010001-01 (on-exchange)

Enhanced Tier	Standard Tier
\$0 medical deductible (individual/family)	\$2,000/\$4,000 medical deductible (individual/family)
\$5,000/\$10,000 Drug deductible	\$5,000/\$10,000 Drug deductible
Out-of-pocket maximum \$9,450/\$18,900	Out-of-pocket maximum \$9,450/\$18,900
One no-cost share PCP visit per benefit year	N/A
\$55 PCP office/virtual visit (no deductible)*	\$100 PCP office/virtual visit (no deductible)*
\$100 Specialist office/virtual visit (no deductible)*	\$150 Specialist office/virtual visit (no deductible)*



Jefferson Health Plans + Total + Bronze + HMO - NEW FOR 2024

Plan ID: 93909PA0010002-00 (off-exchange); 93909PA0010002-01 (on-exchange)

Enhanced Tier	Standard Tier
\$\$7,900/\$15,800 medical deductible (individual/family)	\$9,450/\$18,900 medical deductible (individual/family)
Combined Drug deductible	Combined Drug deductible
Out-of-pocket maximum \$9,450/\$18,900	Out-of-pocket maximum \$9,450/\$18,900
One no-cost share PCP visit per benefit year	N/A
\$45 PCP office/virtual visit (no deductible)*	\$95 PCP office/virtual visit (no deductible)*
\$55 Specialist office/virtual visit (no deductible)*	\$150 Specialist office/virtual visit (no deductible)*

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Jefferson Health Plans + \$ Deductible + Silver + HMO - NEW FOR 2024

Plan ID: 93909PA0010003-00 (off-exchange); 93909PA0010003-01 (on-exchange)

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Enhanced Tier	Standard Tier
\$0 medical deductible (individual/family)	\$2,000/\$4,000 medical deductible (individual/family)
\$5,000/\$10,000 Drug deductible	\$5,000/\$10,000 Drug deductible
Out-of-pocket maximum \$9,450/\$18,900	Out-of-pocket maximum \$9,450/\$18,900
Two no-cost share PCP visit per benefit year	N/A
\$45 PCP office/virtual visit (no deductible)*	\$100 PCP office/virtual visit (no deductible)*
\$95 Specialist office/virtual visit (no deductible)*	\$130 Specialist office/virtual visit (no deductible)*



Jefferson Health Plans + Balanced + Silver + HMO - NEW FOR 2024

Plan ID: 93909PA0010004-00 (off-exchange); 93909PA0010004-01 (on-exchange)

Enhanced Tier	Standard Tier
\$2,400/\$4,800 medical deductible (individual/family)	\$6,900/\$13,800medical deductible (individual/family)
\$500/\$1,000 Drug deductible	\$500/\$1,000 Drug deductible
Out-of-pocket maximum \$9,450/\$18,900	Out-of-pocket maximum \$9,450/\$18,900
Two no-cost share PCP visit per benefit year	N/A
\$45 PCP office/virtual visit (no deductible)*	\$95 PCP office/virtual visit (no deductible)*
\$95 Specialist office/virtual visit (no deductible)*	\$130 Specialist office/virtual visit (no deductible)*

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Jefferson Health Plans + Total + Silver + HMO - NEW FOR 2024

Plan ID: 93909PA0010005-00 (off-exchange); 93909PA0010005-01 (on-exchange)

Enhanced Tier	Standard Tier
\$4,900/\$9,800 medical deductible (individual/family)	\$8,000/\$16,000 medical deductible (individual/family)
\$600/\$1,200 Drug deductible	\$600/\$1,200 Drug deductible
Out-of-pocket maximum \$9,450/\$18,900	Out-of-pocket maximum \$9,450/\$18,900
One no-cost share PCP visit per benefit year	N/A
\$35 PCP office/virtual visit (no deductible)*	\$90 PCP office/virtual visit (no deductible)*
\$85 Specialist office/virtual visit (no deductible)*	\$125 Specialist office/virtual visit (no deductible)*



Jefferson Health Plans + \$0 Deductible + Gold + HMO - NEW FOR 2024

Plan ID: 93909PA0010006-00	(off-exchange); 93909PA0010006-01 (on-exchange)

Enhanced Tier	Standard Tier
\$500/\$1,000 medical deductible (individual/family)	\$500/\$1,000 medical deductible (individual/family)
Combined Drug deductible	Combined Drug deductible
Out-of-pocket maximum \$9,450/\$18,900	Out-of-pocket maximum \$9,450/\$18,900
Two no-cost share PCP visit per benefit year	N/A
\$25 PCP office/virtual visit (no deductible)*	\$60 PCP office/virtual visit (no deductible)*
\$70 Specialist office/virtual visit (no deductible)*	\$100 Specialist office/virtual visit (no deductible)*



Jefferson Health Plans + Total + Gold + HMO - NEW FOR 2024

Plan ID: 93909PA0010007-00 (off-exchange); 93909PA0010007-01 (on-exchange)	
Enhanced Tier	Standard Tier
\$100/\$200 medical deductible (individual/family)	\$1,000/\$2,000 medical deductible (individual/family)
\$1,000/\$2,000 Drug deductible	\$1,000/\$2,000 Drug deductible
Out-of-pocket maximum \$9,450/\$18,900	Out-of-pocket maximum \$9,450/\$18,900
Two no-cost share PCP visit per benefit year	N/A
\$20 PCP office/virtual visit (no deductible)*	\$60 PCP office/virtual visit (no deductible)*
\$65 Specialist office/virtual visit (no deductible)*	\$100 Specialist office/virtual visit (no deductible)*

^{*}JeffConnect virtual visits are \$0 for Enhanced Tier only.



Advance Premium Tax Credit (APTC) vs. Cost Chare Reductions (CSRs)

For Qualified Individuals, both help make plans more affordable, but are administered in different ways.

Material MethodsAdvance Premium Tax Credit

- Individuals and families with incomes between 100% -400% FPL
- All Tier Levels
- Reduces member responsibility for premium.
- Issuers receive monthly payment from the government.
- May be reconciled after taxes are filed.

Cost Share Reductions

- Available to individuals and families with incomes up to 250% FPL.
- Only available on Silver Tiered Plans.
- Reduces the amount of copays, deductibles and/or out of pocket maximums.
- Issuers do not receive government reimbursement.
- No tax reconciliation.

On-Exchange vs. Off-Exchange

What does this mean?

- On-Exchange: Member purchases health insurance through Pennie.com.
- Off-Exchange: Member purchases health insurance plan directly from insurance provider or broker.

Metal Level

Bronze, Silver and Gold.

Other Key Considerations

- Same benefit packages will be offered to on- and offexchange members.
- Subsidies, or APTC, are available at any metal level ONLY for on-change members.
- ONLY on-exchange members are eligible for Cost Share Reductions (CSR).

Cost Share Reductions (CSR)

What does this mean?

• CSR is a discount that lowers the amount members pay for deductibles, copayments, and coinsurance.

Metal Level

• Silver - 73%, 87%, 94% (on-exchange only).

Other Key Considerations

- Eligible members have household incomes up to 250% of the federal poverty level (FPL).
- Each Silver Plan (No Ded, Balanced, High Ded) will have all three CSR variants available to members.



On-Exchange vs. Off-Exchange

American Indian / Alaska Native

What does this mean?

• American Indian and Alaska Native (AI/AN) variant refers to the unique healthcare services and systems provided to American Indian and Alaska Native populations.

Metal Level

Bronze, Silver and Gold (Zero and Limited Cost Sharing).

Other Key Considerations

- American Indians/Alaskans with incomes between 100% -300% FPL can enroll in a No Cost Share variant of any metal level plan.
- American Indians/Alaskans with income above 300% can enroll in a limited cost sharing variant of any metal level plan.
- Member will have zero cost sharing if they visit an Indian Provider.

No Surprises Act - Protecting ACA Enrollees from Unexpected Medical Bills

The No Surprises Act (NSA) is a federal law enacted in 2022 that applies to ACA plans. Under the NSA, members are not responsible for surprise medical costs from an out-of-network provider.

Why is the No Surprises Act Needed?

- Remember that Jefferson Health Plans' ACA plans have two tiers of in-network providers:
 Enhanced Tier and Standard Tier. Members receiving services from these providers have zero or limited cost sharing, as well as limits on their maximum out of pocket spending.
- Services performed by out-of-network providers are not covered under Jefferson Health Plans' ACA plans. Generally, a member is responsible for all costs associated with an out-of-network provider. However, a member is not always aware that they are receiving out-of-network services (or did not actively choose them).



What Situations Often Result in Surprise Medical Bills?



Emergencies. Most people will go to the closest FR in a medical emergency, but they don't always know whether it's in or out of network. And, even if the hospital is in network, it may contract with outof-network physicians to treat patients. The member is not in a position to determine whether the care they're receiving is in-network. NSA protections also extend to hospitalization immediately following emergency room care (until the member can safely be transferred to an in-network facility).



Non-emergency situations in which the patient goes to an in-network hospital but is unknowingly treated by an out-of-network provider. For example, a member might choose an in-network hospital or facility for a planned surgery but receive services from an out-of-network radiologist or anesthesiologist. ("Facility" refers to hospitals, hospital outpatient departments, critical access hospitals, and ambulatory surgical centers).



Air Ambulance Services. A member may be taken to an in-network hospital by an out-of-network air ambulance service. Under the NSA, the member is not responsible for the full cost of this transport. *Note: Ground ambulance services are NOT covered by the NSA*.

What Situations Often Result in Surprise Medical Bills?

Member Cost Sharing for NSA-covered Services

Under the No Surprises Act, members cannot be balance billed for most surprise out-of-network costs, such as ER visits or most services provided during an in-network visit.* *There are limited exceptions to this rule.

Members' liability (cost sharing) is based on what the services would have cost if they had been in-network.

Jefferson Health Plans must pay a Qualifying Payment Amount (QPA) for the NSA-covered bill within 30 days. The QPA is calculated using CMS standards.

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