
ACA & Consumer Protections: What's New?

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ConsumersUnion[®]
POLICY & ACTION FROM CONSUMER REPORTS

Patient Protections in the ACA

- ❑ New policies for more fair treatment
- ❑ Help paying for coverage
- ❑ Easier to understand information
- ❑ Delivery system reform

Protective Policies

- ❑ Patient Bill of Rights
- ❑ Prohibits pre-existing condition exclusions
 - Children (present)
 - Adults (January 2014)
- ❑ Provides young adult coverage (up to age 26)
- ❑ Prohibits limits
 - Ban on lifetime limits (present)
 - Phases out annual dollar limits
 - Policy cancellations (recission)
- ❑ Premium rebates (medical loss ratio)
- ❑ Guarantees right to appeal

Help Paying for Coverage

- ❑ Free preventive care and annual check-ups
- ❑ Tax credits and cost-sharing subsidies
- ❑ Medicaid expansion (<138% of FPL)
- ❑ Medicare
 - More affordable prescriptions
 - Free preventive care



Easier to Understand

- Uniform market rules
 - Family, age and geographic ratings
 - Single risk pool
- Insurance marketplace (Covered California)
 - Online – streamlined application, decreased data/documentation
 - Standard benefits
 - Standard cost-sharing



Easier to Understand

- Summary of Benefits & Coverage
 - New standard form for private insurance
 - Summarizes coverage by grouping costs
 - Provides coverage examples

Insurance Company 1: Plan Option 1 Coverage Period: 01/01/2013 - 12/31/2013
 Summary of Benefits and Coverage: What This Plan Covers & What It Costs Coverage for: Individual + Spouse | Plan Type: PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.\[insc\].com](#) or by calling 1-800-[insc].

Important Questions	Answers	Why It Matters
What is the overall deductible?	\$500 person / \$1,000 family. Doesn't apply to preventive care.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family. For non-participating providers \$4,000 person / \$8,000 family.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Presents, balance-billed charges, and health care plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. See www.[insc].com or call 1-800-[insc] for a list of participating providers.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. However, you or an out-of-network doctor or hospital may use an out-of-network provider for some services. There are the terms in-network, preferred, or participating for providers in that network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from the plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.

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Co-payments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.

Co-insurance is a percentage of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your co-insurance payment of 20% would be \$200. This may change if you haven't met your deductible.

The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,200 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$200 difference. (This is called balance billing.)

The plan may encourage you to use participating providers by charging you lower deductibles, co-payments and co-insurance amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 co-pay/visit	40% co-insurance	
	Specialist visit	\$30 co-pay/visit	40% co-insurance	
If you have a test	Diagnostic test (screening, immunization)	No charge	40% co-insurance	
	Diagnostic test to say blood work	\$10 co-pay/visit	40% co-insurance	
	Imaging (CT, PET, scan, MRI)	\$50 co-pay/visit	40% co-insurance	

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Insurance Company 1: Plan Option 1 Coverage Period: 1/1/2011 - 12/31/2011
 Coverage Examples Coverage for: Individual + Spouse | Plan Type: PPO

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,490
- Patient pays \$2,050

Sample care costs:

Hospital charges (inpatient)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (day)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$400
Total	\$7,540

Patient pays:

Deductibles	\$800
Co-pay	\$500
Co-insurance	\$540
Co-pay	\$300
Co-insurance	\$1,350
Limits or exclusions	\$0
Total	\$2,050

Managing type 2 diabetes (under management of a participating provider)

- Amount owed to providers: \$4,100
- Plan pays \$2,480
- Patient pays \$1,620

Sample care costs:

Prescriptions	\$1,500
Medical Equipment and Supplies	\$1,500
Office Visits and Procedures	\$700
Education	\$200
Laboratory tests	\$140
Vaccines, other preventive	\$140
Total	\$4,100

Patient pays:

Deductibles	\$800
Co-insurance	\$540
Limits or exclusions	\$300
Total	\$1,620

This is not a cost estimator.

Don't use these examples to estimate your actual costs under the plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Notes: These numbers assume the patient is participating in our diabetes wellness program. If you have diabetes and do not participate in the wellness program, your costs may be higher. For more information about the diabetes wellness program, please contact [insc].

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Insurance Company 1: Plan Option 1

Coverage Examples

Coverage Period: 1/1/2011 – 12/31/2011
 Coverage for: Individual + Spouse | Plan Type: PPO

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

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See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,490
- Patient pays \$2,050

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$700
Co-pays	\$30
Co-insurance	\$1320
Limits or exclusions	\$0
Total	\$2,050

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$4,100
- Plan pays \$2,480
- Patient pays \$ 1,620

Sample care costs:

Prescriptions	\$1,500
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$730
Education	\$290
Laboratory tests	\$140
Vaccines, other preventive	\$140
Total	\$4,100

Patient pays:

Deductibles	\$800
Co-pays	\$500
Co-insurance	\$240
Limits or exclusions	\$80
Total	\$1,620

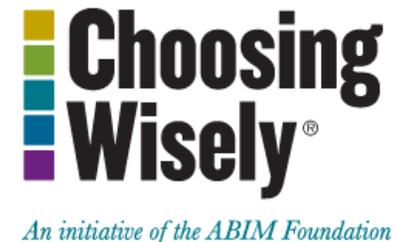
Note: These numbers assume the patient is participating in our diabetes wellness program. If you have diabetes and do not participate in the wellness program, your costs may be higher. For more information about the diabetes wellness program, please contact: [insert].

Questions: Call 1-800-[insert] or visit us at [www.\[insert\].com](http://www.[insert].com).

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Delivery System Reform

- Provider payments
 - Pay for performance models
 - Non-payment or reduced payment for poorer outcomes (readmission rates at hospitals)
 - Consumer/provider engagement (Choosing Wisely)



Delivery System Reform

- Value-based insurance
 - Consumer financial incentives
 - Quality/cost factors together
- Wellness incentives
 - Permitted in employer-based context
 - Individual market – ACA testing through 10 state pilot projects
 - Need to avoid discriminatory impact
- Patient-centered medical home

Other Delivery System Issues

- Cost, quality, and safety transparency
 - Stronger data collection
 - Quality measures
- Consumer Experience
 - CAHPS (AHRQ) – patient-reported
 - NCQA/URAC – provider-reported

Opportunities for Consumers

- ❑ Vocal support for Medicaid expansion in California
- ❑ Significant Outreach and Education grants – organizations to apply
- ❑ Partnership between county and Covered California to get the word out
- ❑ Engage with policy advocates as Covered California moves forward

Thank you!

Please email
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any questions:

jsilas@consumer.org

Reports can be downloaded
from:

www.consumersunion.org/health

