



# **Affordable Care Act**

## **Coverage Improvements**

- **guaranteed coverage**
- **no annual limits, no denial for pre-existing conditions**
- **rates not based on health status**
- **requires large employers to offer coverage**
- **affordable coverage — public or private — required for individuals**

Coverage improvements begin January 1, 2014





# **Affordable Care Act** **Coverage Improvements**

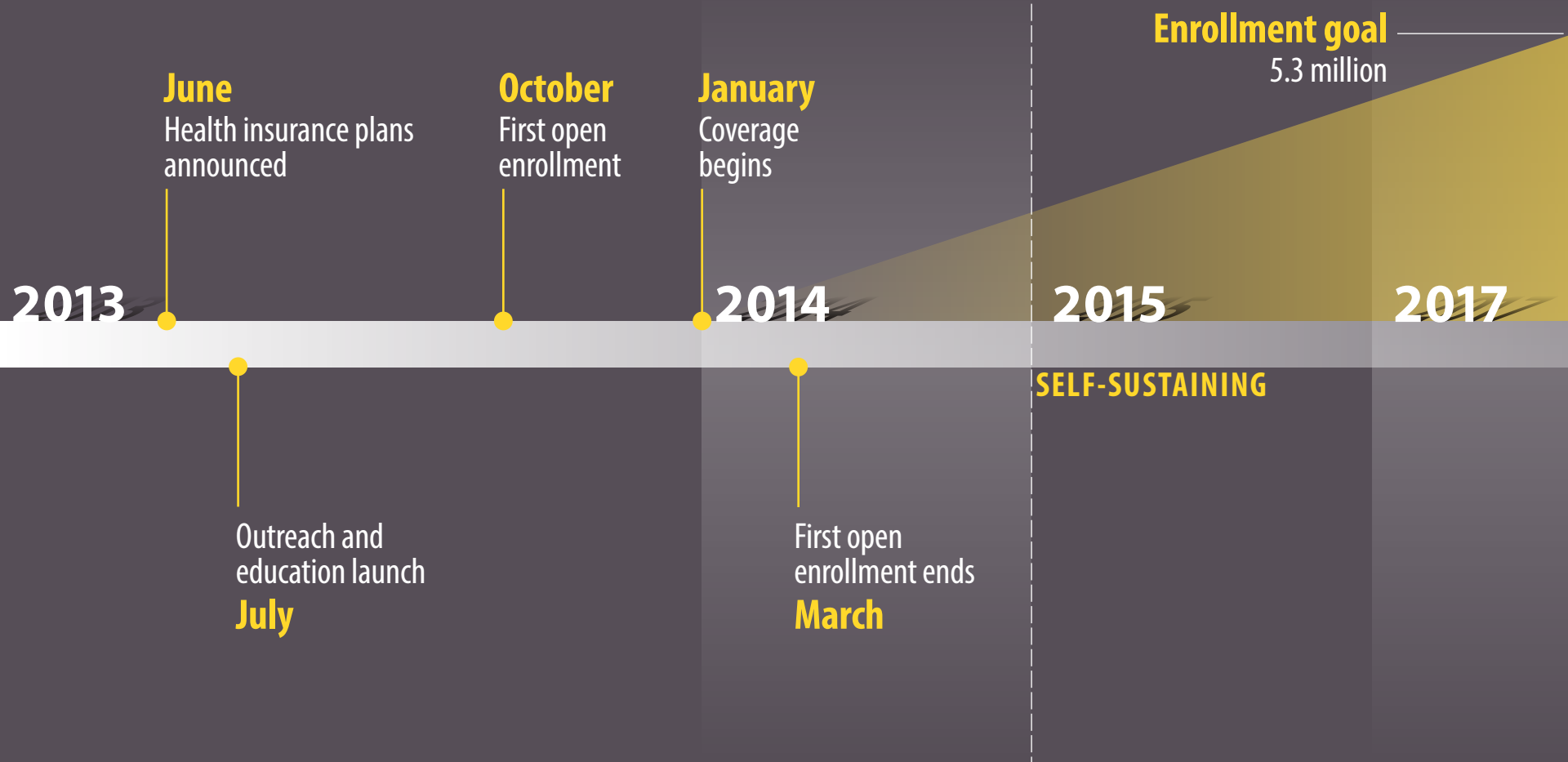
## **Essential health benefits:**

- ambulatory patient services
- emergency services
- hospitalization
- maternity and newborn care
- mental health and substance use disorder services, including behavioral health treatment
- prescription drugs
- rehabilitative and habilitative services and devices
- laboratory services
- preventive and wellness services and chronic disease management
- pediatric services





# Milestones



Source: "Covered California Report to the Governor and Legislature," January 2013.





# New Medi-Cal Benefits

## Mental Health

Individual and group mental health evaluation and treatment (psychotherapy)

Psychological testing when clinically indicated to evaluate a mental health condition

Outpatient services for the purposes of monitoring drug therapy

Outpatient laboratory, drugs, supplies and supplements

Psychiatric consultation

## Substance Use Disorder

Voluntary Inpatient Detoxification

Intensive Outpatient Treatment Services

Residential Treatment Services

Outpatient Drug Free Services

Narcotic Treatment Services

## Adult Dental

Additional Diagnostic

Preventive

Restorative

Endodontics

Prosthodontics (Removable)



# Who We Serve

## ► Covered California Must Reach

- 5.3 million Californians who are currently uninsured or purchase health insurance on their own
  - 2.6 million who qualify for subsidies in our plans **and**
  - 2.7 million who do not qualify for subsidies but now benefit from guaranteed coverage and can enroll inside or outside of Covered California

## ► Medi-Cal Must Reach

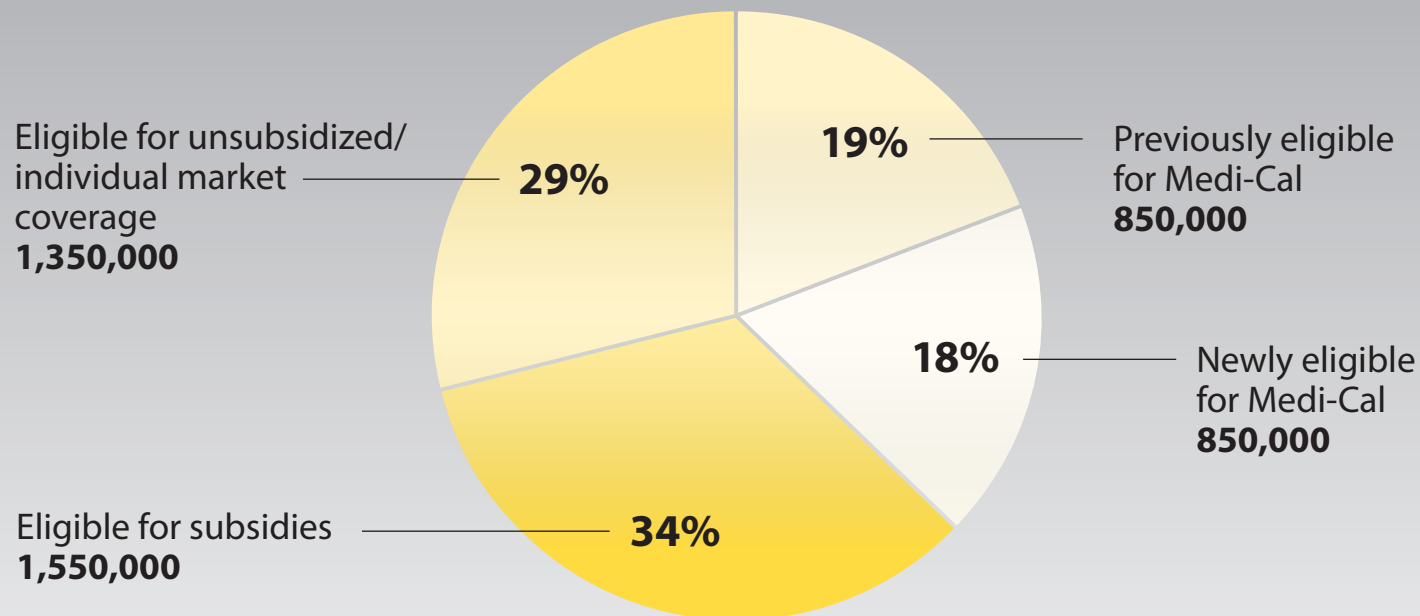
- the 8.5 million Californians currently enrolled in Medi-Cal
- an additional 1.4 million Californians who may be newly eligible for Medi-Cal



# Promoting Insurance Coverage in California

## COVERING THE UNINSURED

### What People will be Eligible for in 2014



#### Notes:

4.6 million currently uninsured eligible for coverage through Medi-Cal or Covered California.

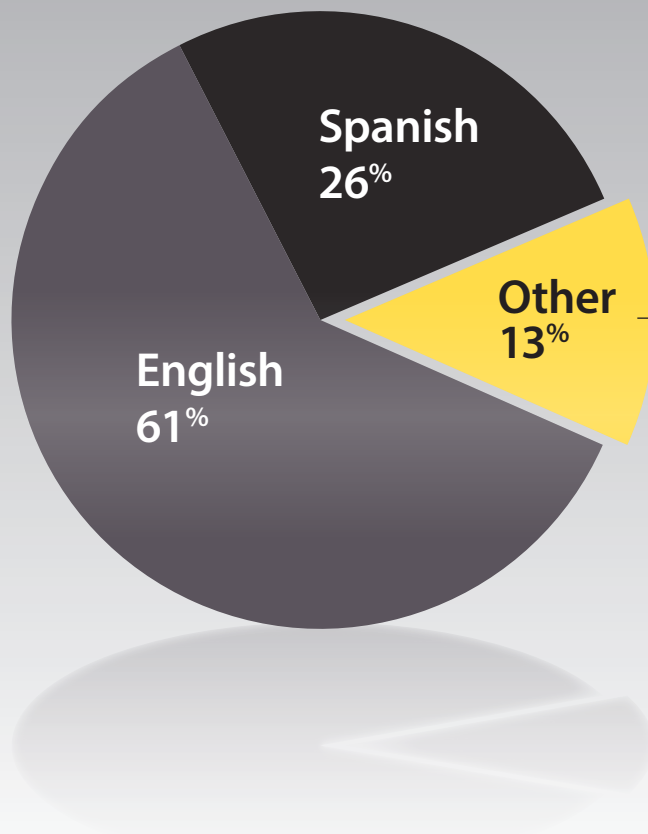
1 million uninsured individuals will not be eligible for Medi-Cal or Covered California due to immigration status.





# Reaching Consumers in their Language

## LEP Subsidy Eligible Population by Language Spoken



Chinese
Vietnamese
Korean
Filipino
Farsi
Russian
Asian Indian (incl. Hindi, Urdu, Punjabi)
Armenian
African/Afro-Asiatic
other European
Arabic
French
other Asian (incl. Lao, Khmer, Hmong, Thai)

Percentages are out of total subsidy eligible population.

Source: CHIS 2011-12 and CalSIM 1.8.

# Foundations for Success





# Apply for Medi-Cal

- **We've Streamlined the Application Process**
  - Applying at Covered California, lets you know if your income makes you eligible for affordable coverage
  - Enrolling:
    - **Service Center:** We'll help you find your local Medi-Cal county office for quick help.
    - **Certified Enrollment Counselor or Certified Insurance Agent:** Our counselors and agents will let applicants know their status.
    - **County Social Services Office:** Where applicants can get their full Medi-Cal eligibility determination (MAGI and Non-MAGI).
- **We've Simplified How We Verify Eligibility**
  - We allow self-attestation & "reasonably compatible" reviews
  - We have access to a federal electronic verification hub
  - We'll use the MAGI income standard
  - We've made verifying state residency easier





# Medi-Cal Health Plan Selection

- **Those who qualify for Medi-Cal get a choice of health plans**
- **Members can choose one plan for the entire family or a different plan for each member**
- **Health plan selection is based on where you live**



# Medi-Cal Health Plans

CalOptima

CenCal Health

Central California  
Alliance for Health

Health Plan of San Mateo

Gold Coast Health Plan

Anthem Blue Cross  
Partnership Plan

Health Net Community  
Solutions Inc.

Molina Healthcare of  
California Partner

Care 1st Partner Plan, LLC

Community Health Group  
Partnership

Health Net Community  
Solutions Inc.

KP Cal LLC (NorCal)

KP Cal LLC (SoCal)

Molina Healthcare of  
California Partner

Alameda Alliance for Health

Anthem Blue Cross  
Partnership Plan

CalViva Health

Contra Costa health Plan

Health Plan of San Joaquin

Inland Empire Health Plan

Kern Family Health Care

L.A. Care Health Plan

San Francisco Health Plan

Santa Clara Family Health

CA Health & Wellness

Kaiser

# Making Care More Affordable

## ► Premium Assistance

Eligibility is based on:

Number of People in Your Household	Annual Household Income	
	Medi-Cal	Premium Assistance
1	\$0 - \$15,856	\$15,856 - \$45,960
2	\$0 - \$21,404	\$21,404 - \$62,040
3	\$0 - \$26,951	\$26,951 - \$78,120
4	\$0 - \$32,499	\$32,499 - \$94,200
5	\$0 - \$38,047	\$38,047 - \$110,280







## What We Offer

### ► **Health Insurance That's Affordable**

- premiums based on income
- copays that are not a deterrent to care
- zero deductible for many plans
- free preventive care
- lower out-of-pocket maximums



# Public and Private Insurance Companies

## HEALTH INSURANCE PLANS

Alameda Alliance for Health

Anthem Blue Cross of California

Blue Shield of California

Chinese Community Health Plan

Contra Costa Health Plan

Health Net

Kaiser Permanente

L.A. Care Health Plan

Molina Healthcare

Sharp Health Plan

Valley Health Plan

Western Health Advantage

## DENTAL INSURANCE PLANS

Anthem Blue Cross of California

Blue Shield of California

Delta Dental of California

LIBERTY Dental Plan of California

Premier Access Dental and Vision



# Health Insurance Plan Tier Levels

**Metal tiers determine how much you pay as a patient, compared with what the plan pays.**

<b>Metal Tiers</b>	<b>Paid by Health Plan</b>	<b>Paid by Consumer</b>
<b>Bronze</b>	<b>60%</b>	<b>40%</b>
<b>Silver</b>	<b>70%</b>	<b>30%</b>
<b>Gold</b>	<b>80%</b>	<b>20%</b>
<b>Platinum</b>	<b>90%</b>	<b>10%</b>





# 2014 Standard Benefits for Individuals

	Bronze	Silver*	Gold	Platinum
Deductible	<b>\$5,000</b> Medical and drugs	<b>\$2,000</b> Medical	None	None
Primary Care Visit Copay	<b>\$60</b> (Three visits per year)	<b>\$45</b>	<b>\$30</b>	<b>\$20</b>
Generic Medication Copay	<b>\$19</b>	<b>\$19</b>	<b>\$19</b>	<b>\$5</b>
Emergency Room Copay	<b>\$300</b>	<b>\$250</b>	<b>\$250</b>	<b>\$150</b>
Maximum Out-of-Pocket for Individual	<b>\$6,350</b>	<b>\$6,350</b>	<b>\$6,350</b>	<b>\$4,000</b>
Maximum Out-of-Pocket for Family	<b>\$12,700</b>	<b>\$12,700</b>	<b>\$12,700</b>	<b>\$8,000</b>

\* Lower cost sharing is available on a sliding scale.

**Copays are not subject to any deductible and count toward the annual out-of-pocket maximum.**  
**Blue corners indicate benefits that are subject to deductibles.**



# 2014 Sliding-scale Benefits | **SINGLE**

## SILVER PLAN (Eligible for Premium Assistance)

Annual Income	\$15,856 – \$17,235	\$17,235 – \$22,980	\$22,980 – \$28,725	\$28,725 – \$45,960
Consumer Portion of Monthly Premium <small>(Balance paid by federal subsidy)</small>	\$19 – \$57	\$57 – \$121	\$121 – \$193	\$193 – \$364
Deductible	None	\$500	\$1,500 Medical	\$2,000 Medical
Primary Care Visit Copay	\$3	\$15	\$40	\$45
Generic Medication Copay	\$3	\$5	\$19	\$19
Emergency Room Copay	\$25	\$75	\$250	\$250
Maximum Out-of-Pocket for Individual	\$2,250	\$2,250	\$5,200	\$6,350
Maximum Out-of-Pocket for Family	\$4,500	\$4,500	\$10,400	\$12,700

**Copays are not subject to any deductible and count toward the annual out-of-pocket maximum.**  
**Blue corners indicate benefits that are subject to deductibles.**



# How are rates determined?

## **Rates are based on:**

- age
- ZIP code
- **household size & income**  
(to determine eligibility for premium assistance or Medi-Cal)
- **health plan and benefit level selected**

## **Rates are not based on:**

- health status
- gender
- pre-existing conditions
- tobacco usage



# Oscar

## Sacramento, Calif.



Age: 25

Marital status: Single

Annual income\*: \$22,000

Dependents: None

Pricing region: 3

\*Modified adjusted gross income

The screenshot shows the 'The Covered California Health Plan Calculator' interface. It includes a navigation bar with links to HOME, CALCULATOR, ABOUT, GET CONTACTED, and ESPAÑOL. The main heading is 'The Covered California Health Plan Calculator'. Below this is a note: 'Before you get started: If you currently receive affordable health insurance through an employer or public program, unfortunately, you can't buy insurance through Covered California. Covered California is primarily designed to help uninsured Californians get coverage.' The 'Household Information' section contains fields for 'Number of people in the household' (set to 1), 'Household income' (set to \$22,000.00 with an 'Annual' dropdown), and 'ZIP Code' (set to 95814). A dropdown menu shows '95814: Sacramento County (Region 3)'. The 'Enrollee Information' section includes a note: 'Only enter members of your household who would enroll in Exchange coverage.' It has a field for 'Enter the AGE of each adult' (set to 25) and a button to '+ Add adult'. Below this is a field for 'Number of dependents age 18 or under' with buttons for 0, 1, 2, and 3 or more. The 'Total people covered' is shown as 1. The bottom section is titled '\$ Breaking Down the Monthly Cost'.

HOME CALCULATOR ABOUT GET CONTACTED ESPAÑOL

**COVERED CALIFORNIA**

### The Covered California Health Plan Calculator

**Before you get started:** If you currently receive affordable health insurance through an employer or public program, unfortunately, you can't buy insurance through Covered California. Covered California is primarily designed to help uninsured Californians get coverage.

#### Household Information

Number of people in the household \*

Household income \*  Annual

ZIP Code \*

95814: Sacramento County (Region 3)

#### Enrollee Information

Only enter members of your household who would enroll in Exchange coverage.

Enter the **AGE** of each adult

Adult 1 (over 18)  + Add adult - Remove adult

Number of dependents age 18 or under

Total people covered:

#### \$ Breaking Down the Monthly Cost



# Oscar

## Sacramento, Calif.



Age: 25

Marital status: Single

Annual income\*: \$22,000

Dependents: None

Pricing region: 3

\*Modified adjusted gross income

Health insurance plan	Metal level	Premium	Premium assistance	Oscar pays (monthly)
 <b>PPO</b>	<b>Silver</b>	\$263	\$156	<b>\$107</b>
blue  of california <b>PPO</b>	<b>Silver</b>	\$264	\$156	<b>\$108</b>
 <b>KAISER PERMANENTE® HMO</b>	<b>Silver</b>	\$275	\$156	<b>\$119</b>
 <b>Western Health Advantage HMO</b>	<b>Silver</b>	\$322	\$156	<b>\$166</b>
 <b>HMO</b>	<b>Silver</b>	\$378	\$156	<b>\$222</b>

Oscar could also purchase a Bronze plan for as little as \$41



# Monica

## Sacramento, Calif.



**Age: 25**

**Marital status: Single**

**Annual income\*: \$13,000**

**Dependents: None**

**Pricing region: 3**

**\*Modified adjusted gross income**

HOME CALCULATOR ABOUT GET CONTACTED ESPAÑOL

**COVERED CALIFORNIA**

### The Covered California Health Plan Calculator

**Before you get started:** If you currently receive affordable health insurance through an employer or public program, unfortunately, you won't receive premium assistance to help you afford insurance purchased through Covered California. Covered California is primarily designed to help individual Californians get coverage, many of whom will get financial help.

#### Household Information

Number of people in the household \*

Household income \*  Annual

ZIP Code \*

**95814: Sacramento County (Region 3)**

#### Enrollee Information

Only enter members of your household who would enroll in Exchange coverage.

Enter the **AGE** of each adult

Adult 1 (over 18)

+ Add adult - Remove adult

Number of dependents age 18 or under

☐ 0 ☐ 1 ☐ 2 ☐ 3 or more

Total people covered:

#### \$ Breaking Down the Monthly Cost

Good news! Because your household income is below the Medi-Cal limit, you may qualify for Medi-Cal.

Clear No Options Available



# Monica

**Sacramento, Calif.**

## Health insurance plan options



**Age: 25**

**Marital status: Single**

**Annual income\*: \$13,000**

**Dependents: None**

**Pricing region: 3**

**\*Modified adjusted gross income**



# What We Offer

## ► **Health Coverage for Small Businesses:** Small Business Health Options Program (SHOP)

- less than 50 employees
- tax credits
- plan choice



# What We Do

Outreach | Education | Marketing





# Raising Awareness TV Marketing Campaign



## **"Signs"**

30 second spot  
English and Spanish

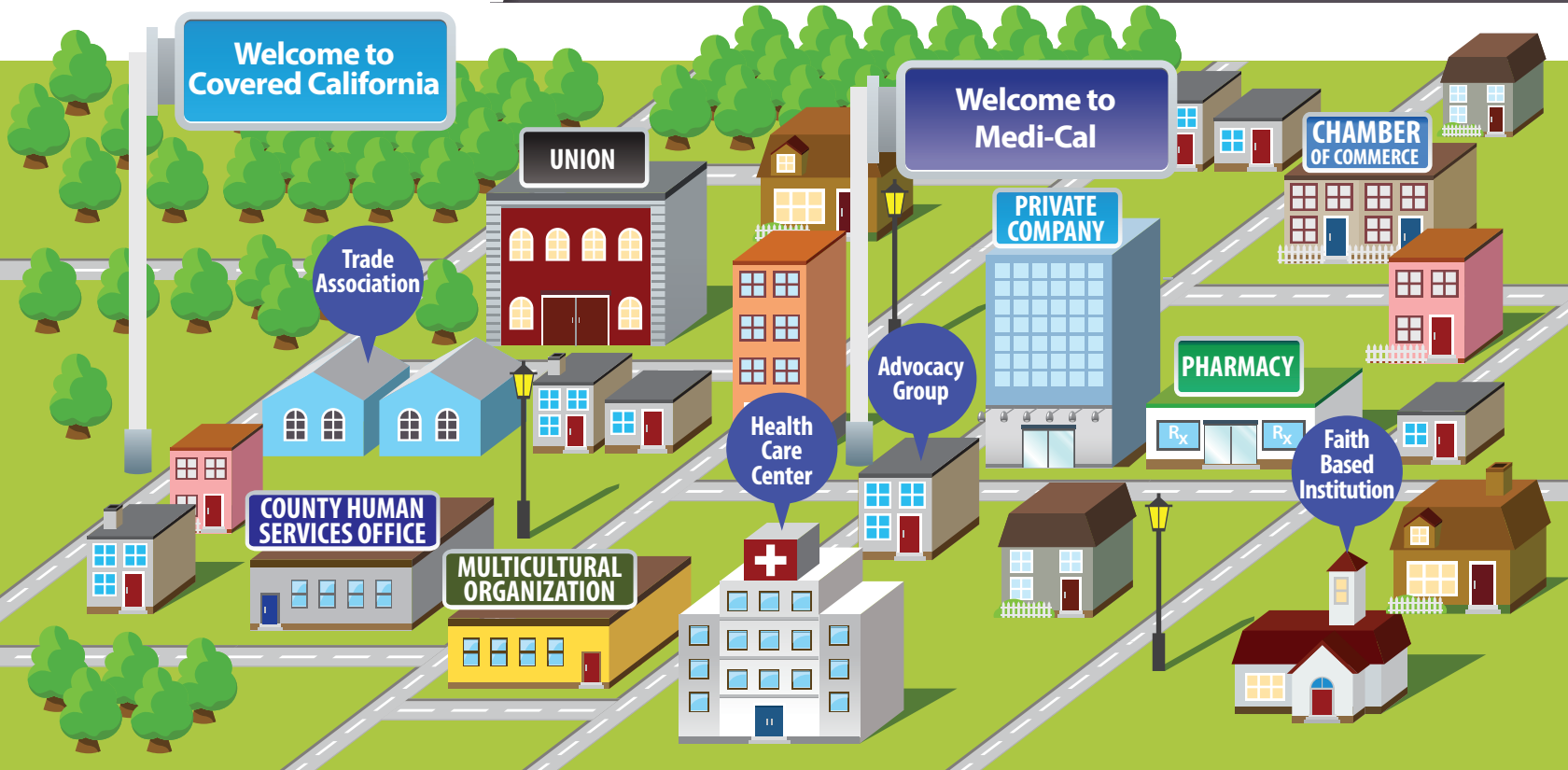
**"Doors"**  
30 second spot  
Spanish







# Statewide Outreach Network



- A place for our outreach partners to reach people where they live, work, shop and play.



# Your destination for affordable health care



Estimate what type of health insurance you may be eligible for in 2014

Number of people in your household	If your annual household income is less than...	If your annual household income is between...
1	\$12,040	\$12,040-\$16,460
2	\$17,440	\$17,440-\$24,240
3	\$20,950	\$20,950-\$29,120
4	\$24,240	\$24,240-\$34,040
5	\$26,950	\$26,950-\$39,120

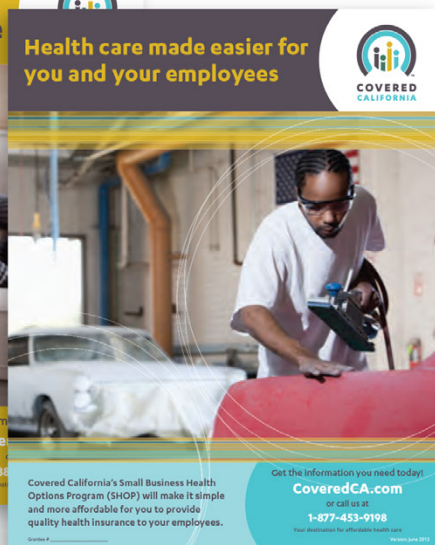
You may be eligible for Medi-Cal

You may be eligible for health insurance with Medi-Cal or through Covered California<sup>SM</sup>

Eligibility for Medi-Cal is based on income and other factors. Eligibility for health insurance with Medi-Cal or through Covered California is based on income.

To find out how much it will cost you to purchase health insurance in 2014 and the possible amount of your financial help, see our online calculator by visiting [CoveredCA.com](http://CoveredCA.com) or call us at 1.888.975.1142. You may also qualify for Medi-Cal, a free program.

Revised by Medi-Cal, The Center for Health Research and Evaluation November 2013





# What We Do

Smooth Enrollment





# Helping Consumers Enroll

## CoveredCA.com



**COVERED CALIFORNIA**

*Your destination for affordable health care*

[f](#) [t](#) [g+](#) [v](#)

[ABOUT US](#) [COVERAGE](#) [RESOURCES](#) [NEWS CENTER](#) [LANGUAGES: ENGLISH](#)



**Your destination for affordable, quality health care, including Medi-Cal**

[Shop and Compare](#)



**Individuals & Families**



**Small Business**



**I Need Help Before 2014**



**Help Me Enroll**



**Real People**

Tell us, in one word, what having coverage will mean to you in 2014.

[Read About Real People »](#)



**Get the 4-1-1 on Coverage**

Let boil-it-down-guy explain how health coverage works.

[View More Videos »](#)



**Get the Latest News On Covered California**

Stay on top of Covered California health care news.

[Go to News Center »](#)

#### Partners

Outreach & Education  
Certified Licensed Agents  
Small Business Health  
Options Program (SHOP)

#### The Board

Board Members  
Board Meetings  
Speaker Requests

#### Resources

Legal  
Research  
Regulations  
Federal Guidance  
Link to Us

#### Contact Us

CALL US ► 800-300-1506  
Sign Up for Updates  
California Health Benefit  
Exchange  
Medi-Cal

Covered California is Powered by  
**CALIFORNIA**  
**Health Benefit Exchange**







# Helping Consumers Enroll

**How to apply for a health insurance plan**

► **One application for Covered California or Medi-Cal**

**www.CoveredCA.com**

**ONLINE**



**Service Center  
(800) 300-1506**

**PHONE**



**or**



**MAIL OR FAX**



**Certified  
Insurance  
Agent**

**IN-PERSON**



**Certified  
Enrollment  
Counselor**

**IN-PERSON**

**Local county  
human or social  
services office**

**IN-PERSON**





# Helping Consumers Enroll

## Information you will need to know



f Employee's address and ZIP code		16 State wages, tips, etc.
15 State CA	Employer's state ID number 123-45-6789	31,065.45

**Form W-2 Wage and Tax Statement**  
Copy 1 – For State, City, or Local Tax Department

**INCOME INFORMATION**

**Form 1040** Department of the Treasury—Internal Revenue Service  
**U.S. Individual Income Tax Return** (99) **2012** OMB No. 1545-0047

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning

Your first name and initial

If a joint return, spouse's first name and initial

Home address (number and street). If you have a P.O. box, see instructions.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name

Filing Status

Foreign province/state/country

**INCOME TAX FILING**



# Consumer Protection & Fraud Prevention

## **Fraud Risks for Consumers:**

- Misconduct by Covered California affiliated individuals
- Fraudulent scams perpetrated by individuals with no connection to Covered California

## **Consumer Protection Measures:**

- Fingerprint-based criminal background checks
- Office of Consumer Protection:
  - Complaint tracking
  - Investigation
  - Referral to law enforcement
- Collaborations underway with counterparts in state government and local law enforcement

## **Enterprise-wide Efforts:**

- Information Technology and Privacy Security
- Financial Audit Unit
- RFP for review and assessment of consumer protection/fraud prevention measures



# Helping Consumers Enroll

## Enrollment Dates

### Initial open enrollment

- **October 1, 2013 – March 31, 2014**
  - ▶ **Special circumstance**  
60 days within a certain life-changing event,  
such as a divorce or the birth of a child

### Subsequent enrollment

- **October – December each year**

### Medi-Cal applications

- **accepted year-round**

**www.CoveredCA.com**  
**(800) 300-1506**

**www.dhcs.ca.gov**

