



Kristin Manwaring Insurance

2019 Open Enrollment

- Kristin Manwaring
- Jim Manwaring
- Gabrielle Vanwert

Housekeeping



Agenda

- Legislative Developments
- Professional Fees/Agency Services
- 2019 Open Enrollment Period
- Plan Basics
- Renewal Process
- Smart Planfinder
- Premium Payments
- Lessons Learned
- Tax Credit Eligibility
- WAPlanfinder
- Take Away's
- Resources

To “Note” or not to “Note”?



Kristin Manwaring Insurance

[HOME](#)

[ABOUT](#)

[EMPLOYEE BENEFITS](#)

[INDIVIDUAL & FAMILY](#)

[MEDICARE](#)

Which type of insurance are you or looking for?

[Health Insurance](#)

[Short-term Medical](#)

[Life Insurance](#)

[Dental & Vision](#)

[Travel Insurance](#)

How to create an account with Washington HealthPlanFinder

• [Download PDF](#)



Kristin Manwaring Insurance

Federal & State Legislative Developments

Federal Level

- Tax bill repealed Individual Mandate
 - States
 - Short Term Medical
- HSA Contribution Limit Updates
 - 2018: \$3,450 Indiv/\$6,900 Family
 - 2019: \$3,500 Indiv/\$7,000 Family
- New affordability number has been released for Section 6056
 - 2018: 9.56%
 - 2019: 9.86%



Professional Fees

- Our professional fee for individual/family Qualified Health Plans is \$200
 - Consultation
 - Servicing
- This has been necessary to keep our services available
- Historically, insurance companies have paid us a commission, and this has either been eliminated or reduced

So What Do I get?



No Really... What Do I get?

- Health Insurance Consultation
 - Review of available carriers, plans and rates as applicable based on Federal and State guidelines of Open Enrollment and Special Enrollment Periods
 - Explanation of cost, tax credit/cost share reduction eligibility (if applicable), provider networks and drug formularies
- If a policy is selected through our agency, the following additional services may be utilized for the life of the policy, which will terminate no later than 12/31/2019
 - Review, assistance and support with your healthplanfinder account
 - Assistance with applicable special enrollment/qualifying event eligibility and document submission to the carrier, to include changes in enrollment
 - Support with billing issues, claims, and questions surrounding benefits and provider networks related to the policy

Why Use a Broker?

- Big-picture, historical knowledge of the marketplace
- Use of dedicated support teams at healthplanfinder and carriers that get the job done faster
- We know what questions to ask to facilitate claims resolution
- Licensed to make recommendations

“Purchasing WA Health Insurance for the first time, I had lots of questions and hesitations. KMi staff patiently answered all my inquiries, guided me through the entire process, and was graciously available as changes and more concerns arose. I felt like I had someone at KMi that I could count on to help me make the best health care decisions for my future.”

Gillian Kenagy, 7/19/18



Industry Overview

- Continued reduction in
 - carrier availability
 - enrollment windows
 - network types
 - plan design



Open Enrollment Period (OEP)

November 1 through December 15
for a January 1, 2019 effective date



Who's Who

- healthplanfinder
- Insurance Carrier
- 3rd Party Administrator
- Broker



2019 Jefferson County Options

- 2 carriers offering coverage:



- All options available only through



2019 Clallam County Options

- 1 carrier offering coverage:



- All options available only through



2019 Kitsap County Options


- 2 carriers offering coverage:



- All options available only through





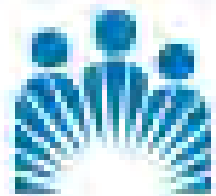
- Exclusive Provider Organizations (EPO)
 - Must Use In-Network Providers for most services to be covered
- Network: Premera Heritage Signature EPO
 - Search tool on [Premera.com](https://www.premera.com)
 - Swedish and Providence are currently In-Network ()
 - Excludes CHI-Franciscan Facilities (except Kitsap Co.)
 - King, Pierce and Snohomish counties offer PersonalCare Plans
- Our understanding: HSA mapping to LW bronze non-HSA
 - **Confirm with renewal notice or review of healthplanfinder**



- Exclusive Provider Organizations (EPO)
 - Must Use In-Network Providers for most services to be covered
- Network: LifeWise Connect EPO
 - Search tool on [LifeWise.com](https://www.lifewise.com)
 - Swedish and Providence are currently In-Network
 - Excludes CHI-Franciscan Facilities (except Kitsap Co.)
- LifeWise Grandfathered Plans
 - Network: LifeWise Health plan of Washington Preferred
 - Are not required to meet all provisions of the ACA
 - Not open to new sales



- Health Maintenance Organization (HMO)
 - Must Use In-Network Providers for most services to be covered
- Network: Washington
 - Search tool on [Ambetter.CoordinatedCareHealth.com](https://www.Ambetter.CoordinatedCareHealth.com)
 - Smaller Network of Providers
 - Swedish, Providence and some CHI Franciscan Facilities, excluding Kitsap County
 - Pierce County In-Network: St. Joseph, St. Clare, St. Anthony
- Coordinated Care is discontinuing their Ambetter Balanced Care 10 & Balanced Care 10 + Vision plans
 - Will renew into: Ambetter Balanced Care 3 and Ambetter Balanced Care 3 + Vision



KAISER PERMANENTE®

- Health Maintenance Organization (HMO)
 - Must Use In-Network Providers for most services to be covered
- Network: Core
 - Search tool on wa.kaiserpermanente.org/html/public/fad
 - Smaller Network of Providers
- Visiting Members program
 - Emergent and Urgent care when traveling
 - Away from Home Travel Line 951-268-3900
 - Register on kp.org for additional information
- Kaiser Foundation Health Plan of Washington is discontinuing their Bronze-18 plan
 - Will renew into: Kaiser Washington, Flex Bronze- 19



- Health Maintenance Organization (HMO)
 - Must Use In-Network Providers for most services to be covered
 - Managed Care Plan
- Network: Molina Marketplace
 - Search tool on providersearch.molinahealthcare.com
 - Smaller Network of Providers
 - 2 plans offered: Silver & Gold



Regence

BlueShield select counties of Washington



These carriers will continue to offer coverage in limited WA counties for 2019, with no significant changes to plans, provider networks or service areas.



	Services you may need	New 2019 Plan	Current 2018 Plan
➡	Crowns	Not covered	50%
➡	Root canals	Not covered	50%
	Treatment of gums	50%	50%
➡	Extractions	Not covered	50%
➡	Oral Surgery	Not covered	50%
	Exams, cleanings, x-rays & fluoride	100%	100%
➡	Adult Premiums	\$38.08	\$41.41
➡	Pediatric Premiums	\$40.86	\$35.97



- Delta Dental Essential Plus Marketplace plan discontinued for 2019
 - Members will be mapped to the new 2019 Delta Dental Individual and Family Washington Marketplace plan
- Changes in benefits for major services, premium
- Carrier direct options available year-round
 - Available through kristinmanwaring.com
 - Waiting periods may apply

Carrier Considerations

- How do I determine which carrier is right for me?
 - Provider Networks
 - Prescription Formulary
 - Upfront Benefits (Before Deductible)



Out of Network Care

- **All carriers provide out of network emergency medical (ground/air ambulance, emergency room)**
 - Carriers will reimburse out of network emergency care providers at the same rate in which they would in network providers. Any amounts billed above and beyond the reimbursed amount can be passed on to the member as balance billing.
- **No plans offered through the Washington healthplanfinder offer out of network benefits for routine non-emergent medical care**



Plan Basics

- Traditional (non-HSA) medical plans
 - Access care with copay prior to meeting your deductible
- HSA Qualified High Deductible Health Plans
 - These allow you to contribute to a Health Savings Account
 - Certain situations can prevent you from being eligible
 - Review IRS guidelines in IRS Publication 969
 - Eligibility for certain government healthcare
 - CSR eligibility

Plan Basics

Deductible — The dollar amount an insured person must pay for covered charges during a calendar year before the plan starts paying claims. Only charges outlined in the plan that the insurer would normally pay get applied to the deductible.

Plan Basics

Out-of-pocket limit — The maximum coinsurance a health care plan requires a person to pay, after which the insurer will pay 100 percent of covered expenses up to the policy limit.



Plan Basics

Copayment (Copay) — A copay is a patient's share of a health care bill. It usually is a small amount, such as \$25 or \$50 per office visit.

This often applies before the insured person meets a specified deductible.

Plan Basics

Coinsurance — The insured person and the insurance company share losses in agreed proportion - also known as percentage participation.

This often applies after the insured person meets a specified deductible.



Plan Overview

Out of pocket limit

Coinsurance

Deductible



Plan Pays 100% of approved services after out-of-pocket maximum

Your portion of the bill

Plan portion of the bill

You pay 100% until reaching the deductible, unless specified preventive care

My Plan Is No Longer Available to me

- If your plan is discontinued, but your carrier still offers coverage in your county
 - You will be enrolled into a new plan, within the same metal level, offered by the same carrier if available
- If your current carrier is no longer available in your county you will be enrolled in a new plan with a different carrier
 - The Office of the Insurance Commissioner determines these enrollments, AKA plan mapping
 - You have or will receive a discontinuation notice from your current carrier



Renewal Notifications

- healthplanfinder renewal notices will be available in your account message center and should be available by November 1
- Renewal notices will provide information on 2019 enrollment, plan mapping, tax credit and premium amounts
- We advise that all healthplanfinder customers access their account during the OEP to review application and confirm 2019 enrollment

Renewal Notifications

Health Plan Details

Your current health plan through <<carrier name>> has been renewed for next year.

Enrolled Members	George, Judy, Leroy
Health Insurance Company	<<Carrier Name>>
Health Plan	<<Plan Name>>
Metal Level	<<Gold, Silver, Bronze, etc.>>
Monthly Plan Premium	<<Total premium>>
Monthly Tax Credit	<<Tax credit eligible amount>>
Your Monthly Plan Premium	<<Premium-Tax Credit>>
Coverage Start Date	01/01/2019
Coverage End Date	12/31/2019

Health Insurance Premium Tax Credits for Next Year

Your household is eligible for a premium tax credit of <<\$XXX>> to help cover the cost of your monthly health insurance premium.

Renewal Process

- healthplanfinder automatically renews coverage for enrollees who are enrolled as of mid October
- Enrollees have their eligibility redetermined using updated yearly guidelines and thresholds
- Enrollees are auto-enrolled into a plan for the next coverage year
- The auto-renewal process ensures that consumers have continuous coverage even if they are unable to come in and shop during open enrollment
- **A small number of individuals may not be auto-enrolled. If this applies to you, you should receive multiple communications encouraging you to take action.**
 - **Provide documents**
 - **Update application**

Auto-Enrollment Overview

- Individuals will see their auto-enrolled plan on their dashboard on November 1
 - Enrollees can go into healthplanfinder to shop and can switch plans at any time during open enrollment (Nov. 1-Dec. 15)
- Enrollees should report any changes and ensure their applications are up-to-date
 - **Changes made to an application between November 1-15 will go into effect for December coverage**
 - Changes made after November 15th will go into effect January 1

Plan Selection

- **2018 and 2019 enrollment will show under household coverage summary from the dashboard**
- **If a plan is not selected at the time you update application, you can click *Shop Plans* during the OEP to enroll**

Your Household Coverage Summary [PRINT](#)

You will be able to select or change your plan(s) by clicking "Shop Plans"

Your coverage will be active once your insurance company(s) has provided confirmation to us that your payment has been processed. Click the "Payments" tab for information about how to pay your health or dental insurance company.

Current Year- 2018

Health Coverage

Name	Plan Name	Start Date	End Date	Renewal Date	Status	Action
Shelly Sea	MM Ambetter Balanced Care 2 (2017)	02/01/2018	12/31/2018	N/A	Enrolled	Shop Plans

[Cancel Coverage](#)

To Add or Remove specific individuals from coverage, select 'Report a Change' from Quick Links.

Dental Coverage

Name	Plan Name	Start Date	End Date	Renewal Date	Status	Action
Shelly Sea	Delta Family Plan	02/01/2018	12/31/2018	N/A	Enrolled	Shop Plans

[Cancel Coverage](#)

To Add or Remove specific individuals from coverage, select 'Report a Change' from Quick Links.

Smart Planfinder

Do you need help shopping for a plan? ✕



Add providers and prescriptions to see if they are covered.



Answer a few questions like how often you see the doctor.



We'll find Smart Choice plan options for you.

No, I'll Shop On My Own

Yes, Help Me Find A Plan ➔

New pop-up when customer lands on Shopping Page prompting them to get help finding a plan using Smart Planfinder to assist in plan selection based on providers and prescription drug usage

We advise to use carrier provider search tools and prescription drug formularies for the most accurate information

Smart Planfinder

Provider and facility search



We try our best to keep our directory up-to-date, but directories can change at any point in the year. *Washington Healthplanfinder* cannot guarantee the accuracy of the directory. Always contact your provider to confirm that they are in the network of the plan you are considering or renewing. If you are a new patient, you should also ask if they are accepting new patients.

Michael Mahlon, DO

Specialty

Diagnostic Radiology

Remove this Location

7539 Kylee Ln SE
Olympia, WA 98501
(330) 655-3800

Gender

Male

Languages

English

Education

Not Available

Board Certification

Not Available

This information was last updated by the provider on:

Not Available

Back to Search Results

Report Errors on this Page

Continue Shopping

Report Errors
when information
is listed
inaccurately



Binder Premium Payment


- A change from one carrier to another will require that a binder premium payment be made before the enrollment is finalized. Cancellation of enrollment will occur if binder premium payment is not made by the due date. We advise using the **Pay Now** feature in HPF for those making carrier changes.
 - All carriers are participating in Pay Now for 2019, except for BridgeSpan
- **Recommend using the Pay Now feature**
 - Click payments tab from dashboard
 - Click Pay Now to make January 1 binder premium payment

Binder Premium Payment

[Account Home](#) [Payments](#) [My Household](#) [Document Center](#) [My Profile](#)

Upcoming Year - 2017

After you click the "Pay Now" button below, you will leave Washington Healthplanfinder's website. You will be taken to your insurance company's payment website.



coordinated care
www.coordinatedcarehealth.com

PAY NOW
health coverage >

[Pay Later](#)

SUBSCRIBER ID

44365

Use your Subscriber ID when communicating with your insurance company.

Notice:

Washington HealthplanFinder does not accept payments.

Binder Premium Payment



If selecting pay later, be on the lookout for a billing invoice. If carrier does not receive the binder premium payment coverage will not go into effect.

2019 Premium

- If staying with the same carrier, we advise that you ensure the January premium drafts for the correct 2019 premium amount prior to the January 1 premium due date listed on your invoice
 - If using carrier auto pay (set up through member portal), ensure auto pay is still in effect
 - If using bill pay through your financial institution, ensure you update premium amount
- Short paid (underpayment) or late payments can result in cancellation of coverage
- If an individual has outstanding balances with a carrier, the carrier may apply an individual's payments to past due premiums
 - If you no longer want coverage for 2019, actively cancel coverage during Open Enrollment to prevent having a bill for 2019

Non-Payment



We are not able to assist with reinstatement for a plan that terminated due to nonpayment. Loss of coverage due to nonpayment is considered voluntary and does not qualify you for a Special Enrollment Period.

Lessons Learned

- **Plan Changes:**
 - Report changes early to avoid delays
- **Payments:**
 - Carriers will not reinstate policies that cancel due to non-payment
 - Binder premium payments can be applied to outstanding balances
 - Auto payment from financial institutions must be updated to new premium amount; If premium not received in full, the policy will cancel
 - Expired cards or closed accounts can cause payment draft issues and policy cancellation
- **Eligibility Changes:**
 - Changes to income, tax filing status, household composition must be reported November 16 - December 15 for January 1 effective date
- **Message Center in healthplanfinder:**
 - Log in to check your messages at least once a month




Federal Poverty Level



%FPL based on 2018 FPL levels, for enrollees w/ plans starting in 2019 calendar year

Household Size	100%	138%	198%	250%	317%	400%
1	\$12,140	\$16,753	\$24,037	\$30,350	\$38,484	\$48,560
2	\$16,460	\$22,715	\$32,591	\$41,150	\$52,178	\$65,840
3	\$20,780	\$28,676	\$41,144	\$51,950	\$65,873	\$83,120
4	\$25,100	\$34,638	\$49,698	\$62,750	\$79,567	\$100,400
5	\$29,420	\$40,600	\$58,252	\$73,550	\$93,261	\$117,680
6	\$33,740	\$46,561	\$66,805	\$84,350	\$106,956	\$134,960

Advance Premium Tax Credits (APTC)

- If you qualify for a premium tax credit based on your estimated 2019 income, you can use any amount of the credit in advance to lower your premium.
-  If at the end of the year you've taken more premium tax credit than you're due based on your final income, you'll have to pay back the excess when you file your 2019 federal tax return.
- If you've taken less than you qualify for, that will be reconciled when you file your 2019 tax return.
- **Failure to reconcile**
 - Filed annual tax return on time, extensions
 - Included the IRS form 8962 with annual tax return at time of submittal
 - Confirm tax filing processed with IRS

Tax Credit Options

washington
healthplanfinder
click. compare. covered.

You are approved for tax credits!

Your Monthly <u>Premium</u>	Your Monthly <u>Tax Credit</u>
\$666.66	\$443.00

WHAT TAX CREDIT AMOUNT WOULD JAKE JOHNSON LIKE TO APPLY TOWARDS THE HOUSEHOLD MONTHLY PREMIUM?

\$0.00 \$443.00

If you use tax credits in advance, you may have to repay some or all of the advance if your actual income is greater than the income you reported. You must file your federal taxes if you use tax credits.

Have a Health Reimbursement Account (HRA)?

[Back](#)

You can use the slider to adjust amount of tax credit you receive on a monthly basis.

You are approved for tax credits!

Your Monthly <u>Premium</u>	Your Monthly <u>Tax Credit</u>
\$666.66	\$443.00

WHAT TAX CREDIT AMOUNT WOULD JAKE JOHNSON LIKE TO APPLY TOWARDS THE HOUSEHOLD MONTHLY PREMIUM?

\$0.00 \$443.00

If you use tax credits in advance, you may have to repay some or all of the advance if your actual income is greater than the income you reported. You must file your federal taxes if you use tax credits.

Have a Health Reimbursement Account (HRA)?

Your Total Monthly Premium \$317.61/Month

[Back](#) [Next](#)

WAPlanfinder



- **WAPlanfinder now has the same functionality as the full website**
 - Manage account – account sign-in (same sign in credentials), forgot/change password, update notification preference
 - Review notifications
 - Report changes and complete enrollments or renewals
- Upload documents, to include **pictures you take on your phone!!**



Take Away's

- Log in to your healthplanfinder between November 1 and December 15 to view your automatic enrollment or make a change
 - Review plan benefits
- Check carrier website to confirm doctors or facilities you use are in-network
- Check carrier formularies to see if prescriptions coverage matches those you take
- Pay January premium to effectuate coverage
- If you think there is a problem with your renewal, contact KMi as soon as possible; issues are easier to address when caught early

Other Resources

- Washington Healthplanfinder
 - 1-855-923-4633
 - May refer you back to your broker if linked
- Sea Mar
 - Lead Organization in Jefferson
- Kitsap Public Health
 - 360-728-2235
 - First priority to Kitsap County residents
- Healthcare Authority
 - Julie Iszley 360-385-2200, ext #2265

Thank you for attending!

Questions??

