

## **OPEN ENROLLMENT – INDIVIDUAL POLICIES UNDER 65 – NOVEMBER 1, 2017 – DECEMBER 15, 2017**

This Open Enrollment is a shorter period – only 6 weeks. When you enroll during open enrollment, your effective date will be January 1, 2018. You must enroll during this time period or you will have to wait until next year to enroll during open enrollment. The only people allowed to enroll outside of Open Enrollment are those with certain life changing events that qualify for a SEP (Special Enrollment Period).

### 2018 COMPANY CHOICES

Blue Cross Blue Shield of Texas – BCBS will be the only company offering plans in all 254 counties in Texas, both on and off exchange. In 90+ counties, BCBS will be the only choice. BCBS will be simplifying their choices and will be reducing the number of plans offered from 16 to 9. The deductibles have been reduced on many of the new plans. You will need to carefully read the Summary of Benefits for any new plans to understand how the coverage works. Most all non grandfathered plans from 2017 will be cancelled as of 12/31/17. All people with these plans will automatically be mapped to one of their new plans – close to what they had before. If people want another plan other than the one they are mapped to, contact us and we will help you. If you had dental on your old plan, and choose the mapped plan, you will not have to apply for a new dental plan for 2018. If you apply for a new policy, instead of the offered mapped plan, a new dental application is required. All new plans will still use the BCBS Blue Advantage HMO network.

BCBS is mailing each affected member a comprehensive packet explaining that their old plan is ending December 31 and they will be on a new plan January 1. They explain the new plan, the difference in the rates and provide a Summary of Benefits for the new plan. If you want to keep the new plan they put you on, you don't have to do anything. If you want a different plan, they give you a glimpse of other plans that are available and what you would have to do. All of the new plans will have a 6 tier Pharmacy (Metallic plans include six-tier pharmacy benefits including Preferred Generic, Non-Preferred Generic, Preferred Brand, Non-Preferred Brand, Preferred Specialty and Non-Preferred Specialty). Please carefully review your Renewal Exhibit, including the changes that have been made to your BCBS plan.

StayBlueTX.com – To see other plans available.

FindADoctorTX.com – To find your doctors.

FindAHospitalTX.com – To find your hospitals.

FindAMedicationTX.com – Review the drug list for your new plan.

PayBlueTx.com – To learn about your payment options

Bcbstx.com/member – To access your Blue Access for Members

BlueTXRxChange.com – To find out about changes to drug formularies and find preferred pharmacies

If you enroll in a different plan, you will have to re-enroll in the automatic bank draft program for your new plan. If you accept the mapped plan, you don't have to re-enroll. If you choose a new plan, you need to make your January payment before you can start using your coverage. When you renew BCBS coverage or re-enroll by selecting a new plan, you will need to be current on your premium payments. Any past due premium payments for coverage BCBS provided will be due at the beginning of the new plan year in addition to current premium charges. New coverage will not be effective until all such payments are made.

Baylor Scott & White - Baylor Scott & White will be cancelling all plans issued in 2017 as of December 31, 2017. Clients will have to apply for a new plan during open enrollment. Baylor Scott & White will be offering one HMO and one EPO (Exclusive Provider Network) plan in 2018. The EPO plans will have a narrower network than the PPO. Unlike the HMO, you will not need to get a referral to see a specialist. There will no longer be any PPO plans offered. Contact us at 972-771-6043 and we will help you apply for a new plan.

Companies not offering ACA plans – As we experienced at the beginning of 2017, the following companies will not offer ACA plans either on or off exchange: (AETNA, CIGNA, HUMANA and United Health Care). They are choosing not to participate because of losses in the individual market.

United Health Care / United Health One Short Term Plans - This may be an option for healthy clients that want a lower premium. These are not ACA (Affordable Care Act) compliant. These plans require applications to pass medical underwriting, do not cover pre-existing conditions and at this point in time can only be issued for 90 days at a time. At the end of 90 days, you can apply for another 90 day plan. On October 12, President Trump issued an Executive Order requesting the Department of Labor, HHS and the Treasury Department look into extending these short term plans to 360 days the way they used to be before President Obama issued his Executive Order cutting them back to 90 days. At this time, we don't know if and when this will happen. The EO gives 60 days for the departments to respond.

Grandfathered Plans – If you are lucky enough to still have one of these BCBS plans, you are on a very good plan and still have a PPO network. Chances are your premium is lower than the ACA plans and your maximum out of pocket is probably lower as well.

BCBS Small Group Policies Still Offer PPO Plans – There are only HMO plans available for BCBS individual plans. For people that are part of a company, small group policies can include PPO plans. A minimum of two full time employees (over 30 hours per week) working for the same tax ID is all that is needed to enroll a small group. Texas Department of Insurance recently issued new guidelines that allow husband and wife to qualify as the only two employees. At least one would have to be a W-2 employee. Small group, does have contribution and participation requirements. Call us and we can discuss your needs. Unlike individual policies, small group plans can be established any time during the year.

Beware of Defined Benefit Plans or Fixed Indemnity Plans – As you consider your options for health insurance, be careful if you run into a plan that pays “X” amount per day or per surgery etc. The most important questions to ask about anything you are looking at is “What is my maximum out of pocket?”. This is the most you would have to pay and then the insurance company would pay everything else. If you don't have a “maximum out of pocket”, you don't have insurance, you have “unlimited liability”.

We have a client who was going to drop her coverage because she didn't think she needed it. She decided to keep it at the last minute. Her husband had cardiac arrest and her bills last year were over \$1,000,000. Thank goodness for insurance and a "maximum out of pocket".

Healthcare.gov – When should I go there?

The only reason someone should go to [www.healthcare.gov](http://www.healthcare.gov) is if you are applying for a tax credit or subsidy. If you are not eligible for a tax credit or subsidy, we will help you apply with the carrier of your choice "off exchange". Working with the government is much more complicated than working directly with the carrier. We can help you in either case evaluate your options and assist in the enrollment process. Remember, anytime you call healthcare.gov, you need to verify up front that an agent has been helping you. ( You need to make sure that they have on file CRAIG R. FILIP AND NPN NUMBER 1166830. If this is not done, we will not be able to access your policy information and will not be able to help you with the carrier or healthcare.gov.)

Ambetter – Why we chose not to represent this company. Ambetter appeared on healthcare.gov during 2017. This is the first that we heard of them. We chose to represent solid companies that have good ratings. We have found this company has a very low rating. This company is not a fully recommended option for health insurance because they lack experience, transparency, and resources that are easy to use. The main hospitals and most doctors in our area are not in their network. We recommend you compare Ambetter with other insurance companies to ensure you make the best decision for your health care needs.

Do you qualify for a tax credit or subsidy?

Federal Poverty Guidelines used for November 1, 2017 Open Enrollment\*

| Persons in Household | Lowest Family Income | Highest Family Income |
|----------------------|----------------------|-----------------------|
| 1                    | \$12,060             | \$48,240              |
| 2                    | \$16,240             | \$64,960              |
| 3                    | \$20,420             | \$81,680              |
| 4                    | \$24,600             | \$98,400              |
| 5                    | \$28,780             | \$115,120             |
| 6                    | \$32,960             | \$131,840             |

\*Family Income = Modified Adjusted Gross Income

Cost Sharing – As reported in the news, the government has said they will stop funding the cost sharing for people under 250% of the Federal Poverty Level. The government says this money was never authorized in the budget. The insurance companies are still required by law to offer the cost sharing (lower deductibles, max out of pocket etc.) The issue is whether the government will pay the insurance companies or not for this cost sharing. If the government will not pay for it, the insurance companies would have to recoup this in their rates.

## HSA Contribution Limits

|                             | 2017    | 2018    |
|-----------------------------|---------|---------|
| Individual                  | \$3,400 | \$3,450 |
| Family                      | \$6,750 | \$6,900 |
| Catch Up Contribution (55+) | \$1,000 | \$1,000 |

## How do we deal with higher deductibles, higher costs and narrow networks / HMO's?

There are noninsurance products available from freshbenies for just \$12.00 per month for your family. This would include telehealth, doctors online, advocacy and prescription savings. (These products would be supplemental or in addition to your regular medical insurance.) You can also get dental, vision savings, Lifelock, legal savings, and pet care savings. Go to our website [www.filipinsurance.com](http://www.filipinsurance.com) under products / services. You can also find out about the program at [www.freshbenies.com/Filip](http://www.freshbenies.com/Filip)

## Medicare Supplements / Part D Coverage

We represent a number of Medicare Supplement companies. Some companies raise their rates more than others, and periodically, it may be a good idea for you to review your options. BCBS TX has the best history of rate stability in the industry for Medicare Supplements. Call us and we'll help compare rates and companies.

Part D Coverage (Prescription Drugs) – open enrollment runs October 15 to December 7. You might want to revisit that plans available for 2018 with the prescriptions that you are currently taking. Go to [www.medicare.gov](http://www.medicare.gov) to evaluate the plans and pick the plan that best meets your needs.

## Life Insurance

**INSURE YOUR LIFE – FOR THE SAKE OF YOUR FAMILY  
LIFE INSURANCE – BUY IT TODAY  
BECAUSE TOMORROW MAY NOT COME  
TOP REASONS WHY!**

- Paying off the mortgage so spouse and children have a place to live
- Income to pay the family bills
- Money for children college expenses
- Funds for spouses retirement years
- Final expenses
- Resources to buy-out deceased business partners share of company
- Assets to replace business losses when a key employee dies

Call us at 972-771-6043 and we'll help you evaluate your health insurance options and apply for coverage effect January 1, 2018.

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[www.filipinsurance.com](http://www.filipinsurance.com)