

2020 Health Insurance Marketplace Plan Comparison Activity

Open Enrollment is from Nov. 1st to Dec. 15th, 2019 at www.healthcare.gov

Insurance Navigators are freely available to help people to find the best policy for their families. Please encourage students to meet with a navigator to discuss their specific needs. To search for navigators by zip code, visit covering Florida at <http://www.coveringflorida.org/resources-for-adults.html>. Navigators are also often available for group presentations.

Activity Goal: To help students to understand the specifics of health insurance plans in order to effectively compare the benefits of multiple plans.

Objectives

1. To understand the purpose of the Health Insurance Marketplace
2. To define common terms included in health insurance policies
3. To acquire the skills required to evaluate the differences between health insurance policies.

Scenario

Maria is a single mom with three children. Her son Leo is 16, her daughter Maya is 13 and her daughter Ella is 11. Her children have health insurance through CHIP but Maria is looking for her own policy. She qualifies for a tax credit of \$317.86 because of her income level (\$35,000 per year). This credit means that she does not have to pay the full amount for the policy. Maria has a number of health problems, including diabetes, and usually goes to the hospital at least once a year. Help Maria choose the most cost effective plan for her needs.

Teaching Tip: Teachers do not have to have all the answers about these policies to discuss health insurance with students. The goal is to help the students to understand the vocabulary words included in the policy descriptions. Specific, individual policy questions should be referred to an insurance navigator.

Activity Steps

1. Go to <https://go.hc.gov/2ETX13h> to view 3 of the plans that Maria is considering
2. Discuss the definitions of common health insurance vocabulary words (Definitions are included on page 2 of this activity.)
3. Have students compare the basics of each policy
 - a. Premium
 - b. Deductible
 - c. Co-payment/Co-insurance
 - d. Out of pocket Max
 - e. Estimated Yearly Costs

4. Have students compare additional costs that Maria may incur as a result of her diabetes and expected hospital stays (medication costs, specialist costs, hospitalization costs).
5. Discuss a few of the pros and cons of each policy
6. Discuss that there are many more policy options available for Maria and that she can make an appointment with an insurance navigator to help her choose the best one for her family.

Vocabulary Words

Teaching Tip: Print the word and definition of each word on a separate piece of paper and distribute to students. Have them match the appropriate word/definition.

Premium – The monthly payment for a policy.

Yearly Deductible – The amount of health care fees that you pay before the health insurance plan pays anything. This amount is different for every plan.

Co-payment or Co-insurance – A set charge (dollar amount or percentage) you pay each time you use your policy for doctor visits, hospital visits or prescription drugs (after yearly deductible has been met).

Out-of-pocket costs – The fees that you have to pay for medical care that will not be paid by the insurance policy.

Out-of-pocket maximum – The most amount of money you have to pay for covered services in one year. After you spend this set amount of money on deductibles, co-payment or co-insurance, 100% of covered services are paid for by the health policy (premiums are not included in this amount.)

Total Cost of Care – An estimate of the total costs of a health policy for one year including monthly premiums and all out-of-pocket expenses.

When evaluating a health insurance policy, consider how often do you expect to use services this year:

Low Use – a few preventative doctor’s visits and occasional prescription drugs

Medium Use – regular doctor’s visits and regular use of prescription drugs. Hospital visit unlikely

High Use – frequent doctor’s visits, frequent prescription drug use and at least one hospital visit likely

Instructor and Student Resources

1. [Covering Florida](#): Find a health insurance navigator in your area
2. [Kaiser Family Foundation FAQs: Health Insurance Marketplace and the ACA](#)
3. [3 Things to Know Before You Pick a Plan – Health .gov](#)
4. [Catastrophic Health Plans: High deductible low premium for people under 30](#)

2018 Marketplace Health Plan Specifics

All plans offered in the health.gov Marketplace cover the same set of [essential health benefits](#). The costs for these services are different for each plan.

Visit <https://www.healthcare.gov/coverage/what-marketplace-plans-cover/> for more information on services that are covered.

Buyer Beware! Short-term health insurance policies offer fewer covered benefits and are not required to meet above standards.

Who is Eligible for Assistance?

In general, you may be eligible for tax credits to lower your premium if you are single and your annual income is between **\$12,490 to \$49,960** or if your household income is between **\$21,330 to \$85,320** for a family of three (the lower income limits are higher in states that expanded Medicaid).

Additional Cost Sharing Benefits Based on Income - If you buy a plan through the marketplace and your income is between **\$12,140** and **\$31,225** for a single person (**\$21,330** to **\$53,325** for a family of three), you can also qualify for help with cost sharing. Special modified silver plans are available with lower deductibles, copays, and annual out-of-pocket limits on cost sharing.

Every health plan **must** cover the following services:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- [Pregnancy, maternity, and newborn care](#) (both before and after birth)
- [Mental health and substance use disorder services](#), including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Laboratory services

- [Preventive and wellness services](#) and chronic disease management
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)

Some plans also cover

- Dental services
- Vision Services
- Medical management plans (for specific needs like weight management, diabetes and back pain)