



How to choose a plan in Covered California:

Do it before March 31, 2014!

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Choosing a health insurance plan in Covered California (California's new insurance marketplace) can be difficult right now because it is new and many improvements are necessary. You may be asking yourself basic but very important questions: Will my doctor be in the plan I choose? Will it cover my drugs? Can I continue to see the specialists I want to see? How much do I have to pay for my drugs, doctor visits and procedures? Despite how basic these questions are, it can still be hard to find the answers.

In this guide we're trying to assist you with the decision making process. Some people may have a relatively easy time. But most will probably need a little if not a lot of support from a knowledgeable counselor, which we go into detail about further below. Tens of thousands of people continue to apply, and you can too while being informed around making the best decision for yourself.

Before reading further, here are a few terms that may help you understand this publication.

- PREMIUM:** The amount you pay each month to keep your insurance.
- OUT-OF-POCKET COST:** The amount you pay for drugs or services not including your premium; for example, the amount you pay each time you see your doctor.
- CO-PAY:** A set amount that you pay for a service, for example you might pay \$20 each time you fill a prescription.
- CO-INSURANCE:** When you pay a percentage of the full cost of the service or the drug; for example, the plan might charge you 15% of the cost of your HIV medication.
- DEDUCTIBLE:** The amount you have to pay before you can access services at the plan price. For example, you might have to pay a deductible (which can range between several hundred and several thousand dollars) before you can get a service like urgent care at the regular plan price.

For an analysis of Covered California's 11 plans, go to www.projectinform.org/pdf/coveredca_formularies.pdf.

Choosing a plan in Covered California

Covered California (Covered CA, CC, www.coveredca.com) is the state's new insurance marketplace. It's the place where Californians can review and choose among different plans for their health insurance.

This represents a tremendous opportunity for Californians with HIV and with hepatitis C to get health insurance. As of January 1, 2014, adults with "pre-existing" conditions — everything from serious challenges like HIV and hepatitis C to mild cases of varicose veins — can no longer be barred from insurance. Now they must be able to get coverage at the same rates as other adults in their age group.

However, this brave new world of coverage is still very new and not yet simple to enter and to use. But with a little help and an appt with a CC certified enrollment counselor (<https://www.coveredca.com/enrollment-assistance/>, http://www.cdph.ca.gov/programs/aids/Documents/DirectoryofCEEsReachingHIV_AIDSCommunity.pdf), people with HIV and HCV can choose a good plan. CC is open for enrollment until March 31, 2014. After that, you can only enroll if you have a "qualifying" life experience: such as loss of job, divorce or loss of insurance. The next open enrollment period begins October 2014 for coverage starting January 2015.

It is important to get help in choosing a plan because it remains difficult to get all the information to make a good decision on your own. You can enroll online (www.coveredca.com), however, many find the online process daunting or might not have the tools to submit necessary documents. You can also enroll by phone (800-300-1506; TTY: 888-889-4500) but people report long wait times (sometimes up to an hour or more) and problems with disconnection.

The best way for most people to enroll will be in person with an enrollment counselor. If you're HIV-positive it's important to get information from an HIV-experienced helper before your enrollment appointment or ensure that your enrollment counselor has HIV knowledge. There are other benefits available for eligible HIV-positive people through Ryan White that will help with the cost of insurance (www.cdph.ca.gov/programs/aids/Pages/OAIAS.aspx, www.ramsellcorp.com/individuals/ca.aspx, [https://careacttarget.org/library/state-aca-and-ryan-white-](https://careacttarget.org/library/state-aca-and-ryan-white-consumer-enrollment-resources)

[consumer-enrollment-resources](https://careacttarget.org/library/state-aca-and-ryan-white-consumer-enrollment-resources)). Besides an enrollment counselor, other people can help you out, such as a knowledgeable benefits counselor, case manager, social worker or other helper from a community based organization.

If you have problems with enrollment and/or access to benefits, contact the Health Consumer Alliance group in your county: <http://healthconsumer.org/index.php?id=partners>.

It's important to do your research before making a plan choice:

- 1. What plan/s is your doctor in?**
If you want to stay with your current doctor, make sure you know what CC plan/s they take. If you're looking for a new doctor, make that decision before picking a plan. CC removed the general provider directory from the website, so it is easiest to check directly with your doctor.
- 2. Are your other providers in the plan "network"?**
Most plans limit which pharmacies you use, the hospital you can go to, and which doctors you can see for the regular plan cost. This group of providers is called a *network*. It's important to understand the plan's network and how it works: How do you get referred? Are you allowed to see a provider outside the network? If so, how much would it cost you? If you get help from the AIDS Drug Assistance Program, check to ensure that your pharmacy will work with ADAP. Most do in California but if you have to change your current pharmacy or you are new to ADAP, double checking is a good idea.
- 3. What plan is best for you?**
Most people will want to join the plan their provider takes. However, if your provider takes more than one plan, you will have to make a choice. There are several things you want to consider:
 - ▶ **Do you or does your doctor have a preference in plans?** There are 11 plans in California and 3–8 operate in each area. Some plans are easier to work with than others and you might have heard information in a support group or your doctor might have an opinion. If so, explore the plan you are hearing positive things about.

► **What “metal tier” is best for you?** Each of the 11 plans has four different “tiers”. A tier is just another word for how much you pay and how much the plan pays. The less the plan pays, the lower your premium. The more it pays, the higher the premium. But don’t be fooled by low premiums — those plans may end up costing you more in out-of-pocket costs than the plans with higher premiums.

METAL TIER	HEALTH PLAN PAYS	YOU PAY
Bronze	60%	40%
Silver	70%	30%
Gold	80%	20%
Platinum	90%	10%

Most Californians with chronic conditions should avoid Bronze plans because the out-of-pocket costs will be too expensive in the first months of the year. Analysis shows that most people with HIV should consider a Silver or Platinum plan depending on their income. (Gold plans can have large deductibles and they don’t have the lower out-of-pocket limits that Platinum plans have.) Those with incomes below 200% of the Federal Poverty Level (FPL) — or about \$22,980 a year for one person — will have lower out-of-pocket costs in a Silver plan. Those above 200% FPL will have lower out-of-pocket costs in a Platinum plan. This recommendation is for people with HIV because most also get Ryan White help with their premium costs. People with hepatitis C might find this to be true as well but should do a side-by-side comparison of all the cost factors, including premiums out-of-pocket costs, deductibles and cost-sharing caps to determine the best plan.

► **What drug formulary is best for you?** Formularies are the lists of drugs that a plan will definitely cover. They give you information about how much you should have to pay for the drug. Understanding the formulary is important for people with chronic conditions. Although protections are in place to make sure you can get drugs that have no therapeutic equivalent or get drugs that you are

currently doing well on, if the drug is on the formulary it is much more likely that you will get it easily. Unfortunately, information on formularies for CC plans — including what is covered and the cost sharing the plan requires — is not easily available. The California State Office of AIDS did a coverage analysis of the HIV drugs (www.cdph.ca.gov/programs/aids/Documents/ADAPCoveredCaliforniaFormularyARVComparisonChart.pdf) which can help you understand what drugs are covered. Project Inform did an analysis of coverage for HIV drugs and HCV drugs and what “tiers” the drugs are on (www.projectinform.org/pdf/coveredca_formularies.pdf).

Understanding drug “tiering” & cost sharing
In California, insurance companies use 4 tiers:

DRUG TIER	EXPLANATION
1	Generic drugs
2	Brand name drugs, preferred
3	Brand name drugs, non-preferred
4	Specialty drugs

After you find what level(s) your drugs are on, check your plan details at www.coveredca.com to determine how much the drug(s) will cost you. Make sure you look at the metal level you plan to purchase as costs differ. Most drugs in tiers 1–3 have a **co-pay** or a set cost for each month’s supply. Drugs on tier 4 most often have a **co-insurance**, which means you pay part of the cost of the drug. It is very difficult, if not impossible, to determine your exact cost with co-insurance. While this is a general guide, the amounts charged for drugs can differ from the above, so check the plans for exact information.

If you are living with HIV and qualify for the AIDS Drug Assistance Program (ADAP), it will pay any cost associated with any drug that is also on the ADAP formulary. If you and all the drugs you need are covered by ADAP, you shouldn’t have to worry about the cost of your drugs. However, if you don’t qualify or if your drug is not on the formulary, you do need to take this into account.

Importantly, there appear to be some inaccuracies in the published formularies and/or the plans are denying drugs inappropriately. It's critical that you appeal denials in these cases: 1) if you're denied a drug by your plan that you're currently stable on, 2) if your drug is listed on their formulary, or 3) if your doctor and you feel it's the appropriate drug for you. (See www.opa.ca.gov/Pages/ProblemsAndComplaints_HowToFileAComplaint.aspx, <http://marketplace.cms.gov/getofficialresources/publications-and-articles/know-your-rights.pdf>.)

4. What help can you expect with cost?

PREMIUM HELP: This is applied directly to the payment you make each month to keep your insurance. If your income is at or below \$45,960, you will qualify for some premium assistance. You can choose any level plan and still get the premium help.

OUT-OF-POCKET SUBSIDIES: These subsidies help you pay your out-of-pocket costs for medical services. If your income is \$28,725 or less, you will get some help with these costs. The cap for your out-of-pocket cost will also be lower than the standard cap. However, you only get this help when you enroll in a Silver plan. This help is also on a sliding scale, so if your income is \$22,980–\$28,725 then the Platinum plan might still be better for you.

OUT-OF-POCKET COST CAPS: Health care reform requires a cap on the amount your insurance plan can require you to pay each year, but doesn't include your monthly premiums. The standard cap is \$6,350 for one person. If you qualify for out-of-pocket help (incomes up to \$28,725), your cap is adjusted on a sliding scale from \$2,250–\$6,350 for one person. However, in California if you choose a Platinum plan, your cap is \$4,000 for one person regardless of income.

5. What costs will you be responsible for?

If you are new to insurance, understanding the costs associated with services is important. An explanation of these costs is listed at the beginning of this publication and includes: premiums, out-of-pocket costs, deductibles, co-pays and co-insurance.

Checklist for choosing a Covered California plan

Consider taking this list (and publication) with you whenever you talk to someone about choosing a health care plan.

- I have created a list of questions that I need answered. **YES NO**
- I've talked to or scheduled to talk to one or more people (certified enrollment counselor, case manager, etc.) about my needs around HIV and/or hepatitis C. **YES NO**
- I want to try to stay with my current provider(s). I know which plan/s my provider takes. **YES NO**
- I have checked to see if my regular pharmacy is in the same CC plan my provider takes. **YES NO**
- I have made a full list of prescriptions that I take. **YES NO**
- I know whether or not I qualify for ADAP and the Office of AIDS Health Insurance Premium Payment program (OA-HIPP). **YES NO**
- I know if ADAP covers all of my drugs and, if not, which ones are not covered. **YES NO**
- I know which CC plans are offered in the area that I live. **YES NO**
- I understand what the different plan tiers mean and have an idea of which plan offering might be best for me. **YES NO**
- I have explored the out-of-pocket costs and the caps of the plans that I'm considering. **YES NO**
- I have looked over the drug formularies of the plans and know which drugs the plan covers and about how much they could cost me. **YES NO**