# A New Health Insurance Option for Maine People

Presentation to the Dirigo Health Agency Board of Trustees

November 18, 2013





#### MCHO Mission and Vision

Mission: To partner with Maine people, businesses and health professionals to provide affordable, high quality benefits that promote health and well-being.

Vision: To be a leader in transforming the health of Maine people and positively affecting the Maine economy.



## Local, Nonprofit, Maine-Based, Statewide

At MCHO, we are committed to offering local services with a local presence, and at the highest quality.

- Located in the Bates Mill in Lewiston
  - Member Services Center
  - Provider Relations
  - Care Management and Quality
  - Behavioral Health Integration
- Members have a voice: Member-led Board
- Nonprofit and Transparent



# Extensive Network and Preferred Provider Organization (PPO) Plan

- Maine Community Health Options offers an extensive network of Medical and Behavioral Health Providers.
  - All Maine Hospitals
  - Border Facilities and Providers
  - National network of in-network providers
- Providers include doctors, nurse practitioners, specialists, mental health and substance abuse providers, pharmacies, clinics, hospitals, and others.
- No referral needed for a specialist.



Maine Community Health Options 2014 Individual & Family Plan Summary							
Plan Name	Community Advantage	Community Value	Community Choice	Community Preferred	Community Option	Community Option HSA	Community Safe Harbor
Plan Description	Comprehensive Coverage with Lowest Out-of- Pocket Costs	Comprehensive Coverage with Low Office Visit Co-pay	Comprehensive Coverage with Low Coinsurance Percentage	Comprehensive Coverage with Low Out-of- Pocket Costs	Low Monthly Premium; Chronic Illness Support Program	Low Monthly Premium; HSA compatible	Low Monthly Premium with a Higher Deductible; No Coinsurance
Metal Level	Gold	Silver	Silver	Silver	Bronze	Bronze	Catastrophic
In-Network Deductible	\$650 Individual \$1300 Family	\$2350 Individual \$4700 Family	\$2000 Individual \$4000 Family	\$ 2000 Individual \$ 4000 Family	\$5000 Individual \$10000 Family	\$5000 Individual \$10000 Family	\$6350 Individual \$12700 Family
In-Network Coinsurance	20 <sup>9</sup> o	50%	30° o	30º 6	50º6	50%	0%
In-Network Primary Care Visit	\$25	s20	s 30	\$20	\$45	10% Coinsurance after deductible	0% Coinsurance after deductible
: In-Network Specialist Visit	\$75	\$50	\$80	\$75	s 1 <del>4</del> 0	50° i Coinsurance after deductible	0% Coinsurance after deductible
In-Network of tet	\$2500 Individual \$5000 Family	\$6350 Individual \$12700 Family	\$6350 Individual \$12700 Family	\$5500 Individual \$11000 Family	\$6350 Individual \$12700 Family	\$6350 Individual \$12700 Family	\$6350 Individu \$12700 Family

Maine Community Health Options 2014 Small Group Plan Summary							
Plan Name	Community Advantage	Community Preferred	Community Choice	Community Select	Community Select HSA	Off Exchange Community Option	Off Exchange: Community Option HSA
Plan Description	Comprehensive Coverage with Lowest Out-of- Pocket Costs	Comprehensive Coverage with Low Office Visit Co-pay	Comprehensive Coverage with Low Coinsurance Percentage	Comprehensive Coverage with Low Out-of- Pocket Costs	Low Monthly Premium; Chronic Illness Support Program	Low Monthly Premium; HSA compatible	Low Monthly Premium with a Higher Deductible; No Coinsurance
Metal Level	Gold	Silver	Silver	Bronze	Bronze	Bronze	Bronze
In-Network Deductible	\$650 Individual \$1300 Family	\$2000 Individual \$4000 Family	\$2000 Individual \$4000 Family	\$2000 Individual \$4000 Family	\$2000 Individual \$4000 Family	\$5000 Individual \$10000 Family	\$5000 Individual \$10000 Family
In-Network Coinsurance	20° o	30°, 6	30° o	80° o	70°°	50°2.0	50º o
In-Network Primary Care Visit	\$25	\$20	\$30	\$45	10% Coinsurance after deductible	\$45	10% Coinsurance after deductible
In-Network Specialist Visit	\$75	\$75	\$80	s 1 <b>40</b>	Ded / Coins	\$140	Ded / Coins
In-Network  of  cet	\$2500 Individual \$5000 Family	\$5500 Individual \$11000 Family	\$6350 Individual \$12700 Family	\$6350 Individual \$12700 Family	\$6350 Individual \$12700 Family	\$6350 Individual \$12700 Family	\$6350 Individua \$12700 Family

### MCHO Approach – Benefit Design Attributes

- Focus on Primary Care and Prevention
- Local Care Management
- Integrated Behavioral and Medical Health
- Shared Decision Making & Member Engagement
- Promote Choosing Wisely www.choosingwisely.org
- Value Based Insurance Design
  - Chronic Illness Support Program
  - Tobacco Cessation



### Chronic Illness Support

- We offer additional help to our Members with specified medical conditions that are on-going and can be managed for better health:
  - Asthma
  - Chronic Obstructive Pulmonary Disease (COPD)/Emphysema
  - Diabetes
  - Hypertension



### Chronic Illness Support

- Access to <u>Prescription Drugs</u> on our approved drug list that are clinically appropriate for treating the diagnosis with no Out-of-Pocket costs for generic (Tier 1) and a 50% Out-of-Pocket decrease in the cost of preferred brand medications (Tier 2)
- No Out-of-Pocket costs for <u>Office Visits</u> with the Member's Primary Care Provider (PCP) and appropriate specialists when the Member is being seen specifically for ongoing routine treatment of one or more of the selected medical diagnoses
- <u>Laboratory Tests (labs)</u> linked to the primary diagnosis code (Asthma, COPD, Diabetes, Hypertension) are covered with no Out-of-Pocket cost
- <u>Durable Medical Equipment (DME)</u> covered with no Out-of-Pocket cost include the following: one glucometer each year, one peak flow meter each year, and inhaler adjuncts (e.g., spacer)
- <u>Behavior modification counseling</u> is covered with no Out-of-Pocket costs



## Chronic Illness Support: Diabetes Example

MCHO covers WITH NO Out-of-pocket costs:

- Up to 100 glucometer test strips each 90 days (requests for greater numbers of test strips require Prior Approval)
- Diabetic eye exam done by an ophthalmologist or optometrist (once per year)
- Diabetes (e.g., DSMT/ADEF) and Asthma (e.g., allergens/triggers, asthma action plan) education programs
- Nutritional counseling for Diabetes



#### MCHO Summary of Benefits & Coverage Bronze Plan - Community Option

Community Option
Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: [To be Determined]
Coverage for: Small Group | Plan Type: PPO

#### About these Coverage Examples:

These examples show bow this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample pottent might get if they are covered wader different plans.



This is not a cost estimator.

Don't use these examples to tion to the trace examples to extinate your actual costs under this plan. The actual case you receive will be different from these examples, and the cost of that case will also be different.

See the next page for important information about these examples.

Amount owed to providers	:: \$7.540
# Plan pays \$2,200	0.,0.0
я Patient pays \$5,340	
Sample care costs:	
Hospital charges (mother)	\$2,700
Routene obstetuic care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laborators tests	\$500
Prescaption:	\$200
Radiology	\$200
Vaccices, other preventive	\$40
Total	\$7,540
Patient pays:	
Deductibles	\$5,000
Со-разу	\$140
Co-instrance	\$200
Limits or exclusions	şc
Total	\$5,340

Having a baby ((n-mail(2)15))  If Amount owed to providers: 3 If In pays \$2,200 If Patient pays \$5,340  Sample care costs:	67,540	Managing type 2 (diable (communicated for the control of the contr	
Hospital charges (mother)	\$2,700	Prescriptions	\$1,500
Routine obstetuic care	\$2,100	Medical Equipment and Supplies	\$1,300
Hospital charges (baby)	\$900	Office Visits and Procedures	\$730
Anesthetia	\$900	Edwation	\$290
Laboratore tests	\$500	Laboratory tests	\$140
Prescriptions	\$200	Vaccines, other preventive	\$140
Radiology	\$200	Total	\$4,100
Vaccines, other preventive Total	\$40 \$7,540	Patient pays:	
	1	Deductibles	\$0
Patient pays:		Со-рауз	\$0
Deductibles	\$5,000	Co-instrance	\$350
Со-рауз	\$140	Limits or exchaions	\$0
Co-instrance	\$200	Total	\$350
Limits or exclusions	\$0		
Total	\$5,340		

#### MCHO Summary of Benefits & Coverage Silver Plan - Community Choice

[Community Choice] Coverage Period: [To Be Determined] Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individuals & Families | Plan Type: PPO

#### About these Coverage Examples:

These examples show how this plan might corec medical care in given sinustions. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to Don't use these examples to eximiste your actual costs under this plan. The actual rate you seem't will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

u Amount owed to providers u Plan pays \$4,440 u Patient pays \$3,100	: \$7,540
Sample care costs:	
Hospital charges (mother)	\$2,700
Routine obstetnic cace	\$2,100
Hospital charges (baby)	5900
Aceticetia	\$900
Laboratory tests	\$500
Prescoptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540
Patient pays:	
Deductoles	\$2,000
Co-pays	\$80
Codessurance	\$1,020
Limits or exclusions	\$0
Total	\$3,100

□ Amount owed to providers: \$ □ Plan pays \$3,890 □ Patient pays \$210	4,100
Sample care costs:	
Prescriptions	51,500
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$7.50
Education	\$290
Laboratory tests	\$140
Vaccines, other preventive	\$140
Total	\$4,100
Patient pays:	
Deductibles	\$0
Co-pays	50
Co-insurance	\$210
Limits or exclusions	\$0
Total	S210

## MCHO Summary of Benefits & Coverage Gold Plan - Community Advantage

#### Having a baby (nomaldelien) ■ Amount owed to providers: \$7,540 ■ Plan pays \$5,880 Patient pays \$1,660 Sample care costs: Hospital charges (mother) \$2,100 Routine obstettic care Hospital charges (baby) \$900 Anesthesia \$900 \$500 Laboratory tests Prescriptions \$200 Radiology Vaccines, other preventive \$40 Total \$7,540 Patient pays: Deductibles \$650 \$100 Co-pays \$910 Co-insurance Limits or exclusions \$0 \$1,660

	325					
, I	FIII	CIN	Tiv.	Y 124	ilei	etes
		rottin				
	, n	vell-co	100	TO CO	idi io	n)

- Amount owed to providers: \$4,100
- Plan pays \$4,012
- Patient pays \$88

Prescriptions	\$1,500
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$730
Education	\$290
Laboratory tests	\$140
Vaccines, other preventive	\$140
Total	\$4,100
Patient pays:	
Deductibles	\$0
C	\$88
Co-pays	
Co-insurance	50

**Tobacco Cessation Treatment** 

\*\*MCHO does not charge higher premiums for smokers (no financial penalty for smokers)

Total

#### MCHO supports:

- Unlimited quit attempts
- Benefits for nicotine replacement therapy\*
   (NRT) products and any other medications
   approved by the FDA for tobacco cessation

\*To be eligible for benefits for Nicotine replacement therapy, products must be prescribed by the member's provider



#### **Tobacco Cessation Medications**

- NRT products can include, but are not limited to, nicotine patches, gum, or nasal spray
- Generic nicotine replacement therapy is available with no Out-of-Pocket Costs when prescribed by a Plan Provider
  - Generic NRT: nicotine gum, nicotine lozenge, nicotine patch
- Prescription NRT is covered at preferred brand cost share (Tier 2)
  - Prescription NRT: Nicotrol Inhaler, Nicotrol Nasal Spray
- Prescription Chantix is covered for up to a total of 90-days supply in any plan year with no Out-of-Pocket costs







