

HEALTH CARE REFORM

San Bernardino County Reference Guide



The new California Health Exchange, also known as Covered California, will implement expanded health coverage beginning in 2014. Covered California will provide a range of coverage options, with up to 5.3 million people eligible for Exchange-based health coverage excluding Medi-Cal. Medi-Cal is also being expanded; an additional 1.4 million people will be eligible for expanded Medi-Cal. In San Bernardino County, approximately 95,000 residents will be newly eligible for this expanded Medi-Cal coverage.

Overview

- ◆ County Human Services Agencies will help to enroll people in expanded Medi-Cal and other Health Care coverage options via the Covered California Exchange/Marketplace.
- ◆ People who already have health insurance can keep their coverage; uninsured people will be able to access more affordable coverage, and receive subsidies if they are low income.
- ◆ Most people will be required to purchase health care coverage if it costs less than 9.5% of their income. Undocumented people and certain others are exempted from this requirement.
- ◆ Insurance companies cannot turn down patients with pre-existing conditions.
- ◆ Insurance companies cannot cancel coverage if the consumer made an honest mistake.
- ◆ No lifetime cap on medical costs, nor annual cap on benefits.
- ◆ Young people to age 26 can be covered by their parent's insurance.
- ◆ Free preventative care for many services.

What's Covered

- ◆ Ambulatory patient services
- ◆ Prescription drugs
- ◆ Emergency services
- ◆ Rehabilitative and facilitative services and devices
- ◆ Hospitalization
- ◆ Laboratory services
- ◆ Maternity and newborn care
- ◆ Preventative and wellness services and chronic disease management
- ◆ Mental health and substance use services
- ◆ Pediatric services, including oral and vision care

New Expanded Medi-Cal

- ◆ In January 2014, Medi-Cal eligibility will be expanded to include the non-disabled, non-elderly, childless adult population which is estimated as 1.4 million people statewide.
- ◆ Medi-Cal will be expanded to include those who live in households which earn approximately \$32,000 for a family of four.
- ◆ The current Medi-Cal population, which includes the elderly, disabled, long-term care, and individuals deemed eligible for Medi-Cal as a result of other programs such as CalWORKs or foster care, will remain eligible.
- ◆ Undocumented individuals remain eligible for emergency and restricted-scope Medi-Cal.

Covered California / Health Exchange

- ◆ Covered California is the state's health benefit exchange under the health reform law.
- ◆ Beginning January 2014, Covered California will provide Exchange health coverage to households not eligible to the newly expanded Medi-Cal.
- ◆ Covered California will offer four different health plan levels throughout the State – platinum, gold, silver or bronze – that provide a range of premiums and benefit levels, with the customer share of health care costs ranging from 10% to 40%.



www.CoveredCa.com

What Does Health Care Reform Mean for TAD Staff?

- ◆ TAD staff will focus on “What are you eligible for?”, rather than “Are you eligible?”
- ◆ Staff will handle inquiries by phone as well as lobby walk-ins regarding health care options. The goal will be to actively find the right coverage and enroll as many people as possible.
- ◆ Staff will provide coordinated service—families will only need to give information one time to be enrolled in other programs such as CalFresh or CalWORKs if they are eligible. This is known as horizontal integration.
- ◆ Staff will receive transferred Medi-Cal eligible phone calls from Covered California.
- ◆ Staff will learn and implement new technology and new work processes.
- ◆ Beginning October 1, 2013, during Pre and Open Enrollment, designated staff will work evening and weekend hours (8:00 a.m. to 8:00 p.m. Monday through Friday; 8:00 a.m. to 6:00 p.m. Saturday).
- ◆ Beginning April 1, 2014, during Non-Open Enrollment, designated staff will work evening and weekend hours (8:00 a.m. to 6:00 p.m. Monday through Friday; 8:00 a.m. to 5:00 p.m. Saturday).

Health Plan Cost Calculator

- ◆ The Covered California website (www.coveredca.com) offers an online tool to calculate your potential insurance costs in 2014.

Start Here: REQUEST ENROLLMENT ASSISTANCE | SHOP AND COMPARE

Enter Household and Enrollee Information, then click "See My Options"

Plan	Total Monthly Premiums	Monthly Premium Assistance (Tax Credit)	Your Total Monthly Payment
Molina (Enroll to MCO)	\$385	\$219	\$170
Blue Shield Bronze 60	\$385	\$219	\$170
Anthem Blue Cross	\$417	\$218	\$199
Anthem Blue Cross	\$420	\$219	\$201

Plan	Total Monthly Premiums	Monthly Premium Assistance (Tax Credit)	Your Total Monthly Payment
Health Net	\$474	\$219	\$255
Molina Enhanced Silver 73 MCO	\$475	\$219	\$256
Blue Shield Enhanced Silver 73 PPO	\$508	\$219	\$289
Anthem Enhanced Silver 73 MCO	\$518	\$219	\$299

Key Website Links / More Information

- ◆ Covered California — www.CoveredCa.com
- ◆ California Health Benefit Exchange — <http://www.healthexchange.ca.gov/Pages/Default.aspx>
- ◆ Transitional Assistance Department — <http://hs.sbcounty.gov/tad/Pages/Health-Care-Reform.aspx>
- ◆ TAD Facebook Page — <https://www.facebook.com/SBCountyTAD>

SOURCE: Center for Human Services, UC Davis Extension (Ed.). 2013. Health Care Reform Quick Reference. Davis, CA: Center for Human Services, UC Davis Extension.



2014

Standard Benefits for Individuals

KEY BENEFITS	Bronze	Silver <small>(Lower Cost Sharing Available on Sliding Scale)</small>	Gold	Platinum
	Benefits in Blue are Subject to Deductibles			Copays in the Yellow Sections are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum
Deductible (if any)	\$5,000 Deductible for Medical and Drugs	\$2,000 Medical Deductible	No Deductible	No Deductible
Preventative Care Copay	No Cost - at least 1 yearly visit	No Cost - at least 1 yearly visit	No Cost - at least 1 yearly visit	No Cost - at least 1 yearly visit
Primary Care Visit Copay	\$60 - 3 visits per year	\$45	\$30	\$20
Specialty Care Visit Copay	\$70	\$65	\$50	\$40
Urgent Care Visit Copay	\$120	\$90	\$60	\$40
Generic Medication Copay	\$19	\$19	\$19	\$5
Lab Testing Copay	30%	\$45	\$30	\$20
X-Ray Copay	30%	\$65	\$50	\$40
Emergency Room Copay	\$300	\$250	\$250	\$150
High cost and infrequent services like Hospital Care and Outpatient Surgery	30% of your plan's negotiated rate	20% of your plan's negotiated rate	HIMO Outpatient Surgery - \$600 Hospital - \$600/day up to 5 days PPO - 20%	HIMO Outpatient Surgery - \$250 Hospital - \$250/day up to 5 days PPO - 10%
Imaging (MRI, CT, PET Scans)	30%	\$250	\$250	\$150
Brand medications may be subject to Annual Drug Deductible before you pay the copay	\$50-\$75 after meeting deductible	meet \$250 deductible then pay the copay amount	No Deductible	No Deductible
Preferred brand copay after Drug Deductible (if any)	\$50	\$50	\$50	\$15
MAXIMUM OUT-OF-POCKET FOR ONE	\$6,350	\$6,350	\$6,350	\$4,000
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$12,700	\$12,700	\$12,700	\$8,000

