

# Health Matters

by Nancy Glicksman



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A NEWSLETTER CONCERNING COVERAGE AND BENEFITS

Third Quarter 2014

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**I STRONGLY ENCOURAGE YOU TO READ ALL OF THE FOLLOWING ARTICLES- - IT CONTAINS SOME VERY IMPORTANT INFORMATION AND DATES.**

## **HOW DOES THE AFFORDABLE CARE ACT (ACA) AFFECT ME???**

As most of you already have experienced, everyone is impacted by the ACA.

**INDIVIDUALS** - for those of you on an individual or family plan, what happens depends on your insurance carrier as well as when your policy first became effective.

**HIGHMARK** and **UPMC** clients can continue with their present plan until the end of December 2014, at which time you would need to be enrolled in an ACA plan effective January 1<sup>st</sup>. Due to stringent enrollment periods (please read article below on enrollment), you will need to sign up by December 15<sup>th</sup>. I will be able to assist you in enrollment either directly with the insurance carrier or via the federal website.

**Highmark** just released their decision to renew only certain pre 2014 products in Western PA. A letter will be sent out to members during the week of September 22<sup>nd</sup> informing you if your plan will be ending. To summarize, Highmark has decided to offer Community Blue PPO members the right to renew their pre 2014 plans in Western PA. In addition, the 2 grandfathered plans- Keystone Blue and Complete Care will have the option to renew and continue coverage in those plans in 2015.

The following Highmark plans will **END**

December 31, 2014---  
Advance Blue  
Direct Blue  
Simply Blue  
PPO Blue

Again, please make sure to contact me in early November so I can assist you with the process in transitioning to a new plan in 2015. In order to get a January 1<sup>st</sup> effective date, it needs to be done by December 15<sup>th</sup>.

**HEALTH AMERICA ONE** customers had to switch to an ACA plan at their renewal, except for clients renewing in October, November and December. For those 3 months, the renewal date is being moved to a 1/1/15 renewal and prior to that time clients need to sign up for an ACA plan.

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## **DO I NEED TO GET AN ACA PLAN IF I DON'T MEET THE INCOME CRITERIA?**

YES- all individuals, families and companies purchasing a plan after January 1, 2014 have to purchase an ACA plan. Simply put, it has to include all the essential health benefits laid out by the law- please refer to earlier newsletters on essential health benefits. These include pediatric dental and vision, rehabilitative as well as habilitative services, mental health services, etc.

For individuals and families, there are 2 basic ways to get a health plan. I can assist you with both channels. One is to go through the Federal marketplace at [www.healthcare.gov](http://www.healthcare.gov) and the other is to go direct with the insurance carriers. Most of

the plans are the same on and off the marketplace. The main difference is that if you were to qualify for a subsidy from the government, based on your household income, you would have to apply via the Federal website to get that.

The ACA plans are all provided by individual insurance companies (UPMC, Highmark, Health America, etc.). Some people have the incorrect belief that the government is providing the coverage. That is incorrect. The government is providing the website to access the coverage in order to receive a premium tax credit (which is basically a reduction in your monthly cost) and/ or a cost sharing subsidy (which lowers your deductible, co pays, coinsurance and out of pocket expenses in a silver plan). Previous newsletters explained these in more detail. Please call me if you have any questions. Please check in with me prior to signing up for any future coverage so I can help you make sense of it.

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## ENROLLMENT PERIODS FOR ACA

In the past people could sign up for health insurance at any time. Unfortunately, that is not the case presently. There are certain enrollment periods dictated by the ACA.

**Open enrollment** (November 15, 2014 through February 15, 2015) Depending when you sign up dictates when coverage will be effective:

*If you sign up between 11/15 and 12/15, coverage will be effective 1/1/15.*

***THIS IS THE TIME WHEN THOSE OF YOU WHO ARE LOSING THEIR NON-ACA COVERAGE AT THE END OF THIS YEAR, NEED TO SIGN UP. PLEASE CALL ME BY EARLY NOVEMBER TO EXPLAIN YOUR OPTIONS AND THE PROCESS.***

*If you sign up between 12/16 and 1/15, coverage will be effective 2/1/15.*

*If you sign up between 1/16 and 2/15, coverage will be effective 3/1/15.*

**Special enrollment periods-** There are certain events, often referred to as qualifying events, that allow individuals to sign up for health care coverage outside of the open enrollment period. These events include loss of other health care coverage (e.g. losing group coverage, aging out of parents' coverage, etc.), birth, adoption, permanent move to a new area, change in income, etc.

### Important notes

- Voluntarily cancelling health coverage or being terminated due to nonpayment of premium is NOT considered to be loss of health coverage and does not constitute a SEP.

If you are offered Cobra and you decide to enroll in the Cobra plan, you are losing your SEP and will have to wait until the next year's open enrollment period. Prior to enrolling in the Cobra plan, you would be able to enroll in an ACA plan. Be sure to call me to look at and compare your options prior to enrolling in the Cobra.

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## HIGHMARK VS UPMC

Most of the contracts between Highmark and UPMC will expire December 31, 2014. What does that mean to the people of Western PA???

Just to summarize to the best of my understanding - - -

- "Vulnerable populations" will continue to have total access to UPMC facilities. This includes Highmark Medigap policies, Medicare Advantage policies, CHIP and Medicaid plans.
- Other Highmark clients will no longer have UPMC's flagship hospitals in the Greater Pittsburgh area, including Magee, Presbyterian Shadyside, Passavant, St. Margaret's, McKeesport, and East (Monroeville). Physician services offered at these UPMC flagship

- hospitals are also out of network.
- The UPMC hospitals that will remain in network include Children's, Western Psychiatric Institute, Bedford, Venango, Altoona, Hamot and Horizon, (and supposedly Mercy through mid-2016).
  - "Current patients in treatment will be protected across the UPMC system through continuity of care and safety net procedures" - I believe this refers to patients undergoing active cancer care and patients whose doctors believe this is medically necessary. It will be interesting to see how this plays out.
  - Emergency and trauma services will be available at the in network rates to Highmark members.

Due to the above situation, some of you may want to look into alternate coverage starting in January 2015. It is important to confirm with your physicians and hospitals to see if you could continue to access their care. Remember, if you want to make a change, we need to do it prior to December 15<sup>th</sup> for it to go into place for January 1<sup>st</sup>.

Notice of Change (ANOC) in the mail directly from the insurance carrier. It is an extremely important document. It compares coverage from the present year to the upcoming year in terms of premiums, copays, deductibles, etc. Once you look at this information, please call me to share your thoughts. If you are happy with your plan and are comfortable with the upcoming changes, let me know and it will automatically renew. However, if you want to review other options, we can schedule a time to meet to look at the other plans.

This will be a very busy time for me especially due to the ACA open enrollment overlapping the Medicare annual enrollment. I was hoping to schedule some meetings in the various areas of Pittsburgh- South Hills, North Hills, Westmoreland, etc. to try to reach a lot of you at the same time. Any feedback or suggestions would be greatly appreciated. Due to the law, I am unable to discuss any upcoming changes in the Medicare plans until October 1<sup>st</sup> and cannot take any enrollment applications until October 15<sup>th</sup>. Please stay in touch with me at that time to let me know what your plans are for the upcoming year.

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### MEDICARE CLIENTS

As most of you know, the Annual Enrollment Period is approaching. This is between October 15<sup>th</sup> and December 7<sup>th</sup> of every year. You will most likely see a significant amount of commercials on television at this time and receive lots of packages in the mail. This is a very important time for those of you with Medicare Advantage and Prescription Drug plans. Every year these plans change, in terms of premium, coverage, etc. If you want to switch to another carrier, or another plan within the same insurance company, you need to do this by December 7<sup>th</sup> the latest.

If you are presently enrolled in a MAPD or PDP plan, you will receive an Annual

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*If you would rather receive the Newsletters via email, please let me know.*

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