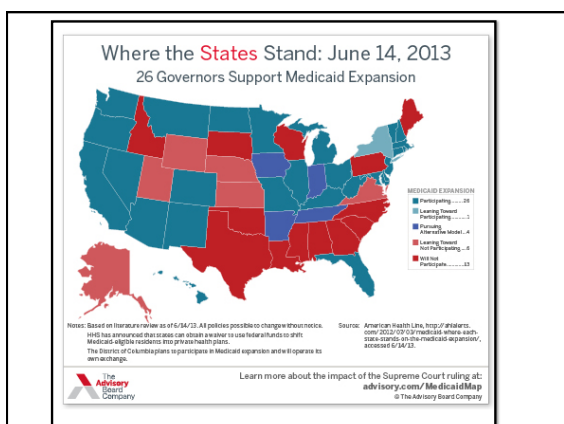
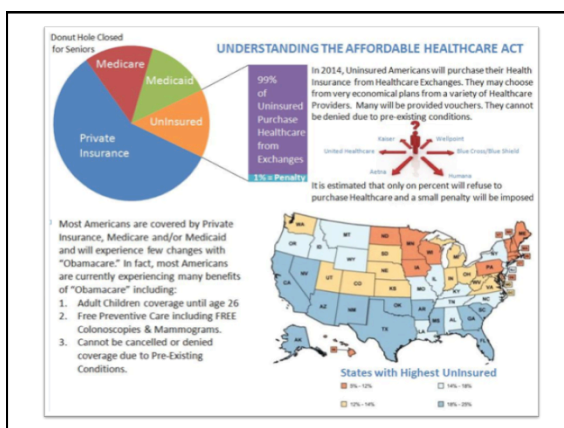
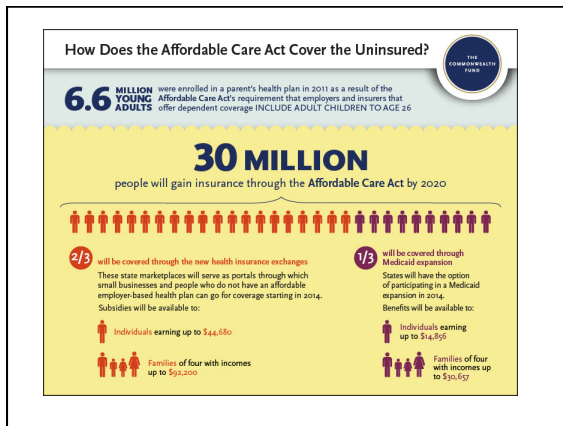


The Impact of the Affordable Care Act for Cancer Patients: It's a Game Changer!



"...there will be a whole new world as far as health insurance is concerned."





Quiz Time!

- True or False
 - The Affordable Care Act is causing healthcare premiums to sky rocket.
 - The Affordable Care Act offers insurance options to people who could not access health insurance before.
 - The Affordable Care Act will limit what hospital and doctors I can go to.

Quiz Time!

- The Affordable Care Act does not allow patients over 70 to receive expensive treatments including dialysis and chemotherapy
- The Affordable Care Act includes "death panels," that decide which types of treatment critically ill patients can receive.
- The Affordable Care Act includes a mandate the every five years the primary care physician discusses advanced directives with patients.

Quiz Time!

- People on Medicare are forced to buy additional insurance through the Affordable Care Act.
- I am now forced to buy insurance and I'm already broke! The Affordable Care Act will make me go bankrupt!
- The Affordable Care Act will cause small businesses to close.
- Many people have had trouble accessing information about plans available to them through the healthcare.gov website
- Some people have lost their insurance options through their employer due to the Affordable Care Act

Answers

- True or False
 - The Affordable Care Act is causing healthcare premiums to sky rocket. **FALSE**
 - The Affordable Care Act offers insurance options to people who could not access health insurance before. **TRUE**
 - The Affordable Care Act will limit what hospital and doctors I can go to. **FALSE---AND TRUE**

Answers

- The Affordable Care Act does not allow patients over 70 to receive expensive treatments including dialysis and chemotherapy. **FALSE**
- The Affordable Care Act includes "death panels," that decide which types of treatment critically ill patients can receive. **FALSE**
- The Affordable Care Act includes a mandate the every five years the primary care physician discusses advanced directives with patients. **TRUE**

Answers

- People on Medicare are forced to buy additional insurance through the Affordable Care Act. **FALSE**
- I am now forced to buy insurance and I'm already broke! The Affordable Care Act will make me go bankrupt! **FALSE**
- Many people have had trouble accessing information about plans available to them through the healthcare.gov website **TRUE**
- Some people have lost their insurance options through their employer due to the Affordable Care Act **TRUE and FALSE**

What Makes Insurance Different Under the ACA?

- **NO PRE-EXISTING CONDITION CLAUSES!**
 - Insurance companies *cannot deny* coverage based on
 - Pre-existing conditions (physical or mental)
 - Health status
 - Medical history
 - Genetic information
 - Gender
 - Age
- Insurance companies can only base the cost of your coverage (premium) on
 - Individual v. family plan
 - Geographic location
 - Age
 - Tobacco Use

Biggest Impacts of the ACA for Cancer Survivors and Patients

- No rescissions-you can't lose your coverage except in cases of fraud or misrepresentation of fact
- No lifetime caps on coverage
- No annual caps on coverage
- Free preventive care
- Medicaid expansion (in some states)

The Individual Mandate

- Most US citizens must carry a minimum health insurance policy
- Penalty? - "Fine" collected through IRS annual taxes
 - 2014-\$95 for adults, \$47.50 for children, up to \$285 per family
 - 2015-\$350
 - 2016-\$695
 - Or 1% of family income (whichever is greater)

Exemptions to the Individual Mandate

- Religious objections
- Financial hardship (health insurance coverage would cost more than 8% of income)
- Taxpayers with income <\$9750 (single under 65-filing threshold)
- Members of Indian tribes
- Member of health care sharing ministry
- Incarcerated individuals
- Americans living abroad for > 1 year

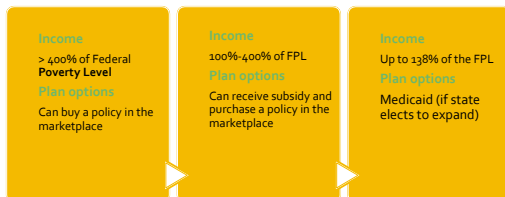
Health Insurance Exchanges

- Marketplace for purchasing of plans
- Several different plans will be offered
 - Bronze (60/40), Silver (70/30), Gold (80/20), Platinum (90/10), Catastrophic
 - Maximum deductible \$2000 individual/\$4000 family
 - Annual (in network) MOOP \$6350 individual/\$12700 family
 - Priced based on plan coverage

Health Insurance Exchanges

- Subsidies available for individuals making less than \$44,680
- Opens in 2013 for individuals and businesses with less than 50 employees
- Opens in 2017 for larger employers

2014 Healthcare Marketplace Options



What is Covered?

Minimum Essential Health Benefits – EHBs must at least include:

Ambulatory Patient Services
ER services
Hospitalization
Maternity and newborn care
Mental health/substance abuse services
Rx Drugs
Rehab services and devices
Lab services
Preventive services
Pediatric services (incl. oral and vision)

EHBs - Apply to all individual and small group plans

Actuarial Value

All individual and small group plans in the exchange must offer Silver and Gold

CATASTROPHIC	only for those under 30 years of age
BRONZE	60% of costs covered
SILVER	70% of costs covered
GOLD	80% of costs covered
PLATINUM	90% of costs covered by plan

Out-of-Pocket Limits (OOP)

Applies to all plans – roughly \$6,500 for an individual and \$12,900 for a family in 2014

-Association of Community Cancer Centers

What Will it Cost Me?

- **Premium, Deductible(s), Co-Pay, Co-Insurance**
- **Out-of-Pocket Cap:** The ACA limits annual out-of-pocket (OOP) costs for EHBs
 - ❖ **Annual OOP limit, self-only coverage \$6,450**
 - ❖ **Annual OOP limit, family coverage \$12,900**
 - Will be adjusted annually based on year-over-year changes to premiums
 - Conflicting guidance on separate drug and medical OOP caps
 - OOP limit DOES NOT include premiums

Drug Deductible

- ❖ The rule allows plans to have separate deductibles and OOP limits for drugs
- ❖ **HUGE ISSUE FOR CANCER PATIENTS!!!**

Non-Network Spending:

- ❖ OOP costs for non-network providers will not count toward the OOP limit or any annual limit on a deductible
- ❖ Plan will have a strong ability to require patients to adhere to provider networks, even once patients have reached the OOP maximum

Association of Community Cancer Centers

What Do Plans Look Like?

Single Person, under 50, in Philadelphia County

Antea Basic Antea	Estimated monthly premium for Only you \$174.00
PPO Catastrophic	
Personal Choice Catastrophic Independence Blue Cross	Estimated monthly premium for Only you \$184.17
PPO Catastrophic	
Personal Choice PPO Bronze Reserve Independence Blue Cross	Estimated monthly premium for Only you \$194.88
PPO Bronze	
Keystone HMO Bronze Independence Blue Cross	Estimated monthly premium for Only you \$199.76
HMO Bronze	
Personal Choice PPO Silver Reserve Independence Blue Cross	Estimated monthly premium for Only you \$250.77
PPO Silver	
Personal Choice PPO Silver Independence Blue Cross	Estimated monthly premium for Only you \$268.68
PPO Silver	
Blue Cross, a Multi-State Plan Independence Blue Cross	Estimated monthly premium for Only you \$268.68
PPO Silver	
Antea Classic 5000 Antea	Estimated monthly premium for Only you \$284.00
HMO Silver	
Antea Classic 5000 Antea	Estimated monthly premium for Only you \$291.00
PPO Silver	

What Do Plans Look Like?

Keystone HMO Gold Proactive Independence Blue Cross	Estimated monthly premium for Only you \$250.06
HMO Gold	
Keystone HMO Gold Independence Blue Cross	Estimated monthly premium for Only you \$293.82
HMO Gold	
Personal Choice PPO Gold Independence Blue Cross	Estimated monthly premium for Only you \$330.84
PPO Gold	
Blue Cross, a Multi-State Plan Independence Blue Cross	Estimated monthly premium for Only you \$330.84
PPO Gold	
Antea Premier 2000 PPO Antea	Estimated monthly premium for Only you \$342.00
HMO Gold	
Keystone HMO Platinum Independence Blue Cross	Estimated monthly premium for Only you \$326.20
HMO Platinum	
Personal Choice PPO Platinum Independence Blue Cross	Estimated monthly premium for Only you \$357.05
PPO Platinum	



Don't forget SUBSIDIES!!!



What is the Federal Poverty Level?

Monthly		100%	133%	150%	175%	200%	225%	250%	275%	300%	350%	400%
1	\$509	\$1,273	\$1,436	\$1,678	\$1,915	\$2,154	\$2,394	\$2,633	\$2,873	\$3,111	\$3,630	\$4,150
2	\$1,017	\$2,547	\$2,873	\$3,357	\$3,830	\$4,303	\$4,776	\$5,249	\$5,722	\$6,195	\$7,260	\$8,325
3	\$1,526	\$3,821	\$4,303	\$5,036	\$5,769	\$6,502	\$7,235	\$7,968	\$8,701	\$9,434	\$11,115	\$12,796
4	\$2,034	\$5,068	\$5,769	\$6,702	\$7,635	\$8,568	\$9,501	\$10,434	\$11,367	\$12,300	\$14,460	\$16,620
5	\$2,543	\$6,335	\$7,235	\$8,408	\$9,581	\$10,754	\$11,927	\$13,100	\$14,273	\$15,446	\$18,126	\$20,806
6	\$3,052	\$7,644	\$8,701	\$10,114	\$11,527	\$12,940	\$14,353	\$15,766	\$17,179	\$18,592	\$21,872	\$25,152
7	\$3,561	\$8,901	\$10,114	\$11,737	\$13,360	\$14,983	\$16,606	\$18,229	\$19,852	\$21,475	\$25,355	\$29,235
8	\$4,070	\$10,168	\$11,527	\$13,360	\$15,193	\$17,026	\$18,859	\$20,692	\$22,525	\$24,358	\$28,838	\$33,318

Annually		100%	133%	150%	175%	200%	225%	250%	275%	300%	350%	400%
1	\$6,108	\$15,279	\$17,232	\$20,136	\$22,938	\$25,842	\$28,746	\$31,650	\$34,554	\$37,458	\$44,160	\$50,862
2	\$12,216	\$30,558	\$34,579	\$40,284	\$46,002	\$51,714	\$57,426	\$63,138	\$68,850	\$74,562	\$88,392	\$102,222
3	\$18,324	\$45,837	\$51,868	\$60,426	\$69,003	\$77,580	\$86,157	\$94,734	\$103,311	\$111,888	\$134,232	\$156,576
4	\$24,432	\$61,116	\$69,804	\$80,616	\$92,406	\$104,196	\$115,986	\$127,776	\$139,566	\$151,356	\$181,080	\$210,804
5	\$30,540	\$76,440	\$87,852	\$101,520	\$115,188	\$128,856	\$142,524	\$156,192	\$169,860	\$183,528	\$218,160	\$252,792
6	\$36,648	\$91,720	\$104,822	\$120,744	\$137,666	\$154,588	\$171,510	\$188,432	\$205,354	\$222,276	\$266,616	\$310,956
7	\$42,756	\$107,016	\$122,136	\$140,868	\$160,000	\$179,132	\$198,264	\$217,396	\$236,528	\$255,660	\$304,416	\$353,160
8	\$48,864	\$122,304	\$139,416	\$160,992	\$183,168	\$205,344	\$227,520	\$249,696	\$271,872	\$294,048	\$352,896	\$411,640

* <http://www.hhs.gov/open-foia/cfo>

FFC 08/07
4/9/02

Who qualifies for subsidy?

Number of people in your household	Income range to qualify for lower costs
1	\$11,490 to \$45,960
2	\$15,510 to \$62,040
3	\$19,530 to \$78,120
4	\$23,550 to \$94,200
5	\$27,570 to \$110,280
6	\$31,590 to \$126,360
7	\$35,610 to \$142,440
8	\$39,630 to \$158,520

**Subsidy applies to “mid-level” silver plan

Household Size	100% of FPL (2013)	400% of FPL (2013)	Premium Max Range
1	\$11,490	\$45,960	\$0 - \$363.85 / month
2	\$15,510	\$62,940	\$0 - \$491.15 / month
3	\$19,530	\$78,120	\$0 - \$618.45 / month
4	\$23,550	\$94,200	\$0 - \$745.75 / month
5	\$27,570	\$110,280	\$0 - \$873.05 / month
6	\$31,590	\$126,360	\$0 - \$1,000.35 / month
7	\$35,610	\$142,440	\$0 - \$1,127.65 / month
8	\$39,630	\$158,520	\$0 - \$1,254.95 / month

Example

Household Size	Annual Income	Estimated Annual Cost of Health Insurance (without subsidy)	Annual Federal Government Subsidy	Actual Cost of Health Insurance
4	\$31,900	\$12,300	\$11,100	\$1,200 (\$100 / month)
4	\$88,800	\$12,300	\$1,900	\$8,400 (\$700 / month)
1	\$27,800	\$4,548	\$2,460	\$2,088 (\$175 / month)

So, if my annual income is...

Annual income	Annual income	Annual income up to
\$17,235	\$28,725	\$45,960
Maximum monthly premium	Maximum monthly premium	Maximum monthly premium
\$57	\$193	\$364

Note: Premiums are for individual coverage for the second-cheapest silver plan. Those trading more than \$45,960 pay full premium cost. Rates do not apply to Hawaii and Alaska.

My monthly insurance (mid-level silver plan) cannot cost more than...

Example

- Joan wants to purchase plan through the Affordable Care Act
- Her income in disability is \$24,000 per year. She lives in Philadelphia, PA. She is not yet eligible for Medicare.
- She is single with no dependents
- A mid level silver plan, without subsidy, would cost Joan around \$2818 per year
- Joan is eligible for a subsidy of \$1232 (44% of the premium)
- Her annual premium after subsidy is \$1587/ \$132.25 per month (or 6.61% of her total household income)
- If Joan wants to purchase a higher level gold or platinum plan, she is responsible for difference in premium cost and this is NOT subsidized

What Do I Need to Know When Comparing Plans?

WHAT IS COVERED?

- Primary Care
- Specialist
- ER
- Urgent Care
- Hospital Care
- Preventative Screenings
- Imaging (x-rays, CT scans, PET scans, MRI)
- Surgery
- Radiation
- Chemotherapy
- Clinical Trials
- Mental Health
- Palliative Care
- Physical Therapy
- Home Health Care
- Medical Equipment
- Genetic testing
- Fertility Preservation
- Transplants
- Preventive Treatments
- Respite Care
- Hospice Care

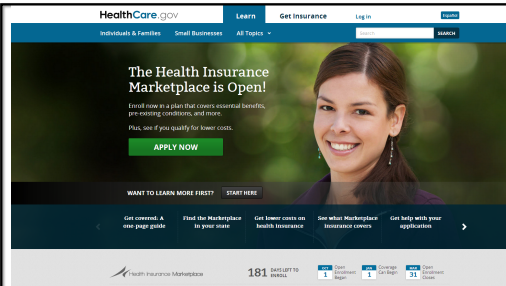
KEY QUESTIONS

- What is my **PREMIUM**?
- What is my **DEDUCTIBLE**?
- How much are **CO-PAYS**?
- How much is **CO-INSURANCE**?
- What is the **MOOP**?
- Does the service require a referral or prior authorization?
- Is the provider in network or out of network?
- Are their limits?
- Are their maximums?

REMEMBER TO REVIEW YOUR TERMINOLOGY!

[Cancer Insurance Checklist-ACA](#)

Where Can I Get More Information About my Options Under the ACA?



Closing Thoughts Benefits of the ACA

HEALTH CARE IN AMERICA

2.6 trillion dollars
spent annually

The U.S.A.
Ranks 50th
in life expectancy

50 million Americans
are uninsured

SINCE THE AFFORDABLE CARE ACT

105 million Americans
No longer have lifetime
limits on insurance

30 million
Americans
Are expected to gain
insurance coverage

86 million Americans
Have obtained a free
preventive service

3.1 million young adults
Have stayed on their parents'
insurance plan until age 26

17 million Americans
With pre-existing conditions
will have access to insurance

Resources

- You can read the ENTIRE affordable care act law, as well as get other information about the programs included in the ACA @ <http://www.healthcare.gov/law/>
- For a great info-graphic explaining the potential Medicaid expansion <http://jama.jamanetwork.com/article.aspx?articleid=1672246>
- The ACA also mandates the streamlining and simplification of ALL applications for medical insurance coverage. Here is a link to the proposed short form application for health insurance through the exchange program, http://ccio.cms.gov/resources/other/Files/AttachmentB_o42913.pdf

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