

# Active Selector Authority: Promoting Competition and Value

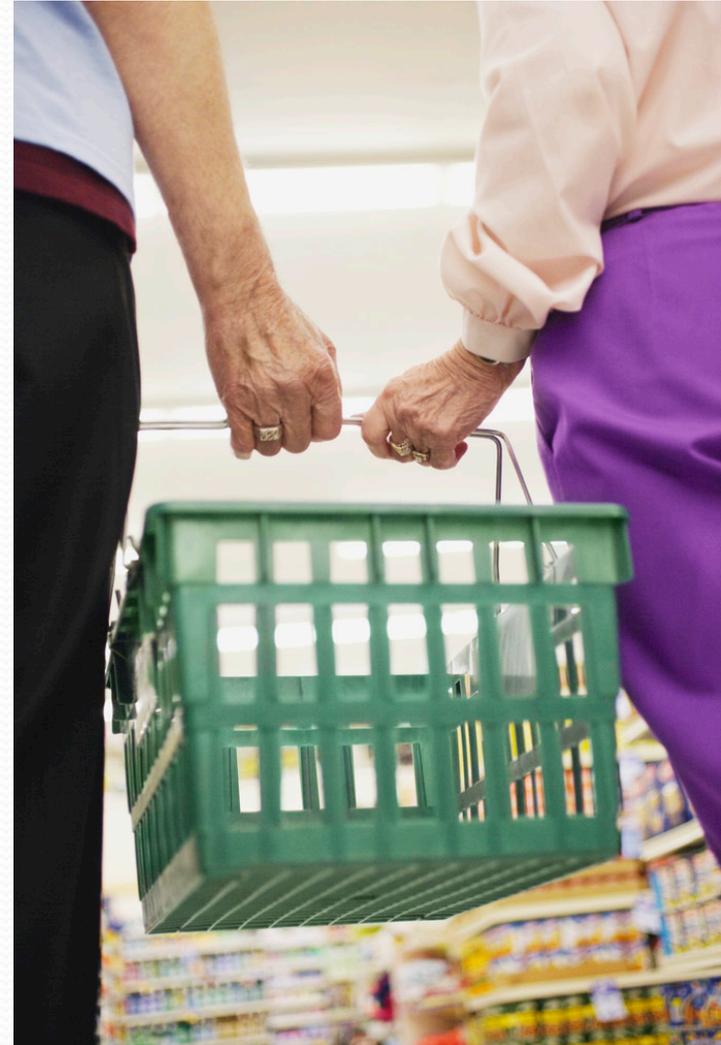
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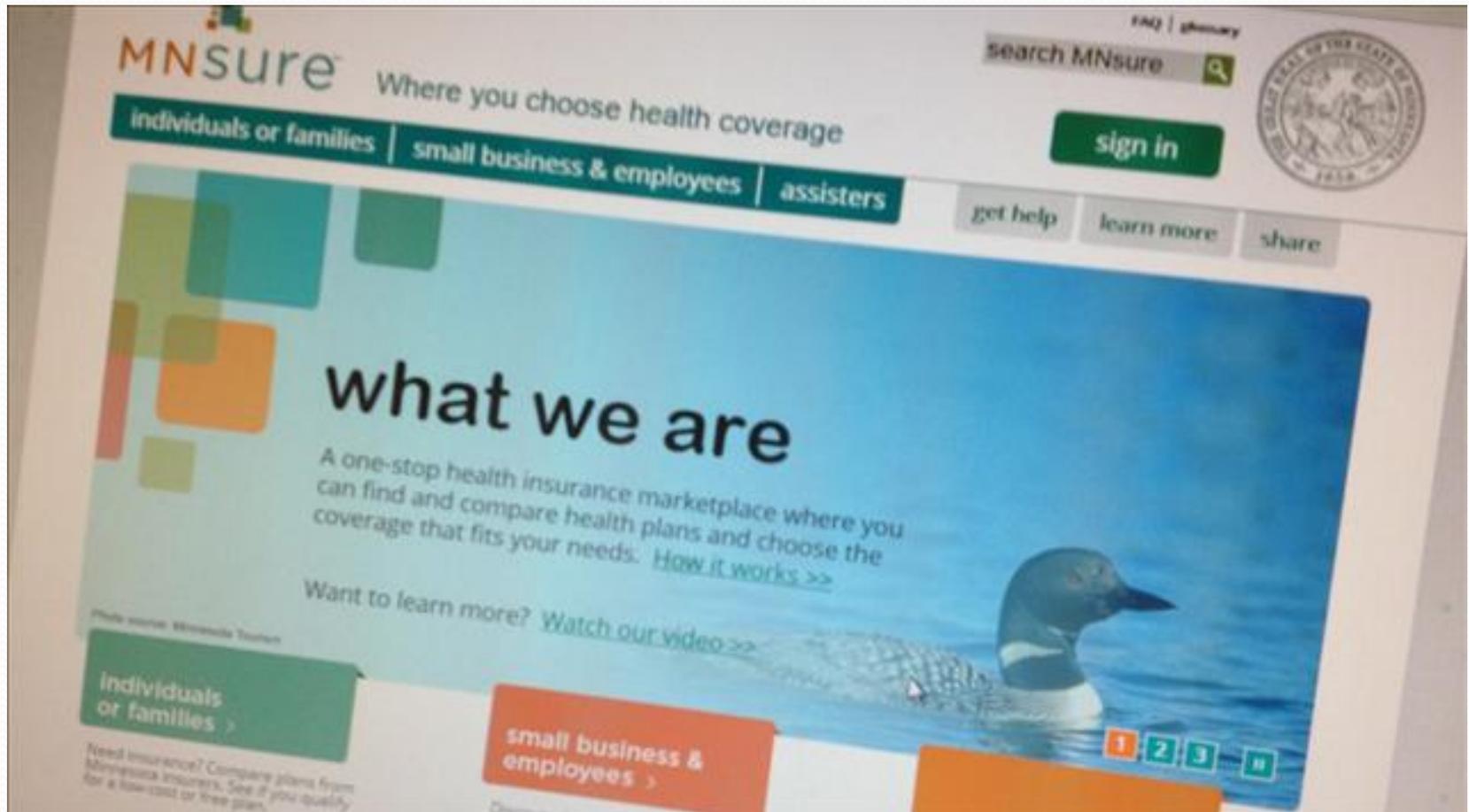
# Shelf Space

In the open market, brands compete for shelf space, and as a result, shoppers get better:

- Value
- Choice



# On-line “Shelf Space”?



# Three Goals for Active Selector

1. Best value plans on the market
2. Optimal choice of plans
3. Apples-to-apples comparison



# Best Value Plans

Best Value = Best coverage for the price

1. Use competitive bidding or negotiate on premium price
2. Weed out plans with tricky loopholes



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [PreferredOne.com](http://PreferredOne.com) or by calling 763.847.4477 / 800.997.1750.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	In-network: \$5,700/\$11,400 (individual/ family) Out-of-network: \$11,400/\$22,800 Deductible does not apply to in-network preventive care. Family <a href="#">deductible</a> is non-embedded.	You must pay all the costs up to the <a href="#">deductible</a> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <a href="#">deductible</a> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <a href="#">deductible</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <a href="#">out-of-pocket limit</a> on my expenses?	In-network: \$5,700/\$11,400 (individual/ family) Out-of-network: Unlimited Family <a href="#">out-of-pocket</a> is non-embedded.	The <a href="#">out-of-pocket limit</a> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premiums</a> , <a href="#">balance-billed</a> charges and health care this plan does not cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific services, such as office visits.
Does this plan use a <a href="#">network of providers</a> ?	Yes. For a list of in-network <a href="#">providers</a> , go to <a href="http://PreferredOne.com">PreferredOne.com</a> or call Customer Service at 763.847.4477 / 800.997.1750.	If you use an in-network doctor or other health care <a href="#">provider</a> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <a href="#">provider</a> for some services. Plans use the term in-network, <a href="#">preferred</a> , or participating for <a href="#">providers</a> in their <a href="#">network</a> . See the chart starting on page 2 for how this plan pays different kinds of <a href="#">providers</a> .
Do I need a referral to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <a href="#">excluded services</a> .

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# Optimal Choice

1. Select at the level of plans, not carriers.
2. Give preference to plans with desirable qualities:
  - a. offer state-wide or to underserved areas
  - b. make health disparities a priority in their Quality Improvement Strategy
  - c. offer pediatric dental coverage
  - d. offer valuable co-pay options

# Apples-to-apples Comparison

Model  
Health  
Plans



Your Cost If You Use an In-network Provider	Your Cost If You Use a Non-network Provider
\$40 copay first 3 visits. Then 100% until deductible met. Then 20% coinsurance. Except \$20 copay for all convenience/retail or e-visits.	50% coinsurance after non-network deductible.

Your Cost If You Use a	
In-Network Provider	Out-of-Network Provider
\$35 copay/visit. Up to 5 visits then 0% coinsurance.	40% coinsurance

Your cost if you use an In-network Provider	Your cost if you use an Out-of-network Provider
\$30 co-pay/ visit	50% co-insurance

Your cost if you use a	
In-Network Provider	Out-Of-Network Provider
Primary OV: \$30 copay for the first three visits and 20% coinsurance thereafter Convenience Care: No charge for the first three visits and \$15 copay+20% coinsurance thereafter virtuwel: No charge	Primary OV: 60% coinsurance Convenience Care: 60% coinsurance virtuwel: Not covered

Your cost if you use an In-Network Provider	Your cost if you use an Out-of-Network Provider
0% coinsurance for the 1 <sup>st</sup> two office visits; 20% coinsurance thereafter	50% coinsurance

# Major plan variables:

- **Premiums**
- **Networks**
- **Co-pays** for office visits, urgent care, emergency care, convenience care, behavioral health, etc.
- **Co-pays** for generic drugs, preferred brand drugs, non-preferred brand drugs, specialty drugs, etc.
- **Deductibles:** In-network, Out-of-network, Family and Individual
- **Out-of-pocket limit:** Family and Individual
- **Coinsurance:** In-network and Out-of-network
- **Visit limits:** Skilled nursing, re/habilitative care, hospice, etc.

# Model Health Plans

## Standardized:

- Deductibles
- Out-of-pocket limit
- Co-pay structures
- Coinsurance
- Covered Benefits

## Differences:

- Carrier/Brand
- Premium
- Network
- Quality





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