Shannon Scharnberg, Covered California Statewide Trainer>> Good morning! Good morning! A happy day to you. My name is Shannon Scharnberg. And I am one of the statewide trainers for Covered California. Does anyone know what Covered California is? It is our healthcare exchange for this state. So, thank you to Stan for giving us a really nice overview of healthcare and health insurance, and I'm going to kind of funnel it down a little bit now to our state what's going on here and some of the benefits of the Affordable Care Act for us specifically in California. So, a little bit about me for a second and then we'll dive into the details. So, I've been involved with healthcare for more than 15 years. As Seema suggested, I currently am working as a statewide consultant. And previous to that, I was the director of education at a Bay Area hospital and prior to that, the regional director for a large safety net provider in the state. So, been involved in healthcare for a while, and super-excited about healthcare reform. Some -- I think many of us have fears about it because there's so much that is coming at -- fast and furious -- and we're not all clear about what's happening. And hopefully, these kinds of sessions that myself and my colleagues are providing across the state are helping to kind of move some of that fear out and bring in some of this acceptance because what's truly happening is a revolution.
It's a paradigm shift and Stan alluded to a lot of that. What is happening is that we are moving from this kind of outdated mode of doing healthcare in the U.S., an outdated and some of the stats that Stan shared were perfect for exactly what I'm saying. In the industrialized world, we are spending like the most money and getting some of the worst healthcare outcomes. So, that doesn't make any sense. We're spending the most money getting some of the worst healthcare outcomes in the states. So, that needs to change. We don't -- we're chasing symptoms. We're really good at those emergency visits that Stan said -- that Stan talked about earlier. But we are not good at health and wellness, right? We don't do a good job of that and the -- it's not because our providers don't understand how to do health and wellness, it's because the system itself is a juggernaut. It prevents us from focusing on health and wellness. So, healthcare reform is necessary so we can kind of switch the way we're doing things, it frees providers up to do what they actually want to do which is help us be well. So, that's my little [inaudible] about why it's important. Right? It's a really heavy lift. This is a heavy lift because the system was so entrenched here in the U.S. in the way that we were doing things before. So, is everything working perfectly? No. Did we get right out of the gates and there were problems? Absolutely. Totally, this a massive undertaking in the U.S. and in California. So, I would say with the heavy lift that's going on, we're still fairly successful at getting things up and running, and we're going to continue doing that. So, how many of you know how many uninsured live in California as of 2012 based on census data and other things? How many uninsured in the state? Anyone want to take a stab at it? Yes, ma'am.
2.6 million?

Shannon Scharnberg>> Nope? Good guess, though. I'm going to use that number in a minute. Anyone else? It's more. Not quite, so in between. As of 2012, there were 5.3 million uninsured people in California alone -- 5.3 million. 2.6 million are -- of the 5.3 million about 2.6 million of those are eligible for assistance in this new program. So, the subsidies that I'm going to talk about, there's about 2.6 million of us who are eligible to receive assistance to get this program going in our personal lives. So, that's helpful to know and that may be many of you. I'd like to know before I dive into the details, why are you here? What are some of the things you've heard. Why -- what brought you here today? Who'd like to share? Yes, ma'am?

Audience Member>> [Inaudible] Covered California and called the doctors' offices and the doctors' offices don't know anything about if they're, you know, part of the Covered California.

Shannon Scharnberg>> Okay.

Audience Member>> They said they haven't got an invitation or something like that.

Shannon Scharnberg>> Okay.
Audience Member>> And I've called like Blue Shield and Blue Cross and they can't really tell me.

Shannon Scharnberg>> Well, then...

Audience Member>> And we were told we could keep our doctors and that's frustrating.

Shannon Scharnberg>> Yeah.

Audience Member>> You don't want to, you know, change, you know, your doctors...

Shannon Scharnberg>> Yeah.

Audience Member>> [Inaudible] you've seen for a while.

Shannon Scharnberg>> Absolutely.

Audience Member>> It seems like nobody's really sure of the program.

Shannon Scharnberg>> Yeah, I hear you. We'll attend to that, so thank you for sharing. Who else? Why are you here?
Audience Member>> I'm from Butte County Health Care Coalition. I have a [inaudible].

Shannon Scharnberg>> Okay.

Audience Member>> And people stopped and ask me questions about it.

Shannon Scharnberg>> Yeah. So, you need to know.

Audience Member>> [Inaudible] stable care healthcare, Medicare [inaudible]. This fact is not, you know, what we have to push in for, but I want to help people to [inaudible].

Shannon Scharnberg>> Great. Great. Anyone else? Why are you here? What about what have you heard? So, what are the things that you know about the Affordable Care Act, or just about healthcare reform? Who knows something? And it might not be true because actually there's a lot of myths and so that's what I'm trying to gauge here. What do you know? What do you know? Rates are going up, okay? Rates are going down also, so we'll talk about that. Yes, ma'am? Tax credits, okay. Yes. And I'll talk about that. What else? What else do you know? Yes? There's a penalty and I will - - I talked about that also. Thank you for bringing it up. What else do you know? Not much? I know. It's kind of confusing.
Audience Member>> [Inaudible] young people are signing up [inaudible].

Shannon Scharnberg>> Yeah. Yeah. Well, we want them to sign up and we'll talk about that, too. Great. Okay.
So, let's talk about some of those things you just brought up. So, there is a health insurance requirement as part of this new act and you brought it up a little bit about the penalty. So, beginning in January 2014, most people and I say most because there are some caveats -- there's some exceptions and I'm not going to go into all the details but I'll share a little bit about that. Most people are going to be required to have public or private health insurance or pay this penalty. Parents with children who are tax dependents are also responsible for ensuring those children have coverage or they may face penalties. And without this requirement of getting what everyone -- and I always say, getting everyone on the bus. Right? What's the concept of insurance anyways? Is this any different than any other insurance? Think about your homeowners insurance. What about your car insurance? People are saying, "Well, you're not going to tell me to get health insurance, right? This -- I'm not going to do this." Well, let's talk about that for a second. Actually, all insurance works like that. They tell you to have your car insurance, you have to have it, right? They tell you you have to have your homeowners insurance. That works that way, too. This isn't any different, so the stopping and kicking that Stan talked about earlier is a little bit of ignorance, like this is how insurance works. The concept of insurance is you get the most people on the bus and then that brings the cost down. And you usually mandate that, and all the other insurances that we've just mentioned, it's mandated. Right? So, without this requirement, it would be really difficult or impossible to implement the Affordable Care Act without this kind of mandate. Right?
So, minimum essential coverage. To avoid the penalty, you have to have what's called minimum essential coverage. Well, what is that? Well, many things qualify. The first thing that Covered California wants everyone to know is that there is no big push to move people out of employer-based insurance. As a matter of fact, that is not the target market whatsoever. The target market are those 5.3 million that we just talked about that are uninsured. So, if you have employer-based insurance, including COBRA, you're fine. That meets the qualifications for minimum essential coverage. Most coverage purchased in the individual market including this marketplace that we're talking about if you currently have Medi-Cal that qualifies certain types of veterans coverage like Tricare, Medicare foreign health coverage, so forth and so on. If you have any of these things and I just want to mention because I see some younger people here, student -- [inaudible] and student health insurance plans, the universities had to actually get their programs vetted by Covered California and so if those have been approved, then that also accounts for a minimum essential coverage. So, if you have this, you're all - you're cool. You're in life plan you're not going to pay a penalty. Right?
So, what is the penalty, because this is the big deal. This is the big deal whenever I'm speaking across the state, the number one fear and motivation for people to show up is they want to know what about the money. Even if you're a cheerleader for the program, you want to know how much is it going to cost me, right? So, this is a nice little slide on the penalty. So, starting in 2014, the penalty is the greater of -- the greater of. Okay? Either 1% of the family income above the tax filing threshold, or the set dollar amount, $95 per adult, 47.50 per child, up to $285 per family. That's what is going to happen next year. As of 2015, it goes up to 2% of the family income, or $325 per adult, 162.50 per child, up to $975 for a family. 2016 beyond, again, steps up again to 2.5% and you could see the cost here. So, there's a lot of people with a mindset, "Well, I'm just going to pay the penalty. No one's going to tell me to get health insurance. Well, frankly, if you take a look at it, you're going to pay quite a bit of money to say "I'm not going to get health insurance." Why not just pay the money and then have the health insurance, right? And, as we've discussed, about half of the uninsured folks in the state are going to qualify for subsidies. So, this kind of breaks down the penalty for you.
So, there's a lot of changes coming with the ACA. Stan alluded to many of them. I'll brief through some of these here. So, the marketplace in general, this is a new concept to have this marketplace. It's like the mall, right? You go into the mall and you go shopping and businesses are trying to get you to come in and buy and they have their deals and they have their signs and they're waving, right? That's kind of the marketplace for insurance as well. So, we've established this marketplace in California. Actually, California was the first state to get right on that as soon as the Affordable Care Act passed. We were the first to set up the board and get that all going. So, we have really been out front in terms of making this happen. There's also new coverage options for small business, so that's called the Shop Small Business Health Options Program. Those of you who run small businesses probably know a little bit about this already and if not, I'm not, I'm not going to spend much time on this today, but I -- you can talk to me after offline if you like. Also, the expansion of Medi-Cal in California. So, the threshold previously or the ceiling was up to 133% of the federal poverty levels. So, anyone who made less than that qualified for Medi-Cal.
Well, they've expanded it up to 138% of the federal poverty level and I will show you a chart in a minute that demonstrates what that looks like in real dollars. And as Stan mentioned earlier, the federal government initially pays 100% of this expansion covering newly eligible adults. Okay? So, the states because of the Supreme Court decision had the option to participate or not, California is participating in the expansion, and the federal government is initially helping with that heavy lift. We're going to help pay for all those newly eligible people. And, what's going to happen by 2020 is they're pulling back to pay 90% and the states will have to pick up 10% of that cost. Okay? So, that's how they're moving that down and some states we're like, "We're out. We're not going to do that." But many states like California, and as Stan clearly demonstrated with his lovely math, many states have agreed to get on the bus with that. Okay?
So, other changes. Essential health benefits. So, not to be confused with the minimum essential coverage. Okay? So, everyone has to have what we call minimum essential coverage so you don't get a penalty. But, essential health benefits, all of the plans now have to provide 10 essential health benefits and I'll show you a chart of what those include and some of them were in Stan's slides. They are going to be presenting in the marketplace as the standard plan options and I'll show you a look at that, as well. Has anyone heard about the metal tiers? So, there's the bronze, silver, gold and platinum. Just like metal, it moves up in value, all the plans. If you had shopped for health insurance in the past on the individual market, you know that it's completely confusing, mind blowing. You know, you get a plan from here and from here and you can't even compare what we call apples to apples, you don't know. Does this -- is this the same as this? Am I getting a good value? It's very difficult. The forms were all different. It's very hard to kind of wrap your head around which is better. Will the Affordable Care Act really streamline that? So, all of the plans that are in the marketplace have to have the same format. They have to present it in the same way so you can compare apples to apples and say, "Which one is better? What's better for my budget? Which benefits do I need? Which doctors are included on the list?" And it's all kind of listed in a very standard format. There's also a basic coverage plan besides the bronze, silver, gold and platinum. There is in existence what we call a catastrophic plan. It's kind of below the bronze. But there are some specific requirements for this. And then, there are child-only plans as well. Every plan has to offer a child-only plan.
So, improvements to Medi-Cal. So, today in Medi-Cal, those of you who work in Medi-Cal or may have had Medi-Cal, it’s very limited. It’s limited to those who meet income standards and who have a child living at home. You have to have a disability, over the age of 65, or be pregnant. So, that covered, you know, just a small swathe of people. Now, it’s going to include all of those things, but also beginning in 2014 with this expansion, it’s going to include -- you don’t have to have children living at home. So, all those single males that could never get health coverage anywhere can now have that, have children living at home, have a disability, over the age of 65, and are pregnant, so all of the previous ones still exist. But now, it expands it to people who also don’t have children.
So, who's eligible to enroll? The Affordable Care Act authorizes the marketplace to sell to individuals as well as small businesses. That's the Shop, right? To be eligible, you have to have met these three basic requirements. So this -- these are the three basic entry points, right? You have to be a citizen or a national of the United States. You may not be incarcerated. When you're incarcerated, you have healthcare inside jail so you don't need this. But when you get out, you have to sign up. You need to be a resident of the state where you want to purchase the health insurance. You have to live in California or be moving to California. Right?
These are the 10 essential benefits and I think Stan also has some of these listed in his presentation, but these are the 10 categories. They have to be included in all of the plans in the marketplace now, so ambulatory services, ER services, hospitalization, maternity and newborn. Some of the ones that I think are really the most monumental are here, mental health and substance use disorder services, including behavioral health treatment. That's included in all the plans, that's pretty awesome. Rehab and habilitative [phonetic] services and devices, that's awesome, too; lab services; and here, preventative and wellness services and chronic disease management. As Stan mentioned earlier, the prevention piece, most of those things are going to be free of charge to the consumer because, again, we're trying to switch this paradigm. It's -- we're trying to move toward a wellness model, toward prevention, not just running after those symptoms and fixing you when you have a massive car accident and break your body, which we're really good at. Right? Pediatric services including dental and vision. Now, in the marketplace currently for adults, dental and vision is not included, but Covered California is working on that and I've been told 2015 probably have those plans up and running, but don't quote me on that. It's -- everything is a moving target. But, at the moment, the peds does include dental and vision. Okay?
So, this is a little example of understanding the metal tiers. And so, I -- before you get all caught up in the words and the picture here, just listen to what I'm saying here. So, who knows what a premium is? Yes, ma'am? It's what you pay when? Yeah. It's what you pay in advance of having healthcare. So, you pay it monthly or annually. This is what you're paying, knowing that someday you're going to go to the doctor. Right? And what's your out-of-pocket cost? What's that? That's like your copay, your deductible, and when do you pay that? Yeah. That's about the time of services. So, these are two different buckets, right? Your premium is what you pay in advance of your services, your out-of-pocket cost is what you pay when you go get the services, right? So, it's usually a dollar amount, like here's my $15 copay, right? So, there's a relationship between these two things. When you have a high premium, you pay more every month, where do you think the out-of-pocket costs go? They're lower. Right. So, when you pay a higher premium, you pay less when you go to the doctor. What if you choose a plan that has a low premium? It's the lowest amount you could pay every month. Where's your out-of-pocket cost? High. Okay? So, think about this relationship. This is how the metal tiers work. When you choose the plan so it's bronze, silver, gold, platinum, right, platinum, the top, means you're going to pay the most out of pocket.
So the top of the rump. You're going to pay the most out of pocket -- I'm sorry, you're going to pay the most for your premiums every month. You're going to pay a large amount for your premiums every month, but what are you going to pay when you get to the doc? Very little. Right? If you can't afford that, you're thinking more towards the bronze plan where you're going to pay very little for your monthly premiums, but the bronze plan only covers 60% of the cost of services. You're going to pay an astronomical amount of money when you go to the doctor. So, it's not that one is better or worse, frankly. All of them are going to provide the essential health benefits. All of them are going to provide consistent care. It's a matter of each consumer deciding which of those scenarios works for their budget, for their family. Do you use the doctor a lot? Do you not? Right? So, that's how we're having people think about that. So, this chart kind of demonstrates that. So here, when the premiums go up and you have a platinum plan which is expected to cover about 90% of your cost, that means the consumer pays how much? 10%, right? Or, here, you can see as you go down when you get to bronze, it's expected to cover about 60% but the consumer pays 40, right? Questions about that concept, because it's good to wrap your head around this because the whole program is built on this concept really. Okay.
So, now you know what the plans are. We've talked about the people and the uninsured. Was that a question? Yeah, it's not a big portion but there are minimum requirements for that. You have to be under 30, number one; and secondly, you have to show that you have no other means of really getting insurance through these other plans that you can't afford them in some way and there is a kind of vetting process for that.

**Audience Member>>** [Inaudible].

**Shannon Scharnberg>>** Correct.

**Audience Member>>** [Inaudible].

**Shannon Scharnberg>>** Yeah, that's the thing. I don't want to get involved in like creating a scenario because we could go down the real rabbit hole with that, but there's multiple places where people could fall in. That's the thing. You may be eligible for the catastrophic plan and if that's the plan for you and you meet those requirements -- perfect. If you don't, you probably, just as you're saying, might qualify for subsidies and may even qualify for the expanded Medi-Cal, so you don't have to worry about that because that's fully subsidized, right? So, I think both. So, premium assistance and cost-sharing reductions.
This is the language for the subsidies. So, we've just talked about what a premium is, that's what you're paying every month in advance of your services, right? So, premium assistance is what? What would that be?

**Audience Member>>** [Inaudible].

**Shannon Scharnberg>>** Help you pay for that monthly cost, right? So, there are premium assistance available through the program, as well as cost-sharing reductions. Cost-sharing reductions reduces the cost of that out-of-pocket that you're going to pay. Okay? People can elect to take this tax credit, this premium assistance in three different ways. So, if they -- it's all based on the federal poverty level and what your income is. And once they verify what that is, they're going to say, "Okay. You qualify for $500 of premium assistance." Okay. And so your premium is $900 for the year. So, you take that, you can say, "Okay. Here's what I'm going to do. I'm going to apply that right now ahead of time to the cost of my premium and they'll say, "Okay. Take off the 500 from the 800," or whatever I said, so you now owe 200 or 300. Right? You can apply it right away. You can also say, "I'm going to apply some. I'm going to apply 200 because you know why? My income might change this year. I think I'm going to get a raise. And I may not actually qualify for this amount the whole year."
Why would that be important? Yes, super important to note. This is just like -- as a matter of fact, Covered California and the exchanges are all connected to all these other agencies. It's all connected to the IRS, to Homeland Security, to all of these organizations. So, there's -- you can't really scam the system. When you report what your income is, it's verified with the IRS. So, if you say I make $20,000 a year, they're going to check that. If you do make $20,000 a year, then you are going to qualify for assistance based on that number. But if you know that things are going to change in the year like I know I always get a raise in July, that's when you might want to think about, "Okay, I'm going to apply to some of that premium assistance and hold back some," so you can also do that, you can split it. And then you can also say, "I'm going to hold on to it and apply it at the end of the year to my either, A, my tax bill, or my tax refund." So, you have three ways of applying the premium assistance. Okay? To qualify for premium assistance, people generally have to have income between 1 and 400% of the federal poverty level. And to get premium assistance with the cost-sharing reductions, in combination, you have to sign up for the silver -- the expanded silver plans and I'll talk about that in a minute. To get both of those benefits together, you have to be in the silver plans. They don't qualify across the board to all of the tiers.
So, cost-sharing subsidies, I think I just mentioned this. It reduces the amount that you are expected to pay when you get to the doc. They're also referred to as cost-sharing reductions and they're only -- this is only included in the silver plan and consumers can enroll using both premium assistance and cost-sharing reductions to bring down the cost of their insurance. Okay?
These are some key enrollment dates for you all to make note. So, this year, the initial enrollment period has been expanded because we want to get the most people on the bus, right? So for this year only, it's October first through March 31st of 2014. That's open enrollment. Everybody, we want to get as many people on the bus and, actually, we're expecting to get a couple million of the 5.3. If you sign up on or before December 15th, so this is a big push. If you haven't signed up already and you want to and you're eligible to, you need to sign up before December 15th for your insurance to be eligible January 1st. Of course, you could still sign up after that through March 31st, but then it delays when your start date is. Right? So, if you sign up between the 16th and the last day of the month, then the first day of the second following month is when your insurance kicks in. So, let's say you sign up December 18th, when is your insurance going to be affected? No? February 1st. It's the second month [inaudible]. So, it wouldn't be effective January 1st, it would be effective February 1st. Right? Now, important to note here. For every other year, the open enrollment is going to be October 15th through December 7th for effective dates starting January 1st. So, that's starting next year. Every other year it's this window of time. This year only is it expanded to March. Okay?
There are three paths to getting insurance through the marketplace. The number one path here at the top, if you fall below the FPL, the federal poverty level of 138% of your -- of income, you're going to qualify for Medi-Cal, that's path number one. The second path, we break it down into two different sections here. If you fall between making income that's 139% to 250% of the federal poverty level, then you are eligible for a plan with both premium assistance and this has improved benefits but that's cost-sharing. So, if you're in this first wrung here between 139 and 250, you qualify for both premium assistance and cost-sharing reductions. If you fall here between 251 and 400%, you're eligible for a plan with premium assistance but not cost-sharing. Why? Yeah. Yeah, you make more money so they're pulling back the benefits that they're paying, right? And then, path number three. So, if you make over 400% of the federal poverty level, can you still get a plan? Yes, but what?

**Audience Member>>** [Inaudible].

**Shannon Scharnberg>>** Yeah, you're not going to get the subsidies because you make more money, according to the government, you make more money than their threshold, right? So, these are the three paths -- Medi-Cal, there's two section here, between getting both assistance to getting one assistance to getting no assistance but still being able to choose a plan. Okay? Yes, ma'am? I will. Yeah. Yeah. I know it's kind of scary. Let's look at that right now [laughter].
So, program eligibility. I’m using this word, the "federal poverty level." Well, what is that? Well, that’s a number that the government evaluates every year and they decide what that level is and then -- there’s many programs that are kind of dictated and revolve around the federal poverty level. So, this chart is for Covered California specifically. I want to point out here, this is the household size, and this is the income here. You could see across the top. This is the eligibility for the silver plan here where you would get premium assistance. So, let's just take one, for example. So, if you’re one person and you make about $15,000, a year. Let's say you're a student, right? You qualify for what? Medi-Cal. Yeah, you qualify for the expanded Medi-Cal because you're less than 138% of the federal poverty level, right? If you're a single person and you make, let's say, 28,000, you qualify for the -- one of the silver plans and that includes premium assistance and cost-sharing reductions, right? So, I'm not going to spend too much time here. If you want to look at the chart later, I have examples of it and you can -- we can, you know, look at it together. I'm also going to show you the calculator here in a second that is on the Covered California website. Yes, ma'am?

**Audience Member>>** [Inaudible].
Shannon Scharnberg>> No, ma'am. This is an internal document but I'm going to show you the Covered California website that has a calculator on it. Yes. Well, again, remember for the premium assistance and cost sharing, you don't get those benefits in the bronze plan. You only get them together in the silver plans. Premium assistance is available in all of the tiers. Premium assistance. But to get both the double whammy premium assistance and cost-sharing, you have to sign up for the silver. Okay?
So, how do I contact Covered California for assistance? There's a lot of confusion. Well, what do I need to do? Who do I call? I'm going to show you the website right now. We'll walk through some of that. But here are some important numbers. Now, one thing I want to note is that there's already rogue fraudulent activity going on in the state, as well as across the country. So, the reason I'm saying this is, Covered California's website is coveredca.com -- coveredca. There is another website that is a rogue website called coveredcalifornia.com. That is not the exchange. We -- I -- as far as I know, we still don't know who's put that site up. There's also other fraudulent activity going on like organizations calling -- like senior communities and saying, "Hey, senior, there's all kinds of healthcare stuff you need to know about. We can help you. You just pay us $58 and we will help you sign up and get all this stuff." Yeah. There's no cost to the consumer whatsoever to sign up to get enrollment assistance, to ask questions -- zero. Zero dollars you have to pay. But there are a lot of fraudulent organizations and people out there that are already trying to capitalize on what's happening. So, I want you to be a little careful about that. The website is coveredca.com. Covered California is making a very huge effort to be culturally competent in this very diverse state.
All of the materials as well as the website and the staff that are hired at Covered California, they're already staffing up the call centers with the 12 threshold languages of the state, there are 12 what we call threshold languages. Meaning, these are the kind of most popular languages spoken. So, if you call the number, you can get someone speaking the language that is most comfortable for you or your family. You can also find help near you and I'll show you this link on the website. You can get in-person assistance from certified enrollment counselors as well as insurance agents. We might hear a little bit more about that here and county services agencies on the Covered CA website and I'll show you where and then you can request enrollment assistance there, as well.
The Shop and Compare tool is the calculator. I'm going to show that to you right now. If you want more information about federal healthcare reform in general, the website, the healthcare.gov website is very helpful and also the Health Benefits Exchange website right here. There's also some really nice information on the government website about Affordable Care Act and Medicare, and then some good things to know about Medicare video that I put here just for those of you who may be moving into that Medicare stage. So, all of the information that I shared today -- I know we were, you know, kind of focusing on this group of people who's like the boomers -- 60 to 64. But, frankly, the information is the same for anyone 18 to 64. It's the same information. Those boomers don't have anything in terms of Covered California. You qualify for the same things, right? So, we're going to hear more from our Medicare experts in a bit, but -- and here's some more details about that. But as far as Covered California is concerned, it's the same information that I'm sharing for someone who's 18 or someone's who 63. Okay?
Questions? I know it was kind of fast and furious drinking from a fire hose, but... Yes?

Audience Member>> [Inaudible] but he's been paying for his private company insurance plan and that we got a note saying that [inaudible] discontinue it and his plan went from about $120 to over $200. And he doesn't have the income. When I called Covered California and they said since he's not living in the United States, he doesn't have to purchase the plan. Is that correct?

Shannon Scharnberg>> I actually don't know the answer to that question.

Audience Member>> [Inaudible] like to know that.

Shannon Scharnberg>> Yeah. The question is that she has a son who lives overseas. He was looking into plans because his plan has been eliminated probably because of the reason Stan mentioned. Many of the plans that are going away didn't have the minimum, you know, 10 essential health benefits.

Audience Member>> And he qualified for a catastrophic [inaudible].

Shannon Scharnberg>> Right.
Audience Member>> He has insurance over there in the U.K. He's covered by their healthcare right now.

Shannon Scharnberg>> Yeah.

Audience Member>> When he comes back...

Shannon Scharnberg>> When he comes back, that is a qualifying event -- that's what's called a qualifying event -- and he will have a certain number of days to research plans to contact Covered California and sign up for a plan here within the exchange. And he'll -- if he doesn't have income, if he's a student or whatever, he will qualify for the expanded Medi-Cal program. Yeah. And is he claimed on your taxes? Okay. So, he's an independent. So, young people up to the age of 26 can remain on their parents' plans if you're claimed on your parents' taxes. Right? Yes?

Audience Member>> The people who are under the 138% [inaudible] qualified for Medi-Cal, do you have the option [inaudible] or are you basically [inaudible]?

Shannon Scharnberg>> Well, I don't know why you would, frankly, because then you'd be spending money that you don't need to spend and the plans in terms of the healthcare is the same. So, I'm not sure why you would want to do that.
Audience Member>> [Inaudible].

Shannon Scharnberg>> Yeah. Yeah, I'm not sure why anyone would want to do that because they're working behind the scenes on expanding the network of providers, and, of course, all the plans including that the Medi-Cal expansion are held to the same standards of rigor with the care, so it's not like you're going to get less care. There is this kind of feeling that that's the case or maybe that's been the case historically like you receive lesser care if you're in the Medi-Cal program. They really are working on expanding the networks, of providers as well as that kind of understanding of how that care is provided. Yes? All of the care is going to be the same. I mean, that's what we're standardizing here. We're standardizing the way we're caring for people. Not only are we working on the way we're implementing insurance reform, but we're also trying to in that paradigm shift that I'm talking about, really standardize care so that we can eliminate things like the fact that African-American women die at a higher rate of cervical cancer than Caucasian women. You know, we have a lot of health disparities like that in the current system that we're trying to eliminate by standardizing this care and making all the same; it doesn't matter what your socioeconomic background or whatever. Yes? That's what I've been told that they're working on those networks.
Again, I'm not the Medi-Cal expert and maybe I'm not sure who -- is she here? Yeah. She may be able to speak to that, I'm not sure, but I have been told by Covered California that the -- they're working on this kind of behind the scenes. I don't know how all of that is working. Maybe Stan could talk about it a little bit.

**Stan Salinas, Faculty, CSU, Chico Department of Health and Community Services>>** There will be [inaudible] increases [inaudible] healthcare reform nationally for -- specifically for Medicaid, which in California is Medi-Cal, in the hopes of attracting more providers to the program.

**Rose Krepelka, Health Insurance Broker>>** I represent several medical groups and it seems the primary care groups, they are adding additional reimbursement to them. Some more of them are starting to participate in the Medi-Cal.

**Shannon Scharnberg>>** Okay.

**Stan Salinas>>** Yeah. I mean, the perception has always been that if you're on Medi-Cal, great, but you can't find...

**Shannon Scharnberg>>** [Inaudible]. Yeah.
Stan Salinas>> [Inaudible] which -- so, you know. And then there's always been the perception that the quality is different. But the quality is not different if you're receiving services or receiving services and now, with an expanded panel of doctors, it should be very similar or equal to anything that you would buy [multiple speakers].

Rose Krepelka>> Special assist is still short, but, yeah.

Audience Member>> [Inaudible].

Shannon Scharnberg>> Correct. So, all of these things are happening simultaneously. Remember, I said earlier, this is a real heavy lift. We're trying to do multiple things, keeping these things all in the air at once. There's a lot of things going on. Is it all going to be perfect? Probably not, but I think we have our eyes on the ball, and we know these things have to all kind of work in conjunction. So... Yes, ma'am?

Audience Member>> Do you expect that in a doctor-prescribed [inaudible] certain treatment -- regimen that an insurance company could provide [inaudible] doctor has prescribed? I mean, that's been the case in the past [multiple speakers].

Shannon Scharnberg>> Yeah. The question is, if you're now covered and you go see a doc and they have a treatment plan for you, will that plan be denied by the insurance company under the new Affordable Care Act? Were you going to say something,
Stan?
Stan Salinas>> Well, that can still be the case, but I will say that with the high prevalence of electronic health records and you guys have been to your doctor and you see this laptop being carried around or the computer in the exam room. Most of those are [inaudible] to your benefit plan. So, they can punch in what is covered and what's not. Is this treatment covered? So, is it still possible? Yeah, absolutely. But I think that it's going to happen less and less because they're going to be aware of what your plan will cover and what it won't before they talk to you about it.

Shannon Scharnberg>> All right. I'm going to show you all the website because I think that will kind of calm some of the nerves and you can actually see some of the tools that I'm talking about and show you a quick video and then I'll be done. I'm absolutely open to more questions and I can speak with you privately as well. Okay. Yes, ma'am?

Audience Member>> [Inaudible question].

Shannon Scharnberg>> Yeah. Good question. Thank you for bringing that up. So, those of you who have worked and been involved with Medi-Cal before or have had Medi-Cal yourself, you understand that previously historically, they had the Medi-Cal that was based on your assets. So, even if you didn't have any money but you had like a car, you could be denied Medi-Cal because you own something. Right? So, that's asset based.
That asset-based Medi-Cal still exists but with the expansion, they’ve eliminated the asset as part of the test. So, you do not have to declare your assets as part of the new Medi-Cal expansion. So, that's a great question. These people that fall under that 138% cap that I talked about, you're not going to be declaring your assets. It's just going to be based on the federal poverty level and that's that chart I showed you. It's based on income and that's it. Yes, ma'am?

Seema Sehrawat>> Before we go into [inaudible] can we go back to Diane [inaudible] questions [inaudible] start of your presentation they had a question...

Shannon Scharnberg>> Yes, ma’am.

Dr. Seema Sehrawat, Director, Interdisciplinary Center on Aging & Faculty, CSU, Chico School of Social Work>> [Inaudible] come back to it about the doctors and they’re not able [inaudible]. Can we touch that and then go to the website?

Shannon Scharnberg>> Yeah, absolutely. So, the website will be helpful for this and I can talk with you after, as well. There are directories that are being created of all the docs for each of the different insurance plans, and you can look that up and you can also speak with Covered California or your insurance plan to get that. I know you said you called already and they didn’t have the information. But things are changing at a very rapid pace. So, if they didn’t have the information last week, it might be
published this week.
This is what I'm trying to say is that information is moving at breakneck speed and everyone's moving to try to keep up with the rollout. Not necessarily. I mean, I've been -- I was hired in June for the state to roll out the project, and to roll out education and training, for all of the providers and people who are going to do enrollment and education and outreach at -- so, I can tell you from first-hand experience that some of these people have just been in my trainings this month. I still have trainings this month in December, all over the state. So, we're still moving. We're still moving. We're still trying to get all of those people trained. We're still trying to get all of the providers onboard. We're still trying to get all the educators and enrollment counselors trained so that we can amp up and staff the enrollment counselor lines. So, it's moving at breakneck speed. Every day and every week we have more capacity to manage the demand and there are more resources available. I teach every week and I'll tell you when I get on the website, and like, "Let me show you where this is. Oh, it's not there. Oh. Oh, it's here now." I mean, I'm on the website all the time and that stuff is moving, so I can't even keep up, myself, and it's kind of horrible as an educator to be up in front of a group of people but this is just -- you have to move gracefully through it. I'm doing the best that I can to keep up myself.
So, we're just -- we're all doing the best we can to manage. I think you will be able to get the question answered. I'm probably not the best person in terms of getting -- we can look at today privately and see if we can find your directories for your docs. What I want to say about the issue is, lots of people want to keep their doctors. Based on the plans and the regions, there are 19 regions in California and I could show you a map of that. Providers are not always -- the insurance plans are not in every region. So, for instance, the Kaiser, for instance, may not be providing in this region or that region. So, that network of providers is evolving. The same providers that are here in this region may not be down in Central California. It's -- we don't have it all worked out yet but there are providers in every region, there are providers in every region. It's just a matter of how many have signed up. The vetting process for the insurance company is actually pretty strict. They've had to evaluate all their health plans. They've had to standardize all their formats and there are some insurance providers who have not signed up yet. So, as far as your providers, as well as your docs are concerned, I think the lists are continuing to grow. If you recently contacted someone about it, I would say contact again and we all have to be vigilant and just trying to get everything up to speed. Yes, sir?

**Audience Member**>> So, if I have insurance from the employer that I'm going through right now, can I decide I don't like that insurance and switch over to this without any kind of penalties from the insurance company [inaudible]?
Shannon Scharnberg>> It's a very good question. So, the question is, if I have employer-based insurance, can I just choose not to have it and go to the exchange? The answer is two parts. Number one, you can always choose to decline that and come to the marketplace to shop. You can always just come to the marketplace and shop. It's not Covered California's mission to pull people from employer-based insurance, and frankly, you're probably getting a better deal in your employer-based insurance than coming to the individual market because it is subsidized. As Stan said, you probably are getting a better deal there. But more than welcome to come to the marketplace and see what's available to you. Secondly, there are a couple of things built in to the program. So, if you are paying more than 8% of your income for your health insurance, you have the option of coming to the marketplace and purchasing and declining. If you're paying more than 9.5% of your income to pay for that insurance through your employer, you not only have the option to come over, but you also potentially may qualify for the premium assistance and cost-sharing. Because the government says that paying more than 9.5% of your income is too much. So, that's the threshold. You can look at your income and look at how much you're contributing. Sometimes, you're not contributing anything. Right? So, that's what you have to gauge. If you're paying more than 9.5% of your income for that insurance, though, the government says, "That's too much. Come over here and shop here. You're more than welcome and we may actually give you some subsidies." Yes, ma'am?
Rose Krepelka>> Make sure you know that it's 9.5% of the premium towards yourself, not to your family.

Shannon Scharnberg>> Correct. Thank you.

Rose Krepelka>> Big difference [laughter].

Shannon Scharnberg>> Okay. Any other questions that I can attend to before we show the website? Okay. I'm going to show this first. This was developed by the Kaiser Family Foundation, not to be confused with Kaiser. This is a separate entity that does research and development, and they're very influential in terms of healthcare reform. So, this is a great little video that talks about the things that we've discussed here today in a really fun format and then I'll show you the website.

Video>> Well, it's finally happening after years of drama on Capitol Hill. A Supreme Court case, a presidential election and a Mayan apocalypse that could've stopped it dead in its tracks but didn't. The marquee elements of the Affordable Care Act, sometimes called Obamacare, are about to kick in, and big changes are coming to health insurance in 2014. In the next few minutes, you'll get a pretty good lay of the land by once again, watching your fellow Americans, the [inaudible] find their way through the system.
There are four main ways, nearly all of us will experience healthcare once the Health Reform Law goes fully into effect. About half of us will get insurance through our jobs, just like today. About a third will get covered by the government through Medicare and Medicaid. About one in 10 will buy insurance themselves. And, unfortunately, another 30 million of us or so just under one in 10, still may not have coverage at all. But let's begin in the workplace. Many Americans are already covered by their employers, and for them, not a whole lot will change. There will be some new advantages though like caps on how much you have to pay out of pocket and free preventative care. The bigger changes are coming for those who work for larger companies but aren't covered now. That's because the government is going to require companies with 50 or more employees to cover full-time workers, or pay a penalty. So, more workers may find themselves covered. Smaller employers won't face the same penalties for refusing to buy insurance, but they'll be encouraged to do so. The government will be setting up special marketplaces to make it easier for small employers to take the plunge. Some will be offered temporary tax breaks if they do. And unlike now, insurers can't inflate prices if some employees are sick. So, many of us will be getting covered at work. A lot of us will be covered with help from the government just like today. Not much will change for seniors on Medicare. The law has already started helping with prescription drugs and better preventative care, and that will continue. 
Medicaid, on the other hand, is expanding to cover more of us, especially poor adults, many of whom aren't eligible today. If your income is low, Medicaid will cover you, most likely, in a private insurance plan. But, there's a catch. The Supreme Court ruled the governors and legislatures of each state should decide whether or not to be part of expanding Medicaid. In states that get onboard, the feds will cover almost all the cost. But for those who don't, you may be left with the same options you have today if you're poor. So, you'll want to check out your state's decision if you think you might qualify for Medicaid. Even with employer coverage and the expansion of Medicaid, a lot of us will still be left out. For those not covered or who find their work coverage too expensive, a new way to buy insurance on our own will be popping up everywhere. They're called health insurance marketplaces, though they may have a fancier name than that in your state. The health insurance marketplace is like a virtual insurance megamall. Here you'll find private insurers competing for your business, and you'll be able to pick out how much coverage you want and how much you want to pay for it. From cheaper, high-deductible bronze plans to more expensive platinum plans. Still, all plans will cover a comprehensive set of services like hospital and doctor visits, maternity care, mental healthcare and drugs, most everything any of us need, at least when it comes to medical care.
As with Medicaid, not all governors are onboard to set up these marketplaces, but the feds will open their own in those states and so you probably won't notice much of a difference. One big advantage of buying insurance through these new marketplaces is that the federal government will provide most people with a tax credit to make insurance more affordable if you don't have any other options if your income is below a certain level. In fact, most people buying on their own will be eligible for a tax credit and won't have to pay the whole premium themselves. The marketplaces will make sure that insurance companies operate fairly under strict rules. They'll have to offer everyone insurance even if they're sick. They won't be able to charge more for preexisting conditions. Unlike today, men and women will pay the same price. And prices for older people will come down, while young people will pay more. To keep cost down for young people, though, they'll be able to stay on their parent's plans until 26 and buy low budget catastrophic plans until they're 30. Of course, all these changes still don't mean insurance will come cheap. Most people buying their own coverage will end up paying less with the new health insurance tax credits. But some people will have to pay more, even though many of them will be getting better and more secure insurance. So, let's be realistic. Not everyone's going to run out and buy insurance.
Some might say, "Hold on a minute. If I can't be turned down or charged more, why not just wait until I get sick or injured to buy insurance at all?" Well, first, you can only get coverage during special enrollment periods. So, if you snooze, you may lose. And, second, thanks to something called the individual mandate, if you're not insured, you pay a fine, making this option seem not nearly so clever. Still, if you really can't afford to buy in and can't get insurance anywhere else, the government will waive the penalty, so don't panic. By now, you've probably noticed a lot more people will be getting a lot more coverage. Where will the money to paying that came from? Taxes, many of them targeted at the health industry itself, even tanning services. Yes, individuals will pay, too, mostly the wealthiest Americans who will be paying more in the Medicare. Also, hospitals and insurance companies participating in Medicare will get paid somewhat less -- not paying less, but somebody's got to pay. So, as Americans prepare for 2014, how will you be covered? How would you like to be? Now is the time to figure it out and get on the path of setting yourself up for the best insurance at the best price. After all, who wouldn't want that?
Shannon Scharnberg>> Okay. So, this is the website, again, coveredca.com. This is the homepage. You can see that you can switch this website to Spanish if you'd like, and we're going to go back to -- whoops. We're going to go back to English. I want to show you a few different things here.
Affordable Care Act - Part 1
Affordable Care Act - Part 1
So, if you scroll down, there's the Shop and Compare tool. This is the calculator and we'll just do a couple of things here where we can all practice. And it's down here.
Welcome to the Covered California Shop and Compare Tool

In just one click, you can find out what health insurance plans you can buy, and if you qualify for monthly premium assistance or Medi-Cal.

Get Started

What is Covered California?
This is how it works. It’s a very simple questionnaire with a couple of questions about your household information. So, let me have a volunteer who would like to tell me, you know, what to fill in here. So, a number of people in the household, what do you want to say? Three. Okay? Household income for those three people. Anyone? 50,000. Okay? What’s the zip code here? We can just put it for 95926. Okay? Oops.
Before you get started: If you currently receive affordable health insurance through an employer or public program, unfortunately, you won’t receive premium assistance to help you afford insurance purchased through Covered California. Covered California is primarily designed to help individual Californians get coverage, many of whom will get financial help.

**Household Information**

Number of people in the household

Household income

ZIP Code

**Enrollee Information**

Only enter members of your household who would enroll in Exchange coverage.

Enter the age of each adult:

Adult 1 (over 18)
The Covered California Shop and Compare Tool

Before you get started: If you currently receive affordable health insurance through an employer or public program, unfortunately, you won't receive premium assistance to help you afford insurance purchased through Covered California. Covered California is primarily designed to help individual Californians get coverage, many of whom will get financial help.

**Household Information**

- Number of people in the household *
- Household income *
- ZIP Code *

**Enrollee Information**

Only enter members of your household who would enroll in Exchange coverage.

Enter the **age** of each adult:

- Adult 1 (over 18)
The Covered California Shop and Compare Tool

Before you get started: If you currently receive affordable health insurance through an employer or public program, unfortunately, you won't receive premium assistance to help you afford insurance purchased through Covered California. Covered California is primarily designed to help individual Californians get coverage, many of whom will get financial help.

**Household Information**

Number of people in the household *

Household income *

ZIP Code *

Enrollee Information

Only enter members of your household who wish to enroll or exchange coverage.
So we have three people in the family, so let's enter the age of the first adult. Who wants to offer something up here? 48. We're going to add another adult, I'm assuming, two adults? Or is that one adult and two dependents? Two adults? What's the age of the second?
## Enrollee Information

Only enter members of your household who would enroll in Exchange coverage:

Enter the **AGE** of each adult:

- **Adult 1 (over 18)**: 48
- **Adult 2 (over 18)**: 48

Number of dependents age 18 or under:

- 1
- 2
- 3 or more

**Total people covered:** 2

### Breaking Down the Monthly Cost

Good news! Based on your income, the children in your household may qualify for Medi-Cal. The adults in your...
45? Okay? And, so we have one dependent under the age of 18, let's say.
So, this little box right here comes up for everybody that tells you kind of the basics. So, good news! Based on your income, the children in your household may qualify for Medi-Cal. The adults in your household may qualify for help with paying for health insurance to Covered California. Let's take a look.
Number of dependents age 18 or under

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 or more</td>
</tr>
</tbody>
</table>

Total people covered: 3

Breaking Down the Monthly Cost

Good news! Based on your income, the children in your household may qualify for Medi-Cal. The adults in your household may qualify for help with paying for health insurance through Covered California. Now, let’s take a look at the health insurance plans that may be available in your area.

What is Covered California?

<table>
<thead>
<tr>
<th>ESTIMATE OF TOTAL COSTS</th>
<th>HEALTH INSURANCE BENEFITS</th>
<th>HELP WITH YOUR COSTS</th>
<th>INCOME GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT IS AFFORDABLE?</td>
<td>ENROLLMENT PROCESS</td>
<td>COMMON QUESTIONS / FAQ</td>
<td>GLOSSARY</td>
</tr>
</tbody>
</table>

See My Options.
So, you click on to see my options. When you scroll down here, you can look at all the options, okay?
So, here's the bronze and silver plans. Oh, maybe this one doesn't show because it was the Medi-Cal. Yeah, it doesn't. Sorry. I have to go back and fix that.
So, the Shop and Compare tool, Covered California's calculator is kind of a basic -- this is not what you're going to pay. This is kind of a basic ballpark figure. They do not dive in to the Medi-Cal portion. If you qualify for Medi-Cal, they will connect you with the Medi-Cal workers who will get all of that taken care of. It is a one-stop shop. They're not going to say, "Oh, sorry. You need to go down to the Medi-Cal office." They're going to facilitate that connection. So that we're trying to have this kind of one-stop shop. But, what I wanted to say was that they're not going to break down the Medi-Cal here on the calculator, so let me change this up just slightly so we can get
Affordable Care Act – Part 1

Covered California is primarily designed to help individual Californians get coverage, many of whom will get financial help.

**Household Information**

- Number of people in the household: 3
- Household income: $50,000.00
- ZIP Code: 95976

**Enrollee Information**

Only one member of your household who would enroll in Exchange coverage.

- Enter the age of each adult:
  - Adult 1 (over 18): 40
  - Adult 2 (over 18): 45
-- yeah, let's just say this is -- so this is 40, say, this is three people but say this is one adult, and let's say two dependents.
Enrollee Information

Only enter members of your household who would enroll in Exchange coverage.

Enter the age of each adult:
- Adult 1 (over 18)
- Adult 2 (over 18)

Number of dependents age 18 or under:
- 0
- 1
- 2
- 3 or more

Total people covered:
- 3

Breaking Down the Monthly Cost

Good news! Based on your income, the children in your household may qualify for Medi-Cal. The adults in your household may qualify for help with paying for health insurance through Covered California. Now, let's take a look at the health insurance plans that may be available in your area!
Affordable Care Act - Part 1
Okay. Here we go. So, you can see that it's broken down by the tiers -- bronze, silver, gold, platinum; and you could see this adjusting here, right? Because this is how much the plan is paying. This is how much you'll pay in the yellow. And that changes because you're paying a higher what? You're paying a higher premium over here on this end? Okay? So, this is just the basics of the plan and then if you close out of the basics, you can get -- you can dive into each one. So, in this region, we typed in the Chico region here. For this region, the bronze and silver plans here, this is what's available
Due to your income level, you qualify for the Enhanced Silver 73 plans, which provide assistance with out-of-pocket costs in addition to premium assistance. Enhanced Silver 73 plans will cover an average of 77% of costs, meaning that, on average, you will be responsible for 25% of your health care costs.

You could also select a Bronze, Gold or Platinum plan. Platinum plans have the highest premium, yet pay 90% of covered health care expenses. Bronze plans have the lowest premium, but pay only 60% of covered health expenses. It’s important to think about how much health care you will need when choosing a level.
-- Anthem Blue Cross, Blue Shield of California.
Let's look at the silver plan. Let's click on this one. So, you could see here that for the Anthem Blue Cross in the silver plan, the total monthly premium was $400. This family is going to actually receive nearly $200 a month in assistance, so they're going to pay $204 a month for that family of three.
Understanding how Covered California helps

Anthem Multi State Plan Enhanced Silver 73 PPO

Total monthly premium (without premium assistance): $400

Premium assistance available to you: $196 per month

You pay: $204 per month

VIEW COST BREAKDOWN
VIEW PLAN BENEFITS
ABOUT ANTHEM BLUE CROSS

Anthem

Blue Cross

Blue Shield Enhanced
You can look at the cost breakdown here.
You can also see the benefit plan. So, this breaks down all the details for the plan for you. Right?
The deductibles, primary care visits, how much you're going to pay, for hospitals, out-of-pocket, for families, maximums. Okay? So this breaks down all of that detailed information.
### ENHANCED BENEFITS FOR INDIVIDUALS

<table>
<thead>
<tr>
<th>Key Benefits</th>
<th>Enhanced Silver 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Deductible</td>
<td>$4,500 medical deductible, $250 brand drug deductible</td>
</tr>
<tr>
<td>Family Deductible</td>
<td>$3,000 medical deductible, $500 brand drug deductible</td>
</tr>
<tr>
<td>Preventative Care Copay</td>
<td>No Cost</td>
</tr>
<tr>
<td>Primary Care Visit Copay</td>
<td>$40</td>
</tr>
<tr>
<td>Specialty Care Visit Copay</td>
<td>$50</td>
</tr>
<tr>
<td>Urgent Care Visit Copay</td>
<td>$180</td>
</tr>
<tr>
<td>Generic Medication Copay</td>
<td>$119</td>
</tr>
<tr>
<td>Lab Testing Copay</td>
<td>$40</td>
</tr>
<tr>
<td>X-Ray Copay</td>
<td>$50</td>
</tr>
<tr>
<td>Emergency Room Copay</td>
<td>$250</td>
</tr>
<tr>
<td>High cost and infrequent services (e.g., Hospital Stay)</td>
<td>20% of your plan’s negotiated rate</td>
</tr>
<tr>
<td>Preferred brand copay after Drug Deductible (if any)</td>
<td>$250 brand drug deductible</td>
</tr>
</tbody>
</table>

**Maximum Out-of-Pocket For One**

- $700

---

The table above outlines the enhanced benefits for an individual under the Affordable Care Act, specifically for the Enhanced Silver 73 plan. It details various copayments and deductibles for different types of care and services, along with the respective amounts. The maximum out-of-pocket expense is capped at $700.
## Affordable Care Act - Part 1

### Covered California Cost Sharing Information

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Visit Copay</td>
<td>$40</td>
</tr>
<tr>
<td>Specialty Care Visit Copay</td>
<td>$50</td>
</tr>
<tr>
<td>Urgent Care Visit Copay</td>
<td>$80</td>
</tr>
<tr>
<td>Generic Medication Copay</td>
<td>$19</td>
</tr>
<tr>
<td>Lab Testing Copay</td>
<td>$40</td>
</tr>
<tr>
<td>X-Ray Copay</td>
<td>$50</td>
</tr>
<tr>
<td>Emergency Room Copay</td>
<td>$250</td>
</tr>
<tr>
<td>High-cost and infrequent services (e.g., Hospital Stay)</td>
<td>20% of your plan's negotiated rate (if any)</td>
</tr>
<tr>
<td>Preferred brand copay after Drug/Deductible (if any)</td>
<td>$250</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket For One</td>
<td>$5,200</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket For Family</td>
<td>$10,400</td>
</tr>
</tbody>
</table>

*Note: Inpatient only.*

### Assisted/Reduced Cost Sharing Information

- Assistance Tax Credit: $196
- Your Total Monthly Payment: $216
<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Medication Copay</td>
<td>$19</td>
</tr>
<tr>
<td>Lab Testing Copay</td>
<td>$40</td>
</tr>
<tr>
<td>X-Ray Copay</td>
<td>$50</td>
</tr>
<tr>
<td>Emergency Room Copay</td>
<td>$250</td>
</tr>
<tr>
<td>High cost and infrequent services (e.g., Hospital Stay)</td>
<td>20% of your plan's negotiated rate + $250 brand drug deductible</td>
</tr>
<tr>
<td>Preferred brand copay after Drug Deductible (if any)</td>
<td>$30</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket For One</td>
<td>$15,200</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket For Family</td>
<td>$10,400</td>
</tr>
</tbody>
</table>

*In network only*
You could do that for each one of the plans and
you can go through all of the bronze and silver or
you could toggle over to the gold and platinum and kind of compare for yourself. Okay?
Affordable Care Act - Part 1
Audience Member>> Could you explain the difference EPO [inaudible].

Shannon Scharnberg>> Yeah. So, EPO is kind of a cross a little bit between an HMO and a PPO. You can go to providers that are -- so in an HMO like Kaiser, right, you have to go within your Kaiser plan, that's -- unless it's an emergency, you can go to the hospital. For PPO, you can choose to go to providers out of network, right, if you want to, and you don't have to have your primary care doc say, "Oh yeah, you need a sports medicine specialist." You could just go to a sports medicine specialist if you want to. You might actually pay more, but you'd still have the option to go to that doc. But the EPO is kind of a combo of both. You have a network of docs. It's not covered if you go to the out-of-network doctors and similar to the HMO, they cover all of that stuff within the network, so it's a combination. You have the choice, but there's nothing going to be covered if you move outside of the network. Okay.
So, as far as the website goes, health maintenance organization, HMO -- PPO is preferred provider organization; EPO is exclusive provider organization -- and they have a less of a provider network than an EPO, that's another thing. It's a limited provider network. Okay.
So, back to here, if you click on the Covered California logo, it takes you back home or
you can click up here to back home, back to this homepage.
Find help near you. I have some of these listings on my PowerPoint, but this is how you do this.
If you want to request enrollment assistance and you need to talk with somebody about that, you could fill out this kind of lead form. It goes to Covered California and they're going to have someone call you. Okay? So, you can request that.
If you want to call the customer service line, this is the same numbers I gave you here. If it’s for shop specifically, if it's just a consumer call, this is the phone number, if you want to find local agents in your areas or an enrollment counselor, these are all the folks that I've trained in the last few months. You can click in your area, type in your zip code and they will give you a listing. And, actually, last time I checked, not all of these lists were completely up to speed, so let’s look here.
What's the zip code here, again? 95928 within, let's say, 10 miles.
There you go, up and running. Awesome! So, this is the list of all the folks that I've trained that are ready to assist you in this region. Okay? Let's go back over here.
Affordable Care Act - Part 1
Affordable Care Act - Part 1

[Image of a website page from Covered California]

**Your destination for affordable health care**

**Enrollment Assistance**

**Find Help Near You**

You can get help in-person from certified enrollment counselors, certified agents and county service agencies.

**Certified Enrollment Counselors**

**Agents**

**County Offices**

Find an Enrollment Counselor

Find an Agent >

Find a County Office >

**Request Enrollment Assistance**

Please take a moment to fill out this form and a representative will contact you with more information and applicable assistance.

**If you need to reach a Customer Service Representative, please call:**

Covered California Customer Service
Phone: 1-800-332-1000 (TTY)
1-855-409-2021
So, let's see, Frequently asked questions. This actually is kind of helpful. There's a lot of questions about what's happening in healthcare reform. You're going to search through this area here.
I’m not sure what’s happening with that. What other questions about the website can I answer because I'd like to demonstrate the things that you're most concerned about?
Oh, the provider list, let me see if I can find that. I think it was last time listed under health plan booklets maybe, let me look here.
These are the regions that I spoke about earlier and, let's say...
I don't know what I just did there. Hold on. Yeah, I don't know why the marker is not coming up though [inaudible]. Let's look at this one real quick. Well, this was working last week [laughter]. See, this is what happens to me, I'll look that up and show you -- I'll look it up on my computer because I'm not sure what's happening here. Yeah.
Affordable Care Act - Part 1

Welcome to Covered California

Your destination for affordable health care

Start Here

Or call: 800-380-1506
Affordable Care Act - Part 1
Affordable Care Act - Part 1
Well, the start here -- let's go here and see if they have the individual family.
Affordable Care Act - Part 1

Covered California can help!
Your destination for affordable coverage, including Medi-Cal

START YOUR APPLICATION
Applying for high-quality health insurance has never been easier.

COVERAGE FOR INDIVIDUALS AND FAMILIES
 Covered California makes it much easier to figure out different health insurance plans and what they cover. You can compare a number of plans at the same time or the one you use to the one that fits your Medi-Cal. You can make items a price and compare between the different plans. This choice is yours. You can choose a health insurance plan that meets your health and budget needs. There are health insurance plans for everyone. Health insurance companies cannot refuse to cover you because of a past illness. Everyone your age pays the same monthly cost.
This is how you start your application. So, you can do an application multiple different ways. You can do it yourself online. You can go through the application process, probably take you about 45 minutes. You can call an enrollment counselor and have assistance with that process. You can also work with a certified insurance agent to make that happen and Covered California has been training massive numbers of insurance agents. I'm sure we'll hear a little bit about that. Across the state, simultaneously with the people that I've been training. So, you can also speak with an insurance agent directly. Now, the insurance agents are the only ones that are certified through their licensing to actually recommend plans. So, if you really want someone who's going to be recommending something based on your particular situation and your healthcare, then an insurance agent is probably the best way. You can find those lists like I showed you earlier here on the website, but multiple ways. You could also fill out a paper application. There are actually some folks who are more comfortable doing that and you could mail it in. So, let me find here --
yeah, absolutely. So, any other questions before I depart? Thank you so much. It's really a pleasure to spend time with you and I'm absolutely staying after. So if there are more personal questions or something I didn't answer, we can work together privately afterwards. Thank you very much. Yeah?

**Audience Member>>** One question. If you do this, is it like purchasing an airline ticket? You get to the end of the fair,

**Shannon Scharnberg>>** Yeah.

**Audience Member>>** ...and you hit a button that says, "Yeah, I'm going to buy that."
Shannon Scharnberg>> Yeah. You send it off your enrollment application and the ones that I've seen. So, the enrollment process -- those of you who have been watching the news, you know, it went live October 1st and then there were some glitches with the system because there are about 9 million people that signed on the first day. And so, it wasn't working properly, so I didn't actually see that happen until just this month. We're just seeing those applications going through consistently now. So they're -- the ones that I've seen with an enrollment counselor, it's a process that you go through filling out this multiple page application. It's actually fairly simple and intuitive. You fill in the data and you hit Send and you send that information off. And if you purchased whichever one you choose, like you go through the calculator, you can see which ones you like, and say "Yeah, I want to sign up for that silver plan." You fill that -- all that data in and then you will be receiving -- you'll be hearing from the insurance company about your first month's premium. So, then the next set of correspondents that you'll hear is from them saying, "Okay. We've gotten this signed up. Here's your first month's premium notice." Yes, ma'am?

Audience Member>> Just for clarification, can you explain how Covered California [inaudible].

Shannon Scharnberg>> Is the Medi-Cal expert here? Oh. Oh, I thought there was Medicare expert. Okay. I'm not the Medi-Cal expert, so I really -- I'm not comfortable being in that position, but Covered... Yes? Yes, sir? Oh good!
Audience Member>> [Inaudible] managed care members have [inaudible], but Medi-Cal for long-term care [inaudible] right now [inaudible] in our area. In other 18 counties across the state [inaudible] enrolled in Medicare and Medi-Cal [inaudible].

Shannon Scharnberg>> Yeah.

Audience Member>> Our accounting service [inaudible] managed care [inaudible].

Shannon Scharnberg>> Thank you for that. And it's different across the states, so it's difficult for me to answer those questions if I'm not familiar with the regions. So thank you very much.