Post-Election Activities

▪ Consumer Messaging
  ▪ Open-enrollment continues through January 31, 2017

▪ Carriers & stakeholder engagement

▪ Visioning on the evolution and stabilization of our market, including affordability and operational delivery.

▪ Monitoring national activity
Exchange Priorities 2016-2017

- Optimizing Customer Experience
- Growth and Enrollment
- Sustainability
Open-Enrollment Period
Nov. 1, 2016 – Jan. 31, 2017

- Successful Launch
  - Monitoring Healthplanfinder activity
  - Monitoring Call Center activity
  - Monitoring consumer feedback and trends
  - Hosting weekly check-ins with Navigators and Brokers
  - Soliciting feedback from Committees and Workgroups

- Successful Processing of QHP Renewals

- Tracking to Enrollment Targets

- Fall Enrollment Report (enrollment demographics as of Sept.)
What’s New?

- Family Dental Plans
  - 3 insurers will sell 12 Qualified Dental Plans (QDPs)

- New Shopping Features
  - Shopping Cart (saves plan selections)
  - Shopping Tips (alerts on comparing plans and reducing costs)

- Quality Rating System
  - Based on federal standards of quality
  - Health plans will be assigned a rating – 1 star (lowest) to 5 stars (highest)
New Enrollment Storefront Pilot

- Exchange has contracted with 2 organizations to manage full service, in-person enrollment assistance sites during OE
- High visibility, high consumer traffic locations
- Broker – Navigator partnership
- Consumer education

Better Health Together
2001 N. Division St.
Spokane

Applied Team Insurance
7720 NE Vancouver Mall Dr. #110
Vancouver
2017 QHP Issuers by County

9 insurers will sell 98 Qualified Health Plans (QHPs)
2017 Qualified Health Plan Themes

- 12 plans cover primary care visits before deductible has been met
- 53% of plans limit care to in-network providers only (except in emergencies), compared to 34% in 2016

HMO: Your doctor manages your care across other doctors in-network.
PPO: Use any doctor, and get savings if you stay in-network.
EPO: Use any doctor in-network, but you can’t go outside the network for care (except for emergencies).
2017 Qualified Health Plan Pricing

- Average premium changes 2016 to 2017 in the Exchange:
  - Gold plans: 13% increase
  - Silver plans: 4% increase
  - Bronze plans: 6% increase

- Average deductible changes 2016 to 2017 in the Exchange:
  - Gold plans: 7% increase
  - Silver plans: 8% increase
  - Bronze plans: 5% increase

Premium change based on 40-year-old, non-smoker
Premium Increases Vary by County

Change in Second Lowest Cost Silver Premium (SLCSP) Rate ‘16 to ‘17

Average SLCSP Premium Increase is 8%

Based on 40-year-old unsubsidized, non-smoker
Subsidized Low-Income QHP Enrollees Shielded from Premium Increases

<table>
<thead>
<tr>
<th>County</th>
<th>Year</th>
<th>Premium</th>
<th>150% FPL (~18k/yr)</th>
<th>250% FPL (~30k/yr)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tax Credit</td>
<td>Cost to Consumer</td>
</tr>
<tr>
<td>Ferry (33% SLCSP increase)</td>
<td>2016</td>
<td>$272</td>
<td>$209</td>
<td>$63</td>
</tr>
<tr>
<td></td>
<td>2017</td>
<td>$404</td>
<td>$342</td>
<td>$62</td>
</tr>
<tr>
<td>Spokane (7% SLCSP increase)</td>
<td>2016</td>
<td>$209</td>
<td>$146</td>
<td>$63</td>
</tr>
<tr>
<td></td>
<td>2017</td>
<td>$224</td>
<td>$162</td>
<td>$62</td>
</tr>
<tr>
<td>King (6% SLCSP increase)</td>
<td>2016</td>
<td>$223</td>
<td>$160</td>
<td>$63</td>
</tr>
<tr>
<td></td>
<td>2017</td>
<td>$238</td>
<td>$176</td>
<td>$62</td>
</tr>
<tr>
<td>Clark (5% SLCSP increase)</td>
<td>2016</td>
<td>$292</td>
<td>$229</td>
<td>$63</td>
</tr>
<tr>
<td></td>
<td>2017</td>
<td>$308</td>
<td>$246</td>
<td>$62</td>
</tr>
<tr>
<td>Pierce (-7% SLCSP decrease)</td>
<td>2016</td>
<td>$258</td>
<td>$195</td>
<td>$63</td>
</tr>
<tr>
<td></td>
<td>2017</td>
<td>$241</td>
<td>$179</td>
<td>$62</td>
</tr>
</tbody>
</table>

Based on 40-year-old, non-smoker
### Average QHP Deductible Changes from 2016-2017

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>2016 Average Deductible</th>
<th>2017 Average Deductible</th>
<th>Change in Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze</td>
<td>$5,693</td>
<td>$5,977</td>
<td>$284</td>
</tr>
<tr>
<td>Silver*</td>
<td>$3,343</td>
<td>$3,620</td>
<td>$277</td>
</tr>
<tr>
<td>Gold</td>
<td>$1,148</td>
<td>$1,223</td>
<td>$75</td>
</tr>
</tbody>
</table>

*Cost-Share Reductions (CSRs) available for those under 250% FPL
Looking Ahead

Challenges

▪ Affordability
▪ Changing Products & Provider Networks
▪ Market Stability
▪ Rural Access
▪ Changing Regulatory Environment

Opportunities

▪ Decision Support Tools
▪ Expanding Risk Pool
▪ Targeted Outreach
QUESTIONS
Appendix
FALL ENROLLMENT REPORT

QHP by County

Top 10

<table>
<thead>
<tr>
<th>County</th>
<th>Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>KING</td>
<td>56,424</td>
</tr>
<tr>
<td>SNOHOMISH</td>
<td>16,420</td>
</tr>
<tr>
<td>PIERCE</td>
<td>14,664</td>
</tr>
<tr>
<td>CLARK</td>
<td>11,429</td>
</tr>
<tr>
<td>SPOKANE</td>
<td>11,262</td>
</tr>
<tr>
<td>WHATCOM</td>
<td>7,170</td>
</tr>
<tr>
<td>THURSTON</td>
<td>5,250</td>
</tr>
<tr>
<td>KITSAP</td>
<td>5,206</td>
</tr>
<tr>
<td>YAKIMA</td>
<td>3,608</td>
</tr>
<tr>
<td>BENTON</td>
<td>3,217</td>
</tr>
</tbody>
</table>
FALL ENROLLMENT REPORT

Washington Apple Health by County

Top 10

- KING .................. 338,546
- PIERCE ................. 186,591
- SNOHOMISH .......... 136,184
- SPOKANE ............. 131,591
- CLARK ................ 102,470
- YAKIMA ............... 97,366
- THURSTON .......... 54,492
- BENTON ............... 48,964
- WHATCOM .......... 45,855
- KITSAP ............... 43,936

*Washington Apple Health enrollees consist of Medicaid MAGI (1,482,125) and CHIP (49,277). A total of 621 Washington Apple Health enrollees listed “Other” under county, while 190 enrollees listed “Border” under county.
CURRENT VERSUS PROPOSED BUDGET – BY FUND SOURCE (IN THOUSANDS)

2015-17 Total Funding
$140.6 million

- Federal Grants, $29,523
- Health Benefit Exchange Account (17T), $50,503
- General Fund-State, $11,126
- Carrier Assessment and Premium Tax, $49,410

Proposed 2017-19 Total Funding
$120.9 million

- Federal Medicaid, $64,731
- General Fund-State, $10,368
- Health Benefit Exchange Account (17T), $45,840
- Carrier Assessment and Premium Tax, $45,840
Legislative Reports

www.wahbexchange.org/about-the-exchange/reports-data/

- Reports submitted to legislators include:
  - Annual Strategic Plan
  - Annual Detailed Financial Report
  - Annual Updates to 5 Year Spending Plan
  - Quarterly Spending Metrics Report
  - Monthly Financial Reports
Five Year Strategic Plan

Core Outcomes

- Define and Deliver Operational Excellence
- Increase Number of Insured and Access to Affordable Coverage
- Advance Consumer Choice and Decision-Making
- Promote Equity Across System
### Key OE4 Dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov. 1</td>
<td>Open Enrollment begins!</td>
</tr>
<tr>
<td>Dec. 23</td>
<td>Final enrollment deadline for coverage effective Jan. 1, 2017. Customers ineligible for auto renewal or those interested in changing their 2017 coverage must select and finalize coverage.</td>
</tr>
<tr>
<td>Jan. 1</td>
<td>Coverage begins for customers eligible for auto renewal and customers who selected and finalized coverage by Dec. 23.</td>
</tr>
<tr>
<td>Jan. 31</td>
<td><strong>Open Enrollment ends!</strong> Enrollment deadline for coverage effective Mar. 1, 2017.</td>
</tr>
</tbody>
</table>
QHP Renewal Process
www.wahbexchange.org/renew

- Eligible customers auto-renewed into the same plan (if available) or a similar plan
- After auto-renewal, customers can shop and change plans during open enrollment (starting Nov. 1)
- Auto renewals effective for Jan. 1 coverage
New Family Dental Plans

www.wahbexchange.org/dental

- Current: Children (18 or younger) must enroll in a pediatric dental plan if they enroll in QHP coverage.

- New in 2017: All household members may enroll in a dental plan if they enroll in QHP coverage.
  - Dental plans can cover just adults, adults and children, or children only
  - Consumers decide which household members they would like to cover when they shop
Customers shopping online now receive alerts with educational tips on comparing plans and reducing costs.
Health Literacy: Explaining Costs

Health Care Costs through the Year

1. **Premium**: Your premium is the amount you pay each month for your health plan.

2. **Deductible**: At the start of the year, you pay for most of your health care until you've reached your deductible.

3. **Co-insurance**: Once you've met your deductible amount, you will share the cost of care with your insurance company. This is called “co-insurance”.

Metal Level Guide

Plans in Washington Healthplanfinder are separated into four categories, called metal levels. Find out what metal level may be right for you.

<table>
<thead>
<tr>
<th>Answer a few questions about yourself</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
<th>Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you go to the doctor?</td>
<td>Annual</td>
<td>1-3 times/year</td>
<td>4+ times/year</td>
<td></td>
</tr>
<tr>
<td>How many prescription drugs do you need/use?</td>
<td>None</td>
<td>1-3 drugs</td>
<td>4+ drugs</td>
<td></td>
</tr>
<tr>
<td>How many times do you go to the ER in a year?</td>
<td>Once or less</td>
<td>Maybe a few times</td>
<td>Often</td>
<td></td>
</tr>
<tr>
<td>Are you planning to have surgery or have a baby?</td>
<td>No</td>
<td>Maybe</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>If you get sick, you'd be willing to pay a deductible*</td>
<td>$3,750 - $6,500</td>
<td>$1,250 - $5,000</td>
<td>$250 - $2,000</td>
<td></td>
</tr>
<tr>
<td>How much are you willing to pay for your monthly premium?</td>
<td>$</td>
<td>$$</td>
<td>$$$ - $$$$</td>
<td></td>
</tr>
<tr>
<td>Do you qualify for lower out-of-pocket costs, called Cost Sharing Reductions?</td>
<td>No</td>
<td>Yes? You must choose a Silver plan to get those cost savings!</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

*Based on 2015 plan pricing.

This is an educational tool only and is not intended as a plan recommendation. Health insurance plans differ.
Health Literacy: Explaining Costs

Shopping Tip #1:
Health plans come in categories, called metal levels

- **Bronze**: 
  - Monthly premium: $1
  - Costs when you get care: $$$

- **Silver**: 
  - Monthly premium: $2
  - Costs when you get care: $$

- **Gold**: 
  - Monthly premium: $$$
  - Costs when you get care: $1

Shopping Tip #2:
Find a deductible that works for you

How it works:
If your plan has a $2,500 deductible, you’ll pay $2,500 out of your own pocket before your health plan starts to pay some of your health care costs.

How Insurance Works

Health insurance protects you from high costs.

**Key Terms**

- **Co-pay**: A fixed amount you pay for a covered health care service.

- **Deductible**: The amount you will spend on your health care before your health plan starts to pay some of your health care costs.

- **Co-insurance**: Your share of the cost of a covered health care service, after you have paid your health plan’s deductible.

**EXAMPLE HEALTH PLAN**
- $250 ER co-pay
- $2,000 deductible
- 20% co-insurance

**BILL**
- **ER visit**: $10,000

**Patient pays**:
- ER co-pay: $250
- Deductible: $2,000
- 20% co-insurance of remainder of bill ($1,550)
  
- $250 + $2,000 + $310

**Patient Total**: $3,560

**Without health insurance**: $10,000!
Finding a local Navigator or Broker

In-person and over-the-phone assistance is available at no cost to you.

- Find a navigator
- Find a broker

Open Enrollment is Coming
November 2016 - January 2017
Navigator Lead Organizations

www.wahbexchange.org/partners/navigators/
Consumer Assistance: Customer Support Center

- 1-855-WAFINDER (1-855-923-4633)
- Located in Spokane Valley, WA
- Hours of Operations: 8am-8pm M-F (except state holidays)

- Assist with
  - Applying for or renewing health care coverage
  - Health Insurance Premium Tax Credit (HIPTC) questions
  - Qualified Health and Dental Plans (QHP/QDP) questions
  - Healthplanfinder Business questions
Additional Resources

www.wahealthplanfinder.org
- Customer Support @ top right of home page
- 1-855-WAFINDER (1-855-923-4633)
- TTY/TTD for Deaf: 1-855-627-9604

www.wahbexchange.org
- Partner Toolkit @ footer

Partner Toolkit
Click on the icons below for valuable resources to use when helping customers enroll through Washington Healthplanfinder.

- FACT SHEETS
- PRINT MATERIALS
- SOCIAL MEDIA
- EVENT PLANNING
- VIDEO RESOURCES
- IMAGES & LOGOS

WAHealthplanfinder
@waplanfinder
waplanfinder