MEMBER HEALTHCARE
AmeriCorps Coverage, The Affordable Care Act and The Corps Network Plan

Missouri Program Director Training
June 17, 2015
I. How does the ACA affect AmeriCorps?
II. What do programs have to do?
III. What do we still not know?
IV. How much coverage do members need?
V. The Corps Network Plan
How Does the ACA Affect AmeriCorps?

Minimum Essential Coverage (MEC)

- Individual Mandate
- Tax Penalty
  - 2014 Exemption for AmeriCorps
  - 2015 - $325 or 2% of income above filing threshold
- AmeriCorps Deadline – July 1, 2015
What do Programs Have to Do?

Coverage for Full Time Members

- Not Covered Elsewhere
  - As a Dependent
  - Medicaid
  - Individual Policy

- Main Options
  - Group Policy
  - Verify Individual Policies
    - Specified Procedures
    - Reimbursement
What do Programs Have to Do?

Market Conditions

- Employer/Group Policies
  - Expensive
  - Higher Cost Sharing

- AmeriCorps Market
  - Fully ACA Compliant
    - Unlimited Lifetime Max
  - Unlimited Essential Health Benefits
  - ‘Skinny’ MEC
    - Self Funded Preventive Only Plan
    - Indemnity Benefits
What Else Do We Need to Know?

Remaining Questions

- Employee Status
  - Statutes/Guidance/Opinion Letters
  - IRS View
  - Play or Pay Implications

- Supreme Court Decision
  - Subsidies in Federal Marketplace
  - Decision Expected in June

- Miscellaneous
  - Political Landscape
  - Individual Rates
  - Claims Experience
How Much Coverage do Members Need?

Paid Claims by Service Type: 2012-2014

- Hospital: 33.3%
- Professional: 16.9%
- Surgery: 17.2%
- Diagnostic Testing and Labs: 17.0%
- Prescriptions: 8.9%
- Mental Health and Substance Abuse: 3.8%
- All Others: 2.9%
How Much Coverage do Members Need?

**Average Eligible Amount/Claim - Facilities (2012-2014)**

- Room and Board*: $2,911
- Hospital Miscellaneous: $6,745
- Hospital Emergency Room: $1,620
- Surgicenter: $5,888

**Average Eligible Amount/Claim – Professional (2012-2014)**

- Office Visit: $139
- ER Physician: $340 $343
- Surgeon: $457
- OP Radiology: $280
- Diagnostic Testing: $154

*Room and Board is per stay. Average stay is 3.5 days and per night eligible charge is $839.
How Much Coverage do Members Need?

Large Claimants

- 2007 – 2013 Claimants
  - 99.9% <$50,000 Per Cause

- 2012-2014 Claimants
  - 18 > $50,000 paid
  - 54 >$25,000 paid
  - Common Diagnoses (57.4%)

- Current Claimants YTD (Sep – Apr)
  - 23> $25,000 paid
  - 3> $100,000 paid
    - $304k
    - $254k
    - $107k

2012-2014 Common Diagnoses (Large Claimants >$25k)

- Appendicitis/Kidney Stones/Abdominal Pain
- Injuries/Back/Joint
- Women’s Health
# How Much Coverage do Members Need?

<table>
<thead>
<tr>
<th>2012-2014 Paid Claim Range</th>
<th># of Claims</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $500</td>
<td>11,091</td>
<td>83.1%</td>
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<tr>
<td>$501 - $5,000</td>
<td>1,911</td>
<td>14.3%</td>
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<tr>
<td>$5,001 - $10,000</td>
<td>171</td>
<td>1.3%</td>
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<tr>
<td>$10,001 - $50,000</td>
<td>159</td>
<td>1.2%</td>
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<tr>
<td>$50,001 +</td>
<td>15</td>
<td>0.1%</td>
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</tbody>
</table>
How Much Coverage do Members Need?

Cost Sharing

- 2006 – 2012 Claimants
  - $0 Paid – 12.2%
  - $1-$1,000 Paid – 68.7%

- Current Contract – YTD
  - $14 Per Member Per Month
    - 30% of norm
  - 14.3% of covered charges
    - 0.6% greater than norm

<table>
<thead>
<tr>
<th>Quartile (2012-2013)</th>
<th>Average Paid</th>
<th>% of Living Allowance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>$20</td>
<td>0.2%</td>
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<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>$165</td>
<td>1.4%</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>$542</td>
<td>4.5%</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>$5,333</td>
<td>44.1%</td>
</tr>
</tbody>
</table>

*Based on 2012-2013 Living Allowance of $12,100
Conclusions

- Comprehensive
  - Essential Health Benefits

- Adequate Per Service
  - Hospital Stay: >$9,500
  - OP Surgery: >$6,000
  - Office Visit: $139
  - Diagnostic: $280 - $457

- Unlimited Benefits
  - Frequency
  - Size of Large Claimants

- Low Cost Sharing
  - “Average” Claimants and Distribution
  - Protect Living Allowance
The Corps Network Plan

Fully ACA Compliant

- Unlimited Coverage for applicable Essential Health Benefits
  - E.g., hospital, outpatient care, prescriptions, mental health, preventive care, etc.

- Low Cost Sharing
  - $100 Deductible
  - 80/20 Coinsurance
  - $2,000 Out-of-Pocket Maximum

- 2015-2016 Rates
  - $214.55 per member per month
The Corps Network Plan

Improvements and Updates

- Optional Dental and Vision through Cigna
  - Plan 1 - $13.60
  - Plan 2 - $15.20

- Ascension Enrollment Portal
  - Online Billing and Eligibility

- ID Cards
  - Ascension Fulfillment
  - Direct to Member Option

- ACA Reporting – Minimum Essential Coverage
  - IRS – Cigna
  - Member – Ascension provides info to program
Questions?

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