

NEBRASKA DEPARTMENT OF INSURANCE

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# Nebraska Department of Insurance Roadshow 2023

NEBRASKA

# TODAY'S PRESENTATION

- Notes from the NDOI and Insurance Industry
- Be prepared and ready for 2024 ACA Open Enrollment
- External Review – YOU NEED TO KNOW THIS
- Health Insurance – Hot Topics
- Improper Marketing in Health Insurance
- Medicare Advice from the Expert
- Advice from your Insurance Experts

# DEPARTMENT OF INSURANCE FUNCTIONS

- General supervision, control, and regulation of insurance in Nebraska § 44-101.01

**Agent  
Licensing**

**Company  
Licensing**

**Rate and  
Form  
Review**

**Market  
Conduct  
Exams**

**Financial  
Solvency**

**Insurance  
Complaints**

**Fraud  
Prevention  
and  
Investigation**

# INSURANCE IS IMPORTANT IN NEBRASKA

- Nebraska's Domestic Insurance Market:
  - 1 in Surplus (\$339,866,464,516)
  - 3 in Assets (\$873,367,729,891)
  - 5 in Premiums (\$53,922,736,110)
- In Nebraska, we have **2nd highest** insurance job concentration for any state and one of the most renowned actuarial program.



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# Insurance Agents Updates

- 2024 Producer Requirements
  - CMS recently issued a FAQ that provides guidance for producers who place business in the marketplace
    - Documentation is critical and mandatory regarding consent of the potential insured
    - Examples include written signature, audio recording, electronic agreement
    - CMS has produced a model consent form
  - The FAQ can be found here: [FAQ Regarding Enhanced Direct Enrollment Audit Submissions for 2024](#)

# Snapshot of 2022 Insurance Fraud in Nebraska

- Types of Insurance Fraud
  - Property/Casualty Ins. = 611 cases and \$4,056,212.35 reported losses
  - Life/Health Ins. = 106 cases and \$6,210,739.37 reported losses
  - Agent or Internal Fraud = 16 cases and \$17,670.91 reported losses
  - In total = 733 cases = **\$10,284,622.63**
- Counties
  - Cases were found in 59 out of 93 Nebraska Counties
  - **539 Cases (73%) were in Douglas, Lancaster, and Sarpy Counties**
- The aftermath
  - Prosecution = **42 cases**
  - Convictions = **30 suspects**
  - Restitution = **20 cases and \$34,139.65**

# HEALTH INSURANCE: ACA MARKETS AND 2024 OPEN ENROLLMENT

# Important Items

- **Open Enrollment begins Nov 1 till January 15**
  - To have coverage on January 1, you need to enroll by December 15
  - To have coverage on February 1, you need to enroll by January 15
- **PLEASE ONLY USE HEALTHCARE.GOV**
  - Work with a local agent to understand all your options and pick the best plan for you and or your family members



# NEBRASKA HEALTH INSURANCE MARKET DISTRIBUTION 2016 to 2021

	2016	2017	2018	2019	2021
Direct-purchase (individual)	8.6%	7.9%	7.3%	6.9%	6.7%
Employment-based	55.0%	55.6%	55.2%	56.8%	55.3%
Medicaid/CHIP	12.8%	12.5%	13.3%	12.6%	10.1%
Medicare	12.9%	13.4%	14.0%	14.2%	10.1%
Military health care	1.7%	2.0%	1.8%	1.6%	1.8%
Uninsured	8.9%	8.6%	8.5%	7.9%	7.0%

**2021 is the most recent year available for state-specific market percentages in this table and there is no data available for 2020.**

Of the remaining uninsured in 2021, 43% were eligible for Medicaid, 33% were eligible for premium subsidies to enroll in the ACA individual market, and 10% were ineligible for ACA individual market premium assistance due to available employer coverage.

Percentage of employment-based plan enrollees that are in a self-insured plan in 2021:

- 73% overall
- 20% of the small group market (less than 50 employees)
- 81% of the large group market (50 or more employees)



# ACA Individual Market

## ACA Individual Market

Coverage for 2024

Carrier	Membership	
	June 2023	Projected 2024
Nebraska Total Care/Ambetter	40,762	40,450
BlueCross BlueShield	17,924	22,000
Medica	37,512	37,515
Oscar	565	1,388
<b>Total</b>	<b>96,763</b>	<b>101,353</b>

# ACA Small Group Market

ACA Small Group Market		
Coverage for 2024		
	Membership	
Carrier	June 2023	Projected 2024
BlueCross BlueShield	17,378	14,538
Medica	3,310	3,616
UnitedHealthCare – Midlands	187	187
UnitedHealthCare	9,482	9,482
<b>Total</b>	<b>30,357</b>	<b>27,523</b>

# ACA Individual Average Rate Increase 2024

By Carrier, Product and Metal Level  
Gering, NE (Rating Area 4)

Carrier	Product	Bronze	Silver	Gold
Medica	Medica by Elevate	3.82%	4.10%	8.23%
Medica	Medica Insure	4.17%	4.65%	5.68%
Medica	Medica with CHI	9.12%	9.77%	9.00%
BCBS	NE HeartlandBlue NetworkBlue	4.61%	6.75%	4.15%
Ambetter	Ambetter	0.24%	5.51%	-0.60%
Ambetter	Ambetter + Vision + Adult Dental	0.23%	5.07%	-2.10%
Oscar	Oscar EPO	-6.81%	-6.04%	-0.11%

# ACA Individual Average Rate Increase 2024

By Carrier, Product and Metal Level  
Valentine, NE (Rating Area 4)

Carrier	Product	Bronze	Silver	Gold
Medica	Medica by Elevate	3.82%	4.10%	8.23%
Medica	Medica Insure	4.17%	4.65%	5.68%
Medica	Medica with CHI	9.12%	9.77%	9.00%
BCBS	NE HeartlandBlue NetworkBlue	4.61%	6.75%	4.15%
Ambetter	Ambetter	0.24%	5.51%	-0.60%
Ambetter	Ambetter + Vision + Adult Dental	0.23%	5.07%	-2.10%
Oscar	Oscar EPO	-6.81%	-6.04%	-0.11%

# ACA Individual Average Rate Increase 2024

By Carrier, Product and Metal Level  
Columbus, NE (Rating Area 3)

Carrier	Product	Bronze	Silver	Gold
Medica	Medica by Elevate	3.82%	4.10%	8.23%
Medica	Medica Insure	4.17%	4.65%	5.69%
Medica	Medica with CHI	9.13%	9.78%	9.01%
BCBS	NE HeartlandBlue NetworkBlue	4.54%	6.64%	4.09%
BCBS	NE HearlandBlue Blueprint Health	4.96%	7.24%	5.99%
Ambetter	Ambetter	0.27%	6.07%	-0.67%
Ambetter	Ambetter + Vision + Adult Dental	0.25%	5.58%	-2.31%
Oscar	Oscar EPO	-7.36%	-6.5%	-0.12%

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# ACA Individual Average Rate Increase 2024

By Carrier, Product and Metal Level  
South Sioux City, NE (Rating Area 3)

Carrier	Product	Bronze	Silver	Gold
Medica	Medica by Elevate	3.82%	4.10%	8.23%
Medica	Medica Insure	4.17%	4.65%	5.69%
Medica	Medica with CHI	9.13%	9.78%	9.01%
BCBS	NE HeartlandBlue NetworkBlue	4.54%	6.64%	4.09%
BCBS	NE HearlandBlue Blueprint Health	4.96%	7.24%	5.99%
Ambetter	Ambetter	0.27%	6.07%	-0.67%
Ambetter	Ambetter + Vision + Adult Dental	0.25%	5.58%	-2.31%
Oscar	Oscar EPO	-7.36%	-6.5%	-0.12%

# ACA Individual Average Rate Increase 2024

By Carrier, Product and Metal Level  
South Sioux City, NE (Rating Area 3)

Carrier	Product	Bronze	Silver	Gold
Medica	Medica by Elevate	3.82%	4.10%	8.23%
Medica	Medica Insure	4.17%	4.65%	5.69%
Medica	Medica with CHI	9.13%	9.78%	9.01%
BCBS	NE HeartlandBlue NetworkBlue	4.54%	6.64%	4.09%
BCBS	NE HearlandBlue Blueprint Health	4.96%	7.24%	5.99%
Ambetter	Ambetter	0.27%	6.07%	-0.67%
Ambetter	Ambetter + Vision + Adult Dental	0.25%	5.58%	-2.31%
Oscar	Oscar EPO	-7.36%	-6.5%	-0.12%



# ACA Individual Average Rate Increase 2024

By Carrier, Product and Metal Level

Lincoln, NE (Rating Area 2)

Carrier	Product	Bronze	Silver	Gold
Medica	Medica by Elevate	3.94%	4.23%	8.48%
Medica	Medica Insure	4.30%	4.79%	5.86%
Medica	Medica with CHI	9.40%	10.07%	9.28%
BCBS	NE HeartlandBlue NetworkBlue	4.62%	6.75%	4.16%
BCBS	NE HeartlandBlue Premier Select Blue Choice	5.21%	7.36%	6.09%
BCBS	NE HearlandBlue Blueprint Health	5.21%	7.36%	6.08%
Ambetter	Ambetter	0.27%	6.03%	-0.66%
Ambetter	Ambetter + Vision + Adult Dental	0.25%	5.54%	-2.29%
Oscar	Oscar EPO	-7.40%	-6.57%	-0.12%

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# ACA Individual Average Rate Increase 2024

By Carrier, Product and Metal Level

Omaha, NE (Rating Area 1)

Carrier	Product	Bronze	Silver	Gold
Medica	Medica by Elevate	3.82%	4.10%	8.23%
Medica	Medica Insure	4.17%	4.64%	5.69%
Medica	Medica with CHI	9.12%	9.78%	9.00%
BCBS	NE HeartlandBlue NetworkBlue	4.62%	6.75%	4.16%
BCBS	NE HeartlandBlue Premier Select Blue Choice	6.14%	7.37%	6.09%
BCBS	NE HearlandBlue Blueprint Health	5.94%	7.36%	6.09%
Ambetter	Ambetter	0.24%	5.50%	-0.60%
Ambetter	Ambetter + Vision + Adult Dental	0.23%	5.06%	-2.10%
Oscar	Oscar EPO	-7.75%	-6.88%	-0.13%

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# SHOPPING FOR HEALTH INSURANCE ACA AND OTHER OPTIONS

- Identify your current health care needs and keep these in mind as you compare health insurance policies.
  - Doctors
  - Services
  - Prescription drugs
  - Excluded services or waiting periods for pre-existing conditions (if non-ACA plan)
- Compare the costs, including:
  - Premiums
  - Copays
  - Deductibles
  - Maximum out-of-pocket
  - Annual or lifetime limits (if non-ACA plan)

# Health Insurance Marketplace Subsidies

- **Advance Premium Tax Credit (APTC)** – Works to reduce Policyholder's monthly payments for insurance coverage.
- **Cost Sharing Reduction (CSR)** – Designed to minimize Policyholder's out-of-pocket costs when they go to the doctor or have a hospital stay.
  - Only available for people who earn between 138%-250% FPL purchasing a Silver Plan
  - Copays, Deductibles, Coinsurance, Out of Pocket Max

# Advance Premium Tax Credit (APTC)

- **Cost of 2<sup>nd</sup> Lowest Silver Plan**
  - Based on Rating Area, Family Size and Ages of family members
  - All ACA Plan premium rates are submitted to and approved by the NE DOI
- **Monthly Contribution**
  - Based on Household Income, Family Size and Ages of family members
  - Household Income: <https://www.healthcare.gov/income-calculator/>
- **APTC**
  - $APTC = \text{Cost of 2<sup>nd</sup> Lowest Silver Plan} - \text{Monthly Contribution}$
  - This amount remains the same, regardless of Plan chosen by Policyholder

# Advance Premium Tax Credit (APTC)

- **APTC Subsidy Calculator**

- **Link:** <https://www.kff.org/interactive/subsidy-calculator/>

- Note: This link currently uses 2023 Premiums and will be updated with 2024 Premiums in late October 2023.

- **Enter Information about your Household**

- Household Income
    - Family Size
    - Ages of Adults and Children enrolling in Marketplace
    - Click SUBMIT

- **Results:**

- ***“Estimated Financial help” – this is your APTC***
    - **“Your Cost for a Silver Plan”** – this is the Premium IF you choose the 2<sup>nd</sup> Lowest Silver Plan.
    - **“The most you have to pay for a Silver Plan”**– this is the % applied to your income to calculate Monthly Contribution
    - **“Without financial help, your plan would cost”** – this is the Premium for the 2<sup>nd</sup> Lowest Silver Plan

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# Monthly Premium Example

- John is Age 45, Single, lives in Douglas County and makes \$36,450 / year
- John's 2<sup>nd</sup> Lowest Silver Premium = \$774.82
- John's Monthly Contribution = \$121.50 (or  $\$36,450 * 2\% / 12$ )
- John's APTC = \$653.32 (or  $\$774.82 - \$121.50$ )
- ***John's APTC remains FIXED, and he can choose any Plan***

Selected Plan	Plan Premium	APTC	Final Premium
Plan A	\$500	\$653.32	\$0
Plan B	\$653.32	\$653.32	\$0
Plan C	\$1000	\$653.32	\$397.02

# “FPL Cut-Off” 2024 Benchmark

- The highest income where an individual would still receive an APTC
- Anyone earning more would not receive assistance

	Age 25 Income Cut-Off	Age 45 Income Cut-Off	Age 64 Income Cut-Off
Rating Area 1	\$60,830.12	\$87,488.47	\$181,760.47
Rating Area 2	\$60,460.24	\$86,956.24	\$180,656.47
Rating Area 3	\$65,068.24	\$93,584.47	\$194,426.82
Rating Area 4	\$76,054.59	\$109,386.35	\$227,254.59



# AMERICAN RESCUE PLAN ACT AND INFLATION REDUCTION ACT CHANGES TO APTC

- Beginning April 1, 2021 and continuing for all of 2022, the American Rescue Plan Act (ARPA) gave people increased APTC.
  - As a result of the federal government paying more of the premium and the insured paying less, over a third of the people with individual market coverage paid \$10 or less per month for most of 2021 and all of 2022.
  - People earning more than 400% FPL no longer faced the “subsidy cliff.”
    - Instead, anyone who would have to pay more than 8.5% of their income for health insurance could qualify for subsidies, no matter what percentage of FPL.
- In 2022, the Inflation Reduction Act extended the ARPA changes to APTC for another three years.
  - For all of 2023, 2024, and 2025, the new APTC numbers will be in effect.

# ACA Individual Average Rate Increase 2024

By Carrier, Product and Metal Level  
Kearney, NE (Rating Area 3)

Carrier	Product	Bronze	Silver	Gold
Medica	Medica by Elevate	3.82%	4.10%	8.23%
Medica	Medica Insure	4.17%	4.65%	5.69%
Medica	Medica with CHI	9.13%	9.78%	9.01%
BCBS	NE HeartlandBlue NetworkBlue	4.54%	6.64%	4.09%
BCBS	NE HearlandBlue Blueprint Health	4.96%	7.24%	5.99%
Ambetter	Ambetter	0.27%	6.07%	-0.67%
Ambetter	Ambetter + Vision + Adult Dental	0.25%	5.58%	-2.31%
Oscar	Oscar EPO	-7.36%	-6.5%	-0.12%

# Medicaid Unwinding

- Nebraska Medicaid expansion went into effect on October 1, 2020
- Medicaid expansion moved people that earned between 100% and 138% of the Federal Poverty Level (FPL) from the individual market into Medicaid
- Coverage also became available for people between 0% and 100% of the FPL
- Provisions in the Families First Coronavirus Response Act (FFCRA) require states to provide continuous coverage for Medicaid enrollees until the end of the month in which the COVID-19 public health emergency (PHE) ends in order to receive enhanced federal funding.
- During the PHE, Nebraska Medicaid continued to review eligibility, but no Nebraskan has involuntarily lost coverage. Regular communication with many numbers has not happened during the Pandemic.
- Estimated 10% of the current Medicaid population will be found ACA coverage qualified (over 138% FPL) when the PHE ends.

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# Medicaid

# Medicaid Unwinding

- In December 2022, federal legislation was enacted that decouples the continuous coverage requirement from the end of the COVID-19 PHE.
- On March 1, 2023, Nebraska Medicaid began the “unwind” of the continuous coverage requirement to redetermine eligibility.
- Member FAQ, Fact Sheet, Rack Cards and Flyers, which can be found on the DHHS website at: <https://dhhs.ne.gov/Pages/Medicaid-MOE.aspx>
- Medicaid members can update their information by going online at: <https://ddhs.ne.gov/Pages/Medicaid-MOE.aspx>
- Medicaid members can update or check their information by going online at [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov), email [dhhs.andicenter@nebraska.gov](mailto:dhhs.andicenter@nebraska.gov), fax at (402) 742-2351 or call toll-free at (855) 632-7633

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# External Review – YOU NEED TO KNOW THIS EXISTS

# Patients Have Notice of Their Rights

- Coverage documents carefully spell out the process for internal appeals and external appeals.
- EOBs also include appeal information.
- If you have a denied claim by law, the claim denials must provide:
  - **The reason for the denial**
  - **The process to appeal**
  - **Expedited review as an option if conditions are met (for both internal appeal and external review)**
- If the insurer continues to deny the claim after an internal appeal, notice is required. By law, that notice must include:
  - **The right to request more explanation**
  - **The right to an independent review**
  - **The right to expedited review if conditions are met**
  - **The deadline to request an external review**
  - **External review request forms and where to submit them**
- Public information is also available on the NDOI website

# External Review Basics

- External review is only available after an internal appeal to give the insurer a chance to correct a mistake or change its mind.
- An Independent Review Organization is a third-party medical review resource which provides objective, unbiased medical determinations that support effective decision making, based only on medical evidence by a specialist in the area of the denied service or claim.
- **You can appoint your doctor as an authorized representative to help advocate about details of the medical service or treatment**
- Denial reasons include:
  - **The requested service or treatment is “not medically necessary”**
  - **The requested service or treatment is an “experimental” or “investigative” treatment**
- **This process is paid for by your Insurer**



# Balanced Program

- External Review Statistics
  - Since 2014: **786 cases have been overturned**
  - In the past 5 years:
    - Number of external review remain consistent
      - **Nebraska averages about 250 cases every year**
    - (Eligible) Cases overturned: **47%**
    - Ineligible Cases: **23%**

# More Information Online and External Review Portal

- Nebraska Department of Insurance web page for health insurance appeals and external reviews: <https://doi.Nebraska.gov/appealing-denied-health-claims>
  - Includes explanations of each step of an appeal and resources
- Secure portal for online external reviews is linked on this page
- Portal features:
  - All users have verified credentials to keep information safe
  - External review paperwork is all completed online
  - Healthcare providers can complete paperwork and contribute additional information through the portal
  - Insurers provide information on the internal appeal in the portal
  - Independent Review Organizations issue their decisions through the portal to all participants' email

# Health Insurance: Hot Topics

# MENTAL HEALTH PARITY COMPLIANCE REQUIREMENTS

- Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).
- MHPAEA requires that health insurers provide mental health and substance abuse disorder benefits at parity with medical and surgical benefits.
  - Co-payments and other cost-sharing dollar amounts cannot be higher for mental health and substance abuse disorder, compared to similar medical and surgical services.
  - Non-quantitative treatment limitations, for example a prior authorization requirement or standard for medical necessity, also must be provided in parity, but this is more difficult to analyze and demonstrate.
- The Consolidated Appropriations Act of 2021 includes Title II, Section 203 (referred to as “Section 203”), which aims to improve compliance with MHPAEA.
- Under Section 203, health insurers must perform and document comparative analyses of how every plan design they offer applies non-quantitative treatment limitations for mental health and substance use disorders, and make this analysis available to the federal HHS and DOL upon request.
  - States also have authority to request this documentation.

# SURPRISE BALANCE BILLS

- Balance bills sometimes occur.
  - 1 in 5 emergency claims.
  - 1 in 6 in-network hospitalizations.
- Insured patients are left to pay hundreds or thousands of dollars for care at an in-network facility because an out-of-network provider was involved in the episode of care.
- In the past two years, state and federal laws have been passed to address surprise balance bills.

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# NO SURPRISES ACT

- **Federal No Surprises Act (signed in the closing days of 2020)**
  - <https://www.cms.gov/nosurprises>
  - Allows state balance billing laws to remain in place but fills in gaps where the federal law goes further.
  - Emergency is defined to last longer into a hospital stay past stabilization.
  - Reimbursement amounts are negotiated using informal dispute resolution (IDR), each party submits a best final offer, the IDR determines which is most reasonable.
    - The plan's median in-network rate can be considered, but the billed charge and Medicare rates cannot be considered.
  - Non-emergency services provided by an out-of-network provider at an in-network facility are covered, but a patient can waive protection and agree to balance billing if they wish to use a particular provider.
  - Enforcement will be a joint effort between the state and federal governments.

# NO SURPRISES ACT – WHAT PATIENTS NEED TO KNOW

- The law applies to individual and group major medical insurance, and also applies to self-insured employer plans.
- For emergency services, surprise bills are banned, even if you go to an out-of-network facility.
  - For emergency services, all you will be charged is your plan's in-network cost sharing (copay, coinsurance, deductible) even if you go to an out-of-network facility.
- For non-emergency services at an in-network facility, surprise bills are banned for certain additional services.
  - Examples: anesthesiology, radiology, and labs.
- Healthcare providers are required to give you an easy-to-understand notice explaining the applicable billing protections, who to contact if you have concerns that a provider or facility has violated the protections, and that patient consent is required to waive billing protections.
- Non-emergency services at an out-of-network facility can still be balance billed.

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# BROKER COMMISSION DISCLOSURES AND THE NO SURPRISES ACT

- The No Surprises Act requires disclosure of the amount of compensation paid to brokers.
  - Includes short-term limited-duration insurance, ACA major medical, and self-insured employer health plans.
  - Requires disclosure of direct and indirect compensation.
  - Applies to brokers earning over \$1,000 annually.
- Plans must report information on broker compensation annually.
- “Good faith compliance” based on the proposed rule until a final rule is issued.



# PREVENTIVE SERVICES AT NO COST

- The ACA preventive services mandate for individual, small group, and large group coverage requires certain preventive services be covered in-network without cost-sharing for plan participants.
- Preventive are subject to change depending on circumstances, however there is a court case on appeal that may prohibit new preventive services.
- Diabetes Screening, Blood Pressure Screening, Immunizations, Mammography

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# IMPROPER MARKETING OF HEALTH INSURANCE

# Types of Health Insurance

- **Major Medical** – coverage is ACA compliant
- **Short-term Medical** – referred to as STLDI or “mini-med.”
- **Supplemental insurance** – under the “health” umbrella includes hospital indemnity, limited benefit, specified disease, or disability insurance.
- **Discount Medical Plans** (just a discount, not insurance) and **Healthcare Sharing Ministries** (NOT INSURANCE) also fall under this umbrella
- **Medicare Advantage** – covers Medicare Parts A & B through private market insurers
- **Medicare Supplement** – also called “medigap,” for people who are not enrolled in Medicare Advantage plans

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# Telemarketers and Internet Advertising

- Internet misrepresentations usually start with a customer searching for health insurance online.
  - Pop-up internet ads or posts on social media are two common methods used to reach people.
- Once the customer contact has been established, internet chats or phone calls are where the misrepresentations get made.
- Sometimes just the fact that a person searched for ACA individual market plans and this website came up as a result can be misleading.
  - Example: “healthcare.com” instead of “healthcare.gov”
- Lead generators may collect information about people looking to purchase health insurance, then sell those contacts to agents.
- **BE CAUTIOUS WITH YOUR PERSONAL INFORMATION**

# Examples



**BIDEN**  
CARE

**GET QUOTES FROM TOP PROVIDERS IN MINUTES**

[SELECT A PLAN](#)



**Browse insurance plans and save.**  
We work with America's top insurance carriers who can help you compare coverage rates and provide you with information about their policies.

- ★ Receive Free Quotes
- ★ Compare Top Companies
- ★ Save Time & Money

[FIND YOUR PLAN](#)

See site for details and disclosures. Quotes provided by licensed agents.  
To unsubscribe, [click here](#) or write to: HealthExchangeUSA 378 Diederich Blvd #153 Ashland, KY 41101



**TRUMP**  
★ ★ ★ ★ ★  
**HEALTHCARE?**

[View Plans](#)



**Martin,**

**View updated Health Insurance plans available in NE.**

Compare Trumpcare plans from the top insurance companies. Huge savings on healthcare costs may be available.

[View Plans →](#)

# Examples (more)

12:54 5G UC 92%

**Business Owner Health**  
Sponsored ·

**JUST PASSED!!!** Health Insurance designed for business owners (No copays or deduct... See more



Subscriber Information		Group Information	
Subscriber Name:	JOHN DOE	Group No:	123456789
Subscriber ID:	YPP123456789	Rxbin:	015825
Members:	JANE SAM	Effective Date:	01/01/22

Code	Member Responsibility	Amount
01	DED-INN-00N	\$2,800/\$14,000
02	DOP Max-INN-00N	\$8,700/No Max
	Specialist-INN	\$15
	URG Care/ER-INN	\$150
	Drug Tier 1	\$150
	Drug Tier 2-6	\$250
	Rx Deductible	\$250

FORM ON FACEBOOK  
**Pay Less For Health Insurance** 👉 [Learn more](#)

145 likes 24 comments

Like Comment Send

**Jackie Phillips**  
Well leaves out plenty it does say employers not employees.

# MEDICARE



# What is Medicare?

- Federal Health Insurance created in 1965
- Must meet one to qualify:
  - 65 or Over
  - Qualifying Disability
  - End-Stage Renal Disease (ESRD)





# What is Medicare?

- Original Medicare
- Medicare Advantage



**OR**



# Part A – Hospital Insurance

- Pays for:
  - Inpatient Hospital Care
  - Skilled Nursing Facility Care
  - Home Healthcare
  - Hospice
- Premium free for most



# Part B – Medical Insurance

- Pays for medically necessary outpatient services:
  - Medical Expenses
  - Lab and Diagnostic Testing
  - Outpatient Hospital Treatment
  - Durable Medical Equipment
- \$164.90 monthly standard premium
  - Higher wage earners pay more
    - IRMAA
    - Imposed on income greater than:
      - \$97,000/individual
      - \$194,000/couple



# Medicare Supplements

- Optional extra insurance
  - Purchased from private insurance company
  - Standard plans
  - Guaranteed renewable
- Pays for Part A & Part B
  - Deductible
  - Copays
  - Coinsurance



# Part D – Drug Insurance

- Pays for brand name & generic prescriptions
- Monthly Premium
  - \$4.70 - \$113.60
  - IRMAA on higher wage earners



# Medicare Advantage (Part C)

- Alternative to Original Medicare
  - Purchased from private insurance companies
  - Must be enrolled in both Part A & B
- Blends Part A, Part B, and usually Part D
  - Must offer equal/better coverage than Original Medicare
  - May offer extra benefits
    - Dental
    - Vision
    - Hearing
- Availability varies by county
  - Cherry county does not have this option



# Medicare Advantage (Part C)

- HMO (Health Maintenance Organization)
  - In-network providers can offer lower copay/coinsurance and out-of-pocket maximums
  - Out-of-network providers charge you 100% of the cost of the service
- PPO (Preferred Provider Organization)
  - In-network providers can offer lower copay/coinsurance and out-of-pocket maximums
  - Out-of-network providers charge higher copay/coinsurance and out-of-pocket maximums
- PFFS (Private Fee-For-Service)
  - No network. Providers may decide to accept the insurance
- Cost Plans
  - In network providers can offer lower copay/coinsurance and out-of-pocket maximums
  - Out-of-network providers, coverage is provided by Original Medicare, Part A and/or Part B

# Enrollment

- Initial Enrollment Period
  - At age 65 or
  - After 24-month qualifying period if eligible due to disability (SSDI)
- Special Enrollment Period
  - When losing coverage from active employment
- Annual Open Enrollment (Part D or Medicare Advantage)
  - October 15 – December 7
- Medicare Advantage Open Enrollment
  - January 1 – March 31 (Only available to people enrolled in an Advantage plan.)



# Medicare Savings Program

- Lower income earners can receive assistance paying for Part B premiums
  - Single
    - Income < \$1,641/monthly
    - \*Assets < \$9,090
  - Married
    - Income < \$2,220/monthly
    - \*Assets < \$13,630
- Apply at ACCESS Nebraska
  - 1-855-632-7633
  - [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)

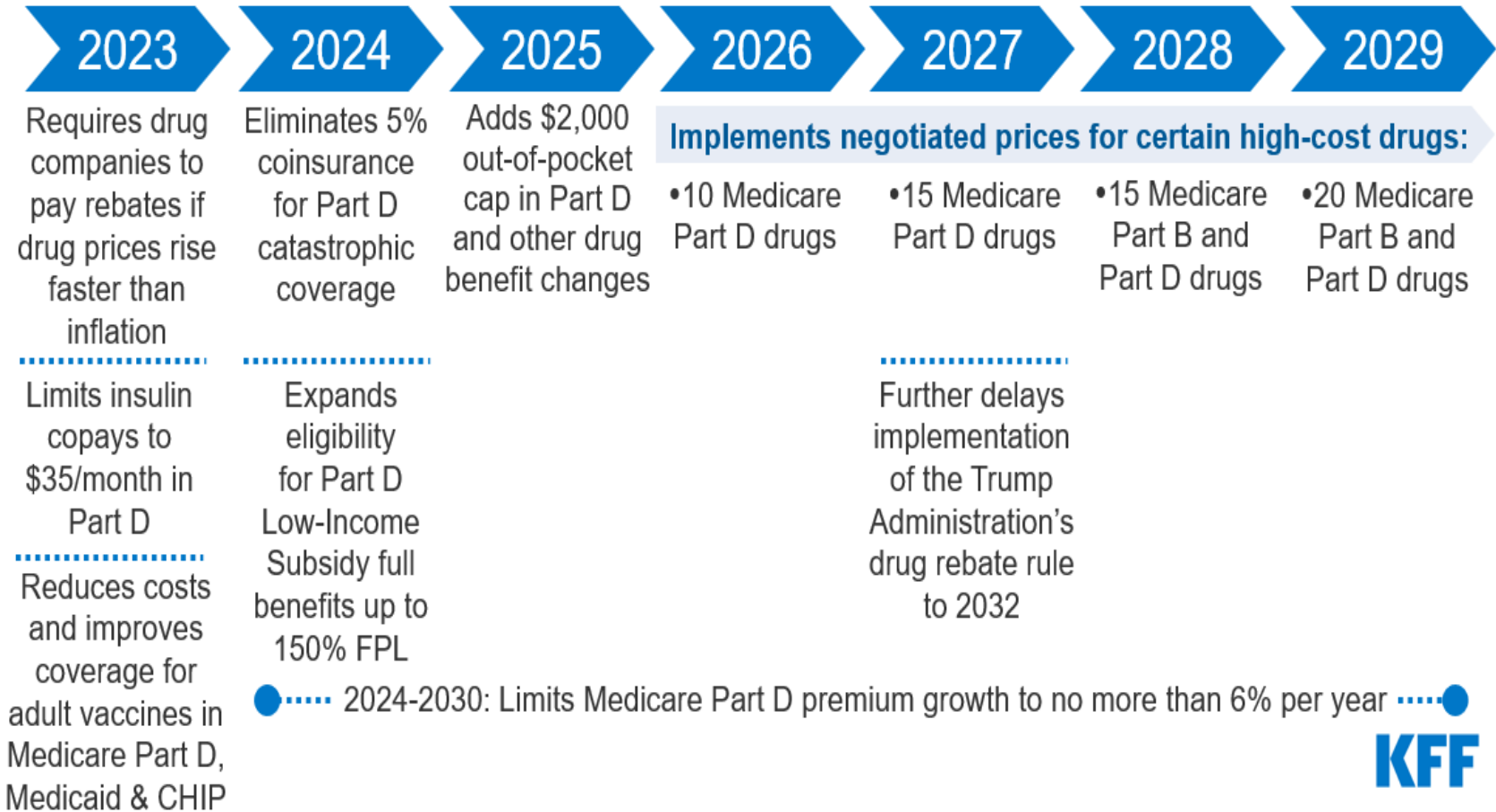
\* Assets do not include car or home

# Extra Help

- LIS (Low Income Subsidy) helps pay Part D cost
  - Single
    - Income < \$1,843/month
    - \*Assets < \$16,660
  - Married
    - Income < \$2,485/month
    - \*Assets < \$33,240
- Apply at [www.ssa.gov](http://www.ssa.gov) or at Nebraska SHIP office

- \*Assets do not include car or home

# Implementation Timeline of the Prescription Drug Provisions in the Inflation Reduction Act



# Protecting Yourself & Medicare

- Medicare Fraud and Abuse:
  - Costs Medicare \$60 billion annually
    - Providers billing for services not received
    - Providers ordering unnecessary tests/procedures
    - Compromised Medicare Information
  - Potential results include:
    - Tax dollars lost
    - Medicare fund at risk
    - Less money for benefits
    - Higher Medicare premiums/costs
  - What about errors?
    - Human error exists
    - Most medical/health professionals are honest
    - Only review and investigations will determine truth

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# Fraud Activity in Nebraska

- New/Plastic Medicare Card Scams
- Genetic Testing Scams
  - Cancer
  - Pharmacogenetic
  - Heart Disease
- COVID-19 Testing Scams
- Back Braces and Other DME Supplies Fraud Calls
- Fraudulent Calls and Text Messages from “CVS Pharmacy”

# What Can You Do?

- **Protect**



- Social Security number/Medicare number
- Shred letters with personal identifying information
- Medicare does not call or visit

- **Detect**



- Review Medicare Summary Notice (MSN)
- Review Explanation of Benefits (EOB)
- Keep records/Healthcare Journal

- **Report**



- Ask questions
- Call Nebraska SHIP/SMP – 1-800-234-7119

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# ADVICE FROM THE EXPERTS

# Most Common Complaints

- Life and Health Insurance:
  - Claim denied or delayed
  - Premiums or billing
  - Misrepresentations
  - Coverage questions
  - Life:
    - Cash value of policy, surrendering policies
  - Health:
    - Out-of-network providers
- Property and Casualty Insurance:
  - Auto:
    - Liability and comparative negligence
    - Total loss settlement
  - Homeowners:
    - Roof damage vs. wear and tear
    - Siding matching
    - Ground water vs. sewer backup

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# Advice From the Experts Health Edition

- Contact the Department of Insurance sooner rather than later with insurance issues.
- Consult with an agent when searching for ACA individual major medical insurance.
  - Know what companies are selling ACA-compliant health plans in Nebraska before browsing online for coverage.
- Health care providers can leave or join a network during the plan year, so verify the provider is in-network with each visit.
- Health insurance premiums should be paid in full, not partial payments.
  - This will avoid policy termination for failure to fully pay.
  - Understand that the grace period will not last forever, it is important to keep current on payments.
- Ask questions and know what you are buying.
  - Lower premiums for health insurance typically mean the plan is not as comprehensive as an ACA major medical policy.

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# Advice From the Experts Auto Edition

- If your vehicle is totaled, the company does not owe you for a new car.
  - It will pay you the **actual cash value (ACV)** of your vehicle.
  - The ACV is what your vehicle was worth before it was totaled, based on third-party data.
- Nebraska law allows the use of aftermarket parts to repair vehicles.
  - The parts must be of equal kind, fit, and quality.
  - If you want the **original equipment manufacturer (OEM)** parts, you will pay the difference in cost.
- Nebraska law does **not require an insurance company to provide you with a rental car** if you are a third-party claimant in an accident.
  - The at-fault driver's insurer may provide a rental car to you as a courtesy if that insurer accepts liability for the accident.
  - The only time rental coverage is given is if you have purchased rental car coverage under your own policy.

# More Advice From the Experts

- Don't sign anything before you read it and understand it.
- A roofer/siding salesperson may not be your best guide to Nebraska insurance law.
  - Nebraska is not a matching state for siding and/or roofing. The company owes for direct physical damage caused by a covered peril.
  - The regulation says reasonable match in the area, and the NDOI does not determine reasonable match.
- Check your life insurance beneficiary designations.
- The Department of Insurance:
  - Does not mediate claims settlements.
  - Will investigate a company's claim handling to ensure a thorough claims investigation was done in accordance with applicable laws and regulations.

# Life Insurance Policy Locator

- The NAIC Life Policy Locator can help find life insurance policies and annuity contracts of a deceased family member or close relationship.
- The Life Insurance Policy Locator has matched more than \$1 billion in life insurance benefits and annuities to beneficiaries.
- When a request is received, the NAIC will:
  - Ask participating companies to search their records to determine whether they have a life insurance policy or annuity contract in the name of the deceased you entered.
  - Ask participating companies that have policy information to respond to you, as the requestor, if you are the designated beneficiary or are authorized to receive information.
- Online at <https://eapps.naic.org/life-policy-locator/#/welcome>

# CONTACT INFORMATION

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- Department of Insurance web site: <https://doi.nebraska.gov/>
- SHIP Hotline – 800-234-7119
- NDOI Office Number – 402-471-2201
- Investigation Complaint Division 402-471-0888 or (in-state only) 877-564-7323
- Online complaint form: <https://doi.nebraska.gov/consumer/consumer-assistance>
- External review information: <https://doi.nebraska.gov/appealing-denied-health-claim>



# Questions