

## ***2019: OVERVIEW OF THE HEALTH INSURANCE MARKET IN KANSAS***

### **Open Enrollment for Individuals and Families for Plan Year 2019**

Open enrollment will begin on **November 1, 2018** and will end on **December 15, 2018**. Anyone wishing to have coverage effective January 1, 2019 must complete the application process by December 15, 2018. The only way to obtain coverage after January 1, 2019 will be through a special enrollment period due to a qualifying event.

Kansas has a Federally Facilitated Marketplace (FFM) that utilizes the healthcare.gov platform. A direct enrollment pathway that allows agents, brokers, consumers or issuers to assist consumers in shopping for coverage on a third party website is available. Direct enrollment entities are permitted to use a “proxy direct enrollment” pathway, which allows direct enrollment entities to collect consumer information on their websites and input that information into healthcare.gov.

In addition, coverage may be purchased off the Marketplace from the same companies offering coverage on the Marketplace during the open enrollment period. For 2019 there are no companies offering coverage off the marketplace only.

Open enrollment is an opportunity for Kansans to evaluate whether to enroll in coverage, stay on their current policy if available, or enroll in a different policy. Consumers currently enrolled in a qualified health plan (QHP) through the FFM may be eligible for automatic re-enrollment.

During open enrollment the federal government will be suggesting new plans for individuals on qualified health plans (QHPs) that companies are discontinuing after 2018. Consumers whose current plans will not be offered in 2019 do not have to enroll in the plan suggested to them. They are able to shop for any plan available to them depending on where they live. The new plan is effective only when the premium is paid.

It is important for Kansans to report changes to their income, address, and household information as soon as possible. If changes are not reported federal taxes could be affected. The FFM will re-determine enrollee eligibility for advance premium tax credits (APTC) and income-based cost-sharing reductions (CSRs) for those receiving financial assistance using the most recent income data available.

**The tax credits and cost-sharing reductions are only available when purchasing on the FFM. If you qualify for cost-sharing reductions you must pick a silver plan to receive the extra savings.**

It is important for consumers to understand how their policy works and especially important to understand the network requirement of any plan being considered. Companies may change the type of policy they sell from one year to the next and this could have network implications as well. Consumers should check to be certain that their physicians and all other medical providers are in the network for the plan they are considering purchasing. Companies may offer the following plans:

- **Exclusive Provider Organization (EPO)** – A type of managed care organization (health plan) that provides health care coverage through preferred health care providers only. The EPO may require a gatekeeper, a primary care professional who makes referrals for specialty care.
- **Health Maintenance Organization (HMO)** – A type of managed care organization (health plan) that provides health care coverage through a network of hospitals, doctors and other health care providers. Typically, the HMO only pays for care that is provided from an in-network provider.
- **Preferred Provider Organization (PPO)** – A type of health plan that provides health care coverage through a network of providers. Typically, the PPO requires the policyholder to pay higher costs when they seek care from an out-of-network provider.
- **Point of Service (POS)** – A managed care plan that gives members the option of seeking care from a specialist without a referral from a primary-care physician. Such services are subject to a higher deductible and/or coinsurance.

There are bronze, silver, gold and platinum metal levels. The various metal levels indicate how you and your plan will share in the costs of care.

Bronze plans offer the lowest monthly premium and the highest cost when you seek care. Consumers may purchase **Expanded Bronze** plans. Expanded Bronze plans either cover and pay for at least one major service, other than preventative services before the deductible or meet the requirements to be a high deductible health plan. Covered major services could include primary care visits, specialist visits, emergency room services, inpatient hospital services, generic drugs, preferred brand drugs, or specialty drugs.

At the other end of the spectrum, platinum plans offer the highest monthly premium and the lowest costs when you receive care.

### **Key Dates to Remember**

- **November 1, 2018** - Open Enrollment begins.
- **December 15, 2018** - Open Enrollment ends.
- **January 1, 2019** - Coverage for 2019 can begin.

## Policy Options for Individuals and Families

In 2019 consumers shopping on the FFM in Kansas will have the opportunity to purchase individual policies offered by three health insurance companies depending on where they live. The companies include Blue Cross and Blue Shield of Kansas (103 counties); Medica Insurance Company (105 counties); and Ambetter from Sunflower Health Plan (4 Counties). There are 23 individual policies available on the Marketplace.

### Marketplace Policies Available in Kansas in 2019

Company	Type	Total	Catastrophic	Bronze	Silver	Gold
Blue Cross and Blue Shield of Kansas, Inc.	EPO <sup>#</sup>	5	0	2	2	1
Medica Insurance Company	EPO	13	2	6	2	3
Ambetter from Sunflower Health Plan	HMO*	5	0	1	3	1
Total Individual:		23	2	9	7	5

*Note: Companies offering plans on the Marketplace must also offer those plans off the Marketplace. Also, Bronze plans in the table above may include Expanded Bronze plans.*

*<sup>#</sup>Plans available in all counties except Johnson and Wyandotte.*

*\*Plans only available in Johnson, Wyandotte, Leavenworth and Miami counties.*

Consumers who wish to purchase coverage off the FFM may do so and will have the opportunity to purchase individual policies from the same three companies, depending on where they live.

## Small Business Health Options Program (SHOP)

Plan year 2019, like 2018, will not have any issuers on the SHOP exchange. However, coverage off the SHOP is available from Blue Cross and Blue Shield of Kansas City; Blue Cross and Blue Shield of Kansas, Inc.; UnitedHealthcare Insurance Company; Aetna Life Insurance Company; Aetna Health Inc.; Humana Health Plan, Inc. and Humana Insurance Company.

### Off SHOP Policies Available in Kansas in 2019

Company	Type	Total	Bronze	Silver	Gold	Platinum
Aetna Health Inc.	POS	1	0	1	0	0
Aetna Life Insurance Company	EPO	1	0	1	0	0
Blue Cross and Blue Shield of Kansas, Inc.	EPO	5	2	2	1	0
Blue Cross and Blue Shield of Kansas, Inc.	PPO	12	3	4	3	2
Blue Cross and Blue Shield of Kansas City	EPO	3	1	1	1	0
Blue Cross and Blue Shield of Kansas City	PPO	14	5	4	5	0
Humana Health Plan Inc.	POS	34	5	11	17	1
Humana Insurance Company	Indemnity	1	0	1	0	0
Humana Insurance Company	PPO	80	10	32	36	2
UnitedHealthcare Insurance Company	PPO	35	1	13	20	1
Total Small Group:		186	27	70	83	6

*Bronze plans in the table above may include Expanded Bronze plans.*

#### Other Available Options

Kansans have likely heard about Short Term Limited Duration (STLD) policies and Association Health Plans (AHPs). These types of plans offer other options for Kansans who are seeking health insurance coverage. The Kansas Insurance Department has issued guidance for each of these types of plans. The guidance outlines how current Kansas law interacts with the Federal Final Rules for both STLD and AHPs. Anyone interested in obtaining the guidance or learning more should contact the Health & Life Division at 785-296-7850.

#### Stand-Alone Dental Plans

For individual policies that do not include pediatric dental, stand-alone dental plans are available. Exchange certified stand-alone dental plans include pediatric dental to meet the essential health benefits. The annual limitation on cost sharing for 2019 is \$350 for one child and \$700 for two or more children.

In addition, for 2019 the requirement for companies offering stand-alone dental plans to meet the low (70 percent +/-2 percentage points) or high (85 percent +/-2 percentage points) actuarial value has been removed. For plan year 2019, stand-alone dental plans may offer the pediatric dental essential health benefit (EHB) at any actuarial value.

In 2019, consumers shopping on the FFM in Kansas will have the opportunity to purchase individual dental policies offered by BEST Life and Health Insurance Company, Dentegra Insurance Company, Renaissance Life & Health Insurance Company of America and TruAssure Insurance Company. There are 12 individual policies available on the Marketplace.

**Marketplace Dental Policies Available in Kansas in 2019**

<b>Company</b>	<b>Total</b>
BEST Life and Health Insurance Company	4
Dentegra Insurance Company	2
Renaissance Life & Health Insurance Company of America	4
TruAssure Insurance Company	2
Total Individual:	12

Consumers who wish to purchase coverage off the FFM may do so and will have the opportunity to purchase individual policies. Consumers shopping off the FFM in Kansas will have the opportunity to purchase certified stand-alone dental policies offered by the following companies: BEST Life and Health Insurance Company, Renaissance Life & Health Insurance Company of America and TruAssure Insurance Company.

**Off the Marketplace Dental Policies Available in Kansas in 2019**

<b>Company</b>	<b>Total</b>
BEST Life and Health Insurance Company	4
Renaissance Life & Health Insurance Company of America	4
TruAssure Insurance Company	2
Total Individual:	10

**SHOP Dental Policies Available in Kansas in 2019**

<b>Company</b>	<b>Total</b>
BEST Life and Health Insurance Company	6

**Off SHOP Dental Policies Available in Kansas in 2019**

<b>Company</b>	<b>Total</b>
Metropolitan Life Insurance Company	1

## Premium Rates for Individual and Small Group Markets

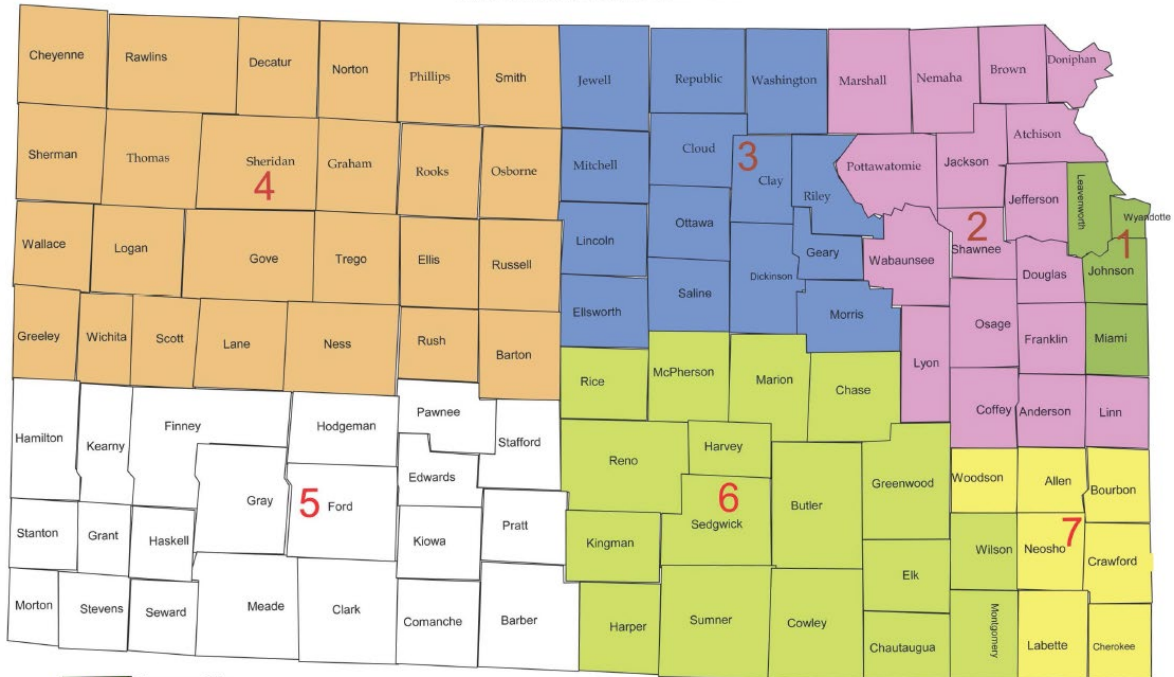
Individual plan premium rates may vary by age, rating area, family composition and tobacco usage. For example, a person living in Manhattan, KS (rating area 3) may pay a different rate than someone living in Pittsburg, KS (rating area 7) based on the claims data by rating area. A map of the counties included in each rating area is provided on the next page.

Kansas is an effective rate review state, which means the actuarial review is conducted by the Kansas Insurance Department. KHIIS (Kansas Health Insurance Information System) claims data is utilized during the rate review process to verify the claims experience submitted by the companies.

The following table provides details regarding the average requested rate revisions for companies writing individual policies in Kansas. Rate increases will be partially offset for individuals receiving a premium tax credit.

<b>Company Name</b>	<b>Average Filed Increase</b>	<b>On Marketplace</b>	<b>Off Marketplace</b>
Blue Cross and Blue Shield of Kansas, Inc.	8.28%	Yes	Yes
Medica Insurance Company	4.3%	Yes	Yes
Ambetter from Sunflower Health Plan	2.68%	Yes	Yes

**Kansas Rating Areas Established Pursuant to 45 CFR 147.102(b)(3)(ii)  
For Plan Years Beginning in 2014**



- 1 Kansas City**
- 2 Northeast**
- 3 Northcentral**
- 4 Northwest**
- 5 Southwest**
- 6 Southcentral**
- 7 Southeast**

### Small Business Health Insurance Rates

The range of average rate revisions by insurance companies for policies sold off the 2019 federally facilitated SHOP is 0.11 percent to 9.95 percent.

The following table details the average rate revisions requested by the companies that write small business health insurance in Kansas.

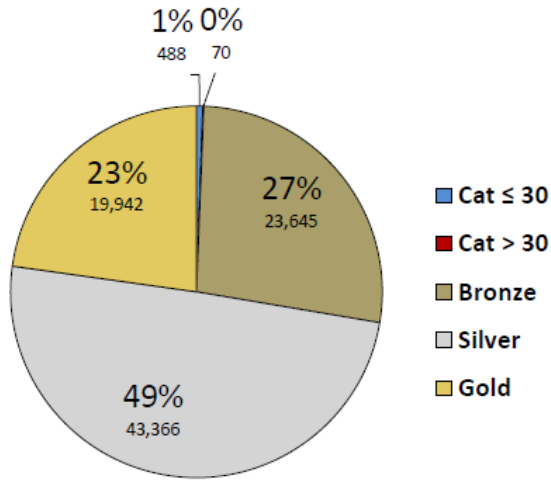
<b>Company Name</b>	<b>Average Filed Increase</b>
Aetna Health Inc.	7.14%
Aetna Life Insurance Company	9.95%
Blue Cross and Blue Shield of Kansas, Inc.	0.11%
Blue Cross and Blue Shield of Kansas City	8.01%
Humana Health Plan, Inc.	7.49%
Humana Insurance Company	7.49%
UnitedHealthcare Insurance Company	8.45%



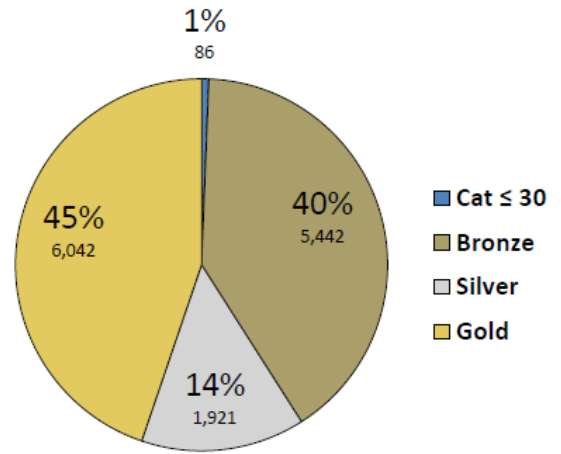
The following charts demonstrate an overview of Kansas plan selections for 2018.

## Individual Covered Lives Comparison by Metal Level

**Individual Marketplace Covered Lives by Metal Level (87,511)**



**Individual Off Marketplace Covered Lives by Metal Level (13,491)**

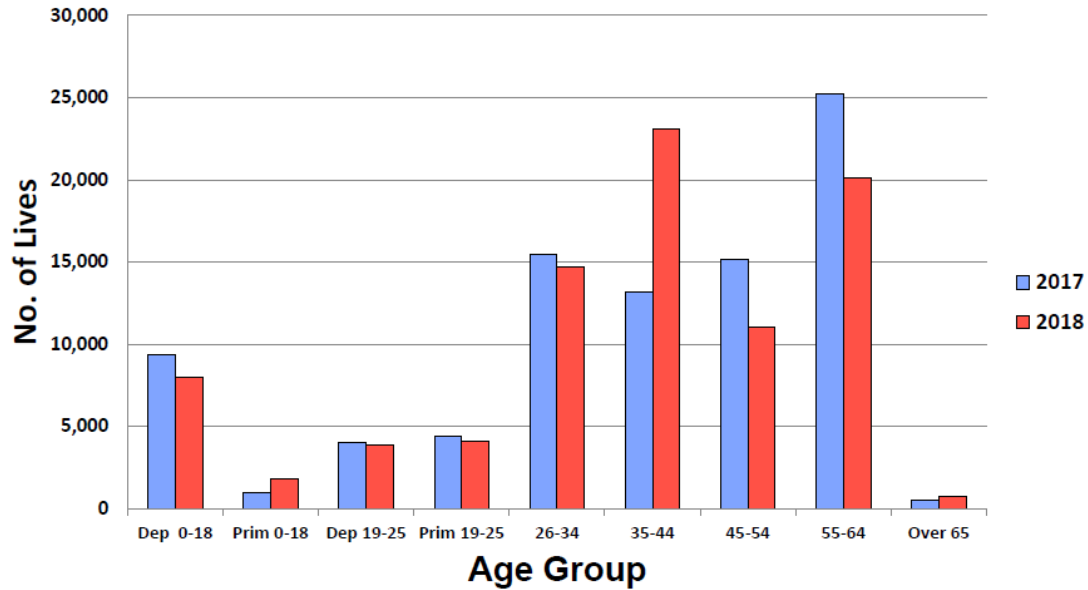


Source: KID data call of insurance carriers.  
Data as of May 1, 2018.

## Individual Marketplace Covered Lives by Age

2017: 88,212

2018: 87,511



Source: KID data call of insurance carriers.  
Data as of May 1, 2018.

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### Kansas Federal Marketplace Enrollment Comparison 2015-2018

	2015	2016	2017	2018
Total Number of Individuals with Plan Selection Through the Marketplace	96,197	101,555	98,780	98,238
Number of Plan Selections with Financial Assistance	80%	83%	84%	83%
Total Consumers Reenrolling in Coverage Through the Marketplace	46,393	60,661	67,292	70,905
Total Active Reenrollees	23,398	50,743	52,378	52,465
Active Reenrollees Who Switched Plans	13,922	38,412	26,435	26,404
Age < 18	9%	10%	11%	11%
Age 18 - 25	11%	11%	11%	10%
Age 26 - 34	19%	19%	18%	18%
Age 35 - 44	16%	15%	15%	15%
Age 45 - 54	19%	18%	17%	17%
Age 55 - 64	25%	26%	27%	28%
Age ≥ 65	< 1%	< 1%	< 1%	< 1%