

2025 Open Enrollment for Health Insurance in Central Oregon

Produced by - High Desert Insurance and Financial Services
For the Exclusive use of our Clients and Agents

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2025 Open Enrollment - *“Take a deep breath”*

- ▶ All Central Oregon Residents are facing the same decisions and challenges regarding the availability and affordability of Health Insurance for 2025.
- ▶ The good news is that High Desert Insurance is well-versed in all the changes and options available for 2025 and WE CAN HELP YOU!
- ▶ There is NO cost to you to use our agency, and we look forward to helping you and your family navigate this Open Enrollment period and select the best health insurance options available.

Carriers Available in Central Oregon in 2025

- ▶ **PacificSource Health Plans** - Marketplace AND Direct Enrollment - ONLY Preferred Provider Plan available.
- ▶ **Providence Health Plans** - Marketplace AND Direct - Exclusive Provider ONLY.
- ▶ **BridgeSpan(Regence BCBS)** - Marketplace ONLY - Exclusive Provider ONLY.
- ▶ **Regence Blue Cross Blue Shield of Oregon** - Exclusive Provider ONLY.

Open Enrollment Details

- ▶ Open Enrollment begins 11/1/2024 and ends on 01/15/2025.
- ▶ Last day to purchase coverage for a January 1st effective date is 12/15/2024.

There Are 4 Ways to Obtain Health Insurance in 2025

- ▶ 1. Through your Employer or Spouses Employer - If your employer or spouse's employer offers you coverage, you are NOT eligible for a subsidy or Advanced Payment of Tax Credits through the Marketplace. The ONLY exception to this is if the cost that is passed on to you for your own coverage or your spouse/family exceeds 9.75% of your monthly income.
- ▶ 2. Oregon Health Plan - Medicaid - If your household income is below certain levels (see slide #12), you may qualify for FREE coverage through the OHP. Sometimes your children may qualify for CHIP (part of OHP) even if the parents do not. We cannot help you with access to OHP, please call Mosaic Medical at 541-383-3005
- ▶ CONTINUED ON NEXT SLIDE

There Are 4 Ways to Obtain Health Insurance in 2025 - Continued

- ▶ 3. Subsidized Coverage through the Federal Marketplace - If your household income is above the OHP threshold, but below certain other levels (see slide #7 for these levels), you may qualify for premium assistance in the form of advanced payment of tax credits from the federal government. If you fall into this category you may also qualify for “cost sharing” that reduces your deductible and some other features of your plan. This applies to SILVER plans ONLY.
- ▶ 4. Purchase Direct from the Health Insurance Carriers - If your household income is above the thresholds for subsidized coverage, you may apply directly to the Health Insurance Carrier, and can avoid working with the Federal Marketplace.

Anticipated Household Income for 2025

- ▶ It is **CRITICAL** that you know your anticipated household income for 2025 in order to properly determine the best coverage options for your family.
- ▶ Every income earner in your household (every individual on your family tax return) will need to provide their income on an hourly, monthly, or annual basis.
- ▶ We **CANNOT** help you with this process. If you need to seek the counsel of your tax advisor before meeting with us, please do so.

What do I need to report as Income for the Marketplace?

- ▶ Jobs including wages, salary, tips, commissions, bonuses and severance pay.
- ▶ Self-employment - small business income, freelance, consulting, or contract work. Listed as NET income after expenses.
- ▶ Unemployment Compensation.
- ▶ Pensions from former employers.
- ▶ Social Security payment.
- ▶ Capital Gains.
- ▶ Investments like interest on savings, or dividends from stocks or mutual funds.
- ▶ CONTINUED ON NEXT SLIDE

What do I need to report as Income for the Marketplace? - Continued

- ▶ Retirement including withdrawals from most 401k and IRA Accounts.
- ▶ Alimony.
- ▶ Farming or Fishing.
- ▶ Rental or Royalty Income on a NET basis (after expenses).
- ▶ Other Income like - canceled debts, court/jury duty pay, cash support, gambling, prizes, awards, taxable scholarships, and grants.
- ▶ **High Desert Insurance and Jeff Melville, strongly recommend you consult your tax professional regarding the specifics of your household income and update the marketplace as changes occur.**

Income you DO NOT have to report to the Marketplace

- ▶ Proceeds from loans (student loans, home equity loans, bank or personal loans).
- ▶ Child support.
- ▶ Veteran's payments.
- ▶ Worker compensation or injury damage awards.
- ▶ Supplemental Security Income (SSI).
- ▶ Gifts, regardless of amount.
- ▶ Federal tax refunds or credits.

Income Qualification for Oregon Health Plan - 2024

- ▶ - If your household income is below:
 - ▶ \$15,060 for a 1-person household
 - ▶ \$20,440 for a 2-person household
 - ▶ \$25,820 for a 3-person household
 - ▶ \$31,200 for a 4-person household
 - ▶ \$36,580 for a 5-person household
- You may be eligible for the Oregon Health Plan/Medicaid.
- Please contact Mosaic Medical at 541-647-2717, to schedule an appointment to discuss enrollment in OHP.

Approximate Income Levels for Subsidized Coverage - 2025

- ▶ Depending on your household income level, you *MAY* qualify for subsidized coverage through the Federal Marketplace in the form of Advanced Payment of Tax Credits.
- ▶ There is **NO** income cutoff limits for subsidized coverage in 2025. Household size, age, and income all factor into the calculation.
- ▶ Goal of ARPA is to have individuals pay no more than 8.5% of AGI in insurance premiums

Important Insurance Terms You Need to Know

- ▶ **Deductible**: The amount you pay for health care services before your health insurance or plan begins to pay within a benefit year. Not all of out-of-pocket payments you make count toward reaching the deductible (co-pays for Dr. Office visits for example). *For most Gold and Silver plans, this is usually for inpatient, hospital, and ambulatory outpatient charges/procedures.* Plans vary - read your Summary of Benefits and Coverage.
- ▶ **Co-insurance**: Your share of the costs of a covered health care service, after you pay your deductible. Calculates as a percent of the allowed amount for the service.
- ▶ **Co-payment or Co-pay**: An amount you will be required to pay for covered services, like a Dr. office visit, specialist visit, or urgent care visit. A co-payment is usually a set amount, rather than a percentage.

Important Insurance Terms You Need to Know

- ▶ **Preventative Services**: These are benefits that are mandated by the Affordable Care Act and included in ALL plans. They are routine health care services including screenings, check-ups, and patient counseling to prevent illnesses, disease or other health problems or to detect illness at an early stage when treatment is likely to work best. This can include services like flu shots, vaccines, colonoscopy's and screenings, depending on what is recommended for you.
- ▶ **Out of Pocket Maximum**: The most you pay during a policy period (usually a calendar year) before your plan starts to pay 100% for covered essential health benefits. This limit includes deductibles, co-insurance, copayments, or similar charges and any other expenditure required of an individual for qualified medical expense.

Important Insurance Terms You Need to Know

- ▶ **Network**: The facilities, providers and suppliers your health insurer has contract with to provide health care services. Contact your insurance company to find out which providers are “in-network” and “out-of-network”; it will cost you more to see an out-of-network provider.
- ▶ **Premium**: The amount you pay for your health insurance or plan, paid monthly. It does NOT count toward your deductible, your co-payment, or your co-insurance. If you don't pay your premium you could lose your coverage. If your coverage lapses during 2023 for non-payment you are NOT eligible to reapply until the open enrollment period for the 2024 coverage year.

Oregon Standardized Health Plans for 2025

- ▶ “Standardized plans” means all companies offer the same benefits, which are mandated by the state of Oregon.
- ▶ Some of the carriers do offer non-standardized plans in 2025. You may not receive the full APTC if you elect a non-standard plan.
- ▶ All of the Standardized plans for 2025 do NOT provide pediatric dental. You are NOT required to carry this coverage, in Oregon, if you have children in your household. We have supplemental dental plans available, please ask.
- ▶ Benefit highlights of the Standard Medal Plans Gold, Silver and Bronze are on the slides that follow.

Oregon Standard Gold Plans - Coverage Highlights

(Plans Subject to Change)

- ▶ Gold plans are the most expensive and have the lowest out of pocket costs. They are designed to pay 78% of your medical costs. Highlights include:
- ▶ \$1,800/person, \$3,600/family deductible (this does NOT apply to preventative care, office visits, or urgent care visits).
- ▶ Yearly out of pocket limit of \$7,300/person, \$14,600/family per year, in network.
- ▶ Co-insurance of 20% after deductible in network, 50% out of network
- ▶ Co-pays for primary care office visits of \$20/visit, specialists visits are \$40
- ▶ Urgent Care visits are a \$60 co-pay.
- ▶ Prescription drugs are \$10/generic, \$30 for preferred name brand medications, 50% for non-preferred and 50% (\$500max) specialty medication

Oregon Standard Silver Plans 2025 - Coverage Highlights

(Plans Subject to Change)

- ▶ Silver plans are the “middle of the road” in terms of cost and out of pocket costs. They are designed to pay 68% of your medical costs. Highlights include:
- ▶ \$4,800/person, \$9,600/family deductible per year (this does NOT apply to preventative care, office visits, or urgent care visits).
- ▶ Co-insurance of 30% after deductible in network, 50% out of network.
- ▶ Yearly out of pocket limit of \$9,100/person, \$18,200/family per year.
- ▶ Co-pays for primary care office visits of \$40/visit, specialists visits are \$80
- ▶ Urgent Care visits are a \$70 co-pay.
- ▶ Prescription drugs are \$15/generic, \$60 for preferred name brand medications, and 50% for non-preferred and specialty medication.
- ▶ Depending on your household income you MAY qualify for additional cost sharing options to lower your deductible - This is ONLY available on Silver plans

Oregon Standard Bronze Plans 2025 - Coverage Highlights

(Plans Subject to Change)

- ▶ Bronze plans are the lowest cost plans and have the highest out of pocket costs. They are designed to pay 58% of your medical costs.
- ▶ SOME Bronze plans are HSA eligible.
- ▶ Copays for Dr. Visits \$50, Specialist \$100, Urgent Care \$100.
- ▶ Standard Bronze (NOT HSA Eligible) \$8,800/person, \$17,600/family deductible per year (this does NOT apply to preventative care). Out of Pocket max same as deductible
- ▶ Bronze HSA 7000 is HSA Eligible - \$7,050/person, \$14,100/Family deductible. Out of pocket max same as deductible.
- ▶ Co-insurance of 0% after entire deductible is met.

If You Are Receiving a Supplement to Pay Your Premium YOU MUST:

- ▶ Set up or access your current account with the federal marketplace at www.healthcare.gov.
- ▶ You will be asked to create a user name, and password, it is VERY IMPORTANT to write these down and keep them available.
- ▶ You will need to contact the insurance company to make your initial payment. It can take several days for them to have you loaded in their system, but **YOU MUST make a payment before coverage is put into force.**
- ▶ Watch your email carefully for information and updates from the Marketplace/Healthcare.gov. You MUST respond to their inquiries and requests for information or risk losing your subsidy and coverage.

Key Contact Phone #'s - 2025

- ▶ Federal Marketplace/Health Care.gov for consumers - 800-318-2596
- ▶ Providence Health Plans - Payments = 888-816-1300 - Customer Service = 800-878-4445.
- ▶ PacificSource Health Plans - 888-624-6052 or 800-591-6579