

2022: OVERVIEW OF THE HEALTH INSURANCE MARKET IN KANSAS

Open Enrollment for Individuals and Families for Plan Year 2022

As a Federally Facilitated Marketplace (FFM), Kansas utilizes <u>healthcare.gov</u> for open enrollment. Some insurers do offer the ability for consumers to enroll directly in a Marketplace plan with that company.

Open enrollment is an opportunity for Kansans to make changes, evaluate whether to enroll in coverage, stay on their current policy, if available, or enroll in a different policy from the same company or a different company.

Open enrollment for plan year 2022 begins on November 1, 2021 and ends January 15, 2022. You must enroll by December 15, 2021 if you would like your coverage to start on January 1, 2022.

After open enrollment ends on January 15, 2022 the only way to obtain coverage is via a special enrollment period (SEP) due to a qualifying event.

During open enrollment the federal government will suggest new plans for individuals on qualified health plans (QHPs) that companies are discontinuing after 2021. Consumers covered by plans that will not be offered in 2022 **do not have to enroll in the plan suggested to them.** They can shop for any plan available to them depending on where they live. <u>The new plan is effective only when the premium is paid.</u>

Kansans should report changes to their income, address, and household information as soon as possible. If changes are not reported, Federal taxes could be affected. Changes are reported directly to the Marketplace by updating your application. Application updates may be done online, by phone, or in person. 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.

Coverage may also be purchased off the Marketplace during the open enrollment period from the same companies offering coverage on the Marketplace. There are twenty-four policies that are only offered off the FFM that are not offered on the FFM. The only way to obtain coverage after open enrollment ends on January 15, 2022 is via a special enrollment period due to a qualifying event.



Consumers should fully understand the network requirement of any plan they are considering. Companies may change the type of policy they sell from one year to the next resulting in potential network implications. 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. If purchasing a plan with an EPO network be certain to understand whether your plan requires you to use a "gatekeeper" before receiving services.

- 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 use of 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 provided by 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.

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

Catastrophic plans cover three primary care visits per year <u>before</u> the plan's deductible is met. The premium paid each month is generally low, but the out-of-pocket costs for deductibles, copayments, and coinsurance are generally higher. To qualify for a catastrophic plan you must be under the age of 30 or receive a "hardship exemption" because the FFM has determined that you are unable to afford health coverage.

Bronze plans offer the lowest monthly premium and the highest cost when you seek care. Expanded bronze plans either cover and pay for at least one major service, other than preventive 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.

Platinum plans offer the highest monthly premium and the lowest costs when you receive care.

Key Dates to Remember:

November 1, 2021 - Open Enrollment begins.

December 15, 2021-Enroll by date for coverage to begin on January 1, 2022.

January 15, 2022 - Open Enrollment ends.

15

2

Policy Options for Individuals and Families

Consumers shopping on the FFM in Kansas will have the opportunity to purchase individual policies offered by Medica Insurance Company (105 counties); Blue Cross and Blue Shield of Kansas (103 counties); Ambetter from Sunflower Health Plan insured by Celtic Insurance Company (91 counties); Cigna Health and Life Insurance Company (8 counties); Oscar Insurance Company (2 counties); Blue Cross and Blue Shield of Kansas City (2 counties) and US Health and Life Insurance Company (7 counties). Availability depends on the insured's geographic location.

Company	Туре	Availability by County	Catastrophic	Bronze	Silver	Gold
Blue Cross and Blue Shield of Kansas, Inc.	EPO	Not available in Johnson and Wyandotte counties	0	2	3	1
Medica Insurance Company	EPO	Plans available statewide	3	14	4	5
Ambetter from Sunflower Health Plan insured by Celtic Insurance Company	EPO	Not available in Wallace, Hamilton, Kearney, Finney, Stanton, Grant, Haskell, Gray, Ford, Morton, Stevens, Seward, Mead or Clark counties	0	10	11	4
Cigna Health and Life Insurance Company	EPO	Plans available in Johnson, Wyandotte, Leavenworth, Miami, Harvey, Sumner, Butler and Sedgwick counties	0	6	10	4
Oscar Insurance Company	EPO	Plans available in Johnson and Wyandotte counties	1	12	10	6
Blue Cross and Blue Shield of Kansas City	EPO	Plans available in Johnson and Wyandotte counties	0	5	3	1
US Health and Life Insurance Company	EPO	Plans available in Butler, Cowley, Harper, Harvey, Kingman, Sedgwick and Sumner counties.	0	4	3	1
		Total Individual: 123	4	53	44	22

Marketplace Policies Available in Kansas in 2022

Consumers may purchase coverage off the FFM if they prefer. Individual policies from the same companies, are also available off the FFM, depending on residential county. It is important to remember that tax credits and cost-sharing reductions are only available when purchasing on the Marketplace.

Small Business Health Insurance

Coverage is not available through the Small Business Health Options Program (SHOP) exchange in Kansas but coverage off the SHOP is available in the small group market 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.; Humana Insurance Company and Cigna Health and Life Insurance Company.

Company	Туре	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	9	2	3	3	1
Blue Cross and Blue Shield of Kansas, Inc.	РРО	14	2	5	3	4
Blue Cross and Blue Shield of Kansas City	EPO	5	2	2	1	0
Blue Cross and Blue Shield of Kansas City	РРО	15	6	6	3	0
Cigna Health and Life Insurance Company	РРО	36	4	18	10	4
Humana Health Plan, Inc.	POS	43	10	16	17	0
Humana Insurance Company	РРО	80	18	28	34	0
UnitedHealthcare Insurance Company	РРО	57	2	19	33	3
UnitedHealthcare Insurance Company	EPO	13	1	4	7	1
Total	Small Group	274	47	103	111	13

Off SHOP Policies Available in Kansas in 2022

Other Health Insurance and Benefit Coverage Options

Short-term, Limited Duration Insurance

Short-term, limited duration insurance (STLDI) policies in Kansas may include policy terms of either six or twelve months (364 days) with one renewal for a maximum policy duration of twenty-four months pursuant to state law.

These policies may be medically underwritten and the end of a short-term, limited duration policy <u>does not</u> qualify the insured for an SEP. When someone is covered by one of these plans and the coverage ends, if they cannot pass medical underwriting, they will have to wait until the next open enrollment period to purchase major medical coverage. Their major medical coverage will not be effective until January 1 of the following year. Exceptions would be if someone experiences a qualifying event that triggers a special enrollment period.

For a list of companies that write short-term, limited duration insurance policies in Kansas please go to <u>https://insurance.ks.gov/documents/healthlife/health/Individual-short-term-carriers.pdf</u>

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 2022 is \$375 for one child and \$750 for two or more children.

In 2022, consumers shopping on the Marketplace 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, TruAssure Insurance Company and The Guardian Life Insurance Company of America. There are 16 individual policies available on the Marketplace.

Company	Total
BEST Life and Health Insurance Company	4
Dentegra Insurance Company	2
Renaissance Life & Health Insurance Company of America	4
TruAssure Insurance Company	2
The Guardian Life Insurance Company of America	4
Total Individual	16

Marketplace Dental Policies Available in Kansas in 2022 (Individual or Family)

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, TruAssure Insurance Company and The Guardian Life Insurance Company of America.

Off Marketplace Dental Policies Available in Kansas in 2022 (Individual or Family)

Company	Total
BEST Life and Health Insurance Company	4
Renaissance Life & Health Insurance Company of America	4
TruAssure Insurance Company	2
The Guardian Life Insurance Company of America	4
Total	14

Off SHOP Dental Policies Available in Kansas in 2022 (Small Group)

Company	Total
Metropolitan Life Insurance Company	1

Premium Rates for Individual and Small Group Markets

The actuarial review of premium rate filings is conducted by the Kansas Insurance Department. KHIIS (Kansas Health Insurance Information System) claims data is utilized during the rate review process to help assess if requested rates are justified, equitable and not excessive.

Individual plan premium rates are allowed to vary by age, rating area, family composition and tobacco usage. There are seven rating areas in Kansas. A map of the counties included in each rating area is provided on the next page.

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



The following table provides details regarding the **<u>average</u>** requested rate revisions for plan year 2022 for companies writing individual policies in Kansas.

Company Name	Average Filed Increase	On Marketplace	Off Marketplace	
Blue Cross and Blue Shield of Kansas, Inc.	6.71%	Yes	Yes	
Medica Insurance Company	15.31%	Yes	Yes	
Ambetter from Sunflower Health Plan insured by Celtic Insurance Company	New in 2022	Yes	Yes	
Oscar Insurance Company	1.59%	Yes	Yes	
Cigna Health and Life Insurance Company	6.10%	Yes	Yes	
Blue Cross and Blue Shield of Kansas City	11.93%	Yes	Yes	
US Health & Life Insurance Company	New in 2022	Yes	Yes	

Small Business Health Insurance Rates

The range of average rate revisions by insurance companies for policies sold off the 2022 federally facilitated SHOP is -2.85 percent to 14.48 percent.

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

Company Name	Average Filed Increase/Decrease
Aetna Health Inc.	-2.79%
Aetna Life Insurance Company	-2.85%
Blue Cross and Blue Shield of Kansas, Inc.	2.87%
Blue Cross and Blue Shield of Kansas City	8.16%
Cigna Health and Life Insurance Company	New in 2022
Humana Health Plan, Inc.	14%
Humana Insurance Company	14.48%
UnitedHealthcare Insurance Company	8.7%

Kansas Federal Marketplace Enrollment Comparison 2015-2021								
	2015	2016	2017	2018	2019	2020	2021	
Total Number of Individuals with Plan Selection on the Marketplace		101,555	98,780	98,238	89,993	85,837	88,627	
Number of Plan Selections with Financial Assistance	80%	83%	84%	83%	86%	86%	88%	
Total Consumers Reenrolling in Coverage on the Marketplace		60,661	67,292	70,905	70,035	67,960	70,080	
Total Active Reenrollees	23,398	50,743	52,378	52,465	52,561	48,966	51,220	
Active Reenrollees Who Switched Plans		38,412	26,435	26,404	16,953	20,289	20,206	
Age <18	9%	10%	11%	11%	10%	10%	9%	
Age 18-25	11%	11%	11%	10%	10%	10%	10%	
Age 26-34	19%	19%	18%	18%	17%	17%	16%	
Age35-44	16%	15%	15%	15%	16%	16%	17%	
Age 45-54	19%	18%	17%	17%	17%	17%	17%	
Age 55-64	25%	26%	27%	28%	30%	30%	30%	
Age 65 and Over	<1%	<1%	<1%	<1%	<1%	<1%	<1%	
Sources: CMS Public Use Files; Annual Effectuated Enrollment Report								

The 2021 total number of individuals with plan selection on the Marketplace in the table above does not reflect the special enrollment period (SEP) from February 15, 2021 to August 15, 2021.

From February 15, 2021 to August 15, 2021 there were 21,220 new plan selections in Kansas. New plan selections are the number of unique consumers who did not have an active enrollment as of February 14, 2021 and made a plan selection on or after the start of the special enrollment period.