

2022 Individual Business Training: Reference Documents



2022 Cost Sharing Snapshot



		Bronze			Silver				Gold
	Value	Saver	Basic	Extra	Saver	Basic	Off Marketplace	Extra	Basic
OOP Max:									
BCBSM	\$8,700	\$8,700	\$7,000	\$8,700	\$7,000	\$8,700	\$8,100	\$8,700	\$7,500
BCN	\$8,700	\$7,000	\$8,700	N/A	\$7,800	\$8,700	\$8,700	\$8,700	\$8,700
Deductible									
BCBSM	\$8,700	\$8,700	\$7,000	\$8,000	\$3,500	\$2,500	\$2,200	\$4,800	\$750
BCN	\$8,700	\$7,000	\$8,700	N/A	\$4,000	\$3,200	\$3,000	\$5,300	\$850
Coins (in):									
BCBSM	0%	0%	0%	40%	20%	20%	20%	20%	20%
BCN	0%	0%	0%	N/A	20%	20%	20%	20%	20%

- Cover Essential Health Benefits only
- Deductible = Integrated individual embedded
- Bronze Basic (PPO), Bronze Saver (HMO) and Silver Saver 70 & 73 AV (PPO) are HSA-compliant

BCBSM = PPO; BCN = All HMO networks
 OOPM = out-of-pocket maximum
 Coins IN = coinsurance In-network

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	Catastrophic	Bronze			Silver				Gold
	Value	Saver	Basic	Extra	Saver	Basic	Off Marketplace	Extra	Basic
Primary care visits: BCBSM	\$30 BD on 1 st 3 visits	\$0 AD	\$0 AD	\$40 BD	\$30 AD	\$30 AD	\$30 AD	\$30 BD	\$30 AD
BCN	\$30 BD	\$0 AD	\$30 BD	N/A	\$30 BD	\$30 BD	\$30 BD	\$30 BD	\$30 BD
Specialist visits: BCBSM	\$0 AD	\$0 AD	\$0 AD	\$100 BD	\$50 AD	\$50 AD	\$50 AD	\$50 BD	\$50 AD
BCN	\$0 AD	\$0 AD	\$0 AD	N/A	\$50 AD	\$50 AD	\$50 AD	\$50 BD	\$50 AD
Urgent care: BCBSM	\$0 AD	\$75 BD	\$0 AD	\$75 BD	\$75 AD	\$75 BD	\$75 BD	\$75 BD	\$75 BD
BCN	\$40 BD	\$0 AD	\$40 BD	N/A	\$40 BD	\$40 BD	\$40 BD	\$40 BD	\$40 BD
ER: BCBSM	\$0 AD	\$0 AD	\$0 AD	\$250 AD + %	\$250 AD + %	\$250 AD + %	\$250 AD + %	\$250 AD + %	\$250 AD + %
BCN	\$0 AD	\$0 AD	\$0 AD	N/A	\$250 AD +%	\$250 AD + %	\$250 AD + %	\$250 AD + %	\$250 AD + %

- HMO: Value, Silver Saver, Silver Basic, Silver Off Marketplace, Gold Basic pay PCP office visits & Urgent Care visits with a copay before deductible and laboratory at 100 percent before deductible
- HMO: Bronze Basic pay PCP office visits, Urgent Care visits & laboratory with a copay before deductible
- BCBSM = PPO
- BCN = All HMO networks
- BD = Before Deductible
- AD = After Deductible

Silver Cost Sharing Variations - PPO



2022 BCBSM Silver	Federal Poverty Level	Deductible	Out of Pocket Maximum
Premier Silver 70	250% and above	\$2,500	\$8,700
Premier Silver 73	200% to 250%	\$2,250	\$6,500
Premier Silver 87	150% to 200%	\$700	\$2,400
Premier Silver 94	138% to 150%	\$200	\$750
Silver Extra 70	250% and above	\$4,800	\$8,700
Silver Extra 73	200% to 250%	\$4,800	\$6,500
Silver Extra 87	150% to 200%	\$1,500	\$2,900
Silver Extra 94	138% to 150%	\$600	\$1,000
Silver Saver 70	250% and above	\$3,500	\$7,000
Silver Saver 73	200% to 250%	\$3,300	\$4,500
Silver Saver 87	150% to 200%	\$850	\$2,000
Silver Saver 94	138% to 150%	\$450	\$650

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Silver Cost Sharing Variations - HMO

2022 BCN Silver	Federal Poverty Level	Deductible	Out of Pocket Maximum
Silver 70	250% and above	\$3,200	\$8,700
Silver 73	200% to 250%	\$3,200	\$6,000
Silver 87	150% to 200%	\$800	\$2,900
Silver 94	138% to 150%	\$400	\$750
Silver Extra 70	250% and above	\$5,300	\$8,700
Silver Extra 73	200% to 250%	\$4,500	\$6,950
Silver Extra 87	150% to 200%	\$1,750	\$2,900
Silver Extra 94	138% to 150%	\$600	\$1,000
Silver Saver 70	250% and above	\$4,000	\$7,800
Silver Saver 73	200% to 250%	\$3,300	\$6,950
Silver Saver 87	150% to 200%	\$850	\$2,900
Silver Saver 94	138% to 150%	\$600	\$700



Plans	RX				
	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>Tier 4</u>	<u>Tier 5</u>
	Generic Drug	Preferred Brand	Nonpreferred Brand	Preferred Specialty	Nonpreferred Specialty
Premier Value	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD
Premier Bronze, Premier Bronze Saver	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD
Premier Bronze Extra	\$35 BD	\$100 AD	\$150 AD	40% AD no max	45% AD no max
Premier Silver, Premier Silver Off Marketplace, Premier Silver Saver HSA	\$15 AD	\$100 AD	\$150 AD	40% AD no max	45% AD no max
Premier Gold	\$15 AD	\$100 AD	\$150 AD	40% AD no max	45% AD no max
Premier Silver Extra - 70	\$15 BD	\$100 BD	\$150 BD	40% AD no max	45% AD no max
Premier Silver Extra - 73	\$15 BD	\$100 BD	\$150 BD	40% AD no max	45% AD no max
Premier Silver Extra - 87	\$5 BD	\$25 BD	\$50 BD	40% AD no max	45% AD no max
Premier Silver Extra - 94	\$3 BD	\$5 BD	\$10 BD	40% AD no max	45% AD no max

HMO RX Co-Pays



Plans	RX				
	Tier 1A/1B Generic Drug	Tier 2 Preferred Brand	Tier 3 Nonpreferred Brand	Tier 4 Preferred Specialty	Tier 5 Nonpreferred Specialty
Value	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD
Bronze, Bronze Saver	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD
Silver, Silver Off MP, Silver Saver	\$4 AD / \$20 AD	\$100 AD	\$150 AD	40% AD no max	45% AD no max
Gold	\$4 AD / \$20 AD	\$100 AD	\$150 AD	40% AD no max	45% AD no max
Silver Extra - 70	\$4 BD / \$20 BD	\$100 BD	\$150 BD	40% AD no max	45% AD no max
Silver Extra - 73	\$4 BD / \$20 BD	\$100 BD	\$150 BD	40% AD no max	45% AD no max
Silver Extra - 87	\$3 BD/ \$3 BD	\$5 BD	\$10 BD	40% AD no max	45% AD no max
Silver Extra - 94	\$3 BD/ \$3 BD	\$5 BD	\$10 BD	40% AD no max	45% AD no max

How Advance Premium Tax Credits are Calculated

Step 1: Determine FPL using the table

Step 2: Determine the maximum premium you can pay by multiplying the household Income by the percent premium cap associated with the FPL

Step 3: Subtract the maximum premium the person can pay based on the premium for the **second lowest Silver plan within the person's rating region.** This is their APTC, or premium subsidy.

Choice: The individual or family can purchase the second lowest Silver plan for their maximum premium OR they can use the APTC to reduce the premium for any plan they choose (except Catastrophic).

How Advance Premium Tax Credits are Calculated

Household Income (% of Federal Poverty Level)	Premium Cap - the most you can pay (% of Household income paid on insurance premiums)
<138% FPL	0%
133-150%	0%
151%-200%	2%
201%-250%	2-4%
251%-300%	4-6%
301%-400%	6-8.5%%
401% - >	8.5%

BCBSM & BCN Provider Networks

BCBSM
Premier PPO

BCN
Preferred HMO*
Select HMO*
Metro Det HMO

	PPO	HMO
Requires PCP	✗	✓
Requires Referral	✗	✓
Out of Net. Coverage	✓	✗

*Referral required in certain counties only. Please see BCBSM.com for more details.



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Auto debit setup scenarios on ACI

Scenario

1. Member has a \$0 balance and is on auto debit
2. Member is terminated for non-payment. Outstanding balance on member's account
3. Member is termed today, but auto pay pulled a day before
4. Member has update in APTC but remains on current plan
5. Member enrolls in a new plan with the same carrier

Action On ACI

1. No dollars are pulled from account, no outstanding balance
2. Member is charged the amount due balance on their due date. IBU due date is 25th of the month. For BCBSM members, the rebill due date may vary.
3. Credit balance will be on the member's account after the rebill process the next day. 10 days after last payment or last invoice the credit will generate a refund. **No additional dollars are withdrawn due to credit balance**
4. An adjustment is made on the amount, the amount due is pulled on the due date. If adjustment amount is over \$5 a rebill is issued. Member is charged the amount due on their due date
5. As of today, change in product will result in different extent and new billing account number. In the future, with new group structure changes, will keep the same extent/billing account and auto pay will continue to pull as long as the contract has not fallen of the MAM. If there is a change in extent, member needs to setup new auto pay. Billing account number remains the same, auto pay will continue to pull if there is a balance due.



Auto debit setup scenarios on ACI

Scenario

6. Member is termed and reinstated right away. A balance is due from past coverage. If previous balance is left unpaid, it will be transferred to new bill.
7. A family member is added or removed from an existing plan.
8. Policy effective date change

Action On ACI

6. Member is notified that they will be balance billed for their old coverage in the mandatory notices, paper application and upfront in Q2E system. Member will be billed the amount due on their due date. *
7. Retro amount depends on timing of bill generated. Member may see higher amount on next billing cycle if change was not reflected on current statement. *
8. Adjustment amount and amount due are pulled on due date. Member is billed the amount due value on their due date. *

* IBU (BCBSM & BCN) due date is 25th of the month. For BCBSM members, the rebill due date may vary

Thank
you!