



2021: OVERVIEW OF THE HEALTH INSURANCE MARKET IN KANSAS

Open Enrollment for Individuals and Families for Plan Year 2021

As a Federally Facilitated Marketplace (FFM) state, Kansas utilizes www.healthcare.gov for open enrollment. Some insurers offer the ability for consumers to enroll directly in a Marketplace plan with that company. This can be done via the insurance company's website, an agent or broker or an online seller of health insurance.

Consumers can visit <https://www.healthcare.gov/direct-enrollment/> for information on how to obtain health coverage through approved enrollment partner websites. A list of partners authorized to use the enhanced direct enrollment pathway for the FFM is available by following instructions in the above link.

Consumers using the enhanced direct enrollment pathway should use caution regarding the plan options that are available for purchase. While the www.healthcare.gov website will only display major medical coverage that includes all of the benefits required by the Affordable Care Act (ACA) this is not necessarily the case when using other websites. Some of these websites may also ask for personal information used to market other types of policies.

Open enrollment for plan year 2021 begins **November 1, 2020** and ends **December 15, 2020**. 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 from the same company or a different company.

Kansans wishing to have coverage effective January 1, 2021 must complete the application process by December 15, 2020. After December 15, 2020, the only way to obtain coverage is via a special enrollment period due to a qualifying event.

During open enrollment the federal government will be suggesting new plans for individuals on qualified health plans (QHPs) that companies are discontinuing after 2020. **Consumers covered by plans that will not be offered in 2021 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.**

Kansans need to 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. You can update your application 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 during the open enrollment period off the Marketplace from the same companies offering coverage on the Marketplace. Some plans are only available for purchase off the Marketplace. The only way to obtain coverage after open enrollment ends on December 15, 2020 is via a special enrollment period due to a qualifying event.

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

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. Companies may offer the following types of 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 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.

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

Catastrophic plans cover three primary care visits per year *before* 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 are at the other end of the spectrum and offer the highest monthly premium and the lowest costs when you receive care. For 2021, there are no platinum plans available in the individual market. There are companies offering platinum plans in the small group market.

Key Dates to Remember:

November 1, 2020 - Open Enrollment begins

December 15, 2020 - Open Enrollment ends

January 1, 2021 - Coverage for 2021 begins

Policy Options for Individuals and Families

In 2021 consumers shopping on the FFM in Kansas will have the opportunity to purchase individual policies offered by six health insurance companies depending on where they live. The companies include Medica Insurance Company (105 counties); Blue Cross and Blue Shield of Kansas (103 counties); Ambetter from Sunflower Health Plan (87 counties); Cigna Health and Life Insurance Company (8 counties); Oscar Insurance Company (2 counties); and Blue Cross and Blue Shield of Kansas City (2 counties). There are 100 individual policies available on the Marketplace depending on geographic location. The following table provides more information in this regard.

Marketplace Policies Available in Kansas in 2021

Company	Type	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	12	4	5
Ambetter from Sunflower Health Plan	HMO	Not available in Decatur, Rooks, Osborne, Wallace, Lane, Hamilton, Kearney, Finney, Stanton, Grant, Haskell, Gray, Ford, Morton, Stevens, Seward, Mead or Clark counties	0	8	22	6
Cigna Health and Life Insurance Company	EPO	Plans available in Johnson, Wyandotte, Leavenworth, Miami, Harvey, Sumner, Butler and Sedgwick counties	0	6	8	2
Oscar Insurance Company	EPO	Plans available in Johnson and Wyandotte counties	1	5	5	1
Blue Cross and Blue Shield of Kansas City	EPO	Plans available in Johnson and Wyandotte counties	0	2	2	2
Total Individual: 100			4	35	44	17

Note: Companies offering plans on the Marketplace must also offer those plans off the Marketplace. Expanded bronze plans are included in the bronze plan column above.

Consumers who wish to purchase coverage off the FFM may do so and will have the opportunity to purchase individual policies from the same six companies, depending on where they live. **It is important to remember that tax credits and cost-sharing reductions are only available when purchasing on the Marketplace.**



Small Business Health Insurance

Plan year 2021 will not have any issuers offering policies on the Small Business Health Options Program (SHOP) Exchange. However, 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.; and Humana Insurance Company.

Off SHOP Policies Available in Kansas in 2021

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	7	2	3	1	1
Blue Cross and Blue Shield of Kansas, Inc.	PPO	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	PPO	17	8	6	3	0
Humana Health Plan, Inc.	POS	30	5	9	16	0
Humana Insurance Company	Indemnity	2	0	2	0	0
Humana Insurance Company	PPO	59	10	17	32	0
UnitedHealthcare Insurance Company	PPO	50	1	12	33	4
UnitedHealthcare Insurance Company	EPO	7	0	7	0	0
Total Small Group		193	30	65	89	9

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 ***does not*** qualify the insured for a special enrollment period. If 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 coverage will not be effective until January 1 of the following year. Exceptions to this 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 <https://insurance.ks.gov/documents/healthlife/health/Individual-short-term-carriers.pdf>

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 2021 is \$350 for one child and \$700 for two or more children.

In 2021, 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 and TruAssure Insurance Company. There are 12 individual policies available on the Marketplace.

Marketplace Dental Policies Available in Kansas in 2020 (Individual or Family)

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
Total Individual:	12

Consumers who wish to purchase coverage off the FFM 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 Marketplace Dental Policies Available in Kansas in 2021
(Individual or Family)**

Company	Total
BEST Life and Health Insurance Company	4
Renaissance Life & Health Insurance Company of America	4
TruAssure Insurance Company	2
Total Individual	10

Off SHOP Dental Policies Available in Kansas in 2021 (Small Group)

Company	Total
Metropolitan Life Insurance Company	1

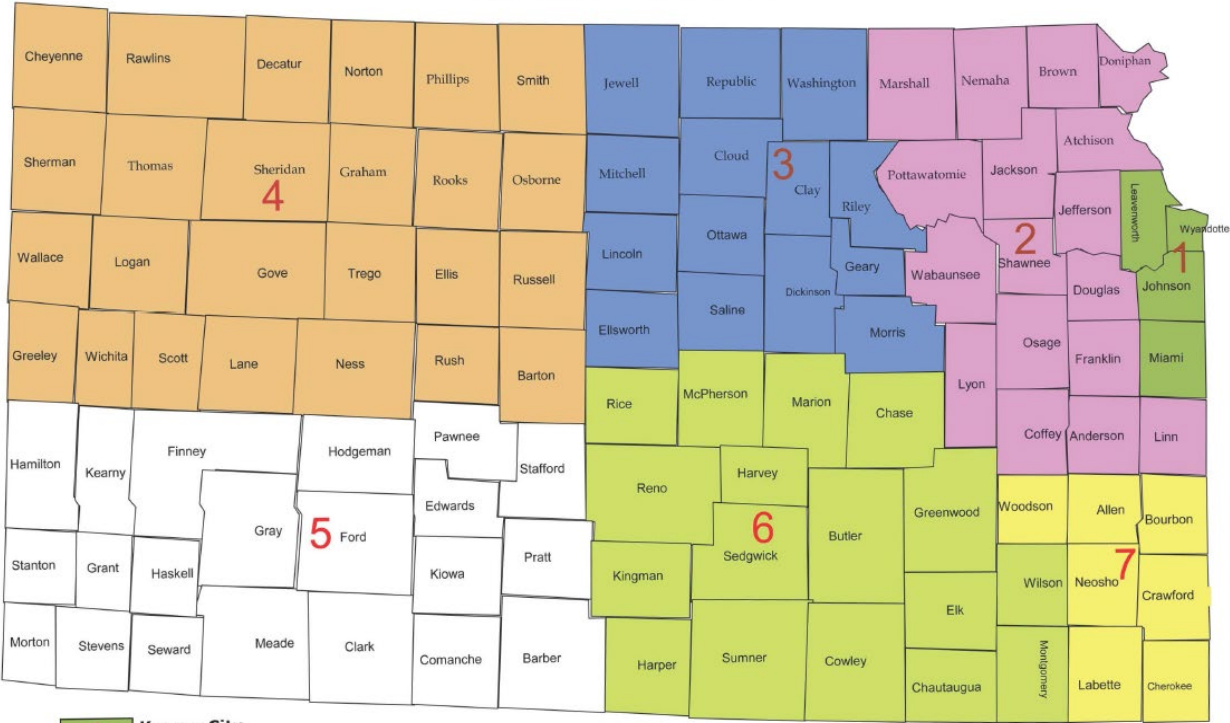
Premium Rates for Individual and Small Group Markets

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.

Individual plan premium rates may vary by age, rating area, family composition and tobacco usage. A person living in Frankfort, Kansas (rating area 2) may pay a different rate than someone living in Pittsburg, Kansas (rating area 7) based on the claims data by rating area.

See page 8 for the map of the counties included in each rating area.

**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

The following table provides details regarding the *average* requested rate revisions for plan year 2021 for companies writing individual policies in Kansas.

Company Name	Average Filed Increase/Decrease	On Marketplace	Off Marketplace
Blue Cross and Blue Shield of Kansas, Inc.	0.7%	Yes	Yes
Medica Insurance Company	7.78%	Yes	Yes
Ambetter from Sunflower Health Plan	-0.64%	Yes	Yes
Oscar Insurance Company	-7.86%	Yes	Yes
Cigna Health and Life Insurance Company	9.96%	Yes	Yes
Blue Cross and Blue Shield of Kansas City	New in 2021	Yes	Yes

Small Business Health Insurance Rates

The range of average rate revisions by insurance companies for policies sold off the 2021 federally facilitated SHOP is 4.51% percent to 12.54% 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
Aetna Health Inc.	8.2%
Aetna Life Insurance Company	12.54%
Blue Cross and Blue Shield of Kansas, Inc.	5.01%
Blue Cross and Blue Shield of Kansas City	8.06%
Humana Health Plan, Inc.	9.89%
Humana Insurance Company	9.67%
UnitedHealthcare Insurance Company	4.51%

Kansas Federal Marketplace Enrollment Comparison 2015-2020

	2015	2016	2017	2018	2019	2020
Total Number of Individuals with Plan Selection on the Marketplace	96,197	101,555	98,780	98,238	89,993	85,837
Number of Plan Selections with Financial Assistance	80%	83%	84%	83%	86%	86%
Total Consumers Reenrolling in Coverage on the Marketplace	46,393	60,661	67,292	70,905	70,035	67,960
Total Active Reenrollees	23,398	50,743	52,378	52,465	52,561	48,966
Active Reenrollees Who Switched Plans	13,922	38,412	26,435	26,404	16,953	20,289
Age <18	9%	10%	11%	11%	10%	10%
Age 18-25	11%	11%	11%	10%	10%	10%
Age 26-34	19%	19%	18%	18%	17%	17%
Age 35-44	16%	15%	15%	15%	16%	16%
Age 45-54	19%	18%	17%	17%	17%	17%
Age 55-64	25%	26%	27%	28%	30%	30%
Age 65 and Over	<1%	<1%	<1%	<1%	<1%	<1%