

Messaging to Help Consumers Navigate Skinny Health Plans:

A Toolkit for Marketplace Communicators

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introduction



Recent federal rules on [Short-Term Limited-Duration Insurance](#) and [Association Health Plans](#) mean that some insurers may now offer products that don't adhere to previous Affordable Care Act (ACA) requirements.

Without the consumer protections guaranteed by the ACA, “skinny” health plans may be offered more widely across the country, with state-by-state variance depending on state law. These plans come with some financial risk to the consumer should he/she need to use their coverage. “Skinny” plans might not provide coverage for essential health benefits, can impose lifetime and annual limits, and they’re not always subject to cost-sharing limits. In addition, these plans often are medically underwritten and can turn down individuals based on health status, gender, age or other factors. In the end, “skinny” health insurance policies can leave consumers without the coverage they need and cost them more than they initially realized.

As “skinny” plans are increasingly marketed and sold across the country, it's important for Marketplaces and Departments of Insurance to provide consumers with the information they need to make good decisions when buying health insurance. This toolkit contains a variety of communications resources designed to support Marketplaces, state agencies and other partners in these public education efforts.

- ❖ The messaging, fact sheet, blog post and op-ed template resources in this toolkit are customizable: look for **[BRACKETS]** and insert relevant state information.
- ❖ Resources are downloadable from this toolkit: follow the instructions throughout to download materials.

For more information on the new federal policies surrounding these plans please visit <https://www.shvs.org/> for SHVS reports and materials.

messaging for marketplaces

Topline Themes:



[MARKETPLACE] is the trusted place for [STATE RESIDENTS] to find quality health plans that cover you so you can get and stay healthy. And it's the only place you can get financial help to lower the cost of a plan.



[MARKETPLACE] plans provide peace of mind of knowing you and your family are covered when the unexpected happens. All plans sold through [MARKETPLACE] provide comprehensive coverage like preventive care and screenings, hospitalizations, prescription medicines, check-ups and more. You know if you find a plan through [MARKETPLACE], you're covered, no matter what life throws at you. But that's not true of all other plans. Some plans available outside of [MARKETPLACE] may initially look like a better deal based on monthly costs, but they don't offer the same protections and coverage, meaning they can deny coverage based on pre-existing conditions, or charge a higher premium based on someone's health, age or gender.



New federal changes have loosened restrictions on these types of plans, so it's more important than ever to make sure the health insurance plan you buy covers the services you and your family may need at a price you can afford. Otherwise, you might end up spending more money over the course of a year or you might not be able to get care when you need it most. Before you purchase your health insurance, make sure it covers everything you might need over the next year.



Open Enrollment begins on November 1 and runs until [DATE]. This is the time you can check out your options and find the plan that's right for you.

Here are some tips to keep in mind when shopping for coverage this year:

Shop on price AND Value

Make sure you know co-pay and deductible amounts and how much you'll need to pay out-of-pocket. A low sticker price could mean that the plan doesn't cover things like hospital visits or your prescriptions, or places a dollar cap on your benefits, leaving you at risk for expensive out-of-pocket medical bills.

Get coverage for a full year

...and a plan that will be there when you need it. If you buy a plan that can drop you if the unexpected happens after only a few months, you'll be out of luck from the time it ends until the next open enrollment window when you can buy a new one.

general consumer information

Not all health insurance plans offer the same protections and coverage. In fact, new federal rules are loosening restrictions on what's required. These changes mean it's more important than ever to read the fine print to make sure the health insurance plan you buy covers the services you and your family may need. Otherwise, you might end up spending more money in the end or you might not be able to get care when you need it most.

Before you purchase your health insurance, make sure it covers everything you might need over the next year. Beware of overly aggressive marketing tactics being used to sell plans or of anyone who won't let you see the details of what's covered BEFORE you buy.

Here's a quick checklist of things to ask so you know the plan you are buying is the right one for you and your family:



If the unexpected happens and your plan drops you because you get injured, pregnant or diagnosed with an illness, could you afford your medical bills out-of-pocket?



Do you need immunizations?



Do you play a sport, ride a bike, or engage in physical activity that could result in an injury? If so, could you afford to pay out-of-pocket to treat that injury?



Are you pregnant or do you expect to become pregnant? Will you need maternity care?



Do you or does anyone in your family take prescription medications? Could you afford to pay out-of-pocket for these medications?



Does the plan cover preventive care like an annual check-up or regular screenings for cancer or other diseases? If so, are there extra fees?



If you're diagnosed with a disease like cancer, could you afford to pay for treatment out-of-pocket, knowing that would cost hundreds of thousands of dollars each year?



Do you need a plan that covers emergency room visits and hospitalizations? How much will the plan pay?



What are the out-of-pocket costs on the things you need? Are the benefits you need limited?

NEW HEALTH INSURANCE PLANS SOLD OUTSIDE OF MARKETPLACE: WHAT TO KNOW

New federal rules are loosening the requirements for some health insurance plans sold outside of [MARKETPLACE], meaning consumers could be denied or charged more because of a pre-existing condition – or end up with a plan that covers far less than they're used to. These health plans strip away many of the coverage benefits consumers have come to expect and need – benefits like guaranteed coverage for pre-existing conditions, hospitalizations, and prescriptions – which are covered by ALL plans sold through [MARKETPLACE]. This Open Enrollment period, it's important that consumers carefully check out and compare health insurance options to make sure their plan covers their needs.

WHAT'S NEW NOW?

Plans sold out outside of [MARKETPLACE] – like short-term limited-duration plans or association health plans – pose an alternative for people looking to buy health coverage. While these plans may offer lower premiums, they offer far less coverage in return; which could mean higher costs in the end if the person they cover gets sick or needs a certain type of care. New federal rules now allow these plans to deny coverage or charge a higher premium because of a pre-existing condition, age, or gender. These plans may also drop consumers from their coverage if they are diagnosed with a medical condition after enrolling. Without these protections, and others provided under the ACA, enrollees in STLDI plans and AHPs might think they have coverage when really they may be left without some important benefits. Benefits that are often NOT covered by these plans include:

- Maternity health care
- Mental/behavioral health care
- Prescription medicines
- Substance use disorder services
- Preventive care, like annual check-ups or cancer screenings
- Treatment for developmental delays

DO THEY SAVE CONSUMERS MONEY?

Low monthly premiums might make these plans sound like a cheaper option, but they'll likely cost consumers more money in the long-run. These plans can limit the amount of care that's covered; but they seldom limit the amount people will have to pay out-of-pocket. So even the services that these plans do cover could get very expensive, very quickly. Plus, a consumer could wind up on the hook for the full cost of their medical care between the time their plan ends – which could happen at any time – until Open Enrollment: their next opportunity to buy health insurance.

HAVE QUESTIONS?

[MARKETPLACE] is the trusted place to find quality, affordable health insurance options. Any plan purchased through [MARKETPLACE] is guaranteed to cover comprehensive services – and [MARKETPLACE] offers side-by-side comparisons so each consumer can find the plan that's right for them. Help understanding the options, and information on all that [MARKETPLACE] plans cover, is available at [X.org].

1. <https://www.economist.com/graphic-detail/2018/04/23/a-typical-american-birth-costs-as-much-as-delivering-a-royal-baby>
2. <https://www.vox.com/cards/health-prices/a-knee-rep>
3. <https://www.vox.com/policy-and-politics/2017/10/16/16357790/health-care-prices-problem>
4. <https://www.vox.com/cards/health-prices/this-chart-of-appendectomy-prices-should-get-you-pretty-outraged>
5. <https://health.usnews.com/health-news/patient-adv/ce/articles/2015/07/01/oncologists-worry-about-rising-costs-of-cancer-treatment>

Does the Plan Cover the Unexpected?

It costs around \$10K to deliver a baby in the United States. How much maternity care does the plan cover? ^{1,2}

A trip to the Emergency Room can cost hundreds of thousands of dollars. What if the unexpected happens and the plan isn't there to help? ³

The average cost of an appendectomy is almost \$14K. If the unexpected happens, how much will the plan cover? ⁴







Newly approved cancer drugs cost an average of \$10,000 per month. If the unthinkable happens, will the plan pay for it? ⁵

MARKETPLACE
LOGO CAN GO
HERE

To download the fact sheet for your use, follow [this link](#).

COMPREHENSIVE VS. SKINNY HEALTH PLANS:

WHAT WILL THEY COVER?

	COMPREHENSIVE:	SKINNY:
 <p>Does the plan cover you if you have a pre-existing condition, like diabetes or cancer?</p>	<p>Yes. (Always)</p>	<p>No. (And it can even drop you from coverage if you're diagnosed with a condition after you're insured)</p>
 <p>Can the plan charge you more if you're not in perfect health?</p>	<p>No. Comprehensive plans do not discriminate based on pre-existing conditions.</p>	<p>Yes. Pre-existing conditions mean higher rates or denied coverage altogether.</p>
 <p>Does the plan cover essential health benefits, like your annual physical, prescription medicines, screenings and preventive care or mental health services?</p>	<p>Yes.</p>	<p>Not necessarily.</p>
 <p>Does the plan limit the amount it will pay for health care services?</p>	<p>No. Comprehensive plans do not impose a dollar cap on the services you need.</p>	<p>Yes. In many of these plans, you'll be on the hook for the cost if it reaches a certain threshold.</p>
 <p>Does the plan tell you the maximum you'll pay out of pocket?</p>	<p>Yes. Comprehensive plans limit how much you'll be responsible for paying out-of-pocket.</p>	<p>It depends. Skinny plans may not have a limit, and you might be on the hook for more than you realize.</p>
 <p>Does the plan allow you to use federal tax credits to help you pay for it, if you qualify?</p>	<p>Yes.</p>	<p>No.</p>

To download the comparison chart for your use, follow [this link](#).

sample blog post

Now's the time for health insurance buyers to carefully review their options before enrolling in a plan. Not all health insurance plans offer the same protections and coverage. In fact, new federal rules have loosened restrictions on what's required in plans sold outside of **[MARKETPLACE]**, no longer requiring protections like mental health care, prescription drugs and preventive care like an annual check-up to be covered. These changes mean it's more important than ever for **[STATE-IANS]** to read the fine print to make sure the health insurance plan you buy covers the services you and your family may need. Otherwise, you might end up spending more money in the end or find yourself unable to get care when you need it most.

Sure, the sticker price of “skinny” plans may seem low, but they may come with hidden costs. Unlike health plans sold on **[MARKETPLACE]**, these plans don't limit out-of-pocket costs—but they may limit the amount that insurance will cover either for individual procedures, or over the course of a lifetime. In other words, if you purchase one of these plans and then have an accident that lands you in the Emergency Room, you might have to pay for all costs above your plan's coverage cap.

Unlike **[MARKETPLACE]** plans, “skinny” plans can, and will, exclude **[STATE-IANS]** with pre-existing medical conditions—such as diabetes or cancer—from receiving coverage. They also can drop you from coverage if you're diagnosed with a condition even *after* enrolling. This could leave you with no options until the next Open Enrollment Period.

Studies show that cancer drugs alone cost \$10,000/month on average, not to mention the cost of other cancer-related care. High out-of-pocket costs are just one reason to make sure the plan you're buying covers everything you need:

- ❖ Make sure your coverage lasts for a full year.
- ❖ Shop on price AND value. Know co-pay and deductible amounts and how much you'll need to pay out-of-pocket. Look for caps on the amount of money you must pay out-of-pocket.
- ❖ Get clear on benefits covered. A low sticker price could mean that the plan doesn't cover things like hospital visits or prescriptions; or places a dollar cap on benefits, which could leave you at risk for large out-of-pocket medical bills.

[MARKETPLACE] is the trusted place for **[STATE-IANS]** to turn to find quality health plans that cover you so you can get and stay healthy.

sample op-ed

This sample op-ed features a story collected by Connect for Health Colorado. States should customize with their own relevant consumer stories.

After a long career as a shipping office clerk, Darla looked forward to using her retirement to visit her family and friends. But when she came down with a fever on a visit with her cousin, Darla's retirement plans quickly veered off-course. Though she initially shrugged it off as the flu, her fever climbed higher and higher. She finally visited an urgent care facility and from there, was rushed to the Emergency Room, where she was diagnosed with Sepsis – a life-threatening infection.

In the month Darla spent in the hospital, she lost several toes to amputation, and incurred more than one million dollars in medical bills. Fortunately, Darla was covered by a comprehensive health plan that she purchased on Connect for Health Colorado, or she might have been on the hook for the full cost of her treatment.

Any plan purchased through [MARKETPLACE] covers comprehensive services that can help shield [STATE-ANS] from incurring unexpected costs. Many have come to expect these protections of any health plan, and it is in large part because of these protections that Darla was able to keep her home, assets and health. However, new federal rules have loosened the requirements for some health insurance plans sold outside of [MARKETPLACE], meaning consumers like Darla could end up with a plan that covers far less than they're used to and cost them more money in the end if they have an unexpected medical event.

Had Darla purchased a non-marketplace, "skinny" health plan (sometimes called an association or short-term health plan), which covers fewer services, instead of her Connect for Health Colorado coverage, she might have been subject to lifetime or annual limits on her coverage and been on the hook for expensive and unexpected medical bills. "Skinny" plans attract buyers with low premiums, but, in many cases, they don't cover the full cost of the care consumers need. With Darla's \$1,000,000 in medical bills, she would have spent exponentially more money in the end if she didn't have her Connect for Health Colorado plan.

"Skinny" plans strip consumers of many of the coverage benefits to which they've grown accustomed since the Affordable Care Act, like prescription drug coverage. And they're not obligated to inform consumers of covered benefits and services before they buy, meaning a "skinny" plan might not have covered any of the medication Darla needed to fight her life-threatening infection. Plus, some are medically underwritten and can turn down individuals based on gender, age, pre-existing conditions or other factors.

In fact, not only can "skinny" plans deny applicants on the basis of a pre-existing condition, they could even drop Darla from her coverage after she enrolled by claiming she had a sepsis-causing infection prior to enrollment. This would have left Darla with skyrocketing medical bills and unable to enroll in a new health plan until the next Open Enrollment Period in November.

The [MARKETPLACE] is the best place to turn to for a quality, affordable health plan that covers everything you need to get and stay healthy. And it's the only place you can get financial help to lower the cost of a plan. Living on a fixed income, Darla is eligible for a monthly tax credit that she uses to pay for her Connect for Health Colorado coverage. She could not use tax credits to save on "skinny" coverage.

It may be tempting to purchase the health plan with the lowest sticker price, but Darla is living proof that you can't plan for the expected, so it's important to shop on price AND value. Make sure you know co-pay and deductible amounts and how much you'll need to pay out-of-pocket. A much lower monthly premium could mean that the plan doesn't cover things like hospital visits or your prescriptions, or places a dollar cap on your benefits, leaving you at risk for expensive out-of-pocket medical bills.

With these protections at risk, it's more important than ever to make sure the health insurance plan you buy covers the services you and your family may need at a price you can afford. Get help understanding your options, and information on all that [MARKETPLACE] plans cover at [X.org].

social media posts



Newly-approved cancer drugs cost an average of \$10,000 per month. All plans sold on [MARKETPLACE] cover prescription drugs. Does yours?



A trip to the Emergency Room can cost hundreds of thousands of dollars. What if the unexpected happens and your health plan isn't there to help? Be sure to find out before you pick your plan.



Skinny plans may not cover the benefits you need and expect. Make sure yours does before you enroll. Especially check coverage on preventive care, maternity health care, mental/behavioral health care and prescription medicines.



What happens if you're diagnosed with a health condition after enrolling in a skinny plan? You could be dropped from coverage and on the hook for the cost of your care until the next OEP so read the fine print before you enroll.



[MARKETPLACE] is the trusted place for [STATE RESIDENTS] to find quality health plans that cover the care you need to get and stay healthy. And it's the only place you can get financial help to lower the cost of a plan.



If you find a plan through [MARKETPLACE], you're covered, no matter what life throws at you. But that's not true of all other plans, so check the details.



New federal changes have loosened restrictions on health plans sold outside of [MARKETPLACE], so it's more important than ever to make sure the health insurance you buy covers the services you and your family may need.



When shopping for coverage this year, shop on price AND value. Make sure you know the details of what's covered BEFORE you buy.



If the unexpected happens and your plan drops you because you get injured, pregnant or diagnosed with an illness, could you afford your medical bills out-of-pocket? Make sure the plan you're buying is the right one for you.



When you're shopping for health insurance, ask yourself, "Does the plan cover preventive care like an annual check-up or regular screenings for cancer and other diseases? If so, are there extra fees?"

social media graphics



These graphics are fully downloadable for your use on social media. Just right-click and save to your desktop.