Health & Retirement Services of Illinois
Newsletter November 2016

OUR NEWS LETTER HRSI

Healthcare.gov will recommend new plans to left-behind enrollees

by *Grant Ferowich* | Oct 6, 2016

The Obama administration will launch a strategy to keep consumers enrolled in public exchange plans even if their plans have been discontinued due to insurers' exits from the marketplaces.

Upon logging in to Healthcare.gov during open enrollment, such consumers will see a message that reads: "If your current plan isn't available for 2017, an alternate plan is displayed for you to consider," according to a Centers for Medicare & Medicaid Services document obtained by *FierceHealthPayer*.

Between Nov. 1 and Nov. 15, these consumers will get at least seven "touches" or notifications about their plan options.

The next phase, between Nov. 16 and Nov. 21, will include three more touches, detailing the name of an insurer that can offer a comparable health plan as consumers' previous discontinued plan. Consumers will receive a welcome packet and bill from the insurer, which CMS says consumers should keep until they've registered for 2017 coverage. There's no requirement to pay the bill with the recommended insurer, but CMS will encourage consumers to make a final decision by Dec. 15.

In the final phases, CMS will reach out to consumers who aren't actively looking for ACA plans up to 20 times urging them to renew coverage. Between Dec. 16 and Dec. 31, consumers with discontinued coverage will get at least five more reminders.

The Obama administration hasn't disclosed how many people will receive the notices, but analysts project anywhere from several hundred thousand to more than 1 million, the Associated Press **reported**. Given that approximately 11 million people rely on the exchanges for coverage, the campaign targets less than 10 percent of ACA enrollees.

Cynthia Cox, associate director for the program for the study of health reform and private insurance at the Kaiser Family Foundation, told *FierceHealthPayer* in an email that "this policy may help boost the number of people signed up on the exchange," since it will keep them from missing enrollment

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deadlines. Still, she noted that **rising premiums** may lower the incentive for some consumers to buy ACA plans.

“Regardless of whether it’s the insurer or the government automatically renewing customers, it’s still important for people to actively shop for coverage each year. Premiums and insurer participation are changing, as are individuals’ circumstances, so the plan that was best for you this year may not be the best plan for you next year,” Cox wrote.

Lastly, Cox noted the effort is comparable to what private insurers regularly do: automatically re-enroll members into the same or similar plan when it’s time to pick a health plan, but consumers retain the liberty to switch plans.

Still, Elizabeth Carpenter of Avalere Health told the AP that "many consumers are likely to be wary of information from another insurance company," adding that some enrollees choose plans based on brand recognition while others have a nuanced understanding of different benefit and network designs.

For most Americans, healthcare costs aren't skyrocketing

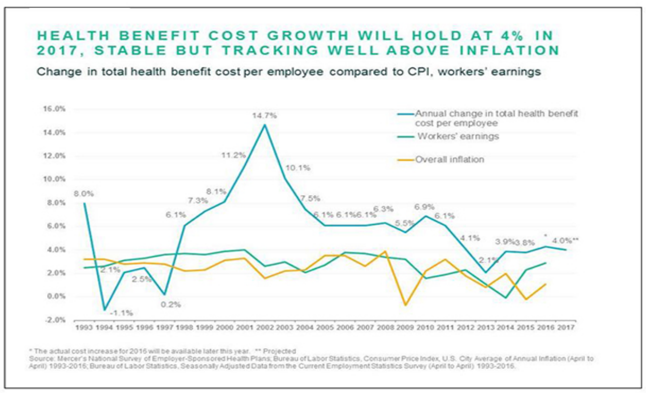
By Beth Pinsker Tue Oct 11, 2016

The rising cost of healthcare was a brief topic of conversation at Sunday night's presidential debate, with Donald Trump bemoaning the high cost of premiums under Obamacare and Hillary Clinton talking about how to fix what we already have.

But as Clinton pointed out, the vast majority of Americans get their health insurance through their workplace. So they have little to do with the plans on the state exchanges that were created through the Affordable Care Act. But those Americans still have huge concerns about rising costs.

Most of this country's 170 million workers will see cost increases when they get their 2017 open enrollment packets this fall. But this year's costs increases are lower than in previous years, industry analysts say. And employees are bearing less of the burden of those increases, although they are still running ahead of inflation.

Benefits consultant Mercer found that cost growth is stable at 4 percent for 2017, while inflation is running under 2 percent. The National Business Group on Health, a non-profit trade group, pegged that number at 5 percent.



These numbers are the cost increases after you account for measures that employers take to cut costs. Otherwise, the costs increases would be even higher. Tops on the lists of strategies: raising deductibles or switching carriers, which usually means smaller networks and reduced benefits like out-of-network coverage.

Less of those costs will be passed along to the consumer this year. That means the bottom line – your monthly premium, the annual deductible and coverage for specialty concerns – will be roughly in line with what you paid last year. NGBH said the median deductible for in-network services for all plan types is $1,425 for an individual, and $2,900 for a family.

Mercer attributes the hold on cost-shifting to employees to a delay in the implementation of the excise tax provision of the Affordable Care Act from 2018 to 2020. That tax will eventually apply to benefit plans exceeding certain parameters. Employers have been cutting benefits over the past few years.

Top 8 Credit Cards For Excellent Credit

Thomas Donaldson,

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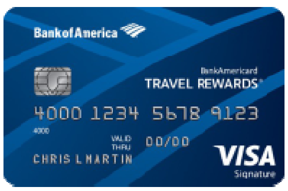
Do you have excellent credit? If so, it's time to upgrade to a better rewards credit card.

The banks are fighting harder than ever to win customers with excellent credit. Take advantage of your excellent credit today by getting a card that earns you more rewards. Our credit card experts have selected the top 8 credit card deals you can take advantage of right now:

BankAmericard Travel Rewards® Credit Card



With the BankAmericard Travel Rewards® credit card, you'll earn 1.5 points for every dollar you spend, and points can be redeemed for nearly any travel purchase in the form of a statement credit. This card comes with a 20,000-point sign up bonus when you spend $1,000 in the first 90 days. That can be a $200 statement credit towards travel purchases, and it's one of the few travel rewards cards with no annual fee. This card also offers no foreign transaction fees, making it perfect for traveling abroad. If you're a traveler looking for a simple no annual fee card that won't restrict your travel to certain airlines, giving you the flexibility to travel on any airline, at any time, with no blackout dates, then this card is for you.

Citi® Double Cash Card – 18 month BT offer

This is one of the best cash rewards card out there because it gives you cash back twice. You'll earn 1% back when you make a purchase, and another 1% back when you make a payment. You'll also receive a 0% intro APR on balance transfers for 18 months. This is very helpful in paying off a balance when you transfer it to this card from another credit card. The best part about this card's cash back? There's no limit to the amount of cash back you can earn! This card is perfect for people who don't want to keep up with rotating categories each quarter. When used responsibly, this card is a cash back machine. With a great rewards rate, 18 months of 0% intro APR on balance transfers, and no annual fee, the Citi Double Cash is a smart choice for just about everyone!

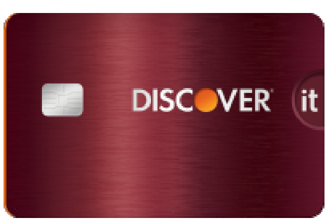
Capital One® Venture® Rewards Credit Card

Another top travel card. This card earns you 2 miles for every $1 spent and comes with a 40,000 mile sign up bonus after you spend $3,000 on purchases within the first 3 months – equivalent to $400 in travel. It does have an annual fee of $59, but it's waived the first year. The card allows you to fly any airline, stay at any hotel, anytime with no blackout dates a real plus for last minute travel plans. It also has zero foreign transaction fees and your miles don't expire. All of these benefits make the Capital One Venture Card a great fit for all travelers and even once-a-year vacations!

Chase Slate®

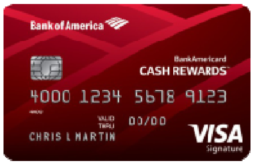
This is one of the most popular cards for balance transfers. The Chase Slate® is the only card that has the unique combination of a long 0% intro APR, $0 annual fee, and $0 intro fee on transfers made within 60 days of account opening. If you are paying interest on any balance, you can transfer it completely for free within the first 60 days you have this card. It's available to those with good credit, so it's okay if your credit score isn't quite perfect. If you're ready to put your credit card debt behind you, the Chase Slate® has all the tools and perks you need to make it happen.

Discover it® Cashback Match™



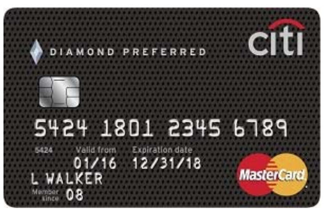
This cash rewards card comes with a unique sign up bonus unlike anything you've seen; At the end of your first year, Discover will match the cash back you've earned. This is the only credit card that will match your cash back at the end of the first year. So if you earned $200 in cash back from purchases in your first year, Discover will match it, making your total cash back for the year $400! The Discover it card earns 5% cash back in popular spending categories that change each quarter and 1% on all other purchases. The 5% cash back categories include things like gas, groceries, dining, and more. On top of the incredible rewards program, this card comes with 0% intro APR on purchases and balance transfers for 12 months. There is even no annual fee, no foreign transaction fees, and no late fee for your first late payment. This card is perfect for cash rewards, financing a big purchase, transferring your high interest debt, and avoiding bank fees to help you save money.

BankAmericard Cash Rewards™ Credit Card



0% APR for 12 billing cycles, combined with 3% cash back on gas, 2% cash back on grocery stores/wholesale clubs, and 1% cash back on everything else makes this card a top pick. Did we mention this card comes with no annual fee? In case that wasn't enough, you'll also gain access to Bank of America's award winning online & mobile banking. The reward rates get even better if you have a Bank of America checking or savings account and redeem your cash rewards into your checking or savings account. Finally, when you spend just $500 in the first 90 days, about $6 a day, you'll receive a $100 bonus. With cash back, no annual fee, a long 0% intro APR, and a $100 sign up bonus, and you can see why this card is a top pick of ours!

Citi® Diamond Preferred® Card



This card perfect for people looking to avoid paying interest or who want to finance a large purchase. The Citi Diamond Preferred offers a 21-month 0% introductory APR for purchases and balance transfers – with no annual fee! That means you won't have to pay any interest all the way into 2018. By transferring your other high interest credit card balances to this card, you'll have almost two years to pay off your balances. You'll also gain access to Citi Private Pass for exclusive presale tickets and a Personal Concierge Service available to assist you 24/7. With each purchase, you'll earn City Easy Deal points with each card purchase redeemable for discounts on online merchandise, travel tickets, gift cards, and more.

Chase Freedom Unlimited℠

With this card, there's no annual fee, and you'll get $150 bonus cash after spending $500 in the first three months. There's nothing better than free bonus cash, and on top of that, this card has 0% intro APR on purchases and balance transfers for 15 months. The ongoing APR is 14.24%-23.24% Variable. For ongoing rewards, the Chase Freedom Unlimited card earns 1.5% cash back, and as the name implies, there's no limit to how much you can earn. This card allows you to shop and travel with confidence because it comes with zero liability protection, chip-enabled security, purchase protection, price protection, and auto rental collision damage waiver. See terms and more details on the application page.

As Insurers Cut Brokers' Commissions, Consumers May Have One Less Tool For Enrollment

By **Julie Appleby** November 1, 2016

With open enrollment set to begin today, some health insurance brokers are already fielding questions about coverage and whether existing plans will still be available next year. For an increasing number of brokers, there's also another question: Will they get paid?

Some insurers — including Cigna and Aetna — will not pay licensed agents and brokers a commission for helping people enroll in individual health insurance coverage for 2017 in many states, while others have reduced their commissions. They join UnitedHealthcare, which dropped commissions on new business this year in many states.

That is already prompting some brokers to step back from the exchanges when open enrollment begins this week, which could be a hurdle for consumers who normally would seek help from brokers in navigating the complexities of insurance coverage. (Government-supported navigators are still available.)

In Nevada, where the largest carrier in the state has cut commissions for new business and another has dropped payments to $10 a month per customer, broker Vickie Mayville is weighing her options.

"It sometimes takes four hours to ensure clients have the right plan," said Mayville, who runs her own agency in Las Vegas. "I will help my clients and anyone referred to me, but I'm not actively seeking out new clients."

The changes to these payments come at a time when, for many consumers, selecting a plan may be even more complex than in the previous three years, as insurers drop out of markets and those that remain alter their networks of doctors and hospitals or make other variations to the 2017 plans.

"I'm trying to find coverage that will include my doctor, which is hard to find," said Shelby Nathans, 31, who lives in Columbus, Ohio. This year, her plan's insurer faced financial difficulties and was closed by the state. As a result, she had to switch just months ago to a new insurer, which she likes. But now she has learned her primary care doctor isn't in the plan's network for 2017.

Luckily, her father is a broker and he's going to help her shop around: "If I were just your average patient or health insurance customer, I would have no idea what to do," she said.

About 45 percent of consumers in the nation's largest state marketplace — California — used a broker this year, up from 40 percent when the law went into effect. While the federal government has not released information on brokers' involvement on a national level, patient advocates say they've been told by officials that a similar percentage occurs across the federal marketplace, which will serve 39 states next year. Even larger percentages among the estimated 6 million people who buy coverage outside of the state and federal marketplaces are likely to use brokers.

And that, some advocates say, is why problems could be brewing. If brokers cut back their client lists as a result of the reimbursement changes, that could result in "lower enrollment for the exchanges, which really hurts everyone," said Marcy Buckner, a vice president at the National Association of Health Underwriters, the brokers' lobbying arm.

Commissions have long been part of the market for insurance plans sold to individuals and families who don't get coverage through their jobs. The commissions are built into the premiums that insurers charge, which are filed with state regulators. Some pay a percentage of the cost of the plan, while others set a flat-dollar rate per application.

Brokers say they sort through insurers' networks of doctors and covered drug lists, helping clients choose a plan that includes the providers and drugs they require. During the year, they're also available to assist if problems with coverage or claims arise.

In some states, brokers are allowed to charge consumers a fee for their services, so long as they disclose it up front. Matthew Byrne, a broker in Dublin, Ohio, charges a $50 consultation fee for new clients to help walk through the process, whether or not they buy a plan. While still not common, Byrne expects that more brokers will do so as commissions decline or are eliminated.

To be sure, many consumers sign up or renew online with no additional help.

Others get help from call centers as well as navigators or assisters who are paid by the state or federal marketplaces where consumers shop for coverage. They can show consumers their options and aid in the enrollment process but cannot recommend specific plans.

Advocates are optimistic that there will be sufficient help offered by navigators and assisters this year — even if they see more clients because brokers move away from the health exchanges.

"We feel that navigators and assisters are in a strong place this year to help consumers enroll or renew their coverage," said Rachelle Brill, policy analyst with Community Catalyst, a Boston-based nonprofit advocacy group.

Still, brokers are really important in making sure people don't "slip through the cracks."

Brokers and policy experts say insurers' decisions come for two main reasons. First, they're under pressure to keep premiums from growing too much — and to meet rules in the Affordable Care Act that they spend no more than 20 percent on costs, profits and overhead, the companies are looking for ways to cut costs anywhere they can.

Second, some don't want much new business. Rules in the law that keep them from rejecting people with health conditions have meant higher-than-estimated costs for some insurers, which have substantially reduced their participation in state and federal marketplaces, saying they are losing money on that business sector.

"They would rather have less business than more," until the profit outlook improves, said consultant Robert Laszewski, a former insurance executive who advises the health care industry.

Cigna spokesman Joe Mondy said the company decided to cut commissions entirely for 2017 to reflect “the evolving reality of the individual marketplace.”

At Aetna, which has pulled out of 11 states for its products sold on the public exchanges, spokesman Ethan Slavin sent a statement saying the insurer considered “the financial losses” the firm experienced in the public marketplaces and “took a careful look at our sales and compensation strategies for off-exchange products” in deciding to cut commissions in 14 states for 2017. It continues to sell through the marketplaces in four states.

Meanwhile, the changes in reimbursement have prompted concern from some regulators.

Nevada’s insurance commissioner in September warned insurers that changes in reimbursement might run afoul of the law. In Connecticut, regulators, alarmed that insurers had cut commissions entirely, hired 21 brokers to help out at the state’s health insurance call centers and storefronts. And California reminded the insurers that it requires them to offer commissions on products they sell through its marketplace.

Popular ObamaCare provision hampering push for millennials

By Sarah Ferris - 11/01/16

One of the most popular pieces of ObamaCare could be hurting the administration's push to attract more young people into the wobbly marketplace, according to several people who helped shape the law.

The administration is staging campus enrollment drives and pouring money into Facebook and Instagram ads this year in an attempt to boost ObamaCare enrollment among young adults. The sign-up period begins Tuesday.

Yet there's a fundamental flaw in the effort — and it has to do with ObamaCare's design.

Because of the healthcare law, the White House says nearly 3 million young people under the age of 26 have been able to stay on their parents' insurance plans and don't have to shop for coverage on HealthCare.gov.

That's about double the number of young people between the ages of 18 and 25 who are **currently covered** through the exchanges.

"I think that is an argument that has some validity," John McDonough, a senior adviser to the Senate committee that wrote ObamaCare, said in an interview.

"If we didn't allow these kids to go on their parents' plans, many of these kids would have gone to the exchange and would have created a more stable marketplace under the exchange," said McDonough, who now teaches at Harvard University's T.H. Chan School of Public Health.

Recruiting young people is a central aim of the White House's final sign-up drive this fall. It's a particularly crucial task because insurers are panicking about the number of sick and older people enrolled in ObamaCare; some insurers have dropped out of the exchanges altogether.

The White House initially hoped adults under the age of 34 would make up **38 percent** of the marketplace. Instead, that figure is about 28 percent in 2016, according to **federal data**.

Still, experts say lagging enrollment among young people is the result of many factors, including rising premiums.

It's also difficult to measure how many of the people under age 26 would have opted for ObamaCare, rather than a healthcare plan through their jobs, if they weren't allowed to stay on their parents' plans.

But experts say at least some of those young people would have signed up for ObamaCare if not for the benefits extension under the law.

Jonathan Gruber, who was a key voice during the drafting of the healthcare law, agreed that more young people would have been drawn to the marketplace without that provision.

"If we didn't have the expansion to age 26, probably some healthier folks would have come into the exchanges," he said in an email.

But in the end, he said, it wouldn't be worth it. Leaving out the provision would have resulted in more uninsured people overall; people between the ages of 18 and 25 are more likely to be uninsured than any other age group.

Six years after the provision went into place, the uninsured rate for the under-25 population has plummeted.

One study touted by federal health officials — the Gallup-Healthways Well-Being Index — found a 46.5 percent drop in the number of uninsured adults between the ages of 18 and 25 since the law was first enacted.

Just 13.9 percent of young people in that age range are now uninsured as of early 2016, an all-time low, according to the Gallup-Healthways data.

But that success has a downside for the Obama administration. Health insurers have been counting on younger, healthier people to sign up with ObamaCare to help defray costs of the older, sicker populations.

Back in 2010, the Congressional Budget Office estimated the influx of young and healthy people into the exchanges would lower premiums by 7 to 10 percent.

Instead, the opposite has happened in some markets this year. A lack of young people, among other factors, has prompted premiums to rise an average of 22 percent across states in the federal marketplace.

In its final sign-up push, the White House is directly targeting millennials. Health officials are running ads on Instagram, Facebook and YouTube and partnering with companies like Lyft.

Several of President Obama's speeches focused on the healthcare law have been delivered at colleges. His most recent speech took place at Miami Dade College, which boasts the largest undergraduate population in the country.

The White House has also launched the Healthy Campus Challenge, encouraging university and student leaders to host sign-up drives, send mass emails about deadlines and post messages through public social media accounts.

But college enrollment campaigns are made tougher by the federal provision that allows young people to keep their parents' coverage even after graduation.

Joe Antos, a healthcare researcher at the conservative American Enterprise Institute, said the administration will have a tough job convincing students to switch from their parents' plans.

"If you want to get young healthy people to sign up on the exchanges, then don't give them other options that are better," Antos said.

"Signing up with your parents is clearly the better option for most younger people," he said, noting that it's largely a middle-class benefit. "It's hard to beat that option for young people because it's basically no effort, and for most of them, either no or very little money."

The idea of allowing young people to stay on their parents' plans first began spreading in the states a few years before ObamaCare. Before the law passed, **about 20 states** had already decided to extend the scope of what's called "dependent health coverage."

Several people involved with ObamaCare at the time — including Gruber and McDonough — said they didn't know exactly how the policy became part of the law.

McDonough, who worked with the Senate Health Committee on the law, said the idea likely was a popular way to “provide some benefits and some good will for the law right away.” Unlike the marketplaces, which didn’t launch until 2013, the protection for young people went into effect immediately.

This small team of data scientists has made an algorithm that is turning a giant 19 billion dollar industry up-side-down.

“Pretty much everybody on both sides of the aisle when it was raised said that makes sense, that's a good idea,” he said.

Since the law’s passage, the idea has had near-universal support in Congress, even among

The House GOP’s healthcare plan, released with much fanfare in June, specifically says dependents up to age 26 could stay on their parents’ plan, “helping younger Americans receive health care and stabilizing the market.”

Experts Say This Is The Best Canned Pumpkin For Your Thanksgiving Pie

It matters which canned pumpkin you buy.

Julie R. Thomson Senior Editor, Taste, The Huffington Post 11/09/2016

If you're planning on baking a pumpkin pie for Thanksgiving this year — which, you really should be — then we bet you're going to pick up a can or two of canned pumpkin. While some folks might take the challenge and make their own pumpkin puree, most like to go the Ina Garten route and stick with canned because it usually tastes better. (The fresh stuff can be too watery — and sometimes just bland.)

But which canned pumpkin is the best buy?

If you think they're all the same, you couldn't be more wrong. The folks at Cook's Illustrated tested three popular brands — Libby's, One-Pie and Farmer's Market Organic Pumpkin. Each canned pumpkin was tasted plain, baked into a cake, and baked into a pie.

The results were strikingly different.

COOKS ILLUSTRATED

One canned pumpkin was pale yellow instead of beautiful orange. One was too fibrous. And the other, well, that one was just right. The reason the same product can taste so different is because while they're all made with pumpkin, they're actually produced from different varieties — or in different climates — which effects not only how fibrous the flesh is, but also how sweet it tastes.

So what should you be buying this year? **Libby's**, no question. Libby's won the taste test because it had the silkiest consistency and a subtle sweetness. It's made from Dickinson pumpkins, which are praised for their natural sweetness and tender flesh. These qualities make for killer pies and fluffy cakes. It's no wonder that Libby's makes 85 percent of the world's canned pumpkins.

Head on over to Cook's Illustrated for more information on how they conducted their taste test — and how each canned pumpkin fared when baked into pie and cake.

To contact us: go to www.healthcareil.com or Call (800) 739-4700