Interstate 2015

Preparing for 2015 Open Enrollment
Humana Individual Products

Agent Webinar
This presentation is designed to provide a **general overview** of products, agent compensation and the health reform law as it relates to the **individual health insurance** market.

It does **NOT** attempt to cover all product details, agent compensation details or all of the law’s provisions and should **NOT** be construed as legal advice.

We **encourage you** to seek any professional advice, including legal counsel and/or a professional tax consultation, regarding how the new requirements will affect you, your business or your client’s specific plans. **Insurance and tax laws and interpretations of those laws are complex and subject to change.** None of the information herein is intended or written to be used, and it cannot be used, for the purpose of avoiding taxes or penalties that may be imposed.

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Today’s Presenters

Sarah Elmer
Humana
Regional Sales Manager

Steve McGrath
Humana
Regional Sales Manager
Agenda

1. Steve DeRaleau – President Humana Individual Products
2. 2015 Agent Opportunity
3. Healthcare Reform Basics
4. Renewing your HumanaOne Business
5. Re-Determining Eligibility
6. Agent Work Bench
7. Federal Exchange and State Based Exchange Certification
8. 2015 Agent Commissions
9. MarketPoint University
10. Marketing
## 2015 Open Enrollment

### Dates
- 2015 OEP will be November 15, 2014 to February 15, 2015
- From six months down to three, the open enrollment period is only half as long as it was last time.

### Uninsured
- Projecting 8 million to sign up for insurance inclusive of Medicaid. *(We project about 4.5 to 5 million will be Individual Major Medical).*
- The remaining uninsured are even more skeptical.
- With more plans available on the marketplace this year than last, consumers may need more help making sense of their options.

### Newly Enrolled
- The newly enrolled are not yet thinking about renewing.
- They have mixed feelings about their plans, but are thankful they have insurance.
- Many members will see their out of pocket cost change materially – so even though fewer new members will buy, we may see activity levels similar to last year.
- The renewal process is new and will require some learning on the fly.

### Message
- “Get covered. Stay covered.” Is the message being used by Enroll America
- Localizing and personalizing messaging is important.
- Example: “91% of people who got insurance in FL got financial help. That’s 9 out of 10! .. You could be among that 9 in 10. Let’s use a calculator to input YOUR information.”

### Fine for Consumers without Coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Fine for consumers without coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$95 or 1% of annual income, whichever is greater</td>
</tr>
<tr>
<td>2015</td>
<td>$325 or 2% of income, whichever is greater</td>
</tr>
</tbody>
</table>

### Enroll by...
- December 15, 2014: January 1, 2015
- January 15, 2015: February 1, 2015
- February 15, 2015: March 1, 2015
Our commitment to you

• We **value our agents**

• We will continue to **adapt our product line** to best fit the needs of your clients

• We not only give you access to a comprehensive product line, but also a great **service and sales support** system

• We know you work hard to grow your business and we want to give you the **tools and materials** you need to continue toward a successful future
Humana at a glance

Experience
Fortune 100 company with over 50 years experience in healthcare

Focused on well being
A healthcare company focused on enhancing the physical and emotional well being of members

Diverse portfolio
Multi-product portfolio to meet all needs

Leader in Medicare
2.4 million Medicare Advantage members and 3 million Prescription Drug Plan member nationwide

Large presence
2nd largest Medicare Advantage carrier in the country

Prescription benefit integration
RightSource is the 4th largest Prescription Benefit Management company in the country, a wholly owned subsidiary of Humana

Humana
• The Kaiser Family Foundation estimated **28.6 million** U.S residents were able to buy health insurance via the Marketplace, **8 million** purchased year 1.

• According to the National Law Project, there are currently **2.8 million** Americans working in temporary help jobs.

• Healthcare purchases continue to be complex and customers continue to look for guidance from professionals.

• Enroll America found that consumers who had utilized in-person assistance were **twice as likely to enroll** as someone who only went online.

• Maximize opportunity by **handling renewals early** and growing business later.
## 2014 On Marketplace Enrollments by State

<table>
<thead>
<tr>
<th>Location</th>
<th>Marketplace Type</th>
<th>Number of Individuals who have Selected a Marketplace Plan</th>
<th>Estimated Number of Potential Marketplace Enrollees</th>
<th>Percent of Potential Marketplace Population Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>Federally-facilitated</td>
<td>97,870</td>
<td>464,000</td>
<td>21.10%</td>
</tr>
<tr>
<td>Arizona</td>
<td>Federally-facilitated</td>
<td>120,071</td>
<td>551,000</td>
<td>21.80%</td>
</tr>
<tr>
<td>Colorado</td>
<td>State-based</td>
<td>125,402</td>
<td>501,000</td>
<td>25.00%</td>
</tr>
<tr>
<td>Florida</td>
<td>Federally-facilitated</td>
<td>983,775</td>
<td>2,545,000</td>
<td>38.70%</td>
</tr>
<tr>
<td>Georgia</td>
<td>Federally-facilitated</td>
<td>316,543</td>
<td>1,063,000</td>
<td>29.80%</td>
</tr>
<tr>
<td>Illinois</td>
<td>Partnership</td>
<td>217,492</td>
<td>937,000</td>
<td>23.20%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>State-based</td>
<td>82,747</td>
<td>302,000</td>
<td>27.40%</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Federally-facilitated</td>
<td>101,778</td>
<td>489,000</td>
<td>20.80%</td>
</tr>
<tr>
<td>Michigan</td>
<td>Partnership</td>
<td>272,539</td>
<td>725,000</td>
<td>37.60%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>Federally-facilitated</td>
<td>61,494</td>
<td>298,000</td>
<td>20.60%</td>
</tr>
<tr>
<td>Missouri</td>
<td>Federally-facilitated</td>
<td>152,335</td>
<td>657,000</td>
<td>23.20%</td>
</tr>
<tr>
<td>Ohio</td>
<td>Federally-facilitated</td>
<td>154,668</td>
<td>812,000</td>
<td>19.00%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>Federally-facilitated</td>
<td>151,352</td>
<td>645,000</td>
<td>23.50%</td>
</tr>
<tr>
<td>Texas</td>
<td>Federally-facilitated</td>
<td>733,757</td>
<td>3,143,000</td>
<td>23.30%</td>
</tr>
<tr>
<td>Utah</td>
<td>Federally-facilitated</td>
<td>84,601</td>
<td>331,000</td>
<td>25.50%</td>
</tr>
</tbody>
</table>

**Sources**

Based on data from Health Insurance Marketplace: March Enrollment Report, October 1, 2013 - April 19, 2014, Office of the Assistant Secretary for Planning and Evaluation (ASPE), Department of Health and Human Services (HHS); May 1, 2014 and State-by-State Estimates of the Number of People Eligible for Premium Tax Credits Under the Affordable Care Act, Kaiser Family Foundation, November 5, 2013
Key Dates for Agents

- **9/30/14**: All 2014 Federally-Facilitated Marketplace (FFM) agent/broker agreements & certifications expire
- **10/15/14**: Start of Medicare Annual Election Period (AEP)
- **11/5/14**: Humana Open Enrollment Period (OEP) Kickoff Webinar and Market Specific Product Rollouts will begin
- **11/15/14 – 2/15/15**: Plan Year 2015 OEP
- **12/15/14**: Last Day to enroll for a 1/1/15 Effective Date
- **12/31/14**: Last Day of coverage for 2014 Plans
- **2/16/15 – 11/30/15**: Plan Year 2015 Special Enrollment Period (SEP)
- **10/15/15 – 12/7/15**: Plan Year 2016 OEP

Confidential/ For Agent Use Only
2015 Effective Date Chart

<table>
<thead>
<tr>
<th>Issue Date</th>
<th>Enrollment Period</th>
<th>2015 Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/15/14 - 12/15/14</td>
<td>Open Enrollment</td>
<td>1/1/2015</td>
</tr>
<tr>
<td>12/16/14 - 1/15/15</td>
<td>Open Enrollment</td>
<td>2/1/2015</td>
</tr>
<tr>
<td>1/16/15 - 2/15/15</td>
<td>Open Enrollment</td>
<td>3/1/2015</td>
</tr>
</tbody>
</table>

- After 2/15/15, customers can enroll in Health Plans if they have experienced a “Qualified Life Event” (QLE) that would qualify them for a Special Election Period.

- During Open Enrollment, if one of your customers experience a QLE, the QLE will dictate the Effective Date.
SEP Triggers (Qualifying Life Events)

Family changes:

- Marriage
- Birth of a baby or adoption
- Gaining citizenship
- Leaving incarceration
- Placing a child for adoption or foster care
SEP Triggers (Qualified Life Events)

• Moving (i.e., moving to a new “service area”)
• Certain changes in income
• Losing other health coverage, due to:
  • Losing job-based coverage
  • Expiration/Renewal of a non-ACA individual policy plan year in 2014
  • COBRA expiration
  • Divorce
  • Aging off a parent’s plan (age 26 for Marketplace coverage)
  • Losing eligibility for Medicaid or CHIP
Health Care Reform Basics
Plan tiers are categorized by “actuarial value”

Catastrophic plans are lower cost with limited benefits for people under 30 or people with financial hardship*.

What is “actuarial value”?
• As an example, a Gold Plan has an actuarial value of 80%. That means, for a standard population:
  • The plan will pay 80% of their health care expenses
  • The enrollees themselves will pay 20% through a combination of deductibles, copays, and coinsurance

At time of purchase, or renewal, your clients may fit into a general category:

**Group 1** 100-400% FPL

- **Individual** with annual income of $11,670 to $46,680
- **Family of 2** with annual income $15,730 to $62,920
- **Family of 3** with annual income $19,790 to $79,160
- **Family of 4** with annual income $23,850 to $95,400

**FINANCIAL ASSISTANCE**

Must purchase ON the exchange in order to receive government subsidy, or may be eligible for Medicaid coverage, depending on your state.

**Group 2** Higher than 400% FPL

- **Individual** with annual income higher than $46,680
- Or
- **Family of 2** with annual income higher than $62,920
- Or
- **Family of 3** with annual income higher than $79,160
- Or
- **Family of 4** with annual income higher than $95,400

**OPTION to purchase on OR off** the exchange since they will not receive a subsidy.

**Group 3** Opt to pay penalty

<table>
<thead>
<tr>
<th>Year</th>
<th>Penalty Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$95 per adult and $47.50 per child (up to a family maximum of $285) ...or 1% of household income, whichever is GREATER</td>
</tr>
<tr>
<td>2015</td>
<td>$325 per adult and $162.50 per child (up to a family max of $975) ...or 2% of household income, whichever is GREATER</td>
</tr>
<tr>
<td>2016</td>
<td>$695 per adult and $347.50 per child (up to a family max of $2,085) ...or 2.5% of household income, whichever is GREATER</td>
</tr>
</tbody>
</table>
Financial Assistance Available On the Exchange

2 types of assistance:

1. **Advance Premium Tax Credits (APTC)**
   - For clients who are 100 to 400% FPL
   - Ensure that your clients do not have to pay more than a percentage of their income for health insurance premiums

2. **Cost-Sharing Subsidies**
   - For clients who are 100% to 250% FPL
   - Protects your clients from high out-of-pocket costs at point of service

Some states expanded Medicaid, which means that both APTCs and Cost Share Subsidies begin at 139% of the Federal Poverty Level (FPL).
Cost Sharing Subsidy

- For clients who are 100% to 250% FPL
- Protects your clients from high out-of-pocket costs at point of service

- Consumer will have the option to purchase this subsidized plan in addition to benefiting from the Advance Premium Tax Credit

- If a consumer does not choose to purchase the Silver cost-sharing plan, then they will not receive the cost-sharing subsidy
  - However, consumer is still eligible for the Advance Premium Tax Credit for any plan she purchases on the exchange

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Actuarial Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-150% FPL</td>
<td>94%</td>
</tr>
<tr>
<td>150-200% FPL</td>
<td>87%</td>
</tr>
<tr>
<td>200-250% FPL</td>
<td>73%</td>
</tr>
</tbody>
</table>

Humana
## Cost Sharing Impact to Plan Design

<table>
<thead>
<tr>
<th>In network:</th>
<th>Silver</th>
<th>Silver (200-250% FPL)</th>
<th>Silver (150-200% FPL)</th>
<th>Silver (100-150% FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$4600 single 2X Family</td>
<td>$3250 single 2X Family</td>
<td>$900 single 2X Family</td>
<td>$500 single 2X Family</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Max OOP</strong></td>
<td>$6300 single 2X Family</td>
<td>$4750 single 2X Family</td>
<td>$1450 single 2X Family</td>
<td>$750 single 2X Family</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$35</td>
<td>$35</td>
<td>$35</td>
<td>$35</td>
</tr>
<tr>
<td><strong>RX</strong></td>
<td>$1,500</td>
<td>$1,000</td>
<td>$500</td>
<td>$250</td>
</tr>
</tbody>
</table>

NOTE: this is an example only, please consult benefit summary for your state for detail
# HMOs vs. PPOs

<table>
<thead>
<tr>
<th></th>
<th>HMO</th>
<th>PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Maintenance Organization</td>
<td>Provides community-based care by requiring members to select a primary care physician (PCP) to coordinate their healthcare services</td>
<td>Is there a network or list of doctors, hospitals and pharmacies with reduced fees?</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Except for certain types of care that may not be available from a network provider, members aren’t covered for any out-of-network services</td>
<td>Can I go to a doctor outside of the ones included in the network?</td>
<td>Members can go outside the network for care, but they’ll pay less by using a doctor or hospital that is in the network</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With the exception of an emergency, a PCP will coordinate the member’s healthcare services with specialists in the network</td>
<td>Is a referral needed?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower</td>
<td></td>
<td></td>
</tr>
<tr>
<td>than most PPOs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much does it cost for the premium?</td>
<td>Higher than most HMOs</td>
<td></td>
</tr>
</tbody>
</table>

Both types of plans may include a combination of deductibles, cost-share or coinsurance, and copays for services.
2015 Product Name Changes

Plan design 2015 versus 2014 will look very similar. The only major change will be Plan Naming.

2015 H1 General Product Changes & Enhancements

New 2015 Product Names:
• In an effort to allow shoppers to differentiate plans when shopping On-Exchange, we are adding the name of the network into the product name:

  Marketing Name Structure:
  - On-X: Humana<metallic tier><deductible>/<network>
  - Off-X: Humana<metallic tier><deductible>/<network> + Children’s Dental

2015 Plan Marketing Name:
• On-X: “Humana Platinum 1000/ Tampa HUMx (HMOx) ”
• Off-X: “Humana Platinum 1000/Tampa HUMx (HMOx) + Children’s Dental “

• We will no longer Connect, Direct, Local Preferred, or National Preferred on any On or Off Exchange Plans
Retaining Your 2014 Business
**High-Level Timeline of Major Communications for Members**

**Early October**

- **2014 Plan Discontinuances Will include:**
  - Plan discontinuance notices
  - Impacts plans in AL, AZ, CO, FL, IL, KY, MI, OK and WI

**October/November**

- **2015 Plan Notification from Humana**
  - May include:
    - Rate increase
    - Plan/Network Change
    - 2014 APTC applied to 2015 premium
    - Instructions to re-determine APTC for 2015
    - Humana Projects On Exchange Renewal letters sent the in early November
    - Humana Projects Off Exchange Renewal letters to be sent mid to late October

- **2015 Pharmacy Changes from Humana**
  - May include:
    - Changes to formulary
    - Changes to prior authorization requirements

**November**

- **Subsidy Letter from CMS**

**December**

- **2015 Summary of Benefits Coverage for Auto-enrolled Plan from Humana**

**Invoice from Humana**

*Will Include: 2014 subsidy applied to 2015 premium (if applicable)*

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*If the member has both medical and dental they will receive separate renewal notification packets.*

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Agent Actions

- **ACTION:** Finish FFM/State Certifications
- **ACTION:** Develop and execute a marketing strategy (see slide 47 for sample message)
- **ACTION:** Let your clients know they can contact you with questions and that Open Enrollment begins on November 15, at which time you can help them make a plan selection and update their subsidy, if applicable.
- **ACTION:** CMS projects Healthcare.gov will be open for “window shopping” to view rates and plans (no enrollment capabilities until 11/15/2014)
- **ACTION:** Starting November 15, you can access the state or the federal exchanges through Agent Work Bench(AWB) to start selling 2015 Plans.
- From November 15 to beginning of December, Humana will be doing targeted outreach (phone calls, emails, etc.) to certain members who have specific impacts (Example: Need to choose a PCP for 2015).

Your clients should be looking for something in the mail from Humana about their 2015 Plan (except Grandfathered).

AWB will be available shortly after November 15, 2014.
For clients with plans being discontinued, they must enroll in a new plan on or before December 15th to avoid a gap in coverage.

**ACTION:** Reach out to your clients BEFORE December 3, 2014 to choose a new plan. Humana’s Retention Team will be starting outreach on December 3, 2014 if no action has been taken. The Agent of Record (AOR) will change if the member purchases a new plan through any other enrollment channel other than their agent.

**ACTION:** If your client is going to make a plan change, be sure they do so before December 15 for a January 1 effective date. Otherwise, they will owe premium on their current 2015 plan/rate until their new effective date begins.

Humana projects clients that enrolled with a 1/1/15 Effective Date will receive Policy information.
When your Humana On Exchange client gets their 2015 information in the mail they will fall into one of two choices.

Passive Renewal

- Passive Renewal – When your client chooses to simply continue to pay premium.
- By making this choice, any 2014 APTC will continue to be applied to the 2015 Premium. If a new Plan is not selected by 12/15/14, your client will be re-enrolled into the most similar Plan offering by the same carrier.
- The 2014 Agent of Record (AOR) will Remain

Active Renewal

- Active Renewal – When your customer Re-Accesses the State Based or Federal Marketplace to Re-Determine Eligibility.
- When eligibility is Re-Determined your customer will go through Plan Selection again, just as they did to get their 2014 Plan.
- The 2015 AOR will replace the 2014 AOR (make sure that your client references your National Producer Number (NPN).
Passive Renewal (On Exchange)

• In most cases, as long as your customer keeps paying their Humana premium, **their coverage will continue** (with any modifications we made to their plan/premium). There are some exceptions discussed later.

• If your customer chooses Passive Renewal for 2015 there may be **implications at tax time** since they are using a 2014 subsidy amount vs an updated 2015 subsidy.

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**Passive Renewal**

• Passive Renewal – When your client choses to simply continue to pay premium.

• By making this chose, the 2014 APTC will be applied to the 2015 Premium. If a new Plan is not selected by 12/15/14, your client will be re-enrolled into the most similar Plan offering by the same carrier.

• The 2014 AOR will Remain
Active Renewal (On Exchange)

- If your customers want to see what other options are available for 2015, they should choose the Active Renewal option.

- If your customer has had a significant change in Income 2015 vs. 2014 they should chose the Active Renewal option.

- Changes to Market dynamics may dictate that they should re-determine their subsidy for 2015 by accessing the state or federal exchanges either directly or through Humana’s Agent Work Bench.

- **ACTION:** Take them through the Agent Workbench quoting/enrollment process to ensure you get credit for the sale.

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**Active Renewal**

- Active Renewal – When your customer Re-Accesses the State Based or Federal Marketplace to Re-Determine Eligibility.

- When eligibility is Re-Determined your customer will go through Plan Selection again, just as they did to get their 2014 Plan.

- The 2015 AOR will replace the 2014 AOR (make sure that your client references your NPN Number).
If your Off Exchange clients wish to continue their coverage, in most cases all they need to do is continue to pay their monthly premiums.
## Recap: Retaining Your Business

<table>
<thead>
<tr>
<th>Off Exchange ACA Plans</th>
<th>On Exchange ACA Plans</th>
<th>Grandfathered Plans</th>
<th>Non-Grandfathered Plans</th>
<th>Stand-Alone Dental Plans</th>
</tr>
</thead>
</table>

### Off Exchange
- **Humana members** will receive a letter from Humana in October/November.

**ACTION:**
- Let your clients know this is their 2015 plan/rate information.
- To keep their coverage, they need to keep paying their monthly premium.

### On Exchange
- **Humana members** will receive a letter from Humana.

**ACTION:**
- Let your clients know that this is their 2015 plan/rate information.
- To keep their coverage, they should keep paying their monthly premium. Or, they can choose a new plan beginning Nov., 15.

### Grandfathered business does not need to take action.

**ACTION:**
- Let your client know that if they are comfortable with their current coverage, in most cases there is nothing they need to do other than continue to pay their monthly premium.
- Remind them that if they DO change to an ACA plan, they will lose their Grandfathered status.

### Non-Grandfathered
- **Humana Plans** will receive a letter from Humana.

**ACTION:** Outreach to these clients with discontinued plan by 12/3/14 to avoid a gap in coverage.

### Smart Choice Dental members

**ACTION:**
- If a member wishes to continue their coverage, all they need to do is continue to pay their monthly premiums.
- Be sure they understand that beginning in 2015, all Smart Choice Dental policies will follow a January 1 to December 31 schedule.
- For Clients that re-apply for a new Medical Plan, they will also have to re-apply for a new Dental Plan.
- There will be no changes to Off-Exchange Dental Renewals.

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Be aware of timelines

Requirements

Key Dates for Agents

Prepare your message. Contact your clients.

Sample message to your clients.

Watch for a notification letter from Humana

- It will be coming in the mail and will include 2015 information (Grandfathered plans will not receive a letter). If you do not receive by November 15, 2014, please contact me.

Between Nov 15 and Dec. 3: If you would like to make a plan change (or update your financial assistance for 2015, if applicable) contact me

- I can help you choose the best alternative for 2015. Remember, there is no extra charge for working with me as your agent. **Please contact me before December 3, 2014!**
- If you are happy with your plan, but want to update your financial assistance for 2015 (rather than having implications at tax time), you can do so by visiting Healthcare.gov.
Retaining Your 2014 Business – Using AWB to Actively Renew Your Client
### APTC Calculator

**Humana Estimated APTC Calculator**

*This is just an estimate. For the exact amount you will need to go to Healthcare.gov*

<table>
<thead>
<tr>
<th>Person covered</th>
<th>Gender</th>
<th>Age</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
<td>Select</td>
<td>37</td>
<td>08/12/1977</td>
</tr>
<tr>
<td>Spouse</td>
<td>Select</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>Select</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>Select</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Gross Annual Household Income** *(Required Field)*
- **Total Family Size** *(Required Field)*

*Estimated APTC Amount*

- [Cancel](#)
- [Apply Estimated APTC](#)
- [Calculate](#)
• APTC Calculator will apply estimated APTC to the Choose Plans page
• Health Savings Account (HSA) Column and filter added to AWB Choose Plans page
Overview

• “Re-Determining Eligibility” is defined as a customer accessing the state or federal exchanges either directly or through Humana’s Agent Work Bench if they had a 2014 Plan to tell the exchanges their 2015 income and demographic information.
  • This process will determine the 2015 APTC amount.

• We recommend that agents prioritize customers who should Re-Determine Eligibility between 11/15 and 12/15 to ensure a smooth transition to the 1/1/15 Effective Date Plan.
  • Handling your current Book of Business early during Open Enrollment Period(OEP), will allow for maximum time to focus on new business.
Who should Re-Determine their APTC Eligibility?

If...

• Your customer projects a significant change in income year over year.

• Their health plan rate increases to a level where affordability has become an issue for your customer.

• Changes to the 2nd Lowest Silver Plan in the market would lead to a significant subsidy adjustment 2015 vs. 2014 for them.

• Your customer wants to buy a 2015 HumanaOne Plan.
Renewal Examples

The next 3 slides show scenarios that you may encounter:

1. You Customer projects less income in 2015 than they projected in 2014

2. The Market dynamics within your state have led to premium changes that have impacted the 2014 Selected Plan(showing 2015 premium) and/or the 2015 2nd Lowest Silver Plan.

3. The market dynamics within your state have led to premium increases for those customers that had very low premiums in 2014. Premiums remain low, but a decision will need to be made.
Projected Income Decrease

Example #1

- In 2014, Deborah projected her Household Income at $28,008 (240% FPL)
- In 2015, Deborah will project her Household Income at $20,423 (175% FPL)
- In 2014, Deborah’s customer responsibility was $136.58 per month
- If Deborah Re-Determines Eligibility for 2015 her customer responsibility will be $46.00
- If Deborah does not Re-Determine Eligibility for 2015 she will continue to pay $136.58 per month, even though she could be paying $46.00

- Additional Note – Deborah will also qualify for an increased benefit Cost Sharing Plan in 2015 by Re-Determining

- The example above would further be impacted by local market pricing changes in the cost of the Plan and/or the cost of the second lowest Silver Plan in the Market

For agent use only. Confidential & Proprietary
Example #2

- The plan Peter selected in 2014 has a rate increase in 2015.
- Peter receives notification from his Insurance Carrier that shows an increase in Customer Responsibility for 2015.
- The notification Peter received showed the 2015 premium pricing along with the 2014 APTC.
- By Re-Determining Eligibility Peter may be able to offset some of pricing increases that he will experience.
- If the process to Re-Determine Eligibility shows that the 2nd lowest Silver Plan also increased in price, the subsidy could also increase.
- An increase in 2015 subsidy along with an increase in 2015 premium, may maintain affordability for your clients.
- The example above would further be impacted by changes to Peter’s Income.
Cost Sharing Silver vs. Bronze Plan

Example #3 – Nathan will be at 175% for both 2014 and 2015

- The Cost Sharing Silver Plan selected in 2014 has a rate increase in 2015
- Nathan receives notification from his Insurance Carrier that shows an increase in Customer Responsibility for 2015
- The notification Nathan received showed the 2015 premium pricing along with the 2014 APTC.
- After Re-Determining Eligibility, Nathan has viable Plan options to choose from
- The Cost Sharing Silver Plan has a premium increase 2014 vs. 2015.
- The Bronze Plan has a 2015 premium that is the same amount he was paying for the Cost Sharing Silver Plan in 2014
- The Cost Sharing Silver Plan has an Actuarial Value of 87% with a Max out of Pocket of $1450
- The Bronze Plan has an Actuarial Value of 60% with a Max out of Pocket of $6350

**What Should Nathan Do?**
## Electronic Selling Platforms and Timeframes

<table>
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<tr>
<td>Off Exchange - AWB</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>AWB for On Exchange Customers when the customer HAD an On-Exchange Plan Previously (Regardless of Carrier)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>AWB for On Exchange Customers when the customer DID NOT have an On-Exchange Plan Previously</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Federal or State Based Exchanges</td>
<td>YES</td>
<td>YES</td>
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</tbody>
</table>

When a member’s 2015 Health Plan is with a different carrier than in 2014, make sure they cancel the 2014 health plan to avoid duplication.
1. For all Clients purchasing their first plan On Marketplace Plan (Regardless of Carrier), AWB will be an option for the entirety of OEP.

2. For Clients that purchased a Plan on MarketPlace in 2014, AWB will be an option for both Re-Determining Income and New Plan Selection for 2015 between 11/15/2014 and 12/15/2015.
   • On 12/15/14 all Members that had a 2014 Plan and have not yet selected a 2015 Plan will get the “Passive” Renewal by CMS to the 2015 Version of the Same Plan.

3. For Clients that shop for a plan after 12/15/14 and already have a 2015 Plan, healthcare.gov is currently the only option that we can safely say will work. We will continue to test to see if AWB will be an option.
   • This includes customers that elected the “Passive” Renewal Option for 2015.

4. Healthcare.gov will be an option for all customers throughout the entirety of OEP. If your client goes directly to the exchanges, make sure that they include your NPN in the appropriate place.

5. When a member’s 2015 Health Plan is with a different carrier than in 2014, make sure they cancel the 2014 health plan to avoid duplication.
2015 Selling Tools
HumanaOne Agent Workbench
Agents’ Role in the Marketplaces

For *federally-facilitated* and *partnership* marketplaces

3 ways to enroll your clients online:

1. Humana’s websites
2. Marketplace website
3. Web broker website
Marketplaces

3 ways to enroll your clients

1. Humana’s websites

   **Agent Workbench (accessed through Humana.com)**
   - Access the Agent Workbench by logging into Humana.com
   - Select “HumanaOne Agent Workbench” at the bottom of the page

   **Custom Agent Link**
   - Your clients can quote/enroll with sales tying to your book of business
   - Directions for using your custom agent link

The above tools may vary by state.
1. Agent initiates enrollment on Humana.com via Agent Workbench

2. Automatically re-directed to marketplace website for subsidy eligibility determination

Photo from healthcare.gov
Agent Workbench Process (cont.)

1. Agent initiates enrollment on Humana.com via Agent Workbench

2. Automatically re-directed to marketplace website for subsidy eligibility determination

3. Re-directed back to Humana for plan selection and enrollment

Photo from healthcare.gov
Marketplaces
3 ways to enroll your clients

2. Marketplace website

1. Consumer logs directly into marketplace
2. Agent assists consumer with eligibility application
3. Agent assists consumer in comparing plans
4. Consumer enters agent’s identification information so agent receives credit for sale
5. Marketplace sends information to Humana

Photo from healthcare.gov
Marketplaces
3 ways to enroll your clients

3 Web broker website

CMS developing ability to integrate Marketplace websites with web brokers for:
• Eligibility applications
• Enrollment information

HOWEVER — web brokers must show **ALL** Qualified Health Plans (QHPs) on their site
PCP Selection Updates

- Allow consumer to bypass Choose a Doctor and check a box to have the doctor auto assigned. Customer will not know their doctor until they receive their ID Card.
- RX Tool added to enrollment flows that will allow user to search for prescriptions and calculate costs for all plans.
Issued Business Tab Updates

- Updated the ONX/OFF X Indicator
- The appropriate Billing and Enrollment Phone Number has been added
- Essential Health Benefits Updated to show ACA Compliance
- FPP Products have been added
ACA Renewals

- Affordable Care Act (ACA) renewals will show in the AWB Issued Business Tab
  - Off Exchange Renewals were populated on 10/30
  - Humana Projects that On Exchange Renewals will populate today (11/5)
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<th>Email</th>
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September 2015 Enhancements

- SSN made optional for Newborn and Legal Resident without SSN applicants
September 2015 Enhancements

- Disclaimer and acknowledgement regarding eligibility requirements will be added when selecting a Basic/Catastrophic plan
- Disclaimer identifying plans available/not available in 2015
FFM/SBE Certification

INTERSTATE
2015

Confidential/ For Agent Use Only
Exchange Certifications

Reminder: All Agents that got Exchange Certified in 2014 will also need to get Exchange Certified for 2015.

Updates for 2015 include:

- Those new to the certification process and those who certified last year have different processes. Those certifying for the first time must create an account and username in addition to train and execute the agent agreements.

- The Humana Verification Form is simplified.

- The fillable verification form can be completed with Adobe Acrobat.

All FFM certifications for the 2014 plan year will expire on 9/30/2014.
For plans sold with an initial effective date of coverage on or after January 1, 2015:

- Commissions are paid based on Commission Eligible Premium (“CEP”). CEP is the premium on the initial effective date of coverage, not including renewal or attained age premium changes, and is based solely on:
  - Each covered member’s age and smoking status
  - The policyholder’s residence, plan of benefits, and family composition
- No Commissions will be earned if the member portion of the premium is not paid.
- Humana will re-calculate the CEP based only on certain changes described below in the section titled “Commission Eligible Premium – Example of how CEP is calculated.”
- For premium due dates on or after January 1, 2015, the Commissions are calculated by multiplying the percentages listed below by CEP.

<table>
<thead>
<tr>
<th>State(s)</th>
<th>First Year</th>
<th>Years 2 +</th>
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</thead>
<tbody>
<tr>
<td>AL, AZ, FL, GA, IL, IN, KS, LA, MI, MO, NC, NV, OH, OK, TN, TX, UT, VA, WI</td>
<td>6%</td>
<td>4%</td>
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<tr>
<td>CO, KY, MS</td>
<td>5%</td>
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</table>

*First year means the first twelve (12) months following the initial effective date of coverage. Years 2 + are the subsequent years following the initial twelve (12) month period.*
New Cash payment option
What is it?
- A barcode based solution providing Humana members who have individual medical and/or dental plans in approved states (currently AL, FL, GA, KY, MI, OH, TN, and TX) an option to pay their premiums with cash through a bill-pay service at CVS/pharmacy locations.
- Available to on-exchange and select off-exchange individual medical and/or dental plans

How does it work?
- Humana members with individual medical and/or dental plans in approved states will receive a barcode on their invoice
- Member takes the invoice and payment to a participating CVS/pharmacy location
- CVS associate scans the barcode, accepts the cash, and gives the member a receipt indicating the premium has been paid
- Member keeps receipt as proof of payment
Listen to 2014 OEP Top Performers!

Hear and/or read agent experiences from 2014 Open Enrollment Top Performers to gain perspectives and insights for your 2015 Season.

Agent Experiences
### Get Ready for 2015 OEP

<table>
<thead>
<tr>
<th>100 Level Curriculum</th>
<th>200 Level Curriculum</th>
<th>300 Level Curriculum</th>
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<tbody>
<tr>
<td>HCR Fundamentals – block of streamlined modules. Good information for those agents new to HCR or agents that want a refresher.</td>
<td>Markets and Networks</td>
<td>Systems-AWB</td>
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<td>Agent Certification Requirement Guidance – FFM, Kentucky and Colorado</td>
<td>Products On and Off the Marketplace</td>
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<td>Renewal Information</td>
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<td>What Has Changed since 2014 OEP Job Aid</td>
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<td></td>
<td>Using the Humana.com Prescription Tool</td>
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Welcome to MarketPoint University

Marketing & Products
Review product information and order marketing materials.

Quote, Enroll & Manage
Quote and enroll customers, create utilization reports and update enrollment.

Education
Earn continuing education credits and complete certification/recertification.

Pay & Bonuses
Learn about Leaders Club and Producer Partnership Plan details and qualification.

Looking for this?
- Secure E-mail
- Your Leaders Club Status
- Plan Summary - Small Business & Specialty Benefits
- Benefit reports (BUD) – Small business medical

Medicare Agent Workbench
Access tools and resources for Senior Products.

Health Care Reform Agent Education and Training
Access training on key topics online.

HumanaOne Agent Workbench
Directly access and manage your HumanaOne business. Access the HumanaOne AWB Tutorial Here
2015 Open Enrollment
Agent Guidebook

1. Retain Your Business
   Available here
   How to retain your current book of business.

2. Selling HumanaOne Plans
   Available here
   Operational Information

3. Plan Availability
   Available here
   State/market availability

4. Marketing
   AL, AR, IA, IN, KS, MO, NC, NE, OH, WI
   TX: Link
   FL: Link
   AZ, CO, GA, IL, KY, LA, MI, OH, UT
   Link

5. Compensation
   Available here
   Producer Partnership Plan
New Individual Medical Marketing Materials

Downloadable Multi-touch Campaign Materials

- 6 step series of mailers, emails & call scripts
- “Let us help” theme emphasizes the value of working with an agent
- For Families “Find out if your family can get help paying for insurance”
- And Boomers “Now’s the time to find the right health plan for you”

More customizable shared marketing materials

- Educational brochures, mailers and emails to help prospects understand health insurance, how to buy & how agents help
- Customizable brochures, self-mailers & flyers
- Translations coming soon!
- Outdoor banners and window clings – available now
“How to Buy Health Insurance”
Customizable “Seminar-in-a-Box”

Downloadable Seminar marketing – *many available now!

- Agent flyer describing kit elements
- Scripted PowerPoint presentations*
- Customizable Oversized Postcard Invitation*
- Customizable 11”x17” Poster*
- Letter and email invitations
- Flyers*

*Confidential/ For Agent Use Only
Full portfolio of products

- Medical (Commercial)
- Medicare Advantage and Medicare Supplement Plans
- Dental Plans
- Vision Plans
- Exclusive Veterans’ Package
- Life and Supplemental Plans
  - Critical Illness Cash Plan
  - Junior Estate Builder
  - Memorial Fund
Agent Support Unit

1-800-309-3163

or Contact your Humana Representative.

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Interstate 2015

Preparing for 2015 Open Enrollment

Thank you for attending!

Agent Webinar