

The impact of Changing Health Legislation on the Individual Market Versus the Group Market

The draft health plan passed the House, but the Senate is starting over. Let's see what may be around the corner and how it might impact PHBP.

On May 4th, 2017, the U.S. House of Representatives passed the American Health Care Act (HR 1628). The bill is now in the hands of the Senate. HR 1628 is drafted as a budget reconciliation bill, which can be passed by the Senate with a simple majority vote. However, the Senate has indicated it will be developing its own health care bill, rather than amending the bill approved by the House.

With the legislation surrounding healthcare in this country still unknown, insurance carriers are unsure of how to price premiums into 2018 and beyond, and whether they should remain in the individual market. Should carriers exit the individual health care insurance market, thousands of Americans could be left without health insurance. In addition, President Trump has not committed to paying cost-sharing subsidies. Cost sharing subsidies, focused on lower income ACA customers, reach nearly 6 in 10 of people who buy private health plans through the marketplaces (The Washington Post, May 22, 2017). So, for those carriers left offering individual health plans on the exchange, the insurance plans they provide may not be subsidized by the government, which would increase premiums significantly and making plans unaffordable to individuals.

So, how does this impact PHBP employers? It does not appear that PHBP will be affected at all based on either the American Health Care Act passed by the House or the proposals being discussed in the Senate. PHBP provides insurance through a large group plan insured policy through Anthem. The changes being discussed by Congress could significantly affect those who gain coverage through the individual marketplace exchanges and will not have any effect on the large group plan market.

For more information on health care legislative updates, please reach out to Susan Kaiser at susank@phbp.org.

PHBP's Executive Director, Susan Kaiser, speaks about PHBP's expansion into Digital and Post Production

The timing couldn't have been better - with the individual health insurance market impacted by changing health legislation, PHBP allows for more freelancers, specifically those in digital and post-production, to be covered by a Group Health Plan. Group Health Plans appear to be unaffected by changing health legislation.

PHBP has been providing a high quality, Large Group Plan to its Contributing Employers and live action, non-union freelance employees in covered categories since 2008 (and for staff employees since 2013). Effective January 1, 2017, PHBP expanded into digital and post production, including an additional twelve categories in its list of covered job categories. Now, in addition to job categories such as producer and production coordinator, covered job categories include titles such as 2D/3D animator and stitcher. What does this mean - more freelance employees may be eligible for benefits with PHBP. In this unstable time, being part of a stable, Large Group Plan like PHBP has immeasurable value.

Recently, Susan Kaiser, PHBP's Executive Director was interviewed about the benefits of PHBP, and the recent expansion into digital and post-production. For employers with digital and post-production workers, and for freelancers in digital and post-production, the article will be extremely informative and helpful. The full article may be read [here](#).

Here are just some of the benefits of being part of PHBP:

- Comprehensive benefits across medical, dental, vision, pharmaceutical, and disability.
- \$500.00 deductible for singles, and \$1,000 deductible for families.
- PHBP is a Large Group Plan, and these plans typically offer larger networks of providers and in-network hospital options.
- Benefits are completely free for eligible, freelance employees.
- If you have a family, you can include them, too.
- Qualified freelance employees with dependents pay only \$250 per month for the first dependent, and \$100 per month for each dependent thereafter. A freelancer with a spouse and child would only pay \$350.00 per month. That's a value you couldn't get with any plan, let alone a first-rate level of insurance like ours.
- Access to 24-7 nurseline and telehealth functionality (including mental health).

- Access to Anthem's coupons and discounts – you'll find coupons on food, discounts on gym memberships, weight loss clinics, and more.
- Free Flow between Staff and Freelance employment.
- For freelance employees or staff employees considering a career change, the Plan provides for easy transition between full-time staff positions and freelance work. What does this mean for you? You won't miss a beat when it comes to your benefits with PHBP if you decide to work as a full-time staff employee for a period of time.

For questions about any of the material included in the article, please reach out to Susan Kaiser at susank@phbp.org

Narrow Provider Networks - why they're important to know about?

If you were concerned about future health legislation, there may be more - narrow provider networks. Don't fret if you're a PHBP employer or covered freelance or staff employee though.

The use of narrow provider networks in health insurance plans is a cost containment strategy that has gained popularity of late (Academy Health, December, 2014). With premium rate increases estimated in the double digits for 2018, likely a direct result of a changing, yet still unknown, healthcare legislative environment, the use of narrow provider networks may gain even more popularity.

For employers not part of PHBP, or part of a Large Group Plan, this may cause a direct reduction in the quality of their benefit plans. Not only may individual plans lean toward these narrow provider networks, but the small group plan market, a market with larger than average premium rate increases when compared to the Large Group Plan market, may be utilizing these narrow provider networks as well.

What individuals don't see when purchasing insurance plans that have narrow networks is that quality of providers is not necessarily a criterion for inclusion or exclusion in a network - the goal for insurers here is to offer competitive pricing (AcademyHealth, December, 2014). Additional cost may be incurred by the individual then, should the individual need to access provider care outside of the network. The long term results of narrow networks are still unknown. As per Academy Health's December 2014 memorandum, individuals and employers purchasing plans with narrow networks need to be performing the necessary due diligence before purchasing (e.g. understanding what providers are actually in network, and is the plan of good quality).

For more information, please read the full article [here](#).

Let Anthem Blue Cross Guide you to Better Health

Anthem is actively involved in managing your health with weekly, healthy tips!

Better health comes in many ways - less stress, preventative visits, and many more. Anthem has created a 52 week guide with hints as to how to keep healthy. Let's start with the first 13 [here](#). Stay tuned to future newsletters and posts for the rest!

How to Go Green with PHBP - Consent to Electronic Distribution of Plan and Benefit Materials

Going Green is on everyone's mind, so don't let PHBP be your exception to the rule. It's very easy to elect for electronic distribution of your plan and benefit materials and we're including the directions here!

Interested in GOING GREEN with PHBP? Just simply follow these instructions, listed [here](#). It takes no time at all, and you'll save tons of trees!