HealthWorks AI

Plan Comparison

User Guide 2020

Contents

Overview

Plan Comparison report allows you a side-by-side comparison of plans based on their Costs and Benefit features. Select plans in your market areas to compare their Enrollment, Star rating and cost features like Premium, Deductible, MOOP and their changes over year. This report also presents a granular view of benefits offered by plans in your market. Compare plans by each benefit's authorization, coverage, services, co-payment, co-insurance, out-of-pocket costs and other features in a comprehensible view.

What data is available in this report and when is it refreshed?
This report is created from the PBP files that CMS releases at the start of AEP in October each year. More than 50 benefit features are cleansed, structured and coded to create a granular view of each benefit at a Plan county segment level.
This report is refreshed within 72 hours of CMS release of AEP data in October and is refreshed monthly to include enrolment numbers.

What decisions can I make using this report?
With CMS' flexible benefit features policy, Medicare Payer Organizations are introducing innovative plan benefits to make their plans stand out in the marketplace. Use this report to quickly understand what new benefits or changes your competitors have made in their plans this year. Typically, these are a few ways to use this report:

- Activate broker messaging: Learn about your competitor plans within three days of CMS release of plan data to educate your brokers on changes your competitors have made in their plans
- Alter messaging on Digital channels: Commit last-minute changes in your Digital media messaging by understanding your plan competitiveness
- Decode your competitor plan strategy: Learn y.o.y changes in plan costs and new benefits that are offered in your market

How can I navigate this report?

Default view for your state, county and plans will be pre-set for this report. Follow these steps to navigate this report:

Dropdown Filter	State	County	Plan Type	SNP Plans	Plan Description	Plans	Benefits
	New York	Bronx	(Multiple values)	Non-SNP	(All)	(Multiple values)	Comprehensive Dental

Quick Filters	Premium Range 0.0 350.0	Enr Range 21 8,553	Plans with Part B Giveback	Provides Health and Drug Coverage	Plans with only Part D Premium	Change in Enrollment From Apr19 To Apr20

	Plan Name	Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth VIP Essential (HMO)H3330-032-001	EmblemHealth VIP Go (HMO-POS)H3330-041-001	EmblemHealth VIP Gold (HMO)H3330-021-001	EmblemHealth VIP Gold - Plus (HMO)H3330-038-000
Plan Information	Parent Organization	CVS Health Corporation	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.
	Contract Number	H3312-002-000	H3330-032-001	H3330-041-001	H3330-021-001	H3330-038-000
	Plan Type	Local HMO	Local HMO	Local HMO	Local HMO	Local HMO
	SNP Type	Non-SNP	Non-SNP	Non-SNP	Non-SNP	Non-SNP
	Enrollment (Apr 2020)	1,006	8,553	21	807	118
	Enrollment Change (Apr19 to Apr20)	-3	976	4	-112	-25
	Estimated OOPC	$314.38	$215.98	$233.18	$185.34	$153.47
Plan Indicator	Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage
	Overall Star Ratings	3.5	3	3	3	3
	No. of Counties	3	4	23	4	14
	HealthWorks True Plan Value Total	$49.76	$139.66	$50.76	$89.75	-$120.55
	Part C	$38.79	$121.54	$69.79	$119.32	-$84.89
	Part D	$10.96	$18.12	-$19.02	-$29.57	-$55.67
	Supp Benefit Value Add	$22.60	$39.79	$39.02	$41.37	$37.89
	Actuarial Value (%)	9.05%	37.75%	29.25%	49.56%	65.08%
	Monthly Premium	$0 ($0)	$0 ($0)	$71 ($3 ▲)	$95 ($7 ▲)	$301 ($3 ▲)
	Health Premium	$0	$0	$33	$41	$221
	Drug Premium	$0	$0	$38	$54	$80
	Part B Reduction Amount	$0.00	$0.00	$0.00	$0.00	$0.00
	Annual Drug Deductible	$300	$295	$250	$200	$200

Steps to compare plans in your market

Compare plans in your market by following the above highlighted six steps:
1. Select your Market
2. Select Plans to compare
3. Select your benefits
4. Filter Plans
5. View Plan Comparison
6. Download view as spreadsheet

Step 1: Select your market

Select your geographical market, plan offering (SNP/Non-SNP) and Plan type.

1.1 Select your State

Select one state by clicking on the drop-down State filter and click apply

Step 1: Select your market

Select your geographical market, plan offering (SNP/Non-SNP) and Plan type.

1.2 Select your County

Select one or more than one county by clicking on the drop-down County filter and click apply

Step 1: Select your market

Select your geographical market, plan offering (SNP/Non-SNP) and Plan type.

1.3 Select your Plan type

Select one or more than one plan type (HMO, PPO, Regional PPO etc.) to filter plans of a type.

Step 1: Select your market

Select your geographical market, plan offering (SNP/Non-SNP) and Plan type.

1.4 Select your Plan offering

Select 'Non-SNP' for Non-SNP plans, 'All' for SNP and Non-SNP plans.

Step 2: Select Plans to Compare

Select plan description and choose plans to compare.

		State	County	Plan Type	SNP Plans		Plan Description	Plans	Benefits
Dropdown Filter		New York	Bronx	(Multiple values)	Non-SNP	**2**	(All)	(Multiple values)	Comprehensive Dental

Quick Filters — Premium Range 0.0 350.0 — Enr Range 21 8,553 — Plans with Part B Giveback — Provides Health and Drug Coverage — Change in Enrollment — From Apr19 To Apr20

Plan Description (All)

- ☑ (All)
- ☑ Consolidated Renewal Plan
- ☑ Initial Contract
- ☑ New Plan
- ☑ Renewal Plan
- ☑ Renewal Plan with SAE
- ☑ Renewal Plan with SAR

Cancel / Apply

Plan Information					
Plan Name	Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth VIP Essential (HMO)H3330-032-001	EmblemHealth VIP Go (HMO-POS)H3330-041-001	EmblemHealth VIP Gold-001	EmblemHealth VIP Gold-Plus (HMO)H3330-038-000
Parent Organization	CVS Health Corporation	EmblemHealth, Inc.	EmblemHealth, Inc.		EmblemHealth, Inc.
Contract Number	H3312-002-000	H3330-032-001	H3330-041-001		H3330-038-000
Plan Type	Local HMO	Local HMO	Local HMO		Local HMO
SNP Type	Non-SNP	Non-SNP	Non-SNP		Non-SNP
Enrollment (Apr 2020)	1,006	8,553	21		118
Enrollment Change (Apr19 to Apr20)	-3	976	4		-25
Estimated OOPC	$314.38	$215.98	$233.18	$185.34	$153.47
Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage
Overall Star Ratings	3.5	3	3	3	3
No. of Counties	3	4	23	4	14
HealthWorks True Plan Value Total	$49.76	$139.66	$50.76	$89.75	-$120.55
Part C	$38.79	$121.54	$69.79	$119.32	-$64.89
Part D	$10.96	$18.12	-$19.02	-$29.57	-$55.67
Supp Benefit Value Add	$22.60	$39.79	$39.02	$41.37	$37.89
Actuarial Value (%)	9.05%	37.75%	29.25%	49.56%	65.08%
Monthly Premium	$0 ($0)	$0 ($0)	$71 ($3 ▲)	$95 ($7 ▲)	$301 ($3 ▲)
Health Premium	$0	$0	$33	$41	$221
Drug Premium	$0	$0	$38	$54	$80
Part B Reduction Amount	$0.00	$0.00	$0.00	$0.00	$0.00
Annual Drug Deductible	$300	$295	$250	$200	$200

2.1 Select Plan description

Select plans based on their length of contract.
- Consolidated Renewal Plan: Plans that merged into one plan
- Initial Contract: Plans released under a new contract
- New Plan: Plan introduced for the first time under an existing contract
- Renewal Plan: Plans carrying over from last year
- Renewal plan with SAE: Plans carrying over from last year and expanding into new service areas
- Renewal plan with SAR: Plans carrying over from last year but reducing their service areas

Step 2: Select Plans to Compare

Select plan description and choose plans to compare.

2.2 Select Plans to compare

Select plans to compare by searching their name or contract. It is suggested to choose a maximum of six plans to compare, more than six plans misaligns the view. Reach out to your Point of contact to set a default view of more than six plans. However, if you wish to download as a spreadsheet, you can select all plans.

Step 3: Select Benefits to Compare Plans

Select Benefits to compare plans

3.1 Select Benefits to compare plans

Select one or more than one benefit to compare selected plans. Scroll the drop-down menu to see more than 50 benefits that are coded to create a comprehensible view. Scroll down the page to see the benefits.

Plan Comparison View

Plan Comparison view to compare Enrollments and year over year cost trends

Dropdown Filter	State	County	Plan Type	SNP Plans	Plan Description	Plans	Benefits
	New York	Bronx	(Multiple values)	Non-SNP	(All)	(Multiple values)	Comprehensive Dental

Quick Filters	Premium Range	0.0 350.0	Enr Range	21 8,553	Plans with Part B Giveback	Provides Health and Drug Coverage	Plans with only Part D Premium	Change in Enrollment
								From Apr19 To Apr20

	Aetna Medicare Value Plan (HMO)H3312-002-000			EmblemHealth VIP Go (-HMO-POS)H3330-041-001	EmblemHealth VIP Gold (HMO)H3330-021-001	EmblemHealth VIP Gold - Plus (HMO)H3330-038-000
Plan Name						
Parent Organization	CVS Health Corporation			EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.
Contract Number	H3312-002-000		H3312-002-000	H3330-041-001	H3330-021-001	H3330-038-000
Plan Type	Local HMO			Local HMO	Local HMO	Local HMO
SNP Type	Non-SNP	Bronx	1,006	Non-SNP	Non-SNP	Non-SNP
Enrollment (Apr 2020)	1,006			21	807	118
Enrollment Change (Apr19 to Apr20)	-3			4	-112	-25
Estimated OOPC	$314.38	Kings	4,441	$233.18	$185.34	$153.47
Plan Coverage	Provides Health and Drug Coverage			Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage
Overall Star Ratings	3.5			3	3	3
No. of Counties	3	Richmond	3,421	23	4	14
HealthWorks True Plan Value Total	$49.76			$50.76	$89.75	-$120.55
Part C	$38.79			$69.79	$119.32	-$64.89
Part D	$10.96		-$19.02	-$19.02	-$29.57	-$55.67
Supp Benefit Value Add	$22.60	$39.79		$39.02	$41.37	$37.89
Actuarial Value (%)	9.05%	37.75%		29.25%	49.56%	65.08%
Monthly Premium	$ 0 ($0)	$ 0 ($0)		$ 71 ($3 ▲)	$ 95 ($7 ▲)	$ 301 ($3 ▲)
Health Premium	$0	$0		$33	$41	$221
Drug Premium	$0	$0		$38	$54	$80
Part B Reduction Amount	$0.00	$0.00		$0.00	$0.00	$0.00
Annual Drug Deductible	$300	$295		$250	$200	$200

H3312-002-000

Plan comparison view

Hover on Enrollment (April 20) to view enrollments for the selected plan across counties.

Plan Comparison View

Plan Comparison view to compare Healthworks True Plan Value Total and year over year cost trends

Plan comparison view

Hover on **HealthWorks True Plan Value Total** to view values for the selected plan across counties. By default, the **average** is shown for Healthworks TPV for a plan.

Download Plan Comparison View

Download the selected view of Plan Comparison

Dropdown Filter	State	County	Plan Type	SNP Plans	Plan Description	Plans	Benefits
	New York	Bronx	(Multiple values)	Non-SNP	(All)	(Multiple values)	Comprehensive Dental

Quick Filters	Premium Range 0.0 — 350.0	Enr Range 21 — 8,553	Plans with Part B Giveback	Provides Health and Drug Coverage	Plans with only Part D Premium	Change in Enrollment From Apr19 To Apr20

		Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth VIP Essential (HMO)H3330-032-001	EmblemHealth VIP Go (-HMO-POS)H3330-041-001	EmblemHealth VIP Gold (HMO)H3330-021-001	EmblemHealth VIP Gold - Plus (HMO)H3330-038-000
Plan Information	Plan Name					
	Parent Organization	CVS Health Corporation	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.
	Contract Number	H3312-002-000	H3330-032-001	H3330-041-001	H3330-021-001	H3330-038-000
	Plan Type	Local HMO	Local HMO	Local HMO	Local HMO	Local HMO
	SNP Type	Non-SNP	Non-SNP	Non-SNP	Non-SNP	Non-SNP
	Enrollment (Apr 2020)	1,006	8,553	21	807	118
	Enrollment Change (Apr19 to Apr20)	-3	976	4	-112	-25
	Estimated OOPC	$314.38	$215.98	$233.18	$185.34	$153.47
Plan Indicator	Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage
	Overall Star Ratings	3.5	3	3	3	3
	No. of Counties	3	4	23	4	14
	HealthWorks True Plan Value Total	$49.76	$139.66	$50.76	$89.75	-$120.55
	Part C	$38.79	$121.54	$69.79	$119.32	-$64.89
	Part D	$10.96	$18.12	-$19.02	-$29.57	-$55.67
	Supp Benefit Value Add	$22.60	$39.79	$39.02	$41.37	$37.89
	Actuarial Value (%)	9.05%	37.75%	29.25%	49.56%	65.08%
	Monthly Premium	$ 0 ($0)	$ 0 ($0)	$ 71 ($3 ▲)	$ 95 ($7 ▲)	$ 301 ($3 ▲)
	Health Premium	$0	$0	$33	$41	$221
	Drug Premium	$0	$0	$38	$54	$80
	Part B Reduction Amount	$0.00	$0.00	$0.00	$0.00	$0.00
	Annual Drug Deductible	$300	$295	$250	$200	

View: Original | Alert | Share | Download

Download Plan comparison view

Click on the sheet anywhere and scroll down to the bottom of the report to click on the download icon to download the report in various formats

Download Plan Comparison View

Download the selected view of Plan Comparison

Download Plan comparison view

If you have already clicked on the sheet, select 'Crosstab' below to download this view as an Excel csv file. Select 'Image' or 'PDF' to download the view as an image to take a print-out or paste in a power point.

Quick filters for plan selection

Use quick filters to further select plans based on pervious selection

Dropdown Filter	State	County	Plan Type	SNP Plans	Plan Description	Plans	Benefits
	ork	Bronx	(Multiple values)	Non-SNP	(All)	(Multiple values)	Comprehensive Dental

Quick Filters	Premium Range 0.0 350.0	Enr Range 247 31,275	Plans with Part B Giveback	Provides Health and Drug Coverage	Plans with only Part D Premium	Change in Enrollment From Apr19 To Apr20

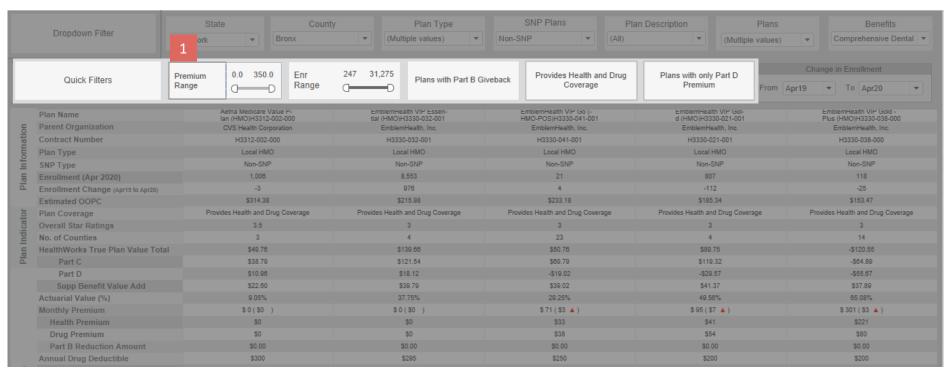|		Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth VIP Essential (HMO)H3330-032-001	EmblemHealth VIP Go (-HMO-POS)H3330-041-001	EmblemHealth VIP Gold (HMO)H3330-021-001	EmblemHealth VIP Gold - Plus (HMO)H3330-038-000
Plan Information	Plan Name					
	Parent Organization	CVS Health Corporation	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.
	Contract Number	H3312-002-000	H3330-032-001	H3330-041-001	H3330-021-001	H3330-038-000
	Plan Type	Local HMO	Local HMO	Local HMO	Local HMO	Local HMO
	SNP Type	Non-SNP	Non-SNP	Non-SNP	Non-SNP	Non-SNP
	Enrollment (Apr 2020)	1,006	8,553	21	807	118
	Enrollment Change (Apr19 to Apr20)	-3	976	4	-112	-25
	Estimated OOPC	$314.38	$215.98	$233.18	$185.34	$153.47
Plan Indicator	Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage
	Overall Star Ratings	3.5	3	3	3	3
	No. of Counties	3	4	23	4	14
	HealthWorks True Plan Value Total	$49.76	$139.66	$50.76	$89.75	-$120.55
	Part C	$38.79	$121.54	$69.79	$119.32	-$64.89
	Part D	$10.96	$18.12	-$19.02	-$29.57	-$55.67
	Supp Benefit Value Add	$22.60	$39.79	$39.02	$41.37	$37.89
	Actuarial Value (%)	9.05%	37.75%	29.25%	49.56%	65.08%
	Monthly Premium	$0 ($0)	$0 ($0)	$71 ($3 ▲)	$95 ($7 ▲)	$301 ($3 ▲)
	Health Premium	$0	$0	$33	$41	$221
	Drug Premium	$0	$0	$38	$54	$80
	Part B Reduction Amount	$0.00	$0.00	$0.00	$0.00	$0.00
	Annual Drug Deductible	$300	$295	$250	$200	$200

Quick filters for plan selection

Quick filters allow you to select specific set of plans in your market. The following filters are available:

- Premium Range: Range of premium offered in the State/County. Use the slider or enter $ values to filter by premium range
- Enrollment Range: Range of Enrollment for the current month in State/County. Use the slider or enter values to filter by enrollment range
- Plans with Part B Giveback: Plans offering Part B Giveback
- Plans with Health and Drug coverage: Plans offering drug coverage
- Plans with only Part D Premium: Plans with Total Premium = Part D Premium

Quick filters for plan selection

Use quick filters to further select plans based on pervious selection

Dropdown Filter	State	County	Plan Type	SNP Plans	Plan Description	Plans	Benefits
	New York	Bronx	(Multiple values)	Non-SNP	(All)	(Multiple va...	Comprehensive Dental

Quick Filters	Premium Range 0.0 350.0	Enr Range 21 8,553	Plans with Part B Giveback	Provides Health and Drug Coverage	Plans with only Part D Premium	**2** Change in Enrollment From Apr19 To Apr20

	Plan Name	Aetna Medicare Value P-lan (HMO)H3312-002-000	EmblemHealth VIP Essen-tial (HMO)H3330-032-001	EmblemHealth VIP Go (-HMO-POS)H3330-041-001	EmblemHealth VIP Gol-d (HMO)H3330-021-001	EmblemHealth VIP Gold - Plus (HMO)H3330-038-000
Plan Information	Parent Organization	CVS Health Corporation	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.
	Contract Number	H3312-002-000	H3330-032-001	H3330-041-001	H3330-021-001	H3330-038-000
	Plan Type	Local HMO	Local HMO	Local HMO	Local HMO	Local HMO
	SNP Type	Non-SNP	Non-SNP	Non-SNP	Non-SNP	Non-SNP
	Enrollment (Apr 2020)	1,006	8,553	21	807	118
	Enrollment Change (Apr19 to Apr20)	-3	976	4	-112	-25
Plan Indicator	Estimated OOPC	$314.38	$215.98	$233.18	$185.34	$153.47
	Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage
	Overall Star Ratings	3.5	3	3	3	3
	No. of Counties	3	4	23	4	14
	HealthWorks True Plan Value Total	$49.76	$139.66	$50.76	$89.75	-$120.55
	Part C	$38.79	$121.54	$69.79	$119.32	-$64.89
	Part D	$10.96	$18.12	-$19.02	-$29.57	-$55.67
	Supp Benefit Value Add	$22.60	$39.79	$39.02	$41.37	$37.89
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	Monthly Premium	$ 0 ($0)	$ 0 ($0)	$ 71 ($3 ▲)	$ 95 ($7 ▲)	$ 301 ($3 ▲)
	Health Premium	$0	$0	$33	$41	$221
	Drug Premium	$0	$0	$38	$54	$80
	Part B Reduction Amount	$0.00	$0.00	$0.00	$0.00	$0.00
	Annual Drug Deductible	$300	$295	$250	$200	$200

Quick filters for plan selection

Change in Enrollment to get the net enrollment figures. Select 'From' and 'To' month-year to view net enrollment.

Thank You

HealthWorks AI