



# International Myeloma Foundation

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## Health Care Reform and You: Navigating the Health Insurance Marketplaces

Advocate forum and educational support provided in part by:



# Patient Services, Inc.

## Navigating the Affordable Care Act Health Insurance Marketplaces

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# What is a Health Insurance Marketplace?

- Competitive marketplace where individuals, families, and small employers can voluntarily shop for and select private health plans with standardized benefits and cost-sharing.
- Pools the insurance risk in order to keep premiums more affordable
- Creates price transparency by allowing consumers to make “apples to apples” comparisons.
- Examples are Federal Employees Health Benefit Plan, Medicare Part D, and Massachusetts Health Connector.

# What Makes an ACA Marketplace Different?

- No “grandfathered” plans.
- Qualified health plans (QHPs) must comply with ACA consumer protections, including guaranteed issue and minimum essential benefits.
- QHPs can only vary premiums by plan type, family size, age, geography, and tobacco use.
- Marketplace determines premium tax credits and cost-sharing subsidies.
- Marketplace automatically enrolls eligible individuals in Medicaid or other public plans.
- Narrow provider networks in order to ensure plan affordability.

# Individual or Small Business

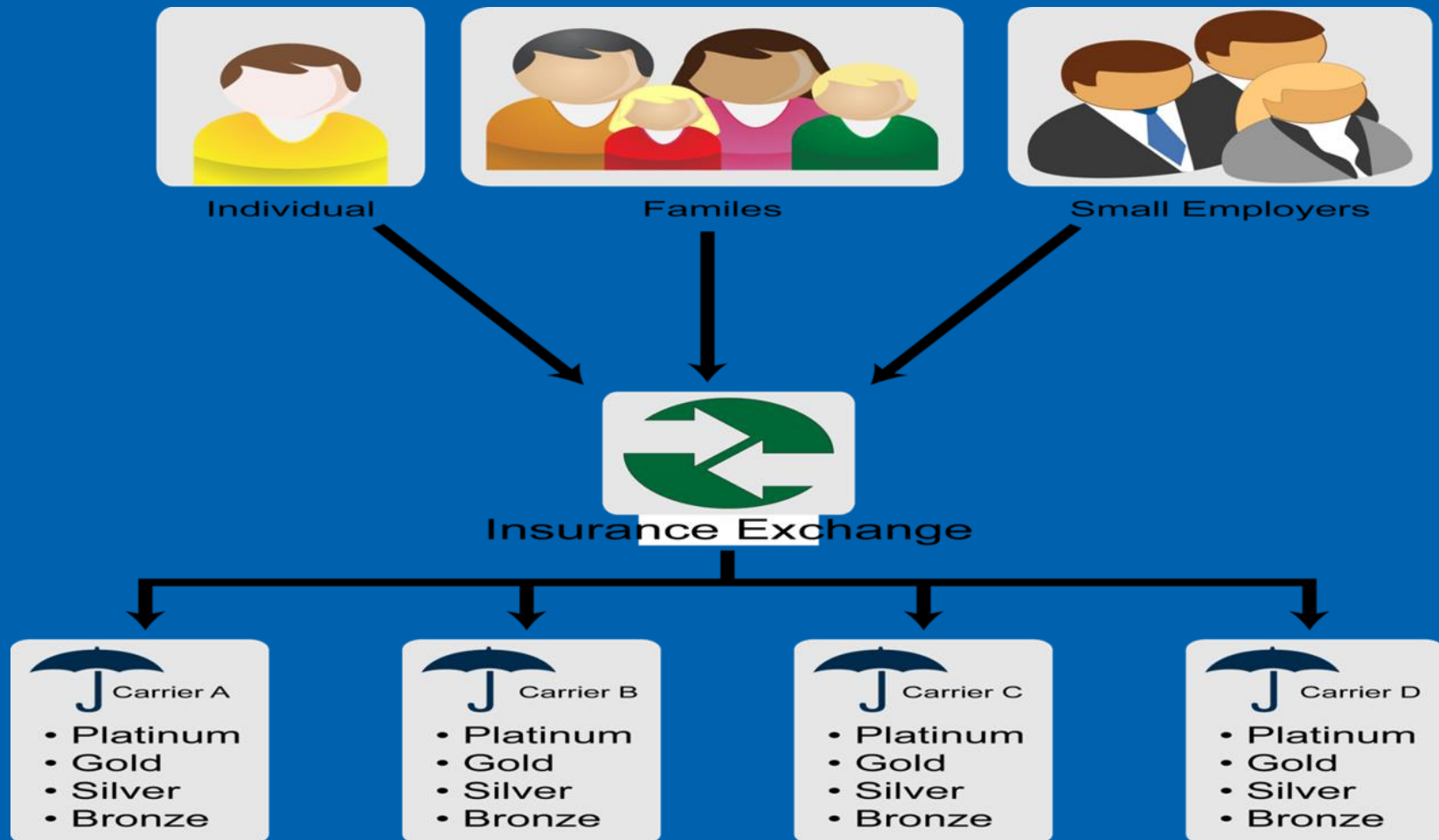
## Individual Marketplace

- Individuals or families can purchase coverage but those with incomes over 9.5 percent of income are not eligible for premium assistance.
- Cannot be eligible for public health insurance program (Medicare, Medicaid, SCHIP, etc.).
- Must be citizens or lawful residents and not incarcerated.

## SHOP Marketplace

- Small businesses can shop for health plans to offer workers.

# How the Marketplace Works



# ACA Marketplace Models

- State-Based Marketplace (SBM)
  - State is responsible for all functions (web portal, plan certification, premium review, eligibility and enrollment, outreach and education, call center, etc.
  - 15 states (including District of Columbia).
- State Partnership Marketplace (SPM)
  - State retains pre-approved functions such as plan management, premium review, or consumer assistance.
  - Federal government assumes all other responsibilities.
  - 7 states.
- Federally-Facilitated Marketplace (FFM)
  - Federal government responsible for all functions.
  - 36 states.

# Federally-Facilitated or State Partnership Marketplaces

- |                    |                         |                         |
|--------------------|-------------------------|-------------------------|
| 1. Alabama         | 16. Mississippi*        | 31. Texas               |
| 2. Alaska          | 17. Missouri            | 32. Utah*               |
| 3. Arkansas (SPM)  | 18. Montana             | 33. Virginia            |
| 4. Arizona         | 19. Nebraska            | 34. West Virginia (SPM) |
| 5. Delaware (SPM)  | 20. New Hampshire (SPM) | 35. Wisconsin           |
| 6. Florida         | 21. New Jersey          | 36. Wyoming             |
| 7. Georgia         | 22. New Mexico*         |                         |
| 8. Idaho*          | 23. North Carolina      |                         |
| 9. Illinois (SPM)  | 24. North Dakota        |                         |
| 10. Indiana        | 25. Ohio                |                         |
| 11. Iowa (SPM)     | 26. Oklahoma            |                         |
| 12. Kansas         | 27. Pennsylvania        |                         |
| 13. Louisiana      | 28. South Carolina      |                         |
| 14. Maine          | 29. South Dakota        |                         |
| 15. Michigan (SPM) | 30. Tennessee           |                         |



# Active Purchaser or Clearinghouse

## Active Purchaser

- Marketplace can negotiate premiums and exclude insurers that otherwise meet minimum standards (i.e. “selective contracting”).
- Typically results in lower premiums.
- Only four SBMs chose this option (CA, **MA**, RI, VT).
- Others chose to be “market organizers” that limit the number of QHPs an insurer can offer.

## Information Clearinghouse

- Marketplace must accept all insurers that meet minimum standards.
- All FFMs are clearinghouse marketplaces.

# Types of Marketplace Plans

- Marketplace plans are “standardized” so that consumers can make “apples to apples” comparisons.
- Insurers are allowed to offer only four types of plans to everyone:
  - Platinum – pays 90% of total avg costs for covered benefits
  - Gold – pays 80%
  - Silver – pays 70%
  - Bronze – pays 60%
- Catastrophic or limited benefit plans available for adults under 30.
- All non-grandfathered plans outside the Marketplace must follow these tiers.

# Prescription Drug Coverage

- Prescription drugs are one of ten categories of essential health benefits (EHBs) that all individual and small group plans in and out of the Marketplace must cover (unless “grandfathered”).
- Each state defined EHBs according to “benchmark” plan, which is typically the largest small group plan.
- Each state has their own list of covered medicines, so QHPs may have more drugs in one category or class than they offer in another state.
- Check formulary for each QHP before selecting coverage. May need to contact plan directly.
- ACA provides opportunity to appeal if your drug is not on a QHP formulary.

# Prescription Drug Tiers

- Most QHPs will have four tiers of drug coverage:
  - Tier 1 – Generics
  - Tier 2 – Preferred, brand-name drugs
  - Tier 3 – Non-preferred, brand-name drugs
  - Tier 4 - Specialty drugs
- The most costly brand-name drugs and biologics often are placed in Tier 4, including chemotherapy medication.
- Tier 4 requires consumers to pay a % of the drug's total cost or "coinsurance".

# Specialty Tier Coinsurance

- Consumers must pay upfront cost-sharing until they hit annual OOP limit so specialty tier coinsurance can still limit access to the highest-cost drugs.
- Almost 90 percent of bronze-level QHPs rely on Tier 3 and Tier 4 coinsurance.
- Silver-level QHPs mostly rely on copayments that average \$70 for Tier 3 and \$270 for Tier 4.
- For both bronze and silver QHPs, Tier 3 and 4 cost-sharing averages 40 percent of the cost of the drug.
- Only 29 percent of employer plans require coinsurance for highest pharmacy tier.

# Premium Tax Credit Eligibility

- Automatically determined by Marketplace website.
- Cannot be eligible for affordable employer coverage (including COBRA)
- Based on household income, but cost of individual coverage.
- Modified adjusted gross income must be 100-400% of poverty (\$11,500-46,000 for indivs; \$23,000-94,000 for family of four).
- Can be used to purchase coverage for all people claimed as dependents on the tax return.
- Dependents cannot receive tax credits if subscriber is ineligible, even if dependent coverage is unaffordable.

# How Are Tax Credits Calculated?

- Based on the premium for the second lowest-cost silver plan in the Marketplace.
- Consumers can choose a gold or platinum plan, but tax credit will not increase.
- Amount of credit is difference between the premium and the “affordability cap”.
- For 2014, the cap is 2% of income for those earning 100-133% of poverty and scales up to 9.5% for those earning up to 400%.
- Cap will increase in future years based on premium growth.

# Premium Tax Credit Example

- Example:
  - Pat is 45 years old and has an income in 2014 that is 250% of poverty (about \$28,735)
  - The annual premium for the second lowest cost silver plan in the exchange in Pat's area is \$5,733.
  - Under the Marketplace, Pat will have to pay more than 8.05% of income (or \$2,313) to enroll in this plan.
- The tax credit available to Pat would be \$3,420 (\$5,733 premium less the \$2,313 cap).
- If Pat enrolls in a gold plan with a \$7,733 premium , she must pay all of the extra \$2,000. (Her cost is then \$4,313).



# How Are Tax Credits Provided?

## Advanceable

- Most consumers will choose to make the credit advanceable and sent directly to the insurer each month by the IRS.
- If advanceable, consumers may have to repay excess credits at tax time if their income rises during the year.
- For those earning less than 200% of poverty, the repayment is capped at \$300 for individuals and \$600 for families. This rises to \$1,250/\$2,500 for those earning 300-400% of FPL.
- There is no overpayment cap for higher incomes.

## Refundable

- Consumer pays entire premium up-front and credit is refunded by at tax time.
- Consumer will receive entire refund even if they have no tax liability.

# Cost-Sharing Subsidies

- For individuals and families with income up to 250% of poverty.
- Must purchase a **silver-level plan** through a Marketplace.
- Will reduce deductibles, coinsurance, and copayments for covered services.
- Those with the lowest incomes pay only 6% of covered health care costs, scaling up to 27% for those at 250% of poverty.

# Out-Of-Pocket Caps

- All individual and small group in and outside of the Marketplace must limit out-of-pocket (OOP) costs to federal health savings account limit.
- For 2014, OOP limit is \$6,350 for individuals and \$12,700 for families.
- Premiums do not count towards OOP limit.
- Higher-tier Marketplace plans offer lower OOP limits.
- CMS will allow separate OOP limits for medical and prescription drug coverage in 2014, if plan has multiple administrators.

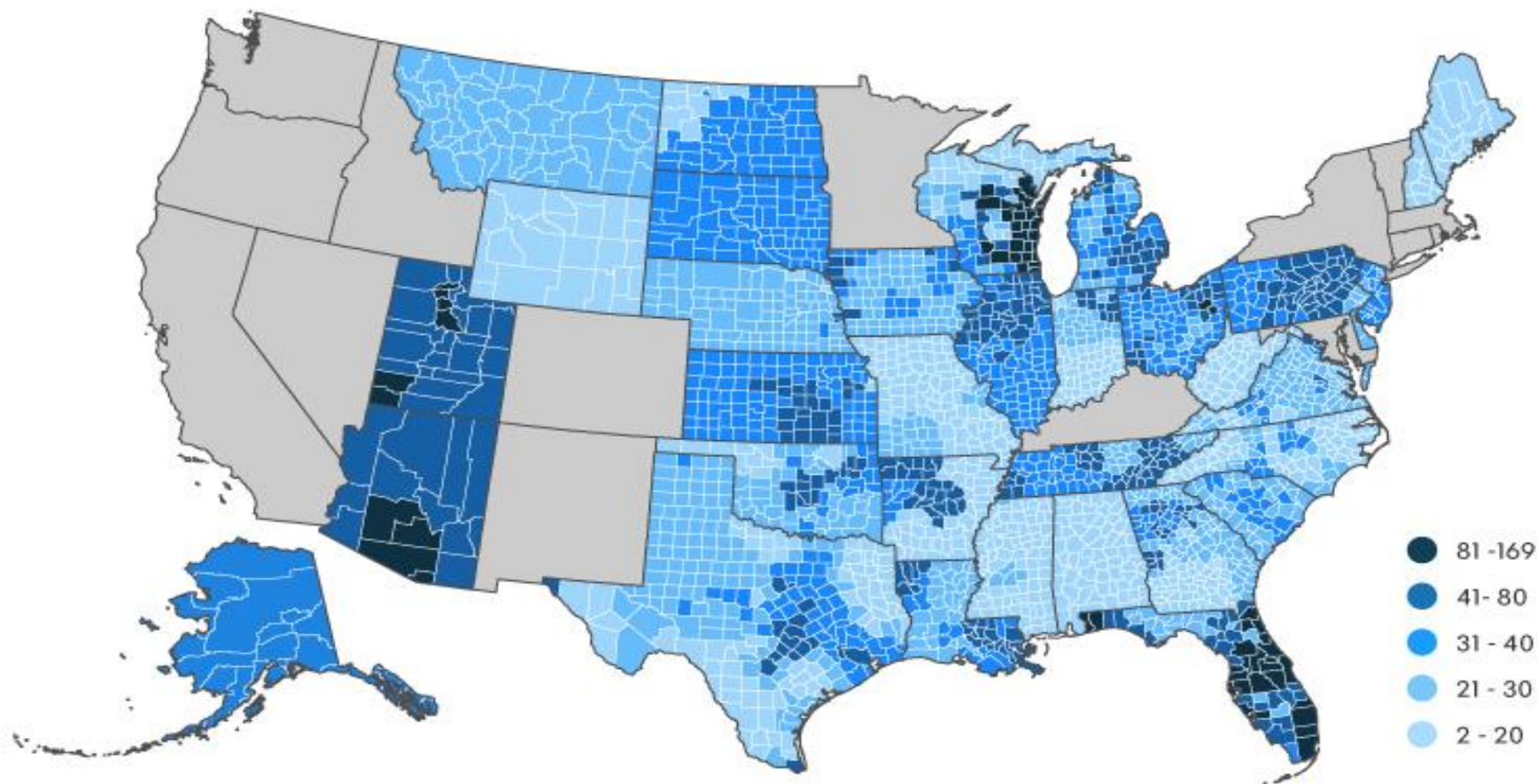
# What if I Am Not Eligible for ACA Subsidies?

- HHS defines QHPs as private plans, not public.
- Third parties can still provide premium assistance though HHS appears to “discourage” practice for hospitals.
- Those earning less than 100% of poverty will be eligible for Medicaid in 26 states.
- Those earning less than 100% of poverty are exempt from individual mandate in opt-out states.

# Marketplace Participation

- Marketplace competition resembles individual market.
- States with healthy individual markets have healthy Marketplace competition. States with individual markets dominated by 1-2 insurers have Marketplaces dominated by 1-2 insurers (i.e. AK, ME, NH, WV, WY).
- 36 states under federal control offer consumers an average of 53 QHP options, but varies widely from seven in AL to 106 in AZ and 102 in FL.
- RWJ Foundation found that SBMs have increased market participation by 35%. HHS says 25% for federally-operated Marketplaces.

# Marketplace Participation (FFM and SPM)



# Competition Determines Premiums

- Premiums vary widely by state and within a state, depending on plan competition. Georgia and Wisconsin have most variation (around 100%).
- Reason is BCBS has virtual monopoly in rural counties for those states. It is the only insurer offering coverage in every Marketplace.
- Monthly silver-level premiums Florence County, WI are \$944-\$1,064 compared to \$328 national average. Only two plan options available.
- According to HHS, FFM and SPM premiums are 31-35% higher in 161 counties with ten or fewer plan options. Will be even higher in 18% of counties with only one insurer and 33% with two insurers.

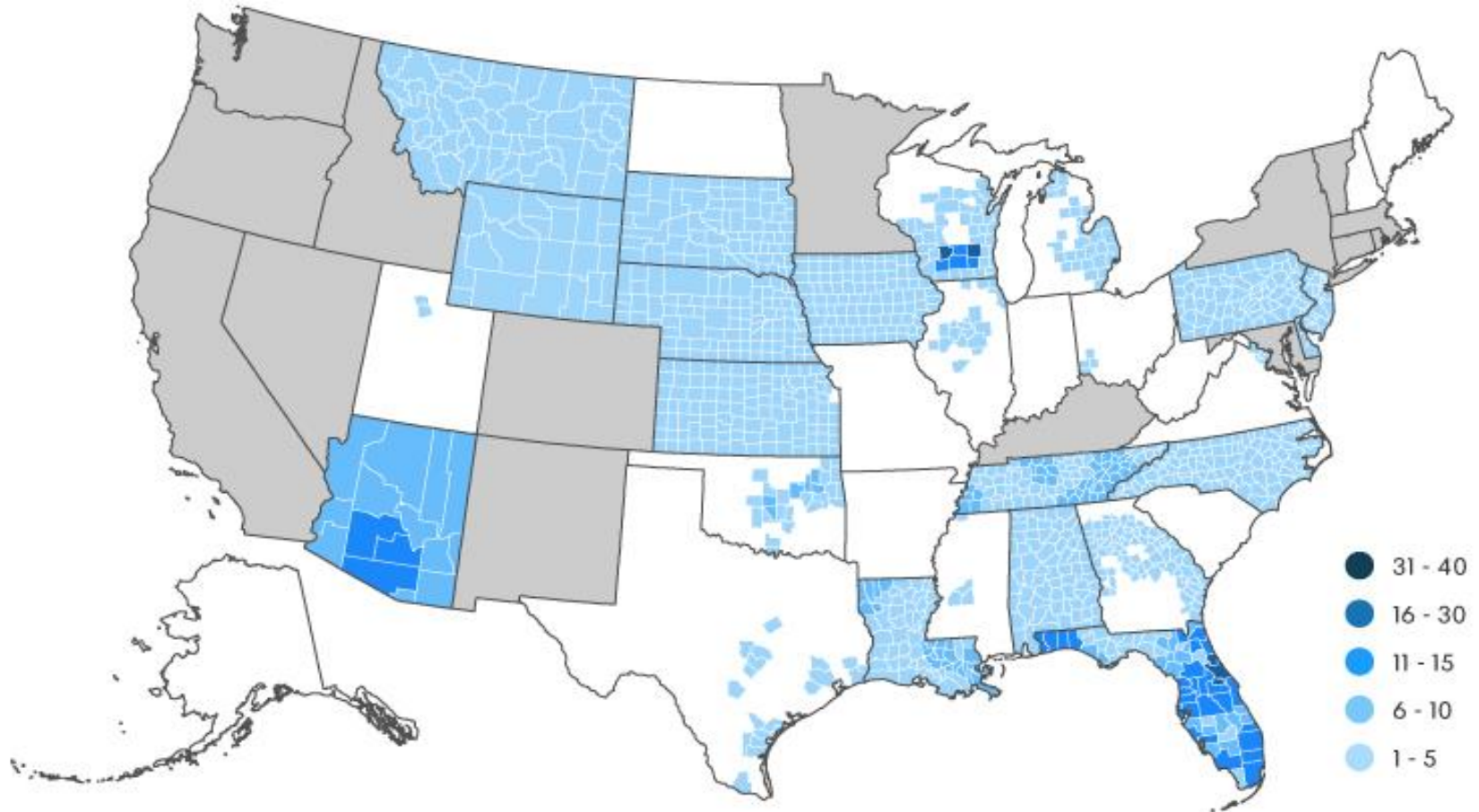
# Average Premiums

- Average monthly premium for second lowest-cost silver plan will be \$328 before tax credits—16 percent less than CBO projected.
- Average for lowest-cost bronze plan is \$249 (\$163 for 27yo and \$93 after tax credits).
- Second lowest-cost silver plan averages \$516 and \$474 in Wyoming and Alaska, but only \$192 and \$245 for Minnesota and Tennessee.
- For family of four, average for second lowest-cost silver plan ranges from \$584 in Tennessee to \$1,237 in Wyoming.



# Platinum Plans

- Platinum plans have highest premiums, but lowest cost-sharing.
- Often offer the best value for consumers with high-cost conditions, due to out-of-pocket caps and broader coverage.
- Consumers can typically avoid specialty tier coinsurance by selecting platinum or gold coverage (California has no deductibles for either, but \$2,000 for silver and \$5,000 for bronze).
- Platinum coverage is not available in several state or federal Marketplaces. Only a few mandate it (CA, MA, NY, and VT).



# Marketplace Performance

- Federal web portal, call centers were initially non-functional, affecting all FFM and SPM states. Nine of ten applicants could not enroll.
- SBMs are performing comparatively better after initial glitches.
- Connecticut, Kentucky and Washington are beating projections, but Hawaii, Oregon, and Vermont are still having major problems.
- Slow improvements are allowing limited numbers to enroll in FFMs and SPMs (17,000 per hour with no errors).
- Goal is that 80 percent of applicants can enroll through federal web portal by November 30<sup>th</sup>.
- HHS must still build 30-40% of IT system to transmit payment data to insurers by January 1<sup>st</sup>.

# Marketplace Enrollment

- Federal and state Marketplace plans only enrolled 106,185 in first month due to limited functionality of web portals.
- Still exceeded first-month enrollment in Massachusetts. Enrollees in other marketplaces pay premiums towards end of open enrollment .
- Nearly 400,000 were determined eligible for Medicaid or SCHIP, reducing uninsured by up to ten percent in states like Oregon.
- SBMs enrolled four times more than FFM and SPMs (5,300 people on average, compared to only 744 per FFM or SPM).
- California has nearly 60K enrollees compared to 27K for all 36 federally-operated Marketplaces.

# Window-Shopping

- Initial backlog on federal website caused by online account verification.
- Most states allow you to view plan benefits and premiums anonymously.
- Connecticut requires only four steps to window-shop for plan benefits and costs. Rhode Island and Minnesota also score well.
- Federal website now allows you to view some benefit and premium today, but must create account for information tailored to your age, income, and family size.

# Plan Cancellations

- Historical problem in individual market.
- Roughly five million plans were cancelled because they will not meet ACA standards and were issued or changed after ACA passed.
- Web portal failures made Marketplace transition difficult , so HHS will let Insurance Commissioners decide whether to allow “non-grandfathered” plans to be reinstated or continued for one year.
- Many insurers and commissioners oppose due to risk pool concerns.
- Several state high-risk pools are extending coverage, but PCIP enrollees will have to transition by December 15<sup>th</sup> for continuous coverage.

# How to Apply

- Go to [www.healthcare.gov](http://www.healthcare.gov) or call 800-318-2596.
- Will be required to enter financial information but no medical history apart from tobacco use.
- Will automatically be referred to correct Marketplace if you qualify.
- Will be automatically referred to Medicaid or other public health program if you qualify.
- Can also apply by paper, in-person, or directly through insurance brokers or agents.

# Marketplace Tips

- Don't overemphasize premiums versus total OOP costs.
- Review all plan levels. Platinum plans can often be best value for high-cost conditions, but not always.
- Make sure to check specialty drug coinsurance under "Plan Details". Silver plans in Florida can impose high coinsurance (30% or more) or none at all.
- Can go directly to insurer's website to check for missing information (i.e. plan formularies or provider directories).
- Try [www.healthcare.gov](http://www.healthcare.gov) at different times of day.



# Plan Payment

- QHPs must accept various payment methods from individuals without bank accounts, including cashier's checks, money orders, EFT transfers, and prepaid debit cards.
- Must pay plan premiums by March 31<sup>st</sup> to avoid individual mandate penalties.

# Marketplace Assisters

- List of navigators or other assisters are available by entering your zip code. They can answer questions about the application and range of benefit options, but cannot recommend specific plans.
- PSI is a lead organization for Certified Application Counselors for federally-operated Marketplaces.
- Unlike navigators, CACs can assist specific disease communities.

# Questions

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# Things to Keep in Mind



- Transparency of qualified health plans is an area of concern – difficult for consumers to find out information to make informed decision
- Do not choose a plan based on premium costs alone
- Pay attention to your cost sharing for services and drugs
- Make sure your doctors are in-network
- Some plans are offering integrated deductibles that include drugs, which means patients are having to reach higher deductibles before seeing any benefits

# What IMF is Doing



- The State Patients Equal Access Coalition or SPEAC has formed an ACA Implementation Working Group focused on coming up with solutions to transparency and cost sharing issues in the marketplaces. The working group is made up of patient groups, provider groups, and industry partners.
- Working with the Cancer Leadership Council, PhRMA, and other groups to monitor and weigh in on areas of concern.

# MM Insurance Questionnaire



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**Multiple Myeloma Insurance Questionnaire**  
Ask before you buy—Get the best coverage for you

How do I know if the insurance plan I am buying will cover the care I need to treat my multiple myeloma?

Although there is no cure for multiple myeloma yet, new therapies have made it treatable, helping individuals with the disease live longer and healthier lives. By asking the questions listed below you can determine whether the insurance you are considering will cover your multiple myeloma care. Prior to choosing your insurance, ask your doctor for a multiple myeloma care plan.

Questions for the insurance plan you are considering:

- Are both blood and urine serum protein tests (electrophoresis and immunofixation) covered? If so, what will be my share of the costs? Are there annual or life-time limits on the number of tests that are covered?
- Does your plan cover bone marrow aspirations and biopsies? If so, what will be my share of the costs? Are there annual or lifetime limits on the number of services that are covered?
- Does your plan cover the imaging tests used for multiple myeloma care (X-rays, bone density scans, MRIs, PET and CAT scans) that will be used to further diagnose and monitor my disease? Are there any annual or lifetime limits on the number of imaging tests that are covered? What will be my share of the costs?
- Does your plan cover genetic testing for myeloma risk assessment, including, cytogenetics and FISH? What will be my share of the costs?
- Does your plan provide coverage for Autologous Stem Cell Transplants? If so, how many? Does this include stem cell harvesting and storage of the stem cells? What will be my share of the costs?
- Does your plan cover costs associated with clinical trials? If so, what do you cover and what would be my portion of those costs?
- Are nutritional and lifestyle counseling sessions covered? If so, can you describe what you cover and my share of the costs?
- Does your plan cover serum free light chain assays (Freelite®) to screen and monitor multiple myeloma? If so, what will be my share of the cost?
- Does your plan cover radiation therapy? What is my out of pocket expense? Are there any annual or lifetime limits on the number of radiation therapy treatments that are covered?
- Does your plan provide coverage for intravenously administered and subcutaneously administered drugs including Velcade, Cytosar and Kyprolis? What is my out-of-pocket expense to obtain these drugs?
- Does your plan cover bisphosphonate therapy such as Aredia or Zometa? What is my out of pocket expense? Will it also cover a pre-treatment dental exam?
- Do you carry Thalomid, Revlimid, and Pomalyst on your formularies? What is my out-of-pocket expense to obtain these drugs?
- Are my health care providers included in network? What is my out-of-pocket expense to see them? Can I access multiple myeloma experts from outside the network? If so, what is my out-of-pocket expense?

Is the following covered?

1. Blood and urine serum protein tests
  2. Bone marrow aspirations & biopsies
  3. Imaging tests (x-rays, MRIs, PET, CT)
  4. Genetic testing for myeloma risk assessment
  5. Autologous stem cell transplants
  6. Costs associated with clinical trials
  7. Nutritional & lifestyle counseling
  8. Freelite®
  9. Radiation therapy
  10. IV & subcutaneous drugs
  11. Bisphosphonate therapy
  12. Oral drugs - formularies
  13. Providers in network
- What is my share of the costs?
  - Are there annual or lifetime limits on the number of tests/services? (#1,2,3,9)



# Cancer Insurance Checklist



## Cancer Insurance Checklist

### ✓ HOW THIS CHECKLIST CAN HELP

The Cancer Insurance Checklist is designed to help you compare insurance plans and consider your health needs when shopping for insurance in your state's [Health Insurance Marketplace/Exchange](#).

The Checklist is a useful guide to help you find a plan that will meet your needs. You may not need all of the treatments in the Checklist, and there may be other treatments, costs or aspects of your care that you need to consider.

#### WHEN TO USE THE CHECKLIST:

- If you have cancer, a history of cancer, or are at risk for cancer
- When evaluating insurance plans
- When discussing your insurance needs with your [navigator](#) or Marketplace/Exchange representative
- When discussing your cancer care needs with your health care provider

Fill in the following worksheets for each insurance plan you are considering. By doing so, you will be able to tell which insurance plan best fits your needs and your budget.

For more information on where to go to get help with paying for health insurance and to get assistance from a navigator in choosing and applying for plan coverage, visit [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-318-2596 or TTY: 1-855-889-4325

#### THIS CHECKLIST WAS CREATED THROUGH A PARTNERSHIP OF:

The Assistance Fund, Association of Community Cancer Centers, Avalere Health, Cancer Support Community, Chronic Disease Fund, Cutaneous Lymphoma Foundation, International Myeloma Foundation, The Leukemia & Lymphoma Society, Living Beyond Breast Cancer, Lung Cancer Alliance, Melanoma Research Foundation, Men's Health Network, National Coalition for Cancer Survivorship, Oncology Nursing Society, Ovarian Cancer National Alliance, Patient Advocate Foundation/National Patient Advocate Foundation, Patient Services, Inc., Prevent Cancer Foundation

# About the Checklist



- [CancerInsuranceChecklist.org](http://CancerInsuranceChecklist.org)
- Formed through partnership of 19 cancer and advocacy organizations
- 15 “Supporting Organizations” signed on... so far!
- **When to Use the Checklist:**
  - If you have cancer, a history of cancer, or are at risk for cancer
  - When evaluating insurance plans
  - When discussing your insurance needs with your navigator or Marketplace/ Exchange representative
  - When discussing your cancer care needs with your health care provider
- **Plan to translate to Spanish very soon**

# About the Checklist



- **The Checklist contains 3 worksheets:**
  - *My Care*: list your providers, sites of care and medications to see if they are covered by the plan
  - *Treatment & Health Services*: a list of common treatments and health services that people with cancer may need; you can check if each service is covered, whether a referral or pre-authorization is required, what the co-pay/coinsurance is, and whether there are limits or maximums on a service
  - *My Costs*: analyze the costs associated with a plan (premium, deductibles, co-pays and coinsurance) and subsidies you might be able to get

# Partner Organizations



- The Assistance Fund
- Association of Community Cancer Centers
- Avalere Health
- Cancer Support Community
- Chronic Disease Fund
- Cutaneous Lymphoma Foundation
- International Myeloma Foundation
- The Leukemia & Lymphoma Society
- Living Beyond Breast Cancer
- Lung Cancer Alliance
- Melanoma Research Foundation
- Men's Health Network
- National Coalition for Cancer Survivorship
- National Patient Advocate Foundation
- Oncology Nursing Society
- Ovarian Cancer National Alliance
- Patient Advocate Foundation
- Patient Services, Inc.
- Prevent Cancer Foundation

# Supporting Organizations



- AIM at Melanoma
- American College of Surgeons Commission on Cancer
- Bladder Cancer Advocacy Network
- Cancer Legal Resource Center
- C-Change
- Debbie's Dream Foundation: Curing Stomach Cancer
- Fight Colorectal Cancer
- Friends of Cancer Research
- Inflammatory Breast Cancer Research Foundation
- LiveSTRONG Foundation
- LUNGevity
- The MAX Foundation
- National Comprehensive Cancer Network
- National Lung Cancer Partnership
- Young Survival Coalition

# How it Can Help You



- 15% of Americans are uninsured and will be shopping for insurance on the marketplaces
- Many uninsured have never had to evaluate health insurance plans
- Cancer is a complex illness and decision making about insurance is complicated
- Provides a guide in evaluating health plans so you understand the coverage and costs associated with each plan
- Helps you to get the best plan for your needs
- Can help evaluate insurance even if you're not shopping on your state marketplace
- Website includes links to more helpful resources

# New ACA Webpage



- [Healthcarereform.myeloma.org](http://Healthcarereform.myeloma.org)
- Can also find it under the Advocacy tab on the IMF website
  - ACA FAQ
  - MM Insurance Questionnaire
  - Cancer Insurance Checklist
  - Healthcare.gov
  - Enrollment assistance
  - And more

The screenshot shows the IMF website's Advocacy tab. The header includes the IMF logo, the tagline "Improving Lives • Finding the Cure®", and a search bar. Below the header is a navigation menu with links: about myeloma, treatment options, health professionals, support, webcasts, meetings, advocacy (selected), fundraising, blogs, and about IMF. The main content area is titled "Health Care Reform" and features a large image of the Affordable Care Act. Text on the page explains the ACA, its requirements for insurers, and the impact on patients. It also mentions that the IMF has created this page to provide information and help guide those purchasing a new health insurance plan. On the left side of the page, there is a sidebar with links to various resources: The Statement of Principles, IMF Advocacy, The Action Center, Public Policy Statements, News and Information, Resources, and Contact Us. The right side of the page includes a "Need help? Click to Talk" button, a "Contact Us" button, and a "Donate" button. There are also social media links for Facebook, Twitter, and YouTube.



# Web Demonstration



- MM Insurance Questionnaire
- Cancer Insurance Checklist
- Healthcare.gov







# Questions & Answers

Please type in your question in the Q&A box  
on the webinar screen