

What is an exchange, anyway?

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Regulated marketplace to buy health insurance

- Buy “qualified plans”
- One for individuals, one for small businesses
- Make apples to apples comparisons
- Get tax credits, if eligible
- Determine eligibility for Medicaid, CHIP, other public programs
- Some state choices



Qualified plan benefits

- Ambulatory patient services.
- Emergency services.
- Hospitalization.
- Maternity and newborn care.
- Mental health and substance use disorder services
- Prescription drugs.
- Rehabilitative and habilitative services and devices.
- Laboratory services.
- Preventive & wellness services & chronic disease management.
- Pediatric services, including oral and vision care.

Benefits – what level?

- Scope is equal to typical employer plan
 - Levels= percent of allowed costs paid by plan
 - Bronze: 60 percent
 - Silver: 70 percent*
 - Gold: 80 percent*
 - Platinum: 90 percent
 - Catastrophic for adults under 30 (limited visits, high deductible)
- *Insurers must offer

What else?

Cost sharing restrictions:

- Small group – maximum deductible \$2000/individual; \$4,000 family
- Individual and small group – maximum out-of-pocket same as for HSA (\$5,950/individual, \$11,900/family currently)

Reduce disparities:

- Language access

What qualifications can states set?

- No pattern of too high premium increases
- No marketing abuses
- Determine open/annual enrollment periods
- Require quality improvement
- Can add to required benefits, but must pay any added costs
- States can rate plans

State choices

- Operate an exchange or leave to secretary?
- For people with income up to 200% of poverty, instead contract with selected plans?
- Waiver in 2017?
- Interstate compact?
- Who will get navigator grants to help with outreach and enrollment?



To do

- States can get planning grants in 2011 – help your state make good choices!