



STATE HEALTH EXCHANGES: WHAT YOU NEED TO KNOW TO (RE)ENROLL *Information to help you make the best decision during open enrollment*

Most Americans get health insurance through their employer or a family member's company. However, nearly eight million people are now buying health coverage through an insurance marketplace. If you bought insurance through the exchange last year, or are considering buying from the exchange this year, the National Association of Insurance Commissioners (NAIC) has some information to make the process a little easier.

The Basics

Health insurance marketplaces, or exchanges, operate in every state. These online portals ask a series of questions to determine which plans meet your needs. They also determine if you are eligible for any subsidies or alternative coverage through Medicaid or the Children's Health Insurance Program (CHIP). You can apply online, by mail or in person. If you get coverage through Medicare or an employer, you don't need to apply for coverage through the exchange. Open Enrollment is the period in which you can shop and sign up for insurance coverage in the exchange. Open enrollment for 2015 coverage starts November 15, 2014 and ends February 15, 2015.

If You Enrolled Last Year

If you purchased health insurance through the marketplace last year, you will be auto-enrolled in the same or similar plan unless you select a different plan by December 15th. However, you should still verify your information and look at the available policies. There may be a new option that is less expensive or better suits your needs. Even if you are auto-enrolled in a plan, you are able to choose a different plan at any time during the open enrollment period, which goes through February 15, 2015. In addition, your eligibility for subsidies depends on your income and available policies in your area. Either of these may have changed from last year. Even if your income and chosen plan have not changed, if there is a less-expensive option it could affect the amount of subsidy you are entitled to. If you do not complete a new eligibility determination, you may be responsible for repaying the difference between what you are currently receiving and what you should receive when you file your 2015 taxes.

New to the Exchange?

If you had a plan that is no longer offered, you may have already gotten a cancellation notice. That means that the insurance company is either unable or has chosen not to renew that policy. Some plans were extended for one year and are no longer available. You should review all of your insurance options, including purchasing on the exchange. You can still purchase insurance "off" the exchange in the individual market, but you will not be eligible for subsidies if you go this route.

Multi-State Plans

There was some confusion with multi-state plans sold on the exchange. Carriers participating in the Multi-State Plan Program offer policies in many different states. Individuals who purchase insurance in one state are NOT guaranteed coverage of health care services provided in another, even if the carrier sells the same plan there. Be sure to understand which doctors and hospitals are covered, and which services and providers are "out of network."

Coverage Options

Plans sold on the marketplace fall into one of four categories: bronze, silver, gold or platinum. The different categories represent what an average enrollee would pay out-of-pocket. All plans must cover 10 essential health benefits (EHBs). The levels of payment are:

- Bronze: the plan pays, on average, 60%; consumer pays 40%
- Silver: the carrier pays, on average, 70%; consumer pays 30%
- Gold: the carrier pays, on average, 80%; consumer pays 20%

- Platinum: the carrier pays, on average, 90%; consumer pays 10%

Consumers should note - if you purchase a bronze plan, you would pay a higher portion of the total cost of the care you receive than you would if you had gold. While bronze plans have lower premiums, they also have higher deductibles, co-pays and coinsurance levels. These all increase your costs if you need medical care. The marketplaces also offer catastrophic plans. As the name suggests, they only cover you if you require extensive care. Catastrophic plans are available for individuals under 30 years old or for those with very low incomes who cannot afford other options. Consumers should be aware that catastrophic plans will not be eligible for use with a health savings account in 2015.

Finding Help

Each state has a program to assist consumers with understanding their options. While the actual names may vary by state, each state has some form of assistance available. It may be an individual or an organization, but trained navigators, application counselors and in-person assisters are able to help you learn about the available choices and guide you through the application process. These assisters may not be licensed insurance agents and, if they aren't, they cannot recommend a specific insurance plan or sell you insurance. A trained and licensed insurance agent or broker can help you find the right policy. They can recommend a specific plan, but they may be limited to selling for a particular company.

Rates on the Exchange

Exact rates may depend on age, family size geographic location and tobacco use. In addition, some people may qualify for subsidies based on their income. These subsidies come in the form of a tax credit, applied to your monthly premiums, and cost-sharing reductions, which increase the value of silver plans for those who qualify.

More Information

If you have questions about the health insurance marketplace in your state, contact your state insurance department. For more information on the NAIC's activity on health care reform, visit the Healthcare Reform Special Section. You can find more information on the ACA on the HHS website.



About the NAIC



[The National Association of Insurance Commissioners \(NAIC\)](#) is the U.S. standard-setting and regulatory support organization created and governed by the chief insurance regulators from the 50 states, the District of Columbia and five U.S. territories. Through the NAIC, state insurance regulators establish standards and best practices, conduct peer review, and coordinate their regulatory oversight. NAIC staff supports these efforts and represents the collective views of state regulators domestically and internationally. NAIC members, together with the central resources of the NAIC, form the national system of state-based insurance regulation in the U.S. For consumer information, visit insureUonline.org.