

**Charles Gaba**

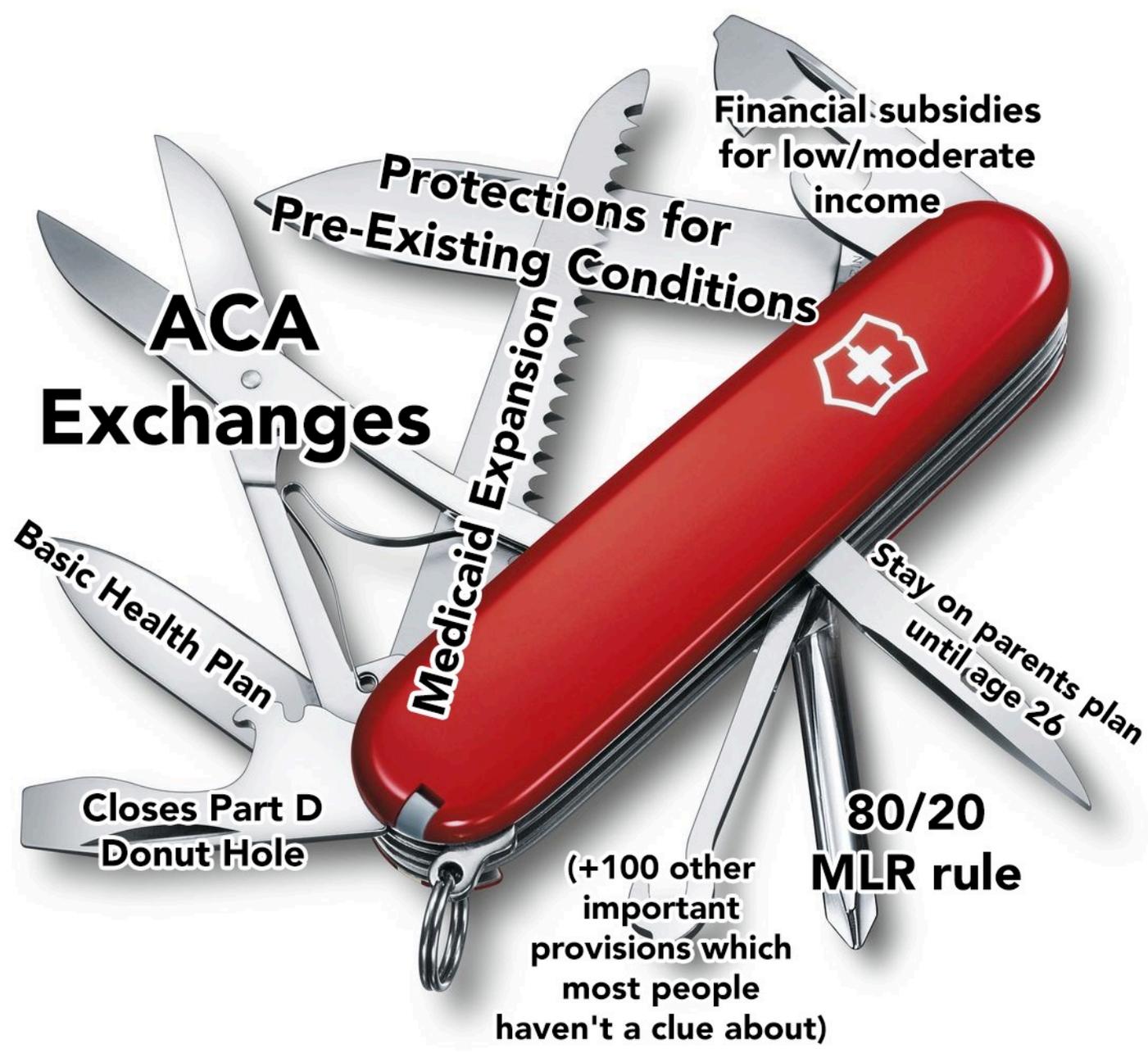


*healthcare policy data,  
analysis & snark*

***ACA Signups.net***

**2022 Open Enrollment: It's a #BFD!**





**ACA Exchanges**

Financial subsidies for low/moderate income

Protections for Pre-Existing Conditions

Medicaid Expansion

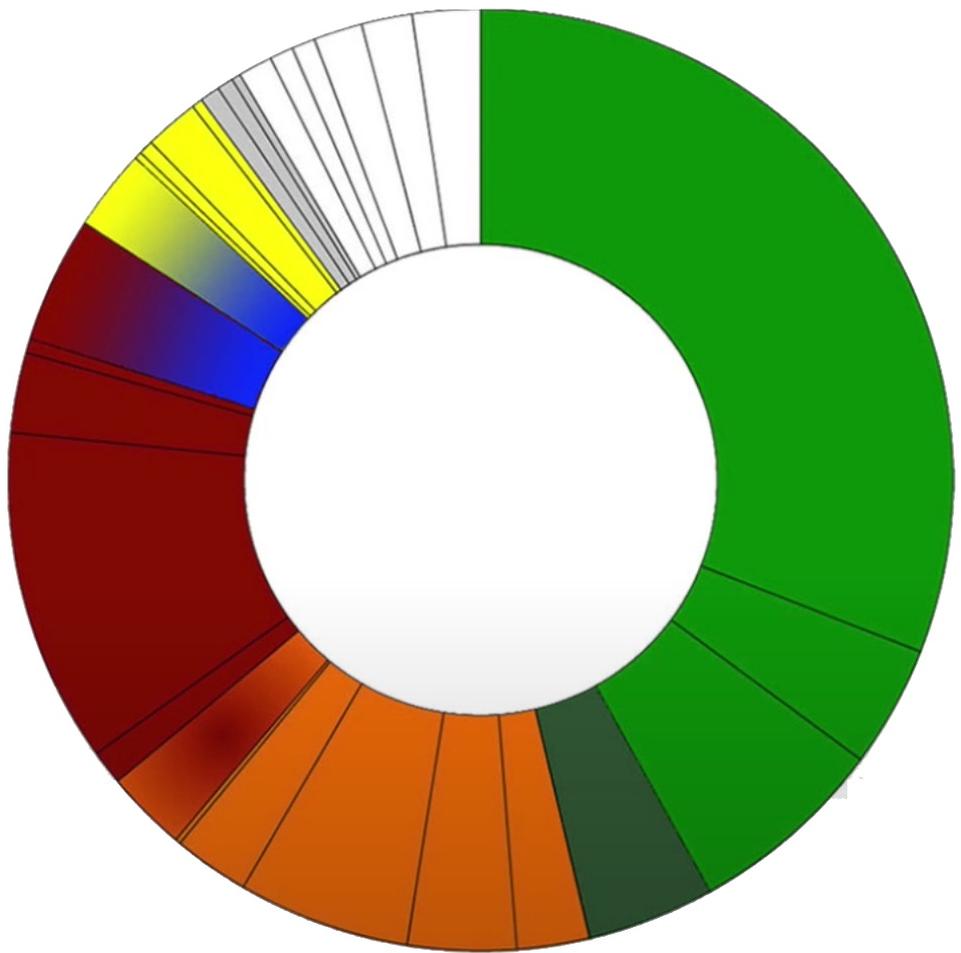
Stay on parents plan until age 26

**80/20 MLR rule**

(+100 other important provisions which most people haven't a clue about)

Closes Part D Donut Hole

Basic Health Plan



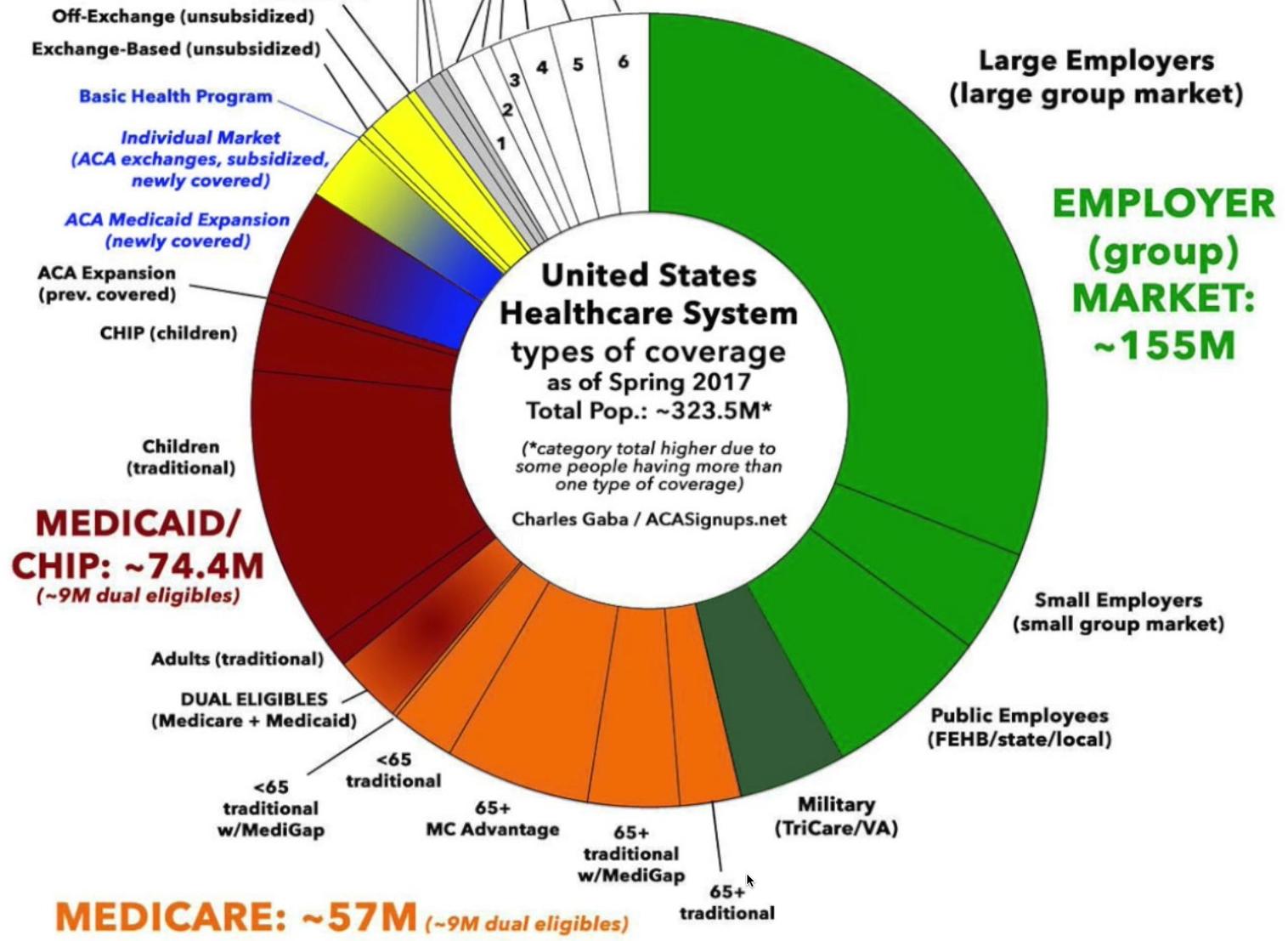
**INDIVIDUAL MARKET:**

**~17.6M**  
(+ 800K BHPs)

Miscellaneous: ~5M  
(Indian Health Service, Student Plans, Christian Sharing Ministries)

**UNINSURED: ~27.5M**

- 1 eligible for Medicaid
- 2 eligible for CHIP
- 3 caught in Medicaid Gap
- 4 undocumented immigrants
- 5 eligible for some tax credits
- 6 ineligible for any tax credits



# ACA Medicaid Expansion:

- Prior to the ACA, adults without children under 18 who didn't have a qualifying disability (so-called "able-bodied" adults) generally weren't eligible for Medicaid regardless of income
- ACA expanded Medicaid eligibility to ANY U.S. citizen whose household **income is under 138% FPL** (+ some documented immigrants)
- That's around \$17,800/yr for a single adult or \$36,500 for a family of four.
- 2012: SCOTUS rules ACA Medicaid expansion **can't be mandatory**; individual states had to **opt into it**.
- 2021: 38 states +DC have done; **12 still haven't**



**Table 1: Uninsured Adults in Non-Expansion States Who Would Be Eligible for Medicaid if Their States Expanded, by Current Eligibility for Coverage, 2018**

State	Total	Currently Eligible for Medicaid	Currently in the Coverage Gap (<100% FPL)	Currently May Be Eligible for Marketplace Coverage (100%-138% FPL**)
<b>All States Not Expanding Medicaid</b>	4,850,000	418,000	2,324,000	2,108,000
Alabama	242,000	17,000	134,000	91,000
Florida	846,000	42,000	391,000	414,000
Georgia	518,000	44,000	255,000	219,000
Kansas	87,000	7,000	40,000	40,000
Mississippi	186,000	16,000	100,000	70,000
<del>Missouri</del>	217,000	13,000	113,000	92,000
North Carolina	389,000	32,000	194,000	163,000
<del>Oklahoma</del>	197,000	20,000	95,000	82,000
South Carolina	214,000	20,000	101,000	93,000
South Dakota	35,000	5,000	14,000	16,000
Tennessee	260,000	39,000	117,000	103,000
Texas	1,553,000	99,000	761,000	693,000
Wisconsin*	88,000	64,000	0	24,000
Wyoming	18,000	N/A	9,000	7,000

NOTES: \* Wisconsin provides Medicaid eligibility to adults up the poverty level under a Medicaid waiver. As a result, there is no one in the coverage gap in Wisconsin. \*\* The "100%-138% FPL" category presented here uses a Marketplace eligibility determination for the lower bound (100% FPL) and a Medicaid eligibility determination for the upper bound (138% FPL) in order to appropriately isolate individuals within the range of potential Medicaid expansions but also with sufficient resources to avoid the coverage gap. Totals may not sum due to rounding. N/A: Sample size too small for reliable estimate.

SOURCE: KFF analysis based on 2019 Medicaid eligibility levels and 2018 American Community Survey.

# ACA Medicaid Expansion:

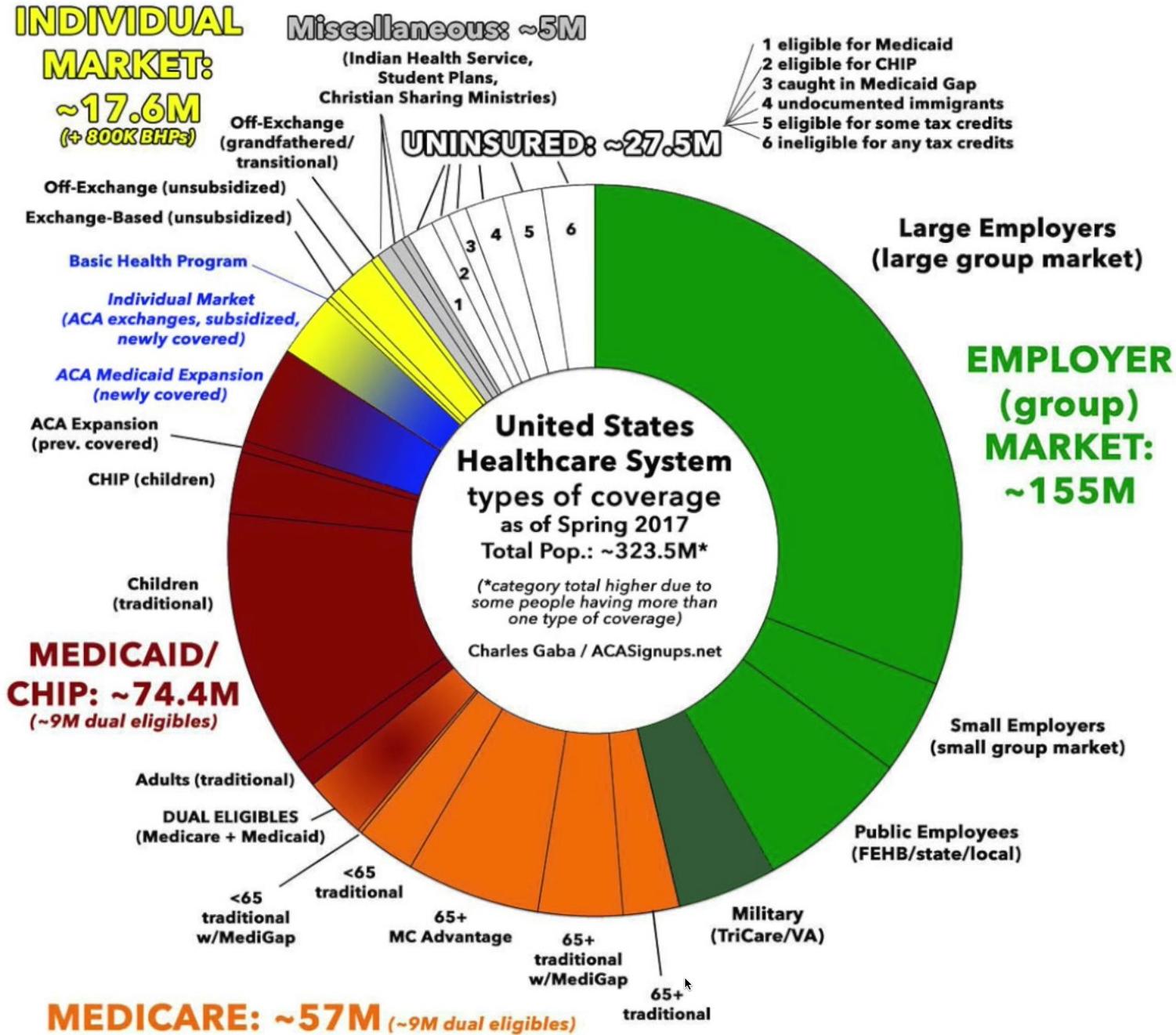
- December 2013 (just prior to ACA expansion): ~55 million Americans enrolled in Medicaid (or the CHIP program)
- Today: **~88 million Americans** are enrolled in Medicaid/CHIP (including millions since the COVID pandemic started)
- Total **ACA expansion** Medicaid enrollment: **~20 million Americans** as of today.
- Medicaid eligibility primarily based on **household income**, but threshold varies depending on other factors

# State Medicaid and CHIP Income Eligibility Standards<sup>1</sup>

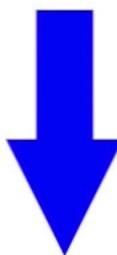
(For MAGI Groups, based on state decisions as of October 1, 2014)

	Children				Pregnant Women		Adults		
	Medicaid Ages 0-1 <sup>2</sup>	Medicaid Ages 1-5 <sup>2</sup>	Medicaid Ages 6-18 <sup>2</sup>	Separate CHIP <sup>3</sup>	Medicaid	CHIP	Parents <sup>4</sup>	Other Adults	Medicaid Expansion
Alabama	141%	141%	141%	312%	141%	N/A	13%	0%	N
Alaska <sup>5</sup>	203%	203%	203%	N/A	200%	N/A	129%	0% <sup>6</sup>	N
Arizona	147%	141%	133%	200% (closed)	156%	N/A	133%	133%	Y
Arkansas	211%	211%	211%	N/A	209%	N/A	133%	133%	Y
California	261%	261%	261%	N/A <sup>7</sup>	208%	N/A	133%	133%	Y
Colorado	142%	142%	142%	260%	195%	260%	133%	133%	Y
Connecticut	196%	196%	196%	318%	258%	N/A	196%	133%	Y
Delaware	212%	142%	133%	212% (1-18)	212%	N/A	133%	133%	Y
District of Columbia	319%	319%	319%	N/A	319%	N/A	216%	210%	Y
Florida	206%	140%	133%	210% (1-18)	191%	N/A	30%	0% <sup>6</sup>	N
Georgia	205%	149%	133%	247%	220%	N/A	35%	0%	N
Hawaii <sup>5</sup>	308%	308%	308%	N/A	191%	N/A	133%	133%	Y
Idaho	142%	142%	133%	185%	133%	N/A	24% <sup>8</sup>	<sup>9</sup>	N
Illinois	142%	142%	142%	313%	208%	N/A	133%	133%	Y
Indiana	208%	158%	158%	250%	208%	N/A	20% <sup>8</sup>	<sup>9</sup>	N
Iowa	375%	167%	167%	302% (1-18)	375%	N/A	133%	133%	Y
Kansas	166%	149%	133%	242%	166%	N/A	33%	0%	N
Kentucky	195%	159%	159%	213%	195%	N/A	133%	133%	Y
Louisiana	212%	212%	212%	250%	133%	N/A	19% <sup>8</sup>	<sup>9</sup>	N
Maine	191%	157%	157%	208%	209%	N/A	100%	<sup>6</sup>	N
Maryland	317%	317%	317%	N/A	259%	N/A	133%	133%	Y
Massachusetts	200%	150%	150%	300%	200% <sup>10</sup>	200% <sup>10</sup>	133%	133% <sup>6</sup>	Y
Michigan	195%	160%	160%	212%	195%	N/A	133%	133%	Y

(outdated...numbers have shifted around since 2017)







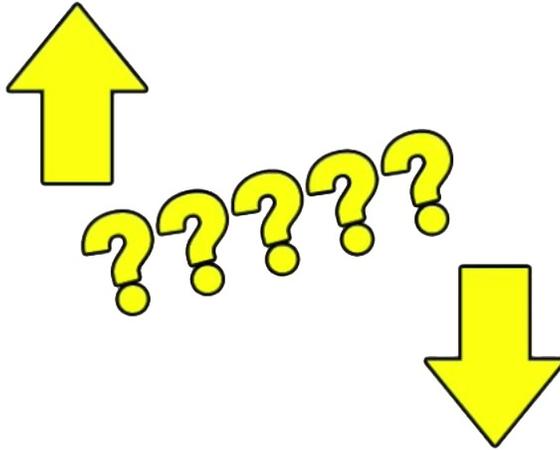
**(junk plans)**







**(comprehensive coverage)**



**Prior to ACA: Many policies had annual or lifetime limits of \$1 - \$2 million**

**New Era Life Insurance Company  
For Business Assumed from  
Southwestern Life Insurance Company**

Actuarial Memorandum for  
Form #33A, MMP 63-1, MMP 69-2, MMP 76-3, MMP 78-4  
Individual Major Medical Policies

**Scope and Purpose**

This is a rate increase filing. An increase of 8% effective August 1, 2017 is needed to offset adverse experience due to the impact of the Health Care Reform on the captioned policy forms. This closed block of business was acquired from Southwestern Life on 10/1/90. These are individual major medical policy forms with an original maximum benefit limit of \$10,000, \$20,000 and \$40,000. As a result of the Health Care Reform, the benefit limit has become unlimited. The experience on the captioned forms is pooled nationwide to enhance credibility.

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**APPROVED**



**DENIED**



## Consumer Reports Investigates 'Junk' U.S. Health Plans

By MIKAELA CONLEY  
Feb. 7, 2012



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Mini-meds offer a limited benefit health plan with extensive restrictions to those under the age of 65. Most plans cap benefits at a few thousand dollars per year. While many of these companies maintain that these plans are better than no insurance at all, Metcalf argues that some people may be better off without any insurance rather than making monthly payments to a plan that will probably not give adequate coverage when needed.

## Junk health insurance Stingy plans may be worse than none at all

Consumer Reports magazine: March 2012

abc NEWS

VIDEO

LIVE

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**POLITICS** NOVEMBER 4, 2013

## The Real Story Behind the Phony Canceled Health Insurance Scandal

*Insurance companies ripped off Americans for years with lousy health plans.  
Obamacare was designed to fix that.*



**STEPHANIE MENCIMER**

Senior Reporter

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VIDEO LIVE

## Consumer Reports Investigates 'Junk' U.S. Health Plans

By MIKAELA CONLEY

Published — March 28, 2011

Updated — May 19, 2014 at 12:19 pm ET

# ANALYSIS — THE FALSE PROMISE AND BIG PROFITS OF 'MINI-MED' HEALTH PLANS



Wendell Potter  
Columnist

POLITICS NOVEMBER 4, 2013

## The Real Story Behind the Phony Canceled Health Insurance Scams

*Insurance companies ripped off Americans for years with low-cost plans. Obamacare was designed to fix that.*



STEPHANIE MENCIMER  
Senior Reporter





**Guaranteed Issue**

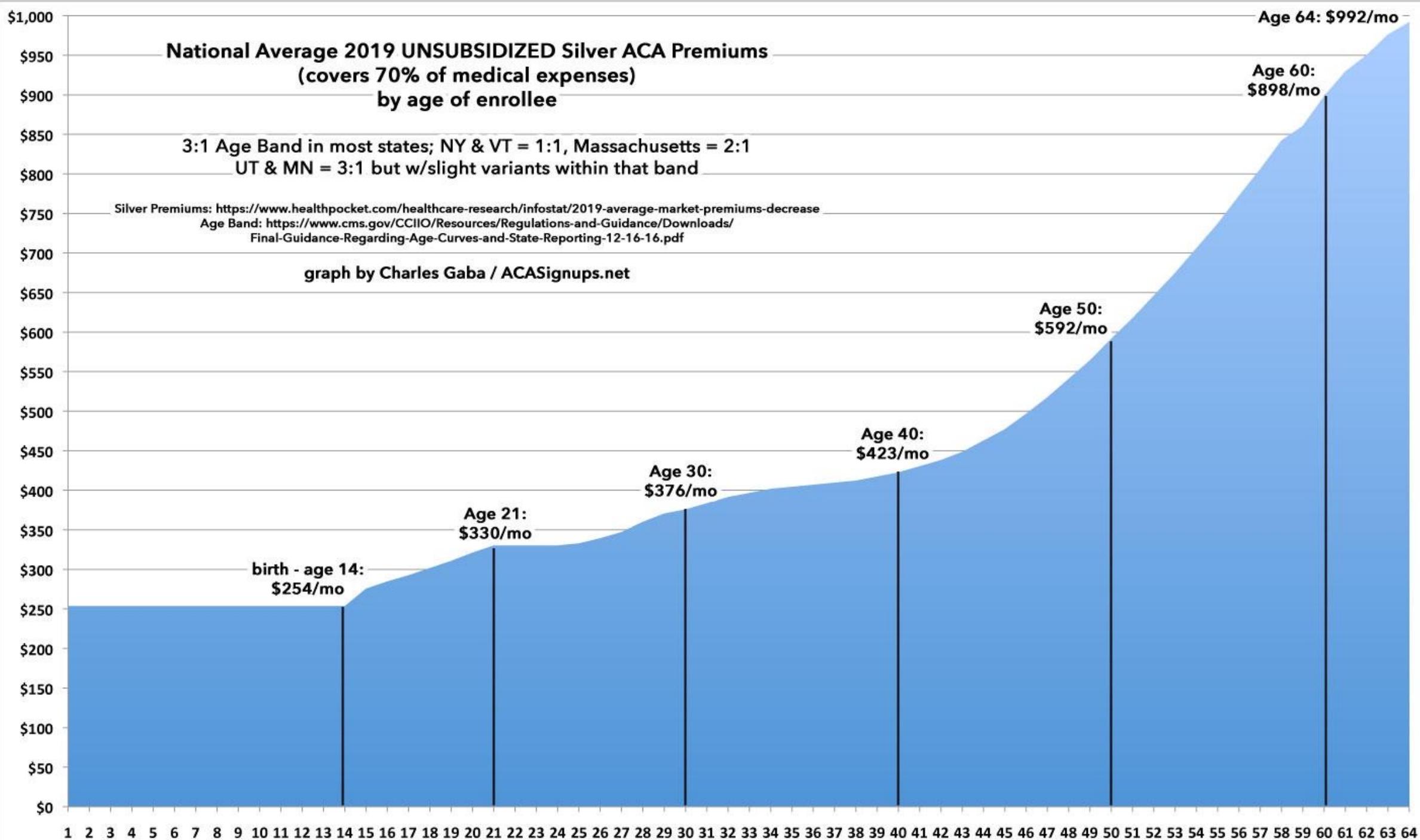


**Guaranteed Issue  
Community Rating**

**Age: 3:1**  
**(down from 5-6:1)**



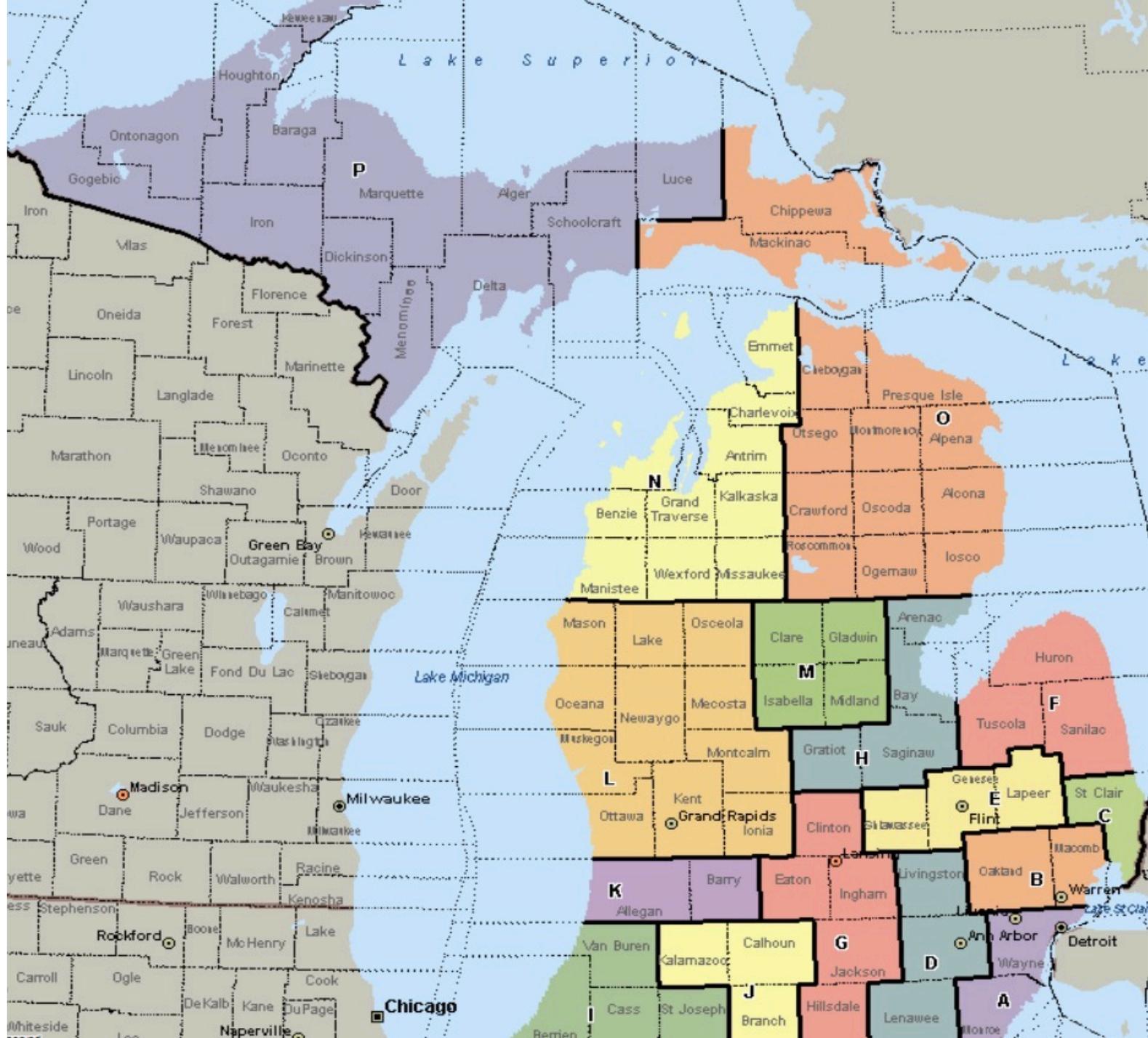
**Guaranteed Issue**  
**Community Rating**



**Age: 3:1  
(down from 5-6:1)**



**Guaranteed Issue  
Community Rating**



**Age: 3:1  
(down from 5-6:1)**



**Guaranteed Issue  
Community Rating**



**Guaranteed Issue  
Community Rating  
Essential Health Benefits**

- 1. Ambulatory patient services (outpatient services)**
- 2. Emergency services**
- 3. Hospitalization**
- 4. Maternity and newborn care**
- 5. Mental health and substance use disorder services**
- 6. Prescription drugs**
- 7. Rehabilitative and habilitative services and devices**
- 8. Laboratory services**
- 9. Preventive and wellness services/chronic disease management**
- 10. Pediatric services, including oral and vision care**



**Guaranteed Issue**  
**Community Rating**  
**Essential Health Benefits**  
**Minimum Actuarial Value**





**Guaranteed Issue**  
**Community Rating**  
**Essential Health Benefits**  
**Minimum Actuarial Value**  
**No Annual/Lifetime Benefit Caps**



**Guaranteed Issue**  
**Community Rating**  
**Essential Health Benefits**  
**Minimum Actuarial Value**  
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**Maximum Out-of-Pocket Ceiling**



**Guaranteed Issue**  
**Community Rating**  
**Essential Health Benefits**  
**Minimum Actuarial Value**  
**No Annual/Lifetime Benefit Caps**  
**Maximum Out-of-Pocket Ceiling**  
**No-Cost Preventative Services**

- **Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked**
- **Alcohol misuse screening and counseling**
- **Aspirin use to prevent cardiovascular disease for men and women of certain ages**
- **Blood pressure screening**
- **Cholesterol screening for adults of certain ages or at higher risk**
- **Colorectal cancer screening for adults over 50**
- **Depression screening**
- **Diabetes (Type 2) screening for adults with high blood pressure**
- **Diet counseling for adults at higher risk for chronic disease**
- **Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence**
- **Hepatitis C screening for adults at increased risk, and one time for everyone born 1945 - 1965**
- **HIV screening for everyone ages 15 to 65, and other ages at increased risk**
- **Immunization vaccines for adults – doses, recommended ages, and recommended populations vary:**
  - **Diphtheria**
  - **Hepatitis A**
  - **Hepatitis B**
  - **Herpes Zoster**
  - **Human Papillomavirus (HPV)**
  - **Influenza (flu shot)**
  - **Measles**
  - **Meningococcal**
  - **Mumps**
  - **Pertussis**
  - **Pneumococcal**
  - **Rubella**
  - **Tetanus**
  - **Varicella (Chickenpox)**
- **Lung cancer screening for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years**
- **Obesity screening and counseling**
- **Sexually transmitted infection (STI) prevention counseling for adults at higher risk**
- **Syphilis screening for adults at higher risk**
- **Tobacco Use screening for all adults and cessation interventions for tobacco users**

**...Oh yeah...and COVID-19 vaccines!**



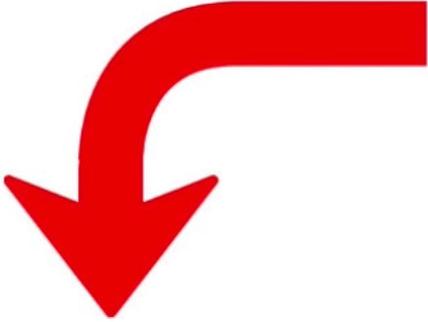
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**Stay on Parents Plan until 26**



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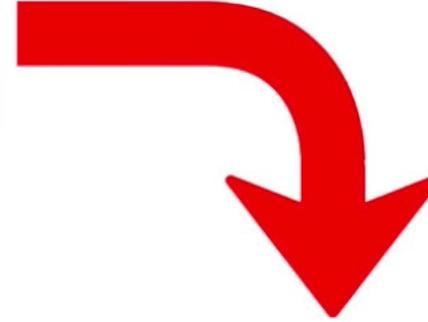


**Guaranteed Issue  
Community Rating  
Essential Health Benefits  
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**ADVERSE SELECTION:**  
sick people sign up +  
healthy people don't  
= premiums spike  
= wash, rinse, repeat...

**Guaranteed Issue**  
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...eventually leading to  
the dreaded  
**DEATH**  
**SPIRAL.**

## A cautionary tale in healthcare reform

*Two decades ago, New York passed a law requiring insurers to accept all applicants, even those with preexisting conditions. Now, premiums in the state are the highest in the nation by some estimates.*

**February 21, 2010** | By Noam N. Levey

Reporting from Washington — Spurred by heart-wrenching stories of sick people denied health coverage, the state of New York did what many of President Obama's critics say he should do now -- it passed a relatively simple law requiring insurers to accept all applicants.

Other states have taken similar steps, making narrowly targeted changes instead of trying to overhaul their whole healthcare systems.

But two decades later, New York's experience offers a cautionary tale: Making isolated changes to the complex medical insurance system can have unwelcome consequences.

Premiums in New York are now the highest in the nation by some measures, with individual health coverage costing about \$9,000 a year on average. And nearly one in seven New Yorkers still lacks health coverage, a greater proportion than before the law was passed.

The state has become a victim of a dangerous dynamic in insurance markets. Laws allowing consumers to buy insurance at any time often saddle companies with a lot of high-cost customers.

es do not affect a majority of New Yorkers, who  
ough their employers, only those who must  
purchase it on their own. Because the cost of individual coverage has  
soared, only 17,000 New Yorkers currently buy insurance on their  
own. About 2.6 million are uninsured in New York State.

# Health reform without a mandate: Lessons from Washington state

By Sarah Kliff June 17, 2012

If the Supreme Court overturns the health reform law's individual mandate — a decision that could come as soon as Monday — it won't be totally unknown territory. For Washington state, it would be quite familiar.

The state legislature, however, repealed that last provision two years later. With the guaranteed access provisions still standing, the state saw premiums rise and enrollment drop, as residents only purchased coverage when they needed it. Health insurers fled the state and, by 1999, it was impossible to buy an individual plan in Washington — no company was selling.





Car Insurance &amp; Loans

# Which States Do Not Require Car Insurance and Why?

## Is Proof of Financial Responsibility Cheaper Than Buying Car Insurance?



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Flip



Pin



Email



Daniel Milchev / Getty Images

By [Emily Delbridge](#)

Updated January 30, 2017

Car insurance is an expensive part of owning a car. It is considered to be so important most states require it by law. Most states, I say most states all the time but which states are the states that do not require car insurance? How could it possibly not be a requirement?

Technically, no car insurance requirement is not the freebie many people might think it to be. Even though a fine might not be charged for driving without it, you will still be held liable in an at-fault accident.

And some states are stricter about providing proof of financial responsibility than others.

### Which States Do Not Require Car Insurance?

- **New Hampshire:** Although car insurance is not mandatory in NH, you are still responsible for damages up to \$50,000 for liability and \$25,000 for property damage. Expect a suspended license and registration for not being able to pay for damages of an accident you or your vehicle caused.
- **Virginia:** Don't want to pay for car insurance in Virginia? You have the option to pay the state \$500 annually but that would not provide any coverage. You would still be held liable if you caused an accident.

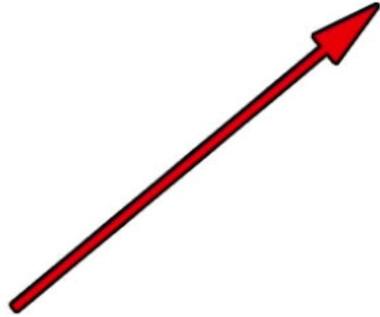
**APPROVED**

# Mortgage Application Form

complete this Application Form in ink and write in BLOCK CAPITALS. All completed. Failure to do so will result in a delay with the processing of your application. The form has been divided into 4 parts. All completed the first part should be returned with the application form to the lender. The second part should be returned to the lender with the application form. The third part should be returned to the lender with the application form. The fourth part should be returned to the lender with the application form.



**No Incentive  
to Enroll while healthy**



**Premium Increase**

**Healthy People  
Drop Out**



No Incentive

enroll while healthy

# Death

Healthy People

Premium

Decrease

# Spiral

Drop Out

**Remember him?**





**CARRIER  
RESPONSIBILITIES**



## **CARRIER RESPONSIBILITIES**

**Guaranteed Issue**

**Community Rating**

**10 Essential Health Benefits**

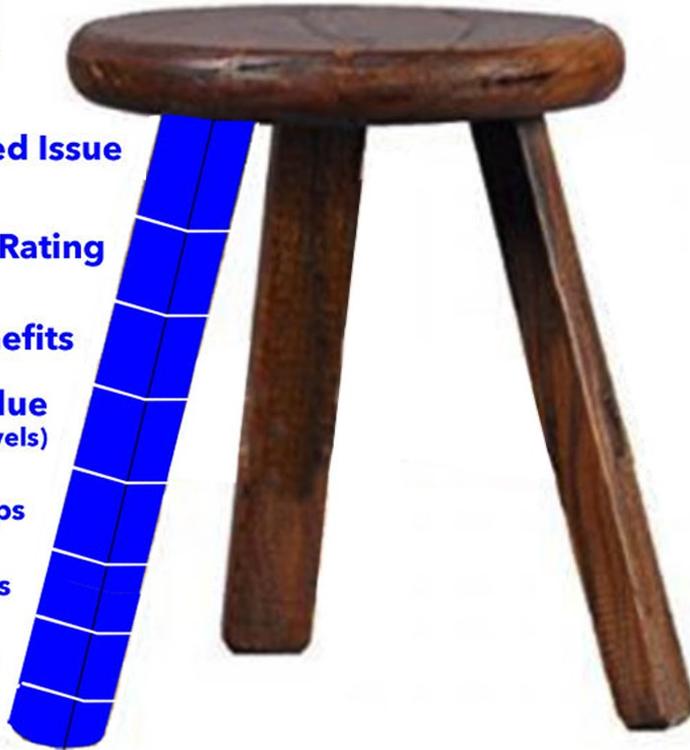
**Minimum Actuarial Value**  
(60% - 90% Metal Levels)

**No Annual/Lifetime Benefit Caps**

**Maximum Out-of-Pocket Costs**

**No-Cost Preventative Services**

**Can Stay on Parents Plan until 26**



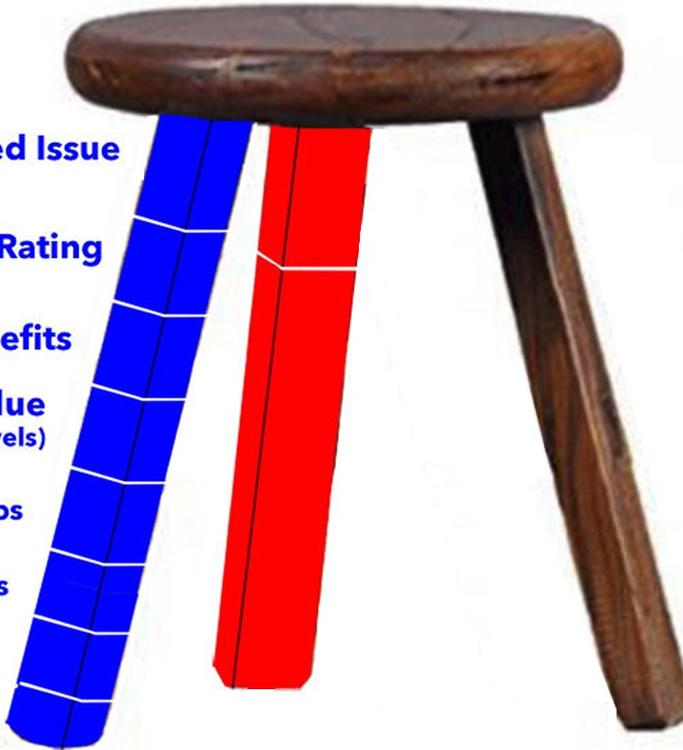
# CARRIER RESPONSIBILITIES

- Guaranteed Issue
- Community Rating
- 10 Essential Health Benefits
- Minimum Actuarial Value  
(60% - 90% Metal Levels)
- No Annual/Lifetime Benefit Caps
- Maximum Out-of-Pocket Costs
- No-Cost Preventative Services
- Can Stay on Parents Plan until 26



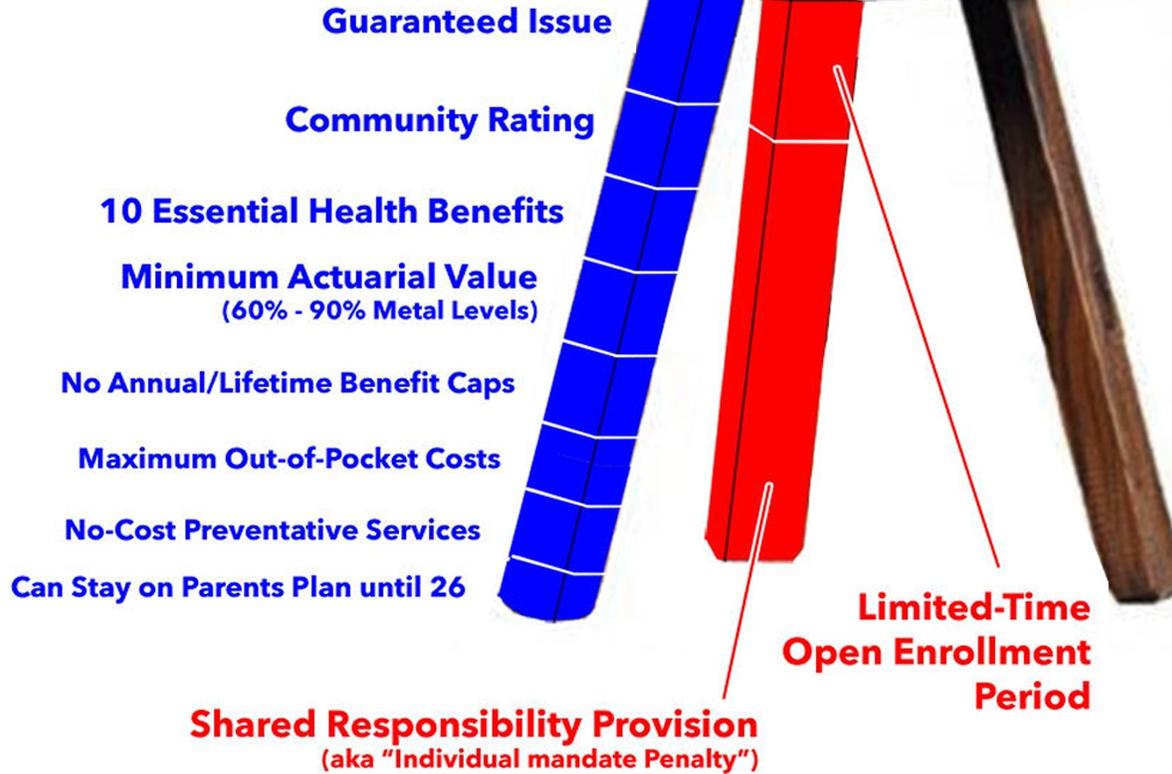
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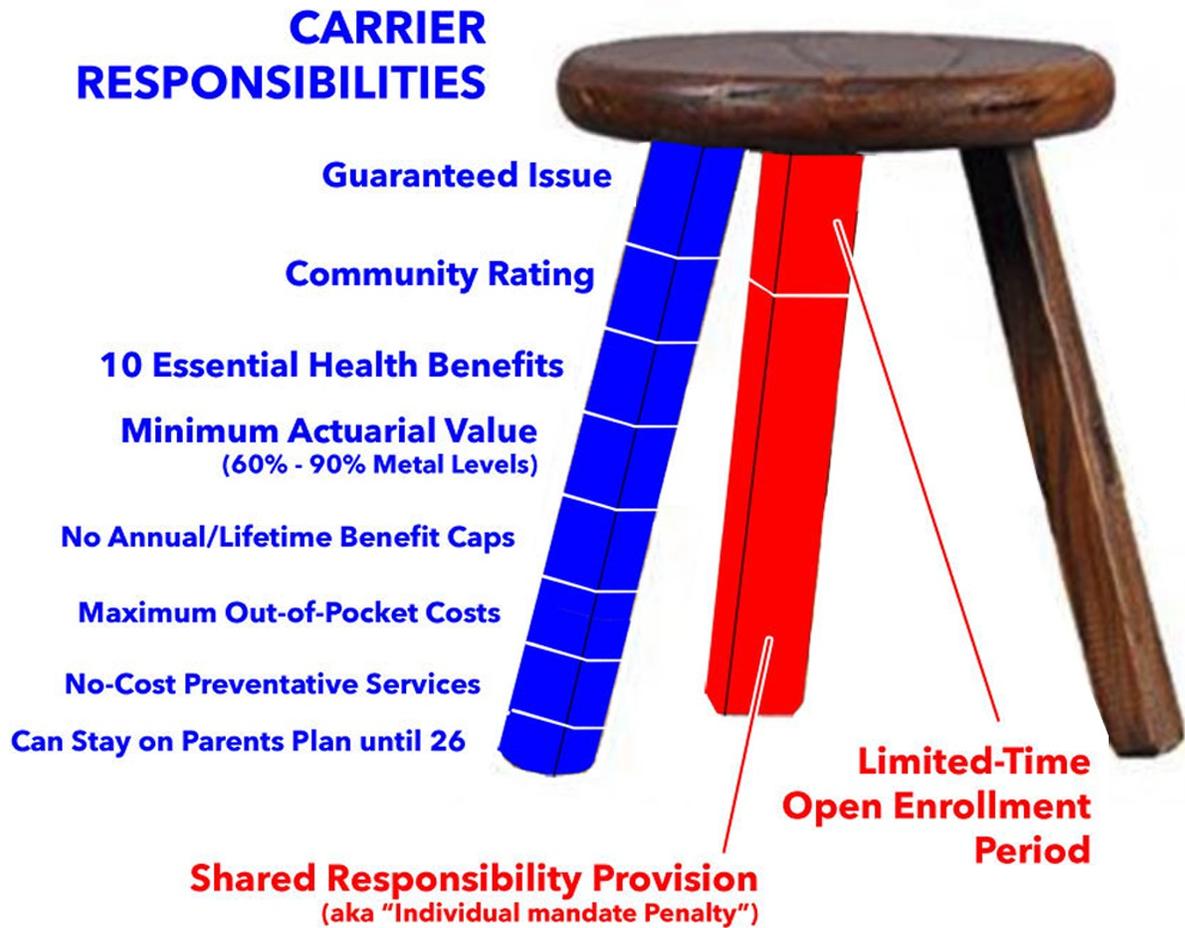


## **ENROLLEE RESPONSIBILITIES**

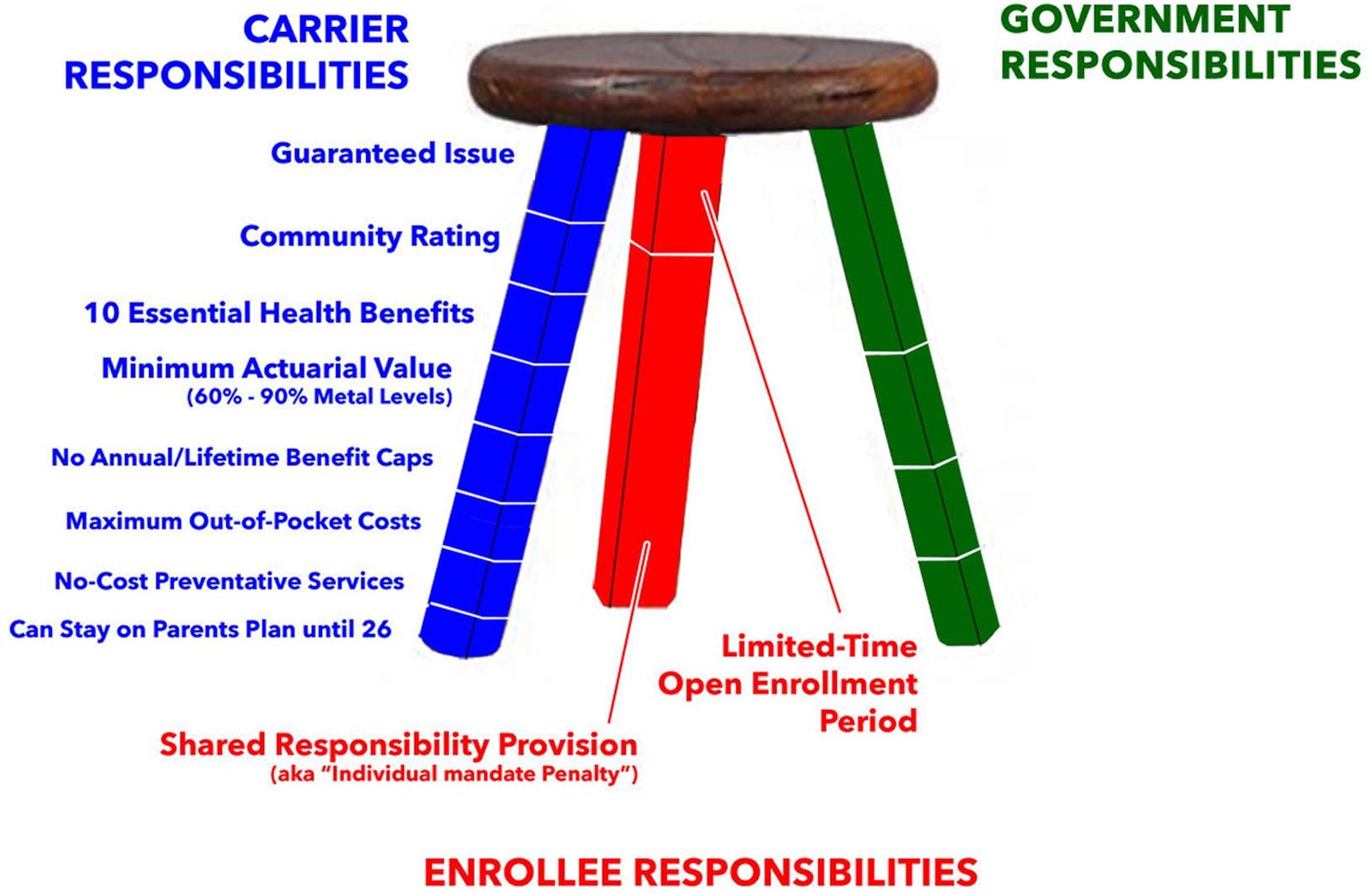
## CARRIER RESPONSIBILITIES

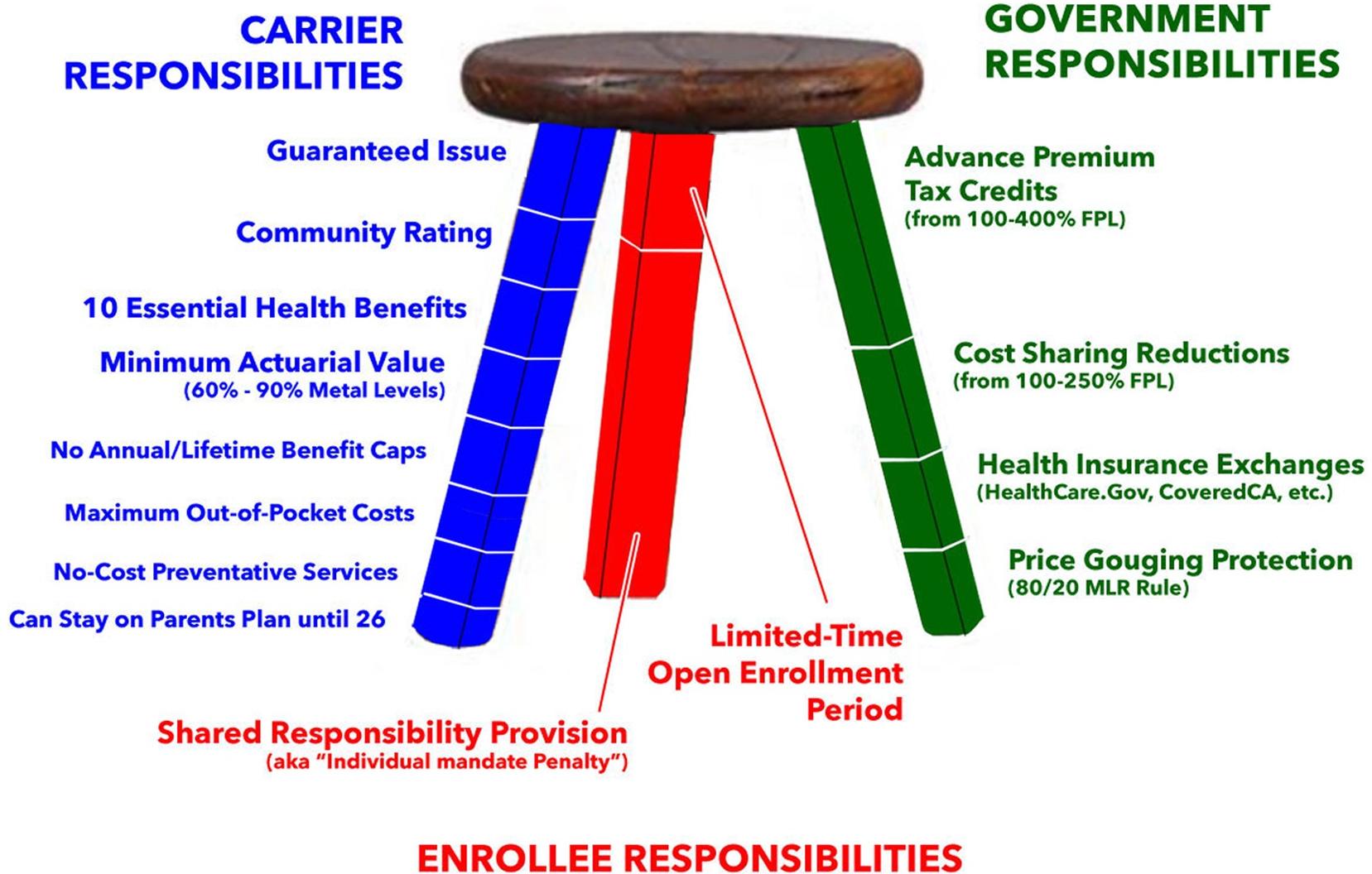


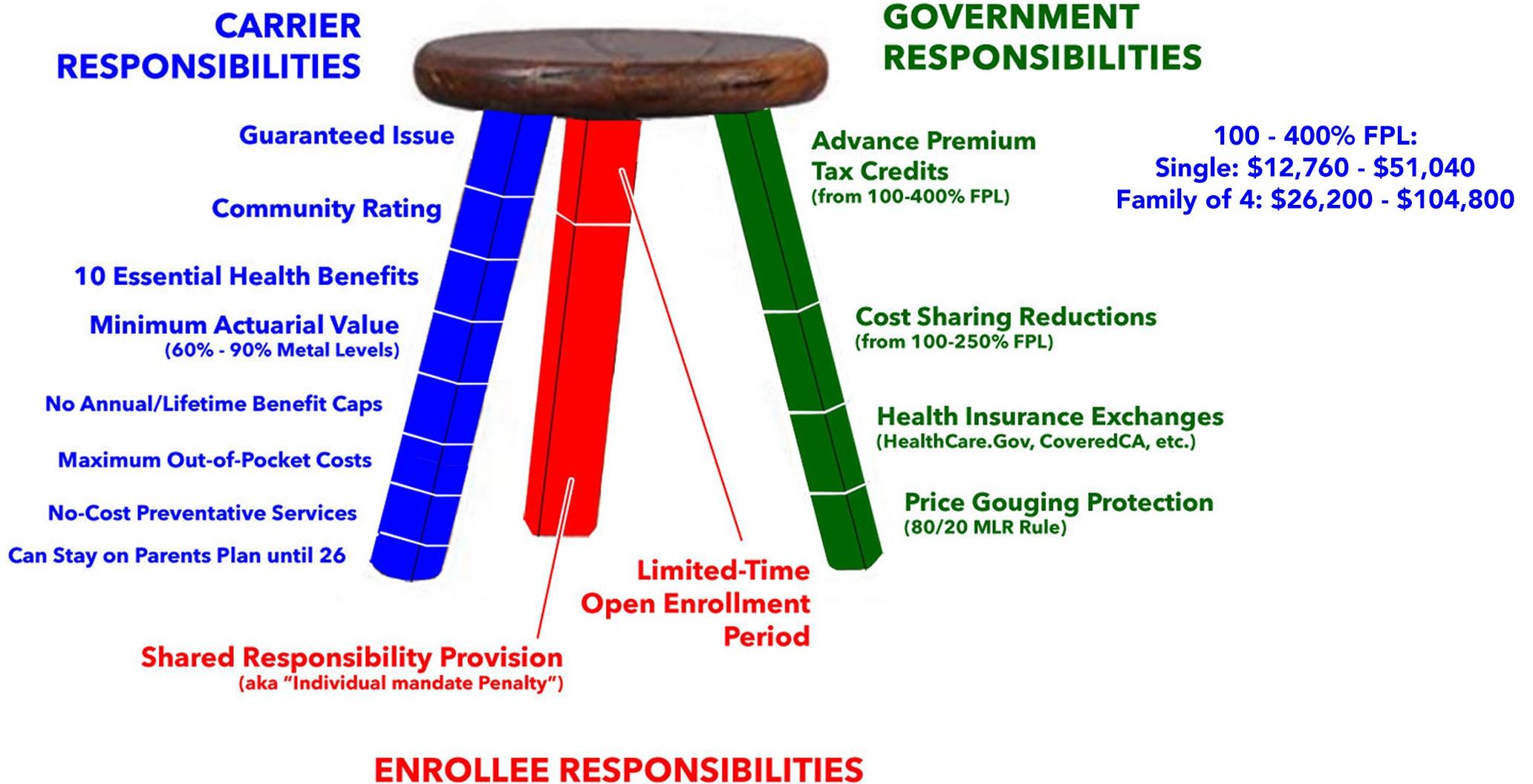
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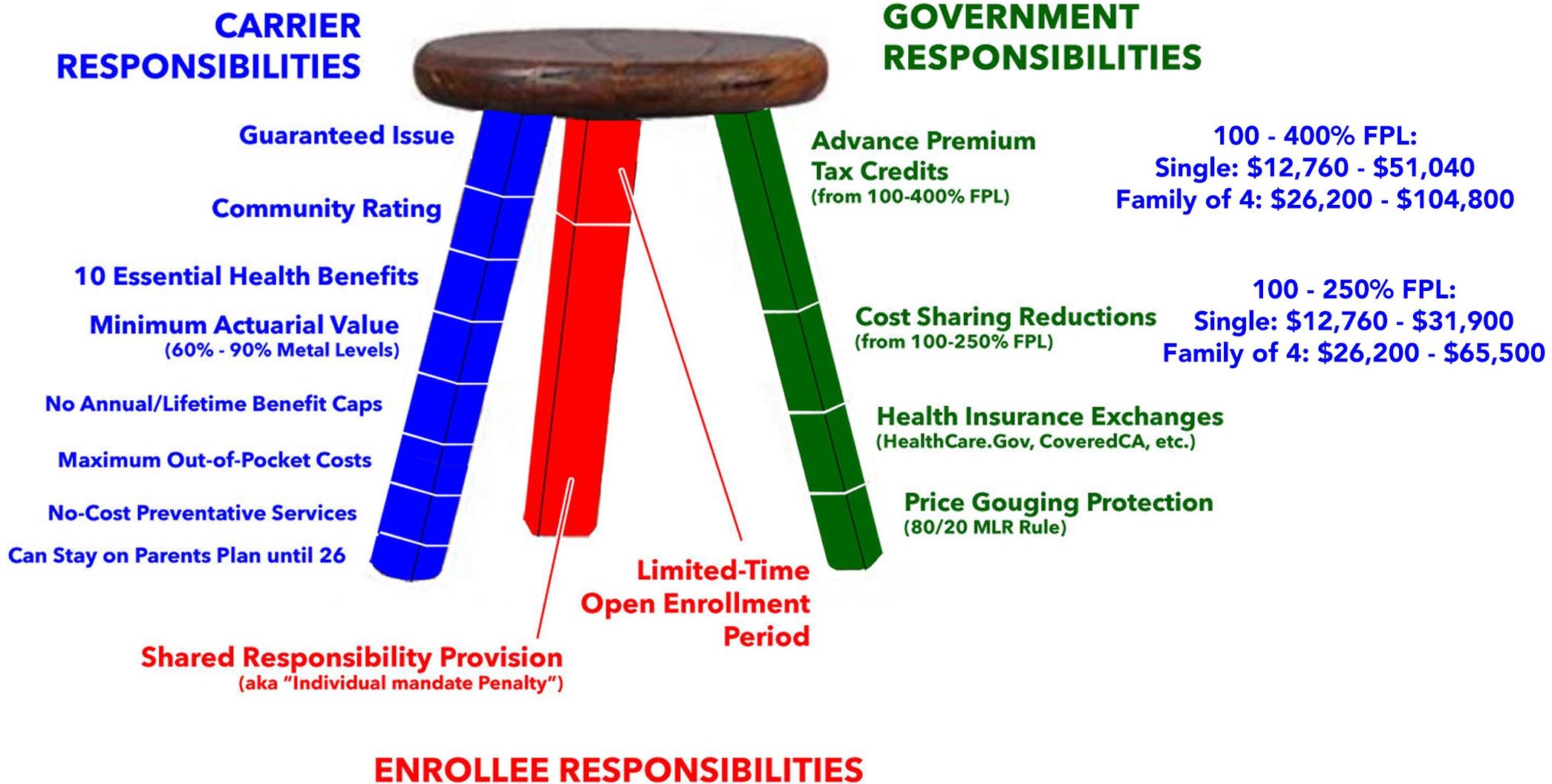


**ENROLLEE RESPONSIBILITIES**









# Health Care .gov



**COVERED  
CALIFORNIA**

CONNECT *for* HEALTH  
COLORADO



**MNSure**  
Where you choose health coverage



HealthSourceRI  
YOUR HEALTH. YOUR WAY.

**DC HEALTH  
LINK**  
Get the facts. Get covered.



access  
health CT

washington  
**healthplanfinder**  
click. compare. covered.



**Get Covered NJ**

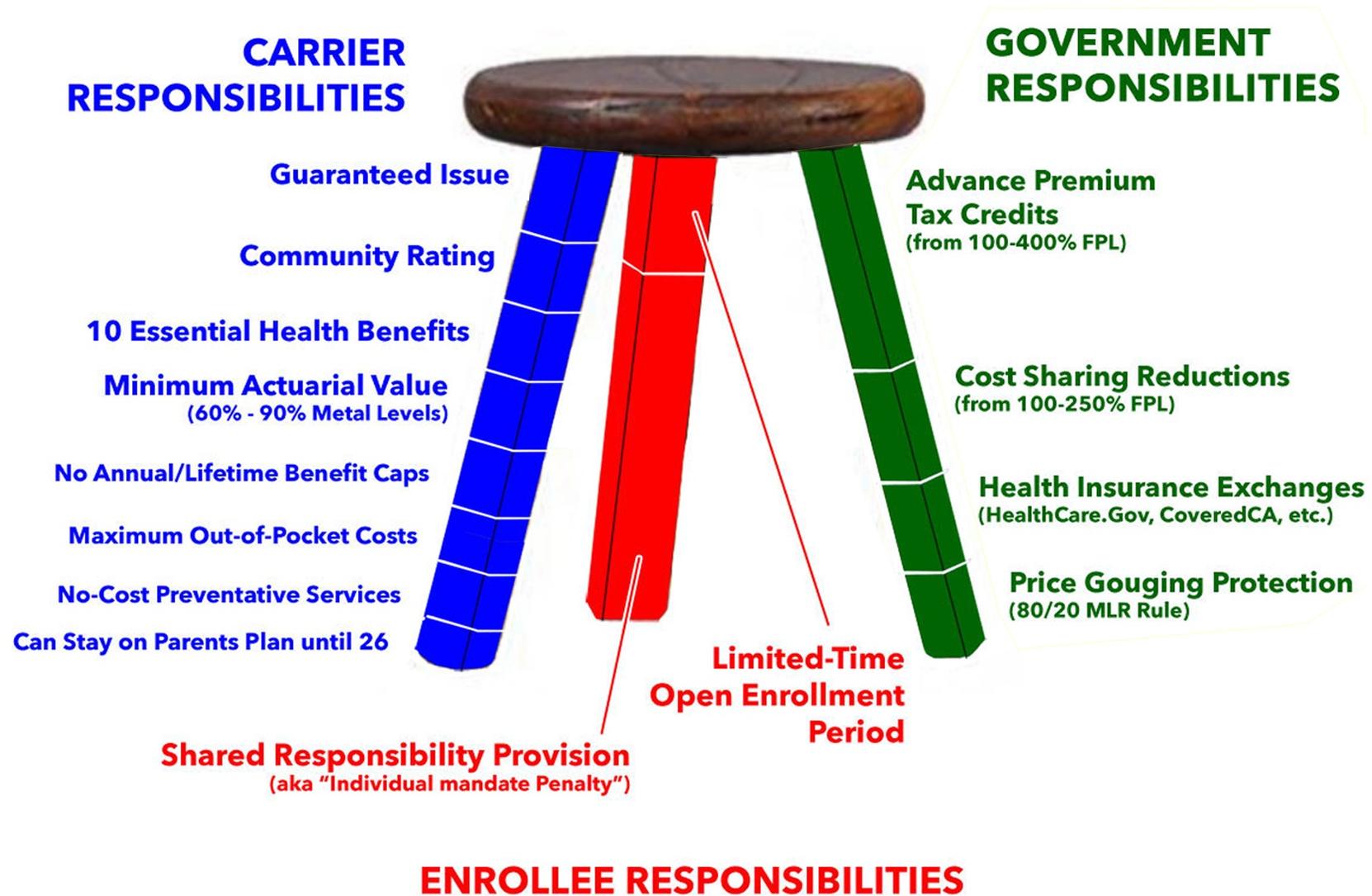
**pennie**  
connecting Pennsylvanians to health coverage

**be well nm**  
NEW

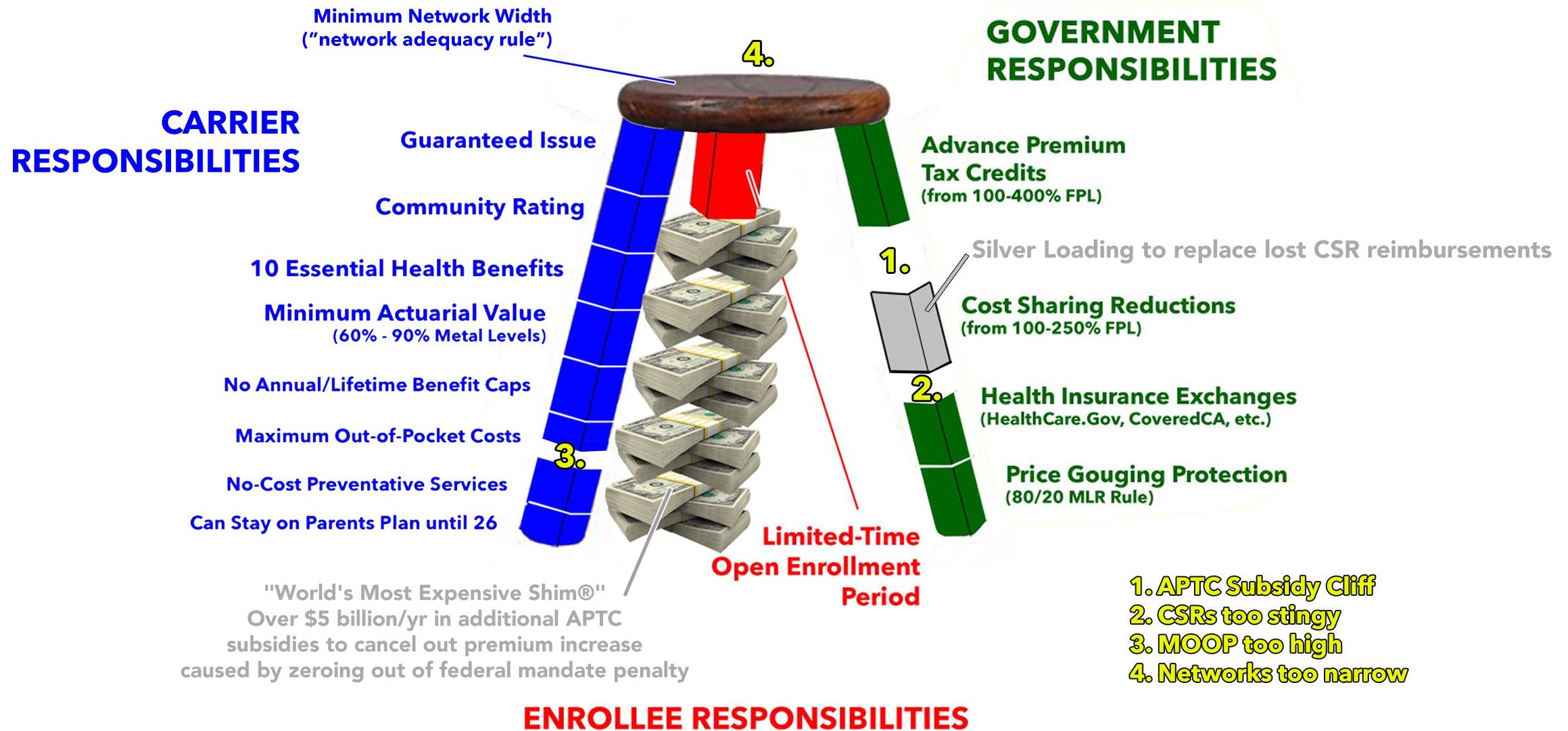
**NEW** **kynect**  
Kentucky's Healthcare Connection

**coverME.gov** **NEW**  
AFFORDABLE HEALTH  
COVERAGE FOR MAINE

# "And Lo! The 3-Legged Stool Was Complete, And It Was Good!"



# The ACA's Three-Legged Stool as it stood prior to the ARP:





**2022  
OPEN  
ENROLLMENT  
ONGOING**

**DON'T MISS THE DEADLINE!**



State	Enrollment Deadline for coverage starting on...		
	Jan. 1, 2022	Feb. 1, 2022	Mar. 1, 2022
California	12/31/21	1/31/22	via SEP* only
Colorado	12/15/21	1/15/22	via SEP* only
Connecticut	12/15/21	1/15/22	via SEP* only
District of Columbia	12/15/21	1/15/22	1/31/22
Idaho	12/15/21	via SEP* only	via SEP* only
Kentucky	12/15/21	1/15/22	via SEP* only
Maine	12/15/21	1/15/22	via SEP* only
Maryland	12/31/21	1/15/22	via SEP* only
Massachusetts	12/23/21	1/23/22	via SEP* only
Minnesota	12/15/21	1/15/22	via SEP* only
Nevada	12/31/21	1/15/22	via SEP* only
New Jersey	12/31/21	1/31/22	via SEP* only
New Mexico	12/23/21	1/15/22	via SEP* only
New York	12/15/21	1/15/22	1/31/22
Pennsylvania	12/15/21	1/15/22	via SEP* only
Rhode Island	12/23/21	1/31/22	via SEP* only
Vermont	12/15/21	1/15/22	via SEP* only
Washington State	12/15/21	1/15/22	via SEP* only
All Other States	12/15/21	1/15/22	via SEP* only

\*SEP = Special Enrollment Period for qualifying individuals

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in an official ACA policy!**



## Junk health insurance Stingy plans may be worse than none at all

Consumer Reports magazine: March 2012



VIDEO LIVE

## Consumer Reports Investigates 'Junk' U.S. Health Plans

By MIKAELA CONLEY

Published — March 28, 2011

Updated — May 19, 2014 at 12:19 pm ET

# ANALYSIS — THE FALSE PROMISE AND BIG PROFITS OF 'MINI-MED' HEALTH PLANS



Wendell Potter  
Columnist

POLITICS NOVEMBER 4, 2013

## The Real Story Behind the Ph Canceled Health Insurance So

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Jun 25, 2020 | Press Release

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Health Care

# He Bought Health Insurance for Emergencies. Then He Fell Into a \$33,601 Trap.

Since the Trump administration deregulated the health insurance industry, there's been an explosion of short-term plans that leave patients with surprise bills and providers with huge revenue.

by **Jenny Deam**

May 8, 5 a.m. EDT

By MIKAELA CONLEY

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HEALTH INC.

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December 3, 2020 · 6:00 AM ET

MICHELLE ANDREWS

FROM **KHN**



Senior Reporter

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Health

# Critics say 'junk plans' are being pushed on ACA exchanges

The Trump administration has encouraged consumers to use private brokers, who often make more money if they sell the less robust plans.



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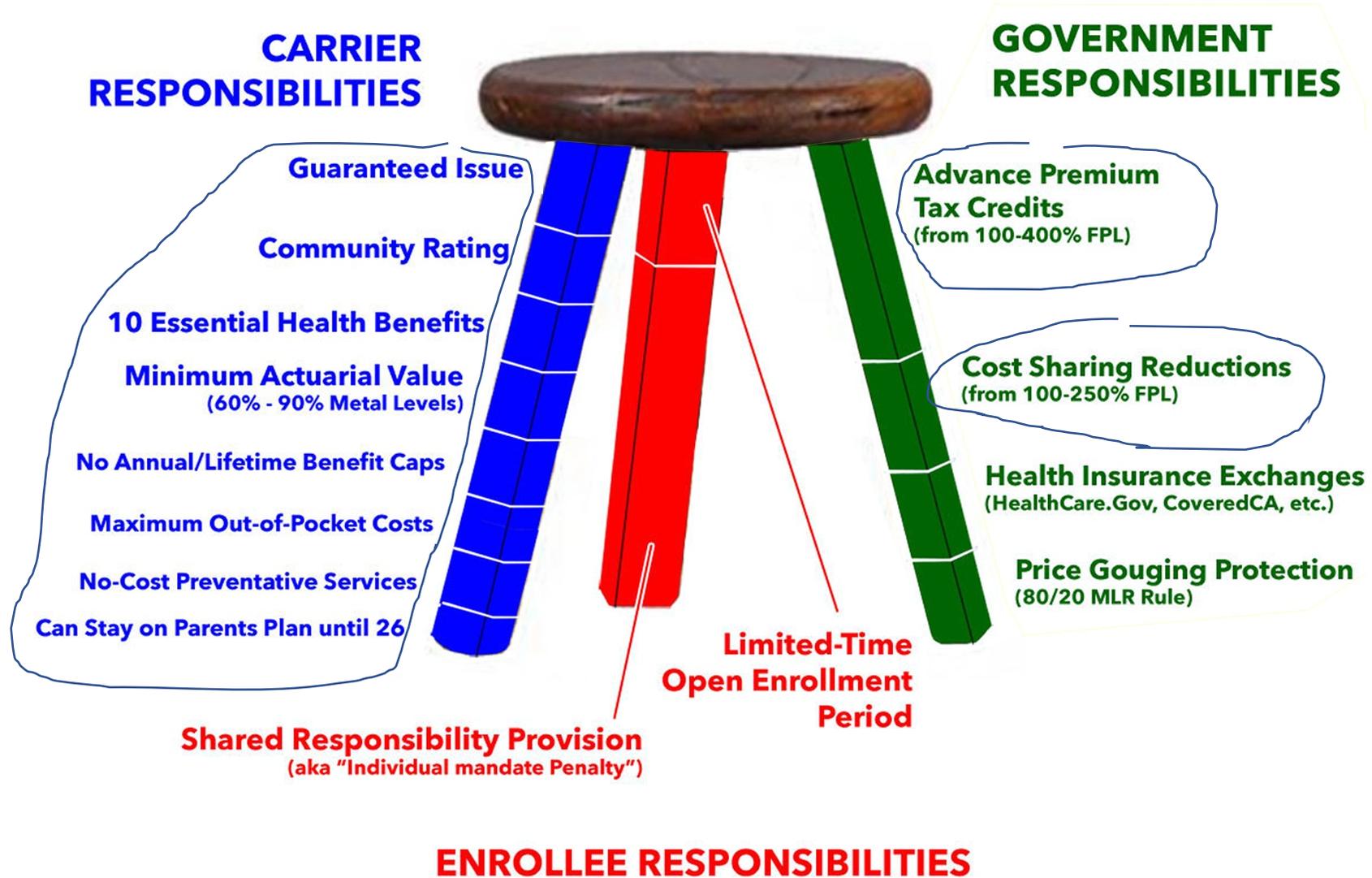
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# "And Lo! The 3-Legged Stool Was Complete, And It Was Good!"



# Avoid Junk Plans & Scams! Make sure you enroll in an official ACA policy!

- There's lots of questionable website selling questionable policies these days. Stick to the **official** ACA exchange website at [HealthCare.Gov](https://www.healthcare.gov) or use an **authorized** ACA enrollment partner only!
- **You can also call HealthCare.Gov at 1-800-318-2596**
- If you decide to go with an authorized partner, I recommend [HealthSherpa.com](https://www.healthsherpa.com)
- *Note: You **can** enroll directly via an insurance carrier, but you're only eligible for ACA financial help if you do so via HC.gov or an authorized partner like Sherpa. **If you enroll "off-exchange" (directly via carrier) you'll have to pay full price.***

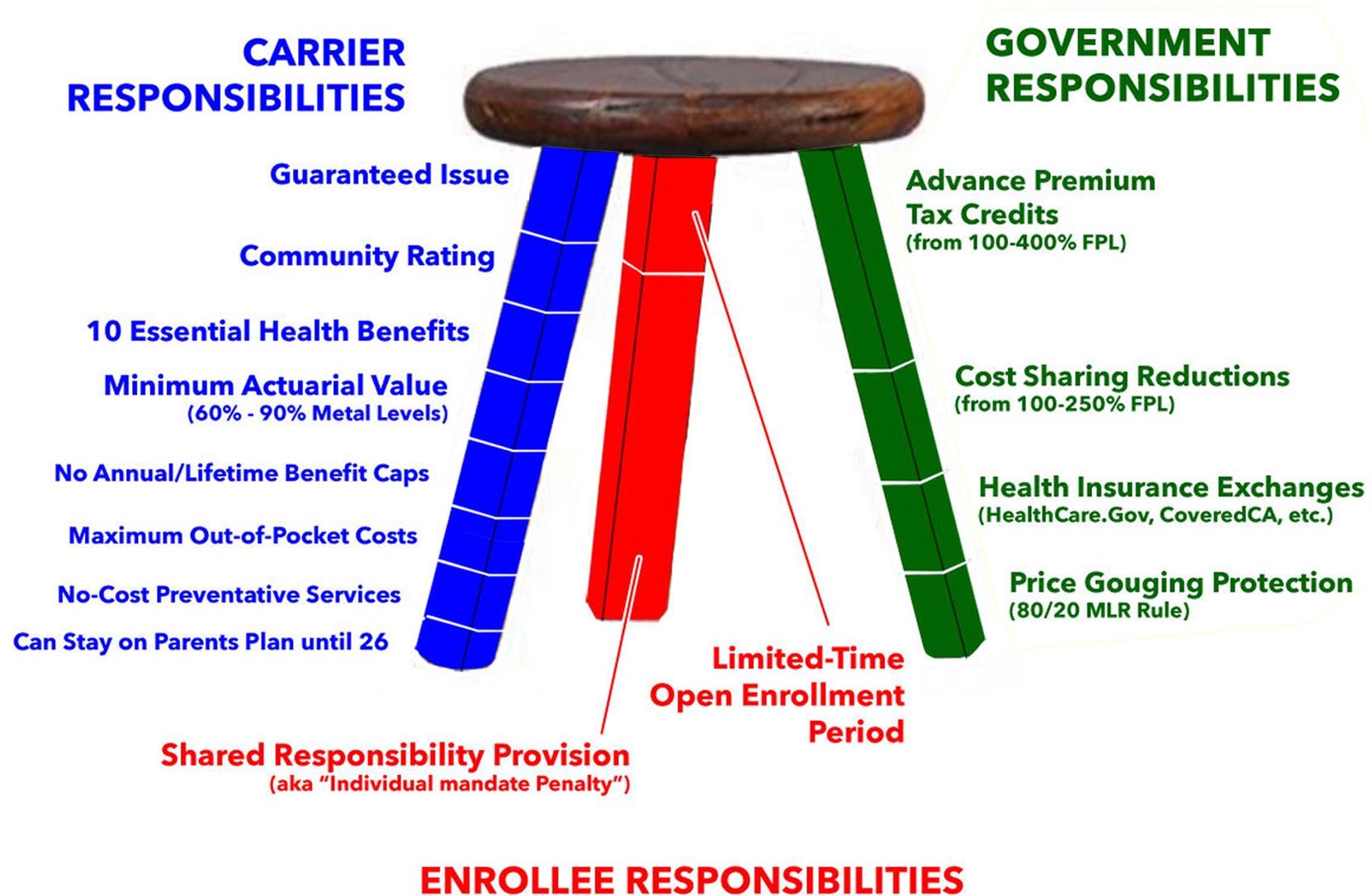
<b>State</b>	<b>ACA Exchange</b>	<b>Website</b>
<b>CALIFORNIA</b>	<b>Covered California</b>	<b>CoveredCA.com</b>
<b>COLORADO</b>	<b>Connect for Health Colorado</b>	<b>C4HCO.com</b>
<b>CONNECTICUT</b>	<b>Access Health CT</b>	<b>AccessHealthCT.com</b>
<b>DISTRICT OF COLUMBIA</b>	<b>CD Health Link</b>	<b>DCHealthLink.com</b>
<b>IDAHO</b>	<b>Your Health Idaho</b>	<b>YourHealthIdaho.org</b>
<b>KENTUCKY</b>	<b>kynect</b>	<b>Kynect.KY.gov</b>
<b>MAINE</b>	<b>CoverME.gov</b>	<b>CoverME.gov</b>
<b>MARYLAND</b>	<b>Maryland Health Connection</b>	<b>MarylandHealthConnection.gov</b>
<b>MASSACHUSETTS</b>	<b>MA Health Connector</b>	<b>MAHealthConnector.org</b>
<b>MINNESOTA</b>	<b>MNsure</b>	<b>MNsure.org</b>
<b>NEVADA</b>	<b>Nevada Health Link</b>	<b>NevadaHealthLink.com</b>
<b>NEW JERSEY</b>	<b>Get Covered NJ</b>	<b>GetCovered.NJ.gov</b>
<b>NEW MEXICO</b>	<b>beWellnm</b>	<b>BeWellNM.com</b>
<b>NEW YORK</b>	<b>NY State of Health</b>	<b>NYStateofHealth.NY.gov</b>
<b>PENNSYLVANIA</b>	<b>Pennie</b>	<b>Pennie.com</b>
<b>RHODE ISLAND</b>	<b>HealthSource RI</b>	<b>HealthSourceRI.com</b>
<b>VERMONT</b>	<b>VT Health Connect</b>	<b>HealthConnect.Vermont.gov</b>
<b>WASHINGTON STATE</b>	<b>WA Healthplan Finder</b>	<b>WAHealthPlanFinder.org</b>
<b>ALL OTHER STATES</b>	<b>HealthCare.Gov</b>	<b>Healthcare.Gov</b>

# ACA Open Enrollment 101: WHAT'S NEW FOR '22?

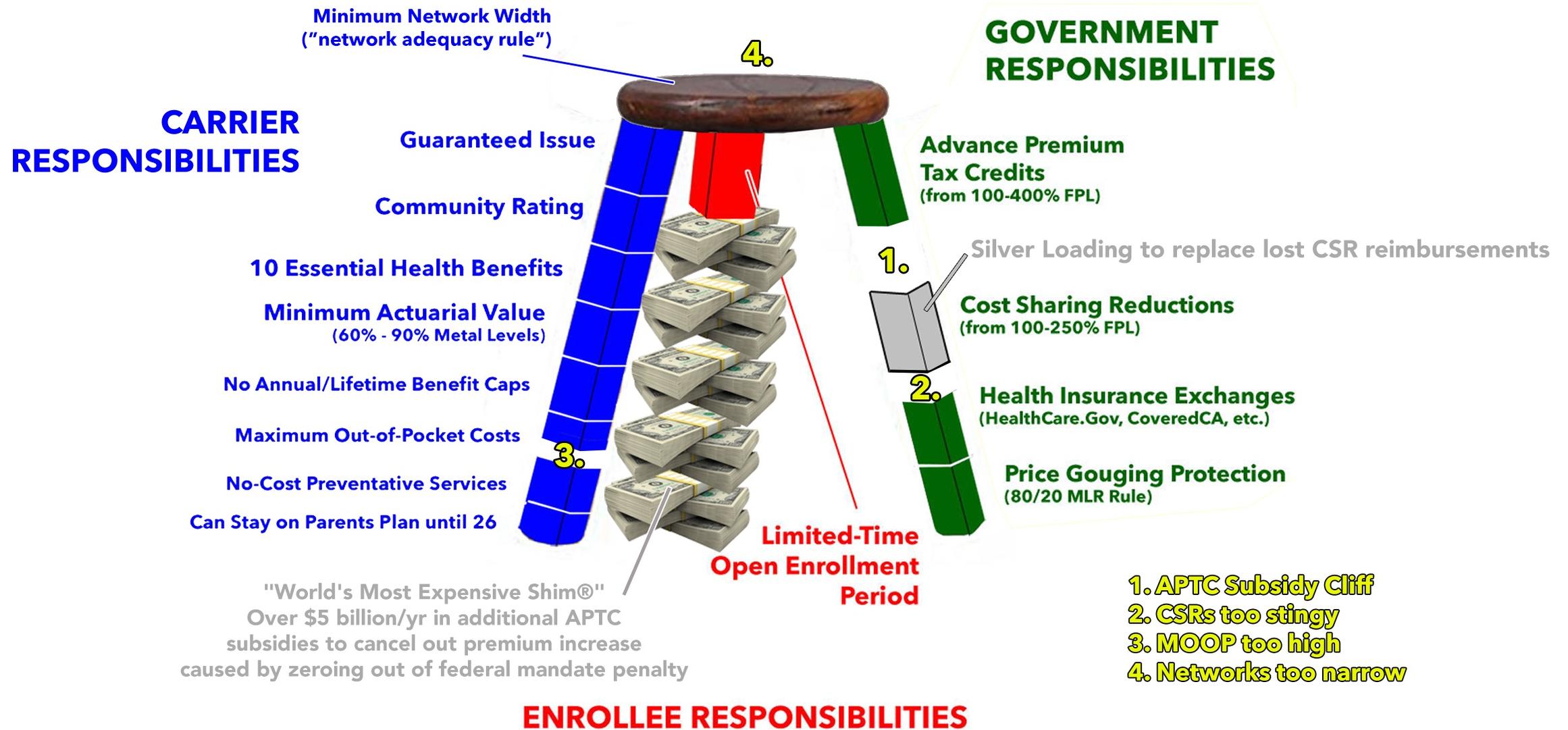


*Thanks to the **American Rescue Plan**, **FAR MORE PEOPLE** are eligible for financial help  
And it's **FAR MORE GENEROUS** for those already eligible!*

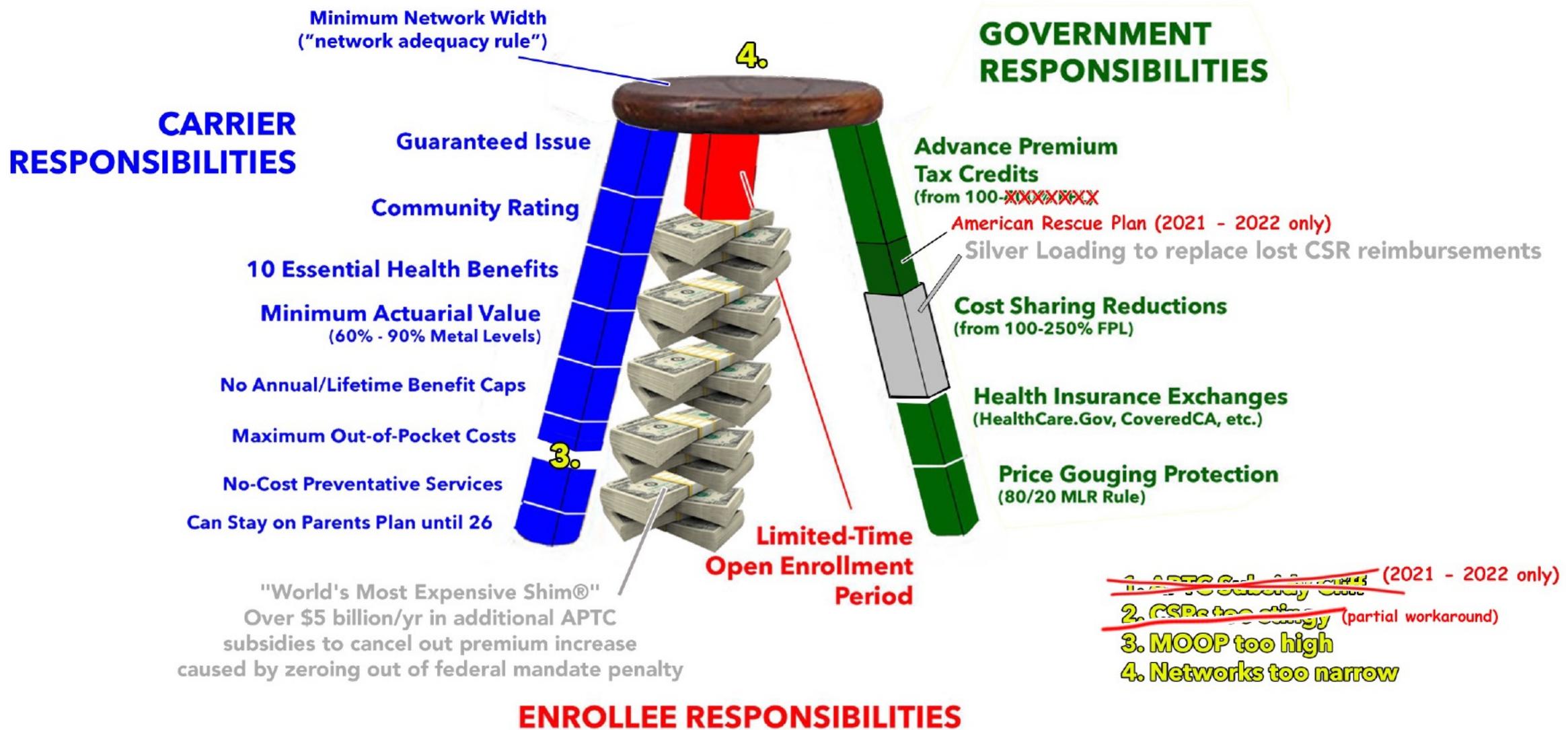
# "And Lo! The 3-Legged Stool Was Complete, And It Was Good!"



# The ACA's Three-Legged Stool as it stood prior to the ARP:

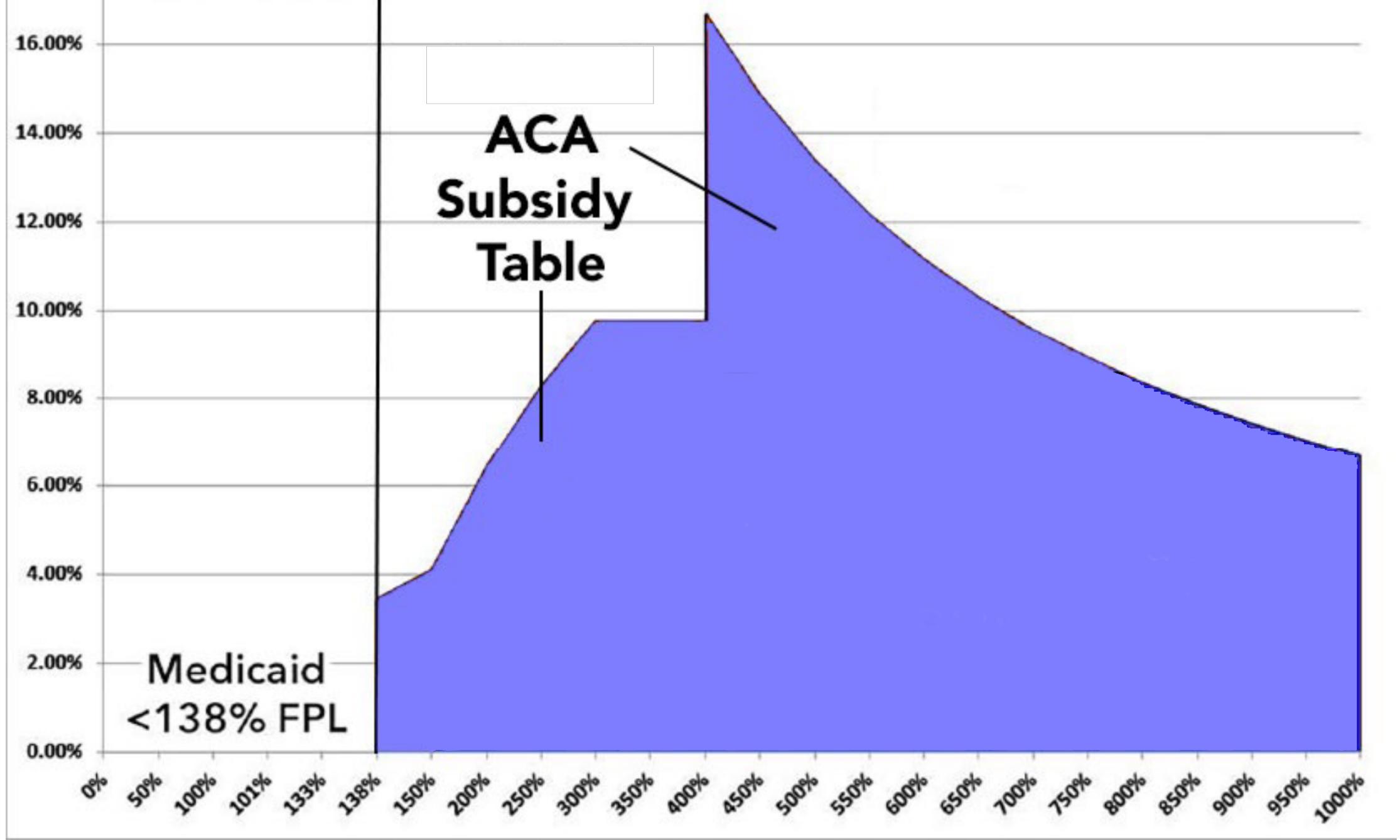


# The ACA's Three-Legged Stool as it stands at the moment:



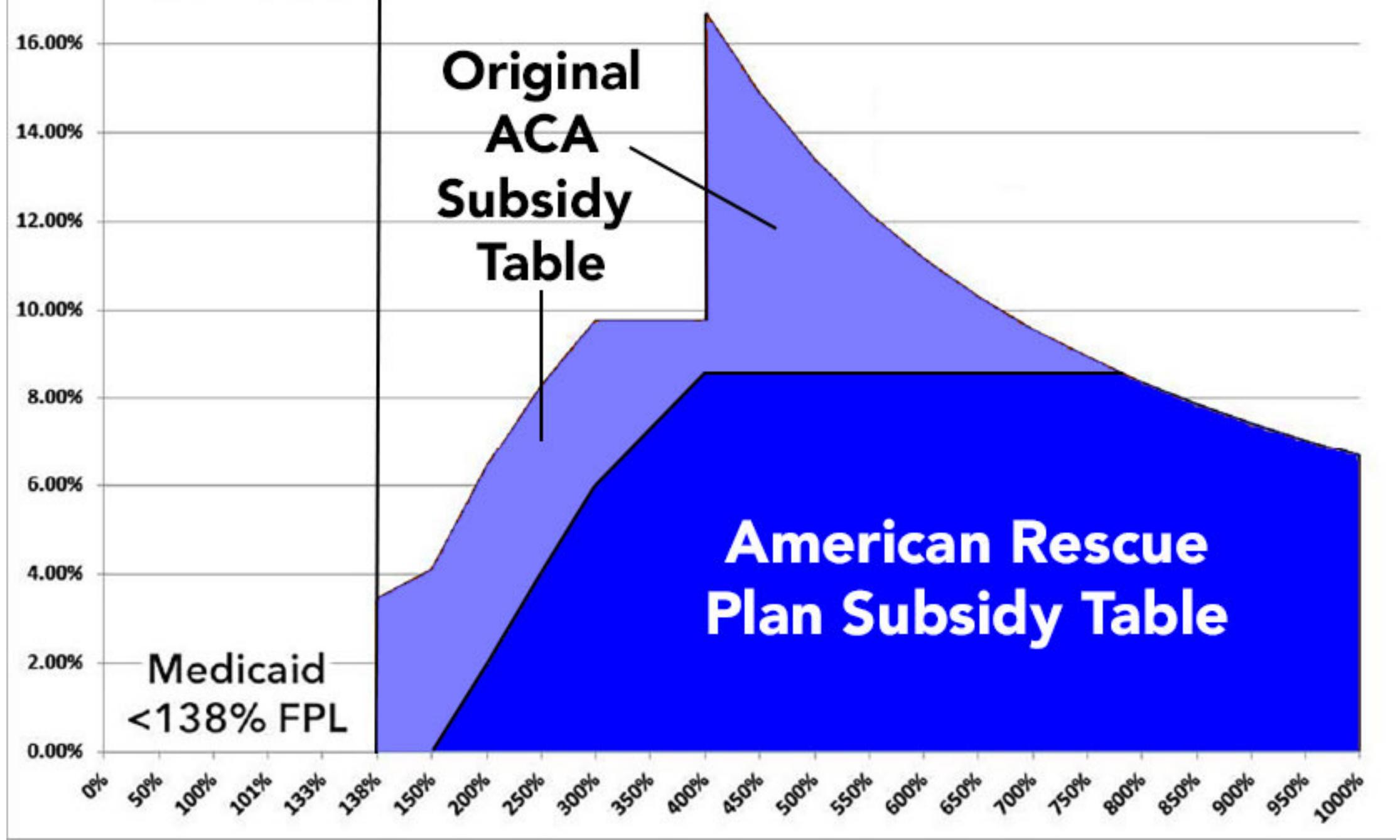
**MILLIONS MORE NOW QUALIFY FOR FINANCIAL HELP...  
AND THOSE WHO ALREADY DID QUALIFY FOR MORE!**





Household Income as % of Federal Poverty Level





## Premium Subsidy Table: Original ACA formula vs. American Rescue Plan (2021 & 2022 only...for now)

Household Income (except AK & HI)*			Premium Cap (max. % of income for benchmark Silver plan)	
% FPL	Single Adult	Family of Four	ACA (official)	American Rescue Plan
<b>&lt; 100%</b>	< \$12,880	< \$26,500	<i>Medicaid</i>	<i>Medicaid</i>
			<i>n/a***</i>	<i>n/a***</i>
<b>100 - 138%**</b>	\$17,775	\$36,570	<i>Medicaid</i>	<i>Medicaid</i>
			<b>2.07%</b>	<b>0%</b>
<b>138 - 150%</b>	\$19,320	\$39,750	3.10 - 4.14%	<b>0%</b>
<b>150 - 200%</b>	\$25,760	\$53,000	4.14 - 6.52%	<b>0 - 2%</b>
<b>200 - 250%</b>	\$32,200	\$66,250	6.52 - 8.33%	<b>2 - 4%</b>
<b>250 - 300%</b>	\$38,640	\$79,500	8.33 - 9.83%	<b>4 - 6%</b>
<b>300 - 400%</b>	\$51,520	\$106,000	9.83%	<b>6 - 8.5%</b>
<b>&gt; 400%</b>	> \$51,520	> \$106,000	<i>n/a</i>	<b>8.50%</b>

\* for Hawaii, increase FPL amounts by 15%; for Alaska, increase by 25%

\*\*Medicaid expansion technically cuts off at 133% FPL but in practice extends to 138% FPL

\*\*\*Orange = States which haven't expanded Medicaid under the ACA (the Medicaid Gap)

### Single 26 yr old - Benchmark Silver Plan (sample)

2022 Income	FPL %	Full Price Premium	Monthly Premium after Tax Credits				Add'l Savings		Deductible/ Max Out of Pocket
			Original ACA	% of Income	American Rescue Plan	% of Income	Monthly	Annually	
\$20,000	155%	\$360	\$70	4.20%	\$3	0.18%	\$67	\$804	\$0 / \$1,250
\$30,000	233%	\$360	\$193	7.72%	\$83	3.32%	\$110	\$1,320	\$2,500 / \$6,500
\$40,000	311%	\$360	\$327	9.81%	\$209	6.27%	\$118	\$1,416	\$5,000 / \$8,700
\$50,000	388%	\$360	\$360	8.64%	\$341	8.18%	\$19	\$228	\$5,000 / \$8,700
\$60,000	466%	\$360	\$360	7.20%	\$360	7.20%	\$0	\$0	\$5,000 / \$8,700

### Single 50 yr old - Benchmark Silver Plan (sample)

2022 Income	FPL %	Full Price Premium	Monthly Premium after Tax Credits				Add'l Savings		Deductible/ Max Out of Pocket
			Original ACA	% of Income	American Rescue Plan	% of Income	Monthly	Annually	
\$20,000	155%	\$630	\$70	4.20%	\$3	0.18%	\$67	\$804	\$0 / \$1,250
\$30,000	233%	\$630	\$193	7.72%	\$83	3.32%	\$110	\$1,320	\$2,500 / \$6,500
\$40,000	311%	\$630	\$327	9.81%	\$209	6.27%	\$118	\$1,416	\$5,000 / \$8,700
\$50,000	388%	\$630	\$410	9.84%	\$341	8.18%	\$69	\$828	\$5,000 / \$8,700
\$60,000	466%	\$630	\$630	12.60%	\$425	8.50%	\$205	\$2,460	\$5,000 / \$8,700
\$70,000	543%	\$630	\$630	10.80%	\$496	8.50%	\$134	\$1,608	\$5,000 / \$8,700
\$80,000	621%	\$630	\$630	9.45%	\$567	8.50%	\$63	\$760	\$5,000 / \$8,700
\$90,000	699%	\$630	\$630	8.40%	\$630	8.40%	\$0	\$0	\$5,000 / \$8,700

### 40-yr old Couple w/2 kids - Benchmark Silver Plan (sample)

2022 Income	FPL %	Full Price Premium	Monthly Premium after Tax Credits				Add'l Savings		Deductible/ Max Out of Pocket
			Original ACA	% of Income	American Rescue Plan	% of Income	Monthly	Annually	
\$40,000	151%	\$1,350	\$138	4.14%	\$1	0.03%	\$137	\$1,644	\$250 / \$2,500
\$60,000	226%	\$1,350	\$260	5.20%	\$150	3.00%	\$110	\$1,320	\$5,000 / \$13,500
\$80,000	302%	\$1,350	\$655	9.83%	\$401	6.02%	\$254	\$3,048	\$10,000 / \$17,400
\$100,000	377%	\$1,350	\$819	9.83%	\$660	7.92%	\$159	\$1,908	\$10,000 / \$17,400
\$120,000	453%	\$1,350	\$1,350	13.50%	\$850	8.50%	\$500	\$6,000	\$10,000 / \$17,400
\$140,000	528%	\$1,350	\$1,350	11.57%	\$992	8.50%	\$358	\$4,296	\$10,000 / \$17,400
\$160,000	604%	\$1,350	\$1,350	10.13%	\$1,133	8.50%	\$217	\$2,604	\$10,000 / \$17,400
\$180,000	679%	\$1,350	\$1,350	9.00%	\$1,275	8.50%	\$75	\$900	\$10,000 / \$17,400
\$200,000	755%	\$1,350	\$1,350	8.10%	\$1,350	8.10%	\$0	\$0	\$10,000 / \$17,400

## 60-yr old Couple - Benchmark Silver Plan (sample)

2022 Income	FPL %	Full Price Premium	Monthly Premium after Tax Credits				Add'l Savings		Deductible/ Max Out of Pocket
			Original ACA	% of Income	American Rescue Plan	% of Income	Monthly	Annually	
\$30,000	172%	\$1,920	\$130	5.20%	\$22	0.88%	\$108	\$1,296	\$5,000 / \$13,500
\$50,000	287%	\$1,920	\$393	9.43%	\$229	5.50%	\$164	\$1,968	\$10,000 / \$17,400
\$70,000	402%	\$1,920	\$1,920	32.91%	\$496	8.50%	\$1,424	\$17,088	\$10,000 / \$17,400
\$90,000	517%	\$1,920	\$1,920	25.60%	\$638	8.50%	\$1,283	\$15,390	\$10,000 / \$17,400
\$110,000	631%	\$1,920	\$1,920	20.95%	\$779	8.50%	\$1,141	\$13,692	\$10,000 / \$17,400
\$130,000	746%	\$1,920	\$1,920	17.72%	\$921	8.50%	\$999	\$11,988	\$10,000 / \$17,400
\$150,000	861%	\$1,920	\$1,920	15.36%	\$1,063	8.50%	\$857	\$10,284	\$10,000 / \$17,400
\$170,000	976%	\$1,920	\$1,920	13.55%	\$1,204	8.50%	\$716	\$8,592	\$10,000 / \$17,400
\$190,000	1091%	\$1,920	\$1,920	12.13%	\$1,346	8.50%	\$574	\$6,888	\$10,000 / \$17,400
\$210,000	1206%	\$1,920	\$1,920	10.97%	\$1,488	8.50%	\$432	\$5,184	\$10,000 / \$17,400
\$230,000	1320%	\$1,920	\$1,920	10.02%	\$1,629	8.50%	\$291	\$3,492	\$10,000 / \$17,400
\$250,000	1435%	\$1,920	\$1,920	9.22%	\$1,771	8.50%	\$149	\$1,788	\$10,000 / \$17,400
\$270,000	1550%	\$1,920	\$1,920	8.53%	\$1,912	8.50%	\$8	\$96	\$10,000 / \$17,400
\$290,000	1665%	\$1,920	\$1,920	7.94%	\$1,920	7.94%	\$0	\$0	\$10,000 / \$17,400

**If you're enrolled in an OFF-exchange plan,  
NOW'S THE TIME TO SWITCH to ON-exchange!**



**Nationally, I estimate around ~2.3 million Americans are enrolled in OFF-exchange ACA plans; perhaps ~50% of them (>1.2M?) would save thousands/yr!**



**260,000**  
Insured "off-exchange"  
who could save by  
switching to Covered  
California.

**TEN STATES OFFER ADDITIONAL SAVINGS  
ON TOP OF THE EXPANDED SUBSIDIES!**

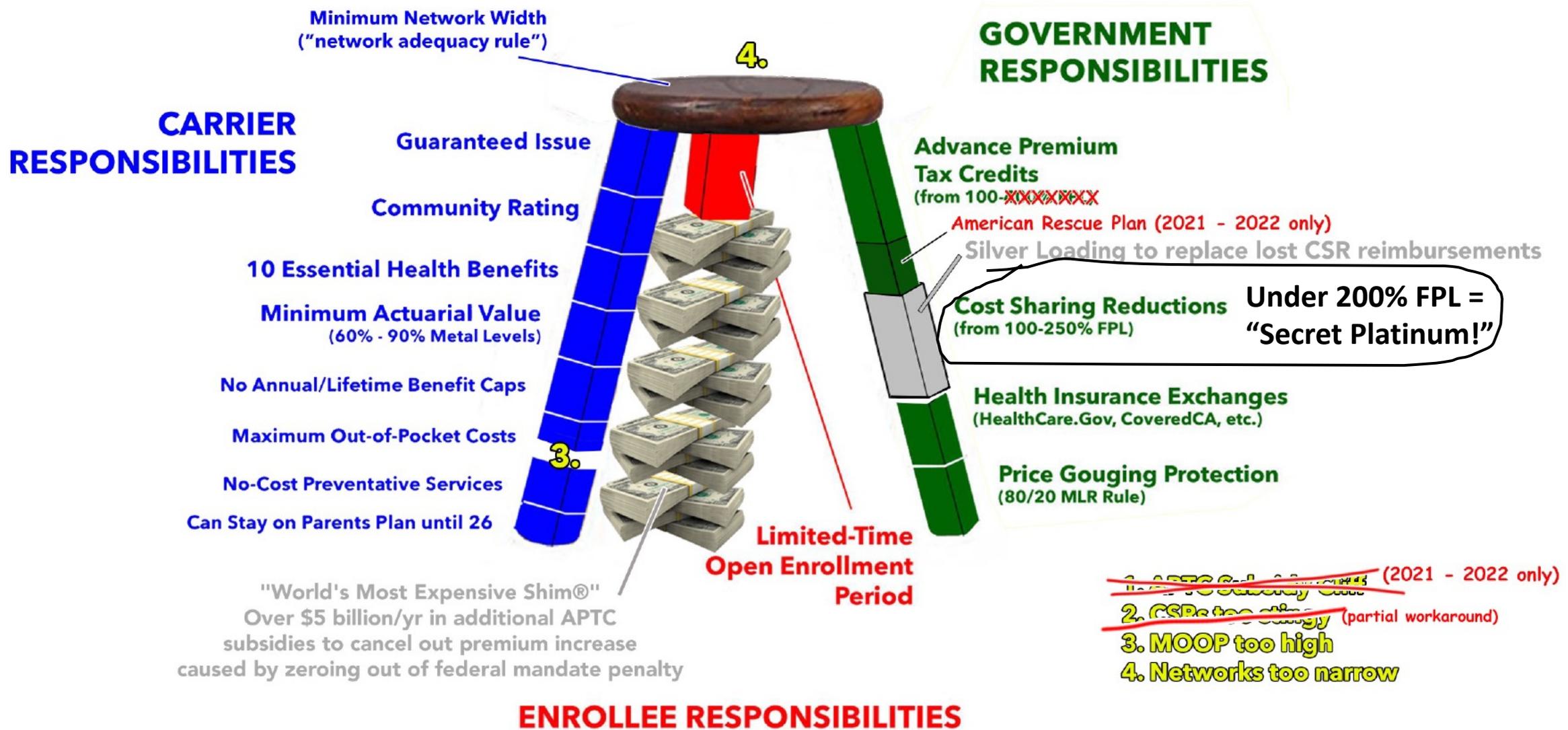


State	Program Name	Who's Eligible	Details (some of these details, premiums & cost sharing are for 2022 only thanks to the American Rescue Plan)
CALIFORNIA	n/a	All enrollees (subsidized or not)	Has their own supplemental state subsidies, rendered moot by ARP for 2022; for now, CoveredCA is <b>quietly covering the \$1/month fee all enrollees have to pay in CA whether subsidized or not.</b>
COLORADO	Health Insurance Affordability Fund	Enrollees earning 150 - 200% FPL	Reduces out of pocket expenses (deductibles, co-pays, etc.) even further than the enhanced ARP subsidies ( <b>amounts vary by household size/income</b> )
CONNECTICUT	Covered Connecticut	Enrollees earning 160 - 175% FPL w/at least 1 child under 19	<b>\$0 premiums; \$0 deductible; \$0 co-pays</b> for those who qualify
MARYLAND	Young Adult Premium Subsidy Program	Enrollees w/at least one household member age 18 - 34	Additional premium savings beyond even the enhanced ARP subsidies for the young adult only; <b>amount varies by income/age</b>
MASSACHUSETTS	ConnectorCare	Household income below 300% FPL	<b>No deductibles</b> ; premiums range from <b>\$0 - \$130/month depending on income</b> ; co-pays range from <b>\$0 to nominal amounts</b> depending on income
MINNESOTA	MinnesotaCare	Household income below 200% FPL	No premium for children under 21, Native Americans/Alaska Natives; military members for the first 12 months; <b>no premium for households earning under 160% FPL</b> ; sliding scale \$4 - \$28/month for incomes from 160 - 200% FPL
NEW JERSEY	NJ Health Plan Savings Program	Enrollees earning up to 600% FPL	Additional premium savings beyond even the enhanced ARP subsidies ( <b>amount varies by household size/income</b> )
NEW YORK	Essential Plan	Household income below 200% FPL	<b>\$0 premiums; \$0 deductible</b> ; includes <b>dental &amp; vision benefits</b> w/no cost sharing; free preventative care
VERMONT	Vermont Premium Assistance	Household income below 300% FPL	Lowers your monthly premiums by <b>1.5% of your household income</b> (to minimum of \$0).
WASHINGTON	Premium Assistance Program for Employees of Child Care Facilities	Household income below 300% FPL & employee of licensed child care facility	<b>\$0 monthly premiums.</b> Yakima Neighborhood Health Services are helping anyone in the state apply for this program and get covered. <b>Must enroll in a Cascade Care Silver health plan through Washington Healthplanfinder.</b>

**Millions of people earning < 200% FPL are eligible for a FREE (or low-cost) “Secret Platinum” plan!**



# The ACA's Three-Legged Stool as it stands at the moment:



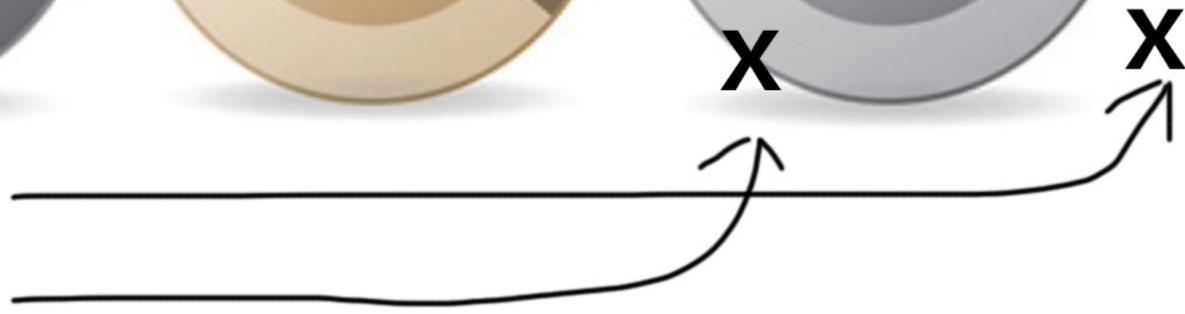
# COST SHARING REDUCTIONS (CSR)

- Normally, **Bronze** plans (60% AV) have the lowest premiums but the highest deductibles/co-pays (at full price), while **Platinum** plans (90% AV) have the highest premiums but the lowest deductibles/co-pays
- The ACA's subsidies are based on the "**benchmark Silver plan (70% AV)**", which is the 2<sup>nd</sup> lowest-priced Silver plan available on the exchange
- **CSR assistance** helps cut down on **deductibles, co-pays** and other out of pocket expenses.
- CSR is available to those earning 100-250% FPL, but **only on Silver plans**
- **If you earn less than 200% FPL** (~\$26,000/yr if single; ~\$53,000/yr for a family of four), the CSR help is strong enough to **turn a Silver plan into a Platinum plan**, as it will cover either **94% or 87%** of the average enrollees expenses!





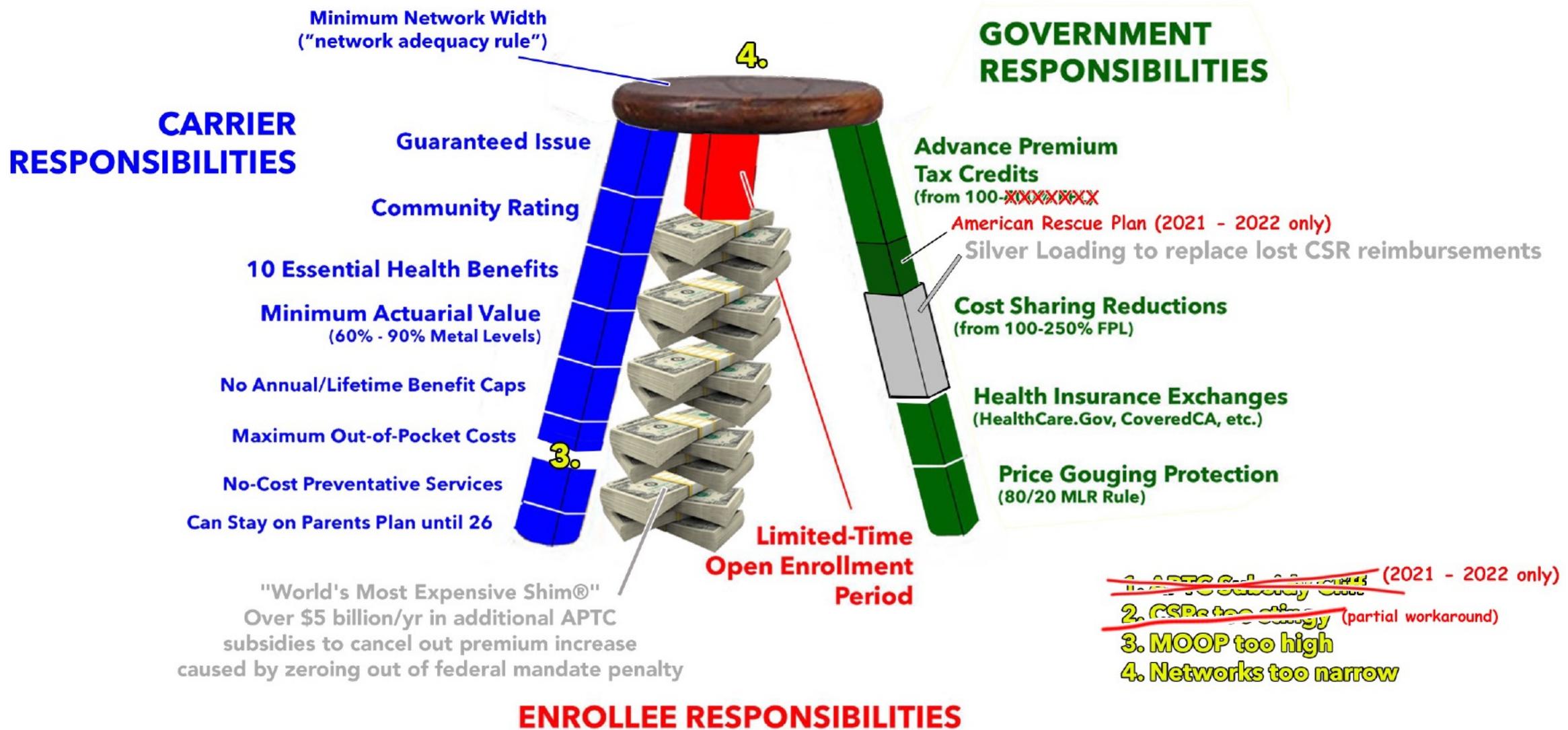
**CSR 94**  
**CSR87**



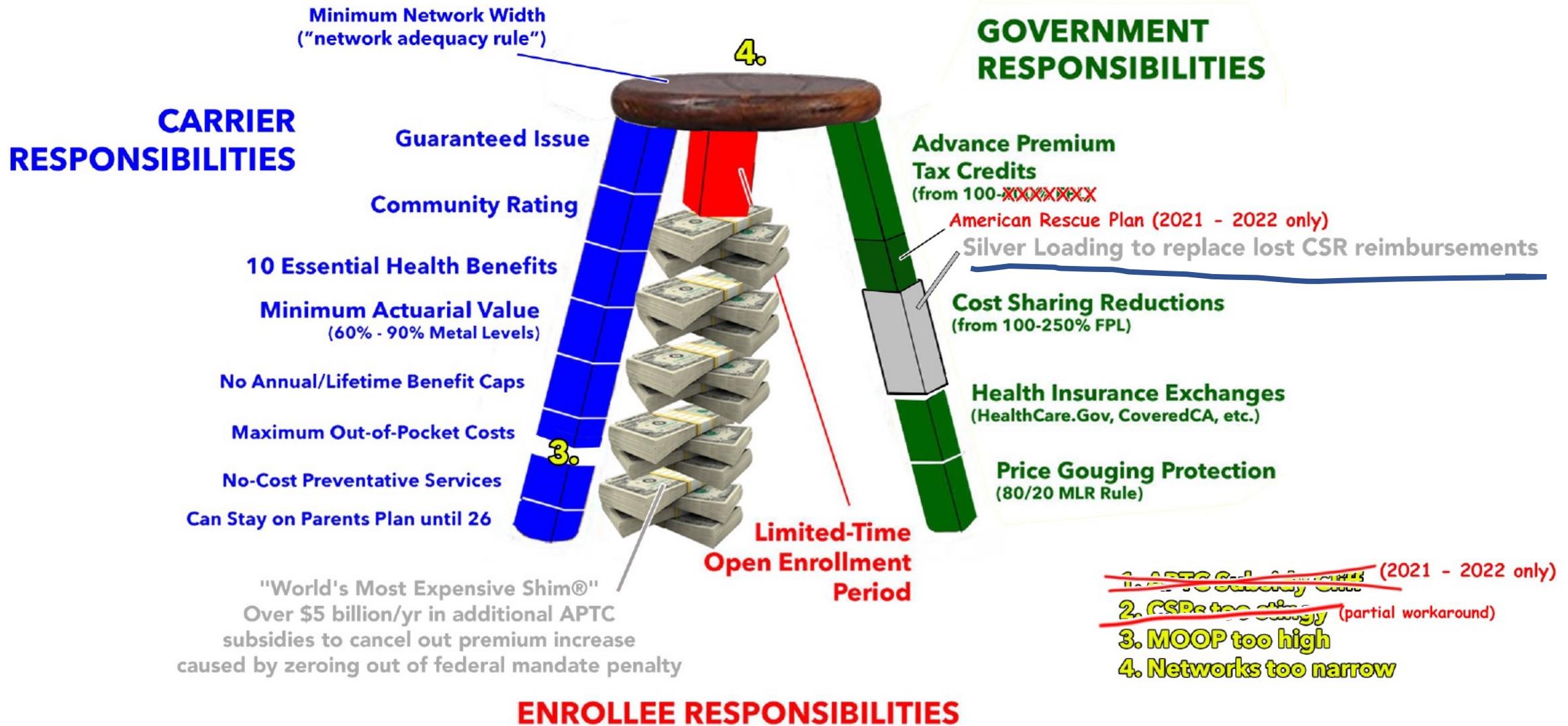
**For those > 200% FPL, thanks to “Silver Loading”,  
GOLD plans may be less expensive than SILVER!**



# The ACA's Three-Legged Stool as it stands at the moment:



# The ACA's Three-Legged Stool as it stands at the moment:



# Silver Loading at its most basic:

- In 2017, Donald Trump **tried** to “blow up” the ACA exchanges by cutting off CSR reimbursement payments to insurance companies
- **He thought** this would destroy the ACA marketplaces
- **Instead**, the carriers came up with a simple workaround to make sure they got paid: They simply **raised premiums by the same amount** that they otherwise would have received in CSR payments from the government.
- However, instead of raising premiums evenly across all plans, most carriers **loaded the full “lost CSR amount” onto their Silver plans only.**

## Silver Loading at its most basic:

- Again, ACA subsidies are based on the “**benchmark Silver plan (70% AV)**”, which is the 2<sup>nd</sup> lowest-priced Silver plan available on the exchange
- CSR assistance is only available on **Silver** plans
- **Premium Tax Credit** subsidies, however, can be applied towards **any** metal level plan (Bronze, Silver, Gold or Platinum)
- **This caused some pricing weirdness** which many ACA enrollees can take advantage of (and yes, it’s completely legal and authorized).

# Silver Loading at its most basic:

- Let's say premiums are:
  - Bronze: \$300/mo
  - Silver: \$500/mo
  - Gold: \$700/mo
- Let's say you're eligible for \$300/mo in subsidies on a Silver plan. You can get Silver for \$200 but you can also get Bronze for FREE (but w/a huge deductible) or Gold for \$400.
- Now, if you're CSR eligible, it knocks your deductible way down **if you get Silver**, so that still makes a lot more sense to stick with Silver.

# Silver Loading at its most basic:

- What happens if the carrier “loads” all their lost CSR pay onto Silver plans only?
  - Bronze: \$300/mo
  - Silver: **\$700/mo**
  - Gold: \$700/mo
- Something weird just happened—Silver now costs as much as Gold! However, you’re still eligible to get Silver for just \$200...which means **your subsidies jumped to \$500.**
- If you’re CSR eligible, you should probably stick with Silver...but if you earn more than 200% FPL, you can get a **Bronze plan for free or a Gold plan for just \$200 w/hardly any deductible!**
- In some parts of the country, some people are actually eligible for **zero-premium Gold plans with very low cost sharing**...even though they’d have to pay hundreds of dollars for a Silver plan with a much higher deductible.

# Five States Still Have Their Own Individual Mandate Penalty!

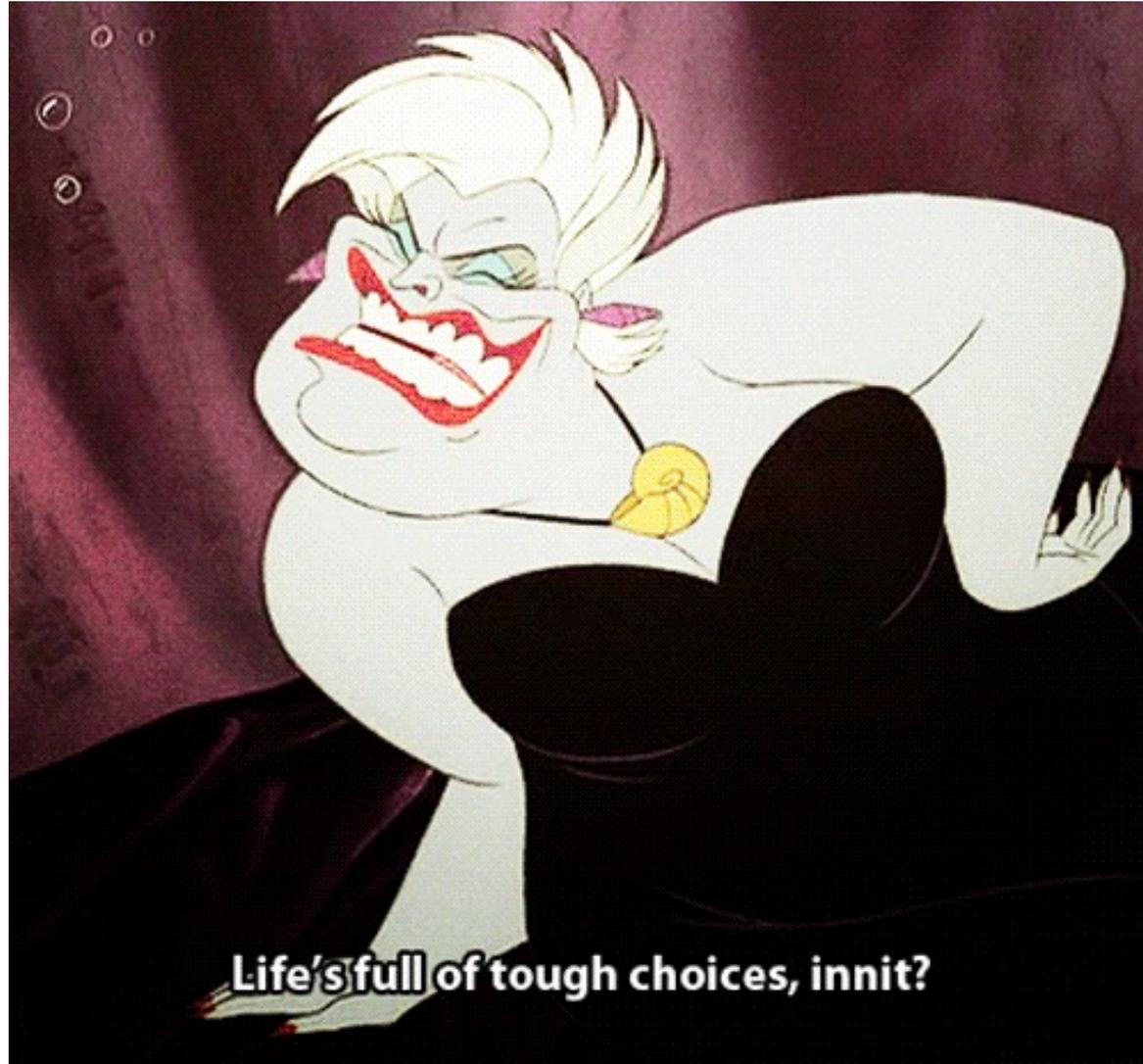


# Five States\* Still Have Their Own Individual Mandate Penalty!

*\*(I know DC isn't a state yet)*

<b>Individual Mandate Penalty for not having Minimum Essential Coverage (if not exempt)</b>	
<b>State</b>	<b>Penalty</b>
<b>District of Columbia</b>	\$695/adult + \$348/child <b>or</b> 2.5% of household income, whichever is higher
<b>New Jersey</b>	
<b>Rhode Island</b>	
<b>California</b>	\$800/adult + \$400/child
<b>Massachusetts</b>	\$250 - \$1,150 per person depending on income level

**There's more ACA exchange policy options  
available than ever!**



# Major individual/family insurers entering new markets for 2022:

- **Aetna CVS Health:** Joining Arizona, Florida, Georgia, Missouri, Nevada, North Carolina, Virginia, and Texas.
- **AmeriHealth Caritas:** Joining North Carolina.
- **Bright Healthcare:** Joining California, Texas, Utah, Virginia, and Georgia.
- **Capital Health Plan:** Joining Florida.
- **Centene/Ambetter/WellCare/Celtic/Sunshine State Health Plan:** Joining Kentucky, New Jersey, Florida, Oklahoma, New Jersey, Nebraska, and North Carolina.
- **Cigna:** Joining Georgia, Mississippi, and Pennsylvania.
- **ConnectiCare Insurance Company:** Joining Connecticut.
- **Friday Health Plans:** Joining Oklahoma, Georgia, and North Carolina.
- **Hometown Health Plan:** Joining Nevada.
- **Innovation Health Plan:** Joining Virginia.
- **Medica:** Joining Arizona
- **Moda:** Joining Texas.
- **Molina:** Joining Idaho, Kentucky, and Illinois
- **Oscar Health:** Joining Arkansas, Illinois, and Nebraska.
- **Presbyterian Health Plan:** Joining New Mexico.
- **UnitedHealthcare:** Joining Alabama, Texas, Georgia, Florida, Illinois, Louisiana, and Michigan.
- **US Health and Life:** Joining Indiana, Kansas, and Michigan.
- **Vantage Health Plan of Mississippi:** Joining Mississippi.

*<https://www.healthinsurance.org/blog/how-new-carriers-in-your-marketplace-could-affect-your-coverage-options/>*

**The Navigator Program is BACK at full strength!**



**Find free, local enrollment help  
via an authorized ACA Navigator, Assister, Broker or Agent:**

<b>State</b>	<b>Local Help Website</b>	<b>Phone</b>	<b>TTY</b>
<b>California</b>	CoveredCA.com/resources	1-800-300-1506	
<b>Colorado</b>	ConnectForHealthCO.com/we-can-help	1-855-752-6749	1-855-346-3432
<b>Connecticut</b>	AccessHealthCT.com/get-help	1-855-805-4325	1-855-789-2428
<b>District of Columbia</b>	DCHealthLink.com/help	1-855-532-5465	711
<b>Idaho</b>	YourHealthIdaho.org/find-help/	1-855-944-3246	
<b>Kentucky</b>	kynect.ky.gov/benefits/s/auth-reps-assisters	1-855-459-6328	
<b>Maine</b>	CoverME.gov/find-help-near-you	1-866-636-0355	711
<b>Maryland</b>	MarylandHealthConnection.gov/find-help/	1-855-642-8572	
<b>Massachusetts</b>	MAHealthConnector.org/help-center	1-877-623-6765	
<b>Minnesota</b>	MNSure.org/help	1-855-366-7873	
<b>Nevada</b>	NevadaHealthLink.com/get-help/	1-800-547-2927	
<b>New Jersey</b>	NJ.gov/GetCoveredNJ/help/local/	1-833-677-1010	711
<b>New Mexico</b>	BeWellNM.com/we-can-help/find-help-near-you/	1-833-862-3935	711
<b>New York</b>	NYStateofHealth.NY.Gov, then click the "Live Help" link	1-855-355-5777	1-800-662-1220
<b>Pennsylvania</b>	Pennie.com/connect	1-844-844-8040	711
<b>Rhode Island</b>	HealthSourceRI.com/get-help-enrolling/	1-855-840-4774	
<b>Vermont</b>	HealthConnect.Vermont.Gov, then click the "Find Local Help" link	1-855-899-9600	1-888-834-7898
<b>Washington</b>	WAHealthPlanFinder.org, then click the "Help Center" link	1-855-923-4633	1-855-627-9604
<b>All Other States</b>	<b>LocalHelp.Healthcare.Gov</b>	<b>1-800-318-2596</b>	<b>1-855-889-4325</b>

**Whatever you do, DON'T let yourself be passively “auto-renewed!”**



# Whatever you do, DON'T let yourself be passively “auto-renewed!”

- Current ACA exchange enrollees who **don't** actively log into their account at HealthCare.Gov or their state's ACA exchange and **actively** select a 2022 plan will be automatically re-enrolled in their current policy (or the plan closest to it if the current one has been discontinued).
- This **may** be the best choice for some people, but every year there are **a lot** of changes to what plans are available, pricing, provider networks, the subsidy formula etc., so you could be leaving money on the table...potentially thousands of dollars!
- Therefore, it's always a good idea to **shop around** to see if there's a better value this year!

# What Healthcare Stuff is in the #BuildBackBetter Act?



# What Healthcare Stuff is in the #BuildBackBetter Act?

- **CLOSING THE MEDICAID GAP**

- 12 states **still** haven't expanded Medicaid to adults earning up to 138% FPL under the ACA (around 4 million Americans total). BBB would temporarily resolve this by letting that population enroll in **free** ACA plans with 99% Actuarial Value (virtually no out of pocket costs...call it a Diamond plan). Unfortunately it would only last for 4 years (thru the end of 2025).

- **EXTEND THE ENHANCED AMERICAN RESCUE PLAN SUBSIDIES**

- Under the ARP, the massively improved/expanded ACA subsidies only last 2 years (2021 & 2022). BBB would extend them out by another 3, thru the end of 2025.

- **LOWERING THE EMPLOYER PLAN AFFORDABILITY THRESHOLD**

- This will make more people eligible for ACA subsidies

# What Healthcare Stuff is in the #BuildBackBetter Act?

- **EXTENDING THE ARP'S UNEMPLOYMENT BENEFIT BY A YEAR**
  - Under the ARP, if you received UI benefits at any point during 2021 you were eligible for a \$0 premium "Secret Platinum" plan even if your actual income ended up being higher than the normal cut-off. BBB would extend this by a year.
- **A BUNCH OF MISCELLANEOUS ACA COST ASSISTANCE**
- **PERMANENTLY EXTEND MEDICAID PROTECTIONS AGAINST SPOUSAL IMPOVERISHMENT**
- **PERMANENTLY EXTEND THE MONEY FOLLOWS THE PERSON HOME & COMMUNITY-BASED SERVICES PROGRAM**

# What Healthcare Stuff is in the #BuildBackBetter Act?

- **PERMANENTLY EXTEND MEDICAID/CHIP ELIGIBILITY FOR 12 MONTHS TO CHILDREN & POSTPARTUM MOTHERS**
  - In most states, CHIP/Medicaid eligibility has to be verified each month; this would make kids/postpartum mothers eligible for a full year after they go on the program
- **PERMANENTLY FUNDING CHIP**
  - 6-7 million low-income children are enrolled in the Children's Health Insurance Program at any given time; the funding has always been bumped out in 5-year stints & held hostage by the GOP a few times. This would make funding permanent.
- **ADD HEARING TESTS/HEARING AID COVERAGE TO MEDICARE**
  - Dental & vision didn't make the cut but hearing aids will starting in 2023.

# What Healthcare Stuff is in the #BuildBackBetter Act?

- **HOSPICE & PALLIATIVE CARE FUNDING**
- **FUNDING TO UPGRADE/IMPROVE THE CDC, FDA ETC. FOR PANDEMIC PREPAREDNESS (!)**
- **A WHOLE BUNCH OF PRENATAL, PERINATAL, MATERNITY & POSTPARTUM HEALTH PROGRAM GRANTS**
  - I think most of these are part of Rep. Lauren Underwood's "Momnibus Package"
- **FUNDING FOR VARIOUS SAMHSA (Substance Abuse & Mental Health Services Administration) PROGRAMS**
- **FUNDING FOR THE NAT'L SUICIDE PREVENTION HOTLINE**
- **FUNDING FOR COMMUNITY VIOLENCE PREVENTION**

# What Healthcare Stuff is in the #BuildBackBetter Act?

- FUNDING FOR THE RYAN WHITE HIV/AIDS PROGRAM
- FUNDING FOR THE WORLD TRADE CENTER HEALTH PROGRAM
- FUNDING FOR VARIOUS NATIVE HAWAIIAN HEALTH PROGRAMS
- FUNDING FOR VARIOUS PROGRAMS TO RESOLVE THE HEALTHCARE PROVIDER SHORTAGES
- **CAPPING INSULIN CO-PAYS AT \$35/MONTH**
- **MEDICARE DRUG PRICING NEGOTIATION**
  - It's limited to 20 drugs initially and wouldn't kick in until 2025, but it's a start...
- **\$2,000/YR CAP ON MEDICARE PART D PRESCRIPTION DRUG COSTS**

**Charles Gaba**



*healthcare policy data,  
analysis & snark*

***ACA Signups.net***

**2022 Open Enrollment: It's a #BFD!**

[ACA Signups.net/support](https://aca.signups.net/support)