Center on Budget and Policy Priorities

Health Reform: Designing a Marketplace

About This Tool | How to Use This Tool

Previous State | Next state | Select State for Comparison: None | Download Spreadsheet

Categories

- Marketplace Structure (MS)
- Eligibility and Enrollment (EE)
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- Consumer Assistance (CA)
- Brokers (BR)
- Plan Management (PM)
- Plan Offerings (PO)
- SHOP (SH)

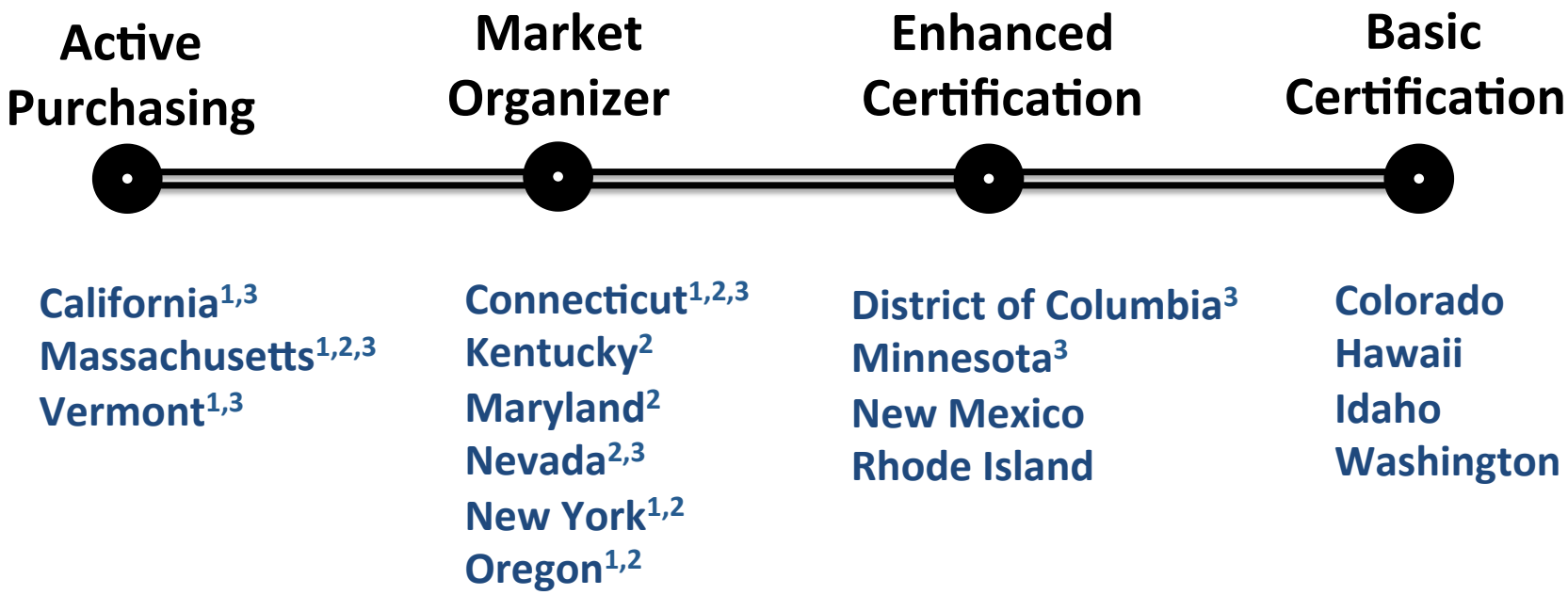
DELETE IF USING WEB BROWSER?

Marketplace Structure (MS)	Question	California	Colorado	Connecticut
MS 1	Marketplace type	State-based Marketplace	State-based Marketplace	State-based Marketplace
MS 2	Marketplace name	Covered California	Connect for Health Colorado	Access Health CT
MS 3	Marketplace website	www.coveredca.com	www.connectforhealthco.com	www.accesshealthct.com
MS 4	What is the Marketplace governance model? a. New or existing government agency b. Quasi-governmental agency c. Non-profit organization	b. Quasi-governmental agency	c. Non-profit organization	b. Quasi-governmental agency
MS 5	What is the Marketplace's standards for industries/entities with a conflict of interest (e.g. issuers, brokers, providers) serving on the Governing Board (if one exists)? a. Prohibits b. Permits c. Requires d. Other	a. Prohibits (issuers, brokers, providers)	b. Permits (issuers cannot comprise a majority)	a. Prohibits (issuers, brokers, providers)
MS 6	What is the projected annual budget amount for ongoing Marketplace operations?	$240 million - $300 million	$26 million	$34 million

QHP Certification Process

QHP Certification Model	Certification Standards or Characteristics
Active Purchasing	Uses a competitive procurement process, limits which issuers and plans can be sold
Market Organizer	Requires standardized plan design, limits # of plans per tier per issuer
Enhanced Certification	Requires Bronze and/or Platinum to be sold, has state-developed standards for meaningful difference, network adequacy and/or ECPs beyond federal minimums
Basic Certification	Applies federal minimum requirements

QHP Certification Process



(1) requires one or more standardized plans
(2) places limits on the number of plans sold per issuer per metal tier
(3) applies a “meaningful difference” to plans sold in the Marketplace

Standardized Plan Design

Standardized Plan Policy	State (Tier)	# of States
Standardized Plan required	California* (P, G, S, B, C) Connecticut (P, G, S, B**) Massachusetts (2P, 3G, S, B) New York (P, G, S, B, C) Oregon (G, S, B) Vermont (P, G,2S, 2B)	6
Standardized Plan possibly in development for future plan years	District of Columbia Minnesota	2
No Standardized Plan required	Colorado, Hawaii, Idaho, Kentucky, Maryland, Nevada, New Mexico, Rhode Island, Washington	9

Note: P = Platinum, G = Gold, S = Silver, B = Bronze, C = Catastrophic

* The California Exchange allows insurers to only sell the standardized plan design for each metal tier
** Connecticut will be requiring 2 Bronze standardized plan designs in 2015

Standardized Plan Design Example (California)

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits	Bronze 60	Silver 70	Gold 80	Platinum 90
	Benefits in Blue are Subject to Deductibles		Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum	
Individual Deductible	$5,000 deductible for medical & drugs	$2,000 medical deductible $250 brand drug deductible	no deductible	no deductible
Family Deductible	$10,000 deductible	$4,000 medical deductible $500 brand drug deductible	no deductible	no deductible
Preventative Care Copay[1]	no cost at least 1 yearly visit	no cost at least 1 yearly visit	no cost at least 1 yearly visit	no cost at least 1 yearly visit
Primary Care Visit Copay	$60 [2]	$45	$30	$20
Specialty Care Visit Copay	$70	$65	$50	$40
Urgent Care Visit Copay	$120 [2]	$90	$60	$40
Generic Medication Copay	$19	$19	$19	$5
Lab Testing Copay	30%	$45	$30	$20
X-Ray Copay	30%	$65	$50	$40
Emergency Room Copay	$300	$250	$250	$150
High cost and infrequent services (e.g. Hospital Stay)	30% of your plan's negotiated rate	20% of your plan's negotiated rate	HMO Outpatient Surgery - $600 Hospital - $600/day up to 5 days PPO - 20%	HMO Hospital - $250/day up to 5 days PPO - 10%

pp.org

Source: Covered California

Standardized Plan Design (Connecticut Enrollment)

Silver Plans

Silver Plans: 36,253 = 60% of Total QHP Enrollment

Plan Type	Enrollment In Silver Plans	Percent of Silver Plan Enrollment
Silver Non-Standard (NS)	3,758	10%
Silver NS - 73% CSR	1,008	3%
Silver NS - 87% CSR	899	3%
Silver NS - 94% CSR	1,467	4%
Silver Standard	8,529	24%
Silver Standard - 73% CSR	4,429	12%
Silver Standard - 87% CSR	8,106	22%
Silver Standard - 94% CSR	8,057	22%
TOTAL	36,253	100%

Source: access health CT presentation at the Health Plan Benefits and Qualifications Advisory Committee, Consumer Experience and Outreach Advisory Committee Joint Meeting (March 26, 2014)

Standardized Plan Design (Connecticut Enrollment)

Gold Plans

Gold Plans: 13,226 = 22% of Total QHP Enrollment

Plan Type	Enrollment In Gold Plans	Percent of Gold Plan Enrollment
Gold Non-Standard (NS)	2,734	21%
Gold Standard	10,492	79%
TOTAL	13,226	100%

Source: access health CT presentation at the Health Plan Benefits and Qualifications Advisory Committee, Consumer Experience and Outreach Advisory Committee Joint Meeting (March 26, 2014)

Standardized Plan Design (Connecticut Enrollment)

Bronze Plans

Bronze Plans: 9,857 = 16% of Total QHP Enrollment

Plan Type	Enrollment In Bronze Plans	Percent of Bronze Plan Enrollment
Bronze Non-Standard (NS)	7,830	79%
Bronze Standard	2,027	21%
TOTAL	9,857	100%

Source: access health CT presentation at the Health Plan Benefits and Qualifications Advisory Committee, Consumer Experience and Outreach Advisory Committee Joint Meeting (March 26, 2014)

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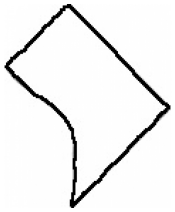
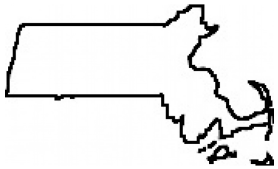
Participation Requirements for Insurers





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Metal Tier Requirements for Insurers

	CA	CO	CT	DC	HI	ID	KY	MD	MA	MN	NV	NM	NY	OR	RI	VT	WA
Platinum	**x**								**x**				**x**			**x**	
*Gold**	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
*Silver**	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
Bronze	**x**		**x**	**x**			**x**	**x**	**x**				**x**	**x**		**x**	
Catastrophic	**x**						**x**	**x**					**x**				

* The Affordable Care Act requires QHP issuers to offer at least Gold and Silver plans

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View More Plans Here

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MONTHLY PREMIUM	CARRIER DETAILS	PLAN DETAILS	ANNUAL DEDUCTIBLES	EST. OUT OF POCKET COSTS
$178.04	KAISER PERMANENTE ★★★★★ Select to compare	KP CO Bronze 5000/30%/HSA Preferred Drug List HMO/BRONZE	$5,000.00 / Person $10,000.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A
$185.46	KAISER PERMANENTE ★★★★★ Select to compare	KP CO Bronze 4500/50/HSA Preferred Drug List HMO/BRONZE	$4,500.00 / Person $9,000.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A
$194.50	Colorado Healthop Rating in progress Select to compare	HealthOp Bear EPO Preferred Drug List EPO/BRONZE	$5,500.00 / Person $11,000.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A
$211.10	Humana ★★★★★ Select to compare	Humana Connect Bronze 6300/6300 Plan Preferred Drug List HMO/BRONZE	$6,300.00 / Person $12,600.00 / Family	Annual Max. Costs $6,300.00 / Person $12,600.00 / Family Est. Costs based on Use N/A
$217.73	KAISER PERMANENTE ★★★★★ Select to compare	KP CO Bronze 4500/50 Preferred Drug List HMO/BRONZE	$4,500.00 / Person $9,000.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A
$224.36	Colorado Healthop Rating in progress Select to compare	HealthOp Bear PPO Preferred Drug List PPO/BRONZE	$5,500.00 / Person $11,000.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A
$242.84	Humana ★★★★★ Select to compare	Humana Connect Silver 3650/3650 Plan Preferred Drug List HMO/SILVER	$3,650.00 / Person $7,300.00 / Family	Annual Max. Costs $3,650.00 / Person $7,300.00 / Family Est. Costs based on Use N/A
$248.36	Anthem ★★★★★ Select to compare	Anthem Bronze DirectAccess - cdca Preferred Drug List HMO/BRONZE	$5,000.00 / Person $10,000.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A
$249.15	Anthem ★★★★★ Select to compare	Anthem Bronze DirectAccess w/HSA - caar Preferred Drug List HMO/BRONZE	$6,300.00 / Person $12,600.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A
$249.26	KAISER PERMANENTE ★★★★★ Select to compare	KP CO Silver 1500/30 Preferred Drug List HMO/SILVER	$1,500.00 / Person $3,000.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A
$249.36	Anthem ★★★★★ Select to compare	Anthem Bronze DirectAccess - cabz Preferred Drug List HMO/BRONZE	$5,750.00 / Person $11,500.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A
$254.95	Anthem ★★★★★ Select to compare	Anthem Bronze DirectAccess w/Child Dental - cdca Preferred Drug List HMO/BRONZE	$5,000.00 / Person $10,000.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A

FINALIZE SLIDE

Source: Connect for Health Colorado, Silver plans for 35 year old in Denver, CO (80203)

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$249.26	KAISER PERMANENTE ★★★★★ Select to compare	KP CO Silver 1500/30 Preferred Drug List HMO/SILVER	$1,500.00 / Person $3,000.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A	Add To Cart
$249.36	Anthem ★★★★★ Select to compare	Anthem Bronze DirectAccess - cabz Preferred Drug List HMO/BRONZE	$5,750.00 / Person $11,500.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A	Add To Cart
$254.55	Anthem ★★★★★ Select to compare	Anthem Bronze DirectAccess w/Child Dental - cdca Preferred Drug List HMO/BRONZE	$5,000.00 / Person $10,000.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A	Add To Cart

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Source: Connect for Health Colorado, Silver plans for 35 year old in Denver, CO (80203)

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$217.73	KAISER PERMANENTE	KP CO Bronze 4500/50 Preferred Drug List	$4,500.00 / Person	Annual Max. Costs $6,350.00 / Person	

Source: Connect for Health Colorado, Silver plans for 35 year old in Denver, CO (80203)

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Compare 0 Plans

Save and Continue to Checkout

View More Plans Here

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MONTHLY PREMIUM	CARRIER DETAILS	PLAN DETAILS	ANNUAL DEDUCTIBLES	EST. OUT OF POCKET COSTS	
$234.42	KAISER PERMANENTE. ★★★★★ Select to compare	KP CO Silver 1750/25%/HSA Preferred Drug List HMO/SILVER	$1,750.00 / Person $3,500.00 / Family	Annual Max. Costs $5,000.00 / Person $10,000.00 / Family Est. Costs based on Use N/A	Add To Cart
$239.40	Humana ★★★★★ Select to compare	Humana Connect Silver 4600/6300 Plan Preferred Drug List HMO/SILVER	$4,600.00 / Person $9,200.00 / Family	Annual Max. Costs $6,300.00 / Person $12,600.00 / Family Est. Costs based on Use N/A	Add To Cart
$241.47	KAISER PERMANENTE. ★★★★★ Select to compare	KP CO Silver 2500/30 Preferred Drug List HMO/SILVER	$2,500.00 / Person $5,000.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A	Add To Cart
$242.84	Humana ★★★★★	Humana Connect Silver 3650/3650 Plan Preferred Drug List HMO/SILVER	$3,650.00 / Person $7,300.00 / Family	Annual Max. Costs $3,650.00 / Person $7,300.00 / Family	Add To Cart

Source: Connect for Health Colorado, Silver plans for 35 year old in Denver, CO (80203)

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Plan Limits per Tier

Plan Limit Policy	State (Limit per Tier)	# of States
Limits number of plans each insurer can offer per tier	Connecticut (3)** Kentucky(4) Maryland (4) Massachusetts (7) Nevada (5) New York (4) Oregon (3-5)	7
No limit	California*, Colorado, District of Columbia, Hawaii, Idaho, Minnesota, New Mexico, Rhode Island, Vermont, Washington	10

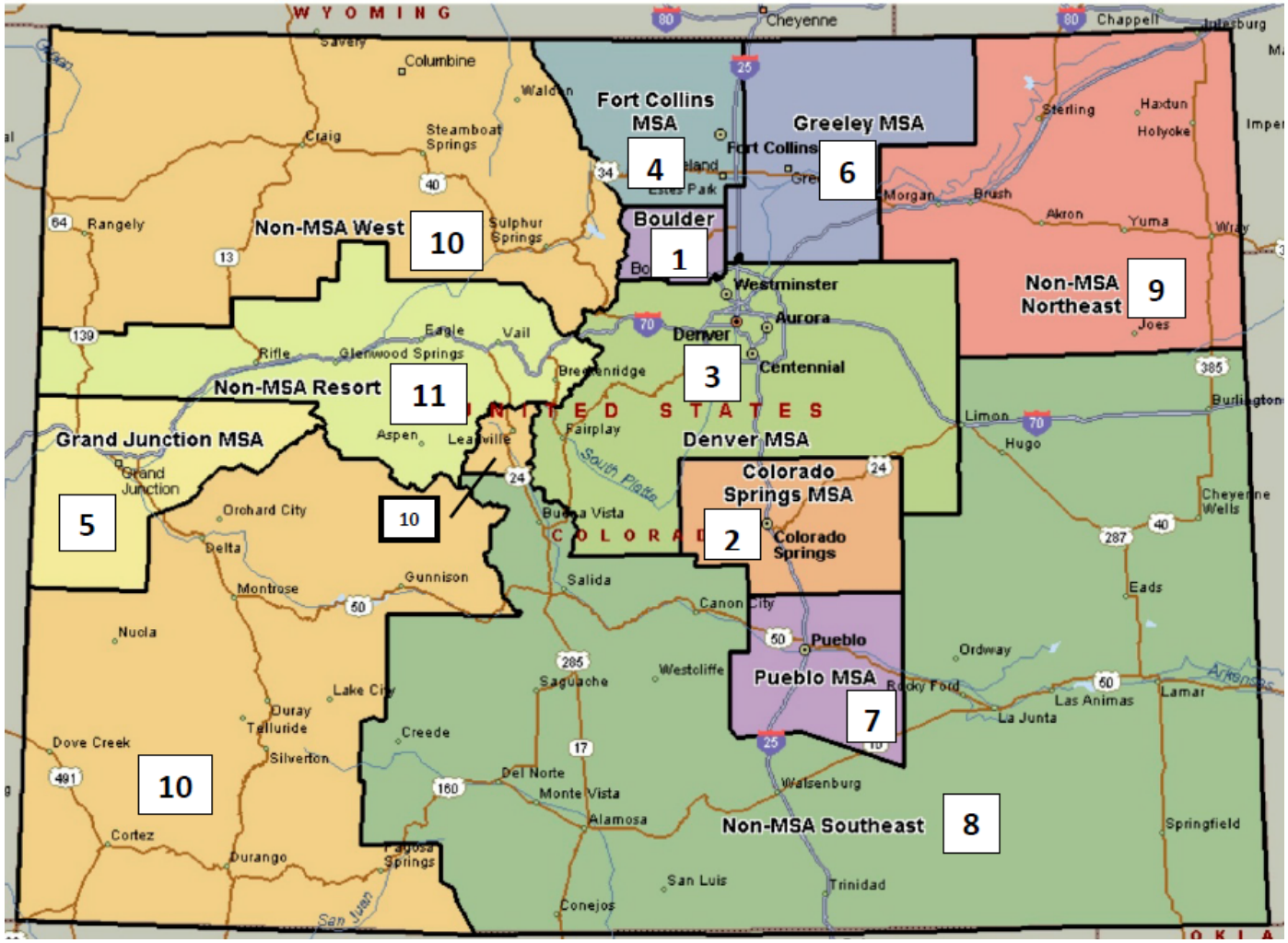
* California employs an active purchasing/competitive purchasing model which allows the Marketplace to determine the number of plans that can be sold by each carrier in each tier.
** Connecticut will allow 4 plans per tier in 2015

Tobacco Rating

Tobacco Rating Policy	States	# of States
Prohibit (1:1)	California Connecticut District of Columbia Massachusetts New York Rhode Island Vermont	7
Narrowed	Arkansas* (1.2:1) Colorado (1.15:1)	2
Permit (1.5:1)	Hawaii, Idaho, Kentucky, Maryland, Minnesota, Nevada, New Mexico, Oregon, Washington	9

*Arkansas is a State Partnership Exchange that opted to adjust the tobacco rating standard

Geographic Rating



Source: Colorado Department of Regulatory Agencies, Division of Insurance (August 20, 2013)

Standards for Plans Sold Outside the Marketplace

Plan Standard	State
All Individual Market and Small Group plans must be sold solely through the Marketplace	District of Columbia* Vermont**
All QHP standards must be met by plans sold outside the Marketplace	District of Columbia Minnesota
Catastrophic plans must be sold solely through the Marketplace	Oregon Washington
Catastrophic plans can be sold outside the Marketplace only if also sold in the Marketplace	California Maryland
QHP issuers must offer Gold and Silver plans outside the Marketplace	Maryland
Bronze plans can only be sold outside the Marketplace if carrier also sells Silver and Gold plans	Minnesota Washington

* All new plans must be sold through the Marketplace for the the Individual Market (starting in 2014) and Small Group Market (starting in 2015).
** The state will transition from a Marketplace to a single-payer model in 2017.

QHP Network Adequacy

- Network Adequacy Standards
  - Time and distance
  - Appointment wait times
  - Provider to enrollee ratios
- Essential Community Provider (ECP) Standards
  - % of ECPs in service area
  - Any willing provider requirement

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QHP Network Adequacy

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- QHP Network Transparency
  - Frequency of updates
  - Uniform online provider search tool across all carriers
  - Standardized template for provider counts by region
  - Hospital listing by service area
  - Labeling of network size
- Monitoring and Enforcement
  - Complaints to DOI
  - Geo mapping
  - Outlier analysis
  - Secret shopper

Choice Architecture

CONNECT for HEALTH COLORADO

Apply for Coverage | Find a Plan | My Account | Learn More | Get Assistance

Individual and Family Plans

Quick Filters

Plan Quick Filters
Use the filters below to narrow your plan search results.

Reset All | Apply Filter

Search by Providers

Provider Look-up

Only show plans that include:

MONTHLY PREMIUM
$178.04 to $510.14
$178.04 — $510.14

Annual Deductible (Per Person)
$0.00 to $6,300.00
$0.00 — $6,300.00

Annual Deductible (Per Family)
$0.00 to $12,600.00
$0.00 — $12,600.00

The rates shown below are based on the age, tobacco use status and zip code 80203 provided for the family members you identified. The start date for coverage under the plans below is 07/01/2014 . The rates you pay may be significantly lower if you are eligible for financial assistance. Make Changes

Find a Health Plan

Sort By

Rollover help is available for most of the terms below. Please note that the rates you pay may be lower than the amount displayed if you are eligible for financial assistance such as advance premium tax credits (APTC) or reduced copays and deductibles. 'Start your application' to see if you are eligible for any of these assistance programs.

Compare 0 Plans

Save and Continue to Checkout

View More Plans Here

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MONTHLY PREMIUM	CARRIER DETAILS	PLAN DETAILS	ANNUAL DEDUCTIBLES	EST. OUT OF POCKET COSTS	
$178.04	KAISER PERMANENTE ★★★★★ Select to compare	KP CO Bronze 5000/30%/HSA Preferred Drug List HMO/BRONZE	$5,000.00 / Person $10,000.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A	Add To Cart
$185.46	KAISER PERMANENTE ★★★★★ Select to compare	KP CO Bronze 4500/50/HSA Preferred Drug List HMO/BRONZE	$4,500.00 / Person $9,000.00 / Family	Annual Max. Costs $6,350.00 / Person $12,700.00 / Family Est. Costs based on Use N/A	Add To Cart
$194.50	Colorado Healthop Rating in progress	HealthOp Bear EPO Preferred Drug List	$5,500.00 / Person $11,000.00 / Family	Annual Max. Costs $6,350.00 / Person	

cbpp.org

Source: Connect for Health Colorado, Silver plans for 35 year old in Denver, CO (80203)

Choice Architecture

Application | Eligibility Results | Enroll

Select a health plan for Group 0 | Eligible Plans | Saved Plans 0 | Compare plans 0

Learn more about the terms on this page

Show more +

Summary of Benefits
Provider directory

Narrow your results:

COSTS

Cost-sharing reduction plans CHANGE
Show all plans

Premium range CHANGE
Show all premiums

Yearly deductible CHANGE
Show all deductibles

Out-of-pocket maximum CHANGE
Show all out-of pocket maximum amounts

COVERAGE DETAILS

Dental coverage CHANGE
Show all plans

CareFirst BlueChoice, Inc.
BlueChoice HSA Silver
$1,300

Compare
Save

DETAILS
ENROLL

HMO | Silver | National provider network

Monthly premium | Deductible | Out-of-pocket | Copayments /

Premium ranges
You can choose to see plans within a certain monthly cost range. (Select all that apply)

$0 - $100 (0)
$101 - $200 (2)
$201 - $300 (24)
$301 - $400 (12)
$401 - $500 (2)
$501+ (0)

SAVE

Main costs
Health care costs
Plan covers 70% of total average cost of care
Yearly premium

Doctors and Hospitals
Emergency room care
20% Coinsurance after deductible
Inpatient hospital care

Other services and prescriptions
Routine dental care - adult
N/A

Source: Health Insurance Marketplace, healthcare.gov

Choice Architecture

Plan Filtering and Search Terms

	CA	CO	CT	DC	KY	MD	MA	MN	NV	NY	OR	RI	VT	WA
Metal tier	x	x	x	x	x	x	x	x	x	x	x	x		x
Premium	x	x	x		x	x	x	x	x		x	x	x	x
Deductible		x	x	x	x	x	x	x	x			x		x
OOP Maximum		x			x									x
Cost-sharing						x			x			x		
Provider	x	x			x	x	x			x	x			
Carrier	x	x	x	x	x	x	x		x	x	x	x	x	x
Quality rating			x		x						x			x

Note: Information for Hawaii is not available. Idaho and New Mexico operated via Healthcare.gov for plan year 2014.

Customer Service Features

Premium Payment Methods

	CA	CO	DC	ID	KY	MD	MA	MN	NV	NM	NY	OR	RI	VT	WA
Check*	x	x	x	x	x	x	x	x	x	x	x	x		x	
Cash	x								x						
ACH	x						x		x				x		x
EFT*	x	x	x	x	x	x	x	x	x	x	x	x		x	x
Credit Card	x		x					x	x						x
Debit Card	x		x						x						x
Money Order*	x	x		x	x	x	x	x	x	x	x	x	x	x	
Pre-paid debit*	x	x		x	x	x		x	x	x	x	x			

* Minimum federal requirements

Note: Information for Connecticut and Hawaii is not available.

Customer Service Features

	CA	CO	CT	DC	HI	ID	KY	MD	MA	MN	NV	NM	NY	OR	RI	VT	WA
Adjust the APTC amount	x	x	n/a	x	n/a	x*	x	x		x	x	x*	x	x	x	x	x
Live chat feature	x				x		x						x				
Apply online in Spanish	x	x			x	x*	x				x	x*					x
Browse plans before applying	x	x	x			x*	x		x	x	x	x*		x	x		x
Quality rating displayed in 2014	n/a	x	n/a	x	n/a			x	x			n/a	x	x	x		

* Using healthcare.gov application site for 2014

Health Reform: Designing a Marketplace

http://www.cbpp.org/cms/index.cfm?fa=view&id=4123

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