Blue Cross Blue Shield Association

2011 Internal Audit; Anti-Fraud; Compliance & Ethics; Privacy Conference

American Health Benefit Exchanges:

How they will work and what they mean to you

May 16-19, 2011
Orlando, Florida

Thomas D. Bixby
Law Office LLC
(608) 661-4310
TBixby@tbixbylaw.com

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Topics

- Overview
- Exchange Functions
- Regulatory Authority
- Exchange Examples

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Overview

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What is an Exchange?

Electronic marketplace

- Individuals
- Small groups

Offer choice of plans

Establish common rules

Provide customer information

- Tools on price, quality, & networks

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Overview

American Health Benefit Exchanges

- Individual coverage

SHOP Exchanges

- **S**mall **B**usiness **H**ealth **O**ptions **P**rogram
- Small business (1-100 employees)
- State option to limit to 1-50 until 2016
- State option in 2017 to allow large groups in

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State Options

May Combine Exchanges

- Individual and group

Inter-State/regional exchanges

- Approved by each State

Subsidiary exchanges

- Each serving distinct geographic area
- At least size of geographic rating area

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Overview

State established by 1/1/2014

- HHS to establish Exchanges if State fails
- HHS determination by 1/1/2013

Government or non-profit agency

- May contract with vendor
- Vendor cannot be insurer or affiliate

Financially self sustaining by 2015

- User fees, assessments, other mechanisms

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Overview

Consult with stakeholders

- Educated enrollees
- Small business representatives
- State Medicaid officials
- Advocates for enrolling “hard to reach populations”

Publication of costs

- Licensing, regulatory and other fees
- Administrative costs
- “Monies lost to waste, fraud, and abuse”

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Multi-State Plans

Multi-State plans

- OPM administered (similar to FEP)
- Offer at least 2 plans in each Exchange
- No competitive bidding, but . . .
- OPM negotiation of loss ratio, profits, premium

Blue Plans

- OPM must include non-profit
- OPM may include group affiliated by “common use of a nationally licensed service mark”

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Exchange-Offered Plans

Qualified Health Plans

- State-licensed, certified by Exchange
- Provides "essential health benefits"—at least two packages
- Same rate:
  - In or out of Exchange
  - With/without agent/broker

Stand-alone dental benefits

- Alone or in conjunction with QHP

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Benefits

Standardized benefits

- HHS essential health benefits
- Four levels of coverage
  - Bronze (60% of full actuarial value)
  - Silver (70% of full actuarial value)
  - Gold (80% of full actuarial value)
  - Platinum (90% of full actuarial value)

State-mandated benefits

- State must pay costs

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Benefits

Cost sharing amounts

- Cannot exceed HDHP amounts
- Adjusted for inflation
- $5,950/$11,900 (2010)
- Group deductible no more than $2,000/$4,000

Mental health parity

- Same manner as in large employer market

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Benefits

Catastrophic plan

- Individual market only
- HDHP deductible + 3 primary care visits
- Only for < age 30 or hardship

Child-only plan

- QHPs must offer

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Exchange Functions

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Exchange Functions

Certify/Decertify QHPs

Operate Web Portal

- Standardize comparative information
- HHS model template

Assign QHP ratings

- Relative price & quality
- By level of benefits

Medicaid, CHIP, & other Program eligibility

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Exchange Functions

Provide uniform summary of benefits

Consumer assistance toll-free number

Electronic calculator

- Determine cost of coverage accounting for:
  - Premium tax credit
  - Cost-sharing reduction

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Exchange Functions

Individual mandate exemptions

IRS information

- Individual mandate exemptions
- Individuals w/o employer coverage

Employer information

- Individuals w/o employer coverage

Navigator program

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Exchange Functions

Enrollee satisfaction survey

- HHS administered survey
- Exchange to include results on Portal

Open enrollment periods

- Initial
- Annual
- Special (similar to Medicare Part D)

Report Exchange performance metrics

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State Considerations

- Making Exchange mandatory
- Applying requirements outside of Exchange
- Role of agents/brokers
- Mandated benefits
- Active/passive role of Exchange

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Regulatory Authority

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Regulatory Authority

Certification of QHP subject to:

- Marketing restrictions
- Network adequacy
- Accreditation on quality measures
- Use of quality improvement strategy
- Use of uniform enrollment form
- Use of standard format for presenting options
- Being in interests of qualified individuals/employers

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Regulatory Authority

Rate increases

- QHP must justify *any* rate increase
- Prominently post of website
- Exchange to consider in certifying QHP

Cost-sharing transparency

- Specific out-of-pocket costs to enrollee
- On-line and alternative means

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Regulatory Authority

Coverage transparency

- Provide Exchange, HHS, DOI, & Public
  - Claims payment policies & practices
  - Financial disclosures
  - Enrollment & disenrollment data
  - Data on claims denied
  - Data on rating practices
  - Out-of-network cost-sharing & payment
  - Other information determined by HHS
- Plain language

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Regulatory Authority

QHP provider contract limitation

- Effective 1/1/2015
- Hospitals > 50 beds, must:
  - Use patient safety evaluation system
  - Implement discharge education, counseling, & planning program
- Other providers must:
  - Implement HHS quality mechanisms

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Exchange Examples: HHS Model Template

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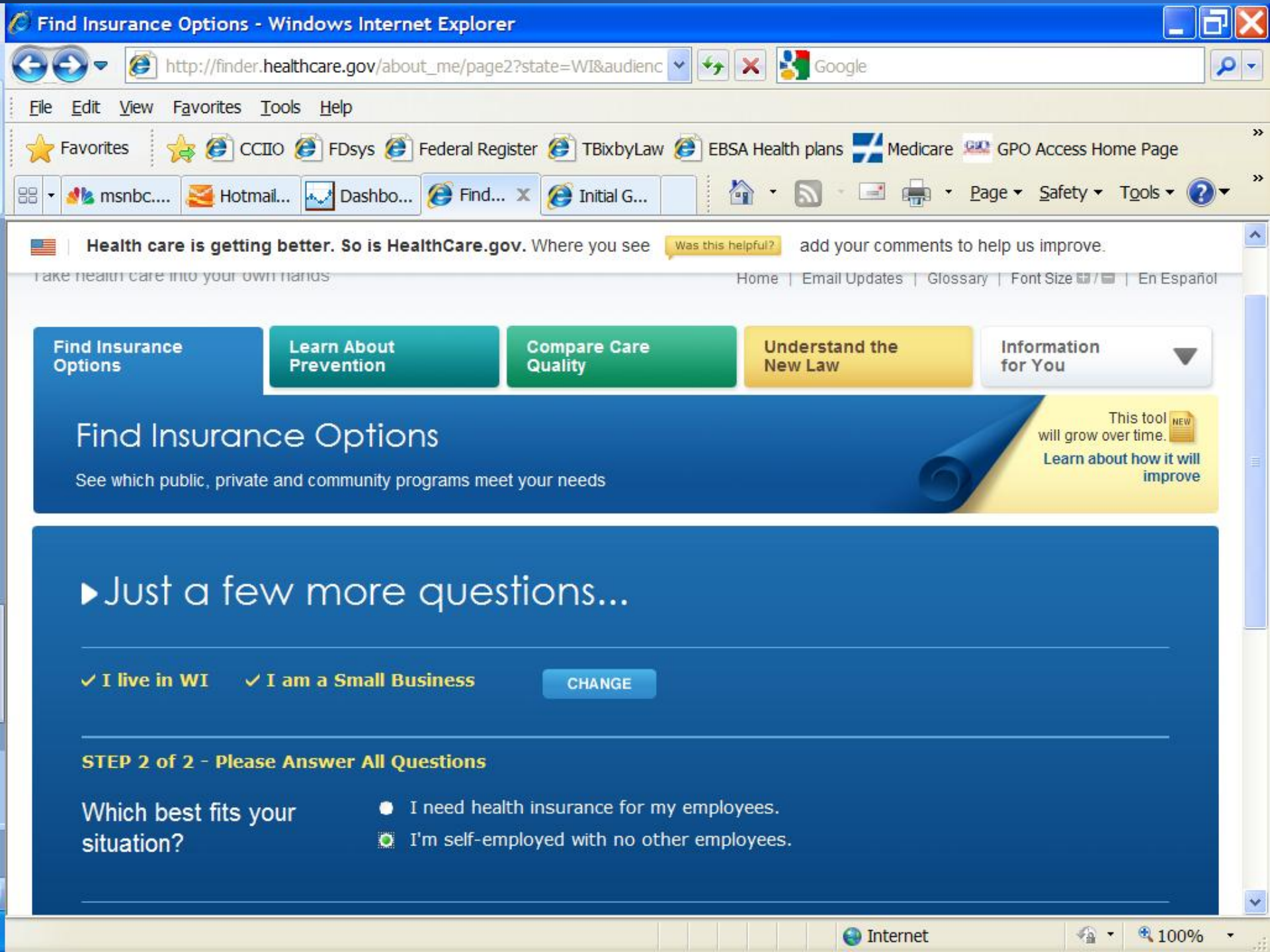
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add your comments to help us improve.
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Learn About Prevention
Compare Care Quality
Understand the New Law
Information for You
Find Insurance Options
See which public, private and community programs meet your needs
This tool will grow over time.
NEW
Learn about how it will improve
Just a few more questions...
✓ I live in WI
✓ I am a Small Business
CHANGE
STEP 2 of 2 - Please Answer All Questions
Which best fits your situation?
I need health insurance for my employees.
I'm self-employed with no other employees.
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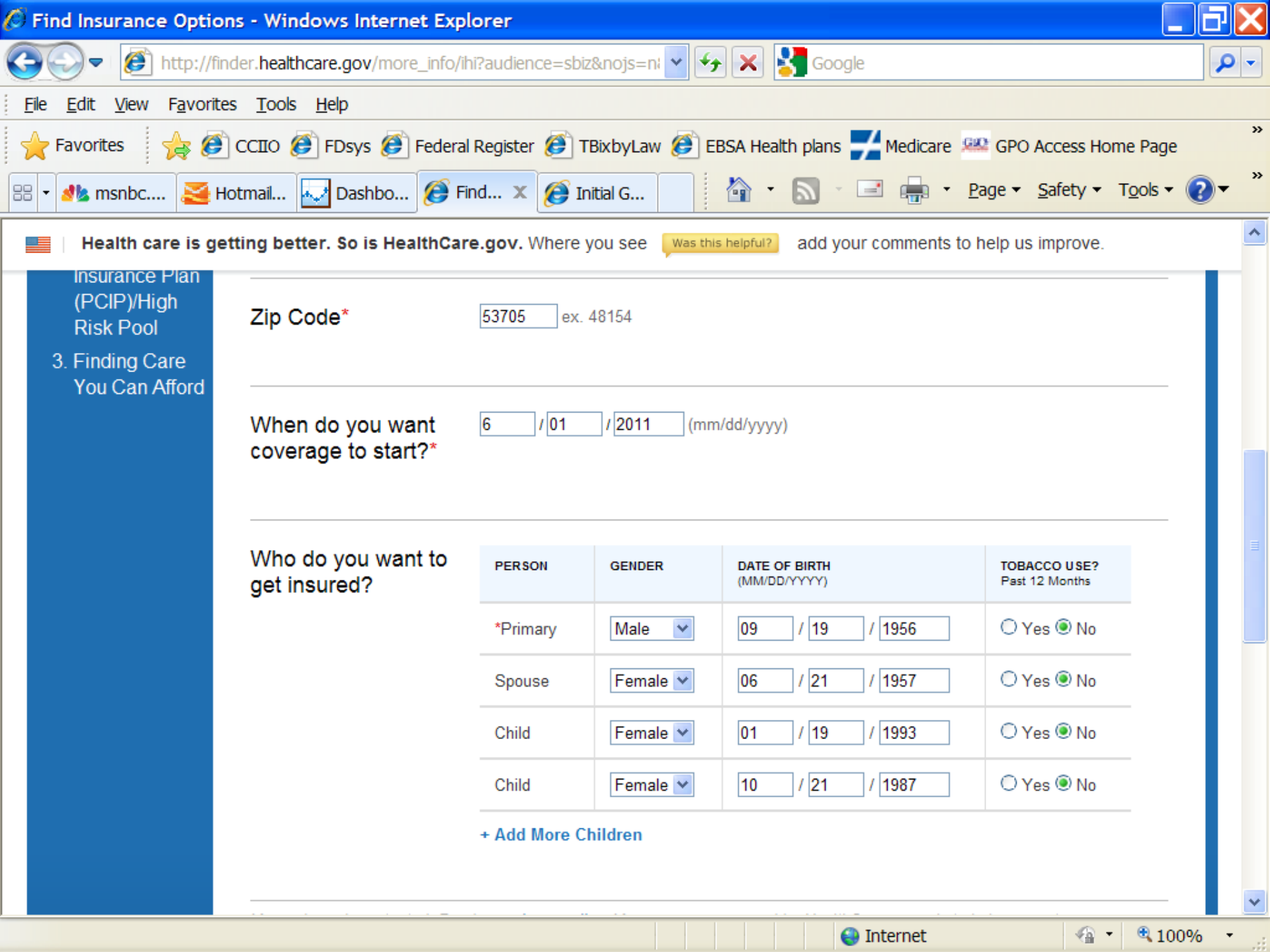
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add your comments to help us improve.
Insurance Plan (PCIP)/High Risk Pool
3. Finding Care You Can Afford
Zip Code*
53705
ex. 48154
When do you want coverage to start?*
6 / 01 / 2011 (mm/dd/yyyy)
Who do you want to get insured?
PERSON
GENDER
DATE OF BIRTH (MM/DD/YYYY)
TOBACCO USE? Past 12 Months
*Primary
Male
09 / 19 / 1956
Yes
No
Spouse
Female
06 / 21 / 1957
Yes
No
Child
Female
01 / 19 / 1993
Yes
No
Child
Female
10 / 21 / 1987
Yes
No
+ Add More Children
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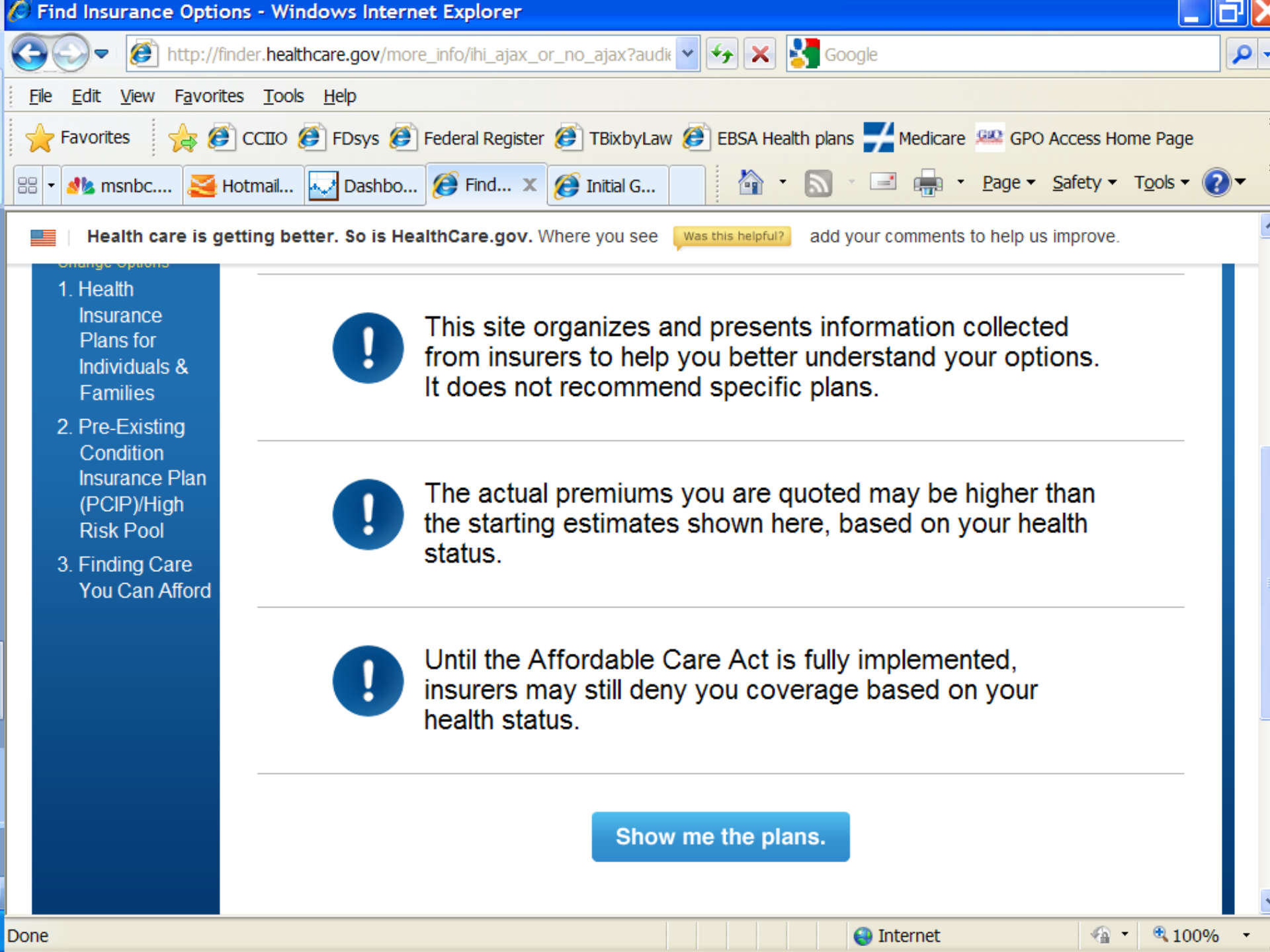

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1. Health Insurance Plans for Individuals & Families
2. Pre-Existing Condition Insurance Plan (PCIP)/High Risk Pool
3. Finding Care You Can Afford

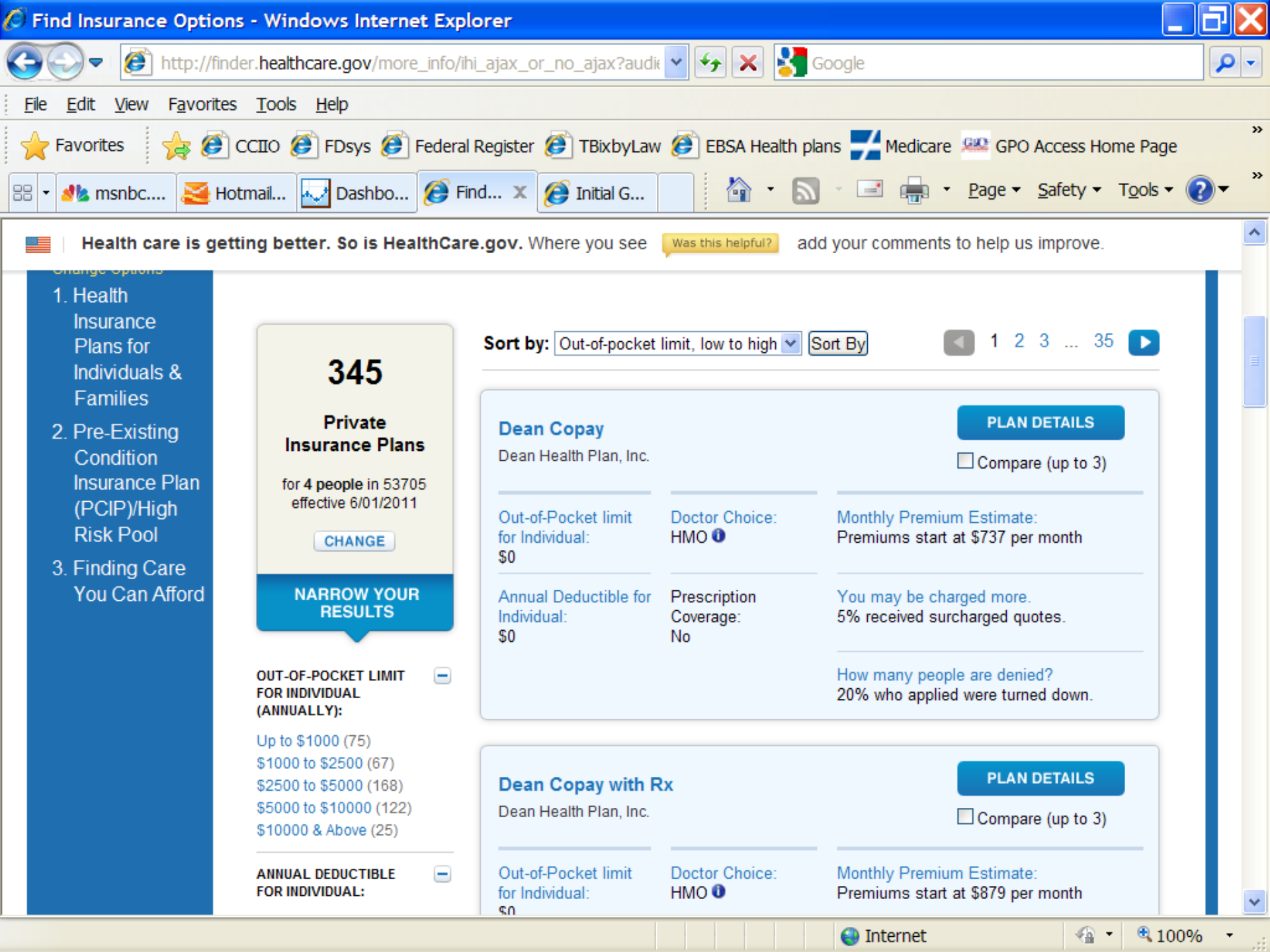
This site organizes and presents information collected from insurers to help you better understand your options. It does not recommend specific plans.

The actual premiums you are quoted may be higher than the starting estimates shown here, based on your health status.

Until the Affordable Care Act is fully implemented, insurers may still deny you coverage based on your health status.

Show me the plans.

Done | Internet | 100%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add your comments to help us improve.
1. Health Insurance Plans for Individuals & Families
2. Pre-Existing Condition Insurance Plan (PCIP)/High Risk Pool
3. Finding Care You Can Afford
345
Private Insurance Plans
for 4 people in 53705
effective 6/01/2011
CHANGE
NARROW YOUR RESULTS
OUT-OF-POCKET LIMIT FOR INDIVIDUAL (ANNUALLY):
Up to $1000 (75)
$1000 to $2500 (67)
$2500 to $5000 (168)
$5000 to $10000 (122)
$10000 & Above (25)
ANNUAL DEDUCTIBLE FOR INDIVIDUAL:
Sort by: Out-of-pocket limit, low to high
Sort By
1 2 3 ... 35
Dean Copay
Dean Health Plan, Inc.
PLAN DETAILS
Compare (up to 3)
Out-of-Pocket limit for Individual:
$0
Doctor Choice:
HMO
Monthly Premium Estimate:
Premiums start at $737 per month
Annual Deductible for Individual:
$0
Prescription Coverage:
No
You may be charged more.
5% received surcharged quotes.
How many people are denied?
20% who applied were turned down.
Dean Copay with Rx
Dean Health Plan, Inc.
PLAN DETAILS
Compare (up to 3)
Out-of-Pocket limit for Individual:
$0
Doctor Choice:
HMO
Monthly Premium Estimate:
Premiums start at $879 per month
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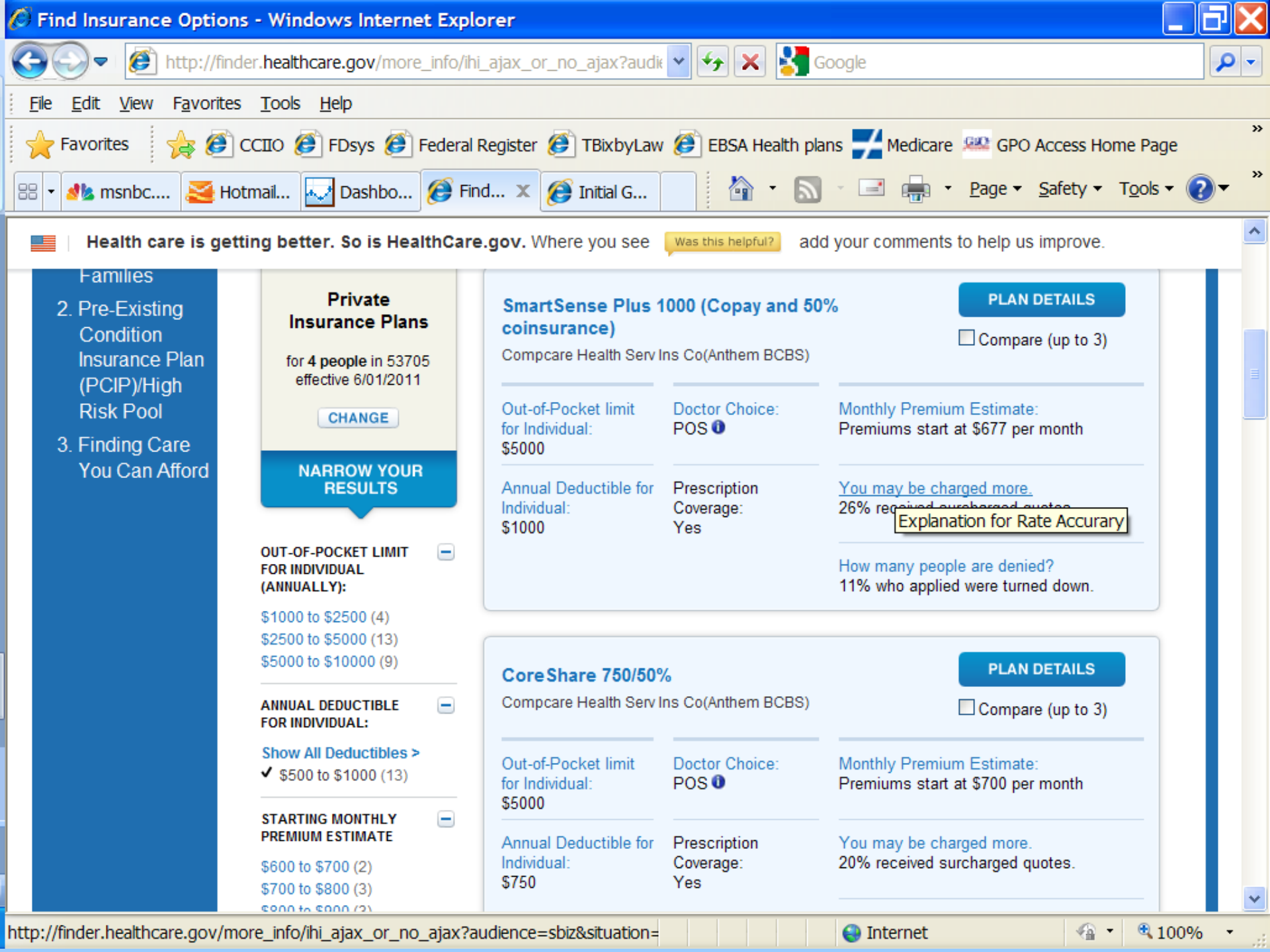
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Families
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3. Finding Care You Can Afford
Private Insurance Plans
for 4 people in 53705
effective 6/01/2011
CHANGE
NARROW YOUR RESULTS
OUT-OF-POCKET LIMIT FOR INDIVIDUAL (ANNUALLY):
$1000 to $2500 (4)
$2500 to $5000 (13)
$5000 to $10000 (9)
ANNUAL DEDUCTIBLE FOR INDIVIDUAL:
Show All Deductibles >
✓ $500 to $1000 (13)
STARTING MONTHLY PREMIUM ESTIMATE
$600 to $700 (2)
$700 to $800 (3)
SmartSense Plus 1000 (Copay and 50% coinsurance)
Compcare Health Serv Ins Co(Anthem BCBS)
PLAN DETAILS
Compare (up to 3)
Out-of-Pocket limit for Individual:
$5000
Doctor Choice:
POS
Monthly Premium Estimate:
Premiums start at $677 per month
Annual Deductible for Individual:
$1000
Prescription Coverage:
Yes
You may be charged more.
26% received surcharged quotes.
Explanation for Rate Accurary
How many people are denied?
11% who applied were turned down.
CoreShare 750/50%
Compcare Health Serv Ins Co(Anthem BCBS)
PLAN DETAILS
Compare (up to 3)
Out-of-Pocket limit for Individual:
$5000
Doctor Choice:
POS
Monthly Premium Estimate:
Premiums start at $700 per month
Annual Deductible for Individual:
$750
Prescription Coverage:
Yes
You may be charged more.
20% received surcharged quotes.
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Individuals & Families

2. Pre-Existing Condition Insurance Plan (PCIP)/High Risk Pool
3. Finding Care You Can Afford

SmartSense Plus 1000 (Copay and 50% coinsurance) (POS)

Compcare Health Serv Ins Co(Anthem BCBS)

Visit the Website **888 641-5224**

Summary of Cost & Coverage

This form outlines the health plan's cost, coverage and benefits.

KEY FEATURES	This Plan's Coverage
Monthly Premium Estimate	**Premiums for this plan start at $677**
How accurate is this estimate?	You may be charged more. 26% received surcharged quotes.
How many people are denied?	How many people are denied? 11% who applied were turned down.
Deductible	**Family:$2,000(2 family members must fully satisfy $1,000 individual deductible)** **Out-of-Network: 1000/2000**

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Does out-of-pocket limit include deductible?	No
Coverage Limits	**Check the plan. Sometimes there is a limit on the number or cost of benefits that will be covered within a year.**
Is this plan Health Savings Account (HSA) eligible?	No
How can I find a doctor in this plan's network?	Check for your Doctor
Doctor Choice	POS
Do I need a permission from my primary care doctor to see a specialist?	No
Do I need authorization before seeing an out-of-network doctor?	No
Excluded Services	Mental Health Coverage Substance Abuse Coverage Maternity Coverage

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COMMON MEDICAL EVENT	SERVICES YOU MAY NEED	Your Cost Sharing
If you are sick and go to the doctor's office or need other services?	Primary care physician office visit	$35 Copay; 50% Coinsurance after deductible for other services
	Specialty physician office visit	$35 Copay; 50% Coinsurance after deductible for other services
	Outpatient X-rays/lab testing/imaging	50% Coinsurance after deductible
If you go for a checkup visit?	Periodic health exam	No Charge
If you need minor surgery?		50% Coinsurance after deductible
If you stay overnight in the hospital?	Hospitalization	50% Coinsurance after deductible
If you have an emergency?	Emergency room fees	50% Coinsurance after deductible
If you need drugs to treat your illness or conditions?	PURCHASE FROM PHARMACY:	
	Generic Drugs	$15 Copay or 40% Coinsurance, whichever is greater
	Brand Drugs	$15 Copay or 40% Coinsurance, whichever is greater

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View companies offering plans in 53705:

Not sure how to decide? Read 5 Important tips for Picking Plans SHOW MORE

Companies display in random order.

BCBS of Wisconsin(Anthem BCBS)	3 Plan(s) Available	View Plans
All Savers Insurance Company	1 Plan(s) Available	View Plans
Unity Health Plans Insurance Corporation	3 Plan(s) Available	View Plans
UnitedHealthcare Insurance Company	2 Plan(s) Available	View Plans
Federated Mutual Insurance Company	1 Plan(s) Available	View Plans

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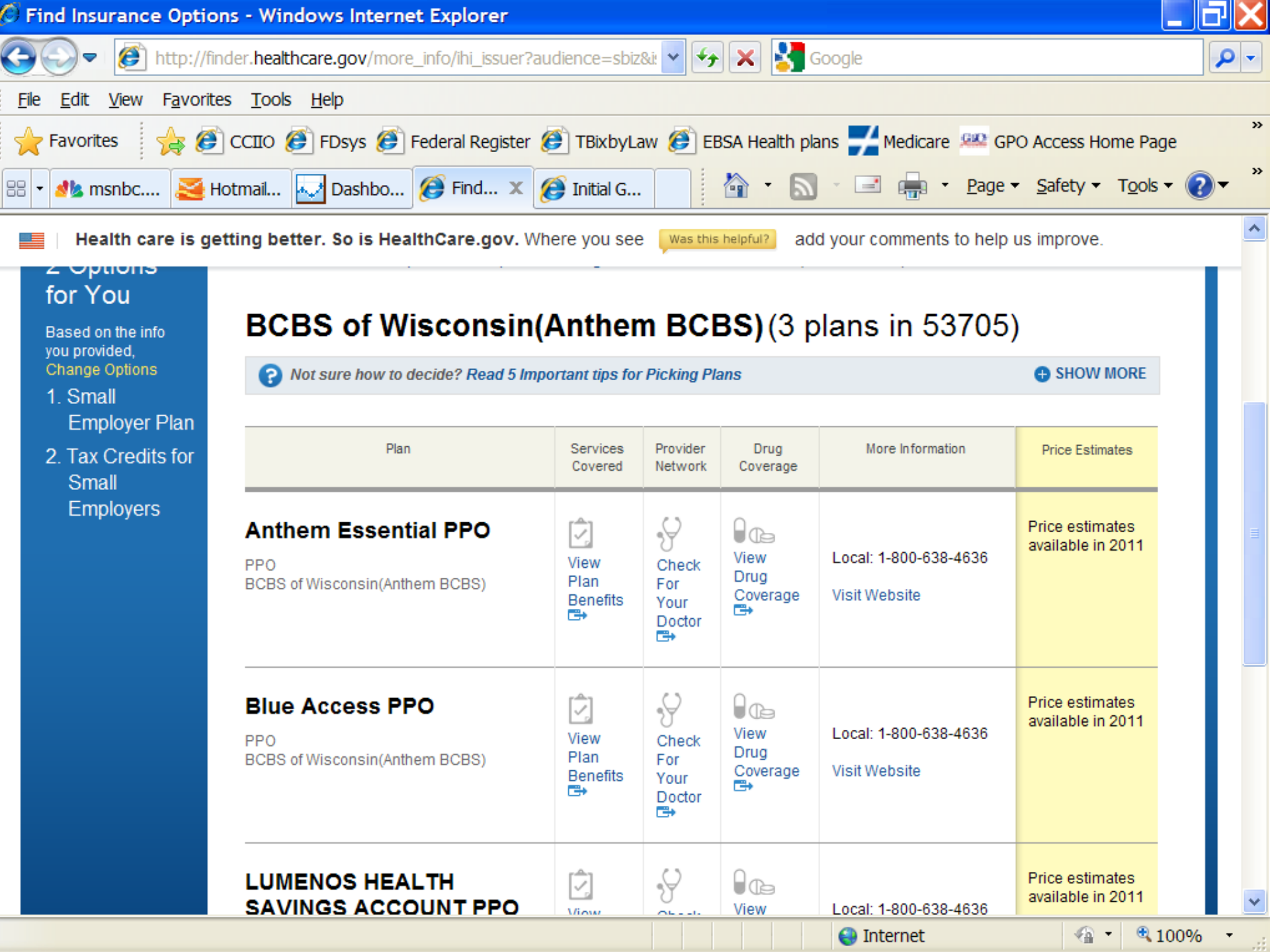
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for You
Based on the info you provided,
Change Options
1. Small Employer Plan
2. Tax Credits for Small Employers
BCBS of Wisconsin(Anthem BCBS) (3 plans in 53705)
Not sure how to decide? Read 5 Important tips for Picking Plans
SHOW MORE
Plan
Services Covered
Provider Network
Drug Coverage
More Information
Price Estimates
Anthem Essential PPO
PPO
BCBS of Wisconsin(Anthem BCBS)
View Plan Benefits
Check For Your Doctor
View Drug Coverage
Local: 1-800-638-4636
Visit Website
Price estimates available in 2011
Blue Access PPO
PPO
BCBS of Wisconsin(Anthem BCBS)
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LUMENOS HEALTH SAVINGS ACCOUNT PPO
View
Local: 1-800-638-4636
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Exchange Examples: Massachusetts Connector

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HealthConnector
Health Insurance for Massachusetts Residents

Account Login · E-Pay · En Español · Help · Contact Us

GO

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Individuals & Families
Get Started

Young Adults
Get Started

Employees
Get Started

Employers
Get Started

Brokers
Get Started

In the News: Trying to lower the cost of health care

Connect to good health, Massachusetts!

Our online Commonwealth Choice marketplace is the only place where you can compare plans from the state's major insurers. We're an independent state agency, so you can shop with confidence.

Our Commonwealth Care program offers low-or-no-cost health insurance for people who qualify. It provides comprehensive benefits and a choice of health plans.

Find the plan that's right for you and enroll today!

Glad to be insured

"I was young, healthy. I always thought that I was invincible. It never even crossed my mind that I could get hurt..."

—**Andrew Herlihy of Malden**
Hear Andrew's story and more

Plans from top Mass insurers!

MASSACHUSETTS

For Commonwealth Care Members Only

If you've been accepted for this subsidized health plan:

→ Register to get online access to your account

→ Get Instructions for creating your account

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Coverage Effective Date *
June 01, 2011

Company Name *
Thomas D. Bixby Law Office LLC

Company ZIP Code *
02138

Industry Code (SIC) *
8111 SIC lookup

Important Dates!
For coverage effective **May 01, 2011** apply by **April 22, 2011**. *If you are applying for May 1 2011 coverage after April 20 2011, it may take a few weeks for your ID cards to arrive. If you need services at the beginning of the month, please call our customer service center.*
For coverage effective **June 01, 2011** apply by **May 23, 2011**.

Add or Edit Employee

Please supply some information about your employees.

Employee data successfully added to census below. You may add additional employees, or click Continue to show rates.

Date of Birth * **Home ZIP Code** * **Coverage Type / Waive** *

MM/DD/YYYY

Is Cobra ? Add

Employee Census

Birth Date	Home Zip Code	Coverage Type/ Waive	Is Cobra	Edit	Remove
06/21/1957	02138	Employee + Dependent(s)	No	Edit	Remove

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Choose the type of plans that will meet your needs.

Print this page

	Bronze	Silver	Gold
	• Lower monthly cost • Higher costs when you receive medical services	• Monthly cost can run higher than Bronze • Lower costs when you receive medical services compared to Bronze	• Highest monthly cost • Lowest costs when you receive medical services
CELTICARE Health Plan of Massachusetts	☐ 3 plans from **$1,062.06** Total Monthly Cost	☐ 3 plans from **$1,525.82** Total Monthly Cost	☐ 1 plan from **$1,896.89** Total Monthly Cost
Neighborhood Health Plan	☐ 3 plans from **$1,073.50** Total Monthly Cost	☐ 3 plans from **$1,507.74** Total Monthly Cost	☐ 1 plan from **$1,848.67** Total Monthly Cost

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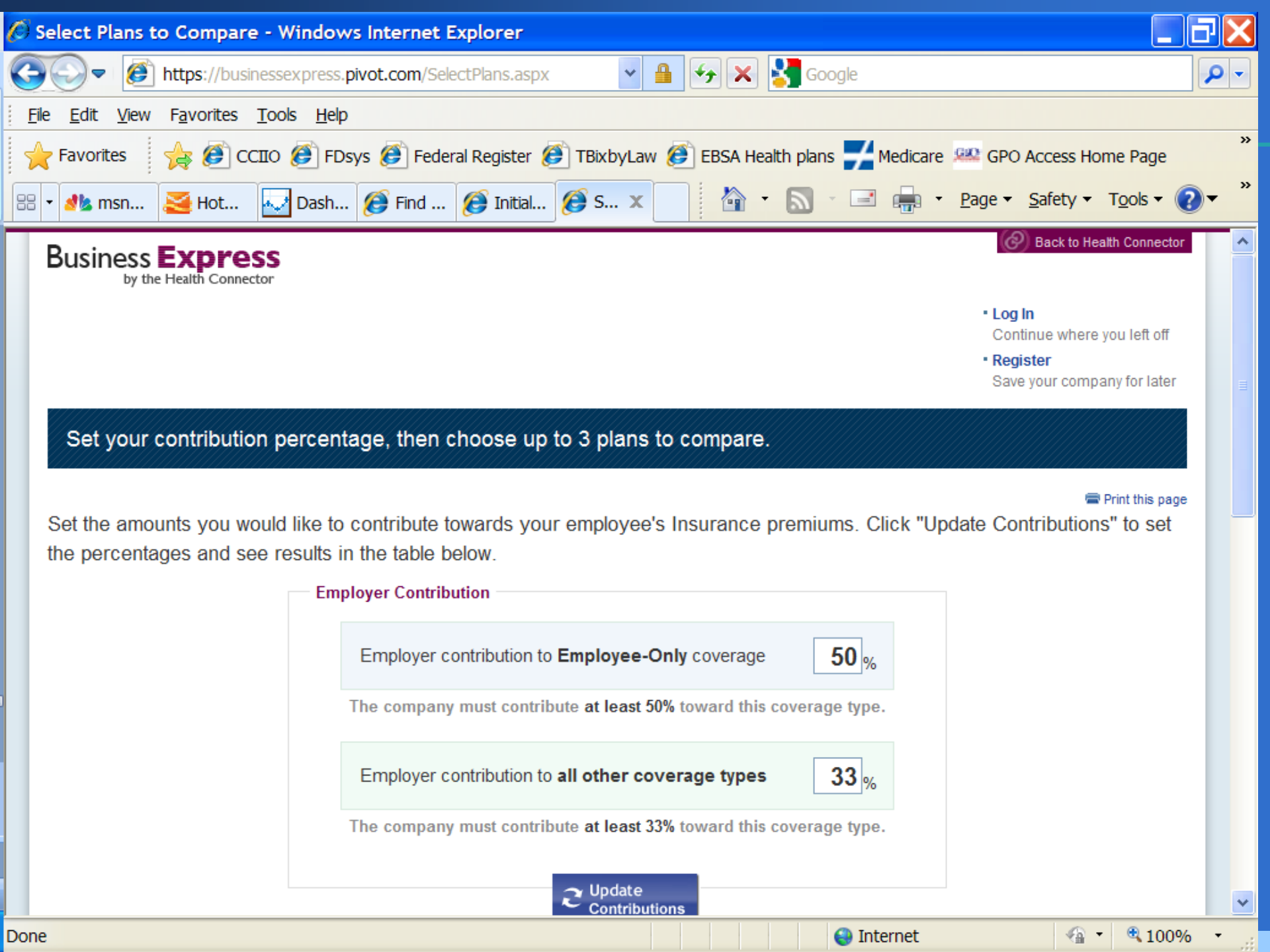
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by the Health Connector
Back to Health Connector
Log In
Continue where you left off
Register
Save your company for later
Set your contribution percentage, then choose up to 3 plans to compare.
Print this page
Set the amounts you would like to contribute towards your employee's Insurance premiums. Click "Update Contributions" to set the percentages and see results in the table below.
Employer Contribution
Employer contribution to Employee-Only coverage
50 %
The company must contribute at least 50% toward this coverage type.
Employer contribution to all other coverage types
33 %
The company must contribute at least 33% toward this coverage type.
Update Contributions
Done
Internet
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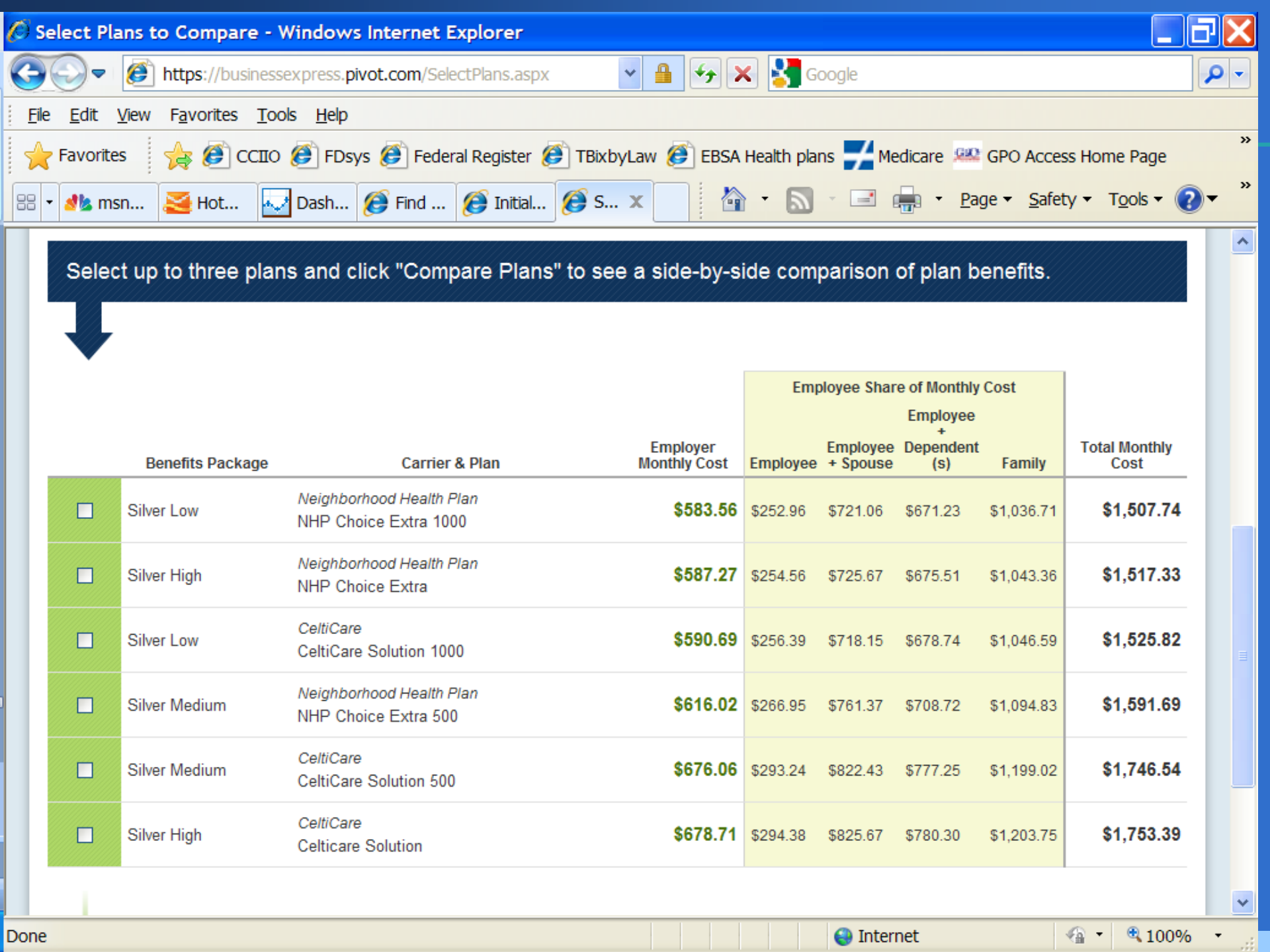
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Select up to three plans and click "Compare Plans" to see a side-by-side comparison of plan benefits.
Benefits Package
Carrier & Plan
Employer Monthly Cost
Employee Share of Monthly Cost
Employee
Employee + Spouse
Employee + Dependent (s)
Family
Total Monthly Cost
Silver Low
Neighborhood Health Plan
NHP Choice Extra 1000
$583.56
$252.96
$721.06
$671.23
$1,036.71
$1,507.74
Silver High
Neighborhood Health Plan
NHP Choice Extra
$587.27
$254.56
$725.67
$675.51
$1,043.36
$1,517.33
Silver Low
CeltiCare
CeltiCare Solution 1000
$590.69
$256.39
$718.15
$678.74
$1,046.59
$1,525.82
Silver Medium
Neighborhood Health Plan
NHP Choice Extra 500
$616.02
$266.95
$761.37
$708.72
$1,094.83
$1,591.69
Silver Medium
CeltiCare
CeltiCare Solution 500
$676.06
$293.24
$822.43
$777.25
$1,199.02
$1,746.54
Silver High
CeltiCare
Celticare Solution
$678.71
$294.38
$825.67
$780.30
$1,203.75
$1,753.39
Done
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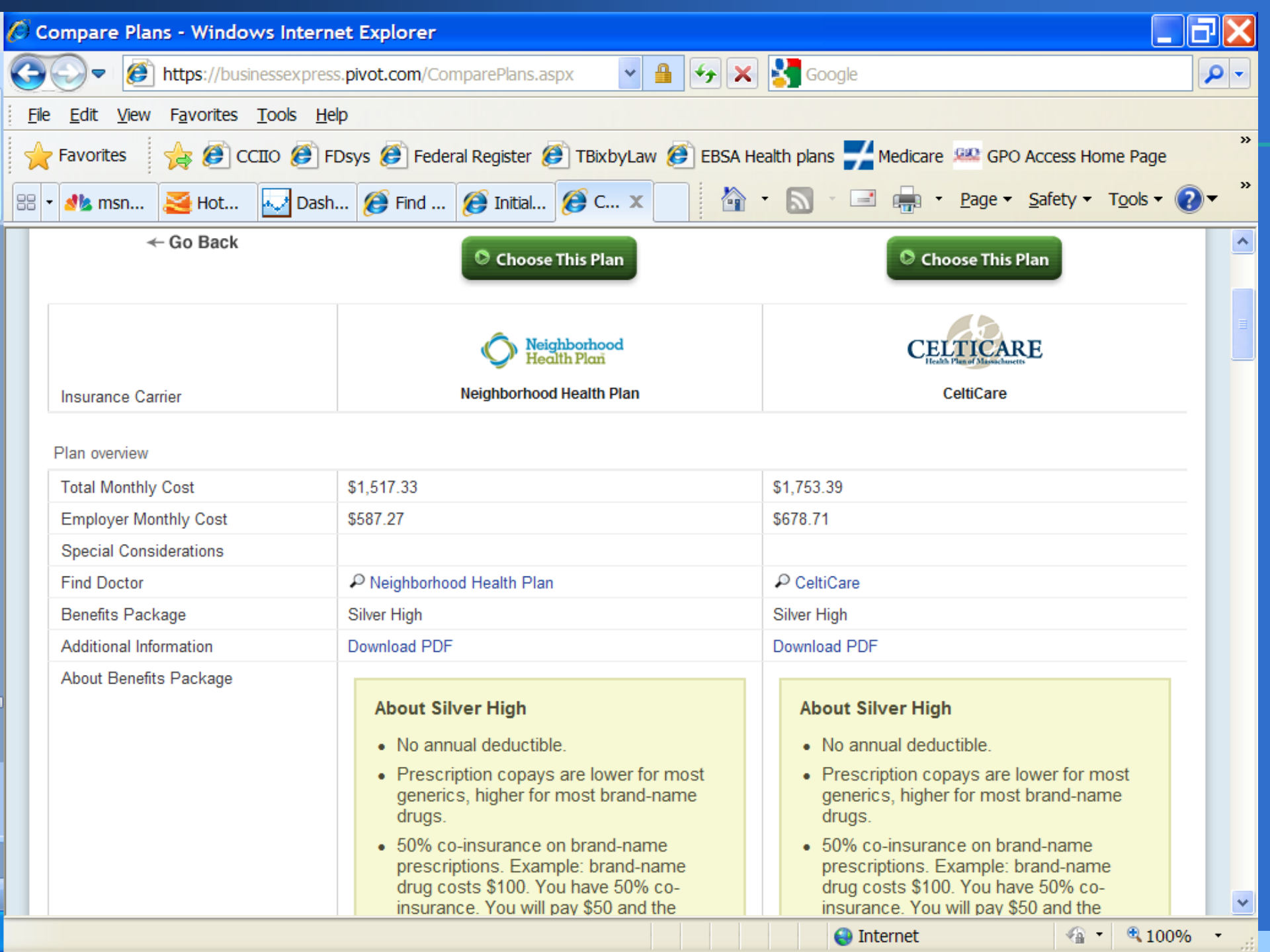
Compare Plans - Windows Internet Explorer
https://businessexpress.pivot.com/ComparePlans.aspx
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Choose This Plan
Choose This Plan
Insurance Carrier
Neighborhood Health Plan
Neighborhood Health Plan
CELTICARE
CeltiCare
Plan overview
Total Monthly Cost
$1,517.33
$1,753.39
Employer Monthly Cost
$587.27
$678.71
Special Considerations
Find Doctor
Neighborhood Health Plan
CeltiCare
Benefits Package
Silver High
Silver High
Additional Information
Download PDF
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About Benefits Package
About Silver High
No annual deductible.
Prescription copays are lower for most generics, higher for most brand-name drugs.
50% co-insurance on brand-name prescriptions. Example: brand-name drug costs $100. You have 50% co-insurance. You will pay $50 and the
About Silver High
No annual deductible.
Prescription copays are lower for most generics, higher for most brand-name drugs.
50% co-insurance on brand-name prescriptions. Example: brand-name drug costs $100. You have 50% co-insurance. You will pay $50 and the
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100%

Exchange Examples:
Utah Exchange

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Utah Health Exchange - Find Insurance - Windows Internet Explorer

http://www.exchange.utah.gov/find-insurance

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UTAH HEALTH EXCHANGE

UTAH LIFE ELEVATED

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Find Insurance

- Agent Search
- Prescription Assistance
- Individuals and Families
- Small Employers
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Individuals and Families

Health insurance plans provide comprehensive medical coverage and long-term financial protection for you and your family. Families and individuals who don't have insurance available through their employer may use this site to find an insurance agent broker, purchase direct from a carrier, or compare individual health insurance plans side-by-side.

The information provided below is intended for self employed small business owners as a means to find insurance for herself and/or himself and their immediate family members. Information on this display does not apply to small employer groups having 2 or more employees.

Buy Direct

Buy directly from a local Utah health insurance provider.

Altius Health Plans

In today's world of health insurance, it's easy to feel lost in the shuffle. That's why our focus is on serving you. We do more than answer your questions quickly and thoroughly or provide you with access to quality doctors and health benefits. Whether you are an employer, broker, provider, or health plan member, we're constantly improving the quality of care and service you receive.

Humana Health Plans

Humana offers traditional insurance plus innovative plans that give consumers greater choice and control. With all our plans, you have access to personalized guidance to help you choose and use your plan - so you can make the best decisions for your budget and your healthcare needs.

Regence Health Plans

Regence is a nonprofit health care company. We offer individual and group medical, dental, vision and life insurance, Medicare and other government programs, and pharmacy benefit management.

SelectHealth Health Plans

SelectHealth's Individual plans offer coverage options to people who are self-employed, don't have work benefits, college students, and those looking for a better coverage solution. We provide standard HMO/Plus products as well as High Deductible Health Plan (HDHP) which is designed to be used with a Health Savings Account (HSA). Both plan designs are offered in with our three provider networks. Individual plus plans offer a point-of-service or 'plus' feature. This means you can choose both participating and nonparticipating providers.

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Small Employers - Employer Application and Eligibiity

Getting Started: Employers interested in participating in the Utah Health Exchange must complete an on-line Employer Health Insurance Application. Employers will receive notification of acceptance or denial of their application within approximately 10 business days from submit date.

Employer Eligibility: Small employer group participation in the Exchange is determined by specific criteria. This includes:

- Employer group must have from 2 to 50 eligible employees
- At least 75% of the group must reside in the state of Utah
- All required information must be completed on the on-line employer application including attaching necessary documents.

Employer Application Requirements: During the registration process, the following information will be requested: information about your company, your current health insurance plan information, information about your producer, your new hire waiting period, copies of your latest Quarterly Wage and Tax Form, your latest health insurance carrier bill and a standard census file.

Employer applications can be completed at: http://www.utahhealthexchange.bswift.com.

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Utah Health Exchange - Small Employers - Working with a Producer - Windows Internet Explorer

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Small Employers - Working with a Producer

Working with a Producer: In an effort to provide you with the best possible experience and to ensure the enrollment process is completed without any problems we are encouraging participants to work with an insurance agent / producer with Defined Contribution experience. If you are currently working with an insurance agent / producer, then please contact them to begin the enrollment process. If you are not currently using a insurance agent / producer, then please use our Agent Search

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Small Employers - Utah Health Exchange Participating Carriers

Utah Health Exchange Participating Carriers: Currently four carriers are participating.

HUMANA. Guidance when you need it most

Regence

selecthealth.

UnitedHealthcare

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Blue Cross Blue Shield Association

2010 Lawyers Conference

Questions?

May 16-19, 2011
Orlando, Florida

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