

# ACA Enrollment Period 1: What's Next

The screenshot shows the HealthCare.gov website interface. At the top, the logo "HealthCare.gov" is on the left, and navigation links for "Learn", "Get Insurance", "Log in", and "Español" are on the right. Below the logo, there are links for "Individuals & Families", "Small Businesses", and "All Topics". A search bar is also present. The main banner features the headline "Open Enrollment ends March 31" and the subtext "Most people qualify for savings. It's easy to apply now." Three circular icons are displayed: "SEE PLANS BEFORE I APPLY" (with a person and dollar sign icon), "APPLY NOW FOR HEALTH COVERAGE" (with a calendar icon), and "SEE STORIES SHARE AND CONNECT" (with a person and speech bubble icon). A dark blue navigation bar below the icons contains five links: "See if you can get lower costs", "1-page guide to getting coverage", "Find local help", "Call 1-800-318-2596 for information", and "Use your new coverage". At the bottom, the "Health Insurance Marketplace" logo is on the left, and a countdown timer shows "18 DAYS LEFT TO ENROLL" next to a calendar icon for "MAR 31" with the text "Open Enrollment Closes". Below the timer are three content boxes: "HEALTH INSURANCE BLOG" with a date of "11 MAR" and the text "Find the Health Insurance Marketplace in your state"; "TOP CONTENT" with the text "Marketplace tips to help you enroll"; and "CONNECT WITH US" with the text "Share Your Story".

**Robert I. Field, JD, MPH, PhD**

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**The Field Clinic**  
Dissecting the laws, policies and politics that shape our health care system.

## Feel like your health benefits are shrinking? They probably are

POSTED: Monday, March 11, 2013, 6:00 AM

If you get health benefits through an employer, you have probably seen your costs rise every year. That's in part because premiums keep going up. But it's also because many employers are picking up a smaller share of the tab.

A recent [survey](#) by the consulting firm of [Towers Watson](#) and the nonprofit [National Business Group on](#)

### About This Blog

Health care is changing almost before our eyes, and the headlines just scratch the surface. From Obamacare to Medicare to managed care to genomics, the blog reports on and analyzes the laws, government policies, and political trends that are transforming the care we receive and the way we pay for it. The Field Clinic dissects the latest health care news, explaining it and putting it in context.

The Field Clinic is written by:



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# Trends to Watch

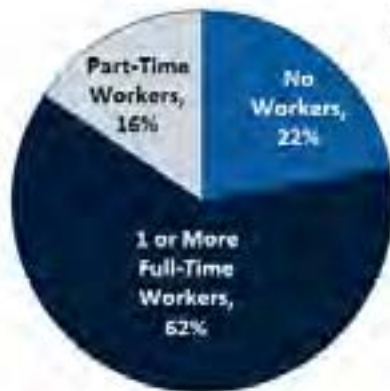
- Who is signing up on the exchanges
- Decline in employer-based coverage
- Rise of high-deductible plans
- Rise of restricted and tiered provider networks
- Long-term trends

# Who is Signing Up?

Figure 4

## Characteristics of the Nonelderly Uninsured Population, 2011

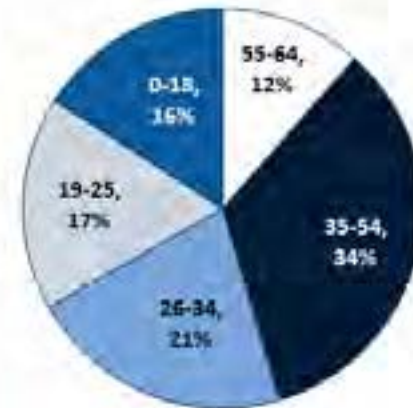
Family Work Status



Family Income



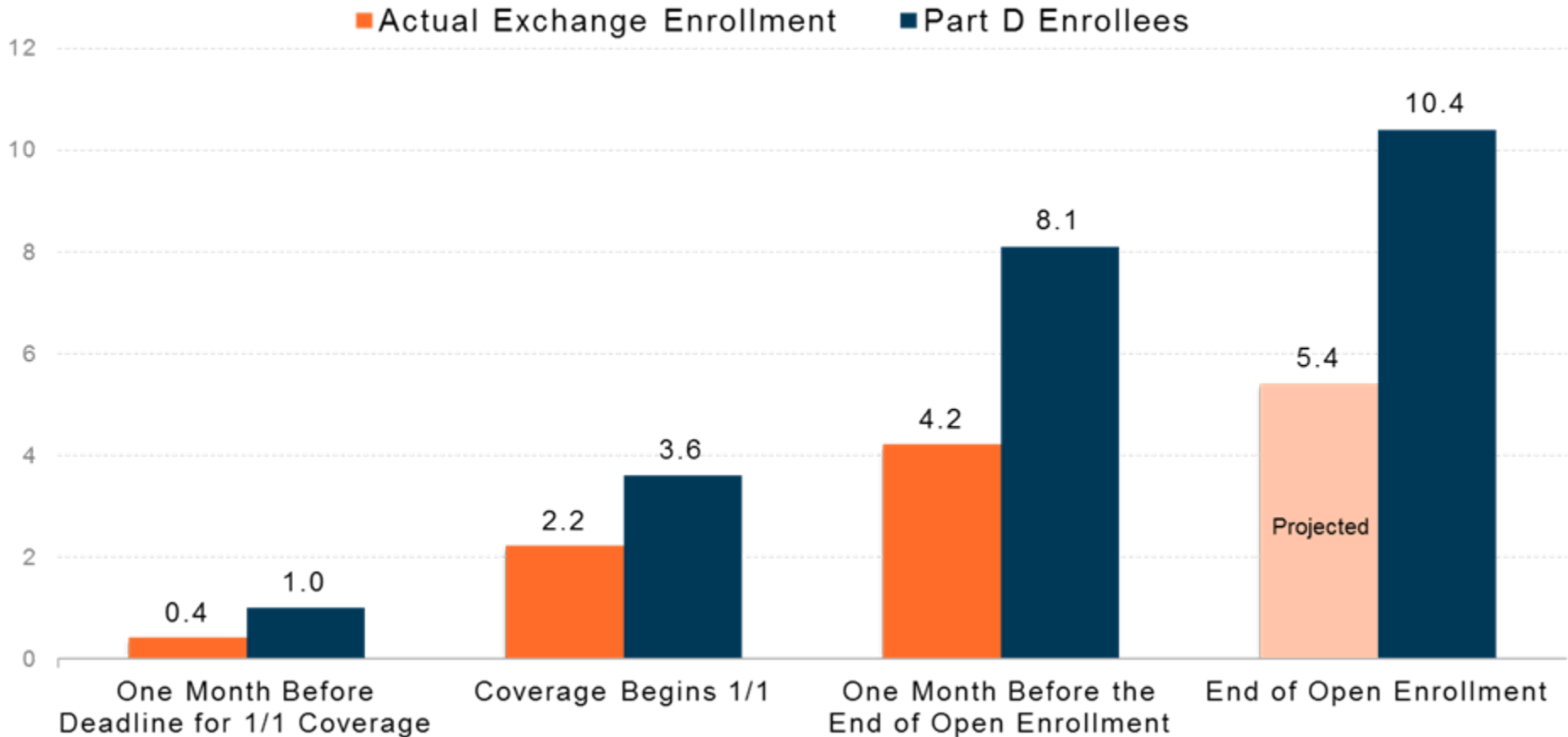
Age



**Total = 47.9 Million Uninsured**

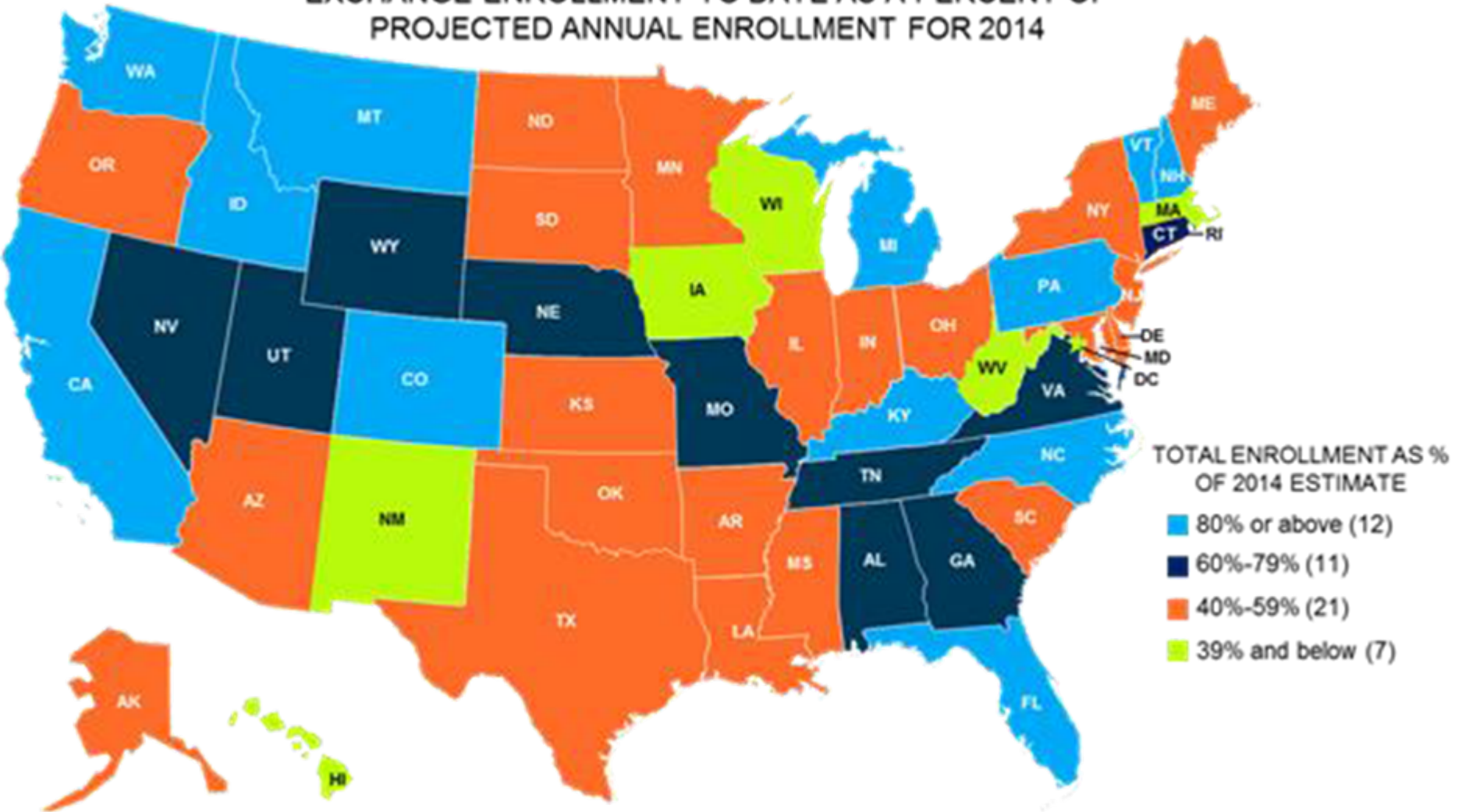
The federal poverty level was \$22,350 for a family of four in 2011. Data may not total 100% due to rounding.  
SOURCE: KCMU/Urban Institute analysis of 2012 ASEC Supplement to the CPS.

# PROJECTED EXCHANGE ENROLLMENT PATTERN BASED ON PART D VOLUNTARY ENROLLMENT EXPERIENCE (IN MILLIONS)





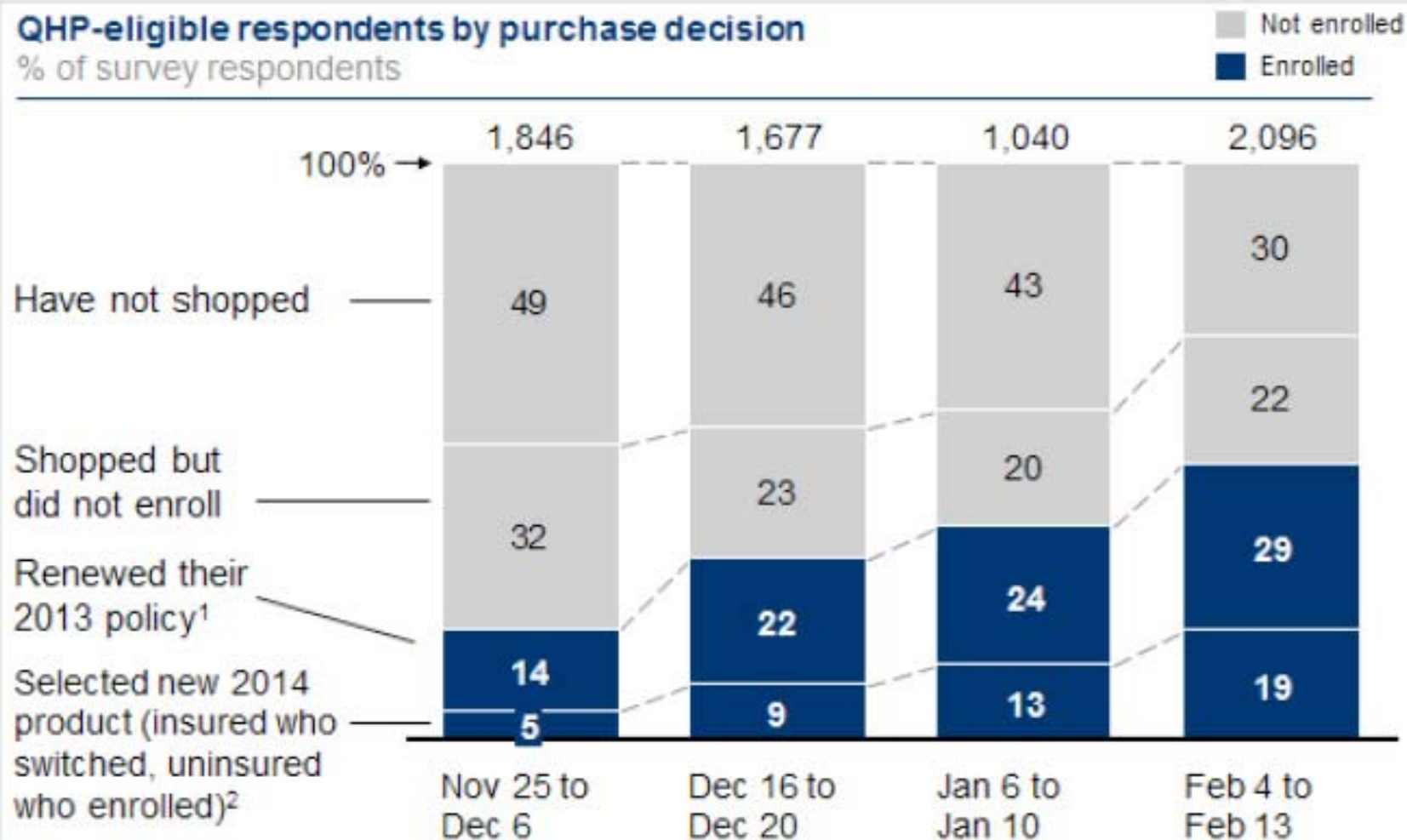
# EXCHANGE ENROLLMENT TO DATE AS A PERCENT OF PROJECTED ANNUAL ENROLLMENT FOR 2014



## February survey results reflect a continuing trend of increased individual market enrollment

### QHP-eligible respondents by purchase decision

% of survey respondents



<sup>1</sup> Includes those individually insured whose policies were automatically renewed or who decided to renew existing policies with their current insurer

<sup>2</sup> Includes insured who switched (either switching from one carrier to another, or switching policies but staying with the same carrier), and previously uninsured who enrolled; policies can be selected on or off exchange; includes those who paid their premium and those who hadn't yet at time of survey



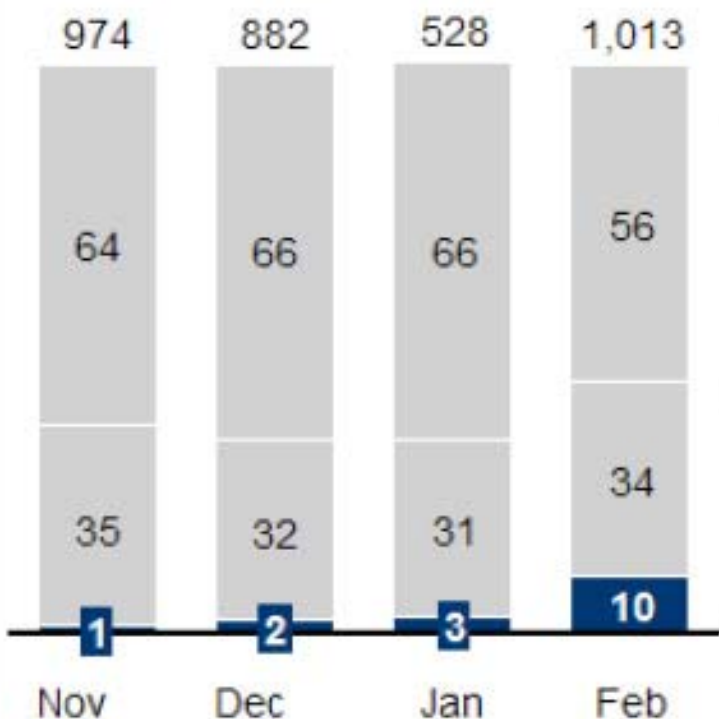
# A higher percentage of both previously uninsured and individually insured Feb respondents obtained coverage for 2014 compared to earlier months

## QHP-eligible respondents by purchase decision and 2013 coverage type<sup>1</sup>

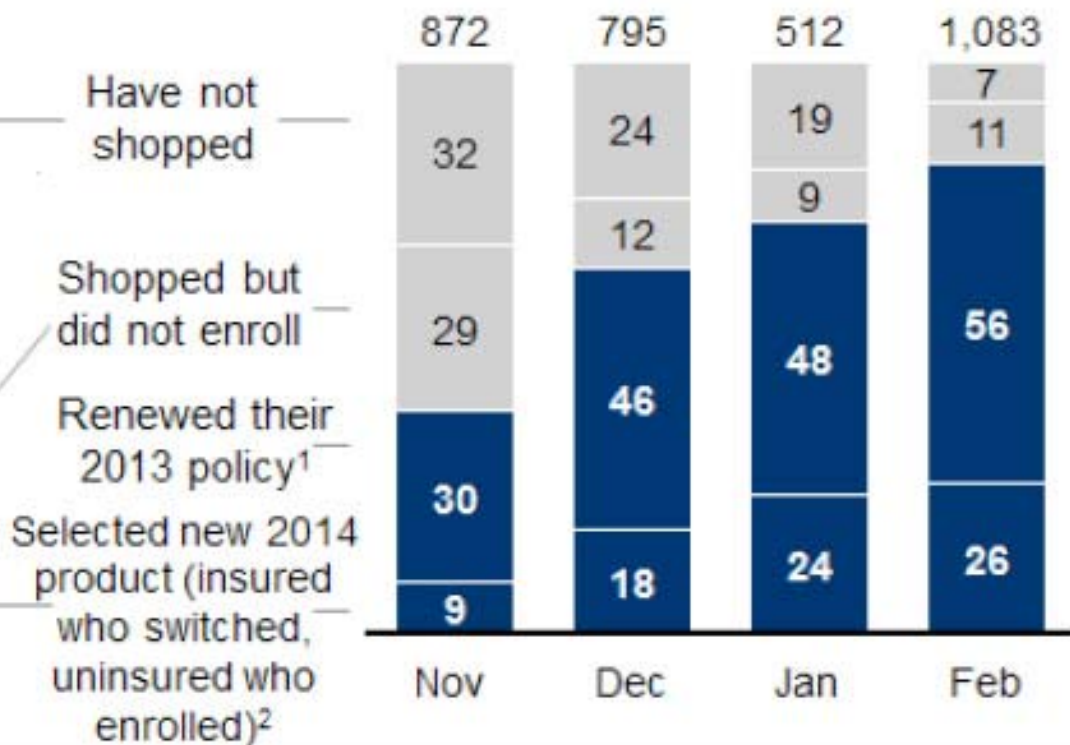
% of survey respondents

Not enrolled  
Enrolled

### Previously uninsured<sup>1</sup>



### Previously insured<sup>1</sup>



<sup>1</sup> Self-reported in response to: "Which of the following best describes your primary insurance coverage in 2013? For most of the year I was covered by"

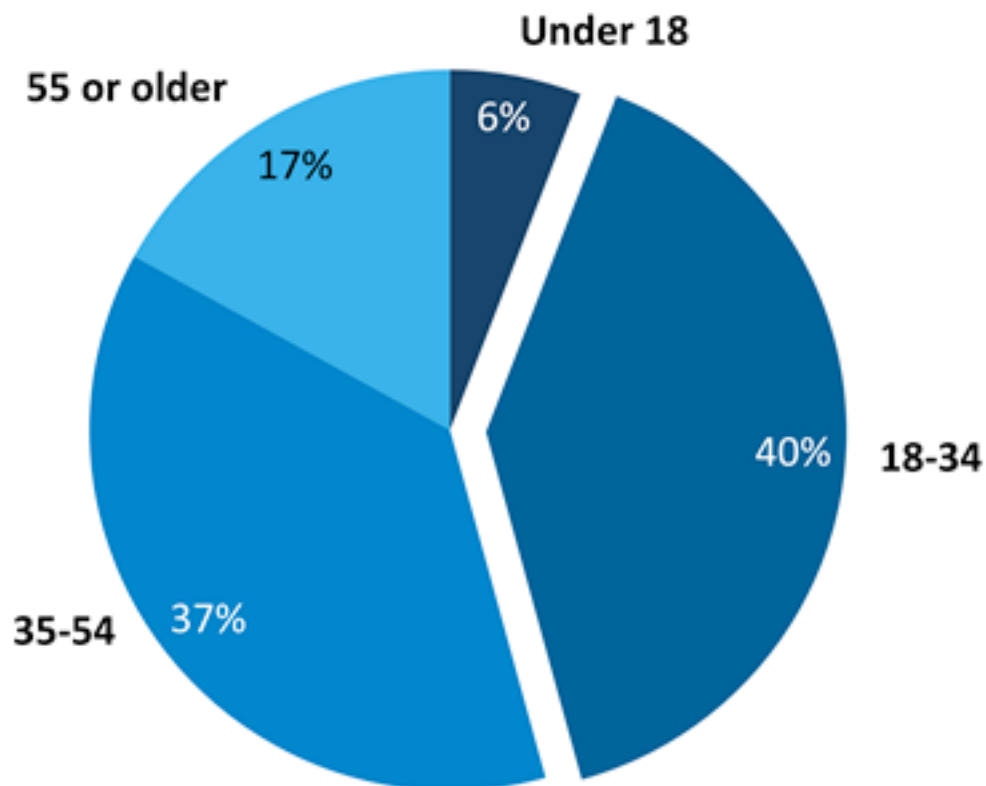
<sup>2</sup> Includes those individually insured whose policies were automatically renewed or who decided to renew existing policies with their current insurer

<sup>3</sup> Includes insured who switched (either switching from one carrier to another, or switching policies but staying with the same carrier), and previously uninsured who enrolled; policies can be selected on or off exchange; includes those who paid their premium and those who hadn't yet at time of survey

# Enrollee Characteristics

- **Age**
  - 18-34 27% in February, 24% in January
- **Gender**
  - Male 45%, Female 55%
- **Financial assistance**
  - 83% of those selecting a plan are eligible
- **Metal tier**
  - Premium assistance eligible: 74% silver, 13% bronze
  - Not eligible for premium assistance: 30% bronze, 26% gold, 13% platinum
  - Catastrophic: 3%
- **Medicaid and CHIP**
  - Determined eligible – 4.38 million
- **Paid premiums**
  - 75 – 80%
- **Percent of population *uninsured***
  - 15.9% - 2014 (lowest level since 2008)
  - 17.1% - 4<sup>th</sup> quarter 2013

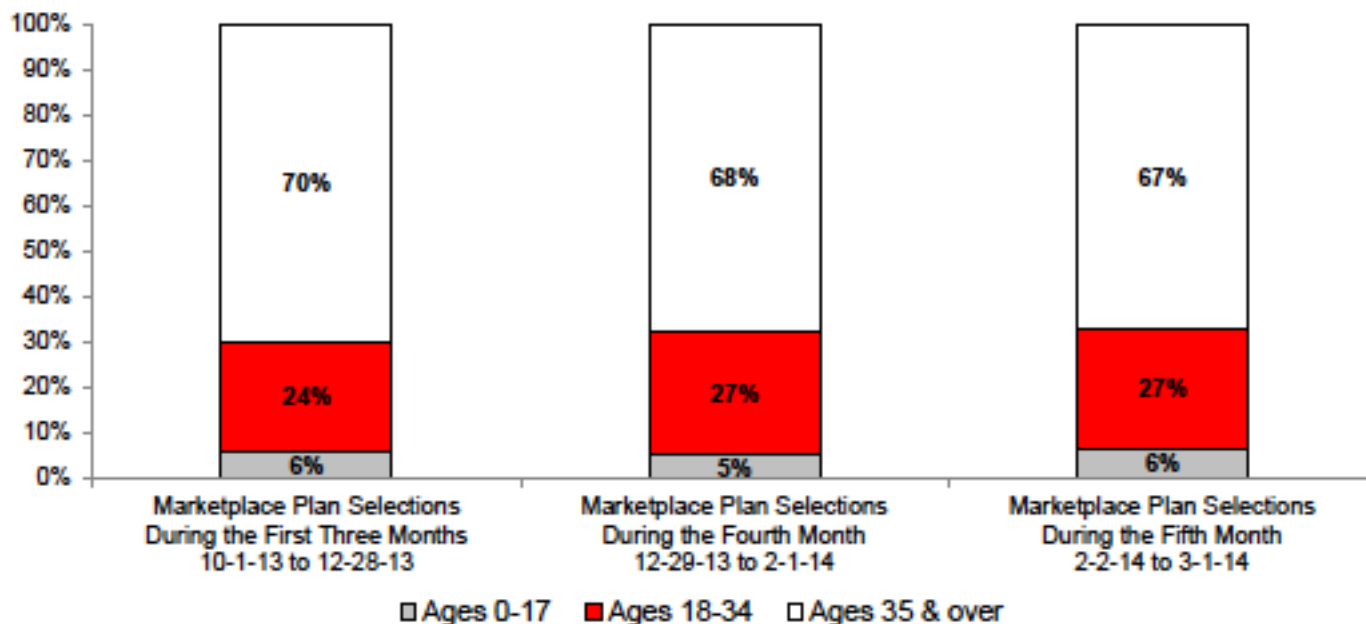
## Distribution of Potential Individual Market Enrollees by Age



Source: Kaiser Family Foundation analysis of the Survey of Income and Program Participation.

## Trends in the Age Distribution of Individuals Who Have Selected a Marketplace Plan, 10-1-13 to 3-1-14

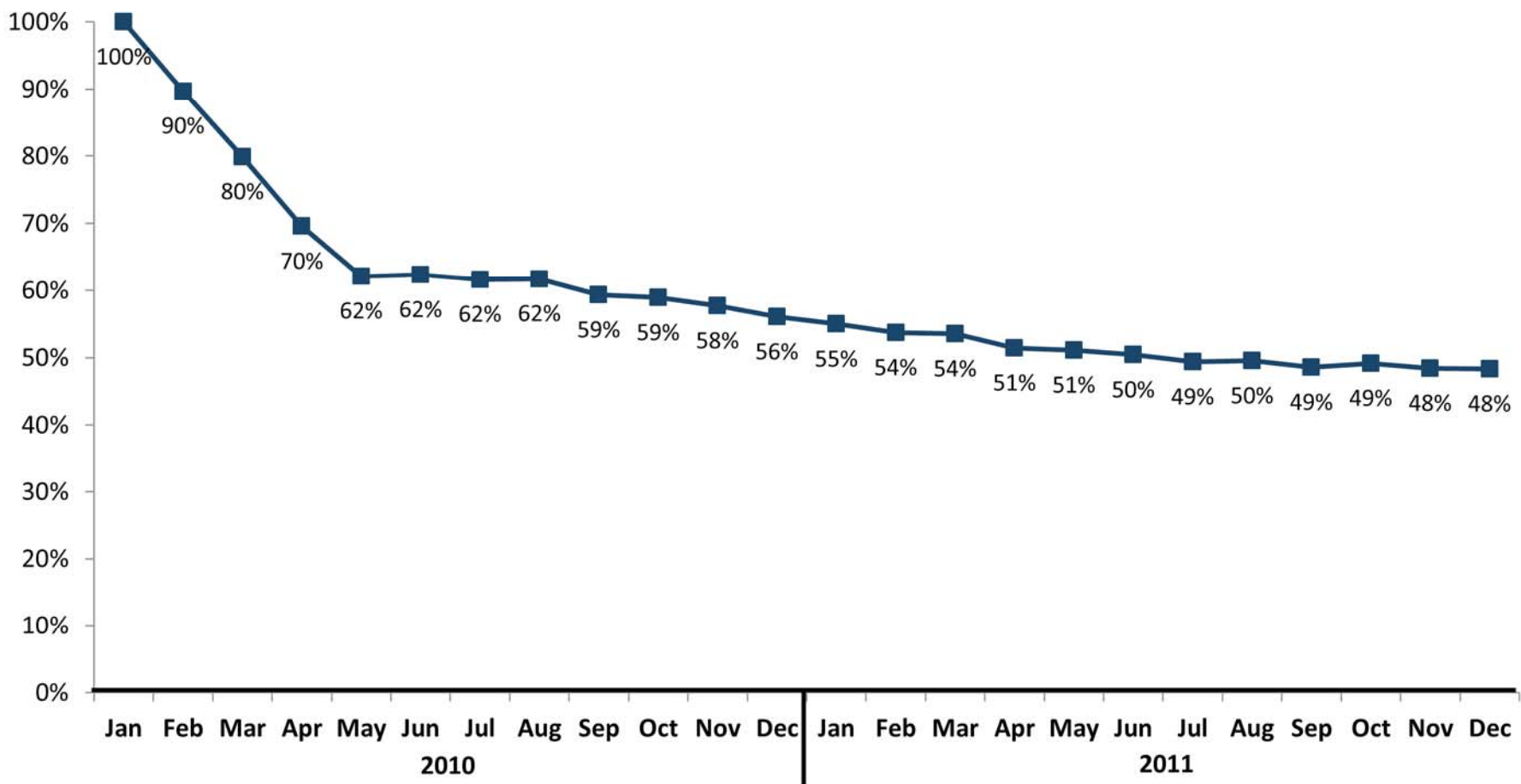
*The proportion of young adults (ages 18-34) selecting a Marketplace plan (27%) remained constant during the fifth month of the initial open enrollment period, while the proportion of older adults (35 & over) selecting a Marketplace plan continued to decrease*



Notes: Represents cumulative monthly data on the number of unique individuals who have been determined eligible to enroll in a Marketplace plan through the SBMs and FFM, and have selected a plan (with or without the first premium payment having been received by the issuer). The percent distribution excludes plan selections where the age is unknown. During the first 3 months, 2.2 million individuals selected a plan; during the 4th month, 1.1 million selected a plan; and during the 5th month, 0.9 million selected a plan, for a total of 4.2 million Marketplace plan selections for 10-1-13 to 3-1-14.

Source: Centers for Medicare & Medicaid Services, as of 3-7-2014.

# The Percent of Individuals who were Covered by Only the Nongroup Market in January 2010 and Remained in the Nongroup Market during the Succeeding Two Years.



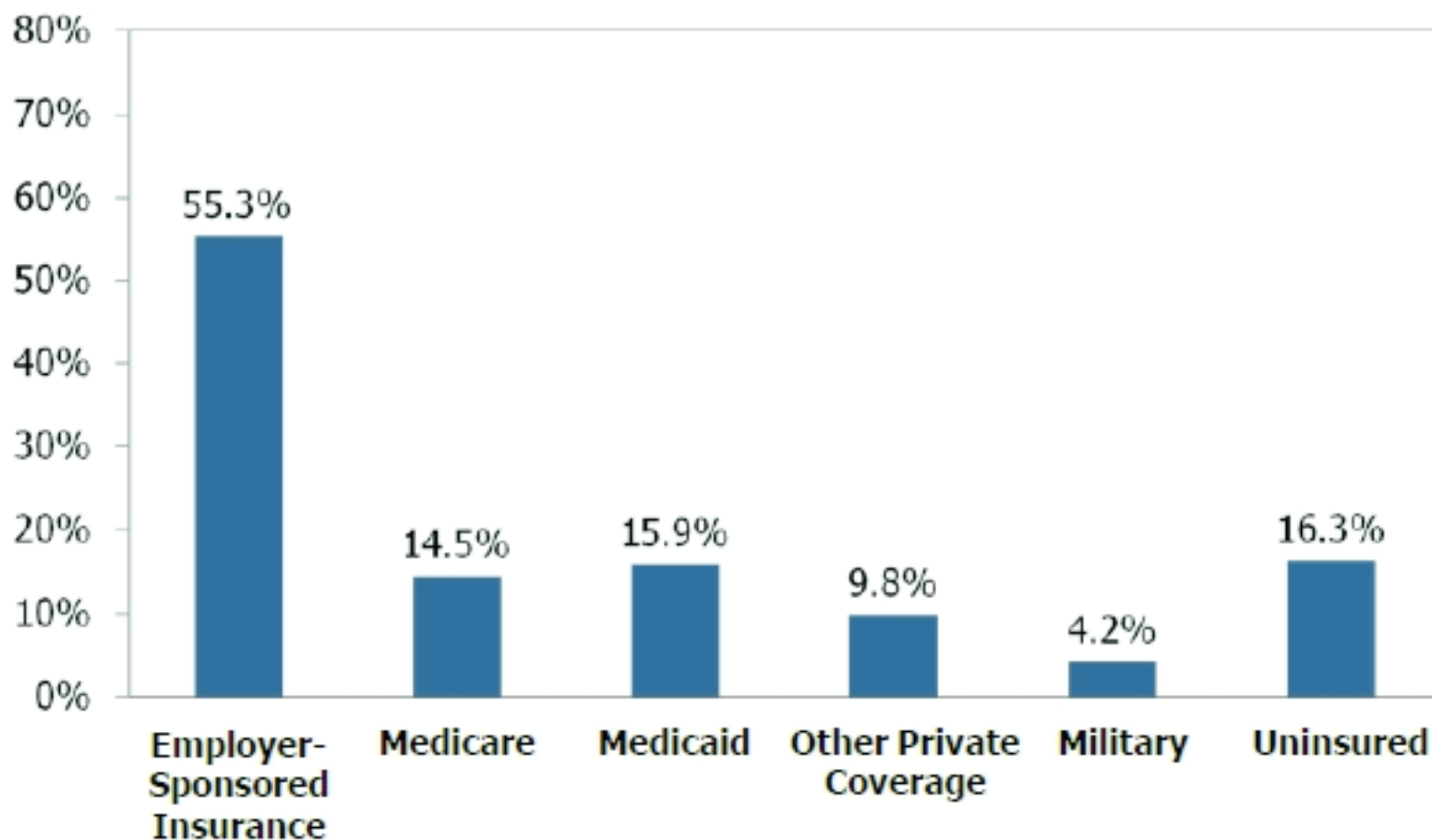
NOTES: In January 2010, 10.8 million people were covered by only nongroup. Percents indicate the share of those individuals covered by only nongroup at each point in time and include individuals who may have exited and then re-entered this market at some point over the period.  
 SOURCE: Kaiser Family Foundation analysis of the Survey of Income and Program Participation.





Figure 1

## Sources of Insurance Coverage, 2010



Note: The total does not equal 100% because some people have more than one type of coverage.

Source: U.S. Census Bureau, *Income Poverty and Health Insurance Coverage in the United States: 2010, 2011*.

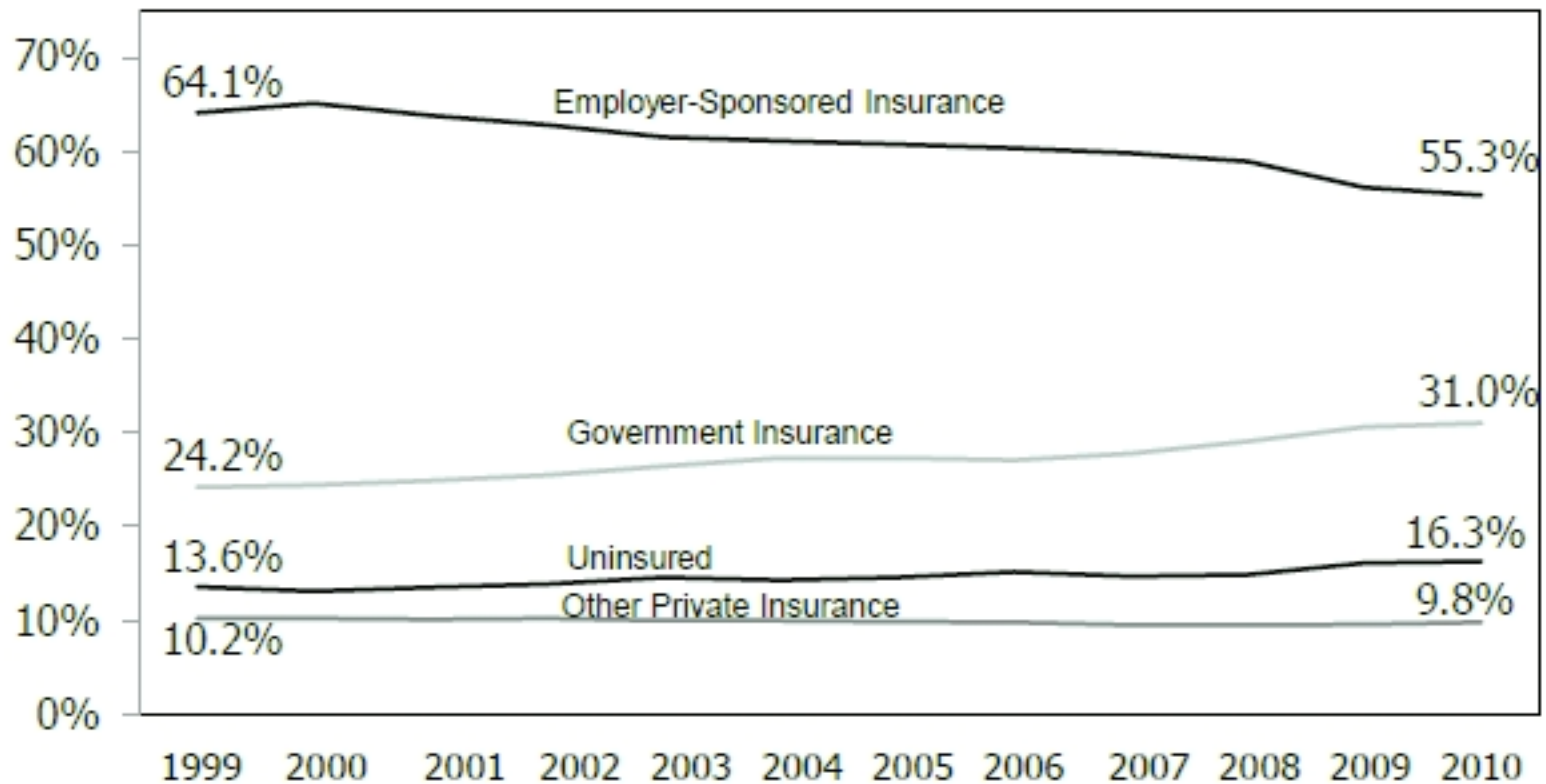
## Aggregate Tax Expenditure for Employment-Related Group Coverage of Current Workers, 2006

	Subsidy by tax (\$ billions)				Tax subsidy as percent of premiums
	Federal Income	Social Security and Medicare	State Income	Combined tax subsidy (\$ billions)	
All establishments	111.9 (1.8)*	73.3 (1.2)	23.4 (.5)	208.6 (3.3)	<b>35.4 (.1)</b>
Private establishments	87.6 (1.6)	60.7 (1.0)	19.3 (.4)	166.6 (3.0)	<b>35.8 (.1)</b>
State and local government	20.3 (.5)	10.1 (.3)	4.3 (.2)	34.7 (1.0)	<b>33.1 (.3)</b>
Federal government	4.0	2.5	.8	7.3	<b>38.3</b>

\* ( ) indicates sampling error

Figure 2

## Insurance Trends, 1999-2010



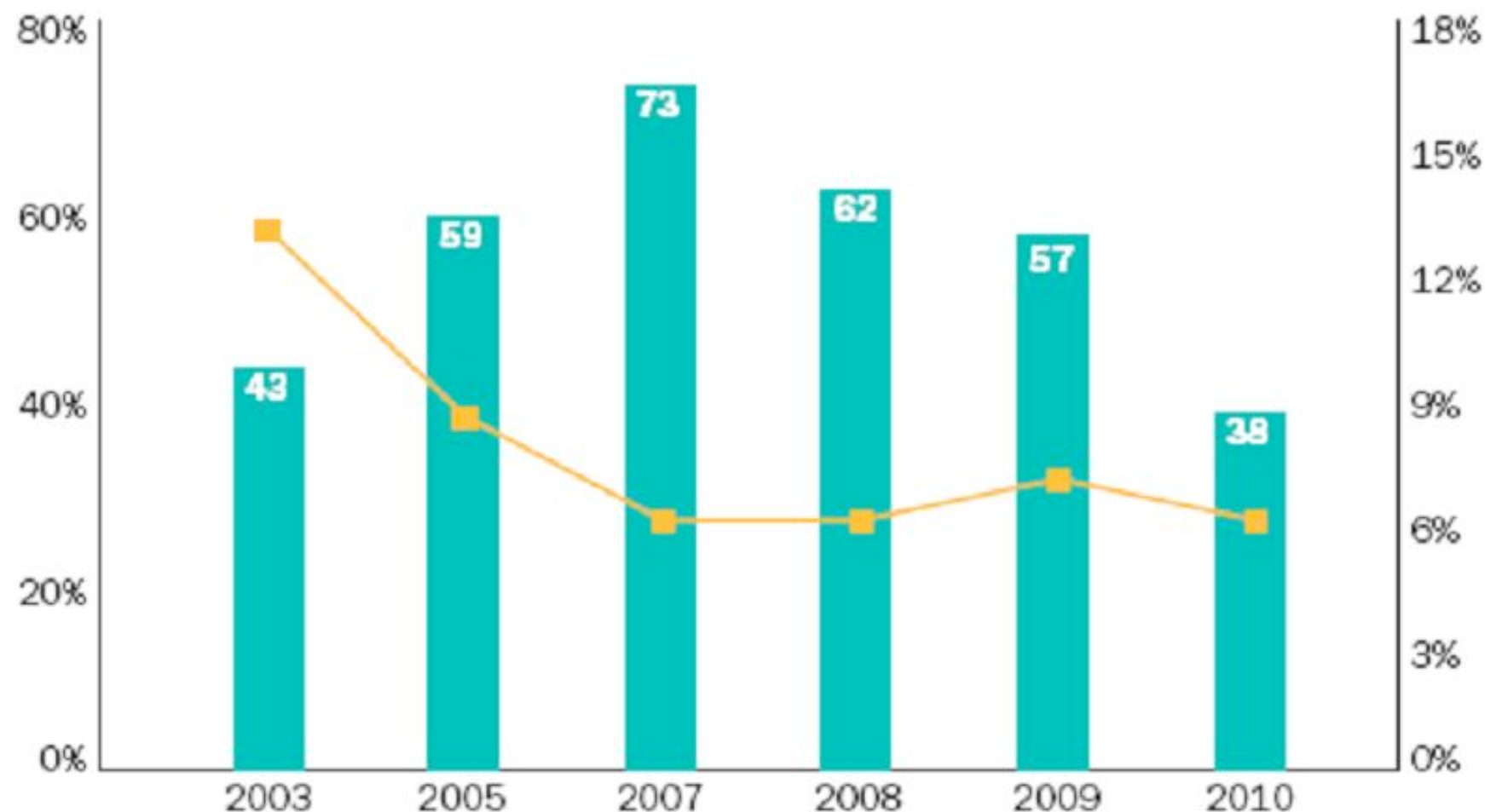
Notes: Data is for the entire US population. Percentages do not add up to 100% because some people have more than one type of coverage. In 2010, the Census Bureau updated its coverage data for current and prior years to reflect changes in the methods used to impute health insurance for non-respondents. Government insurance includes military coverage.

Source: U.S. Census Bureau, *Income Poverty and Health Insurance Coverage in the United States: 2010, 2011*.

# Fewer employers are confident that they will offer health insurance in ten years

High Confidence

Annual Cost Trend

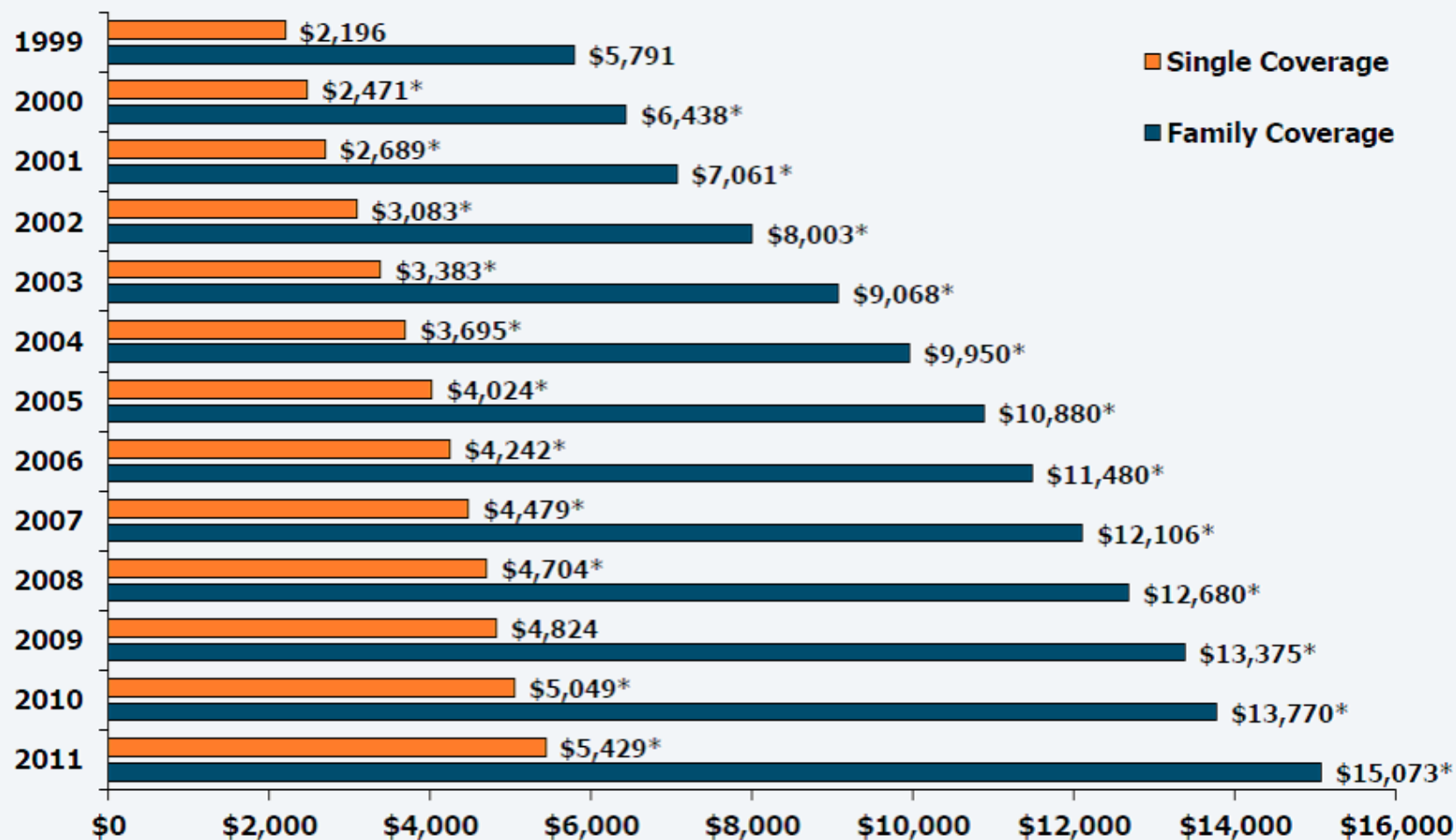


■ High confidence    —■— Annual trend

Note: High confidence represents responses of "very confident."

## Exhibit 1.11

### Average Annual Premiums for Single and Family Coverage, 1999-2011



\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2011.

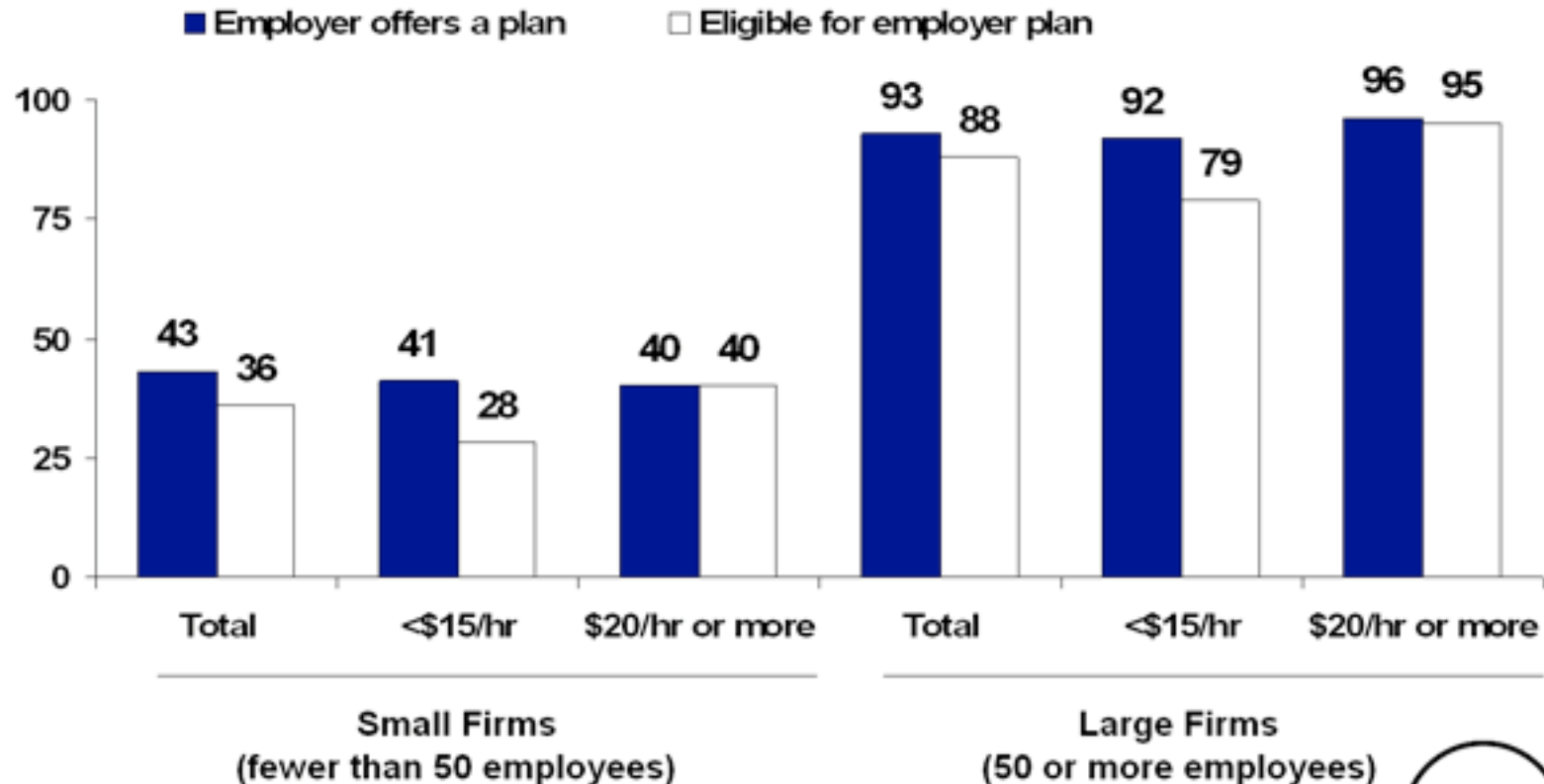


**Figure 1: Mean Health Insurance Costs Per Worker Hour for Employees with Access to Coverage, 1999-2010**



# Workers in Small Firms Are Less Likely to Be Offered and Eligible for Health Insurance from Their Employer

Percent of working adults^ ages 19–64

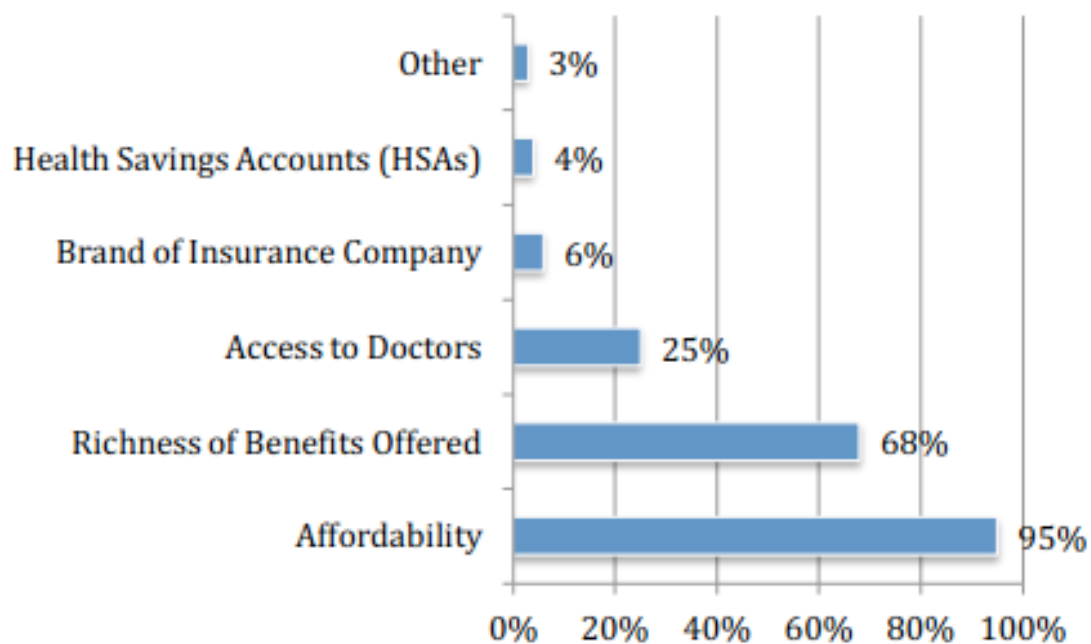


^Includes both part-time and full-time workers.

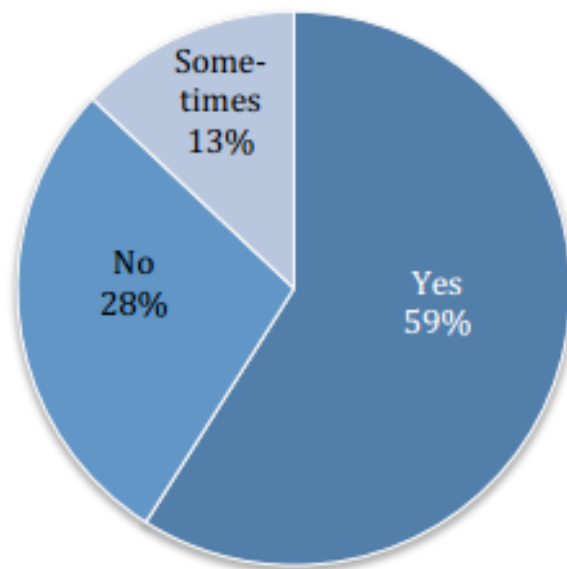
Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).



### What Small Employers Say is the Most Important Factor When Shopping for and Comparing Health Insurance for Employees

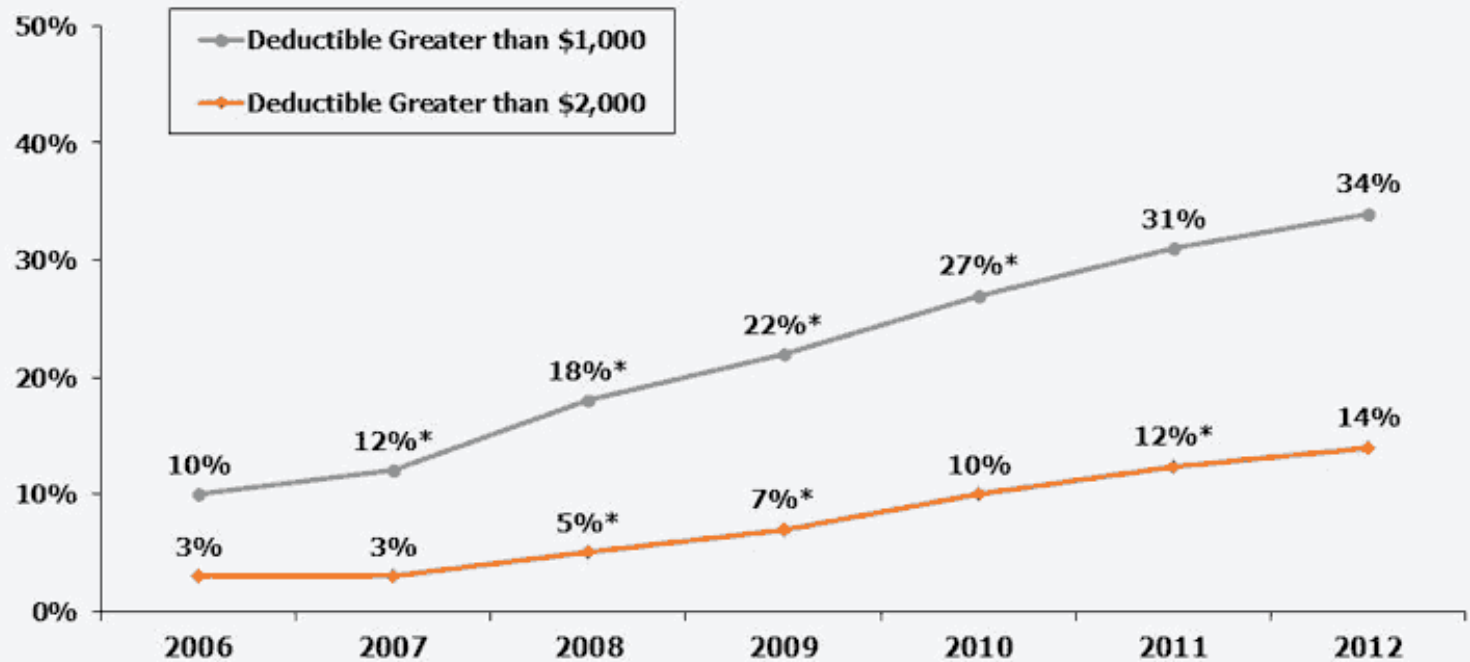


### Ask For Input from Employees about Health Benefits?



# High-Deductible Plans

## Percentage of Covered Workers Enrolled in a Plan with a Higher General Annual Deductible for Single Coverage, 2006-2012

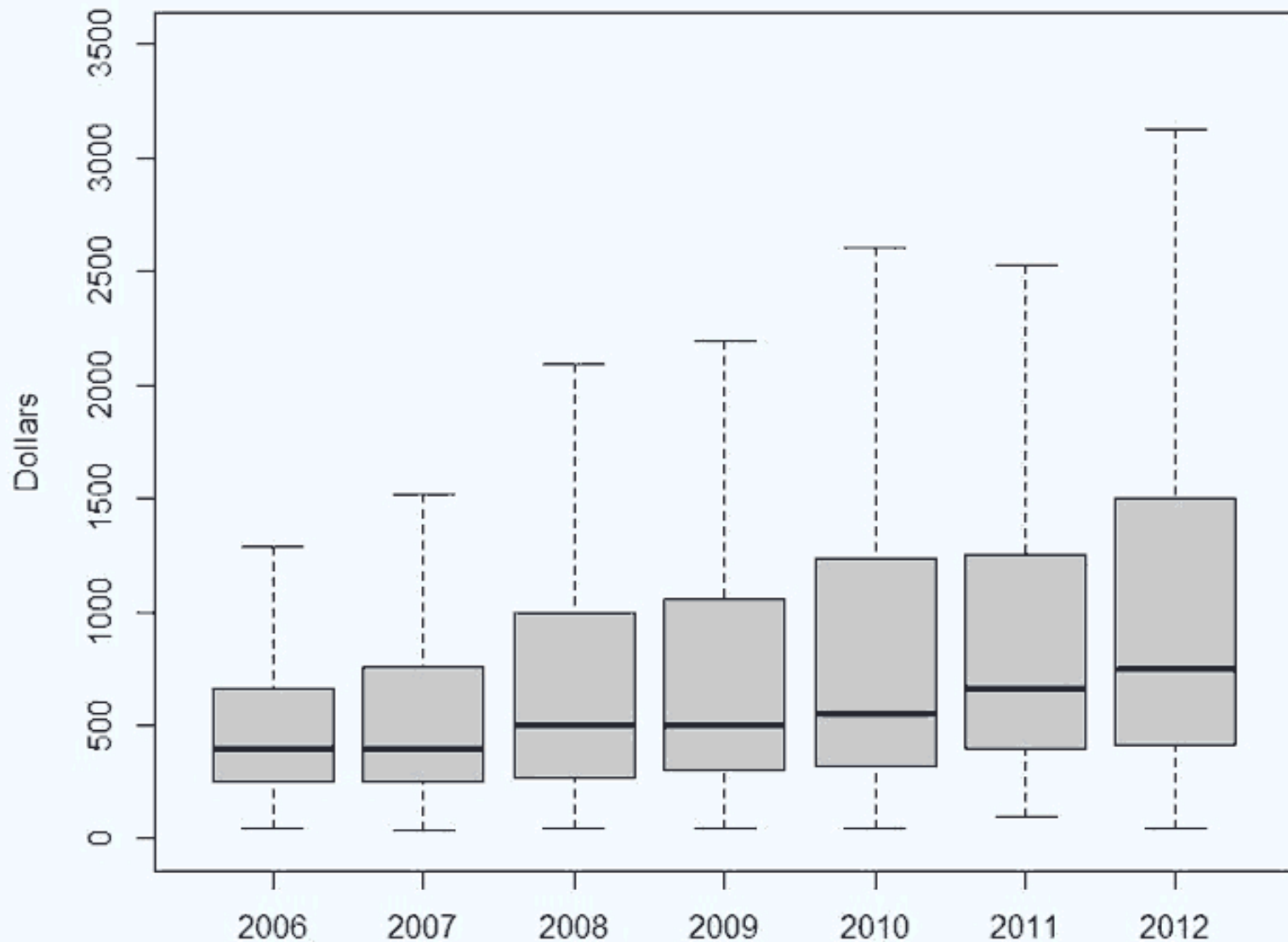


\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

Note: These estimates include workers enrolled in HDHP/SO and other plan types. Because we do not collect information on the attributes of conventional plans, to be conservative, we assumed that workers in conventional plans do not have a deductible of \$1,000 or more. Because of the low enrollment in conventional plans, the impact of this assumption is minimal. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2012.

### Among Covered Workers Enrolled in a Plan with a Deductible for Single Coverage, Distribution of Deductibles, 2006-2012

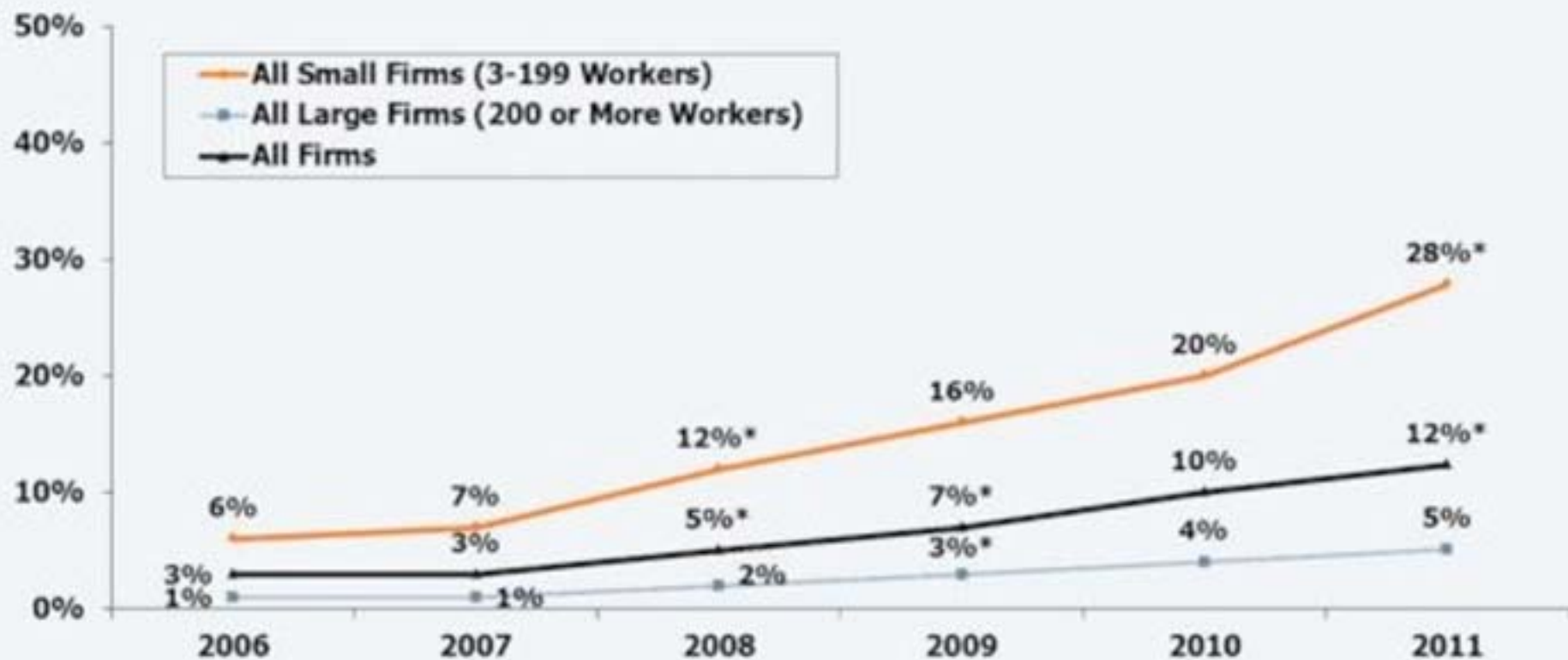


Note: The following graph displays quartiles: 25% of workers are enrolled in a plan with a deductible on either side of the gray box and 50% are enrolled in a plan on either side of the bold black line. The dotted lines represent either the minimum or maximum value, or the extent of the inter-quartile-range. Outliers are not displayed.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2012.



# Percentage of Covered Workers Enrolled in a Plan with a General Annual Deductible of \$2,000 or More for Single Coverage, By Firm Size, 2006-2011



\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

Note: These estimates include workers enrolled in HDHP/SO and other plan types. Because we do not collect information on the attributes of conventional plans, to be conservative, we assumed that workers in conventional plans do not have a deductible of \$2,000 or more. Because of the low enrollment in conventional plans, the impact of this assumption is minimal. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2011.

# Annual Deductible for Exchange Policies - PA

## Bronze

## Silver

## Gold

**Personal Choice PPO Bronze**  
PPO | Bronze  
 Independence Blue Cross

**DETAILS** **APPLY**

Monthly premium <b>\$586/mo</b> One enrollee	Deductible <b>\$4,000/yr</b> Per individual	Out-of-pocket Maximum <b>\$6,350/yr</b> Per individual	Copayments/Coinsurance: <b>Primary Doctor:</b> \$40 <b>Specialist Doctor:</b> 50% Coinsurance after deductible <b>Generic Prescription:</b> \$10 Copay after deductible <b>ER Visit:</b> 50% Coinsurance after deductible
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**Blue Cross, a Multi-State Plan**  
PPO | Silver  
 Independence Blue Cross

**DETAILS** **APPLY**

Monthly premium <b>\$721/mo</b> One enrollee	Deductible <b>\$2,000/yr</b> Per individual	Out-of-pocket Maximum <b>\$6,350/yr</b> Per individual	Copayments/Coinsurance: <b>Primary Doctor:</b> \$30 <b>Specialist Doctor:</b> \$70 <b>Generic Prescription:</b> \$10 <b>ER Visit:</b> 30% Coinsurance after deductible
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**Blue Cross, a Multi-State Plan**  
PPO | Gold  
 Independence Blue Cross

**DETAILS** **APPLY**

Monthly premium <b>\$888/mo</b> One enrollee	Deductible <b>\$0/yr</b> Per individual	Out-of-pocket Maximum <b>\$5,500/yr</b> Per individual	Copayments/Coinsurance: <b>Primary Doctor:</b> \$20 <b>Specialist Doctor:</b> \$60 <b>Generic Prescription:</b> \$10 <b>ER Visit:</b> \$350
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**Aetna Advantage 6350**  
HMO | Bronze  
 Aetna

**DETAILS** **APPLY**

Monthly premium <b>\$625/mo</b> One enrollee	Deductible <b>\$6,350/yr</b> Per individual	Out-of-pocket Maximum <b>\$6,350/yr</b> Per individual	Copayments/Coinsurance: <b>Primary Doctor:</b> \$20 <b>Specialist Doctor:</b> No Charge after Deductible <b>Generic Prescription:</b> No Charge after Deductible <b>ER Visit:</b> No Charge after Deductible
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**Aetna Classic 5000**  
HMO | Silver  
 Aetna

**DETAILS** **APPLY**

Monthly premium <b>\$762/mo</b> One enrollee	Deductible <b>\$5,000/yr</b> Per individual	Out-of-pocket Maximum <b>\$6,350/yr</b> Per individual	Copayments/Coinsurance: <b>Primary Doctor:</b> \$30 <b>Specialist Doctor:</b> \$60 <b>Generic Prescription:</b> \$10 <b>ER Visit:</b> \$400
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**Aetna Premier 2000 PD**  
HMO | Gold  
 Aetna

**DETAILS** **APPLY**

Monthly premium <b>\$918/mo</b> One enrollee	Deductible <b>\$2,000/yr</b> Per individual	Out-of-pocket Maximum <b>\$4,500/yr</b> Per individual	Copayments/Coinsurance: <b>Primary Doctor:</b> \$10 <b>Specialist Doctor:</b> \$30 <b>Generic Prescription:</b> \$4 <b>ER Visit:</b> \$250
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**Aetna Advantage 6350**  
PPO | Bronze  
 Aetna

**DETAILS** **APPLY**

Monthly premium <b>\$639/mo</b> One enrollee	Deductible <b>\$6,350/yr</b> Per individual	Out-of-pocket Maximum <b>\$6,350/yr</b> Per individual	Copayments/Coinsurance: <b>Primary Doctor:</b> \$20 <b>Specialist Doctor:</b> No Charge after Deductible <b>Generic Prescription:</b> No Charge after Deductible <b>ER Visit:</b> No Charge after Deductible
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**Aetna Classic 5000**  
PPO | Silver  
 Aetna

**DETAILS** **APPLY**

Monthly premium <b>\$781/mo</b> One enrollee	Deductible <b>\$5,000/yr</b> Per individual	Out-of-pocket Maximum <b>\$6,350/yr</b> Per individual	Copayments/Coinsurance: <b>Primary Doctor:</b> \$30 <b>Specialist Doctor:</b> \$60 <b>Generic Prescription:</b> \$10 <b>ER Visit:</b> \$400
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**Aetna Premier 2000 PD**  
PPO | Gold  
 Aetna

**DETAILS** **APPLY**

Monthly premium <b>\$934/mo</b> One enrollee	Deductible <b>\$2,000/yr</b> Per individual	Out-of-pocket Maximum <b>\$4,500/yr</b> Per individual	Copayments/Coinsurance: <b>Primary Doctor:</b> \$10 <b>Specialist Doctor:</b> \$30 <b>Generic Prescription:</b> \$4 <b>ER Visit:</b> \$250
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  or within   miles of  

For procedure, start typing and let it complete, or use the government pricing system [described here](#). Advanced search page [here](#)

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Men's Health

Blood Tests

Walk-in Clinic

Dental

Cosmetic-Discretionary

Other



### Walk-In Clinic Visit

LOWEST

**\$20**

Callen-Lorde Community Health Center  
356 W 18th St. New York, NY

HIGHEST

**\$351**

WestMed Medical Group  
210 Westchester Ave. White Plains, NY

[More Prices \(49\)](#)


### Lower Back MRI Without Dye

LOWEST

**\$400**

Doshi Diagnostic Imaging  
80-02 Kew Gardens Rd.  
Kew Gardens, NY

HIGHEST

**\$1200**

Columbus Circle Imaging  
1790 Broadway New York, NY

[More Prices \(14\)](#)


### Mammogram

LOWEST

**\$50**

All County Radiology  
161-05 Horace Harding  
Expy. Queens, NY

HIGHEST

**\$607**

Mount Sinai Hospital  
17 E. 102nd St. New York, NY

[More Prices \(18\)](#)


### Vasectomy

LOWEST

**\$450**

Rechtschaffen, Dr. Thomas  
944 N. Broadway, #103  
Yonkers, NY

HIGHEST

**\$3500**

Weill Cornell Medical College, Dept. of Urology  
525 E. 68th St., Starr 9 New York, NY

[More Prices \(30\)](#)


### Teeth Fillings

LOWEST

**\$70**

Morris Heights Health Center  
25 E 183rd St. Bronx, NY

HIGHEST

**\$350**

Smile Dental  
175 Memorial Hwy., Ste. 1-11 New Rochelle, NY

[More Prices \(17\)](#)





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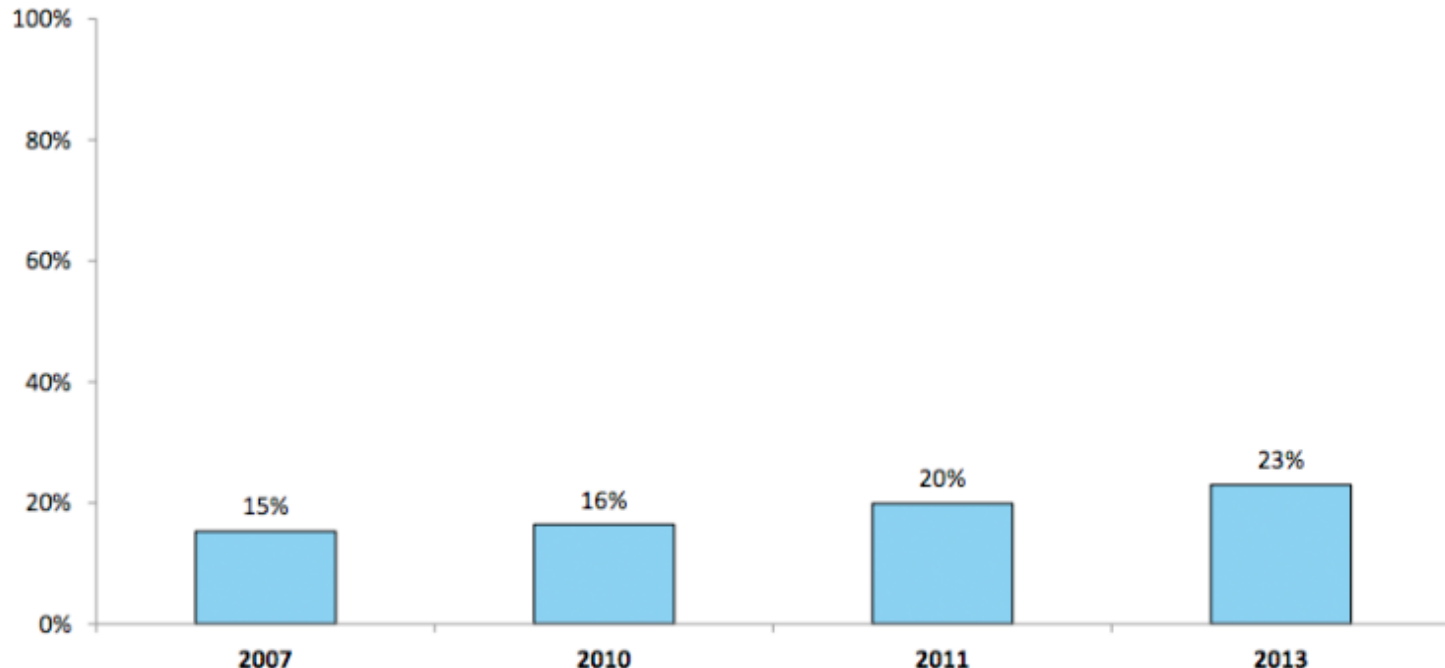
**Business Insurance**

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**HR Magazine**

# Narrow Provider Networks

**Among Firms Offering Health Benefits, Percentage of Firms Whose Largest Plan Includes a High-Performance Provider Network, 2007, 2010, 2011, and 2013**



Note: The overall percentage of firms whose largest plan includes a high performance provider network is not significantly different between 2013 and previous years the question was included in the survey (2007, 2010, 2011) ( $p < .05$ ). A high performance network is one that groups providers within the network based on quality, cost, and/or efficiency of care they deliver.

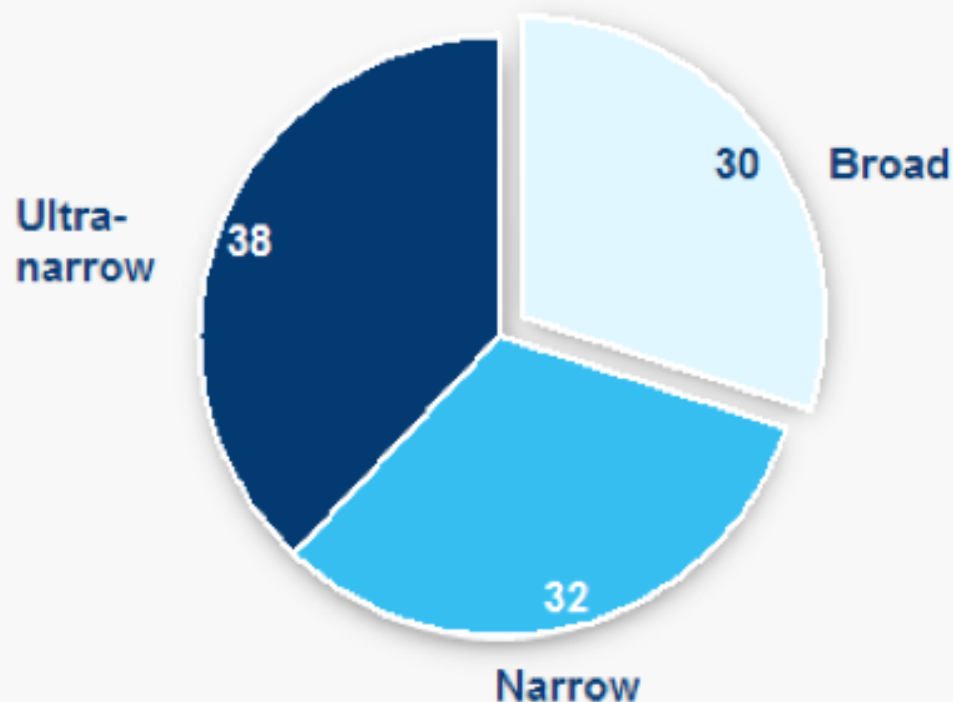
SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.



## 70 percent of hospital networks on exchanges are narrow or ultra-narrow

### Distribution of networks by network breadth<sup>1</sup>

2014 individual exchange – Percent of analyzed silver networks (n = 120<sup>2</sup>)



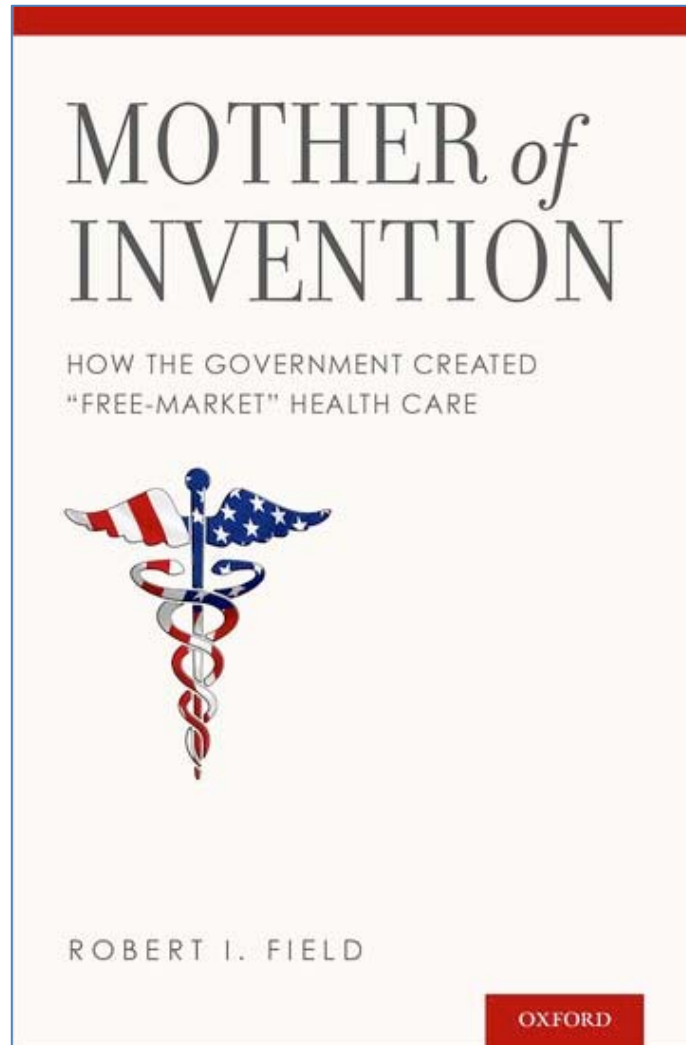
<sup>1</sup> Broad networks: less than 30% of largest 20 hospitals by number of beds are not participating, Narrow networks: 30-69% of largest 20 hospitals are not participating, Ultra-narrow networks: at least 70% of largest 20 hospitals are not participating

<sup>2</sup> Networks offered in silver in Atlanta, Bridgeport, Dallas, Nashville, Houston, Salt Lake City, Miami, Tampa, Louisville, Indianapolis, St. Louis, Los Angeles, San Jose, Pittsburgh, Denver, Philadelphia, Seattle, Chicago, Washington D.C., and Portland, ME

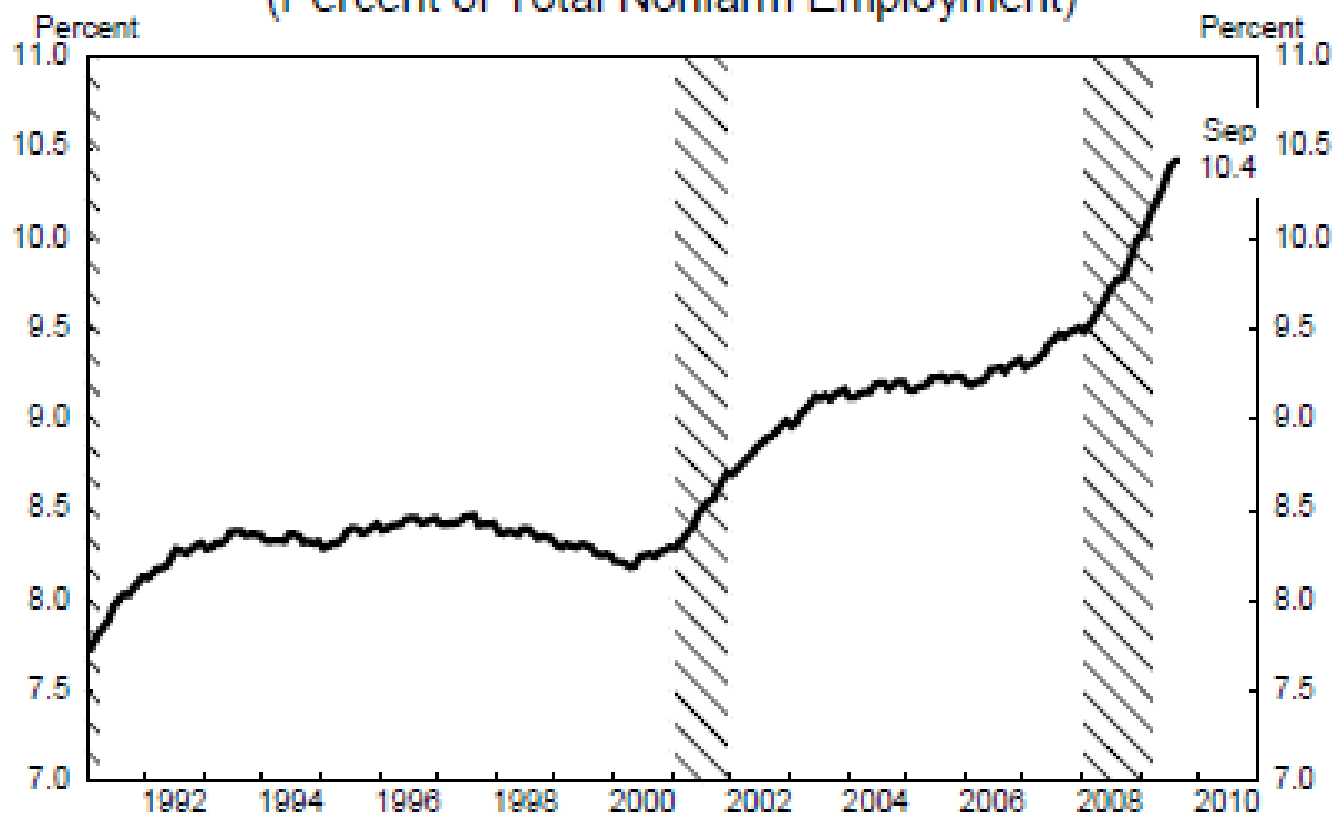
Figure 1: Preferences For Narrow Versus Broad Network Plans

	Which type of health insurance plan would you rather have?		
	A plan that costs less money but has a more limited range of doctors and hospitals you are allowed to see	A plan that costs more money but allows you to see a broader range of doctors and hospitals	Neither of these/Don't know/Refused
Total public	37%	51%	12%
By age			
18-29	47	47	5
30-49	41	50	9
50-64	32	52	15
65+	26	54	20
By annual household income			
Less than \$40,000	44	44	12
\$40,000-\$89,999	34	54	13
\$90,000 or more	30	62	8
By insurance type (ages 18-64)			
Employer-sponsored	34	55	10
Uninsured or purchase own insurance	54	35	10

# Long-Term Trends



# Health Care Employment (Percent of Total Nonfarm Employment)

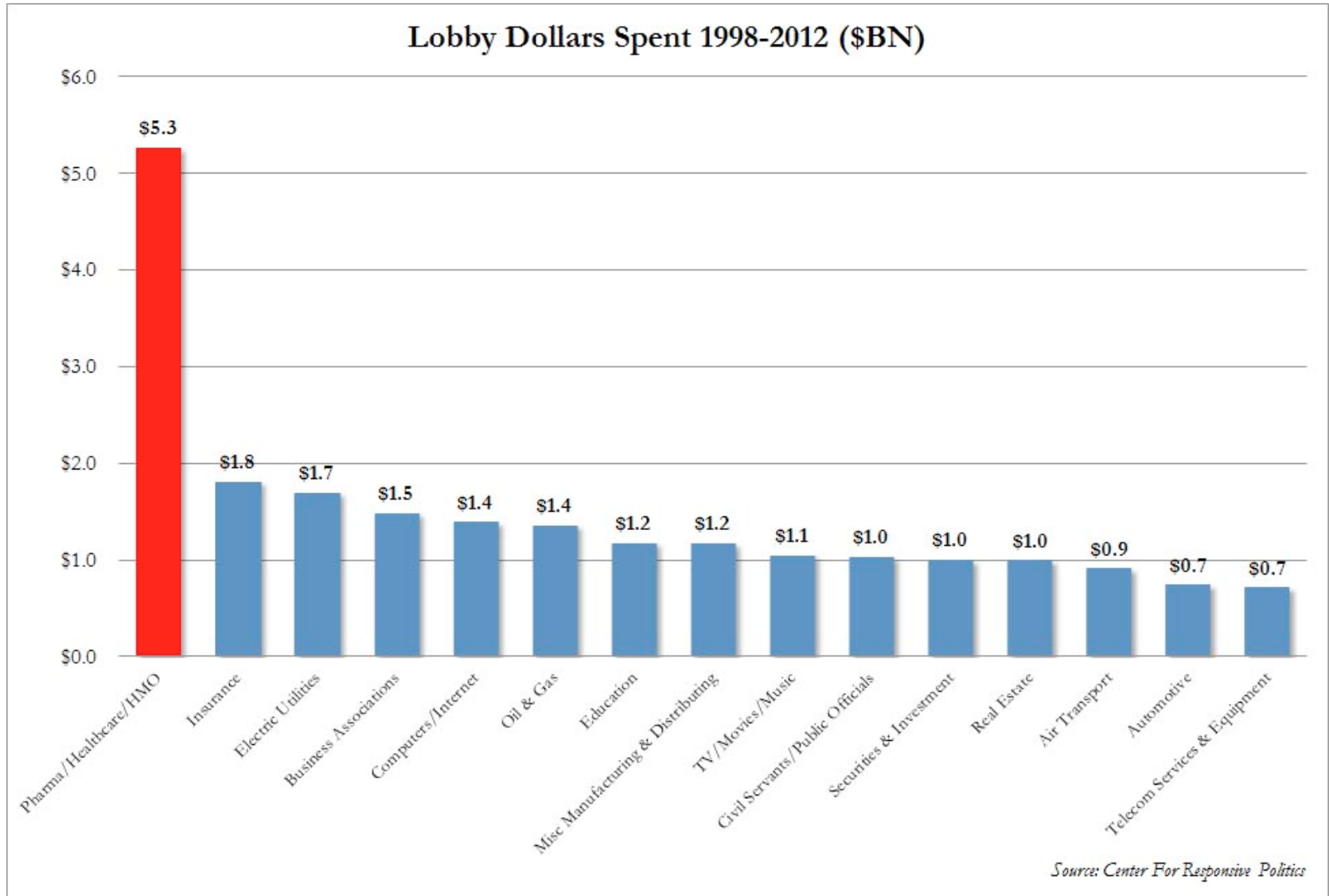


\*Health care employment includes offices and clinics of doctors of medicine, dentists, doctors of osteopathy and other health practitioners, nursing and personal care facilities, hospitals, medical and dental laboratories, home health care services and miscellaneous health and allied services.

Source: Bureau of Labor Statistics.

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# Private Sector Influence



# We Can't Go Back

