The Patient Protection & Affordable Care Act

(aka Affordable Care Act, "**ACA**" or "**Obamacare**")
and Republican Repeal Attempts

a basic overview by Charles Gaba of

ACASignups.net *(also known as Obamacare)*

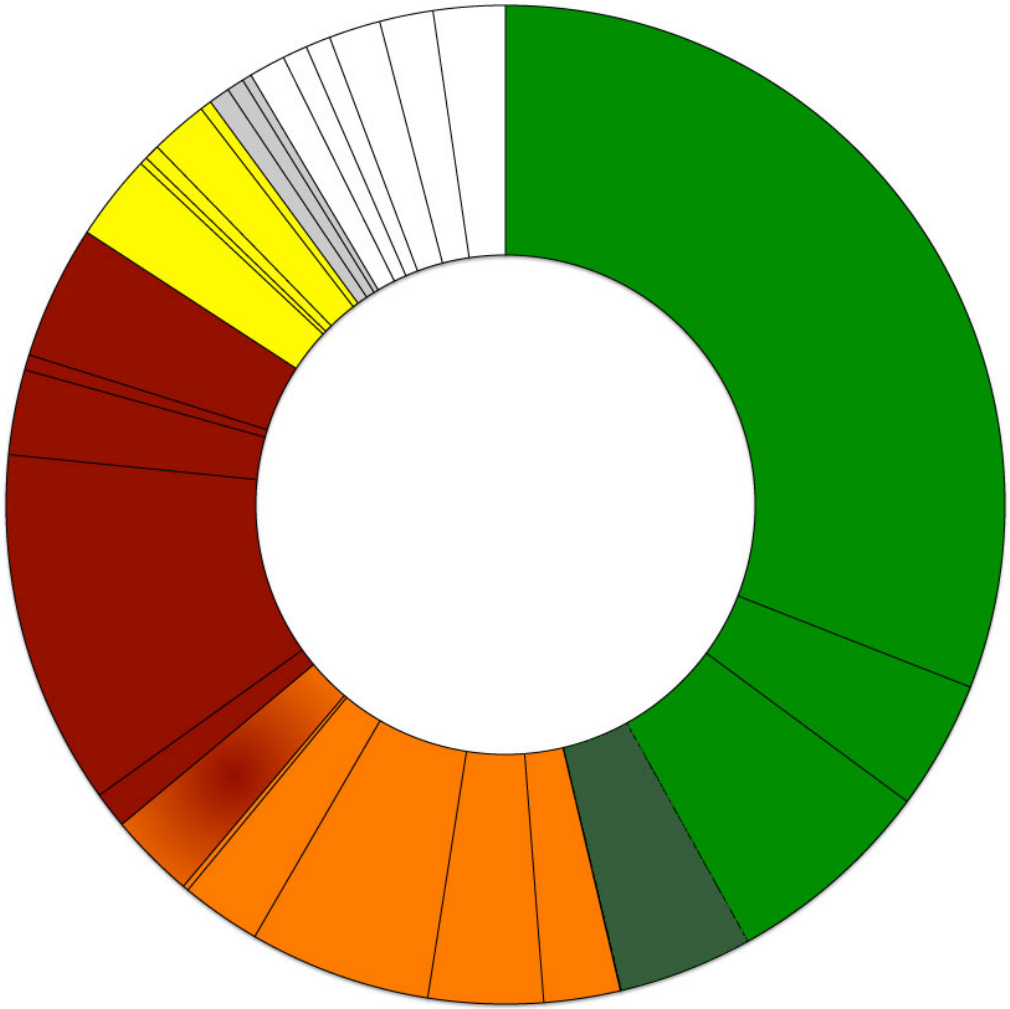
Tracking Enrollments for the Affordable Care Act

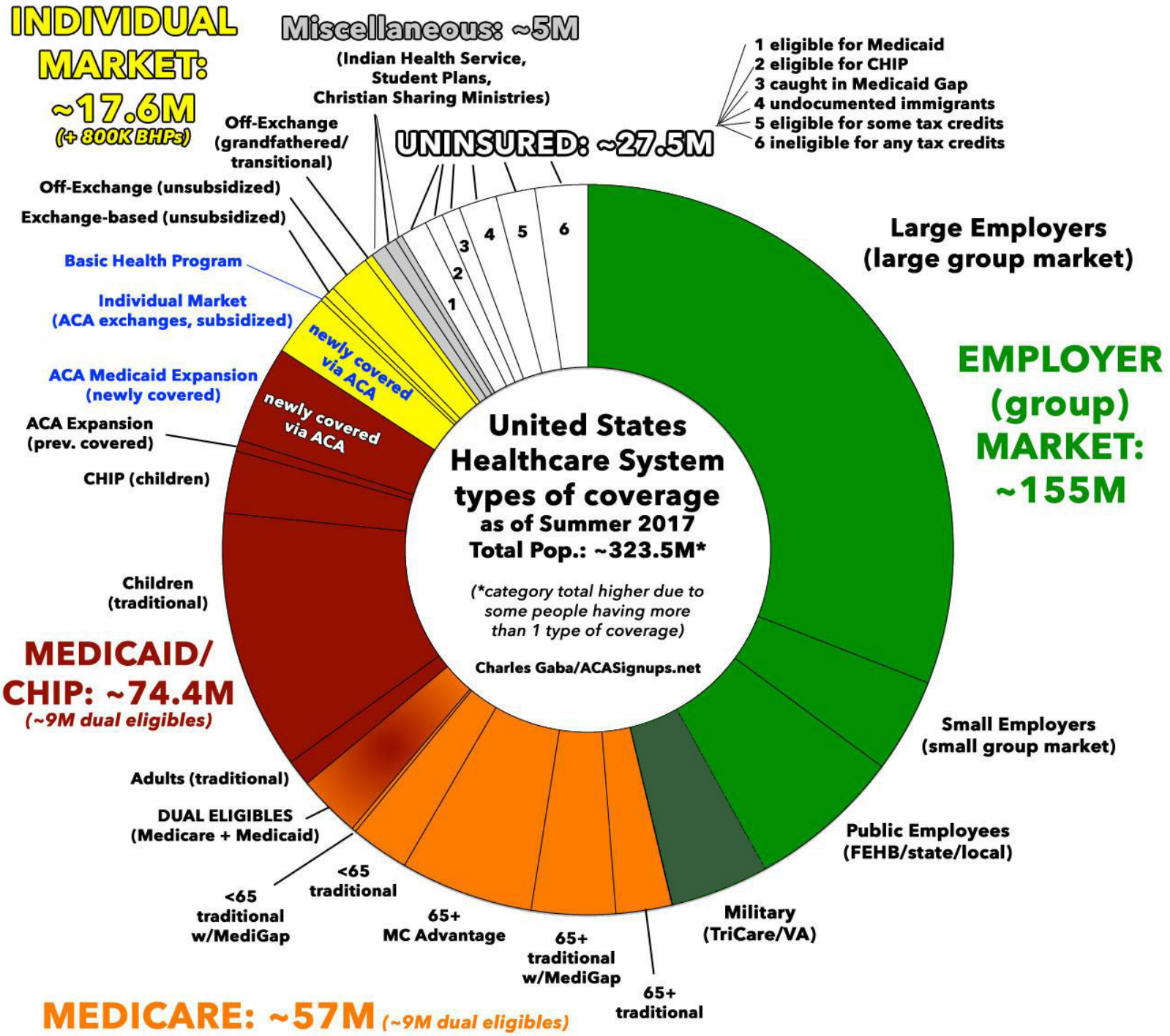
(data source links available at website)

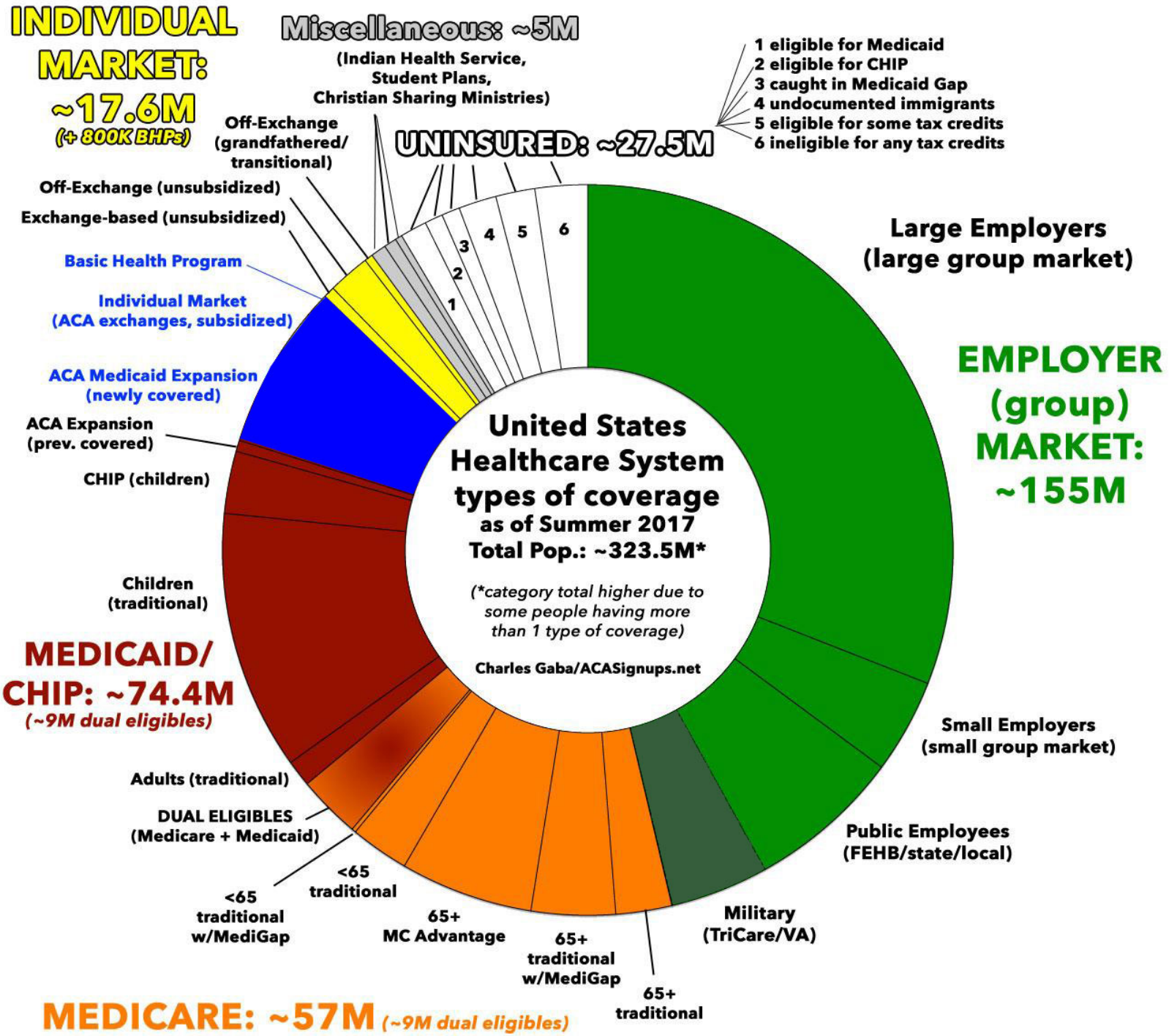
Updated: 8/25/17

Please support my work at:

ACASignups.net/Donate or **Patreon.com/CharlesGaba**




INDIVIDUAL MARKET: ~17.6M (+ 800K BHPs)
Miscellaneous: ~5M
(Indian Health Service, Student Plans, Christian Sharing Ministries)
Off-Exchange (grandfathered/ transitional)
Off-Exchange (unsubsidized)
Exchange-based (unsubsidized)
Basic Health Program
Individual Market (ACA exchanges, subsidized)
ACA Medicaid Expansion (newly covered)
ACA Expansion (prev. covered)
CHIP (children)
Children (traditional)
MEDICAID/ CHIP: ~74.4M (~9M dual eligibles)
Adults (traditional)
DUAL ELIGIBLES (Medicare + Medicaid)
<65 traditional w/MediGap
<65 traditional
65+ MC Advantage
65+ traditional w/MediGap
65+ traditional
MEDICARE: ~57M (~9M dual eligibles)
Military (TriCare/VA)
Public Employees (FEHB/state/local)
Small Employers (small group market)
EMPLOYER (group) MARKET: ~155M
Large Employers (large group market)
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
newly covered via ACA
newly covered via ACA
United States Healthcare System types of coverage
as of Summer 2017
Total Pop.: ~323.5M*
(*category total higher due to some people having more than 1 type of coverage)
Charles Gaba/ACASignups.net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Total Pop.: ~323.5M*
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Charles Gaba/ACASignups.net

THE MOST IMPORTANT THINGS TO REMEMBER FOR 2018 ACA OPEN ENROLLMENT:

- It's only HALF AS LONG as usual in most states (Nov. 1 - Dec. 15)
- Tax Credits AND CSR Subsidies are still available for those who qualify.
- You may qualify for 2018 credits/subsidies even if you didn't for 2017.
- Due to crazy pricing this year, many can get Gold for less than Silver, or Bronze for dirt cheap (or even for free!)
- YES, the Individual Mandate IS being enforced this year.
- UNSUBSIDIZED enrollees ARE definitely in a bind, but most states have arranged to help them mitigate the problem via switching to Gold, Bronze or special off-exchange Silver plans.
- Absolutely DON'T allow yourself to be PASSIVELY AUTO-RENEWED! Make sure to actively visit HC.gov & SHOP AROUND!

Charles Gaba / ACASignups.net

IMPORTANT:
2018 ACA Open Enrollment
STARTS NOVEMBER 1st, 2017
in ALL 50 STATES + DC

It ENDS on DECEMBER 15, 2017
in all states except as noted:

- ALABAMA
- ALASKA
- ARIZONA
- ARKANSAS
- CALIFORNIA *(1/31/18)*
- COLORADO *(1/12/18)*
- CONNECTICUT *(12/22/17)*
- DELAWARE
- DIST. OF COL. *(1/31/18)*
- FLORIDA*
- GEORGIA
- HAWAII
- IDAHO
- ILLINOIS
- INDIANA
- IOWA
- KANSAS
- KENTUCKY
- LOUISIANA*
- MAINE
- MARYLAND
- MASSACHUSETTS *(1/23/18)*
- MICHIGAN
- MINNESOTA *(1/14/18)*
- MISSISSIPPI
- MISSOURI
- MONTANA
- NEBRASKA
- NEVADA
- NEW HAMPSHIRE
- NEW JERSEY
- NEW MEXICO
- NEW YORK *(1/31/18)*
- NORTH CAROLINA
- NORTH DAKOTA
- OHIO
- OKLAHOMA
- OREGON
- PENNSYLVANIA
- RHODE ISLAND *(12/31/17)*
- SOUTH CAROLINA
- SOUTH DAKOTA
- TENNESSEE
- TEXAS*
- UTAH
- VERMONT
- VIRGINIA
- WASHINGTON *(1/15/18)*
- WEST VIRGINIA
- WISCONSIN
- WYOMING

States in BLACK operate via the federal exchange website, HealthCare.Gov.
States in BLUE operate their own enrollment website.

**** (Special Enrollment Period available from 12/16/17 - 12/31/17 for hurricane victims)***

last updated 10/02/17 • ACASignups.net

Michigan Enrollment Information

Tel 1.800.318.2596 TTY 1.855.889.4325

Starts Nov. 1, 2017 • Ends Dec. 15, 2017

Enroll online at HealthCare.Gov

Indivisible ACA Signup Project

@2018ACASignup

Advanced Premium Tax Credits (APTC) are based on the relation ship of the cost of the **benchmark plan**, aka the **2nd least-expensive Silver plan** available on the exchange to **your household income.**

The **difference** between the **benchmark plan** cost & **a % of your income** = your credit.

ACA Tax Credit Premium Cap Current (2018 levels)	
Income (FPL %)	Premium Cap (Max % of income paid for 2nd-lowest Silver plan available)
< 100%	(n/a; Medicaid expansion intended)
100-133%	2.04%
133-150%	3.32% - 4.03%
150-200%	4.03% - 6.34%
200-250%	6.34% - 8.10%
250-300%	8.10% - 9.56%
300-400%	9.56%
> 400%	No Cap (credits not available)

2018 Federal Poverty Rate Household Income Levels & Maximum ACA Subsidy Thresholds for different household sizes

Charles Gaba / ACASignups.net

If your household earns less than this much, you'll probably qualify for ACA tax credits in 2018

2018 Federal Poverty Rate for 48 Contiguous States + DC*			
People in Household	100% FPL	250% FPL (APTC + CSR)	400% FPL (APTC only)
1	$12,060	$30,150	$48,240
2	$16,240	$40,600	$64,960
3	$20,420	$51,050	$81,680
4	$24,600	$61,500	$98,400
5	$28,780	$71,950	$115,120
6	$32,960	$82,400	$131,840
7	$37,140	$92,850	$148,560
8	$41,320	$103,300	$165,280

**Alaska: Add 25% to each dollar amount; Hawaii: Add 15% to each dollar amount.*

Source: U.S. HHS Dept. via U.S. Federal Register website *https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines*

Advance Premium Tax Credit (APTC) Examples

- **Single 40-yr old adult, non-smoker, no kids, Oakland County**
- At 150% FPL ($18,000): **$272/month***
- At 300% FPL ($36,000): **$46/month**
- At 450% FPL ($54,000): **$0/month (no APTC)**

- In Oakland Cty, unsubsidized Benchmark Plan for them = $332/mo = **$3,984/year**
- ***Blue Care Network Of Michigan · Blue Cross® Metro Detroit HMO Silver Saver***
- At 150% FPL, 4.03% income = $725/yr >> *$3,984 - $725 = $3,259 =* ***$272/mo***
- At 300% FPL, 9.56% income = $3,442/yr >> *$3,984 - $3,442 = $542 =* ***$46/mo***
- At 450% FPL, **NO TAX CREDITS; must pay full price regardless.**

- ***IMPORTANT:** At 100-250% FPL (up to $30K/yr for single adult), **also qualifies for Cost Sharing Reductions on Silver plans** to cut down **deductibles/co-pays***

Advance Premium Tax Credit (APTC) Examples

- **Family of 4: 2 adults age 35, 2 kids age 8 & 10, non-smoker, Oakland County**
- At 150% FPL ($37,000): **$510/month for parents*; children qualify for CHIP**
- At 300% FPL ($74,000)**: $443/month (all 4 members)**
- At 450% FPL ($110,000): **$0/month (no APTC) (all 4 members)**

- In Oakland County, unsubsidized Benchmark Plan for them =
  - $635/mo = **$7,620/year** (for parents only…150% scenario)
  - $1,032/mo = **$12,384/yr** (for all 4 family members…300% / 450% scenarios)

- ***Blue Care Network Of Michigan · Blue Cross® Metro Detroit HMO Silver Saver***
- At 150% FPL, 4.03% income = $1,491/yr >> *$7,620 - $1,491 = $6,129 =* ***$510/mo***
- At 300% FPL, 9.56% income = $7,074/yr >> *$12,384 - $7,074 = $5,310 =* ***$443/mo***
- At 450% FPL, doesn't matter; **must pay full price regardless.**

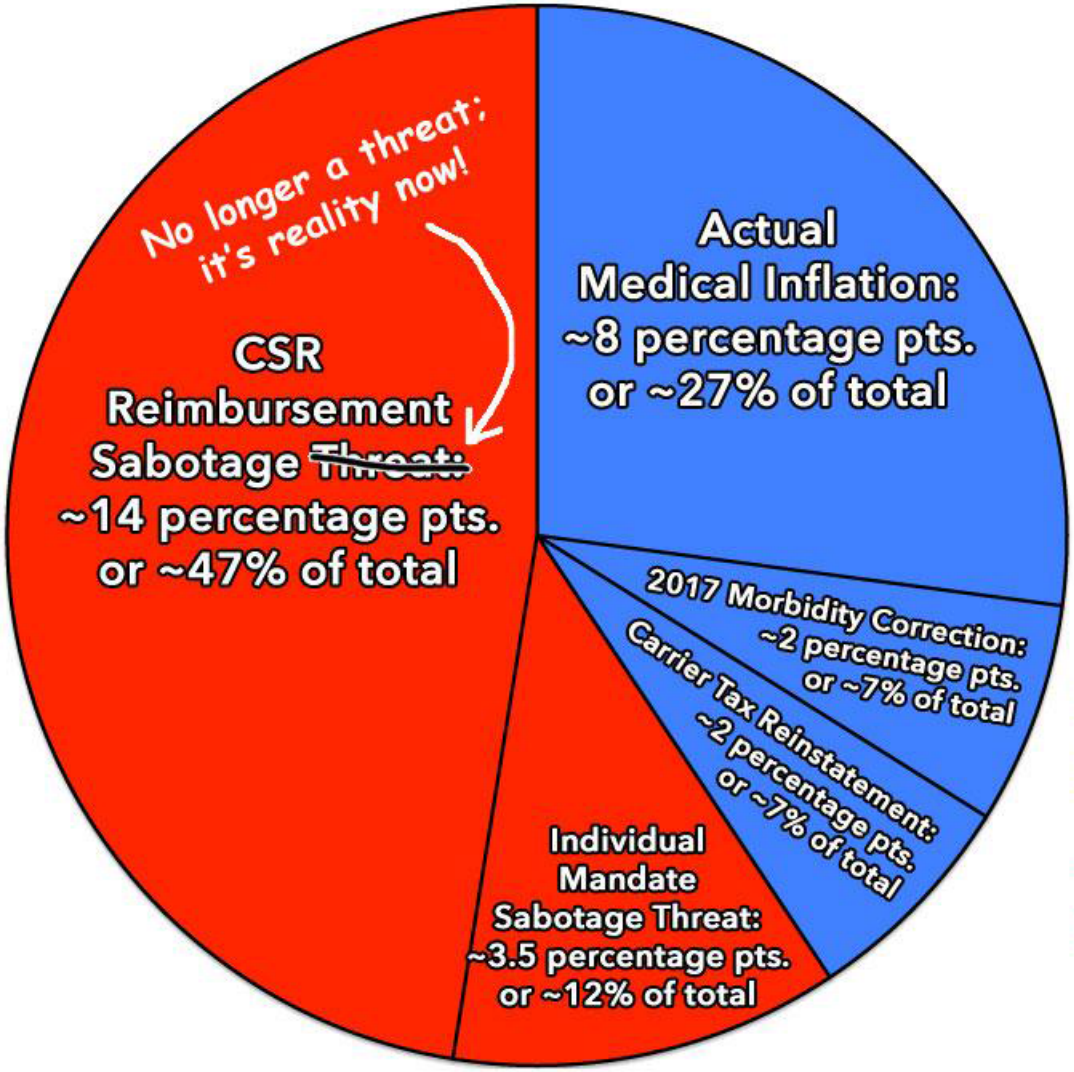
- ***IMPORTANT:** At 100-250% FPL (up to $61.5K/yr for family of 4), **also qualifies for Cost Sharing Reductions on Silver plans** to cut down **deductibles/co-pays***

You May Qualify for Tax Credits in 2018 EVEN IF You DIDN'T Qualify in 2017!

- **Advance Premium Tax Credits (APTC)** for individual market enrollees are available to those earning 100-400% of the Federal Poverty Line, on a sliding scale
- The FPL increases by 1 – 1.5% in 2018, so 400% of that increases by anywhere from $720 - $1,200/year depending on household size.

48 Contiguous States and Washington DC

NUMBER OF PERSONS IN HOUSEHOLD	2016 COVERAGE	2017 COVERAGE	2018 COVERAGE
1	$11,770	$11,880	$12,060
2	$15,930	$16,020	$16,240
3	$20,090	$20,160	$20,420
4	$24,250	$24,300	$24,600
more	add $4,160 each	add $4,140 each	add $4,180 each



Charles Gaba / ACASignups.net

breakdown of causes of
APPROVED 2018 rate changes
for **UNSUBSIDIZED**
ACA-COMPLIANT
INDIVIDUAL MARKET policies
across all 50 states + DC

Estimates Only; Caveats Apply
rate change requests vary WIDELY
by state, carrier & plan

NATIONALLY, the average
appears to be roughly:

~8% actual medical inflation
~2% morbidity correction from 2017
~2% reinstatement of ACA carrier tax
~12% "REAL" COST INCREASES

~3.5% mandate enforcement uncertainty
~14% CSR reimbursement ~~uncertainty~~ cut-off
~17.5% TRUMP/GOP SABOTAGE

~29.5% total avg. requested increase

Michigan specifically: ~27% overall, ~17% without CSR factor, ~14% without Mandate threat

Michigan: Health Alliance Plan dropped off exchange but 8 other carriers still participating

		Annualized Rate Changes			Number of Plans		
Issuer Name	Participating in Federally Facilitated Marketplace	As Requested	As Approved	Number of Affected Individuals	On or Off Marketplace	On or Off Marketplace with 10% or greater rate increases	On Marketplace
Alliance Health and Life Insurance Company	No	16.5%	16.5%	6,258	4	3	0
Blue Care Network of Michigan	Yes	22.6%	22.6%	116,476	26	16	22
Blue Cross Blue Shield of Michigan	Yes	31.7%	31.7%	59,703	9	8	8
Health Alliance Plan	No*	16.1%	16.1%	25,556	11	11	0
McLaren Health Plan Community	Yes	26.6%	26.6%	2,999	6	3	4
Meridian Health Plan of Michigan, Inc.	Yes	59.4%	53.2%	6,319	6	5	6
Molina Healthcare of Michigan	Yes	42.8%	42.8%	26,270	5	5	5
Physicians Health Plan	Yes	25.6%	25.6%	6,548	25	20	25
Priority Health	Yes	19.0%	19.0%	35,849	20	7	13
Total Health Care USA	Yes	27.6%	27.6%	8,591	7	5	7
Total - Individual Market		**26.9%**	**26.8%**	**294,569**	**119**	**83**	**90**

**Health Alliance Plan withdrew from the Marketplace in 2018 after originally filing to participate. The requested rate change was modified to reflect the elimination of Marketplace plans.*

So What's With This Crazy Pricing Business?
Silver Loading & the Silver Switcharoo Explained:

- Assume Blue Cross has **100,000** enrollees at **$500/mo** on average this year ($600,000,000 in total revenue)
- Assume Blue Cross planned to raise premiums 10% avg. ($50/mo, or $60 million total) to cover rising costs/etc.
- Assume they projected $90 million in CSR assistance next year.
- They're **required** to pay that out to help qualified enrollees (100-250% FPL on Silver).
- The federal government is supposed to reimburse them for that, but **Trump stopped making those payments.**
- Since they have to pay the $90M out but aren't gonna get it paid back, **they have to make up the money somewhere else.**
- Thus, they have to **raise premiums by $90 million more** to make up the difference.
- That means instead of raising rates 10%, they raise them around 30% ($150 million total).
- However, that also means that **TAX CREDITS INCREASE** by about 30% to match for those who qualify for subsidies.

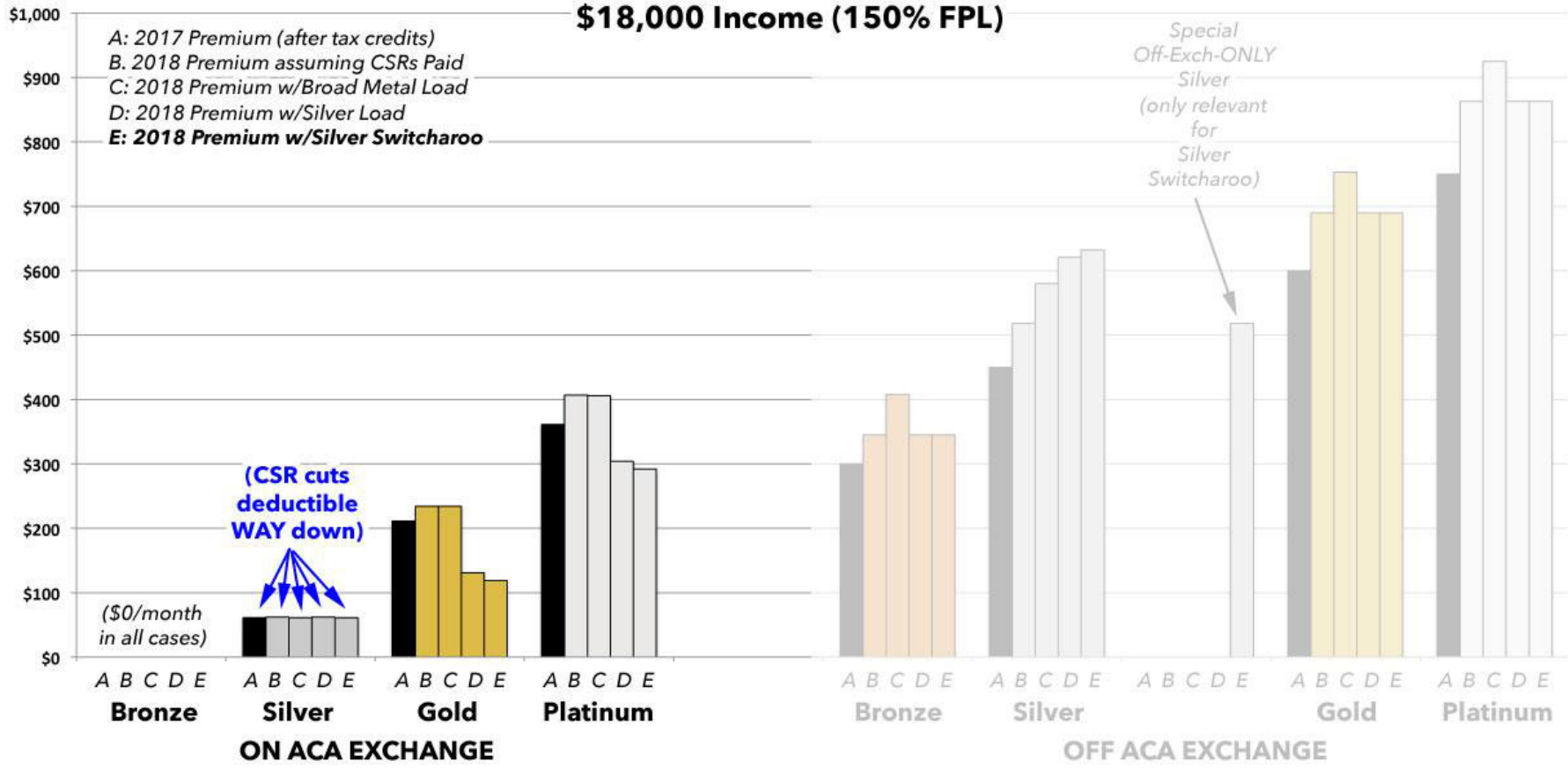
So What's With This Crazy Pricing Business?
Silver Loading & the Silver Switcharoo Explained:

- Most carriers (including in Michigan) did something clever: The "**Silver Load**", in which they **load the total CSR amount only onto Silver plans.**
- That means **Bronze, Gold and Platinum only go up 10%**, but **Silver will go up, say, 50%…**
- ...which in turn means **that tax credits increase by 50%**, not 30%…
- ...which means the net cost of Silver plans don't go up at all...but Bronze, Gold & Platinum prices **drop** compared to this year…
- Which means, in many states, **some Gold plans cost less than Silver, & some Bronze plans are dirt cheap or cost nothing at all after tax credits are applied!**
- In ~20 states, carriers went one step further: They loaded CSR costs **onto ON-EXCHANGE Silver** (but **not** onto **off-exchange** plans)…
- …which concentrates the tax credits even further (say, ~60% hike for on-exchange Silver vs. 10% for everything else…including off-exchange Silver)…
- …and **then**, they offer a "mirror" off-exchange-only Silver plan at only +10% for unsubsidized enrollees (**the Silver Switcharoo**). *(example savings: $550/mo vs. $800/mo or $3,000 for a single adult)*

Theoretical Premium Impact of various 2018 CSR Load Strategies

Charles Gaba / ACASignups.net

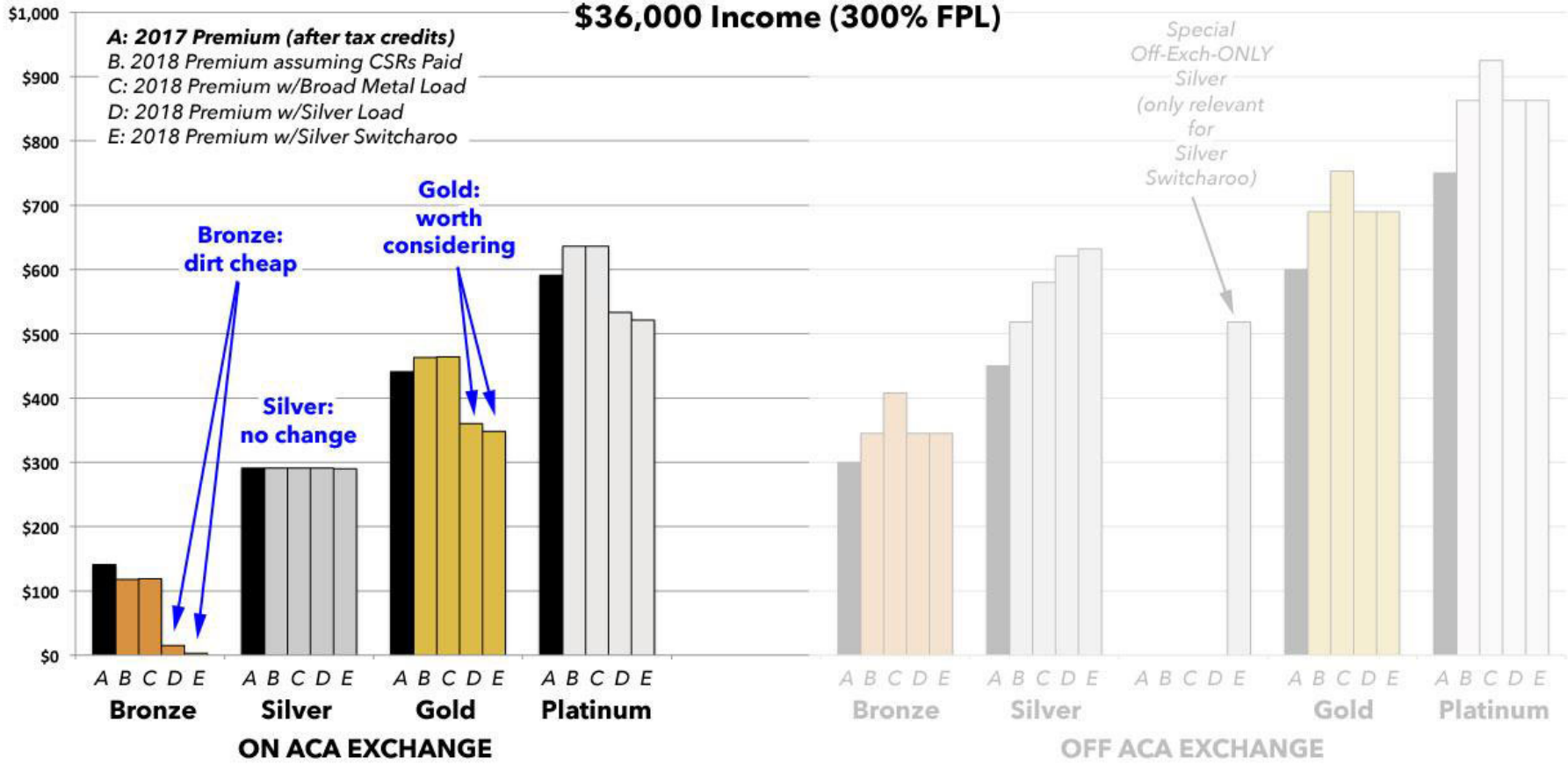
Single 40-year old Adult, No Kids, Nonsmoker
$18,000 Income (150% FPL)

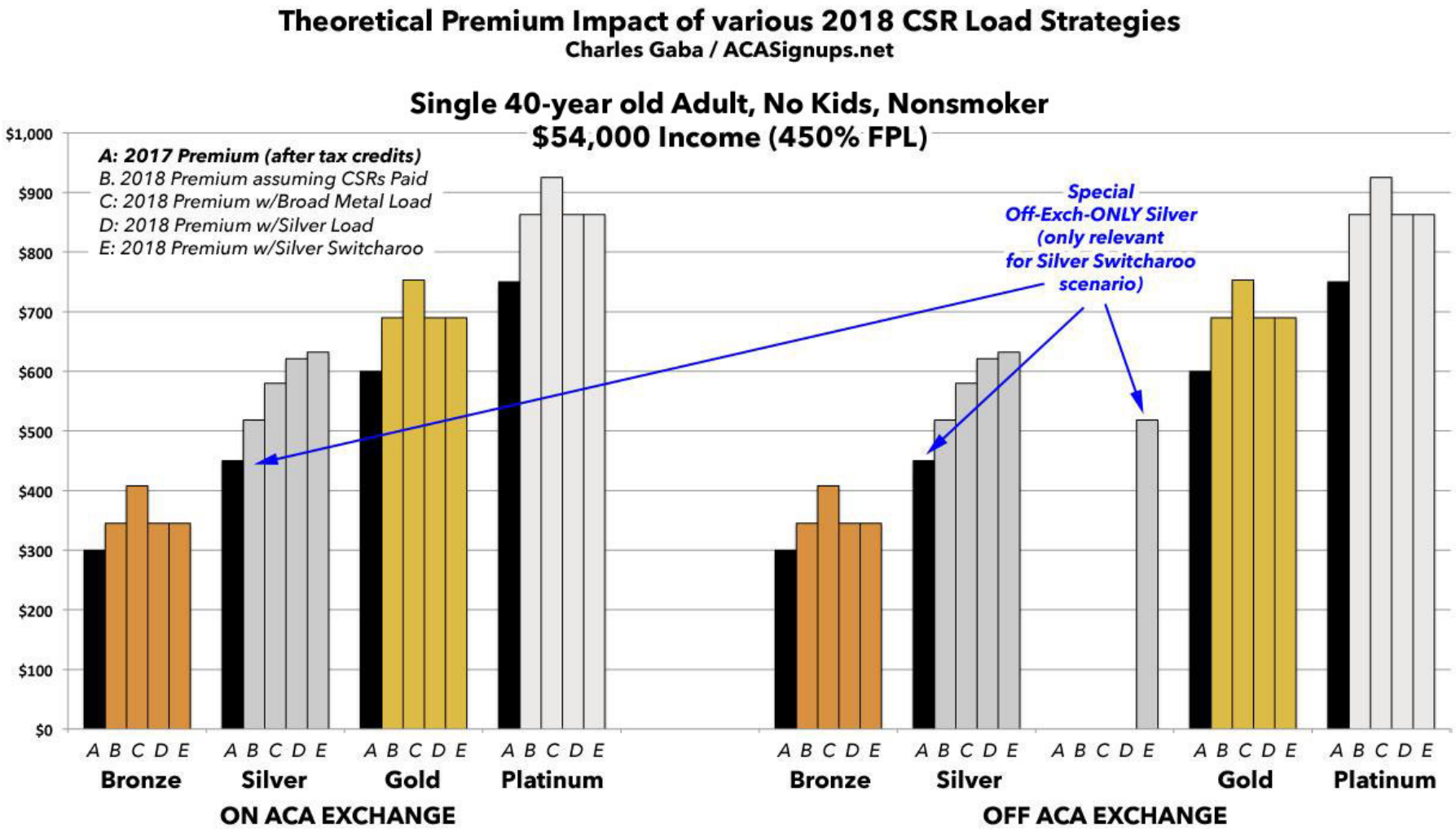


Theoretical Premium Impact of various 2018 CSR Load Strategies

Charles Gaba / ACASignups.net

Single 40-year old Adult, No Kids, Nonsmoker
$36,000 Income (300% FPL)

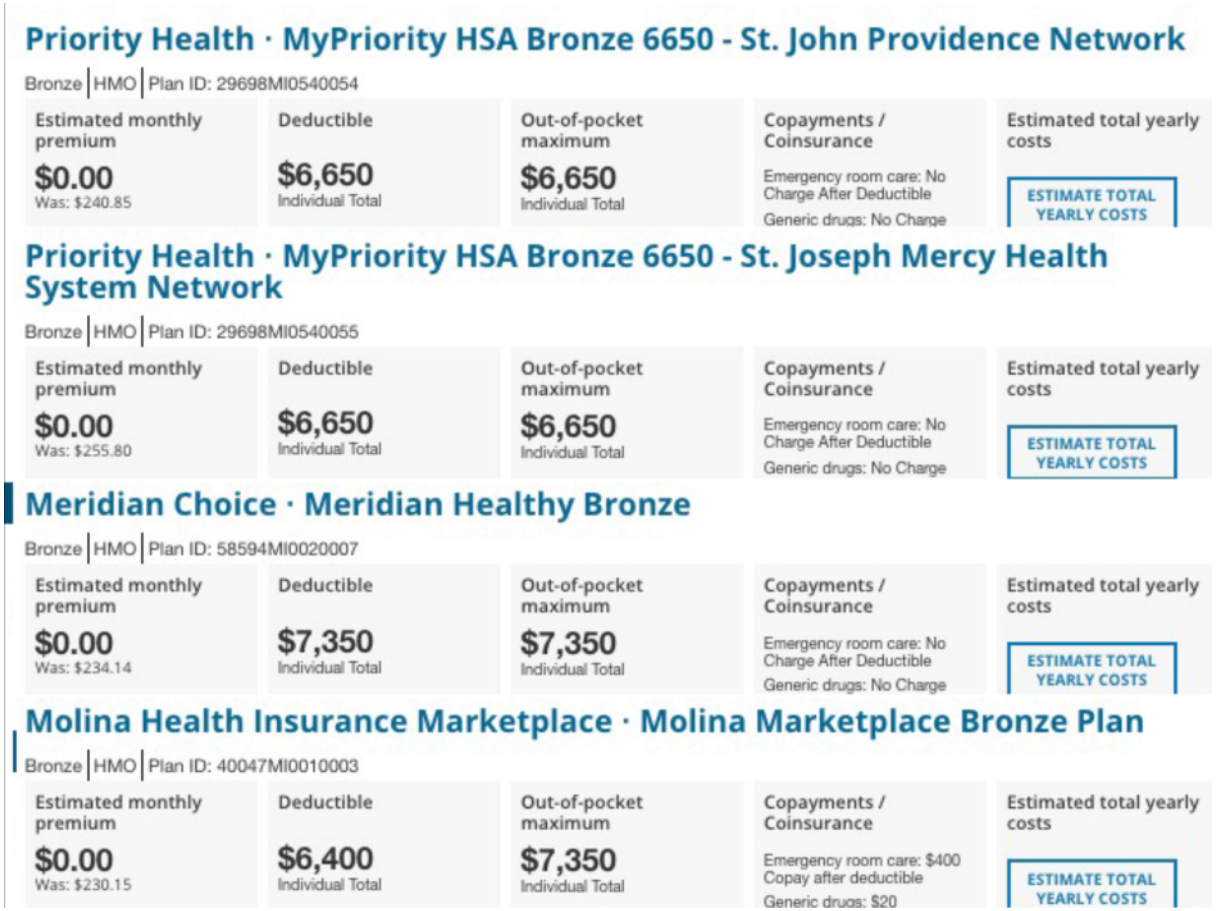



Theoretical Premium Impact of various 2018 CSR Load Strategies
Charles Gaba / ACASignups.net
Single 40-year old Adult, No Kids, Nonsmoker
$54,000 Income (450% FPL)
A: 2017 Premium (after tax credits)
B. 2018 Premium assuming CSRs Paid
C: 2018 Premium w/Broad Metal Load
D: 2018 Premium w/Silver Load
E: 2018 Premium w/Silver Switcharoo
Special Off-Exch-ONLY Silver (only relevant for Silver Switcharoo scenario)
$1,000
$900
$800
$700
$600
$500
$400
$300
$200
$100
$0
A B C D E
Bronze
Silver
Gold
Platinum
ON ACA EXCHANGE
OFF ACA EXCHANGE

Example of Silver Loading Beneficiary:

- **Single 40-yr old adult, non-smoker, no kids, Oakland County**
- **At 150% FPL ($18,000): $272/month***
- *At 300% FPL ($36,000): $46/month*
- *At 450% FPL ($54,000): $0/month (no APTC)*

BRONZE OPTIONS



Priority Health · MyPriority HSA Bronze 6650 - St. John Providence Network

Bronze | HMO | Plan ID: 29698MI0540054

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs
$0.00 Was: $240.85	$6,650 Individual Total	$6,650 Individual Total	Emergency room care: No Charge After Deductible; Generic drugs: No Charge	ESTIMATE TOTAL YEARLY COSTS

Priority Health · MyPriority HSA Bronze 6650 - St. Joseph Mercy Health System Network

Bronze | HMO | Plan ID: 29698MI0540055

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs
$0.00 Was: $255.80	$6,650 Individual Total	$6,650 Individual Total	Emergency room care: No Charge After Deductible; Generic drugs: No Charge	ESTIMATE TOTAL YEARLY COSTS

Meridian Choice · Meridian Healthy Bronze

Bronze | HMO | Plan ID: 58594MI0020007

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs
$0.00 Was: $234.14	$7,350 Individual Total	$7,350 Individual Total	Emergency room care: No Charge After Deductible; Generic drugs: No Charge	ESTIMATE TOTAL YEARLY COSTS

Molina Health Insurance Marketplace · Molina Marketplace Bronze Plan

Bronze | HMO | Plan ID: 40047MI0010003

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs
$0.00 Was: $230.15	$6,400 Individual Total	$7,350 Individual Total	Emergency room care: $400 Copay after deductible; Generic drugs: $20	ESTIMATE TOTAL YEARLY COSTS

Example of Silver Loading Beneficiary:

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- **At 150% FPL ($18,000): $272/month***
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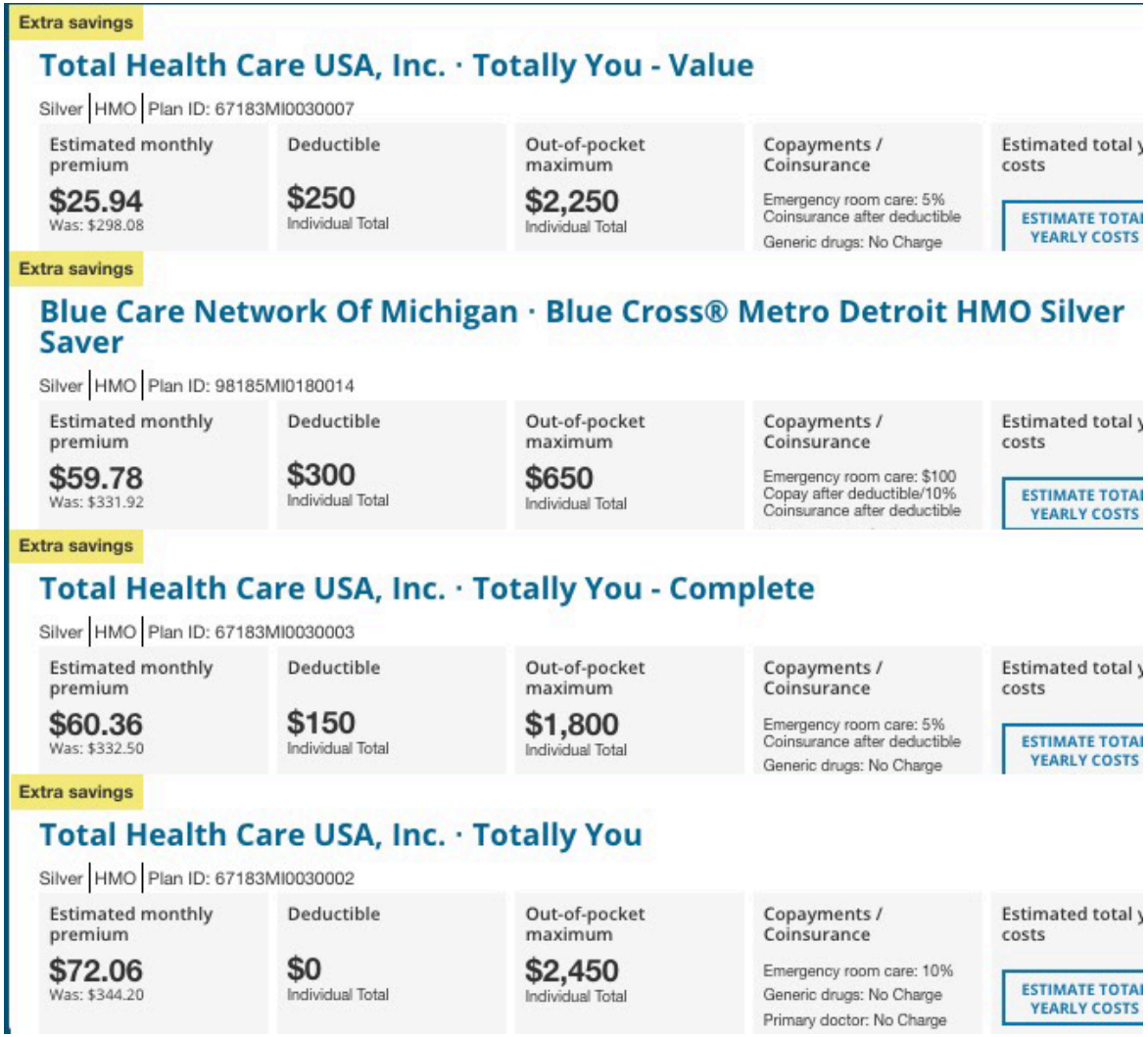
SILVER OPTIONS



Extra savings

Total Health Care USA, Inc. · Totally You - Value

Silver | HMO | Plan ID: 67183MI0030007

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs
$25.94 Was: $298.08	$250 Individual Total	$2,250 Individual Total	Emergency room care: 5% Coinsurance after deductible Generic drugs: No Charge	ESTIMATE TOTAL YEARLY COSTS

Extra savings

Blue Care Network Of Michigan · Blue Cross® Metro Detroit HMO Silver Saver

Silver | HMO | Plan ID: 98185MI0180014

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs
$59.78 Was: $331.92	$300 Individual Total	$650 Individual Total	Emergency room care: $100 Copay after deductible/10% Coinsurance after deductible	ESTIMATE TOTAL YEARLY COSTS

Extra savings

Total Health Care USA, Inc. · Totally You - Complete

Silver | HMO | Plan ID: 67183MI0030003

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs
$60.36 Was: $332.50	$150 Individual Total	$1,800 Individual Total	Emergency room care: 5% Coinsurance after deductible Generic drugs: No Charge	ESTIMATE TOTAL YEARLY COSTS

Extra savings

Total Health Care USA, Inc. · Totally You

Silver | HMO | Plan ID: 67183MI0030002

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs
$72.06 Was: $344.20	$0 Individual Total	$2,450 Individual Total	Emergency room care: 10% Generic drugs: No Charge Primary doctor: No Charge	ESTIMATE TOTAL YEARLY COSTS

Example of Silver Loading Beneficiary:

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- *At 150% FPL ($18,000): $272/month**
- **At 300% FPL ($36,000): $46/month**
- *At 450% FPL ($54,000): $0/month (no APTC)*

BRONZE OPTIONS

Total Health Care USA, Inc. · Total Saver Complete

Bronze | HMO | Plan ID: 67183MI0030006

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total y costs
$172.14 Was: $218.57	$7,150 Individual Total	$7,150 Individual Total	Emergency room care: No Charge After Deductible Generic drugs: No Charge	ESTIMATE TOTAL YEARLY COSTS

Total Health Care USA, Inc. · Total Saver Plus

Bronze | HMO | Plan ID: 67183MI0030005

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total y costs
$179.37 Was: $225.80	$5,500 Individual Total	$7,150 Individual Total	Emergency room care: 30% Coinsurance after deductible Generic drugs: $15	ESTIMATE TOTAL YEARLY COSTS

Molina Health Insurance Marketplace · Molina Marketplace Bronze Plan

Bronze | HMO | Plan ID: 40047MI0010003

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total y costs
$183.72 Was: $230.15	$6,400 Individual Total	$7,350 Individual Total	Emergency room care: $400 Copay after deductible Generic drugs: $20	ESTIMATE TOTAL YEARLY COSTS

Molina Health Insurance Marketplace · Molina Marketplace Options Bronze Plan

Bronze | HMO | Plan ID: 40047MI0070002

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total y costs
$184.32 Was: $230.75	$6,650 Individual Total	$7,350 Individual Total	Emergency room care: 40% Coinsurance after deductible	ESTIMATE TOTAL YEARLY COSTS

Example of Silver Loading Beneficiary:

- **Single 40-yr old adult, non-smoker, no kids, Oakland County**
- *At 150% FPL ($18,000): $272/month**
- **At 300% FPL ($36,000): $46/month**
- *At 450% FPL ($54,000): $0/month (no APTC)*

SILVER OPTIONS

Total Health Care USA, Inc. · Totally You - Value

Silver | HMO | Plan ID: 67183MI0030007

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total y costs
$251.65 Was: $298.08	$5,000 Individual Total	$7,350 Individual Total	Emergency room care: 30% Coinsurance after deductible Generic drugs: $10	ESTIMATE TOTAL YEARLY COSTS

Blue Care Network Of Michigan · Blue Cross® Metro Detroit HMO Silver Saver

Silver | HMO | Plan ID: 98185MI0180014

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total y costs
$285.49 Was: $331.92	$3,250 Individual Total	$6,550 Individual Total	Emergency room care: $250 Copay after deductible/30% Coinsurance after deductible	ESTIMATE TOTAL YEARLY COSTS

Total Health Care USA, Inc. · Totally You - Complete

Silver | HMO | Plan ID: 67183MI0030003

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total y costs
$286.07 Was: $332.50	$3,750 Individual Total	$6,000 Individual Total	Emergency room care: 20% Coinsurance after deductible Generic drugs: $25	ESTIMATE TOTAL YEARLY COSTS

Total Health Care USA, Inc. · Totally You

Silver | HMO | Plan ID: 67183MI0030002

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total y costs
$297.77 Was: $344.20	$4,250 Individual Total	$7,350 Individual Total	Emergency room care: 30% Coinsurance after deductible Generic drugs: $25	ESTIMATE TOTAL YEARLY COSTS

Example of Silver Loading Beneficiary:

- **Single 40-yr old adult, non-smoker, no kids, Oakland County**
- *At 150% FPL ($18,000): $272/month**
- **At 300% FPL ($36,000): $46/month**
- *At 450% FPL ($54,000): $0/month (no APTC)*

GOLD OPTIONS

Total Health Care USA, Inc. · Total HMO Standard

Gold | HMO | Plan ID: 67183MI0030001

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated to costs
$295.02 Was: $341.45	$1,000 Individual Total	$5,000 Individual Total	Emergency room care: $350 Generic drugs: $25 Primary doctor: $30	ESTIMATE T YEARLY CO

Meridian Choice · Meridian Healthy Gold

Gold | HMO | Plan ID: 58594MI0020009

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated to costs
$298.11 Was: $344.54	$2,200 Individual Total	$4,450 Individual Total	Emergency room care: 30% Coinsurance after deductible Generic drugs: $7	ESTIMATE T YEARLY CO

Molina Health Insurance Marketplace · Molina Marketplace Gold Plan

Gold | HMO | Plan ID: 40047MI0010001

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated to costs
$310.63 Was: $357.06	$3,800 Individual Total	$7,350 Individual Total	Emergency room care: $300 Generic drugs: $10	ESTIMATE T YEARLY CO

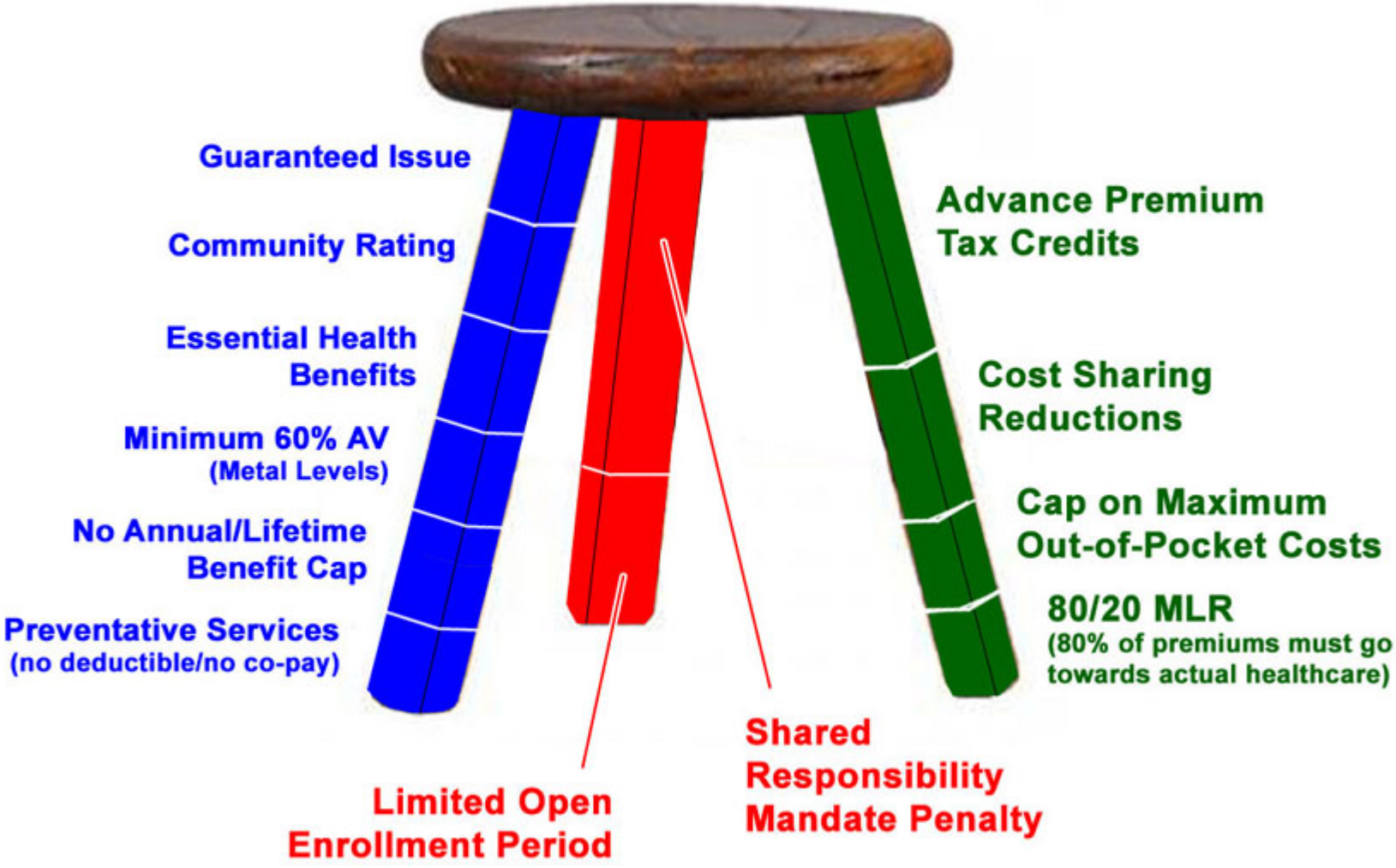
McLaren Health Plan Community · McLaren Gold Standard

Gold | HMO | Plan ID: 74917MI0020006

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated to costs
$401.17 Was: $447.60	$1,400 Individual Total	$5,000 Individual Total	Emergency room care: 20% Coinsurance after deductible Generic drugs: $10	ESTIMATE T YEARLY CO

THE THREE-LEGGED STOOL OF THE ACA: (IDEAL VERSION)

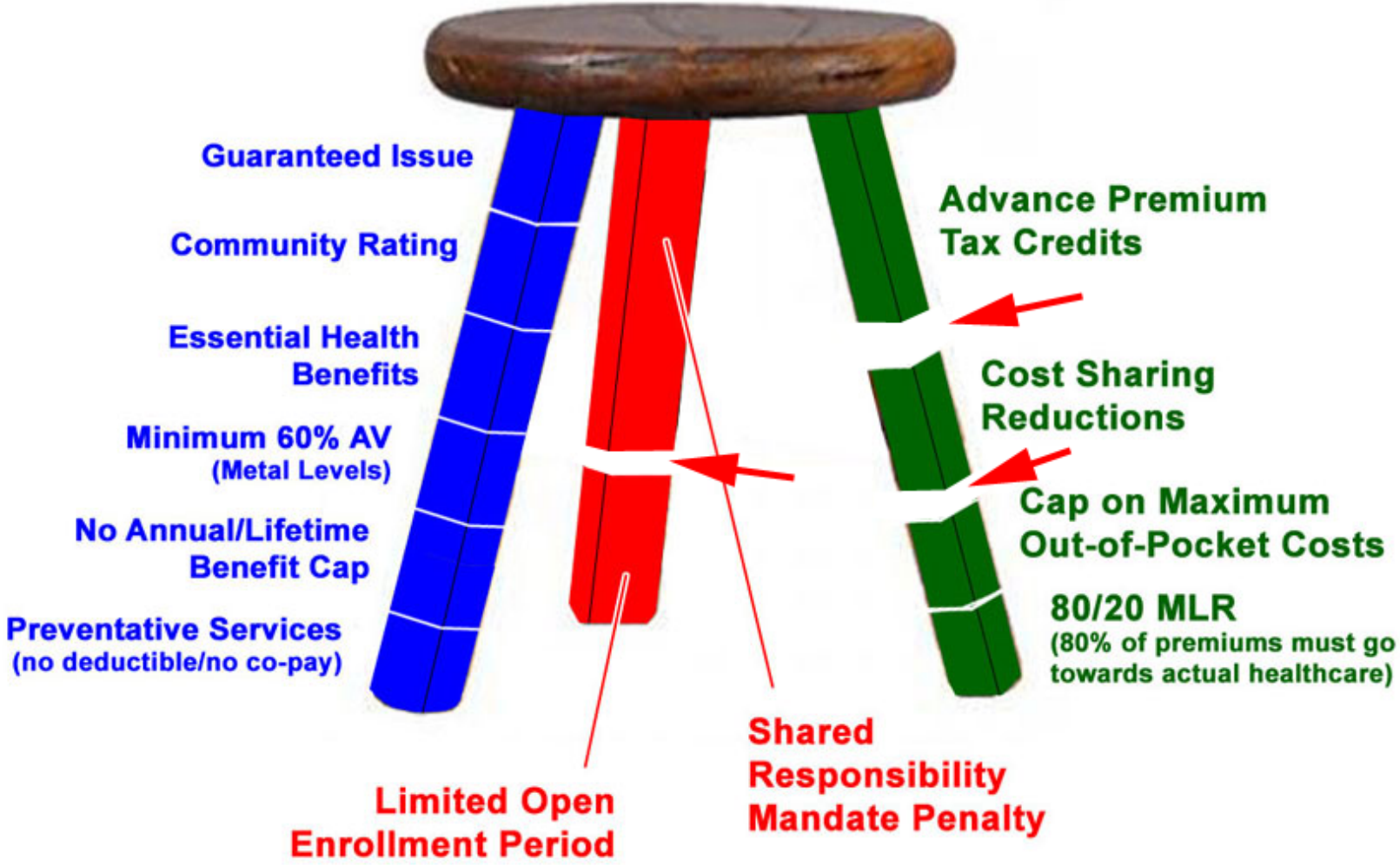
BLUE: Insurer Responsibility • RED: Enrollee Responsibility • GREEN: Government Responsibility



Charles Gaba / ACASignups.net

Three-legged stool of the Affordable Care Act as it stands today:
(real problems: APTC, CSR & mandate need to be strengthened)

BLUE: Insurer Responsibility • RED: Enrollee Responsibility • GREEN: Government Responsibility



Charles Gaba / ACASignups.net

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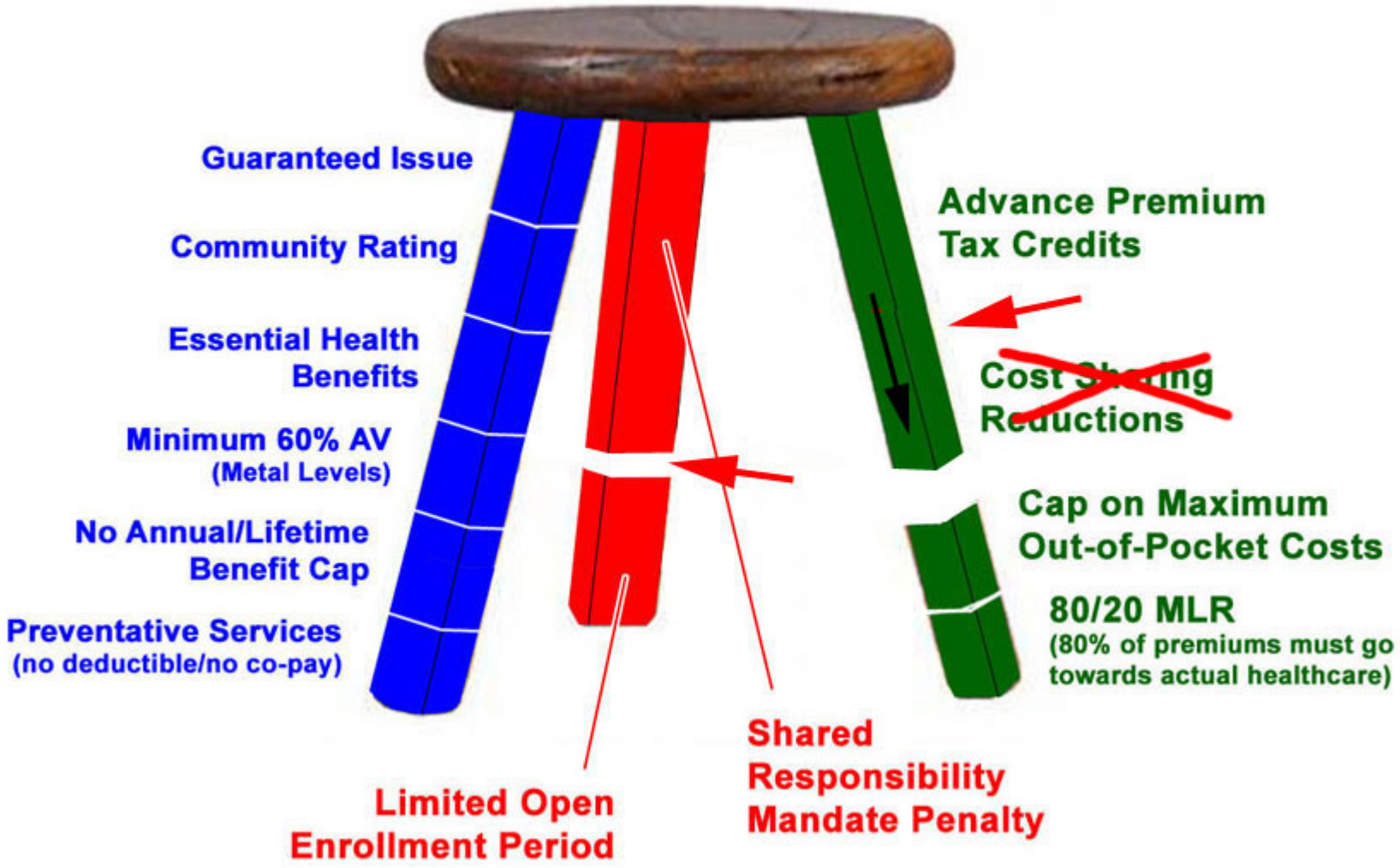

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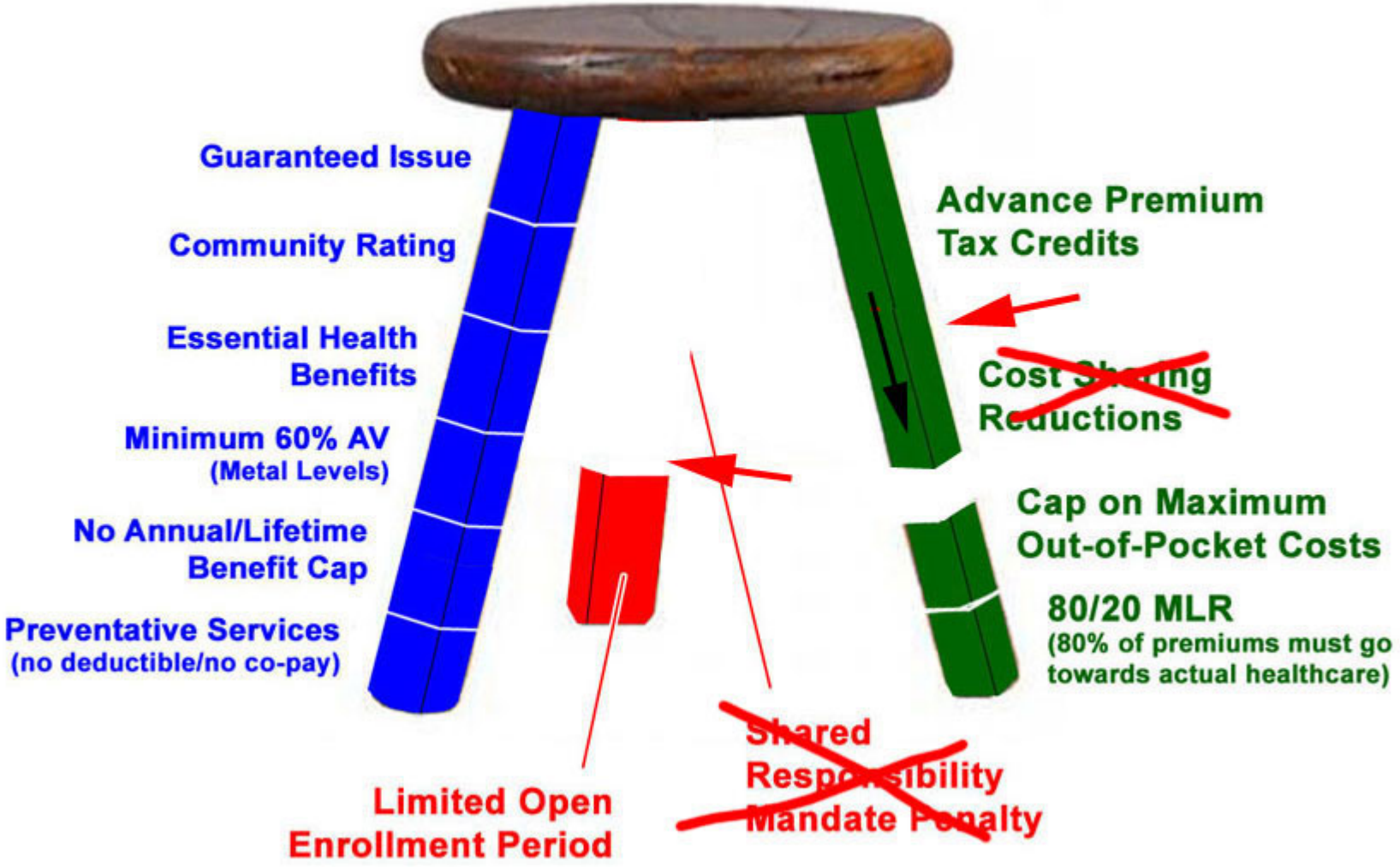
Three-Legged Stool of the Affordable Care Act without CSRs & if Individual Mandate Penalty is repealed

BLUE: Insurer Responsibility • **RED: Enrollee Responsibility** • **GREEN: Government Responsibility**



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IRS loosening enforcement of ObamaCare mandate

BY PETER SULLIVAN - 02/15/17 12:41 PM EST

The IRS says it will not reject tax forms from people who fail to answer whether they had health insurance, a sign of loosening up on enforcement of ObamaCare's individual mandate.

Tax forms ask people whether they had health coverage in the previous year to determine whether they need to pay a financial penalty under ObamaCare's mandate to have coverage.

The IRS cited Trump's executive order calling on agencies to ease up on ObamaCare regulations.

"The recent executive order directed federal agencies to exercise authority and discretion available to them to reduce potential burden," th IRS said in a statement to Reason.

Trump Administration has confused people about the individual mandate…

February

October

I.R.S. Says It Will Reject Tax Returns That Lack Health Insurance Disclosure

By **REED ABELSON** OCT. 20, 2017

Despite President Trump's pronouncements, not only is Obamacare not dead, there are signs that his administration is keeping it alive.

In the latest signal that the Affordable Care Act is still law, the Internal Revenue Service said this week that it is taking steps to enforce the most controversial provision: the tax penalty people face if they refuse to obtain health insurance.

Next year, for the first time, the I.R.S. will reject your tax return when filed electronically if you do not complete the information required about whether you have coverage, including whether you are exempt from the so-called individual mandate or will pay the penalty. If you file your tax return on paper, the agency said it could suspend processing of the return and delay any refund you might be owed.

The individual mandate penalty is:

- $695 per adult / $347.50 per child **or**
- 2.5% of your household income *(whichever is greater)*
- There are exemptions for hardship/etc.

Effect of Senate tax bill on health care

Estimates of premium increases, increases in the uninsured, and Medicare cuts, by state

State	Marketplace premium increase for a family in 2019	Increase in uninsured in 2025	Medicare funding cut in 2018 (in millions)
National average/total	$1,990	13,000,000	$25,000
Alabama	$2,230	183,000	$419
Alaska	$2,900	24,000	$32
Arizona	$2,060	282,000	$477
Arkansas	$1,450	127,000	$238
California	N/A	1,810,000	$2,790
Colorado	N/A	235,000	$302
Connecticut	N/A	143,000	$319
Delaware	$2,350	35,000	$86
District of Columbia	N/A	32,000	$44
Florida	$1,860	873,000	$2,054
Georgia	$1,930	392,000	$660
Hawaii	$1,750	46,000	$88
Idaho	N/A	74,000	$102
Illinois	$1,940	525,000	$970
Indiana	$1,360	245,000	$519
Iowa	$2,850	126,000	$225
Kansas	$2,070	112,000	$208
Kentucky	$1,690	181,000	$378
Louisiana	$1,900	197,000	$393
Maine	$2,350	50,000	$120
Maryland	N/A	226,000	$468
Massachusetts	N/A	277,000	$609
Michigan	$1,520	398,000	$903
Minnesota	N/A	227,000	$379
Mississippi	$2,080	115,000	$261

Effect of Senate tax bill on health care

Estimates of premium increases, increases in the uninsured, and Medicare cuts, by state

State	Marketplace premium increase for a family in 2019	Increase in uninsured in 2025	Medicare funding cut in 2018 (in millions)
Missouri	$2,120	228,000	$501
Montana	$2,100	46,000	$69
Nebraska	$3,070	75,000	$131
Nevada	$1,730	112,000	$202
New Hampshire	$1,900	45,000	$105
New Jersey	$1,650	325,000	$794
New Mexico	$1,660	90,000	$135
New York	N/A	843,000	$1,719
North Carolina	$2,510	408,000	$760
North Dakota	$1,510	30,000	$48
Ohio	$1,480	433,000	$1,002
Oklahoma	$2,630	144,000	$299
Oregon	$1,650	178,000	$280
Pennsylvania	$2,300	505,000	$1,205
Rhode Island	N/A	44,000	$94
South Carolina	$2,080	188,000	$403
South Dakota	$2,080	34,000	$61
Tennessee	$2,970	262,000	$539
Texas	$1,730	1,036,000	$1,801
Utah	$2,100	125,000	$130
Vermont	N/A	26,000	$51
Virginia	$2,140	287,000	$546
Washington	N/A	290,000	$444
West Virginia	$2,180	69,000	$182
Wisconsin	$2,270	217,000	$423
Wyoming	$3,460	22,000	$36

Center for American Progress analysis of GOP "Tax Reform" Bill:

Avg. individual market premium increase for a family of 4 in 2019:

$1,990/year (national avg.) / **$1,520/year (Michigan avg.)**

Increase in Uninsured as of 2025: 13 million (national) **/ 398,000 (Michigan)**

IMMEDIATE funding cuts to Medicare: $25 BILLION (national) / **$903 MILLION (Michigan)**

Other Questions:

- What are the changes happening to the ACA this year that are designed to sabotage the law: enrollment period and in person assistance cut, advertising slashed, negative ads placed on YouTube
  Marketing slashed 90%; outreach slashed 40%; etc.

- Do the cuts and rate hikes apply to insurance plans you get from an employer
  NO, INDIVIDUAL MARKET ONLY (employer plans do go up modestly each year but for unrelated reasons)

- Will newly enrolled people be able to receive the same coverage and protections as in the past?
  YES

- Will people currently enrolled maintain all their current protections? Under the ACA do protections such as not being denied coverage for a pre-existing condition and being able to keep a child on your plan until the age of 26 apply do everyone no matter how you get your insurance?
  YES

- Is the expanded Medicaid program, Healthy MI, part of the ACA? Is Trump going to cut funding for this program? What would it mean for those covered by it?
  YES, HEALTHY MI = ACA MEDICAID EXPANSION. AROUND 650,000 MICHIGANDERS ENROLLED.

- What will be the effect in MI of the EO that allows for cheaper association plans or buying across state lines?
  NO IDEA.

- Are there any other EO's that Trump could take that would further damage the ACA?
  NO IDEA.

ACASignups.net/tutorial
(PDF / YouTube versions)

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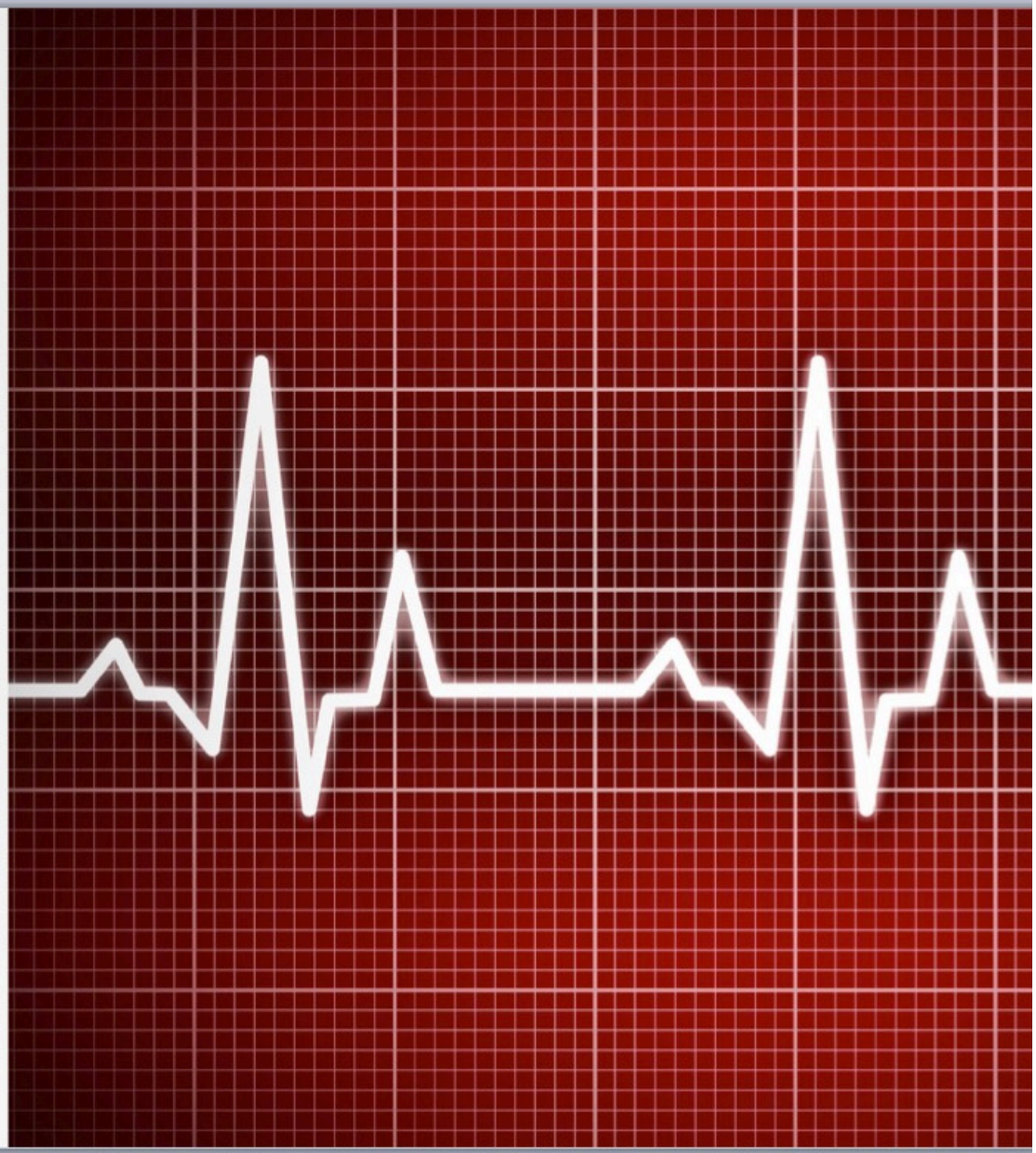
Single Payer- Quick Overview

JULIA PULVER, RN, BSN, CCM



Healthcare System Terminology

What do all these terms mean?

- **Universal Healthcare:** healthcare that is made available to all without regard to an individual's ability to pay.
- **Single Payer:** A healthcare reimbursement system where there is one entity paying every bill that comes in.
- **Medicare:** Health insurance for Americans 65+ or with certain disabilities, pays around 80% of healthcare costs, individuals pay 20%. There are deductibles, co-pays and benefit limits. Funded through payroll deductions. Federal program.
- **Medicaid:** Health insurance for low income Americans, pays 100% of all covered benefits with no co-pays, deductibles or co-insurance. Funded solely through taxes. State program, with funding from both State and Federal taxes.
- **Socialized Medicine:** healthcare paid for by taxes without upfront payments (premiums, deductibles, co-insurance, etc) Similar to other "socialized" programs like police, fire, etc.
- **Affordable Care Act (aka Obamacare):** System established to allow individuals to purchase health insurance through the private market with subsidized premiums. Put consumer protections in place for all insurances (ie. Protecting pre-existing conditions, covering preventative care services without deductibles being met, no lifetime caps, benefit limits, essential health benefits must be in all plans, etc)
- **Public Option:** system that allows citizen's to pay premiums into a publicly run and operated healthcare system that operates similarly to Medicaid. (Similar to a "Medicaid Buy In")

What do all these terms mean?

- **Employer Based:** Health insurance offered through an employer as a part of the compensation package for employment. The employer pays a portion of the premiums to a private insurance company. Premiums covered until end of employment.
- **Consolidated Omnibus Budget Reconciliation Act** of 1985 (or **COBRA**) gives employees who no longer receive employer health benefits after a termination of employment (for any reason). Full price for coverage is shifted to the individual. Formerly the only protection against pre-existing conditions before the ACA was passed.
- **TRICare:** formerly known as the **Civilian Health and Medical Program of the Uniformed Services** (**CHAMPUS**)Insurance offered to military personnel, veterans and their dependents. Covers costs at VA facilities and some private facilities. Tied to "service level connection" for degree of benefits. Federal program.
- **Junk Plans:** Predatory insurance plans that used to sell plans with low monthly premiums, but provided little actual coverage. Many operated as a "coupon book" for services, covering up to a certain limit for covered services.
- **Catastrophic Plans:** Similar to junk plans, but would cover no routine or preventative care services, but would offer more coverage for major accidents, injuries or health conditions. Actual coverage for these issues were extremely limited.
- **MI Auto No-Fault Benefits:** Covers all 100% of all medical bills, home and car modifications, and attendant care needs for life for any condition that resulted from an auto accident. Zero out of pocket costs to the patient/family.
- **Workers Compensation:** Covers medical bills that arise from a work place accident. Covered under your employer's insurance. Zero out of pocket costs to the patient/family.

What is Single Payer Healthcare?

- Refers to the source of reimbursement to the individual healthcare providers (doctor's offices, hospitals, nursing homes, etc.)
- There are only two countries currently that have a true "Single Payer" government healthcare reimbursement system: Canada and Taiwan.
- Universal coverage is done through multi-payer systems in other countries that have "socialized" medicine.
- There are pros and cons of a single payer model for delivering universal healthcare.

The Patient Protection & Affordable Care Act

(aka Affordable Care Act, "**ACA**" or "**Obamacare**")
and Republican Repeal Attempts

a basic overview by Charles Gaba of

ACASignups.net *(also known as Obamacare)*

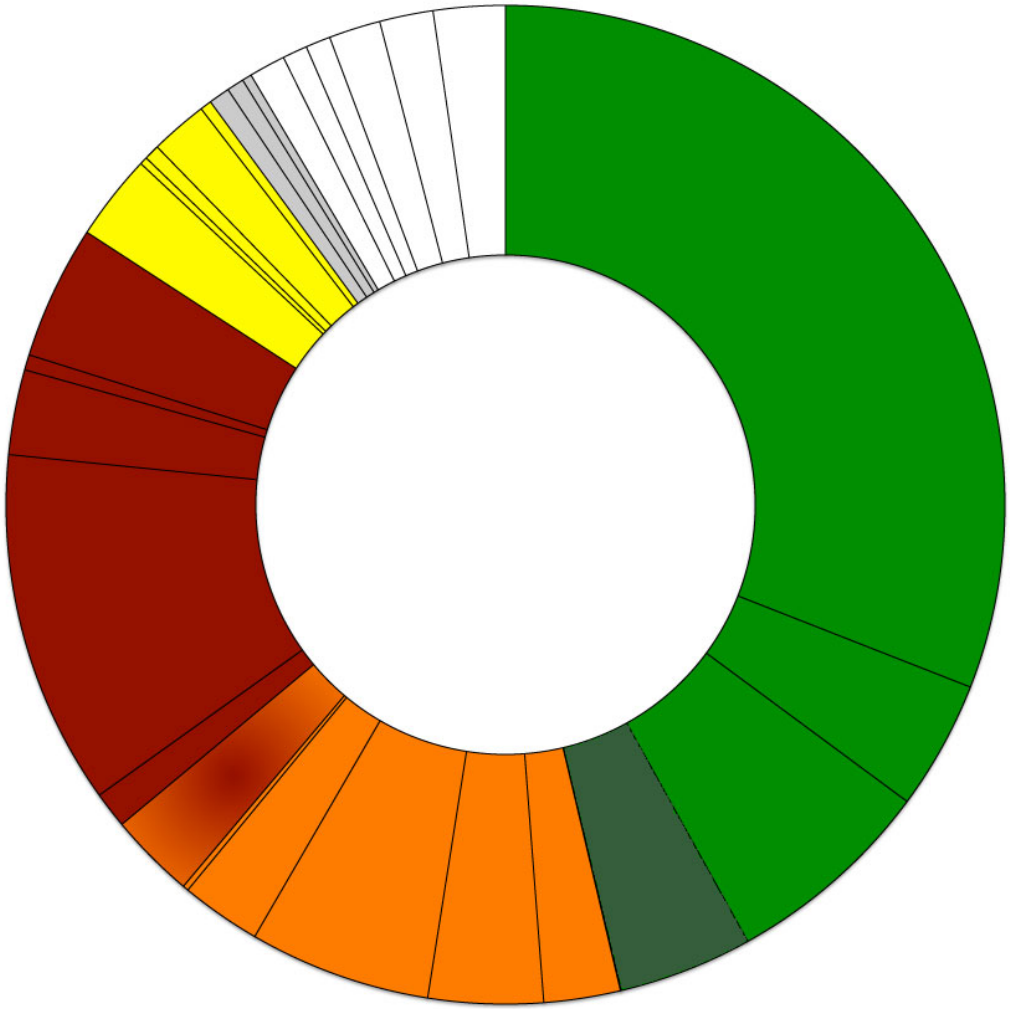
Tracking Enrollments for the Affordable Care Act

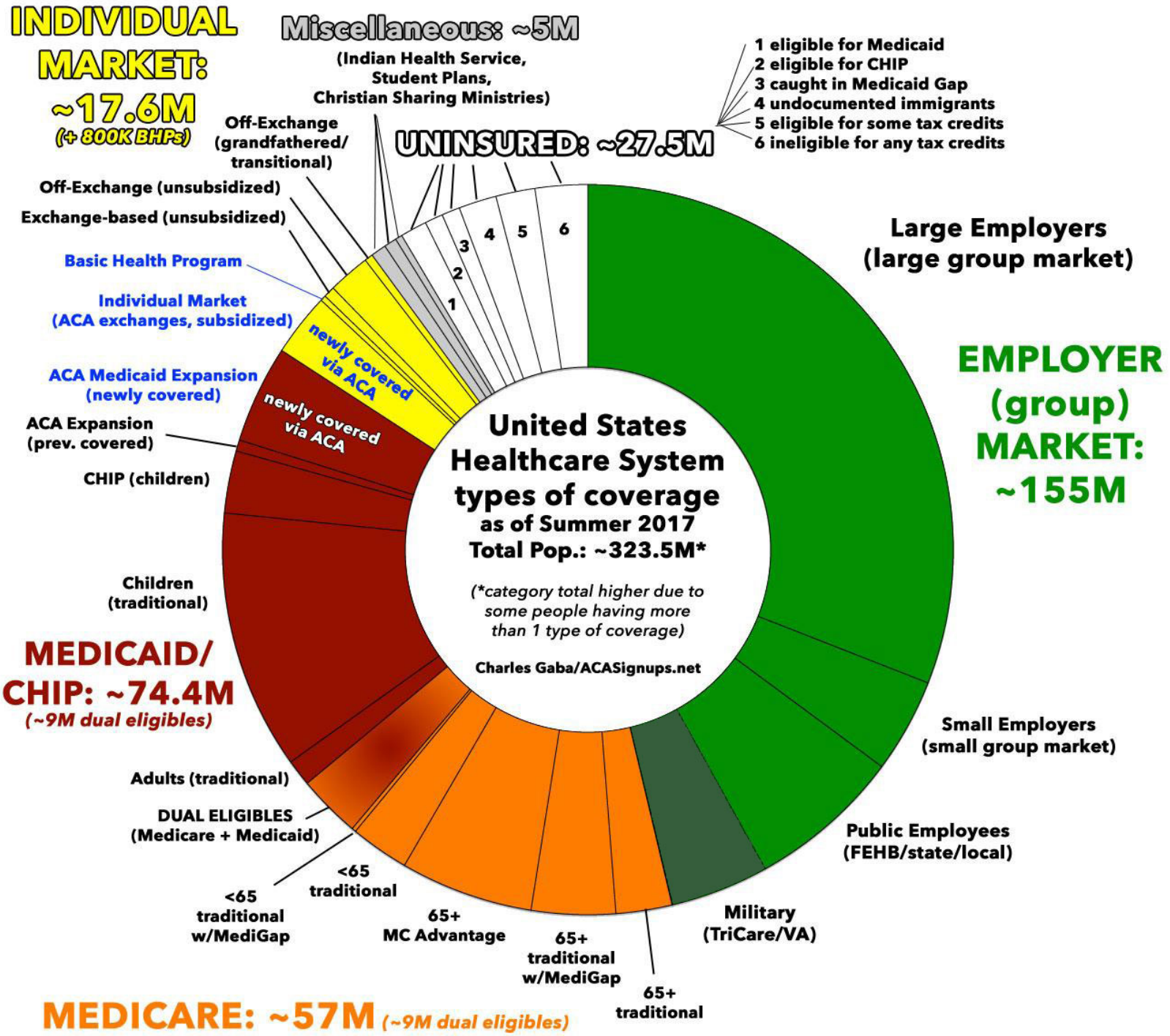
(data source links available at website)

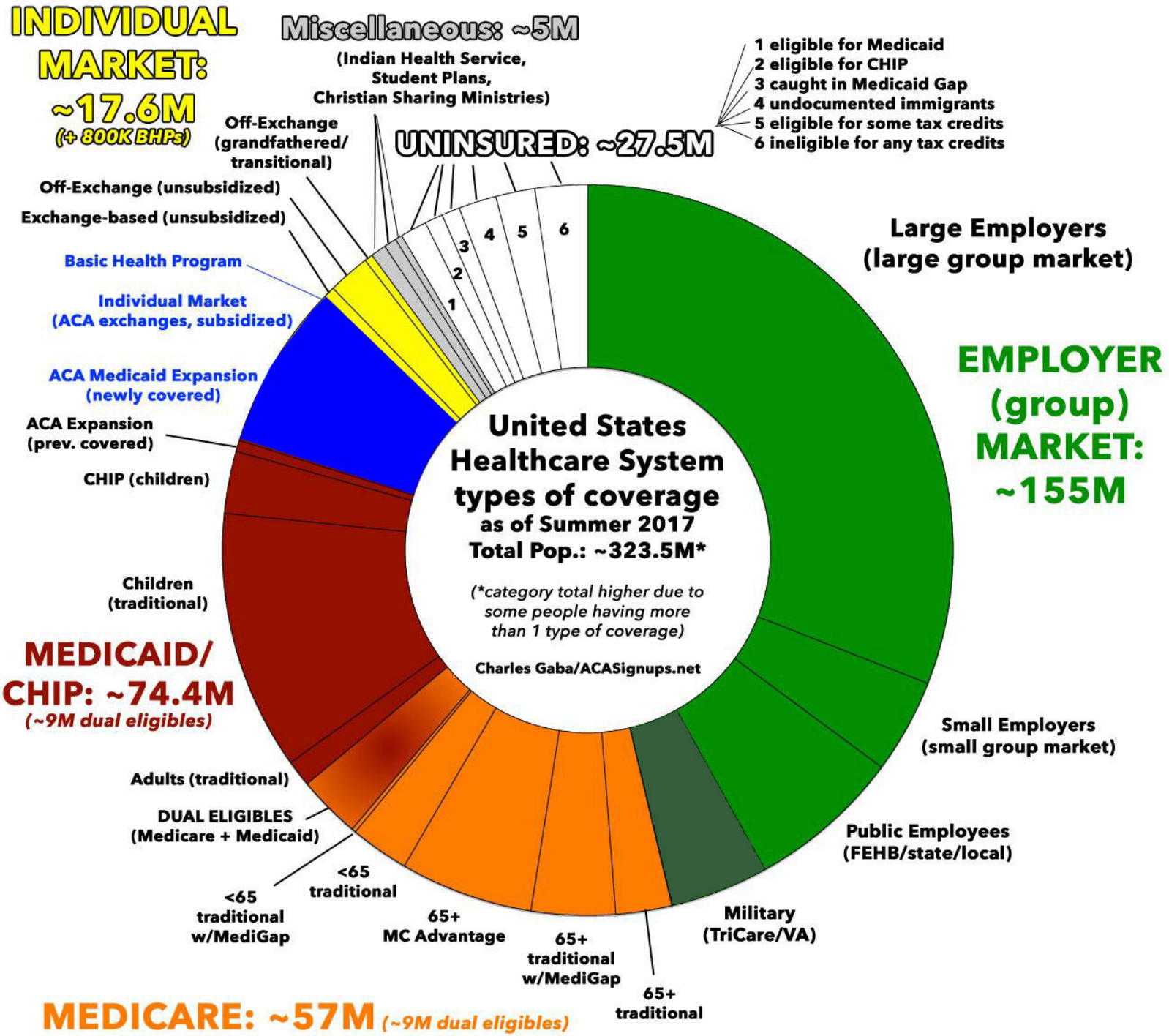
Updated: 8/25/17

Full Presentation Available at

acasignups.net/tutorial




INDIVIDUAL MARKET: ~17.6M (+ 800K BHPs)
Miscellaneous: ~5M
(Indian Health Service, Student Plans, Christian Sharing Ministries)
Off-Exchange (grandfathered/ transitional)
Off-Exchange (unsubsidized)
Exchange-based (unsubsidized)
Basic Health Program
Individual Market (ACA exchanges, subsidized)
ACA Medicaid Expansion (newly covered)
ACA Expansion (prev. covered)
CHIP (children)
Children (traditional)
MEDICAID/ CHIP: ~74.4M (~9M dual eligibles)
Adults (traditional)
DUAL ELIGIBLES (Medicare + Medicaid)
<65 traditional w/MediGap
<65 traditional
65+ MC Advantage
65+ traditional w/MediGap
65+ traditional
MEDICARE: ~57M (~9M dual eligibles)
Military (TriCare/VA)
Public Employees (FEHB/state/local)
Small Employers (small group market)
EMPLOYER (group) MARKET: ~155M
Large Employers (large group market)
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
newly covered via ACA
newly covered via ACA
United States Healthcare System types of coverage
as of Summer 2017
Total Pop.: ~323.5M*
(*category total higher due to some people having more than 1 type of coverage)
Charles Gaba/ACASignups.net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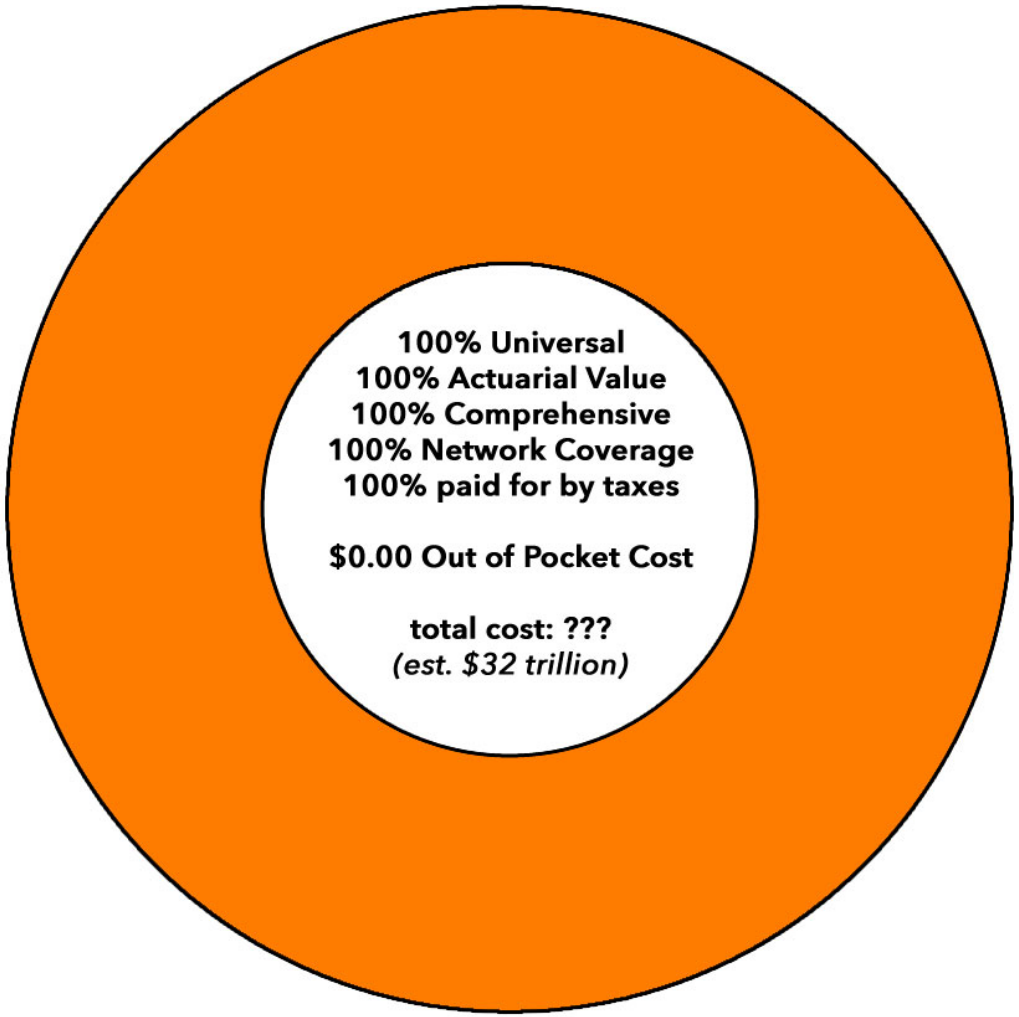
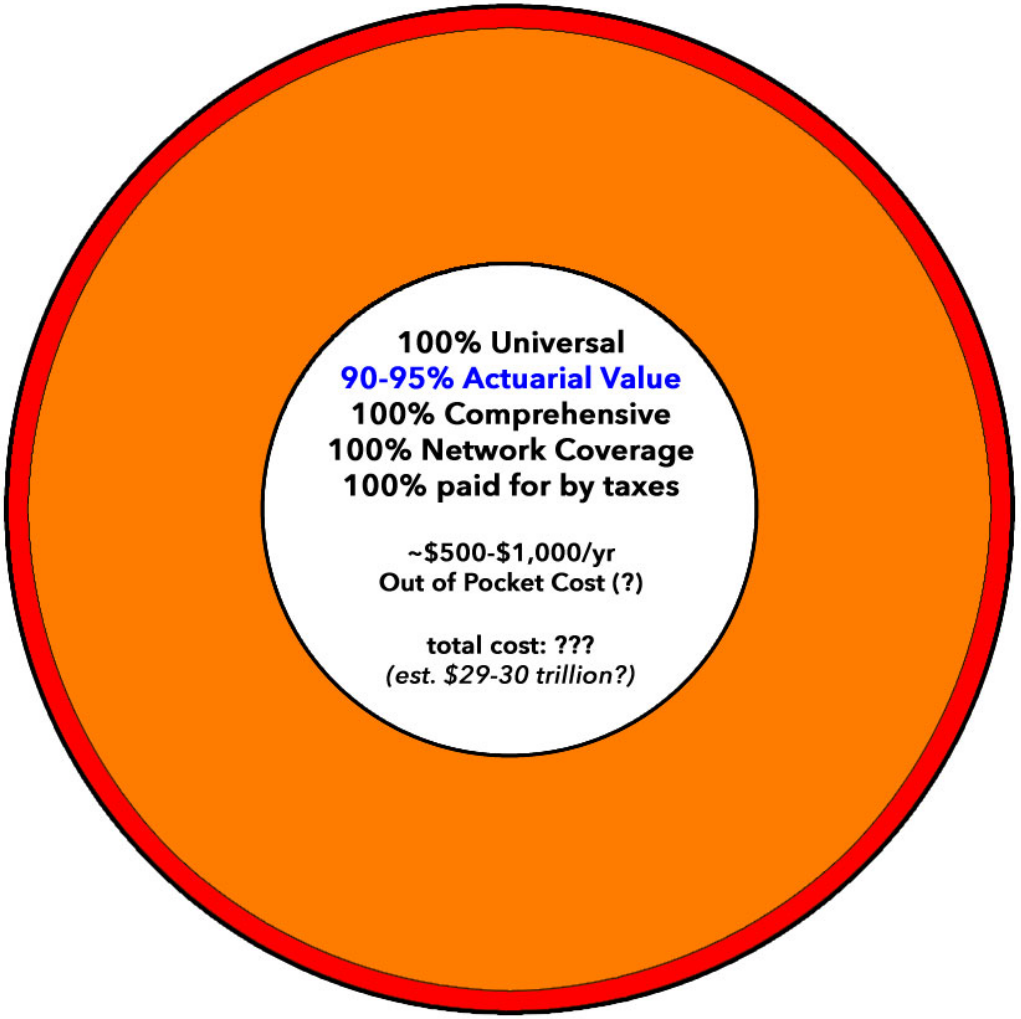
Charles Gaba/ACASignups.net

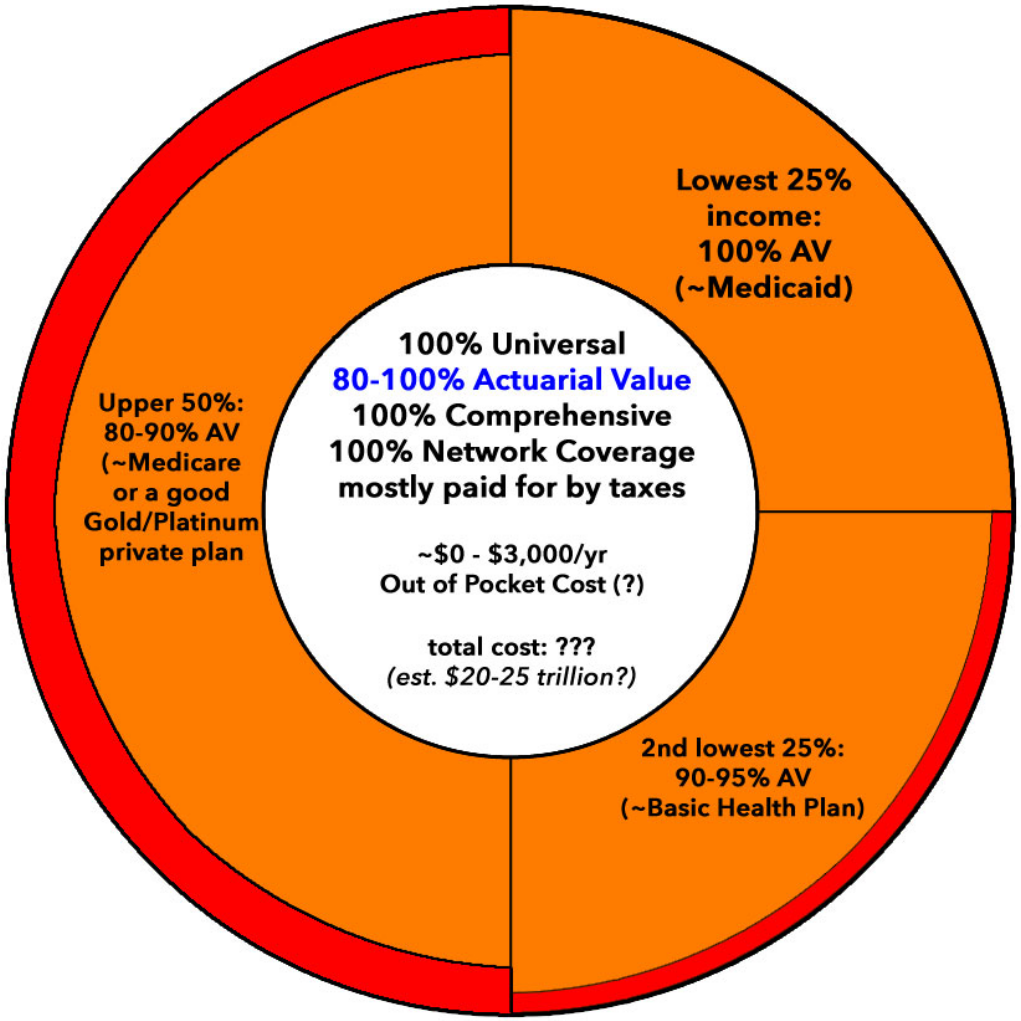
Hypothetical Bernie Sanders/John Conyers-style “Medicare for All” proposal:



Modified “Medicare for All” proposal with modest cost sharing:



More realistic "Medicare for All" proposal with tiered cost sharing by income level:



BE CAREFUL about throwing around terms like "Single Payer" and "Medicare for All"

The Dungeons & Dragons Character Attributes of healthcare coverage:

- **SP (Single Payer): HOW are the doctors/hospitals paid?**
- **UC (Universal Coverage): How MANY people are covered?**
- **AV (Actuarial Value): What PERCENT of expenses are covered?**
- **CC (Comprehensive Care): What's the SCOPE of coverage?**
- **NS (Network Size): WHICH doctors/hospitals are included?**
- **RS (Rate Setting): How is PRICING of services determined?**
- **SM (Socialized Medicine): Who EMPLOYS the docs/hospitals?**

BE CAREFUL about throwing around terms like "Single Payer" and "Medicare for All"

Medicare is excellent, but it is not comprehensive, has limits on coverage, requires premiums/deductibles/co-pays, etc.

Overall, Medicare has an AV rating of around 80%, give or take…about the same as an ACA exchange Gold plan.

For individuals ages 65 and older, the study finds that Medicare remains less generous on average than typical large employer health plans, even after recent improvements in the program's drug coverage.

Overall, Medicare would cover $11,930 on average of the $14,890 in estimated annual spending for an individual age 65 and older, less than would be covered under either the federal employee plan ($12,260) or the typical PPO comparison plan ($12,800) for an individual age 65 and older. The gap was narrower in 2011 than it was in 2007, largely due to provisions in the Affordable Care Act that provide discounts on brand-name drugs purchased in the Medicare drug benefit's coverage gap, or "doughnut hole."

http://www.kff.org/health-reform/issue-brief/how-does-the-benefit-value-of-medicare/

KEY SINGLE PAYER QUESTIONS:

- **Religious Resistance:** Assuming 100% federally funded, what about the Hyde Amendment? Contraception (Hobby Lobby)? Needle exchanges/ HIV prevention? Living wills/EOL care?

- **Nativist Resistance:** Assuming 100% federally funded, what about undocumented immigrants? Covered, not covered?

- **Employee Resistance:** What happens to the 1-2 million who work for the insurance industry and/or related industries? Retraining?

KEY SINGLE PAYER QUESTIONS:

- **Provider Resistance:** Medicare reimburses ~80%; Medicaid ~50% on average. If Medicare rates, docs/ hospitals take 20% pay cut; if Medicaid rates, 50% pay cut. OK w/that?

- **Change Resistance:** Under ACA, **5-6M** scheduled to have policies terminated 12/31/13 & flipped out; backlash over **170-250M** being required to switch to totally new policy/plans?

- **Psychological Resistance:** On paper, "$4K more in taxes to save $5K in costs" is a no-brainer; in reality, people just hear "more taxes"

NY Times: Best Healthcare System in the World? Aaron Carroll & Austin Frakt

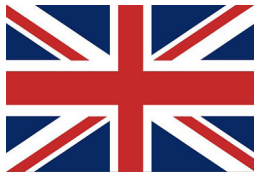
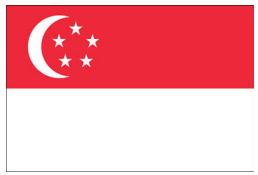
https://www.nytimes.com/interactive/2017/09/18/upshot/best-health-care-system-country-bracket.html

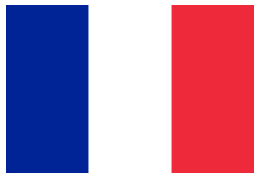
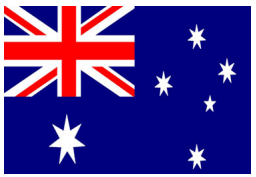
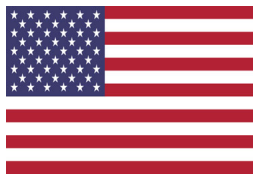
- Aaron E. Carroll, MD, MS is a Professor of Pediatrics and Associate Dean for Research Mentoring at Indiana University School of Medicine. He is also the director of the Center for Health Policy and Professionalism Research.
- Austin Frakt is a health economist, associate professor, and researcher; the creator, co-manager, and a primary author of *The Incidental Economist;* and a regular contributor to *The New York Times'* The Upshot.

NY Times: Best Healthcare System in the World?

• Compared the healthcare systems of 8 different nations across a variety of criteria:

- **Canada**
- **Great Britain**
- **Singapore**
- **Germany**
- **Switzerland**
- **France**
- **Australia**
- **The United States**

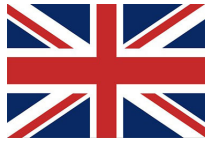




• Judges included Carroll & Frakt along with economists & healthcare system experts Craig Garthwaite, Uwe Reinhardt and Ashish Jha

NY Times: Best Healthcare System in the World?

Canada vs. Britain: Single-Payer Showdown



Both have single-payer systems, but vary in the government's role and in what is covered.

In Canada, the government finances health insurance, and the **private sector delivers a lot of the care**. Insurance is run at the province level. Many Canadians **have supplemental private insurance** through their jobs to help pay for **prescription drugs, dentists and optometry**. The government ends up paying for **about 70 percent of health care spending in all**.

Britain has truly socialized medicine: The government not only finances care, but also provides it through the National Health Service. Coverage is broad, and most services are free to citizens, with the system financed by taxes, **though there is a private system that runs alongside the public one. About 10 percent buy private insurance**. Government spending accounts for **more than 80 percent of all health care spending.**

U.S. analogues are Medicare (more like Canada) and the Veterans Health Administration (more like Britain).

Canada and Britain are pretty similar in terms of spending — both spend just over 10 percent of G.D.P. on health care. They also have reasonably similar results on quality, although neither ranks near the top in the usual international comparisons. In terms of access, though, Britain excels, with shorter wait times and fewer access barriers due to cost.

Our pick: Britain, 4-1

NY Times: Best Healthcare System in the World?

United States vs. Singapore: A Mix of Ideas

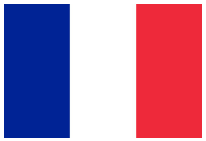
The United States has a mix of clashing ideas: private insurance through employment; single-payer Medicare mainly for those 65 and older; state-managed Medicaid for many low-income people; private insurance through exchanges set up by the Affordable Care Act; as well as about 28 million people without any insurance at all. Hospitals are private, except for those run by the **Veterans Health Administration.**

Singapore has a unique approach. Basic care in government-run hospital wards is cheap, sometimes free, with more **deluxe care in private rooms available for those paying extra**. Singapore's **workers contribute around 37 percent of their wages** to mandated savings accounts that may be spent on health care, housing, insurance, investment or education, with **part of that being an employer contribution**. The government, which helps **control costs**, is involved in decisions about investing in new technology. It also uses **bulk purchasing power to spend less on drugs**, controls the number of medical students and physicians in the country, and **helps decide how much they can earn.**

Singapore's system costs far less than America's (4.9 percent of G.D.P. versus 17.2 percent). Singapore doesn't release the same data as most other advanced nations, although it's widely thought that it provides pretty good care for a small amount of spending. Others counter that access and quality vary, with wide disparities between those at the top and bottom of the socioeconomic ladder.

Our pick: United States, 4-1

NY Times: Best Healthcare System in the World?



France vs. Australia: Everyone Covered

The list of services covered in France is more extensive than in Australia -- perhaps more than in any other health care system. Australia has the advantage in expense.

Australia provides free inpatient care in public hospitals, access to most medical services and prescription drugs. There is **also voluntary private health insurance**, giving access to private hospitals and to some services the public system does not cover.

The government pays for at least 85 percent of outpatient services, and for **75 percent of the medical fee schedule for private patients** who use public hospitals. Patients must pay out of pocket for whatever isn't covered. Most doctors are self-employed, work in groups and are paid fee-for-service. More than half of hospitals are public.

Everyone in France must buy health insurance, sold by a small number of nonprofit funds, which are **largely financed through taxes**. Public insurance covers between **70 percent and 80 percent of costs**. **Voluntary health insurance can cover the rest**, leaving out-of-pocket payments relatively low. About **95 percent of the population has voluntary coverage**, through jobs or with the help of means-tested vouchers. The Ministry of Health **sets funds and budgets**; it also regulates the number of hospital beds, what equipment is purchased and how many medical students are trained. **The ministry sets prices for procedures and drugs.**

The French health system is relatively expensive at 11.8 percent of G.D.P., while Australia's is at 9 percent. Access and quality are excellent in both systems.

Our pick: France, 4-1

NY Times: Best Healthcare System in the World?

Switzerland vs. Germany: Neighborly Rivalry (page 1)

Germany's system and Switzerland's have a lot in common. Germany has slightly better access, especially with respect to costs. Switzerland has higher levels of cost-sharing, but its outcomes are hard to beat — arguably the best in the world.

Like every country here except the U.S., Switzerland has a universal health care system, requiring all to buy insurance. The plans resemble those in the United States under the Affordable Care Act: offered by private insurance companies, community rated and guaranteed-issue, with prices varying by things like breadth of network, size of deductible and ease of seeing a specialist.

Almost 30 percent of people get subsidies offsetting the cost of premiums, on a **sliding scale pegged to income**. Although these plans are offered on a nonprofit basis**, insurers can also offer coverage on a for-profit basis**, providing additional services and more choice in hospitals. For these voluntary plans, insurance companies may vary benefits and premiums; they also can deny coverage to people with chronic conditions. Most doctors work on **a national fee-for-service scale**, and patients have considerable choice of doctors, unless they've selected a managed-care plan.

NY Times: Best Healthcare System in the World?

Switzerland vs. Germany: Neighborly Rivalry (page 2)

A majority of Germans (86 percent) get their coverage primarily though the national public system, with others **choosing voluntary private health insurance**. Most premiums for the public system are based on income and paid for by **employers and employees**, with subsidies available **but capped at earnings of about $65,000**. Patients have a lot of choice among doctors and hospitals, and cost sharing is quite low. It's **capped for low-income people**, reduced for care of those with chronic illnesses, and nonexistent for services to children.

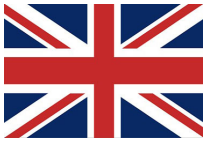
There are no subsidies for private health insurance, but the government **regulates premiums**, which can be higher for people with pre-existing conditions. Private insurers charge premiums on an actuarial basis when they first enroll a customer, and subsequently raise premiums only as a function of age — not health status. Most physicians work in a fee-for-service setting based on negotiated rates, and **there are limits on what they can be paid annually.**

Both systems cost their countries about 11 percent of G.D.P.

Our pick: Switzerland, 3-2

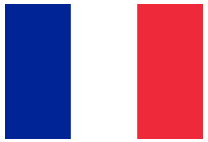
NY Times: Best Healthcare System in the World?

Switzerland vs. Britain: Meaning of a Market



How does the cost-effectiveness of Britain's "socialized medicine" stack up against the competitive but heavily regulated private system of Switzerland?

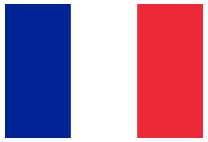
Our pick: Switzerland, 3-2



France vs. United States: Access vs. Innovation

France has extensive coverage, with costs that are high relative to many other nations. The U.S. system, praised as dynamic and innovative, is even more expensive, falls short of universal coverage and can be bewilderingly complex. Which do our experts prefer?

Our Pick: France, 3-2



France vs. Switzerland: Top of the Mountain

France's system is impressively comprehensive and in some respects simpler. Switzerland relies on a competitive yet much-regulated system of private insurers. Which has the edge and why?

Our pick: Switzerland, 3-2

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Michigan Enrollment Information

Tel 1.800.318.2596 TTY 1.855.889.4325

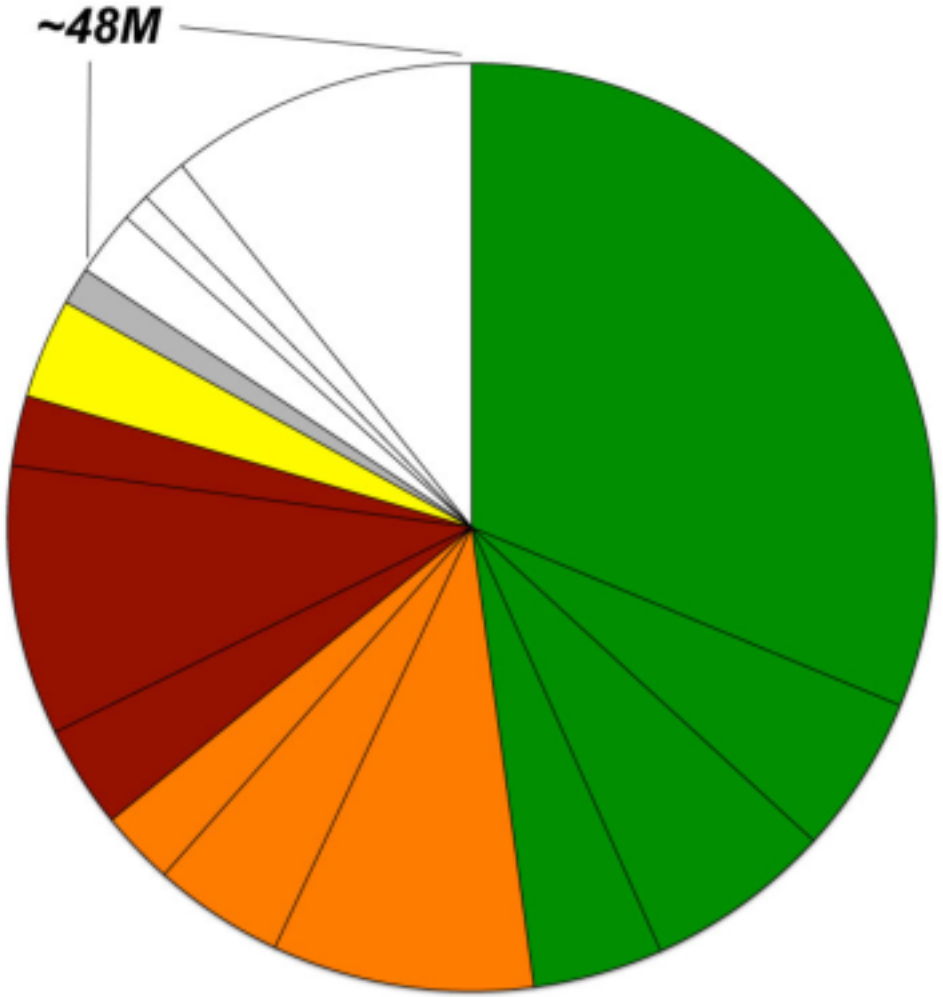
Starts Nov. 1, 2017 • Ends Dec. 15, 2017

Enroll online at HealthCare.Gov

Indivisible ACA Signup Project

@2018ACASignup

The U.S. Healthcare Coverage Landscape as of 2009 (around 307 million people total)



EMPLOYER SPONSORED COVERAGE (ESI): ~147 million (48%)

MEDICARE: ~50 million* (16%)

MEDICAID/CHIP: ~55 million* (18%)

(~8M dual-eligible Medicare/Medicaid)

INDIVIDUAL MARKET: ~11 million (3.5%)

OTHER: ~4 million (1.3%)

UNINSURED: ~48 million (16%)

TOTAL: ~307 million
(total higher to dual-eligibles being double-counted)

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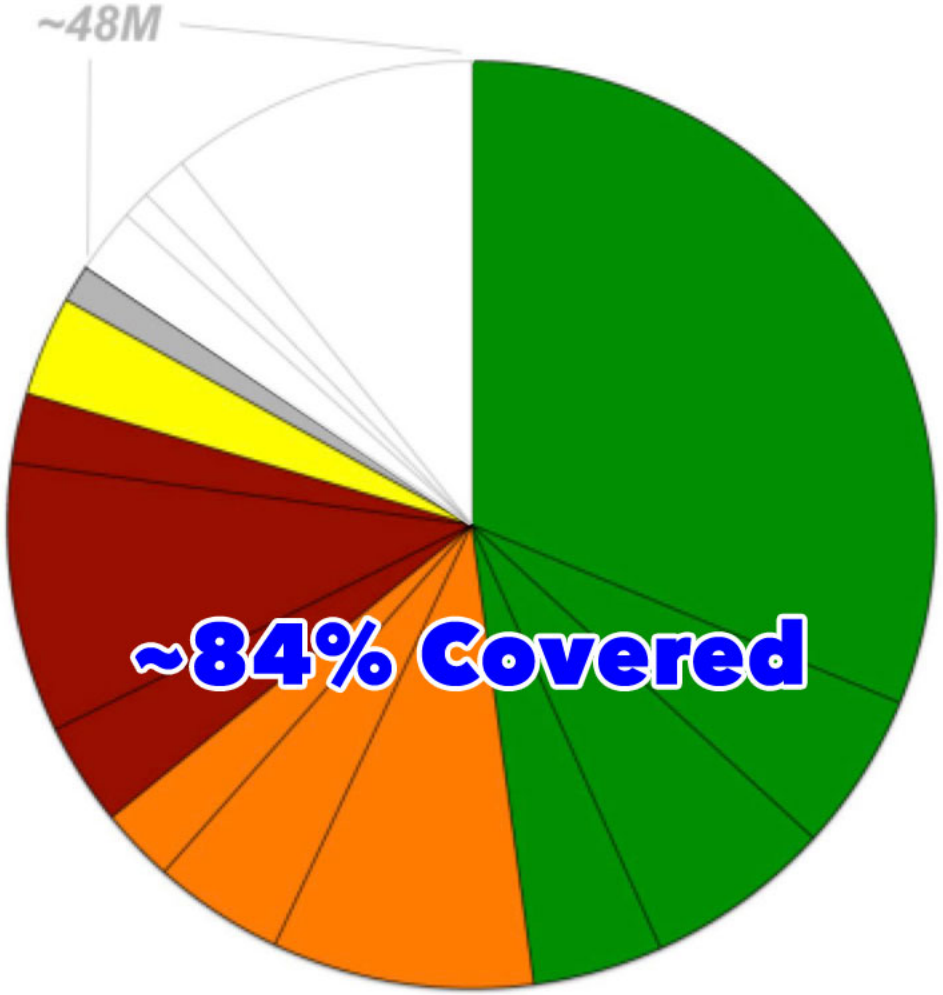

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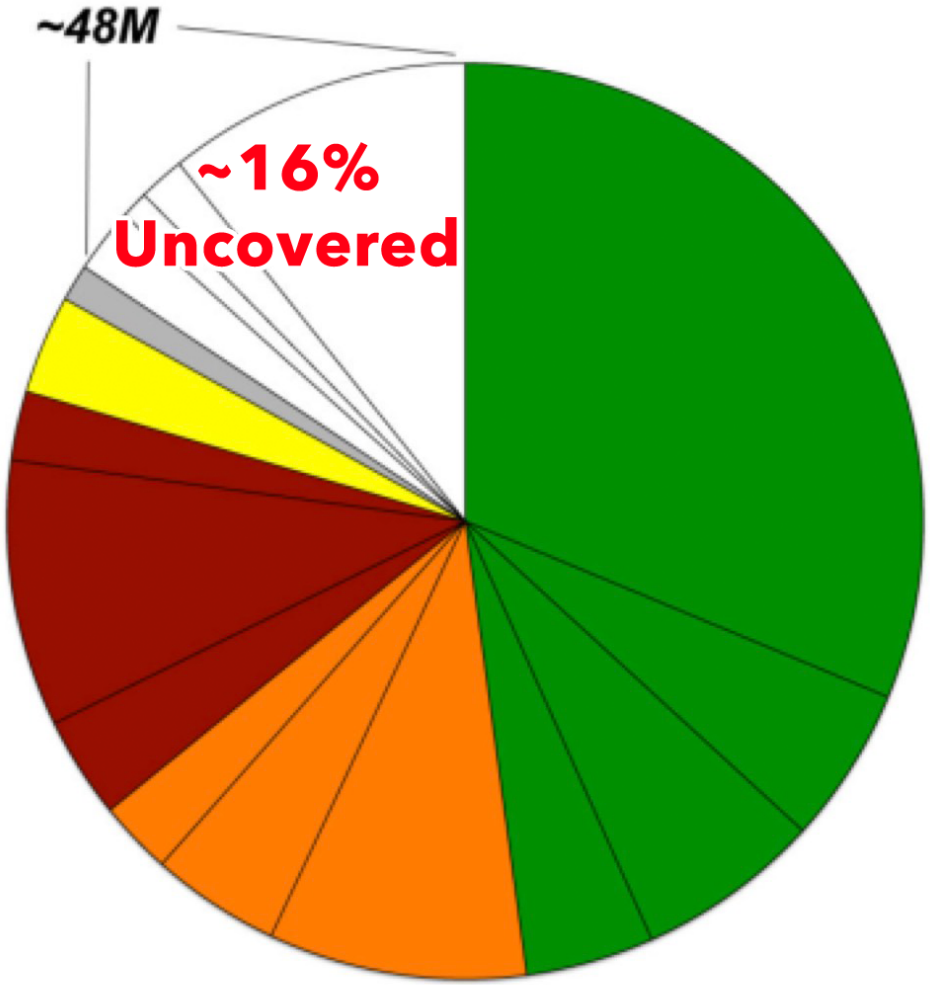

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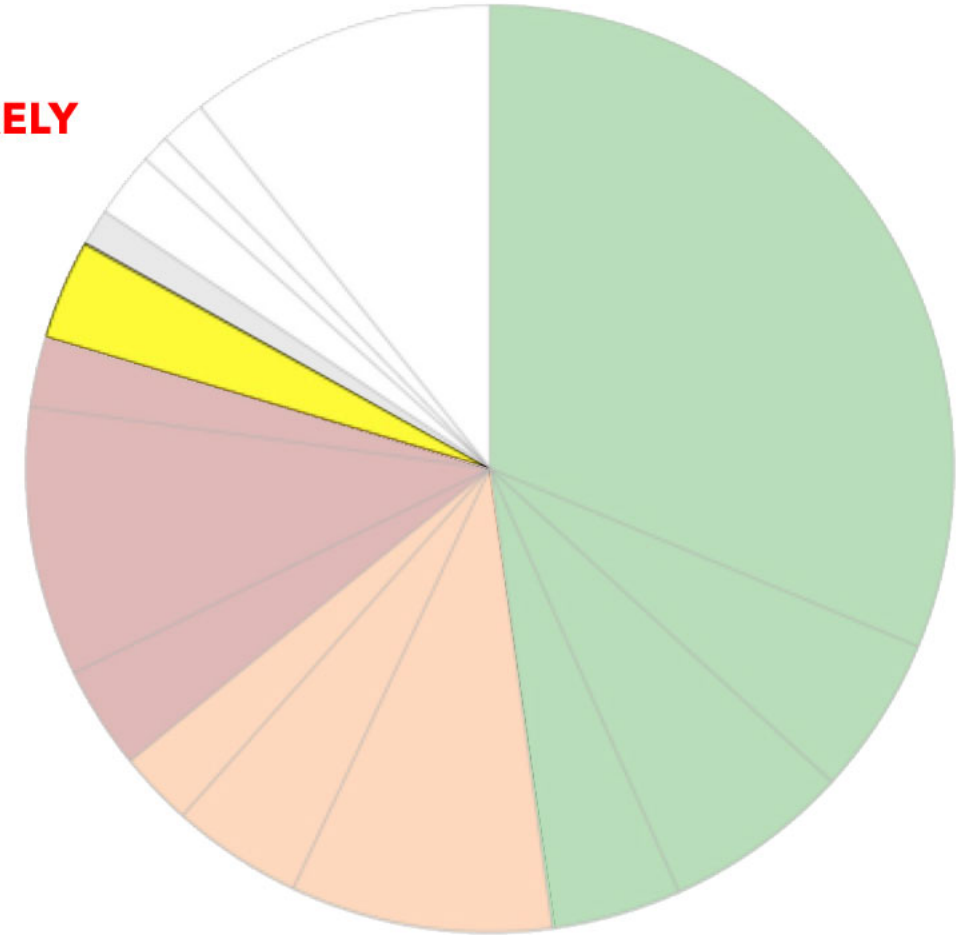
The U.S. Healthcare Coverage Landscape as of 2009 (around 307 million people total)

INDIVIDUAL MARKET

- Plans were all over the map
- Carriers could deny coverage ENTIRELY
- Carriers could charge far more for those w/pre-existing conditions
- Very often had annual/lifetime caps
- Little/no minimum coverage regs
- Little/no minimum AV regs
- Little/no minimum network regs
- RESCISSION: Carriers dropping your coverage as son as you make a claim over a technicality

- Millions enrolled in "Mini-Meds" (aka "Junk Plans")



Mini-Meds aka "Junk Plans"

"McDonald's "McCrew Care" benefits…require employees to pay ***$56/month*** *for basic coverage that provides* ***up to $2,000 in benefits/year****…Ruby Tuesday charges workers* ***$18.43/week****… for coverage that provides* ***up to $1,250 in outpatient care and $3,000 in inpatient hospital care****. Denny's basic plan for hourly employees in 2010 provided* ***no coverage for inpatient hospital care*** *and* ***capped coverage for doctor office visits at $300/year."***

--Kaiser Family Foundation, 2011

http://kff.org/health-reform/perspective/what-is-a-mini-med-plan/

PARTIAL LIST OF PRE-EXISTING CONDITIONS as defined by major insurance carriers pre-ACA

- **Acne**
- Acromegaly
- AIDS or ARC
- **Alzheimer's Disease**
- Amyotrophic Lateral Sclerosis
- Anemia (Aplastic, Cooley's, Hemolytic, Mediterranean/Sickle Cell)
- Anxiety
- Aortic or Mitral Valve Stenosis
- Arteriosclerosis
- Arteritis
- Asbestosis
- **Asthma**
- Bipolar disease
- **Cancer**
- Cardiomyopathy
- **Cerebral Palsy** (infantile)
- Chronic Obstructive Pulmonary Disease
- **Cirrhosis of the Liver**
- Coagulation Defects
- Congestive Heart Failure
- **Cystic Fibrosis**
- Demyelinating Disease
- **Depression**
- Dermatomyositis
- **Diabetes**
- Dialysis
- Esophageal Varicosities
- Friedreich's Ataxia
- Hepatitis (Type B, C or Chronic)
- Menstrual irregularities
- **Multiple Sclerosis**
- **Muscular Dystrophy**
- Myasthenia Gravis
- **Obesity**
- Organ transplants
- Paraplegia
- Parkinson's Disease
- Polycythemia Vera
- **Pregnancy**
- Psoriatic Arthritis
- Pulmonary Fibrosis
- Renal Failure
- Sarcoidosis
- Scleroderma
- Sex reassignment
- Sjogren's Syndrome
- **Sleep apnea**
- Transsexualism
- Tuberculosis

http://www.kff.org/health-reform/issue-brief/pre-existing-conditions-and-medical-underwriting-in-the-individual-insurance-market-prior-to-the-aca/

Medicaid Expansion

- **Expands Medicaid eligibility to EVERYONE up to 138% FPL** ($16.6K/yr for individual) regardless of pre-ACA eligibility
- 31 states + DC expanded; **19 states (all GOP held) still refusing**
- **~2.6 MILLION** people caught in **Medicaid Gap**: Don't qualify for Medicaid, but earn **too little** to qualify for ACA tax credits

- **October 2013: 57.4 million** enrolled in Medicaid
- **October 2016: 74.4 million** enrolled in Medicaid
- Net increase of 17.0 million
- 14.0 million of that due to ACA expansion (+special from NY)
- 3-4 million via "Woodworkers"…people who were **already** eligible for Medicaid **pre-ACA** but either didn't know it or were reluctant to until the ACA went into effect.

ACA Improvements for other sections:

- **INDIVIDUAL MARKET: Young Adults can stay on parents' plan until they turn 26**

- **GROUP MARKETS:**
- **NO Annual or Lifetime limits on coverage for ANYONE**
- **ALL plans must cover a range of preventative care services at $0 out of pocket cost**
- **YOUNG ADULTS can stay on parents' plans until 26**

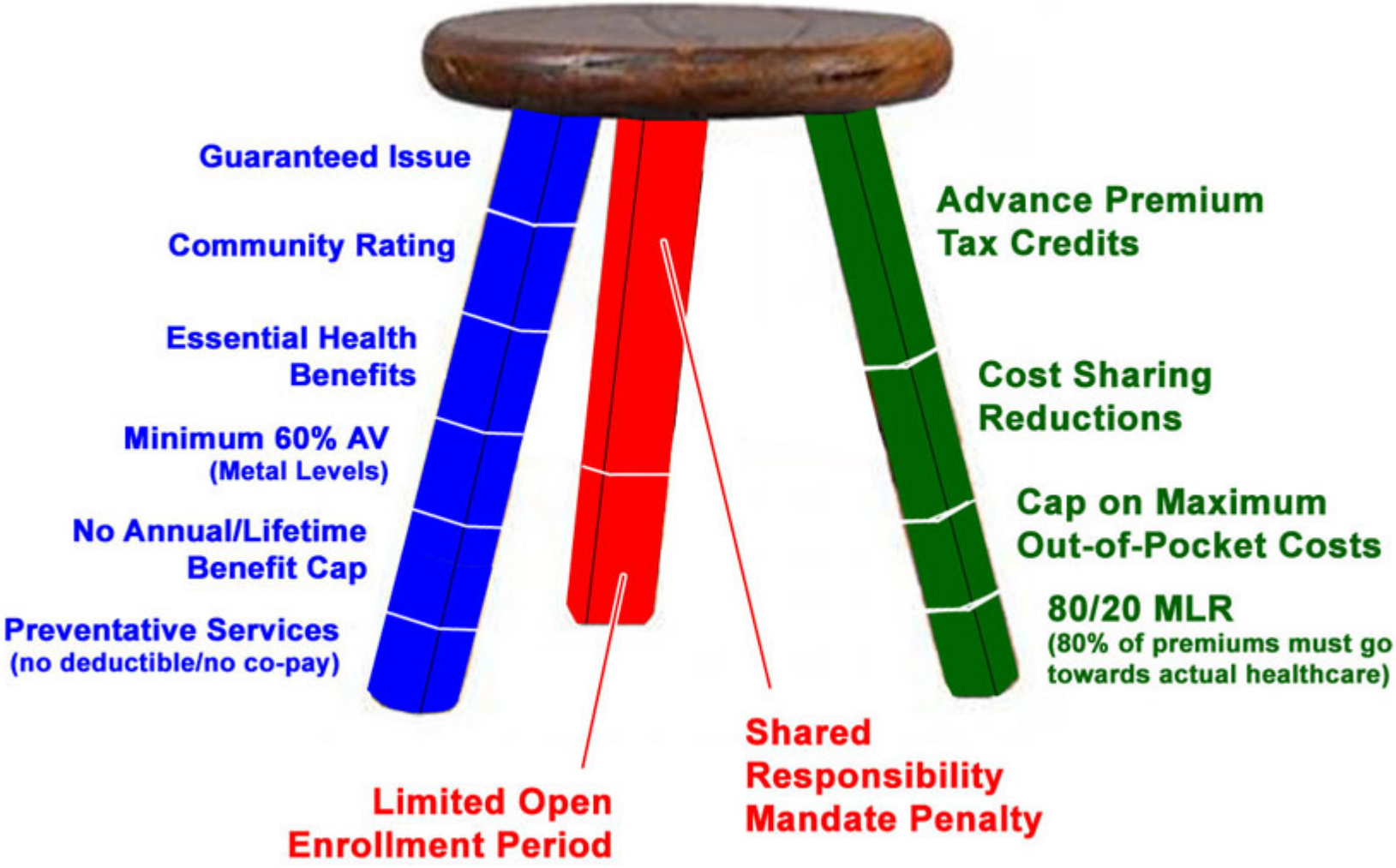
- **MEDICARE:** Closes Part D Donut hole; extends funding by 7 years

- **MEDICAID:** Requires standardized Essential Health Benefits

- **A whole mess of other stuff**

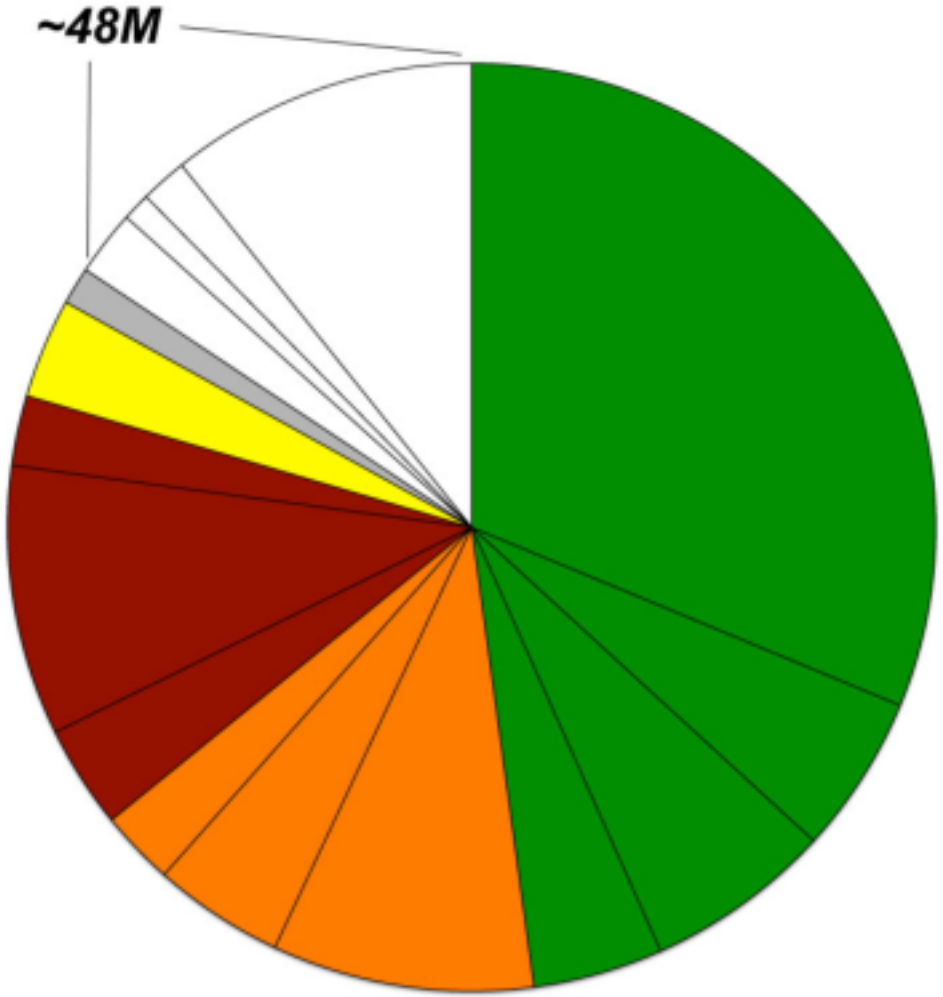
THE THREE-LEGGED STOOL OF THE ACA: (IDEAL VERSION)

BLUE: Insurer Responsibility • RED: Enrollee Responsibility • GREEN: Government Responsibility



Charles Gaba / ACASignups.net

The U.S. Healthcare Coverage Landscape as of 2009 (around 307 million people total)



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MEDICARE: ~50 million* (16%)

MEDICAID/CHIP: ~55 million* (18%)

(~8M dual-eligible Medicare/Medicaid)

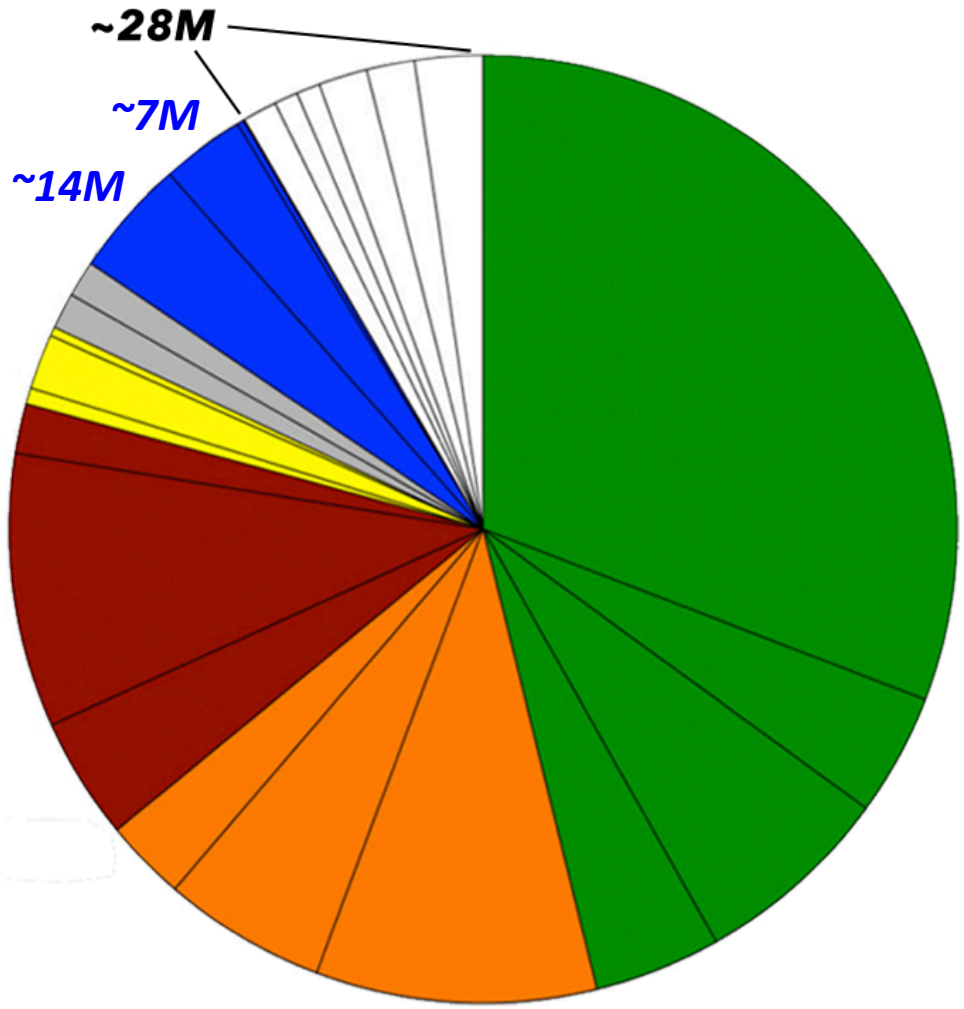
INDIVIDUAL MARKET: ~11 million (3.5%)

OTHER: ~4 million (1.3%)

UNINSURED: ~48 million (16%)

TOTAL: ~307 million
(total higher to dual-eligibles being double-counted)

The U.S. Healthcare Coverage Landscape as of 2017 (around 324 million people total)



EMPLOYER SPONSORED COVERAGE (ESI): ~155 million (48%)

MEDICARE: ~56 million* (17%)

MEDICAID/CHIP: ~74 million* (23%)
(net increase: ~17 million since 2013)

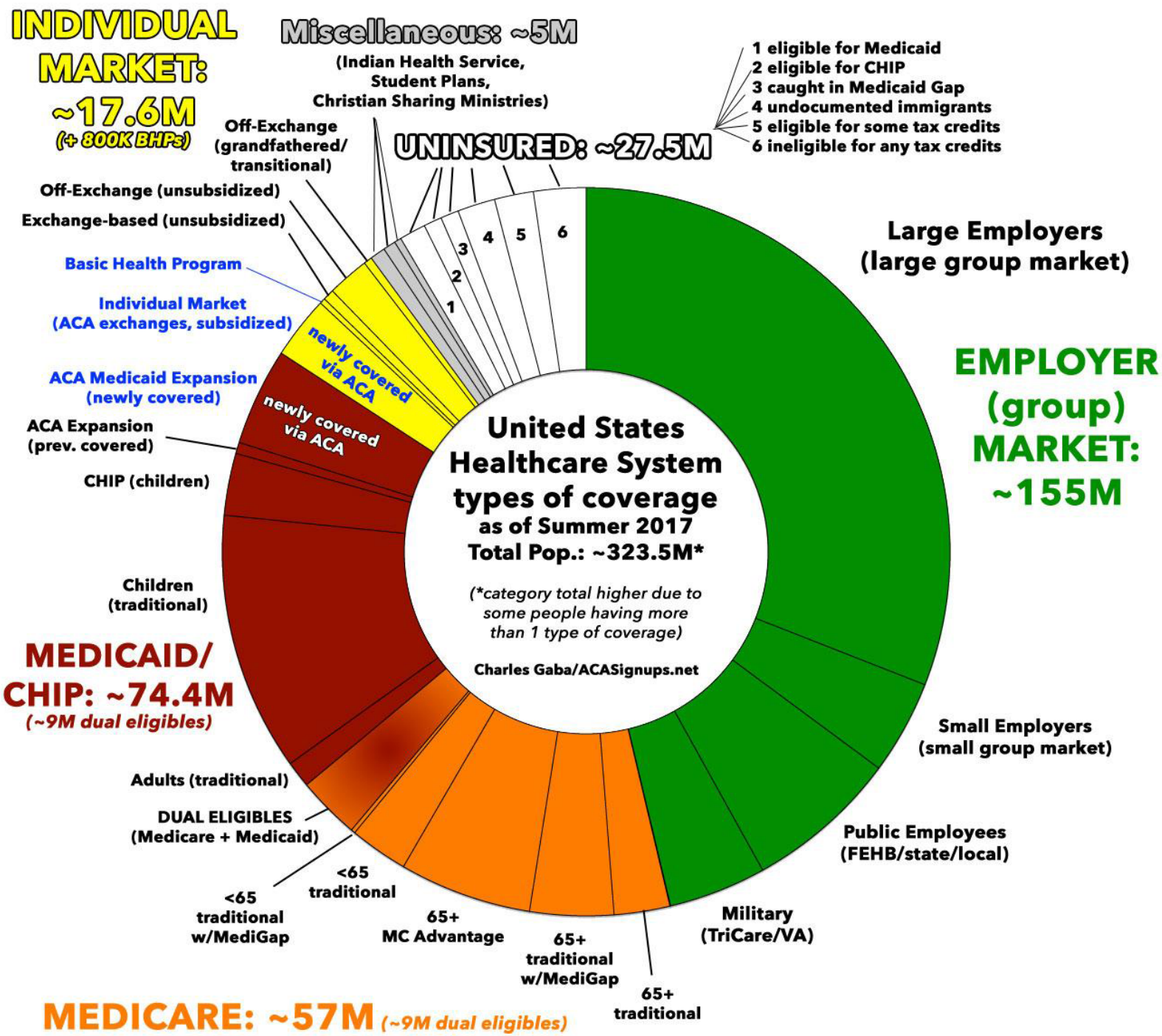
****(~11M dual-eligible Medicare/Medicaid)***

INDIVIDUAL MARKET: ~18 million (5.6%)
(net increase: ~7 million)

OTHER: ~4 million (1.2%)

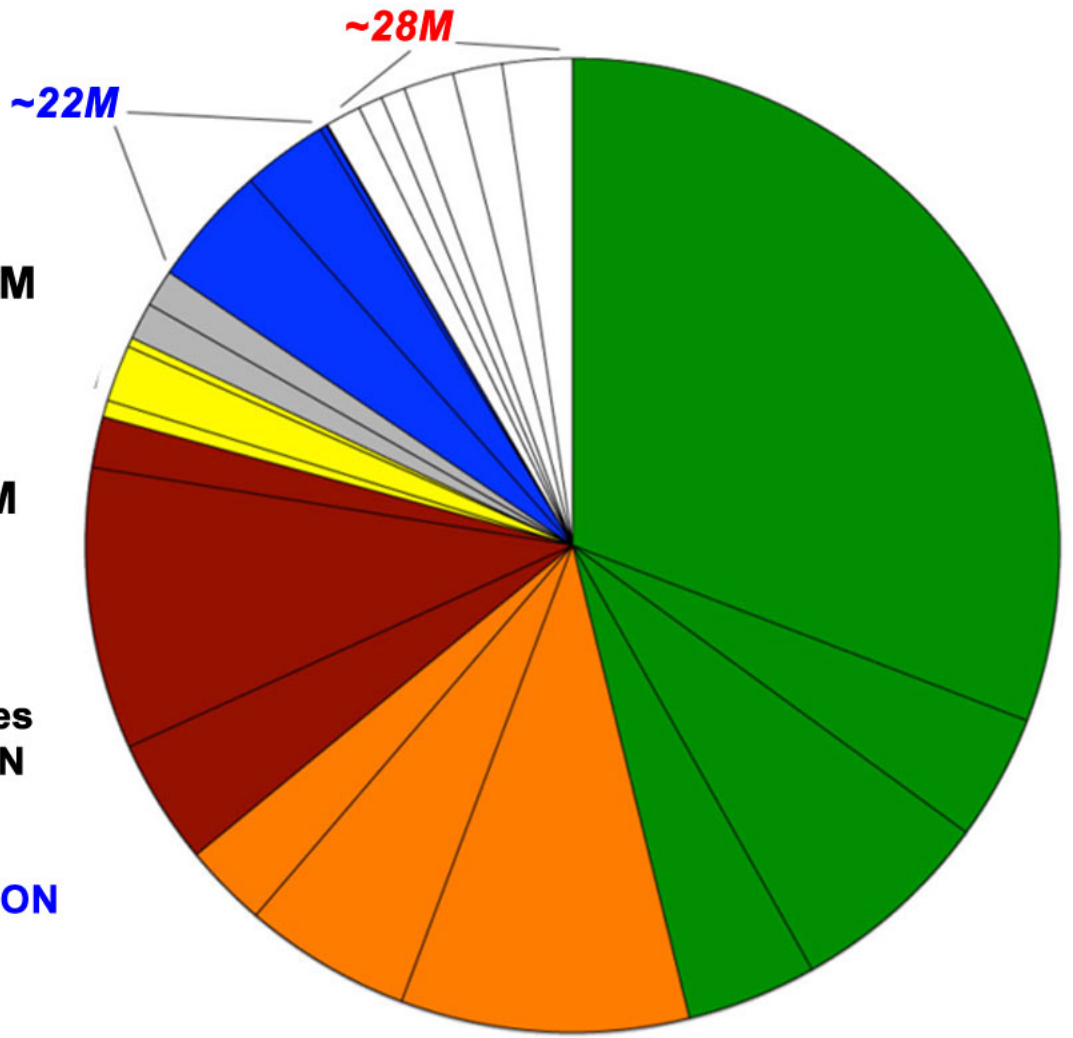
UNINSURED: ~28 million (9%)

TOTAL: ~324 million
(total higher to dual-eligibles being double-counted)


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
Off-Exchange (grandfathered/ transitional)
Off-Exchange (unsubsidized)
Exchange-based (unsubsidized)
Basic Health Program
Individual Market (ACA exchanges, subsidized)
ACA Medicaid Expansion (newly covered)
ACA Expansion (prev. covered)
CHIP (children)
Children (traditional)
MEDICAID/ CHIP: ~74.4M
(~9M dual eligibles)
Adults (traditional)
DUAL ELIGIBLES (Medicare + Medicaid)
<65 traditional w/MediGap
<65 traditional
65+ MC Advantage
65+ traditional w/MediGap
65+ traditional
MEDICARE: ~57M (~9M dual eligibles)
Military (TriCare/VA)
Public Employees (FEHB/state/local)
Small Employers (small group market)
Large Employers (large group market)
EMPLOYER (group) MARKET: ~155M
newly covered via ACA
newly covered via ACA
1
2
3
4
5
6
United States Healthcare System types of coverage
as of Summer 2017
Total Pop.: ~323.5M*
(*category total higher due to some people having more than 1 type of coverage)
Charles Gaba/ACASignups.net

NET COVERAGE GAIN UNDER THE ACA

Uninsured as of 2017: ~28 Million



- **Individual Market:**
  - subsidized (on exchange): ~9M
  - unsubsidized (on exchange): ~1.5M
  - unsubsidized (off exchange): ~6M
  - pre-ACA (off exchange): ~1.5M

  - Total ACA-compliant market: ~16M
  - Total Individual Market: ~18M

- **MEDICAID EXPANSION:**
  - Around 15 million added across 31 states
  - Another 750,000 added via BHP in NY/MN
  - Another 3-4M added as “woodworkers”

NET COVERAGE GAIN VIA ACA: ~22 MILLION
- ~14 million via Medicaid
- ~7 million via Individual market
- ~1 million other (young adults, etc)

Michigan: ~210K high-subsidy exchange; ~657K Medicaid; ~94K young adults; ~868K total (9% pop.)

MI-09 (Levin): ~19K exchange, ~41K Medicaid, 8,400 young adults

People Projected to Lose Healthcare Coverage		Assuming FULL ACA repeal with NO replacement Charles Gaba / ACASignups.net				
Michigan		High-APTC Exchange Enrollees	Medicaid Expansion	Basic Health Plan	Total Coverage Loss	Young Adults on Parents Plan
MI-01	Jack Bergman (R)	20,788	45,506	0	**66,294**	9,277
MI-02	Bill Huizenga (R)	14,733	48,587	0	**63,320**	6,575
MI-03	Justin Amash (R)	13,791	34,172	0	**47,963**	6,154
MI-04	John Moolenaar (R)	13,119	43,568	0	**56,687**	5,855
MI-05	Dan Kildee (D)	11,571	55,726	0	**67,297**	5,164
MI-06	Fred Upton (R)	15,271	39,939	0	**55,210**	6,815
MI-07	Tim Walberg (R)	13,186	42,318	0	**55,504**	5,884
MI-08	Mike Bishop (R)	16,146	39,324	0	**55,470**	7,205
MI-09	Sander Levin (D)	18,971	41,334	0	**60,305**	8,466
MI-10	Paul Mitchell (R)	17,962	49,365	0	**67,327**	8,016
MI-11	David Trott (R)	16,348	59,132	0	**75,480**	7,296
MI-12	Debbie Dingell (D)	13,119	54,257	0	**67,376**	5,855
MI-13	John Conyers (D)	11,033	45,425	0	**56,458**	4,924
MI-14	Brenda Lawrence (D)	14,599	59,132	0	**73,731**	6,515
Total		**210,637**	**657,785**	**0**	**868,422**	**94,000**

ACA Enrollees in Michigan / Oakalnd County

- Statewide: ~935K = Exchange or Medicaid expansion (9.4% pop)
  - ~420,000 in individual market (~4.2% of pop)
    - 260,000 enrolled in ACA exchange individual plans (2.6% of pop)
      - ~220,000 subsidized, ~40,000 unsubsidized
    - ~160,000 enrolled in off-exchange individual plans
  - ~675,000 in Medicaid exp. (Healthy Michigan) (~6.8% of pop)

- Oakland Cty.: ~120,000 = Exchange/Medicaid expansion (9.7% pop)
  - ~66,000 in individual market (~5.3% of pop)
    - ~42,000 enrolled in ACA exchange individual plans (3.4% of pop)
      - ~31,000 subsidized, ~11,000 unsubsidized
    - ~17,000 enrolled in off-exchange individual plans
  - 54,000 in Medicaid expansion (Healthy Michigan) (~4.3% of pop)

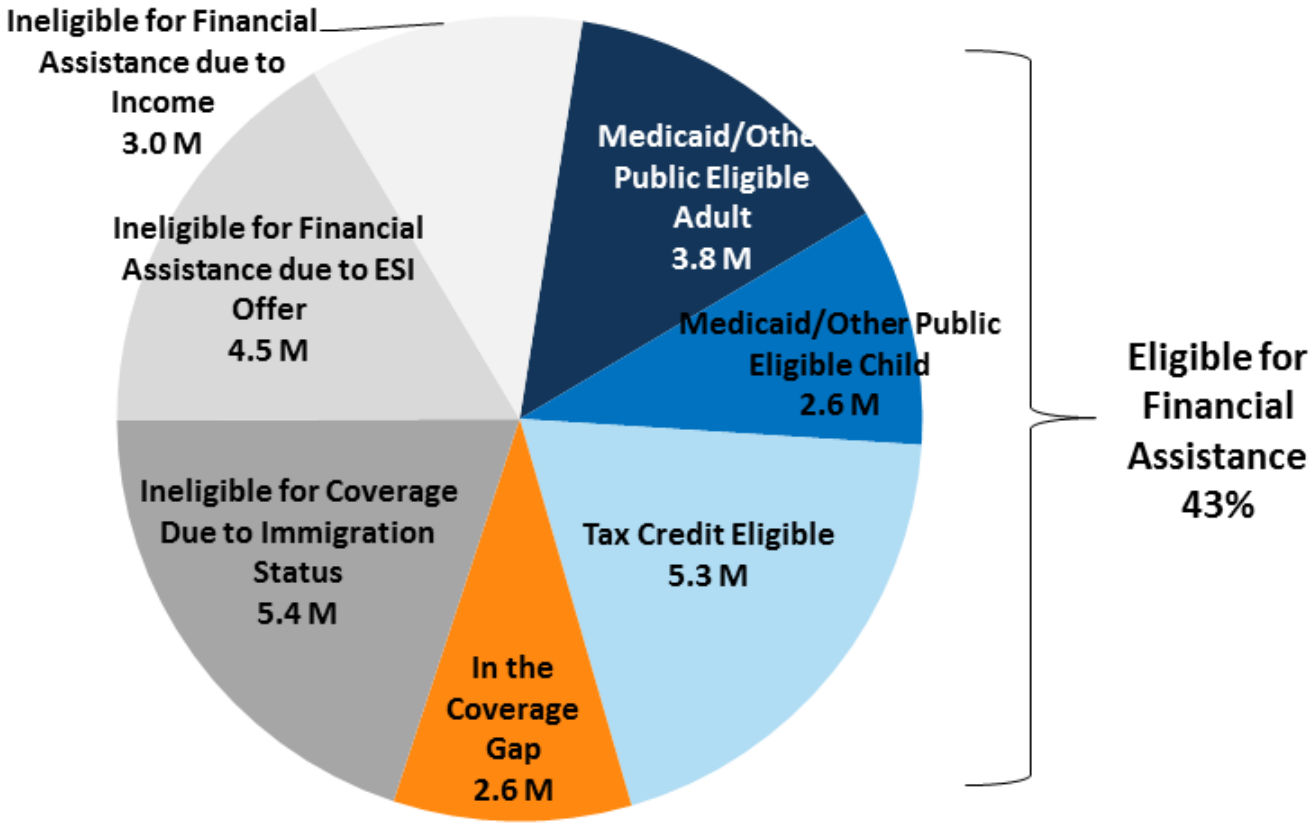
ACA Enrollees in Michigan / Saginaw County

- Statewide: ~935K = Exchange or Medicaid expansion (9.4% pop)
  - ~420,000 in individual market (~4.2% of pop)
    - 260,000 enrolled in ACA exchange individual plans (2.6% of pop)
      - ~220,000 subsidized, ~40,000 unsubsidized
    - ~160,000 enrolled in off-exchange individual plans
  - ~675,000 in Medicaid exp. (Healthy Michigan) (~6.8% of pop)

- Saginaw Cty.: ~21,700 = Exchange/Medicaid expansion (11.2% pop)
  - ~7,200 in individual market (~5.3% of pop)
    - ~4,700 enrolled in ACA exchange individual plans (3.7% of pop)
      - ~4,200 subsidized, ~500 unsubsidized
    - ~17,000 enrolled in off-exchange individual plans
  - 14,500 in Medicaid expansion (Healthy Michigan) (~7.5% of pop)

Figure 1

Eligibility for ACA Coverage Among Nonelderly Uninsured as of 2016



Total = 27.2 Million Nonelderly Uninsured

NOTES: Numbers may not sum to totals due to rounding. Tax Credit Eligible share includes adults in MN and NY who are eligible for coverage through the Basic Health Plan. Medicaid/Other Public also includes CHIP and some state-funded programs for immigrants otherwise ineligible for Medicaid.
SOURCE: Kaiser Family Foundation analysis based on 2016 Medicaid eligibility levels and 2016 Current Population Survey.

THE HENRY J. KAISER FAMILY FOUNDATION

http://www.kff.org/health-reform/issue-brief/estimates-of-eligibility-for-aca-coverage-among-the-uninsured-in-2016/

Who are Indy Exchanges & Medicaid Expansion Working/Not Working for?

ACA/Obamacare Individual Market Subsidy/Medicaid Expansion Chart (crude/rough)
Charles Gaba / ACASignups.net

Household Size	<100% FPL	100% FPL	138% FPL	200% FPL	250% FPL	300% FPL	400% FPL	500% FPL	620% FPL	>620% FPL
1 (individual)	<100% FPL covered by Medicaid in 31 states +DC; ***some*** covered by Medicaid in other 19 states.	$12,060	$16,643	$24,120	$30,150	$36,180	$48,240	$60,300	$75,000	
family of 2		$16,240	$22,411	$32,480	$40,600	$48,720	$64,960	$81,200	$100,688	
family of 3		$20,420	$28,180	$40,840	$51,050	$61,260	$81,680	$102,100	$126,604	
family of 4		$24,600	$33,948	$49,200	$61,500	$73,800	$98,400	$123,000	$152,520	
family of 5		$28,780	$39,716	$57,560	$71,950	$86,340	$115,120	$143,900	$178,436	
family of 6		$32,960	$45,485	$65,920	$82,400	$98,880	$131,840	$164,800	$204,352	
family of 7		$37,140	$51,253	$74,280	$92,850	$111,420	$148,560	$185,700	$230,268	
family of 8		$41,320	$57,022	$82,640	$103,300	$123,960	$165,280	$206,600	$256,184	
Medicaid/CHIP (31 expansion states +DC)	eligible for Medicaid/CHIP									
Medicaid/CHIP (19 non-expansion states)	~2.6M People	*eligible for high-subsidy QHP*								
Advance Premium Tax Credits via exchange QHPs		high APTC subsidies (for premiums)			medium APTC subsidies	Low APTC subsidies	Low APTC subsidies	*no financial assistance*	*no financial assistance considered necessary*	
Cost Sharing Revenue (CSR) via exchange QHPs		High CSR Subsidies (for deductibles/co-pays)			low CSR subsidies	*NO CSR subsidies*	*NO CSR subsidies*			

= ACA/Obamacare working very well
= ACA/Obamacare needs minor improvements
= ACA/Obamacare needs significant improvements
= ACA/Obamacare needs major improvements

Who are Indy Exchanges & Medicaid Expansion Working/Not Working for?

ACA/Obamacare Individual Market Subsidy/Medicaid Expansion Chart (crude/rough)
Charles Gaba / ACASignups.net

Household Size	<100% FPL	100% FPL	138% FPL	200% FPL	250% FPL	300% FPL	400% FPL	500% FPL	620% FPL	>620% FPL
1 (individual)	<100% FPL covered by Medicaid in 31 states +DC; ***some*** covered by Medicaid in other 19 states.	$12,060	$16,643	$24,120	$30,150	$36,180	$48,240	$60,300	$75,000	
family of 2		$16,240	$22,411	$32,480	$40,600	$48,720	$64,960	$81,200	$100,688	
family of 3		$20,420	$28,180	$40,840	$51,050	$61,260	$81,680	$102,100	$126,604	
family of 4		$24,600	$33,948	$49,200	$61,500	$73,800	$98,400	$123,000	$152,520	
family of 5		$28,780	$39,716	$57,560	$71,950	$86,340	$115,120	$143,900	$178,436	
family of 6		$32,960	$45,485	$65,920	$82,400	$98,880	$131,840	$164,800	$204,352	
family of 7		$37,140	$51,253	$74,280	$92,850	$111,420	$148,560	$185,700	$230,268	
family of 8		$41,320	$57,022	$82,640	$103,300	$123,960	$165,280	$206,600	$256,184	
Medicaid/CHIP (31 expansion states +DC)	eligible for Medicaid/CHIP									
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Cost Sharing Revenue (CSR) via exchange QHPs		High CSR Subsidies (for deductibles/co-pays)			low CSR subsidies	*NO CSR subsidies*	*NO CSR subsidies*			

= ACA/Obamacare working very well
= ACA/Obamacare needs minor improvements
= ACA/Obamacare needs significant improvements
= ACA/Obamacare needs major improvements

$15 billion/year should do it!

Legitimate Problems w/the ACA:

INDIVIDUAL MARKET:

TAX CREDITS/FINANCIAL ASSISTANCE:

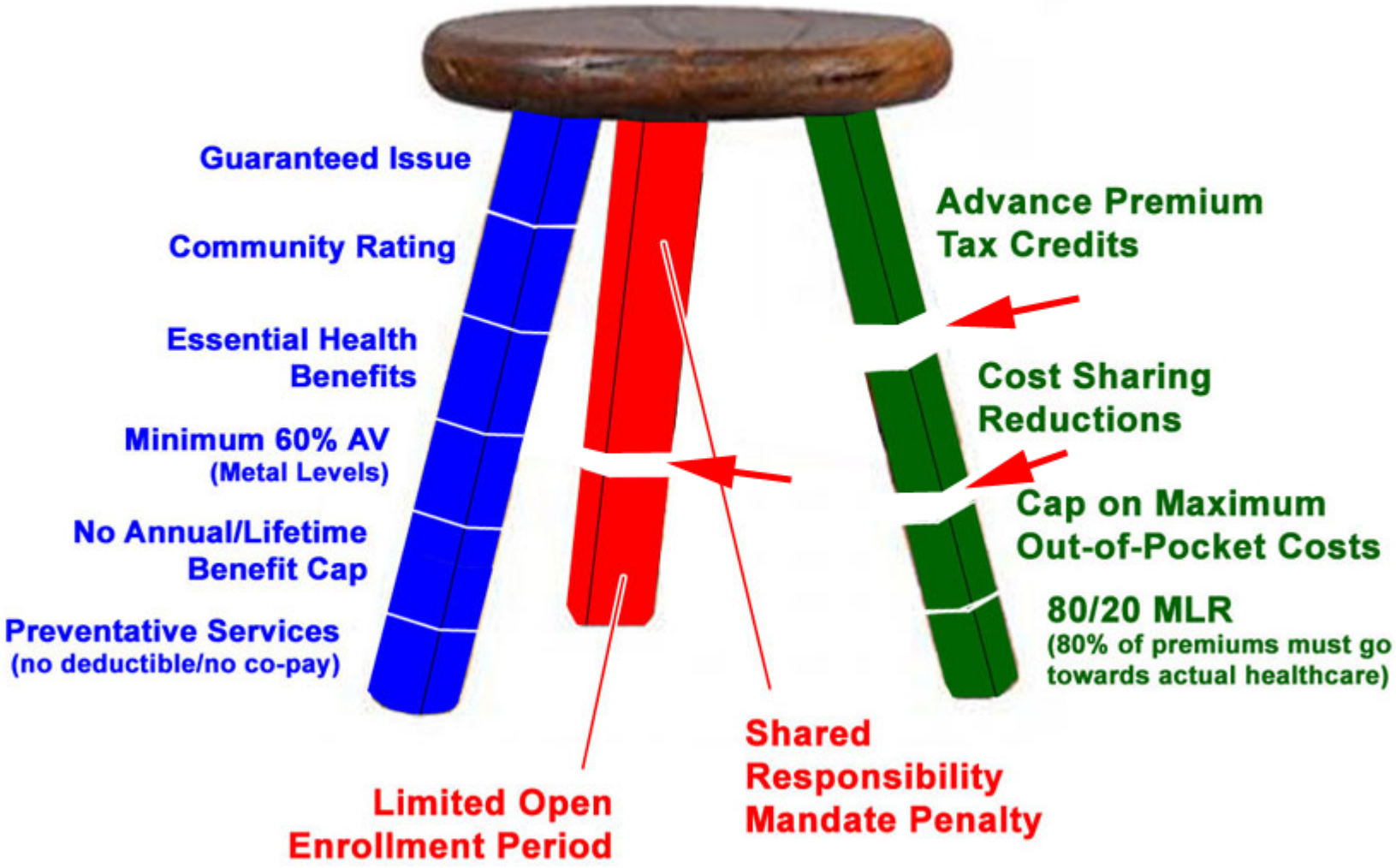
- APTC is simply too skimpy & doesn't apply to enough people (400% FPL cut-off, not generous enough from 250-400%)
- CSR fine from 100-200% FPL, too skimpy from 200-250%,cuts off at 250%

INDIVIDUAL MANDATE PENALTY:

- Mandate penalty is simply too **small** to be properly effective

Three-legged stool of the Affordable Care Act as it stands today:
(real problems: APTC, CSR & mandate need to be strengthened)

BLUE: Insurer Responsibility • RED: Enrollee Responsibility • GREEN: Government Responsibility



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Legitimate Problems w/the ACA:

INDIVIDUAL MARKET:

- **FAMILY GLITCH (~3M people):** If one member of family is enrolled in employee-only ESI, rest of family doesn't qualify for exchange subsidies
- **SKINNY PLAN GLITCH (4.5M)**: Employer-based **Catastrophic** plans being "left on the table" disqualifies employees from ACA exchange tax credits
- **UNDOCUMENTED IMMIGRANTS (5.4M):** Undocumented immigrants aren't eligible for either Medicaid **or ACA exchange plans even at full price**
- **RISK CORRIDOR MASSACRE:** 2014 Marco Rubio sabotage stunt; undermined funding of one of 3 ACA market stabilization programs; helped wipe out over a dozen Co-Ops, kicked 800K off plans, class action lawsuits still pending, billions still legally owed to many carriers still operating.

2018 Michigan Indy Market Rate Hikes?

- Statewide average **UNSUBSIDIZED** individual market:
  - **~20% increase** if CSR payments **are** made (~$482/mo)
    ~27% increase if CSR payments **aren't** made (~$511/mo)
    (2017 avg.: $402/mo unsubsidized, $152/mo subsidized)
  - Blue Cross Blue Shield: **27%** (if CSRs **are** paid) or **32%** (CSRs **aren't** paid)
  - Blue Care Network**: 14%** (if CSRs **are** paid) or **23%** (CSR **aren't** paid)

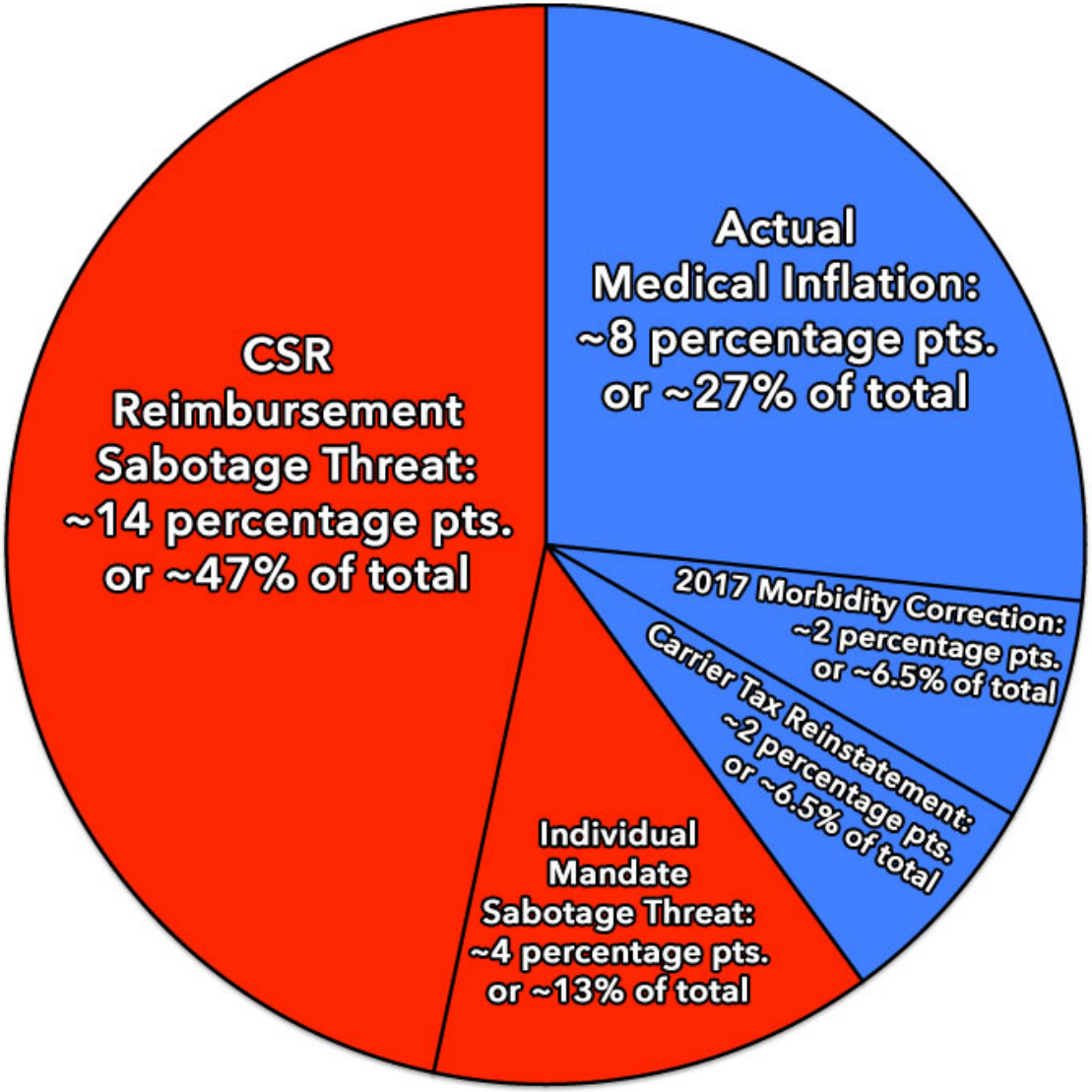
MICHIGAN - ACA-Compliant Individual Market (ON & OFF Exchange) - 2018									
REQUESTED RATE CHANGES	**Type**	**On/Off**	***CSR Est. (KFF)***	**% Change w/NO or PARTIAL TrumpTax**	**% Rate Change with FULL TrumpTax**	**Enrollees**	**Market Share**	**Weighted Avg. w/NO or PARTIAL TrumpTax**	**Weighted Avg. with FULL TrumpTax**
Alliance Health & Life Insurance		OFF		**16.50%**	**16.50%**	6,258	2.12%	**0.35%**	**0.35%**
Blue Care Network of MI		BOTH	*n/a*	**13.80%**	**22.60%**	116,476	39.54%	**5.46%**	**8.94%**
Blue Cross Blue Shield of MI		BOTH	*n/a*	**26.90%**	**31.70%**	59,703	20.27%	**5.45%**	**6.42%**
Health Alliance Plan		BOTH	*n/a*	**16.00%**	**24.00%**	25,556	8.68%	**1.39%**	**2.08%**
McLaren Health Plan		BOTH	*9.70%*	*16.90%*	**26.60%**	2,999	1.02%	**0.17%**	**0.27%**
Meridian Health Plan of MI		BOTH	*9.70%*	*49.70%*	**59.40%**	6,319	2.15%	**1.07%**	**1.27%**
Molina Healthcare of MI		BOTH	*9.70%*	*33.10%*	**42.80%**	26,270	8.92%	**2.95%**	**3.82%**
Physicians Health Plan		BOTH	*9.70%*	*15.90%*	**25.60%**	6,548	2.22%	**0.35%**	**0.57%**
Priority Health		BOTH	*n/a*	**17.70%**	**19.00%**	35,849	12.17%	**2.15%**	**2.31%**
Total Health Care		BOTH	*9.70%*	*17.90%*	**27.60%**	8,591	2.92%	**0.52%**	**0.80%**
					TOTAL/AVERAGE:	294,569	100.00%	**19.87%**	**26.84%**
HUMANA						*20,000*			

Legitimate Problems w/the ACA:

INDIVIDUAL MARKET:

COST SHARING REDUCTIONS:

- House GOP filed lawsuit in 2014 claiming CSR payments weren't formally appropriated
- Suit mainly for show, never really expected it to succeed
- Federal judge surprised all by ruling **in their favor**
- Judge issued stay of ruling pending appeal **at GOP request**
- As result, Trump can pull plug at any time & 2018 reimbursements are highly uncertain, causing carriers to demand **massive** rate 2018 hikes due **specifically** to this issue alone
- Total Requested Avg. Hikes: **~29% across 46 states**
- Portion due to CSR reimbursement uncertainty: **~15%**



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breakdown of causes of
REQUESTED 2018 rate changes
for UNSUBSIDIZED
ACA-COMPLIANT
INDIVIDUAL MARKET policies
across all 50 states + DC

Estimates Only; Caveats Apply
rate change requests vary WIDELY
by state, carrier & plan

NATIONALLY, the average
appears to be roughly:

~8% actual medical inflation
~2% morbidity correction from 2017
~2% reinstatement of ACA carrier tax
~12% "REAL" COST INCREASES

~4% mandate enforcement uncertainty
~14% CSR reimbursement uncertainty
~18% TRUMP/GOP SABOTAGE EFFORTS

~30% total avg. requested increase

IF I RAN THE ZOO…

- **1. Appropriate the CSR reimbursement payments:** A simple, 87-word bill/amendment passed either standalone or as an amendment to some other budget bill:

> ***SEC. 1. FUNDING FOR COST-SHARING PAYMENTS.***
>
> *There is appropriated to the Secretary of Health and Human Services, out of any money in the Treasury not otherwise appropriated, such sums as may be necessary for payments for cost-sharing reductions authorized by the Patient Protection and Affordable Care Act (including adjustments to any prior obligations for such payments) for the period beginning on the date of enactment of this Act. Payments and other actions for adjustments to any obligations incurred for plan years 2018 and later may be made.*

- **RESULT:** Peace of mind for 2017, 2018 and beyond. Rates drop by ~20%. Carriers reassured of stability of market going forward, some reverse course & jump back into exchanges.

IF I RAN THE ZOO…

2. Restore Risk Corridor funding (& extend it indefinitely). The money is legally owed to the carriers to begin with, carriers are mostly winning their lawsuits anyway (which means it'll have to be paid out sooner or later) and the program works just fine for Medicare Part D.

3. Fix the "Family Glitch": Other family members should qualify for APTC/CSR even if someone in the family is covered by ESI. Sen. Al Franken has already introduced a bill to do just this.

4. Fix the "Skinny Plan Glitch": Require ESI policies to be at least equivalent of a full ACA exchange SILVER plan before making employees ineligible for APTC/CSR assistance on individual exchange.

5. Encourage the 19 Remaining States to Expand Medicaid: Offer either reset button on 3-year 100% funding deal **or** allow them to lower eligibility to 100% FPL instead of 138%.

6. Encourage more states to offer BHP Program

IF I RAN THE ZOO…

7/8: THE BIG ONES: REMOVE THE APTC CAP & BEEF 'EM UP BELOW THAT:

- **Remove 400% maximum cap** (still tapering off), **beef 'em up below that.**
- **Raise the cap on CSR from 250% to 500%**, (tapering off), remove Silver exclusivity
- **$15B/year should do it**. Change APTC structure to something like this:

ACA Tax Credit Premium Cap (current)	
Income (FPL %)	Premium Cap (Max % of income paid for 2nd-lowest Silver plan available)
< 100%	No Cap (credits not available)
100-133%	2.04%
133-150%	3.06 - 4.08%
150-200%	4.08 - 6.43%
200-250%	6.43 - 8.21%
250-300%	8.21 - 9.69%
300-400%	9.69%
> 400%	No Cap (credits not available)

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ACA Tax Credit Premium Cap (my proposal)	
Income (FPL %)	Premium Cap (Max % of income paid for 2nd-lowest Silver plan available)
< 100%	No Cap (credits not available)
100-150%	1 - 2%
150-200%	2 - 3%
200-250%	3 - 4%
250-300%	4 - 5%
300-350%	5 - 6%
350-400%	6 - 7%
400-450%	7 - 8%
450-500%	8 - 9%
500-600%	9 - 10%
>600%	10%

IF I RAN THE ZOO…

9: INCREASE THE INDIVIDUAL MANDATE (yes, I said it):

Other nations w/enrolment mandate penalties:

For example, if after notice from the government, a Swiss citizen fails to sign up for insurance, Swiss cantons – the equivalent of states in the U.S. – can impose a penalty ranging from 30 percent to 50 percent above the cost of insurance premiums. If after three months the uninsured still doesn't pick a plan, the authorities choose one for them, and allow insurers to sue for unpaid premiums.

The Germans impose hefty fines, that after a multi-step process of late fees, can climb to as much as $12,000. In the Netherlands, after a series of fines go unpaid, a bailiff may come to collect. Then the government may pick a health plan on a citizen's behalf and deduct the cost of the premium from their pay with the help of their employer. If after six months a citizen still fails to pay, their insurance premiums spike.

https://www.healthinsurance.org/blog/2016/09/14/do-we-need-a-stiffer-individual-mandate-penalty/

IF I RAN THE ZOO…

10. Require ALL individual market polices be sold ON EXCHANGE ONLY
11. Allow Undocumented Immigrants to enroll On Exchange (at full price)
12. Contractually tie Medicare Advantage / MCO contracts to exchange participation
13. Reinstate a PERMANENT Federal Reinsurance Program
14. Expand the 80/20 MLR requirement to include PHARMA
15. Allow Medicare to Negotiate Drug Prices!
16. Fix "Silver Spam" Gaming Problem (& make standardized plans mandatory)
17. Merge Rating Areas Statewide in states w/more than one
18. Merge Individual & Small Group Risk Pools in states which don't yet
19. UNLEASH THE PUBLIC OPTION KRAKEN (and/or 55+ Medicare Buy-In)
20. REPEAL THE EMPLOYER MANDATE (but only after enacting most of the other items on the list, especially #3 & 4).

"105% Rate Hike Due to Obamacare"?

- Only included HC.gov states
- Doesn't include tax subsidies for 50% of the market
- Apples/Oranges since 44 states allowed discrimination/cherry-picking of those w/pre-existing conditions prior to the ACA
- **With tax credits included**, average 4-yr increase drops to 13%

Average % Premium Increase, 2013 - 2017	
Alabama	223%
Alaska	203%
Arizona	190%
Arkansas	128%
Delaware	108%
Florida	84%
Georgia	106%
Hawaii	78%
Illinois	108%
Indiana	74%
Iowa	110%
Kansas	106%
Kentucky	75%
Louisiana	123%
Maine	55%
Michigan	90%
Mississippi	116%
Missouri	145%
Montana	133%
Nebraska	153%
Nevada	86%
New Hampshire	32%
New Jersey	12%
New Mexico	97%
North Carolina	176%
North Dakota	44%
Ohio	86%
Oklahoma	201%
Oregon	110%
Pennsylvania	120%
South Carolina	120%
South Dakota	124%
Tennessee	176%
Texas	82%
Utah	101%
Virginia	77%
West Virginia	169%
Wisconsin	93%
Wyoming	107%
All 38 HC.gov States	105%

Average Rate Hikes On Individual Market 2013 - 2017

Across all 50 states (DC not included):

- **Avg. SUBSIDIZED: +13%**
- **Avg. UNSUBSIDIZED: +84%**

- **~15%: Inflation/ACA taxes**
- **~35%** = **Guaranteed Issue**

(carriers can no longer cherry-pick enrollees by denying coverage to those with pre-existing conditions)

- **~25%** = **Community Rating**

(carriers can no longer charge more for the same policy based on medical condition, gender, or age beyond 3:1 ratio)

- **~25% = Essential Health Benefits**

*(all policies now have to cover **actual healthcare services** including 10 EHBs)*

http://health.oliverwyman.com/transform-care/2017/08/analysis_impact_of.html

	(via HHS/ASPE report)				(via ACA Signups)				
State Name	Avg Monthly Premium 2013	Avg Monthly Premium 2017 total indy mkt UNSUBSIDIZED	Dollar Increase 2013 - 2017 APTC NOT Included	% Increase 2013-2017 APTC NOT Included	Average Premium 2017 APTC Included	Dollar Increase 2013-2017 APTC Included	% Increase 2013-2017 APTC Included	Guaranteed Issue Pre-ACA?	Community Rating Pre-ACA?
Alabama	$178	$575	$397	223%	$303	$125	70.1%		
Alaska	$344	$1,041	$697	203%	$492	$148	43.0%		
Arizona	$211	$611	$400	190%	$425	$214	101.2%		
Arkansas	$184	$420	$236	128%	$329	$145	78.7%		
California	*$225*	*$457*	*$232*	*103.1%*	*$292*	*$67*	*29.8%*		
Colorado	*$226*	*$454*	*$228*	*100.9%*	*$388*	*$162*	*71.7%*		
Connecticut	*$291*	*$537*	*$246*	*84.5%*	*$395*	*$104*	*35.7%*		
Delaware	$274	$569	$295	107.7%	$357	$83	30.3%		
District of Columbia									
Florida	$240	$442	$202	84.2%	$204	-$36	-15.2%		
Georgia	$209	$431	$222	106.2%	$230	$21	9.9%		
Hawaii	$268	$477	$209	78.0%	$379	$111	41.5%		
Idaho	*$198*	*$426*	*$228*	*115.2%*	*$289*	*$91*	*46.0%*		
Illinois	$248	$517	$269	108.5%	$389	$141	57.0%		
Indiana	$242	$420	$178	73.6%	$305	$63	26.1%		
Iowa	$251	$526	$275	109.6%	$445	$194	77.3%		
Kansas	$231	$476	$245	106.1%	$326	$95	40.9%		
Kentucky	$232	$406	$174	75.0%	$303	$71	30.6%		
Louisiana	$248	$552	$304	122.6%	$367	$119	47.8%		
Maine	**$335**	**$518**	**$183**	**54.6%**	**$240**	**-$95**	**-28.5%**	**Yes**	
Maryland	*$180*	*$431*	*$251*	*139.4%*	*$354*	*$174*	*96.7%*		
Massachusetts	***$456***	***$290***	***-$166***	***-36.4%***	***$224***	***-$232***	***-50.9%***	**Yes**	
Michigan	$212	$402	$190	89.6%	$278	$66	31.4%		
Minnesota	*$236*	*$566*	*$330*	*139.8%*	*$515*	*$279*	*118.2%*		
Mississippi	$211	$455	$244	115.6%	$286	$75	35.5%		
Missouri	$197	$483	$286	145.2%	$299	$102	51.6%		
Montana	$249	$581	$332	133.3%	$349	$100	40.1%		
Nebraska	$235	$595	$360	153.2%	$371	$136	58.0%		
Nevada	$204	$379	$175	85.8%	$258	$54	26.4%		
New Hampshire	$302	$399	$97	32.1%	$296	-$6	-1.9%		
New Jersey	**$428**	**$479**	**$51**	**11.9%**	**$296**	**-$132**	**-30.8%**	**Yes**	
New Mexico*	$186	$366	$180	96.8%	$259	$73	39.3%		
New York	***$1,045***	***$580***	***-$465***	***-44.5%***	***$466***	***-$579***	***-44.6%***	**Yes**	**Yes**
North Carolina	$240	$662	$422	175.8%	$328	$88	36.7%		
North Dakota	$278	$399	$121	43.5%	$317	$39	13.9%		
Ohio	$222	$413	$191	86.0%	$319	$97	43.8%		
Oklahoma	$206	$620	$414	201.0%	$327	$121	58.7%		
Oregon	$220	$462	$242	110.0%	$279	$59	27.0%		
Pennsylvania	$242	$533	$291	120.2%	$338	$96	39.7%		
Rhode Island	***$328***	***$365***	***$37***	***11.3%***	***$232***	***-$96***	***-29.3%***	**Yes**	
South Carolina	$233	$512	$279	119.7%	$259	$26	11.1%		
South Dakota	$242	$541	$299	123.6%	$412	$170	70.2%		
Tennessee	$213	$587	$374	175.6%	$364	$151	71.1%		
Texas	$222	$404	$182	82.0%	$229	$7	3.2%		
Utah	$159	$319	$160	100.6%	$196	$37	23.1%		
Vermont	***$400***	***$488***	***$88***	***22.0%***	***$237***	***-$163***	***-40.8%***	**Yes**	
Virginia	$229	$405	$176	76.9%	$241	$12	5.2%		
Washington	***$279***	***$388***	***$109***	***39.1%***	***$334***	***$55***	***19.7%***	**Yes**	
West Virginia	$261	$702	$441	169.0%	$411	$150	57.5%		
Wisconsin	$266	$514	$248	93.2%	$284	$18	6.8%		
Wyoming	$297	$614	$317	106.7%	$322	$25	8.5%		
Total (50 states, no DC):	**$256**	**$470**	**$214**	**83.6%**	**$289**	**$33**	**12.9%**		

- If you only look at states which **already** had Guaranteed Issue in place pre-ACA, it paints a **very** different picture: Rates actually ~16% **lower** than in 2016 **even at full (unsubsidized) price**.

AVERAGE UNSUBSIDIZED INDIVIDUAL MARKET PREMIUMS, 2017 VS. 2013
for states w/GUARANTEED ISSUE laws PRIOR to 2014
Charles Gaba / ACA Signups.net

State Name	QHPs Selected via Exchanges 11/1/16 - 1/31/17	Subsidized Exchange Enrollees 1/31/17	Avg Monthly Premium 2013	Avg Monthly Premium 2017 Unsubsidized total indy mkt	Dollar Increase 2013 - 2017 Unsubsidized	% Increase 2013-2017 Unsubsidized
Maine	*79,407*	*67,907*	*$335*	*$518*	*$183*	***54.6%***
New Jersey	*295,067*	*230,114*	*$428*	*$479*	*$51*	***11.9%***
New York	*242,880*	*142,369*	*$1,045*	*$580*	*-$465*	***-44.5%***
Massachusetts	*266,664*	*206,230*	*$456*	*$290*	*-$166*	***-36.4%***
Rhode Island	*29,456*	*24,209*	*$328*	*$365*	*$37*	***11.3%***
Vermont	*30,682*	*23,636*	*$400*	*$488*	*$88*	***22.0%***
Washington	*225,594*	*139,820*	*$279*	*$388*	*$109*	***39.1%***
Total	***1,169,750***	***834,285***	***$524***	***$439***	***-$85***	***-16.2%***
Total (without NY/MA)	***660,206***	***691,916***	***$360***	***$448***	***$88***	***24.4%***

So, what's in Trumpcare?

~~"American Health Care Act" or "AHCA" (House version)~~

~~"Better Care Reconciliation Act" plan or "BCRAp" (Senate version)~~

>>> "Graham-Cassidy" bill (last-minute "Hail Mary" version) <<<

What would Graham-Cassidy Do?

- **Eliminate the ACA's marketplace subsidies and enhanced matching rate for the Medicaid expansion** and replace them with an inadequate block grant.

- Block grant funding would be **well below current law federal funding for coverage**, would **not adjust based on need**, would **disappear altogether after 2026**

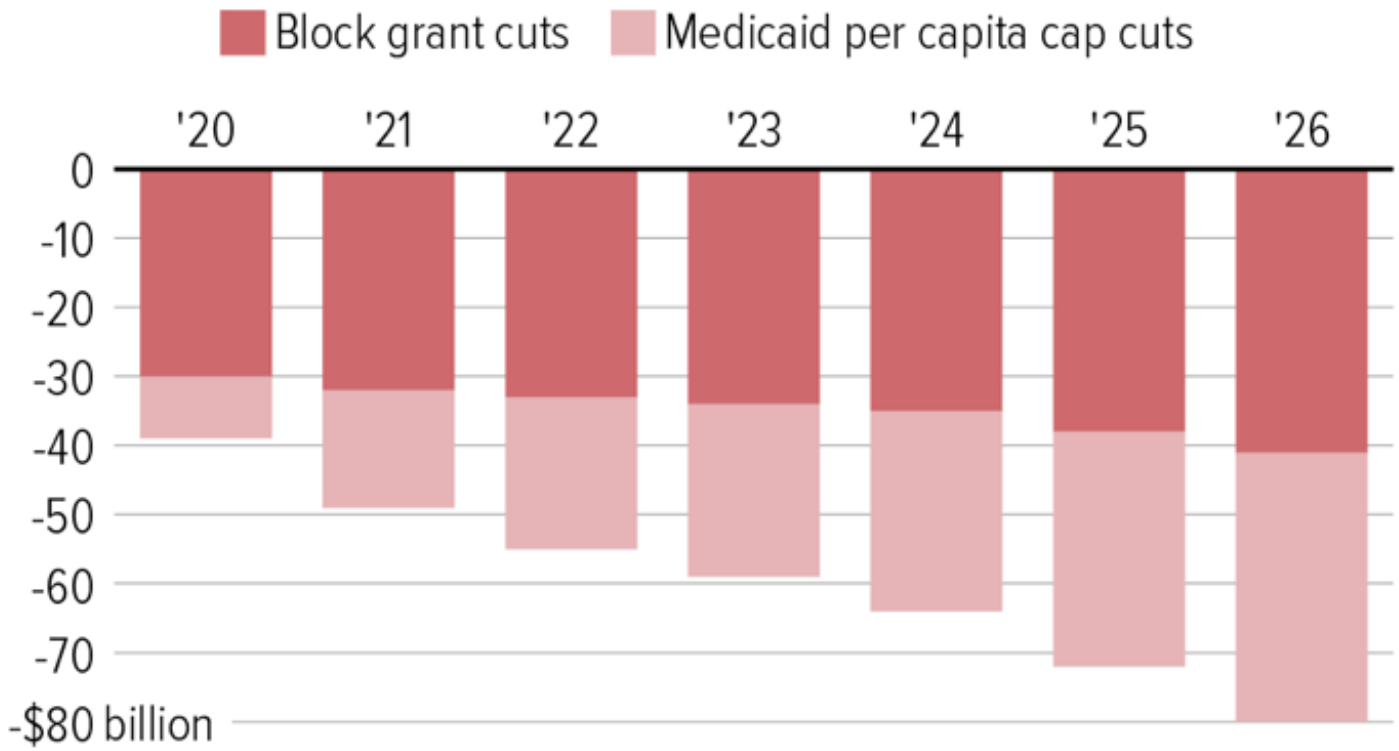
- Convert Medicaid's current federal-state financial partnership to a **per capita cap**, which would **cap and cut federal Medicaid per-beneficiary funding** for seniors, people with disabilities, and families with children.

What would Graham-Cassidy Do?

- **Destabilize the individual insurance market** in the short run — by eliminating federal subsidies to purchase individual market coverage and eliminating the ACA's individual mandate to have insurance or pay a penalty — and in the long run.

- **After 2026**, once the bill's block grant funding ends**, it would amount to repeal of the ACA's major coverage provisions** with no replacement — an approach that the Congressional Budget Office (CBO) estimated would cause **32 million people to lose coverage and lead individual markets to collapse** in most of the country.

Cassidy-Graham Health Care Block Grant and Medicaid Per Capita Cap Would Cut Hundreds of Billions from Federal Health Programs



Note: The Cassidy-Graham proposal would eliminate the ACA's marketplace subsidies and enhanced matching funds for Medicaid expansion, replacing them with an inadequate block grant, and would cut funding for the rest of the Medicaid program by converting it to a per capita cap.

Source: CBPP calculations based on Congressional Budget Office estimates

Cassidy-Graham Block Grant and Medicaid Per Capita Cap Cut
Federal Funding for Most States by 2026

State	Estimated federal funding change, in 2026 (in $millions)	State	Estimated federal funding change, in 2026 (in $millions)	State	Estimated federal funding change, in 2026 (in $millions)
Alabama	$1,713	Kentucky	($3,062)	North Dakota	($211)
Alaska	($255)	Louisiana	($3,220)	Ohio	($2,512)
Arizona	($1,600)	Maine	($115)	Oklahoma	$1,118
Arkansas	($1,102)	Maryland	($2,162)	Oregon	($3,641)
California	($27,823)	Massachusetts	($5,089)	Pennsylvania	($850)
Colorado	($823)	Michigan	($3,041)	Rhode Island	($625)
Connecticut	($2,324)	Minnesota	($2,747)	South Carolina	$804
Delaware	($724)	Mississippi	$1,441	South Dakota	$218
District of Columbia	($431)	Missouri	$545	Tennessee	$1,642
Florida	($2,691)	Montana	($515)	Texas	$8,234
Georgia	$1,685	Nebraska	$203	Utah	$313
Hawaii	($659)	Nevada	($639)	Vermont	($561)
Idaho	$177	New Hampshire	($410)	Virginia	$268
Illinois	($1,420)	New Jersey	($3,904)	Washington	($3,333)
Indiana	($425)	New Mexico	($1,350)	West Virginia	($554)
Iowa	($525)	New York	($18,905)	Wisconsin	$252
Kansas	$821	North Carolina	($1,099)	Wyoming	($90)

United States: ($80 BILLION)

Source: CBPP analysis, see methods notes for details

Graham-Cassidy Timeline/Deadline

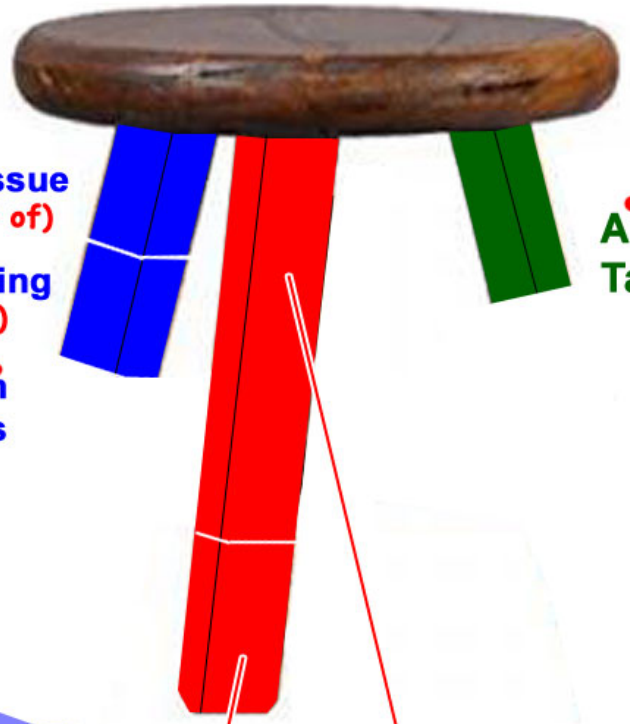
Reconciliation expires 9/30.

In order to pass, Graham-Cassidy would need:

- ✔ Bill text
- ✖ CBO Score (rushing by shifting analysts from CHIP)
- ? AHCA deficit savings (must save at least as much)
- ✖ BYRD Bath (Senate Parlimentarian)
- ✖ Vote-a-rama (amendments voted on)
- ? 50 votes (will McCain and/or Murkowski fold?)
- ? Final House vote (take it or leave it due to timing)

The Three-Legged Stool under the Senate GOP's #BCRAP Bill:

BLUE: Insurer Responsibility • RED: Enrollee Responsibility • GREEN: Government Responsibility



Guaranteed Issue
(sort of)

Community Rating
(sort of)

(via waiver)
~~Essential Health Benefits~~

(via waiver)
~~Minimum 60% AV~~
~~(Metal Levels)~~

(via waiver)
~~No Annual/Lifetime Benefit Cap~~

Preventative Services
(no deductible/no co-pay)
(via waiver?) ???

stripped down, tied to bronze vs. silver, cut off at 350% fpl vs. 400%
~~Advance Premium Tax Credits~~

~~Cost Sharing Reductions~~

~~Cap on Maximum Out-of-Pocket Costs~~ (via waiver)

~~80/20 MLR~~
~~(80% of premiums must go towards actual healthcare)~~

Limited Open Enrollment Period

~~Shared Responsibility Mandate Penalty~~
replaced with 6-month lockout for anyone who lets coverage lapse. (effectiveness unknown)

Charles Gaba / ACASignups.net

The Republican Health Care Bill Might Ruin Employer-Based Health Coverage, Too

Under the House bill, large employers could choose the benefit requirements from any state—including those that are allowed to lower their benchmarks under a waiver, health analysts said. By choosing a waiver state, employers looking to lower their costs could impose lifetime limits and eliminate the out-of-pocket cost cap from their plans under the GOP legislation.

GOP Obstruction/Sabotage

- **Co-Ops were short-changed from the start**
  (**$10B** in **grants** whittled down to **$2.4B** in **short-term loans**)
- **19 States Refused to take Medicaid Expansion**
  (**2.6 million** people left w/no coverage options, **higher premiums** in those states)
- **Gleeful Obstruction of Enrollment Efforts**

> *"Let me tell you what we're doing (about ObamaCare)," **Georgia Insurance Commissioner Ralph Hudgens bragged to a crowd of fellow Republicans** in Floyd County earlier this month: **"Everything in our power to be an obstructionist."***
>
> *After pausing to let applause roll over him, **a grinning Hudgens** went on to give an example of that obstructionist behavior, this one involving so-called "navigators" who are being hired to guide customers through the process of buying health insurance on marketplaces, or exchanges, set up under the federal program.*

--Atlanta Journal-Constitution, 4/16/15

GOP Obstruction/Sabotage?

- **Attempted to kill tax credits in 2/3 of states**
  (King v. Burwell attempted to wipe out subsidies using a laughable claim based on a stupid drafting glitch; shot down by SCOTUS)
- **Attempting to kill Cost Sharing Reductions**
  (House GOP sued Obama Admin over CSRs, case pending)
- **The Risk Corridor Massacre**
  (Marco Rubio & Co. added poison pill to must-pass Cromnibus Bill in Dec. 2014 effectively defunding Risk Corridor program, helping to cause 2/3 of Co-Ops & at least 1 private carrier going bankrupt)

GOP Obstruction/Sabotage?

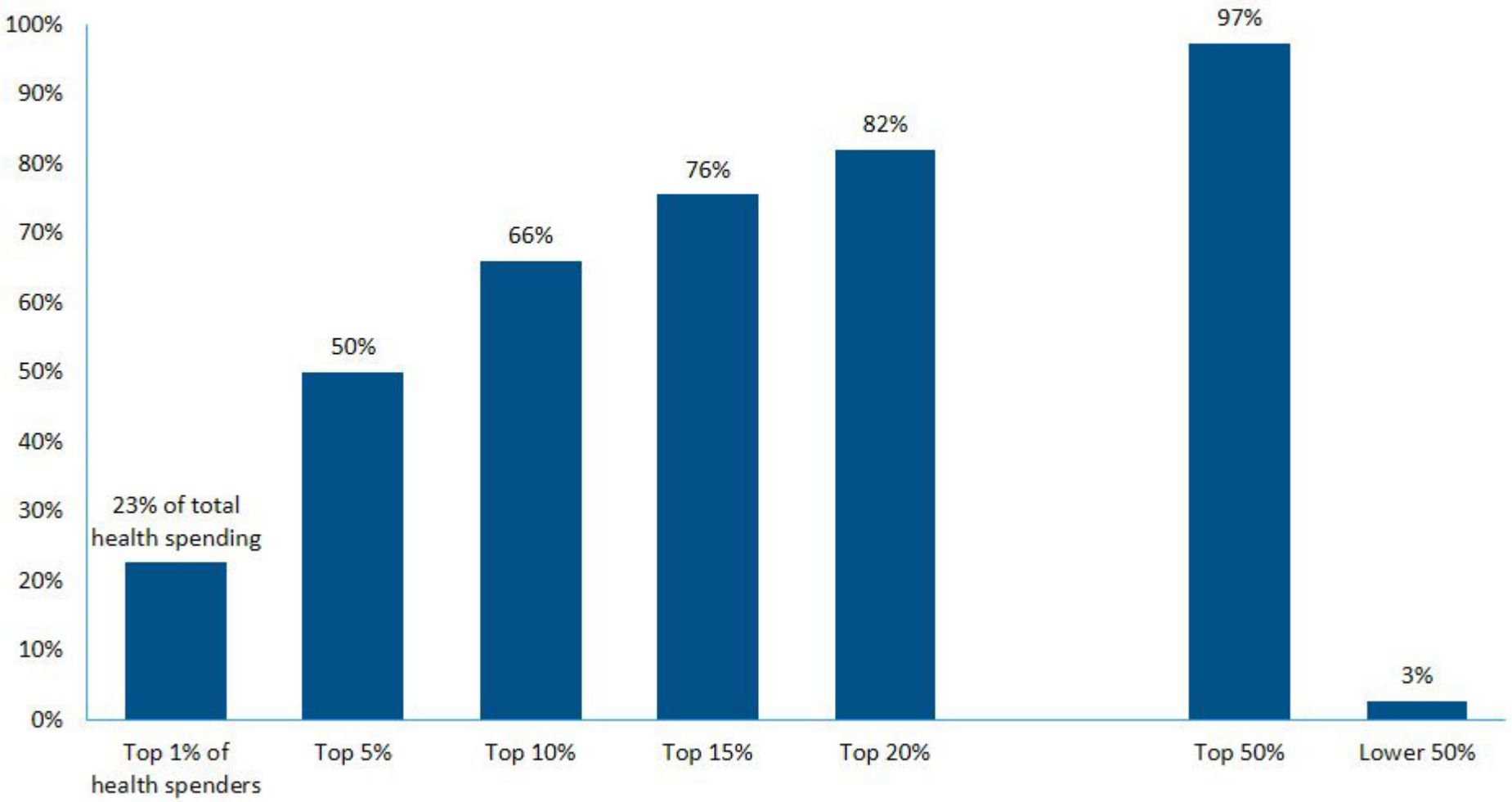
- **Pulled Advertising during critical final week**
  (Trump/HHS Sec. Price deliberately yanked marketing/ outreach of HealthCare.Gov over final 5 days of 2017 Open Enrollment Period. Result? HC.gov enrollment **down** 5% even as 12 state-based exchanges **increased** 2%)
- **Day One Executive Order**
  (Trump issued an EO within hours of taking office instructing all departments to do everything possible to weaken/ undermine ACA…including **not** enforcing individual mandate)
- **Jerking Carriers Around re. CSR Reimbursement Payments**
  (This **alone** is directly responsible for 15-60% of 2018 rate hikes…according to the carriers themselves)

Impending Potential Trump/GOP Sabotage this fall:

- Minimal/non-existent advertising/outreach
- Understaffing of call centers/support staff
- Underpowered server bandwidth at HC.gov
- Misentered enrollment instructions/policies
- Confusing/missing confirmation/status notices
- Inaccurate tax credits formulas/details
- Burying/removing “window shopping” tool
- Etc (the possibilities are endless)

Figure 1

Concentration of Health Care Spending in U.S. Population, 2011



Source: Kaiser Family Foundation analysis of Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services

THE HENRY J. KAISER FAMILY FOUNDATION

ACA Enrollees in Michigan / Marquette

- Statewide: ~935K = Exchange or Medicaid expansion (9.4% pop)
  - ~420,000 in individual market (~4.2% of pop)
    - 260,000 enrolled in ACA exchange individual plans (2.6% of pop)
      - ~220,000 subsidized, ~40,000 unsubsidized
    - ~160,000 enrolled in off-exchange individual plans
  - ~675,000 in Medicaid exp. (Healthy Michigan) (~6.8% of pop)

- Marquette County.: ~6,300 = Exchange/Medicaid expansion (9.4% pop)
  - ~3,600 in individual market (~5.4% of pop)
    - 2,200 enrolled in ACA exchange individual plans (3.3% of pop)
      - ~2,000 subsidized, ~200 unsubsidized
    - ~1,400 enrolled in off-exchange individual plans
  - 4,100 in Medicaid exp. (Healthy Michigan) (~6.1% of pop)

Michigan Health Care Bill of Rights

Protect People with Pre-existing Conditions

Prevent Skyrocketing Costs of Rx Drugs

Stop the Republican "Age Tax"

Prevent Massive Rate Hikes

Protect Essential Health Benefits

Prevent Annual or Lifetime Health Care Coverage Caps

PROTECT*MI*HEALTHCARE.COM