

Oregon Primary Care Association – Cover Oregon Overview **January 2013**

- Starting January 2014, you have insurance or you pay a tax.
 - Annual penalty of \$95, or up to one percent of income over the tax return filing minimum income (in 2010, the filing threshold was \$9,350 for a single person / \$18,700 for married filing jointly), whichever is greater.
 - By 2016, rises to a minimum of \$695 (\$2,085 for families) or 2.5 percent of income over the filing minimum.
 - Exemptions to the mandatory coverage provision and penalty are permitted for religious reasons or for those for whom the least expensive policy would exceed eight percent of their income.
- Starting January 2014, health insurance plans cannot deny coverage based on a pre-existing condition.
- Oregon will have a marketplace for people who want to buy insurance: Cover Oregon.
- There is no wrong door at Cover Oregon. People who go to the website will answer questions about their income. If their answers indicate they are eligible for Medicaid, they can immediately enroll. If their answers indicate they do not qualify for Medicaid, they will be able to enroll in a private health insurance plan.
- If you purchase insurance through Cover Oregon you are eligible for significant subsidies for premiums and cost-sharing if your income is less than 400 percent of the federal poverty level (\$89,000 for a family of four in 2011). If you purchase private insurance elsewhere you are not eligible for these subsidies.
- Only insurance plans approved by Cover Oregon are permitted to be sold on the exchange. Once a plan is approved by Cover Oregon, it is referred to as a “Qualified Health Plan.”
- All Qualified Health Plans have to provide the Essential Health Benefits mandated by the federal Affordable Care Act. The Essential Health Benefits are the minimum benefits that plans must offer. Many plans will offer more benefits, and their premiums will reflect this. The Essential Health Benefits are:
 - Ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.
- All plans on Cover Oregon have to have “Adequate Network Coverage.” This means:
 - The plan has to include essential community providers (defined as providers who serve predominantly low-income, medically underserved individuals, including providers defined in section 340B of the Public Health Service Act.),
 - The plan has to have a network large and diverse enough to provide all services without unreasonable delay (and include providers that specialize in mental health and substance abuse services), and
 - The plan has to be consistent with the network adequacy provisions of section 2702(c) of the Public Health Services Act. This section states that insurers “may” deny coverage to individuals if the issuer “will not have the capacity to deliver services adequately to enrollees of any additional groups or any additional individuals because of its obligations to existing group contract holders and enrollees.”
- In January of 2013, we expect Cover Oregon to release an RFP for Navigator services. Navigators will offer enrollment assistance services.