Health Insurance Exchanges or Marketplaces: State Profiles and Actions
Includes information for recent enrollment and 2017 plans
As of October 31, 2016

This report provides the state legislative history for all states, including:
- The 14 states and D.C. that now fully operate state-run Exchanges or Marketplaces. Two additional states are approved as state-based.
- The five states with state-run and state-based authority while using healthcare.gov.
- Two states that run the small-business (SHOP) exchange only.

Also, the state executive and legislative decisions in the 34 states that have State-Federal Partnerships (seven states), transition plans or Federally-Facilitated Marketplaces, including reliance on healthcare.gov. The federal Affordable Care Act (ACA) permits any state to change its structure and administration, by requesting approval from HHS.

State profiles include links and updates to all structures from State-Run to Federally-Facilitated Marketplaces and examples of implementation steps. This report in table format is a supplement to NCSL’s online report, State Actions to Address Health Insurance Exchanges, (includes 50-state map) at www.ncsl.org/default.aspx?Tabid=21388

- Individual consumers can obtain information and enroll online at: www.healthcare.gov
- Small employers can obtain information and enroll online at https://www.healthcare.gov/see-plans/small-business/

DEFINITIONS AND ABBREVIATIONS

ACA = The federal Patient Protection and Affordable Care Act (PPACA), also termed the Affordable Care Act and sometimes referred to as “Obamacare.”
APTC = Advance Premium Tax Credit. The premium tax credit is money that the federal government pays directly to an insurance company every month so that enrollees have lower monthly premiums. Each tax credit is based on the income the people in each tax household expect to have during the year.
BCBS = BlueCross/ Blue Shield, a commercial insurer network
CMS = The Centers for Medicare and Medicaid Services, the umbrella federal agency within HHS responsible for oversight and implementation of Marketplaces, insurance reforms and Medicaid changes included in the ACA.
Exchange or Marketplace = The term “Exchange” is defined and used in the federal ACA statute. “Marketplace” is intended and defined in federal regulations to have an identical meaning. The words are used interchangeably in many documents, articles and reports.
HHS = U.S. Department of Health and Human Services.
MSP = Multi-State Plan(s). MSPs are offered through Health Marketplaces/Exchanges alongside state-specific health insurer policies.
QHP = Qualified Health Plan, a health insurance product that meets the requirements of the ACA.
SHOP = Small Business Health Options Program, with insurance available to employers with up to 50 FTEs. See SHOP explanation at HealthCare.gov.
* Individual state information will be added on a regular basis, with date notations where applicable.
## Exchange Information by State

<table>
<thead>
<tr>
<th>State</th>
<th>Decision/ Structure/ Background</th>
<th>Premium Information</th>
<th>Addressed Navigator/ Assister</th>
<th>Total Federal Funding (2010-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td><strong>Federally Facilitated Marketplace in Alabama</strong>&lt;br&gt;On Nov. 13, 2012, Governor Robert Bentley announced that the state would not pursue a state exchange.&lt;br&gt;Governor Bentley created Executive Order 17 on June 2, 2011 to establish the Alabama Health Insurance Exchange Study Commission. The Commission is to study the establishment of the Alabama Health Benefits Exchange and make recommendations to the Governor and Legislature by Dec. 1, 2011. These recommendations were to include the form, governance, resource allocation, function and potential effects of the Exchange. Legislation in the 2012 Session considered these recommendations with regards an Alabama Exchange, but were not passed.</td>
<td>2015 premiums, <a href="https://healthcare.gov">Healthcare.gov</a></td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). <a href="https://www.cms.gov/Newsroom/Media-Release-and-Fact-Sheets/Fact-Sheets-ViewArchive.html">Click here</a> to view final navigator rule.</td>
<td>$9,772,451 total federal grants related to exchanges awarded to the state.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Enrollment Profile 4/19/14 Alabama</strong></td>
<td>Five organizations in the state received navigator grant funds from HHS.</td>
<td></td>
</tr>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Implementation Facts, Notes and News

- **State Allowing Renewals in 2014 w/o ACA Compliance**<br>[Governor’s Press Release](https://www.governor.alabama.gov/Press_Releases/11/26/2013/1430149.html)

- Dept. of Insurance requirements:
  - QHP Issuer must: Be licensed and in good standing with the State; Be accredited by either NCQA or URAC; Cannot employ discriminatory cost-sharing designs.
  - Must implement and report on quality improvement strategies consistent with section 1311(g) of the ACA.
  - Must offer (1) at least one QHP in the silver and gold coverage level; (2) a child-only plan at the same level of coverage; and (3) QHPs at the same premium rate when the QHP is offered directly by the issuer or through an agent or broker.
  - State is not using employee choice of insurers in SHOP for 2015
  - Alabama's state attorney general co-filed an amicus brief in the U.S. Supreme Court case [King v. Burwell](https://www.suits.com/king-v-burwell), supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; in June 2015 the court decision upheld the subsidies,

### 2017 Insurers: Individual Market

- [Blue Cross and Blue Shield of Alabama](https://www.bcbsh.com) (6) <br>Premiums: $318 - $442 /mo. Before subsidy

### Small Group

- [Blue Cross and Blue Shield of Alabama](https://www.bcbsh.com) (6)
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
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<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alaska</strong></td>
<td>In July 2012, Governor Sean Parnell announced that Alaska would not create a state-run health insurance exchange under the new federal health care law. His announcement came after the State of Alaska completed a study on health insurance exchange planning.</td>
<td>2015 premiums, <a href="http://Healthcare.gov">Healthcare.gov</a></td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). <a href="#">Click here</a> to view final navigator rule. Two organizations in the state received navigator grant funds from HHS.</td>
<td>The state has not applied for or accepted any federal funds related to health insurance exchanges.</td>
</tr>
<tr>
<td><strong>Federally Facilitated Marketplace in Alaska</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Implementation Facts, Notes and News**
- Not Allowing Renewals in 2014 w/o Compliance [Bulletin](#)
- 2014 ACA Insurance Reforms are in State Law = Yes
- State is not using [employee choice of insurers](#) in SHOP for 2015

**2017 Insurers: Individual Market**
- Premera Blue Cross Blue Shield of Alaska (6)
  - (6, Multi-State Plans)

**Small Group -- n/a**
- Moda Health (40) 2014-15
- Premera Blue Cross Blue Shield of Alaska (12) 2014-15

11/1/2016
<table>
<thead>
<tr>
<th>State</th>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background ¹</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) ⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>Federally Facilitated Marketplace in Arizona</td>
<td>On November 28, 2012, Governor Jan Brewer announced that the state would not establish a state exchange. Previously, Governor Brewer established the Office of Health Insurance Exchanges to organize the state's implementation efforts and conduct analysis on the establishment of an exchange in the state.</td>
<td>2015 premiums, Healthcare.gov</td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</td>
<td>$30,877,097 total federal grants related to exchanges awarded to the state.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Four organizations in the state received navigator grant funds from HHS.</td>
<td></td>
</tr>
</tbody>
</table>
| | | | | | • $999,670 Planning Grant
• $29,877,427 Level One Establishment Grant |

**Implementation Facts, Notes and News**
- 2014 ACA Insurance Reforms are in State Law = Yes²
- Not Allowing Renewals in 2014 w/o Compliance⁷ - Release Nov. 2013
- State is not using employee choice of insurers in SHOP for 2015
- AZ ACA Consumer Information

**2017 Insurers: Individual Market**
- New Blue Cross Blue Shield of Arizona, Inc. (14)
- Centene (Maricopa Co.)
- Cigna Healthcare (7)
- Health Net (6)
- Phoenix Health Plans, Inc. (15)

Updated 10/17/2016
### Exchange Information by State

<table>
<thead>
<tr>
<th>Exchange Information by State</th>
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<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>Arkansas was the first state to announce that it would have a state/federal partnership exchange, with the state running plan management and consumer assistance functions of the exchange. On June 15, 2015 Arkansas Republican Gov. Asa Hutchinson received the conditional approval from HHS to run the small business marketplace in 2016 and the individual marketplace in 2017. The letters say the approval reflects the expectation that the states’ roles in the marketplaces will expand beginning in the 2016 policy year. In March 2015 the state enacted SB 343 which prohibits the executive from establishing a state-run exchange. During the 2013 legislative session, Arkansas enacted HB 1508 which authorizes the Arkansas Health Insurance Marketplace, a fully state-run exchange, as a non-profit entity in the state, effective July 1, 2015. It is responsible for setting certification standards for qualified health plans. Establishes the Arkansas Health Insurance Marketplace Legislative Oversight Committee. In 2014 the Arkansas health exchange board voted to delay until plan year 2017 the launch of its own state-run exchange for individual coverage. It is approved to operate a state-run SHOP for 2016.</td>
<td>2015 Health plan premium rates --------- 2014 Qualified Health Plan Individual Premium Rates for 71 plans.</td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). <a href="#">Click here</a> to view final navigator rule. Two organizations in the state received navigator grant funds from HHS. In addition, the state enacted SB 1189 which requires navigators to be licensed and certified by the state. Provides standards and guidelines for licensing and does not allow insurers or insurer affiliates to serve as navigators.</td>
<td>$57,947,000 total federal grants related to exchanges awarded to the state.</td>
</tr>
</tbody>
</table>

#### Implementation Facts, Notes and News

- Not Allowing Renewals in 2014 w/o Compliance - [Statement](#)  
- **Arkansas Insurance Dept. (AID) Requires:** All QHP issuers offering a plan which has pediatric dental imbedded to also offer an identical plan which does not include pediatric dental. AID will not impose network adequacy standards that exceed federal standards in the first year, but may thereafter at its discretion. Formulary review: issuers must provide prior authorization response within 72 hours, with a 72-hr. supply in an emergency. Tobacco use rating limited to 1.2:1 (vs. the federal 1.5:1) State has authorized employee choice of insurers in SHOP for 2015.

#### Official state logo:

- [my Arkansas Insurance](#) Official Marketplace for Arkansas

#### Implementation Facts, continued

#2-2014: **Requirements for Assisting Consumers on the Marketplace in Arkansas**  
#1-2014: **Requirement to Provide Additional Language to be Included With the Delivery of Their Individual Policies**
**California**

**Covered California (State-Run Exchange)**

2010 **SB 900** and **AB 1602**

California was the first state to establish a state-based exchange under the ACA.

- The exchange is an independent state agency with a five-member governing board.
- Allows a financial assessment to insurers for exchange support after Jan. 2014.
- Conflict of Interest: Members of the board cannot be affiliated with any entity involved in the exchange (carriers, brokers, providers, etc.) or benefit financially from the exchange while serving on the board.
- SHOP and individual exchange are separate, but board has the authority to reevaluate that in 2018.
- Selection of carriers: The exchange selects plans that will participate in the exchange.

**Premium Information**

2015 California plans and premiums - 11/12/2014

**Addressed Navigator/Assister**

2010 state law allows the use of navigators; the board is responsible for defining rules on navigator participation. In person assisters in the state need to complete two days of training.

**Total Federal Funding (2010-2014)**

$1,065,686,056 total federal grants related to exchanges awarded to the state.

- $1,000,000 Planning Grant
- $39,421,383 1st Level One Establishment Grant
- $196,479,629 2nd Level One Establishment Grant
- $673,705,358 Level Two Establishment Grant
- $155,076,886 Level Two Establishment Grant Supplement, Jan. 2014

The general fund is allowing a $5 million loan to establish the exchange.

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**Implementation Facts, Notes and News**

- Not Allowing Renewals in 2014 w/o Compliance - Insurance Dept. Statement & Exchange Statement
- 2014 ACA Insurance Reforms are in State Law = Yes, in part
- 2015 Report to the Governor and Legislature – 9/2015
- 2016 Product Prices for all Health Insurance Companies - 11/2015
- For 2016, Covered California negotiated a premium weighted average change of 4 percent, which is lower than last year’s change of 4.2 percent. - Covered CA release 12/29/2015

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**2016 Insurers: Individual Market**

- **Anthem Blue Cross of California** (Wellpoint) 2015-2016
- Blue Shield of California 2015-2016
- Chinese Community Health Plan 2015-2016
- Health Net 2015-2016
- Kaiser Permanente 2015-2016
- L.A. Care Health Plan 2015-2016
- Oscar 2016
- Sharp Health Plan 2014-2016
- Valley Health Plan 2015-2016
- Western Health Advantage 2014-2016
- United HealthCare 2016

**Small Group /SHOP – (Plans offered 2016)**

- Blue Shield of California
- Chinese Community Health Plan
- Health Net
- Kaiser Permanente
- Sharp Health Plan
- Western Health Advantage

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Updated 12/31/2015
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background ¹</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) ⁶</th>
</tr>
</thead>
</table>
| **Colorado**                  | **Connect for Health Colorado** (State-Run Exchange) | 2011 SB 200, Chapter No. 246 - Bi-Partisan legislation creating a state-run exchange enacted in 2011.  
- Non-profit entity governed by a 12 member board.  
- Selection of carriers: The Colorado exchange allows all qualified health plans to participate in the exchange.⁴  
- Allows a financial assessment to insurers for exchange support after Jan. 2014.  
- The bill also creates the Legislative Health Benefit Exchange Implementation Review Committee.  
- Conflict of Interest: Members of the board may not make decisions that benefit them financially.  
- SHOP and Individual Exchange are two separate markets, but the board has the option to review this and merge them if they see fit.  
- The exchange cannot use general funds in establishing or operating the exchange.  
  | 2015 Individual plans, average increase = 0.71%  
Small group plans, average increase = 2.54%  
  | Navigators must complete training and pass an assessment. [Click here](#) to see a list of navigator and assister programs and sites throughout the state.  
  | $178,931,023 total federal grants related to exchanges awarded to the state.  
- $1,247,599 Planning Grant  
- $17,951,000 First Level One Establishment Grant  
- $43,486,747 Second Level One Establishment Grant  
- $116,245,677 Level Two Establishment Grant  |
<table>
<thead>
<tr>
<th><strong>Metal Level</strong></th>
<th><strong>Avg. 2016 Premium</strong></th>
<th><strong>Avg. 2015 Premium</strong></th>
<th><strong>% Change</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic</td>
<td>$264</td>
<td>$236</td>
<td>11.60%</td>
</tr>
<tr>
<td>Bronze</td>
<td>$304</td>
<td>$277</td>
<td>9.87%</td>
</tr>
<tr>
<td>Silver</td>
<td>$385</td>
<td>$341</td>
<td>12.94%</td>
</tr>
<tr>
<td>Gold</td>
<td>$466</td>
<td>$387</td>
<td>20.39%</td>
</tr>
<tr>
<td>Platinum</td>
<td>$553</td>
<td>$426</td>
<td>29.80%</td>
</tr>
</tbody>
</table>

**Implementation Facts, Notes and News**  
- Not Allowing Renewals in 2014 w/o Compliance⁷ - Statement  
- 2014 ACA Insurance Reforms are in State Law = Yes⁸  
- Connect for Health Colorado metrics, updated monthly (150,821 enrollments for 2014 submitted as of Nov, 2014  
- [Colorado CO-OP Built to Shake-up Health Insurance](#), 11/17/2014  
- Exchange Audit Plans by Legislature – 12/9/2014  
- Connect for Health Colorado Power Point Presentation 4/1/2015  
- NCSL on Health Exchanges and NCSL Additional Materials 4/29/15  
- CHI Presentation Exchange Oversight Committee -6/5/2015  
- [1332 Waiver Handout (NCSL Final)](#) -6/5/2015  
- C4HC Oversight Committee Strategic Budget (Final)  
- Small biz fixes delayed as exchange promise smoother system for individuals – Colo. Health News 8/11/2015

**2017 Insurers:**  
**NEW Individual Market (50)**  
- **List 2017**  
  - Anthem  
  - Bright Health  
  - Cigna Corp.  
  - "Elevate"- Denver Health Medical Plan  
  - Kaiser-Permanente 2016-17

**MSP**  
**Small Group**  
- Colorado Choice Health Plans  
- Colorado Health CO-OP  
- Kaiser Foundation  
- Rocky Mountain Health Plans

**Official state logo:**
## Connecticut Access Health CT (State-Run Exchange)

- **2011 SB 921, Public Act 11-53** - establishing a state-run exchange
  - Quasi-governmental entity governed by 14 member board.
  - Selection of carriers: Limits the number of plans an insurer can offer.
  - Allows a financial assessment to insurers for exchange support effective Jan. 2014.
  - Conflict of Interest: Does not allow any representative of the insurance industry or providers as board members.
  - The Exchange was required to submit a plan on whether or not to merge the SHOP and individual exchange, or whether the state should include mandated benefits in addition to the essential health benefits for qualified health plans.

### Premium Information

**2015 Rate Analysis (NORC survey)**

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Avg. 2016 Premium</th>
<th>Avg. 2015 Premium</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic</td>
<td>$187</td>
<td>$197</td>
<td>-5.31%</td>
</tr>
<tr>
<td>Bronze</td>
<td>$264</td>
<td>$273</td>
<td>-3.57%</td>
</tr>
<tr>
<td>Silver</td>
<td>$372</td>
<td>$347</td>
<td>7.17%</td>
</tr>
<tr>
<td>Gold</td>
<td>$408</td>
<td>$388</td>
<td>6.56%</td>
</tr>
<tr>
<td>Platinum</td>
<td>$476</td>
<td>$472</td>
<td>0.87%</td>
</tr>
</tbody>
</table>

- The board was required to address how they handle navigators (brokers/agents).
- Navigators are required to complete 40 hours of training, a test, and a pass a background check.

### Total Federal Funding (2010-2014)

- $200,057,795 total federal grants related to exchanges awarded to the state.
  - $996,850 Planning Grant
  - $6,687,933 1st Level One Establishment Grant
  - $2,140,867 2nd Level One Establishment Grant
  - $20,302,003 3rd Level One Establishment Grant
  - $1,521,500 1st Level Establishment Grant Supplement
  - $497,741 2nd Level One Establishment Grant Supplement
  - $107,358,676 Level Two Establishment Grant
  - $24,960,892 Level Two Establishment Grant Supplement
- Connecticut was among the consortia of 6 New England states to receive the "Early Innovator" cooperative agreement for a total of $35,591,333.

### Implementation Facts, Notes and News

- Not Allowing Renewals in 2014 w/o Compliance - fact sheet & Ins. Dept. Memo

### Official State Logo:

![access health CT logo](image)
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<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background ¹</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) ⁶</th>
</tr>
</thead>
</table>
| **Delaware**                  | **Choose Health Delaware** (State-Federal Partnership Exchange, 2014-2016) (Conditionally approved by HHS as State-run by 2016) | On June 15, 2015 Democratic Governor Jack Markell received [conditional approval from HHS](https://healthcare.gov) to run marketplaces for individual and small business coverage plans beginning in 2016. The letter states that the approval reflects the expectation that the states' roles in the marketplaces will expand beginning in the 2016 policy year. Previously, on Dec. 20, 2012, Delaware received conditional approval from the U.S. Department of Health and Human Services (HHS) to establish a Partnership Marketplace. [Letter](https://www.healthcare.gov/newsletter/2012-december-20) The Choose Health Delaware Marketplace portal became operational on Oct. 1. Consumers may download a paper application from the website but cannot apply for Marketplace or Medicaid coverage directly through Delaware’s site. The federal government is operating the online eligibility and enrollment system and consumers must use the federal portal to apply for coverage online. The [Delaware Health Care Commission](https://www.healthcare.gov) within the Delaware Health and Human Services serves as the planning group for the state on Health Insurance Exchanges. | 2015 premiums, [Healthcare.gov](https://healthcare.gov) ⁵ **Summary of plan rates and detailed rate tables** for the 21 QHP plans. | Navigators in the state must meet CMS training requirements (30 hours of training and web certification). [Click here](https://healthcare.gov) to view final navigator rule. One organization in the state received navigator grant funds from HHS. | **$21,258,247 total federal grants related to exchanges awarded to the state.**  
- $1,000,000 Planning Grant  
- $3,400,096 1st Level One Establishment Grant  
- $8,536,543 2nd Level One Establishment Grant  
- $8,321,608 3rd Level One Establishment Grant |

### Implementation Facts, Notes and News
- 2014 ACA Insurance Reforms are in State Law = Yes ²  
- State is not using [employee choice of insurers](https://healthcare.gov) in SHOP for 2015. Commissioner Stewart Announces That Non-Compliant Health Plans Cannot Be Extended in Delaware  
- [CMMI State Innovation Model Design](https://healthcare.gov)  
- Delaware's Health Insurance Marketplace: Update on Activity Updated 1/20/2016

<table>
<thead>
<tr>
<th>2016 Insurers: Individual Market</th>
<th>2016 Insurers: Small Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna (8)</td>
<td>Highmark Blue Cross Blue Shield Delaware (20)</td>
</tr>
<tr>
<td>Highmark Blue Cross Blue Shield Delaware</td>
<td></td>
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</tbody>
</table>

### LISTING ORDER: The District of Columbia is included after the 50 states, on page # 52
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<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background 1</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) 6</th>
</tr>
</thead>
</table>
| **Florida**  
**Federally Facilitated Marketplace in Florida**  
- After the Supreme Court issued the 2012 opinion on the Patient Protection and Affordable Care Act, Governor Rick Scott announced that the state would not implement a state health insurance exchange because of the potential rise in cost for health insurance premiums.  
- **September 17, 2014** – Florida Health Insurers Selling 2015 PPACA-Compliant Small Group Policies and their SHOP Exchange Status  
- **August 4, 2014** – Insurers Release 2015 PPACA Individual Market Health Insurance Plan Rate Data Compliant with Federal Regulations (includes links to examples for a family of four and a single individual)  
- Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.  
- Eight organizations in the state received navigator grant funds from HHS.  
- In addition, the state enacted SB 1842 requires navigators to register with the Department of Financial Services. The law also sets forth requirements for a navigator.  
- The state has not applied for establishment funds related to health insurance exchanges. The state returned planning grant funds.  

| Implementation Facts, Notes and News | 2014 Insurers: **Individual Market**  
Ambetter from Sunshine Health (16)  
Florida Blue (BlueCross BlueShield FL) (18)  
Florida Blue HMO (a BlueCross BlueShield FL company) (5)  
Humana (5)  
Molina Marketplace (3)  
UnitedHealthcare (6)  

| **Florida Health Choices** was created in response to a vastly changing health care environment to help individuals and small business owners in Florida make sense of the complex health insurance system.  
Our Insurance Marketplace provides easy access to affordable insurance and service options, acting as a “one-stop-shop” for flexible options and products. You can compare multiple products side by side, enroll in the option that best fits your needs, and access important information.  
If you are not sure where to shop, we can help with that too. This is just one way we are working to advance the health and well-being of Floridians by providing information and access to available options.  

Updated 2/1/2016 |  
**Small Group**  
Florida Blue  
Florida Health Care Plan, Inc.  
Health First Health Plans, Inc.  
UnitedHealth Group |
<table>
<thead>
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<tbody>
<tr>
<td>Georgia Federally Facilitated Marketplace in Georgia</td>
<td>2014 Action: HB 943 signed 4/15/2014 prohibited the establishment of a state-run or partnership Health Exchange, or the receipt or use of any funds to support an exchange, or the use of any further state role in a navigator health enrollment program operated by the University of Georgia. HB 943 and HB 990 also prohibit the expansion of the Georgia Medicaid program in relation to the ACA. On Nov. 16, 2012, Governor Nathan Deal notified U.S. Secretary of Health and Human Services Kathleen Sebelius in a letter that Georgia would not set up a state-based health insurance exchange. This means that the state defaulted to a federally-facilitated exchange. 2011 Action: Governor Nathan Deal created an Executive Order on June 2, 2011 to establish the Georgia Health Insurance Exchange Advisory Committee. The Committee reported final recommendations Dec., 2011. The Executive Order emphasized a desire to “develop an exchange that reflects a free market, conservative approach to expanding health insurance coverage in Georgia”. The Committee was composed of legislators, the Commissioner of Insurance, the Commissioner of the Department of Community Health, the Chief Operating Officer of the Department of Economic Development, and others.</td>
<td>2015 premiums, Healthcare.gov 2014 Enrollment Profile 4/19/14 Georgia HHS report summarizing 2014 plan choices and premiums, 9/25/2013</td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. In addition, HB 198 requires navigators to be licensed and certified by the state insurance commissioner. Two organizations in the state received navigator grant funds from HHS. 2014 Action: HB 943, signed 4/15/2014 prohibited the use of any further state role in a navigator health enrollment program operated by the University of Georgia.</td>
<td>$1,000,000 total federal grants related to exchanges awarded to the state. • $1 million Planning Grant</td>
</tr>
</tbody>
</table>

Implementation Facts, Notes and News
- Allowing Renewals in 2014 w/o Compliance
- 2014 ACA Insurance Reforms in State Law = No
- State has permitted employee choice of insurers in SHOP for 2015.
- Georgia’s state attorney general has co-filed an amicus brief in the U.S. Supreme Court case King v. Burwell, supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; a decision is due June 2015.

Updated 1/5/2015

2016 Insurers: Individual Market
- Aetna Health Inc. (a GA corp.) DBA Coventry Healthcare of Georgia, Inc. (5)
- Ambetter from Peach State Health Plan (16)
- Blue Cross Blue Shield Healthcare Plan of Georgia (12)
- Cigna Healthcare (6)
- Harken Health (5)
- Humana (7)
- Kaiser Permanente (9)
- UnitedHealthcare (8)

2015 Small Group
- Alliant Health Plans
- Blue Cross Blue Shield Healthcare Plan of Georgia (3)
- Kaiser Permanente (12)

Multi-State Plans
- Aetna
- Coventry
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background 1</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) 6</th>
</tr>
</thead>
</table>
| Hawaii                       | 2011 SB 1348 (Act 205) authorized a state-run exchange  
  - Private non-profit governed by a 15 member (interim) board.  
  - All qualified health plans are allowed to participate in the exchange.  
  - Conflict of Interest: The board sets policies and determine how to handle conflict of interest.  
  - Interim board provided recommendations regarding a funding plan (not allowed to use state funds), conflict of interest criteria, and board member terms, among other items by the 2012 legislative session. | Click here to view Hawaii’s average rates for 2014.  
2014 Enrollment Profile 4/19/14 Hawaii | Navigators are required to be certified by the exchange. They must complete a test and background check. | $205,342,270 total federal grants related to exchanges awarded to the state.  
- $1,000,000 Planning Grant  
- $14,440,144 1st Level One Establishment Grant  
- $61,815,492 2nd Level One Establishment Grant  
- $128,086,634 Level Two Establishment Grant- 2/2013 |
| Implementation Facts, Notes and News | 2016 Insurers: Individual Market  
Hawaii Medical Service Association (10)  
Kaiser Permanente (10)  
Small Group/SHOP  
Kaiser Permanente2015 | Official State Logo: | | |
A state-run health insurance exchange for Idaho was authorized in March 2013 when the legislature passed HB 248. The governor declared the state’s intention to run an exchange in December 2012, and the governor and legislative leadership appointed 19 governing board members. In order to meet the exchange enrollment deadline in October 2013, the governing board in Idaho requested that the federal government support certain services, such as determining enrollment eligibility, in the state exchange initially. The state was also working on a transitional plan with the eventual goal of eliminating federal support of the state exchange’s operations.

For 2015 and 2016 the state is using the federal HealthCare.gov and its system for eligibility determination.

Implementation Facts, Notes and News
- Allowing Renewals in 2014 w/o Compliance - n/a
- Discontinuation of individual and small group health plans by Idaho carriers explained - 11/5/2013
- 2014 ACA Insurance Reforms in State Law = No
- 2015 Small Group Composite Premium Proposal 6/14/2014

2016 Insurers: Individual Market
Blue Cross of Idaho
BridgeSpan Health
Mountain Health CO-OP
PacificSource
SelectHealth

Small Group (2015)
Blue Cross of Idaho
PacificSource Health Plans
SelectHealth, Inc.
Note: Certification vote taken Sept. 22
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
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<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>On Oct. 16, 2012, Illinois announced that it would work with the federal government to run the exchange in the state. The state intended to transition to a fully state operated exchange within a year of partnership operation. No change had been made as of Jan. 2016. In 2011, SB 1555 Public Act 97-0142 intended to establish a state based health insurance exchange. The act created an Illinois Health Benefits Exchange Legislative Study Committee to inquire further into the establishment of the Illinois Health Benefits Exchange. In October 2011, the Legislative Study Committee provided a report titled, Findings of the Illinois Legislative Health Insurance Exchange Study Committee. According to the state’s health reform website, “Additional legislation to establish governance and financing structure of the Exchange in Illinois is currently being assessed in… General Assembly.”</td>
<td>2015 premiums, Healthcare.gov</td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Eleven organizations in the state received navigator grant funds from HHS. In addition, SB 1194 creates the Insurance Navigator Licensing Act; providing that any service as a navigator in the state must be licensed as a navigator by the Director of Insurance; includes prohibited activities; applications for licensure; licenses renewal.</td>
<td>$154,813,136 total federal grants related to exchanges awarded to the state.</td>
</tr>
<tr>
<td>Illinois</td>
<td>(State-Federal partnership for 2014-2016) (Plans for State-Run Exchange, online via healthcare.gov)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Implementation Facts, Notes and News**
- Allowing Renewals in 2014 w/o Compliance = Yes - Announcement
- 2014 ACA Insurance Reforms in State Law = In Process
- State is not using employee choice of insurers in SHOP for 2015

2016 Insurers: *Individual Market*
- Blue Cross and Blue Shield of Illinois (10)
- Coventry (8)
- Health Alliance (16)
- Humana Insurance Company (4)
- Land of Lincoln Mutual Health Insurance Co. (3)

2015 Insurers: *Individual Market*
- Assurant Health (6)
- IlliniCare Health (66)
- Land of Lincoln Mutual Health Insurance Company (26)
- UnitedHealthcare (10)

**Small Group**
- Blue Cross and Blue Shield of Illinois (17)
- Land of Lincoln Mutual Health Insurance Co. (26)
- Health Alliance Medical Plans

11/10/2015
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background ¹</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) ⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana</td>
<td>Governor Mike Pence, soon after the November 2012 election, <strong>stated</strong> that he would not support the creation of state-based or partnership exchange. Former Governor Mitchell Daniels, Jr. created <strong>Executive Order 11-01</strong> to establish the Indiana Health Benefit Exchange; however the exchange was not implemented and would have required legislative action.</td>
<td>2015 premiums, <a href="#">Healthcare.gov</a></td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). <a href="#">Click here</a> to view final navigator rule.</td>
<td>$7,895,126 total federal grants related to exchanges awarded to the state. - $1,000,000 Planning Grant - $6,895,126 Level One Establishment Grant</td>
</tr>
</tbody>
</table>

### Implementation Facts, Notes and News
- **Not Allowing Renewals in 2014 w/o Compliance**⁷- [Insurance Dept. Statement](#)
- State has permitted **employee choice of insurers** in SHOP for 2015
- Indiana’s state attorney general has filed an amicus brief related to the U.S. Supreme Court case **King v. Burwell**, supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; a decision is due June 2015.

### 2016 Insurers: **Individual Market**
- Ambetter from MHS ¹⁶
- Anthem Blue Cross and Blue Shield ¹⁶
- CareSource Just4Me ⁶
- IU Health Plans ¹¹
- MDwise Marketplace ⁹
- UnitedHealthcare ⁹

**Small Group** ¹⁵
Anthem Blue Cross and Blue Shield
Advantage Health Solutions
Southeastern Indiana Health Organization

11/10/2015
<table>
<thead>
<tr>
<th>State</th>
<th>State Decisions/ Structure/ Background</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Iowa</strong></td>
<td>Iowa Governor Terry Branstad announced in December 2012 that the state would run the plan management piece of the exchange in the state. Iowa is among the seven states that are partnering with the federal government; however, it was the only state that has decided to run only the plan management function and not the other optional consumer assistance function for partnership states. In a previous November 2012 letter to U.S. Secretary of Health and Human Services Kathleen Sebelius, Governor Branstad said that the state would continue to pursue a state-based exchange, despite some questions and concerns about the exchanges. The governor mentioned in the letter that the state may have to default &quot;to some level of a federally-facilitated&quot; exchange if more guidance and additional details are not provided from the federal government. The Department of Health established an Interagency Planning Workgroup to collaborate between the Iowa Department of Public Health, Iowa Department of Human Services (State Medicaid Agency), Iowa Insurance Division, and the Iowa Department of Revenue. They will also assess needed resources and regulations.</td>
<td>2015 premiums, <a href="#">Healthcare.gov</a></td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). <a href="#">Click here</a> to view final navigator rule. Three organizations in the state received navigator grant funds from HHS.</td>
<td>$59,683,889 total federal grants related to exchanges awarded to the state.</td>
</tr>
<tr>
<td><strong>Kansas</strong></td>
<td>On Nov. 8, 2012, Governor Sam Brownback announced that the state would not participate in implementing a state or partnership exchange. 2011 Action: Insurance Commissioner Sandy</td>
<td>2015 premiums, <a href="#">Healthcare.gov</a></td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification).</td>
<td>$1,000,000 total federal grants related to exchanges awarded to the state.</td>
</tr>
<tr>
<td>Federally Facilitated Marketplace in Kansas</td>
<td>Praeger requested a steering committee charter to make recommendations to the Department of Insurance regarding the planning and development of a Kansas Health Benefit Exchange. In addition, eight planning workgroups comprised of citizens across the state report to the steering committees on issues related to their specific workgroup topic. The planning work done by the Department of Insurance is supported by the governor and workgroups continue to meet. The state has an insurance cost calculator.</td>
<td>2014 Enrollment Profile 4/19/14 Kansas</td>
<td>Click here to view final navigator rule. Three organizations in the state received navigator grant funds from HHS.</td>
<td>$1,000,000 Planning Grant</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
</tbody>
</table>
- The state maintains an informational exchange website [2014]  
- State is not using employee choice of insurers in SHOP for 2015  
- Ins. Commissioner’s column on open enrollment, November 2014 | 2016 Insurers: Individual Market  
Blue Cross and Blue Shield of Kansas, Inc. (14)  
BlueCross BlueShield Kansas Solutions, Inc. (5)  
UnitedHealthcare (8)  
Small Group  
Blue Cross and Blue Shield of Kansas | Official State Logo: (information only; no sales) | 11/10/2015 |
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background 1</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
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</tr>
</thead>
</table>
| **Kentucky** (State-Run Exchange, using federally-supported Healthcare.Gov website) 2017 New Kynect (State-Run Exchange, 2014-16) | Governor Matt Bevin (R) campaigned on an anti-Obamacare platform, and has spent 2016 transitioning the exchange to the Healthcare.gov platform. On Nov. 1, 2016, Kentucky will continue to have a state-run exchange, but enrollment will be conducted through Healthcare.gov starting November 1, 2016. New. Previously, in 2012 Kentucky Governor Steve Beshear (D) issued an Executive Order establishing the Office of the Kentucky Health Benefit Exchange, which oversees the implementation and operations of the Exchange. The office is housed in the Cabinet for Health and Family Services. The governor made his intentions to establish an exchange clear that he preferred to take the advice of many stakeholders and create an exchange run by the state. The exchange in the state can limit the number of plans that insurers can offer. | Click here to see 2014 premiums. 2014 Enrollment Profile 4/19/14 Kentucky Navigators are required to complete training, a test, meet performance measure and get recertified every year. | $253,698,351 total federal grants related to exchanges awarded to the state.  
- $1,000,000 Planning Grant  
- $7,670,803 1st Level One Establishment Grant  
- $57,896,810 2nd Level One Establishment Grant  
- $4,423,000 3rd Level One Establishment Grant  
- $182,707,738 Level Two Establishment Grant |

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Avg. 2016 Premium</th>
<th>Avg. 2015 Premium</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic</td>
<td>$205</td>
<td>$168</td>
<td>22.21%</td>
</tr>
<tr>
<td>Bronze</td>
<td>$241</td>
<td>$220</td>
<td>9.83%</td>
</tr>
<tr>
<td>Silver</td>
<td>$299</td>
<td>$275</td>
<td>8.80%</td>
</tr>
<tr>
<td>Gold</td>
<td>$364</td>
<td>$323</td>
<td>12.81%</td>
</tr>
<tr>
<td>Platinum</td>
<td>$358</td>
<td>$342</td>
<td>4.74%</td>
</tr>
</tbody>
</table>

**Implementation Facts, Notes and News**
- Allowing Renewals in 2014 w/o Compliance7 - Governor’s Press Release
- 2014 ACA Insurance Reforms in State Law = No3
- Kentucky Health Cooperative Claims 75% of enrollment on the State Exchange - new figures from Kynect. 3/5/2014

**2016 Insurers: Individual Market**
- Aetna;  
- Anthem;  
- Bluegrass Family Health (Baptist Health Plan);  
- CareSource2015-16  
- Humana2015-16  
- UnitedHealth;  
- WellCare Health Plans, Inc. 2015-16

**Small Group**
- Anthem Health Plans of Kentucky  
- CareSource2015  
- Kentucky Health Cooperative  
- United Healthcare  
- WellCare of Kentucky -2015

Official State Logo:

10/31/0216
### Louisiana

**Federally Facilitated Marketplace in Louisiana**

In March 2011, Governor Bobby Jindal announced that Louisiana would return planning grant funds and the state would not establish a state exchange.

#### 2014 Enrollment Profile

*4/19/14 Louisiana HHS report summarizing 2014 plan choices and premiums, 9/25/2013*

**2015 premiums, Healthcare.gov**

Navigators in the state must meet CMS training requirements (30 hours of training and web certification). [Click here](#) to view final navigator rule.

**Four** organizations in the state received navigator grant funds from HHS.

**Total Federal Funding (2010-2014)**

$998,416 total federal grants related to exchanges awarded to the state.

- $998,416 Planning Grant - All funds returned

### Implementation Facts, Notes and News

- 2014 ACA Insurance Reforms in State Law = **No**
- State is not using [employee choice of insurers](#) in SHOP for 2015.
- In Jan. 2016 the newly elected governor moved to expand Medicaid under the provisions of the ACA.

### 2016 Insurers: Individual Market

- **Blue Cross Blue Shield of Louisiana** (14)
- **HMO Louisiana** (10)
- **UnitedHealthcare** (5)
- **Vantage Health Plan** (5)

**2015 Insurers**

- Humana, Inc. (10)
- Louisiana Health Cooperative (CO-OP, 8)

**Small Group (2015)**

- **Blue Cross Blue Shield of Louisiana** (2)
- Louisiana Health Cooperative (8)
- Vantage Health Plan (4)

**Official State Logo:** (information only, no sales)

11/10/2015
<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| Maine 
**Federally Facilitated Marketplace in Maine** | In a letter to U.S. Secretary of Health and Human Services Kathleen Sebelius on Nov. 16, 2012, Governor Paul LePage wrote that the state would not establish a state-based health insurance exchange. In April 2012, Governor Paul LePage stated that Maine will not use the Level One Establishment grant awarded to the state. | 2015 premiums, [Healthcare.gov](#) | Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. **Two** organizations in the state received navigator grant funds from HHS. | $6,877,676 total federal grants related to exchanges awarded to the state. |
- 2014 ACA Insurance Reforms in State Law = Discretionary authority to enforce?  
- State is not using employee choice of insurers in SHOP for 2015 | **2016 Insurers: Individual Market**  
Anthem Blue Cross and Blue Shield (14)  
Community Health Options (9)  
Harvard Pilgrim (8)  
(2015) **Small Group**  
Anthem Blue Cross and Blue Shield (4 plans)  
Harvard Pilgrim (4)  
Maine Community Health Options (8) | **Money**  
$1,000,000 Planning Grant  
$5,877,676 Level One Establishment Grant (Governor LePage informed HHS that he would not utilize establishment funds)  
Maine also was among the consortia of 6 New England states to receive the "Early Innovator" cooperative agreement, administered by the University of Massachusetts Medical School Award Amount: $35,591,333 |

11/12/2015
### Exchange Information by State

<table>
<thead>
<tr>
<th>Maryland</th>
<th>State-run Exchange established by law: <strong>2011 SB182 (Chapter 1) &amp; 2011 HB 166 (Chapter 2)</strong></th>
</tr>
</thead>
</table>
| Maryland Health Connection (State-Run Exchange) | - Quasi-governmental exchange governed by a nine member board.  
- Maryland uses a portion of an existing premium tax to fund the exchange after 2015.  
- The exchange limits the type or number of plans each insurer can offer in the exchange.  
- Conflict of Interest: Members of the board cannot be affiliated with any entity involved in the exchange (carriers, brokers, providers, etc.) or benefit financially from the exchange while serving on the board.  
- In December 2011, the board submitted a letter with structure recommendations to the governor and legislature. |

### Premium Information

- **Click here** to view Maryland Health Connections Premiums for 2014.

### Addressed Navigator/Assister

- Navigators are required to complete 120 hours of training, an exam, and recertify annually.

**2014 Enrollment Profile 4/19/14**

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Avg. 2016 Premium</th>
<th>Avg. 2015 Premium</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic</td>
<td>$186</td>
<td>$173</td>
<td>8.00%</td>
</tr>
<tr>
<td>Bronze</td>
<td>$224</td>
<td>$206</td>
<td>8.81%</td>
</tr>
<tr>
<td>Silver</td>
<td>$290</td>
<td>$270</td>
<td>7.66%</td>
</tr>
<tr>
<td>Gold</td>
<td>$359</td>
<td>$313</td>
<td>14.83%</td>
</tr>
<tr>
<td>Platinum</td>
<td>$363</td>
<td>$371</td>
<td>-2.19%</td>
</tr>
</tbody>
</table>

### Total Federal Funding (2010-2014)

- $171,063,110 total federal grants related to exchanges awarded to the state.
  - $999,227 Planning Grant
  - $27,186,749 Level One Establishment Grant
  - $136,599,681 Level Two Establishment Grant
  - Maryland received the “Early Innovator” cooperative agreement. Award Amount: $6,227,454

### Implementation Facts, Notes and News

- Not Allowing Renewals in 2014 w/o Compliance - Press Release & Bulletin
- 2014 ACA Insurance Reforms are in State Law = Yes
- The Maryland exchange launched its SHOP in April 2014 using brokers and agents to enroll members on paper applications.

### 2016 Insurers: Individual Market

- Aetna 2015-16
- CareFirst BlueCross BlueShield 2015-16
- Cigna
- Evergreen Health Cooperative, Inc. 2015-16
- Kaiser
- UnitedHealth
- USHealth Group

### Small Group (2015)

- Aetna 2015-16
- All Savers Insurance (UHC subsidiary)
- CareFirst of Maryland Inc.
- Coventry Health Care of Delaware Inc.,
- Coventry (Aetna).
- Evergreen Health Cooperative (CO-OP)
- Kaiser Foundation Health Plan of the Mid-Atlantic
- MAMSI Life and Health Insurance Co.,
- Optimum Choice 2015
- UnitedHealth Care 2015
<table>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Massachusetts</strong></td>
<td>State-run Exchange established by law: Chapter 58 of the Acts of 2006</td>
<td>2014 Enrollment 4/19/14 Massachusetts</td>
<td>Navigator training is completed in phases. Operational program currently has a consumer assistance program which meets all exchange requirements and needs.</td>
<td>$192,953,864 total federal grants related to exchanges awarded to the state.</td>
</tr>
<tr>
<td><strong>Massachusetts Health Connector (State-Run Exchange)</strong></td>
<td>In 2006, Massachusetts passed health reform legislation that established a state initiated exchange. - The &quot;Health Connector,&quot; launched in 2007, serves multiple functions and managed two health insurance programs: Commonwealth Care, a subsidized program for adults who do not have employer-sponsored insurance and Commonwealth Choice offering commercial insurance plans for individuals ineligible for care as well as small business employers. It uses an &quot;active purchaser&quot; approach to carrier selection. - Annual Reports to Legislature are online. - A $25 million appropriation from the state general fund helped start the exchange. State funds are appropriated annually.</td>
<td></td>
<td></td>
<td>- $1,000,000 Planning Grant - $11,644,938 1st Level One Establishment Grant - $41,679,505 2nd Level One Establishment Grant - $13,917,409 Level One, awarded 10/14/2014 - $80,225,650 Level Two Establishment Grant - Massachusetts was one of 6 New England states to receive the &quot;Early Innovator&quot; cooperative agreement. Award Amount: $35,591,333</td>
</tr>
</tbody>
</table>

**Implementation Facts, Notes and News**
- As of 4/1/2014 the state has expanded, continuing "special enrollment periods" for residents applying for subsidized coverage up to 300% of federal poverty.
- Not Allowing Renewals in 2014 w/o Compliance - Ins. Dept. Letter.
- In May, 2014, the Connector board and the governor announced a dual-track total website replacement, using a new commercial contract design, with Healthcare.gov as a fallback for 2015.
- Health Care Site Official requested 6-month extension to continue subsidized care program and stop-gap coverage – 2/12/2014
- Overview of health and dental insurers for 2016

**2017 Individual & Small Group Markets**
- NEW
  - Ambetter from CeltiCare 2014+2016
  - Blue Cross Blue Shield of Massachusetts HMO Blue 2014+2016
  - Boston Medical Center HealthNet Plan 2014+2016
  - Fallon Community Health Plan 2014+2016
  - Minuteman Health 2014+2016
  - Neighborhood Health Plan 2014+2016
  - Network Health 2014+2015
  - Tufts Health Plan 2014+2016

**Official State Logo**

Updated 10/17/2016
**Michigan**

**Federally Facilitated Marketplace in Michigan**

(State-Federal Partnership Exchange is CMS officially approved but not in operation for 2014-16)

In 2012, Governor Rick Snyder announced that the state would pursue a state/federal partnership exchange, unless the legislature approves pending legislation to establish a state exchange or HHS extends the deadlines for the state-run exchanges.

On March 5, 2013 HHS conditionally approved the Michigan State Partnership Exchange for 2014.

Because the legislature did not enact any measures to address a state or federal partnership, the state has defaulted to a federally facilitated marketplace.

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### Exchange Information by State

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</thead>
<tbody>
<tr>
<td>In 2012, Governor Rick Snyder announced that the state would pursue a state/federal partnership exchange, unless the legislature approves pending legislation to establish a state exchange or HHS extends the deadlines for the state-run exchanges.</td>
<td>2015 premiums, Healthcare.gov</td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). <a href="#">Click here</a> to view final navigator rule.</td>
<td>$41,517,021 total federal grants related to exchanges awarded to the state.</td>
</tr>
</tbody>
</table>
| On March 5, 2013 HHS conditionally approved the Michigan State Partnership Exchange for 2014. | **2014 Enrollment Profile** 4/19/14 Michigan | Four organizations in the state received navigator grant funds from HHS. | • $999,772 Planning Grant  
• $9,849,305 1st Level One Establishment Grant  
$30,667,944 2nd Level One Establishment Grant |
| Because the legislature did not enact any measures to address a state or federal partnership, the state has defaulted to a federally facilitated marketplace. | HHS report summarizing 2014 plan choices and premiums, 9/25/14 | | |

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### Implementation Facts, Notes and News

- **Michigan Dept. of Insurance issued final approvals for 2017 individual and small group market rate increases.** The 17.2% average requested has been slightly trimmed to 16.7% approved for the individual market. The small group average reduced by 0.10%: 2.6% requested, 2.5% approved. [Updated 10/17/2016](#).

- Allowing Renewals in 2014 w/o Compliance = Yes7 - [Statement](#)
- 2014 ACA Insurance Reforms are in State Law = Yes8
- State is not using employee choice of insurers in SHOP for 2015

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### 2017 Individual Insurers: Individual Market

| Blue Care Network of Michigan (30)  
Blue Cross Blue Shield of Michigan (12)  
Health Alliance Plan (19)  
Humana Medical Plan of Michigan, Inc.  
McLaren Health Plan Community  
Meridian Health Plan of Michigan, Inc.  
Molina Healthcare of Michigan  
Physicians Health Plan  
Priority Health  
Total Health Care USA |

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### 2017: Small Group market

| Blue Care Network of Michigan (4)  
Blue Cross Blue Shield of Michigan (2)  
McLaren Health Plan Community (7) |

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### 2017 (Individual: Off-exchange only)

Aetna Life Insurance Company  
Alliance Health and Life Insurance Company  
Freedom Life Insurance Company of America  
Harbor Health Plan

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**Updated 10/17/2016**
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</tr>
</thead>
<tbody>
<tr>
<td>Minnesota</td>
<td>State-run Exchange established by law: In 2013, the Minnesota legislature passed the Minnesota Insurance Marketplace Act authorizing the state’s work-in-progress health insurance exchange. The administration began work on the exchange in September 2011 by establishing the Health Insurance Exchange Advisory Task Force to provide recommendations on the development and operation of a state-based health insurance exchange. The exchange was branded “MNSure” by the state administration. The law requires the governor, with guidance from policymakers, to appoint governing board members. All qualified health insurers can participate in the exchange in 2014, but the board may set certification standards for insurers starting Jan. 1, 2015. The law also includes details on funding, including that the exchange collected a fee of 1.5 percent of total premiums in 2014 to support the operational expenses. The fee was to increase to 3.5 percent of total premiums beginning in 2015. Annual reports to the legislature starting in 2015 are also mandated by the law. In 2011, the Department of Commerce announced the establishment of the Health Insurance Exchange Advisory Task Force to advise on the development and operation of a state-based health insurance exchange.</td>
<td>2015 Rate analysis (NORC survey)</td>
<td>The 2013 Legislature (included in HB 5, the Minnesota Insurance Marketplace Act) has designated the Minnesota Community Application Agent Program as the navigator program for the first year of MNSure. Final rules regarding the navigator role within MNSure’s Consumer Assistance Network, are posted on the <a href="http://www.mnsure.com">MNSure website</a>. The Minnesota Community Application Agent Program, established by the 2007 Minnesota Legislature, seeks to break down barriers to obtaining publicly funded health care coverage for eligible Minnesotans. Community organizations partnering DSHS and counties to help people enroll in Minnesota Health Care Programs (MHCP). The In-Person Assisters must pass an exam and background check. <a href="http://www.mnsure.com">Click here</a> for the award recipients for the outreach infrastructure grants in the state.</td>
<td>$155,020,465 total federal grants related to exchanges awarded to the state. (as of 3/1/14)</td>
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<td>$1,000,000 Planning Grant</td>
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<td>$4,168,071 1st Level One Establishment Grant</td>
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<td>$26,148,929 2nd Level One Establishment Grant</td>
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<td>$42,525,892 3rd Level One Establishment Grant</td>
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<td>$39,326,115 4th Level One Establishment Grant</td>
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<td>$41,851,458 Level Two Establishment Grant (10/23/2013)</td>
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</tbody>
</table>

**Implementation Facts, Notes and News**
- Not Allowing Renewals in 2014 w/o Compliance - [Letter](http://www.mnsure.com)
- 2014 ACA Insurance Reforms are in State Law = [Yes](http://www.mnsure.com)
- PreferredOne, the Minnesota insurer with the majority of the market share in the individual marketplace, left the marketplace because of financial losses. (10/2014)

**Health Care Coverage and all Plans for 2016**

**2016 Insurers: Individual Market**
- [Blue Cross Blue Shield of Minnesota](http://www.mnsure.com)
- [BluePlus](http://www.mnsure.com)
- [HealthPartners](http://www.mnsure.com)
- [Medica](http://www.mnsure.com)
- [UCare](http://www.mnsure.com)

**Small Group (SHOP)**
- Blue Cross Blue Shield
- Medica of Wisconsin
- PreferredOne

**Official State Logo:**

[Image]
## Mississippi

**Federally Facilitated Marketplace in Mississippi**

State Run SHOP-only Exchange:  **SHOP: One, Mississippi**, opened July 1, 2014

Although the Mississippi Commissioner of Insurance, Mike Chaney submitted the state's intention to establish a state-based exchange to the HHS on November 14, 2012, it was not supported by the legislature or governor and was not conditionally approved. As a result, the state has a federally facilitated individual exchange.

In August 2013, HHS approved a structure variation that allows a state to run a SHOP exchange only. Comm. Cheney's revised SHOP-only proposal was given conditional approval by HHS on Oct. 1, with a start date goal of Jan. 1, 2014, but postponed. The “One, Mississippi” SHOP website is live, and includes Employer FAQs (PDF) [added 1/6/2014]

Earlier, Mississippi announced that its high-risk pool program, the Mississippi Comprehensive Health Insurance Risk Pool Association, would establish the state’s health insurance exchange. The independent, not-for-profit association was created in 1991. In May 2011 it agreed to do so.

In 2011, HB 377 extended the operation and reporting deadlines of the Health Insurance Exchange Study Committee, created by law in 2010, allowing continuation until July 1, 2014.

### Implementation Facts, Notes and News

- Not Allowing Renewals in 2014 w/o Compliance [Insurance Dept. Release, 11/14/2013](#)
- MS SHOP Fact Sheet – 6/12/2014
- A Profile of Health Coverage for Mississippi Adults – April 2014
- MS Consider Insurance Needs Carefully During Health Insurance Marketplace Open Enrollment (11/17/14)
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missouri</td>
<td>On Nov. 6, 2012 voters passed “Proposition E” changing the state law by “Prohibiting a State-Based Health Benefit Exchange” unless it is created by a legislative act, an initiative petition, or referendum, requiring voter approval. The language was enacted by the legislature in S 464; “Proposition E” passed with a 61.8% Yes vote. Missouri did not pass establishment legislation during the 2011 legislative session, however, the Senate established the Senate Interim Committee on Health Insurance Exchanges to study the establishment of a state-based health insurance exchange. In addition to the Senate Interim Committee, the Missouri Health Exchange Coordinating Council (created by the governor), pursued planning efforts. The Missouri Health Insurance Pool is administering the state’s level one establishment grant.</td>
<td>2015 premiums, Healthcare.gov</td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS. In addition, the legislature enacted SB 242, which requires navigators to be licensed with the state and pay a licensing and renewal fee. This law was halted by a federal court injunction, Jan. 23, 2014</td>
<td>$21,865,716 total federal grants related to exchanges awarded to the state.</td>
</tr>
<tr>
<td></td>
<td><strong>Federally Facilitated Marketplace in Missouri</strong></td>
<td><strong>2014 Enrollment Profile 4/19/14 Missouri</strong></td>
<td>HHS report summarizing 2014 plan choices and premiums, 9/25/13</td>
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<tr>
<td><strong>Implementation Facts, Notes and News</strong></td>
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<tr>
<td>- Allowing Renewals in 2014 w/o Compliance⁷ = Yes - Bulletin</td>
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<tr>
<td>- See Insurance Dept. Bulletin</td>
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<tr>
<td>- 2014 ACA Insurance Reforms in State Law = No⁹</td>
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<td>- State has permitted employee choice of insurers in SHOP for 2015</td>
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<tr>
<td><strong>2016 Insurers: Individual Market</strong></td>
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<tr>
<td>- Anthem Blue Cross and Blue Shield (17)</td>
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<tr>
<td>- Coventry (4)</td>
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<td>- United Healthcare (8)</td>
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<tr>
<td><strong>Small Group</strong></td>
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<tr>
<td>- Anthem Blue Cross and Blue Shield</td>
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<tr>
<td>- Blue Cross and Blue Shield of Kansas City</td>
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Updated 11/12/2015
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background ¹</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) ⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montana</td>
<td>The state has a federally facilitated exchange. Past Action: In 2011, the legislature enacted a joint resolution creating an interim study committee to examine the feasibility and options of establishing a state-based health insurance exchange.</td>
<td>2015 premiums, Healthcare.gov</td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</td>
<td>$1,000,000 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant</td>
</tr>
</tbody>
</table>

**Montana Federally Facilitated Marketplace in Montana**

In 2013, the legislature passed HB 250, which requires navigator and insurance producer state certification for health insurance sold in an exchange; provides training requirements for other people who assist those signing up for the health benefit exchange; provides for navigator qualifications, duties and certification fees. Fees are: $100 for initial license, $50 for biennial renewal license and $100 for reinstatement.

<table>
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<tr>
<th>Implementation Facts, Notes and News</th>
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### Nebraska

**Federally Facilitated Marketplace in Nebraska**

Governor Dave Heineman announced on Nov. 15, 2012 that the state would have a federally facilitated exchange.

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<thead>
<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background 1</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nebraska</td>
<td>Governor Dave Heineman announced on Nov. 15, 2012 that the state would have a federally facilitated exchange.</td>
<td>2015 premiums, <a href="http://healthcare.gov">Healthcare.gov</a></td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Two organizations in the state received navigator grant funds from HHS. In 2013, the legislature passed LB 568 requiring navigators to meet certain standards and be registered with the state.</td>
<td>$6,481,838 total federal grants related to exchanges awarded to the state. • $1,000,000 Planning Grant • $5,481,838 Level One Establishment Grant</td>
</tr>
</tbody>
</table>

#### Implementation Facts, Notes and News

- Not Allowing Renewals in 2014 w/o Compliance⁷ - [Insurance Dept. Notice](#), 11/22/2013
- 2014 ACA Insurance Reforms in State Law = No⁸
- State has permitted employee choice of insurers in SHOP for 2015.
- Nebraska’s state attorney general has co-filed an amicus brief in the U.S. Supreme Court case [King v. Burwell](#), supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; a decision is due June 2015.

**2016 Insurers: Individual Market**

- Blue Cross and Blue Shield of Nebraska (6)
- Coventry (4) (Aetna)
- Medica (9)
- UnitedHealthcare (8)

**Small Group**

- Blue Cross Blue Shield of Nebraska

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Updated 11/27/2015
## Nevada

### Nevada Health Link
**(Federally supported State-Based exchange; using HealthCare.gov for 2015-16 plan years)**

State-run exchange, established by **2011 SB 440; Nev. Stats., Chapter No. 439**.  
- Independent newly developed state agency with a 10 member governing board.  
- The exchange serves as a market organizer, where it may limit insurers or the number of plans allowed to participate in the exchange.  
- Conflict of Interest: Board member cannot be affiliated with insurance carriers or be a legislator.  
- Required to submit annual reports to the Governor and the Legislature.

#### 2014 Enrollment Profile
**4/19/14**

- Nevada Navigators must be certified by the department of insurance. They are required to complete 20 hours of training, pass an examination and background check and meet certain performance measures.

#### Implementation Facts, Notes and News
- **2014 ACA Insurance Reforms are in State Law** = Yes
- For 2014 the state has publications for: SHOP Flyer | SHOP PowerPoint Presentation
- **Notice on reenrollment**; 2014 enrollees in "Nevada Health Link must re-enroll starting November 15, 2014 in order keep their income-based health insurance plan through Nevada Health Link. To ensure your financial assistance continues starting January 1, 2015, you must re-enroll by December 15, 2014. Additionally, if you do NOT take action, you will be auto-renewed into a health insurance plan that is not eligible for financial assistance."

### 2016 Insurers: Individual Market
- **Anthem Blue Cross and Blue Shield** (26)
- **Health Plan of Nevada, Inc.** (15)
- **Prominence Health Plan** (10)

#### Official State Logo:

**Updated** 1/3/2016
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014)</th>
</tr>
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<tr>
<td><strong>New Hampshire</strong></td>
<td>According to New Hampshire’s legislature passed HB 1297 in June 2012, addressing the state’s role in a federally facilitated exchange while prohibiting the state or anyone in it from creating a state exchange, the political shift that occurred after the Nov. 2012 election, has changed the state’s course. The 2013-14 legislature considered legislation repealing the 2012 prohibition. NH has a partnership exchange for 2014-2016.</td>
<td>2015 premiums, Healthcare.gov</td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.</td>
<td>$12,534,078 total federal grants related to exchanges awarded to the state.</td>
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<td><strong>New Hampshire Partnership Marketplace</strong></td>
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**Implementation Facts, Notes and News**
- Allowing Renewals in 2014 w/o Compliance = Yes
- 2014 ACA Insurance Reforms in State Law = No
- State is not using employee choice of insurers in SHOP for 2015

**2016 Insurers:**
- Individual Market & Small Group
  - Ambetter from New Hampshire Healthy Families (2)
  - Anthem Blue Cross and Blue Shield (10)
  - Community Health Options (10)
  - Harvard Pilgrim (9)
  - Minuteman Health, Inc. (9)

Updated 11/27/2015
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<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014)</th>
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<tr>
<td>New Jersey</td>
<td>On Oct. 18, 2012 the legislature passed the New Jersey Health Benefit Exchange Act (SB 2135), which establishes a health insurance exchange as outlined in the federal health reform legislation. The bill was vetoed by Governor Chris Christie on Dec. 6, 2012. Governor Chris Christie vetoed a previous bill in May 2012, citing the then-pending ruling on PPACA from the Supreme Court.</td>
<td>2015 premiums, <a href="http://Healthcare.gov">Healthcare.gov</a></td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). [Click here](<a href="http://Click">http://Click</a> here) to view final navigator rule.</td>
<td>$8,897,316 total [federal grants](<a href="http://federal">http://federal</a> grants) related to exchanges awarded to the state.</td>
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<tr>
<td>Federally Facilitated Marketplace in New Jersey</td>
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<td></td>
<td>• $1,000,000 Planning Grant</td>
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<td>• $223,186 Planning Grant Supplement on 12/2011</td>
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<td>• $7,674,130 Level One Establishment Grant</td>
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**Implementation Facts, Notes and News**
- Allowing Renewals in 2014 w/o Compliance = Yes - [Release](http://Release) 1/26/2013  
- 2014 ACA Insurance Reforms in State Law = No 8  
- State is not using [employee choice of insurers](http://employee choice of insurers) in SHOP for 2015  

**2016 Insurers:**  
- **Individual Market**:  
  - [AmeriHealth New Jersey](http://AmeriHealth New Jersey) (17)  
  - [Health Republic Insurance of New Jersey](http://Health Republic Insurance of New Jersey) (15)  
  - [Horizon Blue Cross Blue Shield of New Jersey](http://Horizon Blue Cross Blue Shield of New Jersey) (8)  
  - [UnitedHealthcare](http://UnitedHealthcare) (7)  

- **Small Group**:  
  - AmeriHealth New Jersey  
  - Health Republic Insurance of New Jersey  
  - Horizon Blue Cross Blue Shield  

**Updated 11/27/2015**
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<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background ¹</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) ⁶</th>
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</table>
| **New Mexico**                | In New Mexico, the health insurance exchange’s governing board requested federal support to implement the new marketplace. New Mexico announced its board members in April, after authorizing a state-run exchange in March. In New Mexico, the exchange’s governing board voted to have the state manage the small business (SHOP) market, but have the federal government run the individual insurance portion of the exchange (a recent option the federal government has offered to states). The governing board postponed the launch of a full state-run exchange from October 2014, to October of 2015. Despite earlier objections to a state-run health insurance exchange, Governor Susana Martinez’s administration has moved ahead with exchange planning in the state, using federal funds to contract with vendors and consultants. In 2011, New Mexico’s legislature passed a bill that was vetoed by the governor. | Click here for an insurance premium chart for 2014. **2014 Enrollment Profile 4/19/14 New Mexico** | The exchange is authorized to provide certification. Navigators are required to complete training and a background check. | $123,281,600 total federal grants related to exchanges awarded to the state.  
- $1,000,000 Planning Grant  
- $34,279,483 1ˢᵗ Level One Establishment Grant  
- $18,600,000 2ⁿᵈ Level One Establishment Grant  
- $69,402,117 3ʳᵈ Level One Establishment Grant |

**Metal Level** | **Avg. 2016 Premium** | **Avg. 2015 Premium** | **% Change** |
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<td>Catastrophic</td>
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<td>Bronze</td>
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<td>Silver</td>
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<td>Platinum</td>
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**Implementation Facts, Notes and News**  
Not Allowing Renewals in 2014 w/o Compliance⁷ = n/a -  

2016 Insurers: **Individual Market**  
CHRISTUS Health Plan (9)  
Molina Marketplace (3)  
New Mexico Health Connections (CO-OP) (6)  
Presbyterian Health Plan, Inc. (12)  

Small Group ³⁻²⁰¹⁵  
Health Care Service Corporation (BCBS-NM)  
Lovelace Health System  
Presbyterian Health Plan  

Official State Logo: ![nmhix BeWell](nmhix BeWell)
**Exchange Information by State** | **State Decisions/ Structure/ Background**<sup>1</sup> | **Premium Information** | **Addressed Navigator/Assister** | **Total Federal Funding (2010-2014)**<sup>6</sup>
---|---|---|---|---
**New York**  
**New York State of Health (State-Run Exchange)** | Governor Andrew Cuomo established the New York Health Benefit Exchange through an Executive Order 42 on April 12, 2012. The executive order requires the exchange to be financially self-sustaining by 2015, and take advantage of all federal funds through 2014. The governor's order did not set up a formal governing board. Instead it allows for stakeholder and public comment with regional advisory committees of consumer advocates, small business representatives, health care providers, agents, brokers, insurers, labor organizations and others. These groups advise the Department of Health and make recommendations on the establishment and operation of the exchange. The Department of Health houses the exchange. | Click here to view approved monthly rates. | New York Department of Health conducts navigator training. | $451,187,996 total federal grants related to exchanges awarded to the state.  
- $1,000,000 Planning Grant  
- $10,774,898 1<sup>st</sup> Level One Establishment Grant  
- $48,474,819 2<sup>nd</sup> Level One Establishment Grant  
- $95,496,490 3<sup>rd</sup> Level One Establishment Grant  
- $185,822,357 Level Two Establishment Grant  
- $82,188,253 Supp. 2/2014  
- Early Innovator IT Grant: $27,431,432

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**Implementation Facts, Notes and News**  
- Not Allowing Renewals in 2014 w/o Compliance<sup>7</sup>  
- News Report  
- Total open enrollment for 2016 was 665,772; this compared to total 2015 enrollment at 370,058.

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**2017 Individual Marketplace Plans by county**.pdf 10/31/2016  
**2017 Dental Plans by county**.pdf  
**2017 Small Business Marketplace Plans by county**.pdf  
 Updated 2/1/2016

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**2016 Insurers: Individual Market**  
Affinity Health Plan; Anthem; BlueCross BlueShield of Western New York and BlueShield of Northeastern New York; Capital District Physicians’ Health Plan, Inc.; CareConnect (North Shore-LIJ CareConnect); Crystal Run Health Plans; Excellus BlueCross BlueShield; Fidelis Care, Inc.; Healthfirst; HIP (EmblemHealth Co.); Independent Health Assoc.Inc MetroPlus Health Plan, Inc.; MVP Health Care; Oscar Health; UnitedHealth; Univera HealthCare; WellCare; YourCare Health Plan Inc.

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**2015 Small Group**  
Aetna, Care Connect, Crystal Run Health Insurance Co.  
Crystal Run Health Plan  
### Exchange Information by State

<table>
<thead>
<tr>
<th>State</th>
<th>State Decisions/ Structure/ Background</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>North Carolina</strong></td>
<td>In March 2013, the legislature enacted SB 4 (Session Law 2013-#5) which specifies the state's intent not to operate a state-run or &quot;partnership&quot; health benefit exchange; also providing that future Medicaid eligibility determinations would be made by the state rather than the federally facilitated exchange, also rejecting the Affordable Care Act's optional Medicaid expansion. It does permit use of federal grants for premium rate review. On Nov. 15, 2012, Governor Sonny Perdue announced that the state would have a partnership exchange. It is not been operational for 2014-2016. In 2011, the General Assembly's passed a bill stating its intent to develop a Health Benefit Exchange. Section 49 gives the NC Department of Insurance (DOI) and the NC Department of Health and Human Services (DHHS) the authority to contract with experts to develop the IT needed for the ACA. The Department of Insurance continued to plan a state-run exchange and analyze various exchange implementation scenarios. In addition, the North Carolina Institute of Medicine includes the Health Benefit Exchange and Insurance Oversight Workgroup as part of a health reform oversight committee to the general assembly and the state departments involved in various functions of the exchange. Their latest report was Jan. 2013.</td>
<td>2015 premiums, Healthcare.gov</td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Four organizations in the state received navigator grant funds from HHS.</td>
<td>$87,357,315 total federal grants related to exchanges awarded to the state.</td>
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<tr>
<td><strong>Federally Facilitated Marketplace in North Carolina</strong></td>
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<td>(Note: a Partnership Exchange is not in operation for 2014-2016)</td>
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</table>

### Implementation Facts, Notes and News
- Allowing Renewals in 2014 w/o Compliance = **Yes** - Advisory Memorandum
- 2014 ACA Insurance Reforms in State Law = **Yes**
- State is not using employee choice of insurers in SHOP for 2015

2016 Insurers: **Individual Market**
- **Aetna** (5)
- **Blue Cross and Blue Shield of NC** (13)
- **UnitedHealthcare** (8)

**Small Group**
- Blue Cross Blue Shield of North Carolina

*Updated 1/31/2016*
### Exchange Information by State

<table>
<thead>
<tr>
<th>State</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014)</th>
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</thead>
<tbody>
<tr>
<td><strong>North Dakota</strong></td>
<td></td>
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<td>$1,000,000 total federal grants related to exchanges awarded to the state.</td>
</tr>
<tr>
<td><strong>Federally Facilitated Marketplace in North Dakota</strong></td>
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<td>• $1,000,000 Planning Grant (only accepted $231,978)</td>
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<tr>
<td><strong>Premium Information</strong></td>
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<tr>
<td></td>
<td>2015 premiums, Healthcare.gov</td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). <a href="http://www.healthcare.gov">Click here</a> to view final navigator rule.</td>
<td></td>
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<tr>
<td></td>
<td>2014 Enrollment Profile 4/19/14 North Dakota</td>
<td>Two organizations in the state received navigator grant funds from HHS.</td>
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</tbody>
</table>

### Implementation Facts, Notes and News

- Allowing Renewals in 2014 w/o Compliance = **Yes** [Statement](http://www.healthcare.gov)
- 2014 ACA Insurance Reforms in State Law = **No**
- [Insurance Dept. extends renewal of cancelled health insurance policies](http://www.healthcare.gov) 5/14/2014
- State has permitted [employee choice of insurers](http://www.healthcare.gov) in SHOP for 2015

#### 2016 Insurers:

- **Individual Market**
  - Blue Cross Blue Shield of North Dakota (5)
  - Medica (9)
  - Sanford Health Plan (9)

- **Small Group**
  - Blue Cross Blue Shield of North Dakota
  - Medica (in 8 counties)
  - Sanford Health Plan

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Updated 1/20/2016
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background ¹</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) ⁶</th>
</tr>
</thead>
</table>
| Ohio                         | On Nov. 16, 2012, Governor John Kasich informed the U.S. Department of Health and Human Services that the state would have a federally-facilitated exchange to start. It continues that structure through 2016. | 2015 premiums, Healthcare.gov | Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. | $1,000,000 total federal grants related to exchanges awarded to the state.  
- $1,000,000 Planning Grant |
| Federally Facilitated Marketplace in Ohio | 2014 Enrollment Profile 4/19/14 Ohio | HHS report summarizing 2014 plan choices and premiums, 9/25/13 | Five organizations in the state received navigator grant funds from HHS. | |

Implementation Facts, Notes and News
- 2014 ACA Insurance Reforms in State Law = No⁸
- State has permitted employee choice of insurers in SHOP for 2015

2016 Insurers: Individual Market
Aetna²⁰¹⁵-¹⁶ ™ (participated as Coventry in '14)  
Anthem Blue Cross and Blue Shield  
AultCare Insurance Company²⁰¹⁵-¹⁶  
CareSource²⁰¹⁵-¹⁶  
Centene²⁰¹⁵-¹⁶  
HealthSpan Integrated Care²⁰¹⁵-¹⁶  
Humana Health Plan of Ohio  
InHealth Mutual  
MedMutual  
Molina Healthcare of Ohio (regional)  
Paramount Insurance Company (regional)²⁰¹⁵  
Premier²⁰¹⁵  
SummaCare (regional)  
UnitedHealth Group.

Small Group
Anthem Blue Cross and Blue Shield  
AultCare Insurance Company  
Community Insurance²⁰¹⁵  
Coordinated Health Mutual (Anthem)²⁰¹⁵  
HealthSpan  
Kaiser Foundation Health Plan of Ohio  
MedMutual  
Paramount²⁰¹⁵  
SummaCare  
Time/Assurant²⁰¹⁵

Previously reported:
- Community Insurance Co.,²⁰¹⁵  
- Coordinated Health Mutual,²⁰¹⁵  
- HealthAmericaOne (Coventry Health Care)  
- Kaiser Foundation Health Plan of Ohio  
- Time/Assurant²⁰¹⁵

Update 2/1/2016
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
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<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) ⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oklahoma</td>
<td>On Nov. 19, 2012 Governor Mary Fallin sent a letter to U.S. Secretary of Health and Human Services Kathleen Sebelius informing her of the state’s exchange decision not to create a state-run health insurance exchange. The state would have a federally-facilitated exchange. In 2011, the Oklahoma Legislature established the Joint Committee on the Federal Health Care Law to examine what options the state has in implementing all or certain parts of the Affordable Care Act. The committee’s final recommendations included establishing a non-compliant (does not meet all federal requirements in the law) exchange.</td>
<td>2015 premiums, Healthcare.gov 2014 Enrollment Profile 4/19/14 Oklahoma HHS report summarizing 2014 plan choices and premiums, 9/25/13</td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule. Five organizations in the state received navigator grant funds from HHS.</td>
<td>$1,000,000 total federal grants related to exchanges awarded to the state. - $1,000,000 Planning Grant (only $897,980 was accepted) - Early Innovator IT Grant: $54.6 million (returned).</td>
</tr>
</tbody>
</table>

Implementation Facts, Notes and News
- Not Allowing Renewals in 2014 w/o Compliance⁷ - Release
- 2014 ACA Insurance Reforms in State Law = No⁸
- State is not using employee choice of insurers in SHOP for 2015.
- Oklahoma’s state attorney general has led a six-state amicus brief in the U.S. Supreme Court case King v. Burwell, supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; the decision in June 2015 rejected the Oklahoma position.

2016 Insurers: Individual Market
Blue Cross and Blue Shield of Oklahoma (22) CommunityCare (10) Managed Healthcare Plans of Oklahoma; UnitedHealth

Small Group
BCBS of OK CommunityCare HMO GlobalHealth, Inc.

Update 2/1/2016
### Exchange Information by State

<table>
<thead>
<tr>
<th>Oregon</th>
<th>Oregonhealthcare.gov (State-Based exchange, Federally supported; using Healthcare.gov for 2015-16 plan years)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2011 SB 99, Chapter 415</strong></td>
<td>In March 2012, the governor signed HB 4164 approving the Oregon Health Insurance Exchange Business Plan.</td>
</tr>
<tr>
<td></td>
<td>- Independent public corporation of the state with a nine member governing board.</td>
</tr>
<tr>
<td></td>
<td>- The board is required to have a Consumer Advisory Committee and is allowed to establish other types of advisory committees.</td>
</tr>
<tr>
<td></td>
<td>- The exchange is allowed to enter into contracts with certified navigators.</td>
</tr>
<tr>
<td></td>
<td>On April 24, 2014 the governing board of the state-run exchange voted to terminate the state-created website, and move operations to the federal facilitated healthcare.gov, after persistent technical problems. Oregon is the first state to announce a switch from state to federal web operations. The plan was pending HHS final approval.</td>
</tr>
</tbody>
</table>

### State Decisions/ Structure/ Background

<table>
<thead>
<tr>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Click here</strong> for final rates in 2015</td>
<td>Navigators must complete training and receive certification.</td>
<td>$305,206,587 total federal grants related to exchanges awarded to the state.</td>
</tr>
<tr>
<td><strong>2014 Enrollment Profile</strong> 4/19/14 Oregon</td>
<td></td>
<td>- $1,000,000 Planning Grant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- $48,096,307 Oregon received an &quot;Early Innovator&quot; cooperative agreement administered by the Oregon Health Authority</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- $11,820,905 Early Innovator Supplement Award</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- $8,969,600 1st Level One Establishment Grant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- $6,682,701 2nd Level One Establishment Grant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- $2,195,000 Establishment Grant Admin. Supplement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- $226,442,074 Level Two Establishment Grant</td>
</tr>
</tbody>
</table>

### Implementation Facts, Notes and News

- Not Allowing Renewals in 2014 w/o Compliance7- Press Release
- 2014 ACA Insurance Reforms are in State Law = Yes8
- **Annual Report 2013 (PDF)** – published May 2014 (83 pp)
- For 2016, the state website still exists with the description, "[stay at CoverOregon.com to find in-person help with the 2015 enrollment process or get information about 2014 coverage.](https://coveroregon.com)"
- For 2016 the state has moved its website to Oregonhealthcare.gov. Cover Oregon closed on June 30, 2015, and Oregon’s health insurance marketplace was transferred to the Oregon Department of Consumer and Business Services. Information and resources about health coverage and Oregon’s health insurance marketplace is now available on Oregonhealthcare.gov.

### 2016 Insurers: Individual Market

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Avg. 2016 Premium</th>
<th>Avg. 2015 Premium</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic</td>
<td>$217</td>
<td>$203</td>
<td>7.12%</td>
</tr>
<tr>
<td>Bronze</td>
<td>$260</td>
<td>$213</td>
<td>$21.95</td>
</tr>
<tr>
<td>Silver</td>
<td>$313</td>
<td>$266</td>
<td>17.42%</td>
</tr>
<tr>
<td>Gold</td>
<td>$379</td>
<td>$315</td>
<td>20.32%</td>
</tr>
<tr>
<td>Platinum</td>
<td>Not offered</td>
<td>$376</td>
<td>Not offered</td>
</tr>
</tbody>
</table>

### Small Group

Oregon did not have a functioning SHOP for 2015. Cover Oregon is facilitating direct enrollment for small employers so they can still take advantage of the tax credit.

### 2016 Official State Logos:

- **2016**
- **2014-15**
### Pennsylvania

**Federally Facilitated Marketplace in Pennsylvania**

(Approved as State-run by 2016, by HHS)

On June 15, 2015 Democratic Governor Tom Wolf received *conditional approval from HHS* for their application to run marketplaces for individual and small business coverage plans beginning in 2016. On June 25, Penn. withdrew its application and returned to using the Federally Facilitated exchange. Previously, on Dec. 12, 2012, Republican Governor Tom Corbett announced that the state would not pursue a state exchange at this time and defaulted to a federally facilitated exchange.

**Implementation Facts, Notes and News**

- Pennsylvania: Approved "unsubsidized" 2017 average individual market rate hikes: 32.5% (*& 42,000 enrollees will have to shop around*). DOI, 10/17/2016
- Allowing Renewals in 2014 w/o Compliance = Yes
- 2014 ACA Insurance Reforms in State Law = No
- State is not using *employee choice of insurers* in SHOP for 2015

**Premium Information**

2015 premiums, [Healthcare.gov](http://Healthcare.gov)

**2014 Enrollment Profile 4/19/14 Pennsylvania**

HHS report summarizing 2014 plan choices and premiums, 9/25/13

Navigators in the state must meet CMS training requirements (30 hours of training and web certification). Click here to view final navigator rule.

Five organizations in the state received navigator grant funds from HHS.

**Total Federal Funding (2010-2014)**

$34,832,212 total federal grants related to exchanges awarded to the state.
- $1,000,000 Planning Grant
- $33,832,212 Level One Establishment Grant

**2017 Insurers [Full Table]**

Aetna; Capital BlueCross; First Priority Health HMO; Geisinger Health Plan; Highmark; Keystone Health Plan; QCC Insurance; UPMC Health Plan, Inc.

**2017 Small Group**

First Priority; Highmark Health Insurance Company; Keystone Health Plan Central; QCC Insurance; UPMC Health Coverage; UPMC Health Options

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Updated 10/17/2016
### Exchange Information by State

<table>
<thead>
<tr>
<th>State</th>
<th>State Decisions/ Structure/ Background</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014)</th>
</tr>
</thead>
</table>
| Rhode Island           | Governor Lincoln Chafee signed Executive Order 2011-09 which establishes the Rhode Island Health Benefits Exchange. The exchange operates within the Executive Department.  
- A 13 member board governs the exchange; the board is allowed to determine which health plans will be allowed in the exchange.  
- Conflict of Interest: Board members cannot be affiliated with any insurer, agent, broker or provider.  
- Allows for the establishment of advisory committees.  
- The exchange contracts with carriers and determines which insurers are allowed to participate, given they meet the minimum federal requirements. | Click here for more information about approved 2014 rates.  
2014 Enrollment Profile 4/19/14 Rhode Island | Navigators (assisters) must receive and complete state training, meet criteria and pass an exam. | $139,106,000 total federal grants related to exchanges awarded to the state.  
- $1,000,000 Planning Grant  
- $5,240,668 1st Level One Establishment Grant  
- $9,822,646 2nd Level One Establishment Grant  
- $15,298,487 3rd Level One Establishment Grant  
- $6,176,368 4th Level One Establishment Grant  
- $1,300,000 Level One Establishment Grant Administrative Supplement  
- $58,515,871 Level Two Establishment Grant, $7,950,989 Supplement.  
- See online list for details  
- Rhode Island was among the consortia of 6 New England states to receive the “Early Innovator” cooperative agreement, administered by the University of Massachusetts Medical School Award Amount: $35,591,333 |

**Implementation Facts, Notes and News**
- RI required all 2014 exchange enrollees to re-enroll for 2015 plan year. This is the only state with this structure. Related article: In RI, a Test of Health Consumer Behavior, 1/8/2015

#### 2016 Insurers: Individual Market
- Blue Cross Blue Shield of RI - 2015-16  
- Neighborhood Health Plan of RI - 2015-16  
- United Health - 2015-16

#### Small Group
- Blue Cross Blue Shield of RI  
- Neighborhood Health Plan of RI  
- Tufts Health Plan - 2015  
- United Healthcare Group

**Official State Logo:**

[Image Link]

Updated 2/1/2016
### Exchange Information by State

<table>
<thead>
<tr>
<th>South Carolina</th>
<th>Federally Facilitated Marketplace in South Carolina</th>
</tr>
</thead>
</table>

- **In July 2012, Governor Nikki Haley issued a letter stating that South Carolina would not create a state exchange or accept establishment grants from the federal government. The letter stated that the decision is based on a study done by the state researching exchanges.**

- **In 2011, Governor Nikki Haley established the South Carolina Health Exchange Planning Committee through Executive Order 2011-09. The Committee was an advisory group whose mission is to assist with research as determined necessary by the Director of Insurance and to provide recommendations on the health insurance exchange planning process as described in the Exchange Grant application. If the committee recommends a state-based exchange, it must include detailed recommendations regarding the structure, governance, etc. of the exchange.**

---

### Implementation Facts, Notes and News

- **Allowing Renewals in 2014 w/o Compliance = Yes**
- **2014 ACA Insurance Reforms in State Law = No**
- **State is not using employee choice of insurers in SHOP for 2015.**
- **South Carolina's state attorney general has co-filed an amicus brief in the U.S. Supreme Court case King v. Burwell, supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; a decision is due June 2015.**

---

### Premium Information

- **2015 premiums, Healthcare.gov**

### Addressed Navigator/Assister

- **Navigators in the state must meet CMS training requirements (30 hours of training and web certification).**
- **Click here to view final navigator rule.**

- **Three organizations in the state received navigator grant funds from HHS.**

### Total Federal Funding (2010-2014)

- **$1,000,000 total federal grants related to exchanges awarded to the state.**
- **$1,000,000 Planning Grant**

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### 2016 Insurers: Individual Market

- **Aetna; BlueCross BlueShield of South Carolina; Cigna; UnitedHealth**

### Small Group (2015)

- **BCBS of SC; BlueChoice HealthPlan**

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Updated 2/1/2016
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
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<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) ⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>South Dakota</strong></td>
<td>In September 2012, Governor Dennis Daugaard announced that the state would not develop a state exchange.</td>
<td>2015 Average Rates - Individual</td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). <a href="#">Click here</a> to view final navigator rule.</td>
<td>$6,879,569 total federal grants related to exchanges awarded to the state.</td>
</tr>
<tr>
<td><strong>Federally Facilitated Marketplace in South Dakota</strong></td>
<td>Prior to this decision, Governor Daugaard elected to develop a large taskforce similar to prior stakeholder groups assembled in South Dakota to address both coverage for the insured and the development of recommendations for the state’s long term care delivery system. Lt. Governor Matt Michels served as chairman of the group. Representation was sought and received from small businesses, insurance agents, insurance companies, health care providers, consumer advocates, state agencies, and state legislators.</td>
<td>Average Rates - Small Group</td>
<td>Two organizations in the state received navigator grant funds from HHS.</td>
<td>$1,000,000 Planning Grant</td>
</tr>
<tr>
<td></td>
<td>2014 HHS report 9/25/2013</td>
<td>Rating Areas</td>
<td>2014 Enrollment Profile 4/19/14 <a href="#">South Dakota</a></td>
<td>$5,879,569 Level One Establishment Grant</td>
</tr>
<tr>
<td></td>
<td>2014 Enrollment Profile 4/19/14 <a href="#">South Dakota</a></td>
<td>2014 Enrollment Profile 4/19/14 <a href="#">South Dakota</a></td>
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<td>2014 Enrollment Profile 4/19/14 <a href="#">South Dakota</a></td>
</tr>
</tbody>
</table>

**Implementation Facts, Notes and News**
- Allowing Renewals in 2014 w/o Compliance = Yes⁷ - [Announcement](#)
- 2014 ACA Insurance Reforms in State Law = Yes, In part⁸ Some in regulation for plan management
- State is not using employee choice of insurers in SHOP for 2015
- [South Dakota ACA Rules Package Highlights](#) - Division of Insurance
- 2015 Insurance plans: [online searchable database](#).

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Avera Health Plans Inc.</strong></td>
<td>Sanford Health Plan</td>
</tr>
<tr>
<td><strong>Sanford Health Plan</strong></td>
<td>Sanford Health Plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental (Stand-alone) Individual &amp; Small Group</th>
<th>Dental (Stand-alone) Individual &amp; Small Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Best Life and Health</strong></td>
<td>Best Life and Health <strong>Delta Dental</strong></td>
</tr>
<tr>
<td><strong>Delta Dental</strong></td>
<td>Dentegra</td>
</tr>
</tbody>
</table>

Updated 2/1/2016
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<th>Exchange Information by State</th>
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<th>Total Federal Funding (2010-2014)</th>
</tr>
</thead>
</table>
| **Tennessee** | The state defaulted to a federally run exchange. Tennessee's Benefits Administration and the Department of Finance had the lead on planning for the health insurance exchange in the state. The Department identified subcontractors to work with through March 31, 2013 to analyze various aspects of a state based health insurance exchange. Additionally, the Benefits Administration and the Department of Finance established the [Tennessee Planning Initiative for the PPACA Health Insurance Exchange](#). The goals of the Initiative are to identify key decision points, research policy alternatives and make recommendations on health care. The Initiative is working with a variety of stakeholders and has convened two [Technical Assistance Groups](#) (TAGs) to determine whether the state should operate an insurance exchange, and, if so, how it should be structured. Members of the Agent/Broker TAG and Actuary/Underwriter TAG provide expertise and contribute to the analysis and the planning process. | 2015 premiums, [Healthcare.gov](#) | Navigators in the state must meet CMS training requirements (30 hours of training and web certification). [Click here](#) to view final navigator rule. | $9,110,165 total federal grants related to exchanges awarded to the state. | $1,000,000 Planning Grant  
$1,560,220 1st Level One Establishment Grant  
$2,249,945 2nd Level One Establishment Grant  
$4,300,000 3rd Level One Establishment Grant |
| **Federally Facilitated Marketplace in Tennessee** | Tennessee's Benefits Administration and the Department of Finance had the lead on planning for the health insurance exchange in the state. The Department identified subcontractors to work with through March 31, 2013 to analyze various aspects of a state based health insurance exchange. | Tenn. Ins. Div. Health Insurance Policies Rate Changes-2013 | 
| **2014 Enrollment** | Profile 4/19/14 Tennessee | HHS report summarizing 2014 plan choices and premiums, 9/25/13 | In addition, the legislature enacted [SB 1145](#) states that the commissioner must establish certification, training and rules for navigators. | |

**Implementation Facts, Notes and News**

- Allowing Renewals in 2014 w/o Compliance = Yes⁷ - [Gov. Release](#), 11/19/2013
- 2014 ACA Insurance Reforms in State Law = No⁸
- State has permitted [employee choice of insurers](#) in SHOP for 2015

**2016 Insurers: Individual**

- Aetna
- BlueCross BlueShield of Tennessee
- Cigna Health & Life Insurance Company
- Humana Insurance Company
- UnitedHealth

**Small Group**

- BEST Life and Health Insurance Company
- BlueCross BlueShield of Tennessee
- Community Health Alliance
- Guardian Life Insurance Company of America

Updated 2/1/2016
## Texas

**Federally Facilitated Marketplace in Texas**

In July 2012, Governor Rick Perry issued a [letter](http://www.gpo.gov/fdsys/pkg/USGOV-LETTER/pdf/USGOV-LETTER-2012-07-02-09-00-19.pdf) to the U.S. Department of Health and Human Services Secretary Kathleen Sebelius stating that Texas would not create a state exchange or implement optional parts of the federal health law.

The Texas Department of Insurance (TDI) and the Texas Health and Human Services Commission (HHSC) are coordinating planning efforts.

### 2015 premiums

2015 premiums, [Healthcare.gov](http://www.healthcare.gov)

### 2014 Enrollment

- **Profile 4/19/14**: [Texas (TX)](http://www.hhs.gov/national-marketplace/plan-choices/profile-tx.html)


Navigators in the state must meet CMS training requirements (30 hours of training and web certification). [Click here](http://www.hhs.gov/) to view final navigator rule.

Eight organizations in the state received navigator grant funds from HHS.

The legislature enacted [SB 1795](http://www.capitol.texas.gov/) of 2013 which requires the department of insurance to create a navigator program and rules to govern it.

### Total Federal Funding (2010-2014)

- $1,000,000 total federal grants related to exchanges awarded to the state.
- $1,000,000 Planning Grant, returned $900,000 of the grant in early 2012.
- Net used by state: $96,425

## Implementation Facts, Notes and News

- Allowing Renewals in 2014 w/o Compliance = **Yes**
- 2014 ACA Insurance Reforms in State Law = **No**
- State has permitted [employee choice of insurers](http://www.tdl.org/) in SHOP for 2015

### 2016 Insurers – *Individual Market*

- Aetna,
- Allegian Health Plans, Inc.,
- Blue Cross and Blue Shield of Texas,
- Centene;
- CHRISTUS Health Plan;
- Cigna;
- Community First Health Plans;
- Community Health Choice, Inc.;
- FirstCare
- Health Plans;
- Humana, Inc.;
- Molina;
- Oscar Health Insurance;
- Prominence Health Plan;
- Scott & White Health Plan;
- UnitedHealth

### Small Group

- [Blue Cross and Blue Shield of Texas](http://www.bluecrossblueshield.com) (14)
- UnitedHealthcare (6)

**Updated 2/1/2016**
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<thead>
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<th>Exchange Information by State</th>
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<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) ⁶</th>
</tr>
</thead>
</table>
| Utah                         | HB 133 of 2008 and HB 188 of 2009, established a small business exchange, prior to enactment of the ACA.  
**State Proposal Letter regarding SHOP exchange**  
- Utah continues to run its small business exchange, which has been in place since 2008, while the federal government runs the individual exchange in the state. CMS proposed an amendment to its Exchange Final Rule (45 CFR 155) that permits Utah to operate a state-based SHOP-only marketplace starting in 2014, building on the framework of Utah’s existing small business exchange, while the federal government operates the federally facilitated marketplace for the individual market for 2014-15.  
- Selection of carriers: The small business portion operates a "defined contribution market" where an employer offers a pre-determined level of funding and allows the employee to purchase their coverage using the funds the employer provided.  
- Utah has modified the exchange system and expanded its internet portal to meet federal requirements for premium tax subsidies and credits and Medicaid and CHIP eligibility. | 2015 Individual Rates (FFM); 2015 SHOP small employer rates (state run)  
2014 Enrollment Profile 4/19/14 - Utah | Navigators in the state must meet CMS training requirements (30 hours of training and web certification). [Click here](http://www.avenueh.com) to view final navigator rule.  
Four organizations in the state received navigator grant funds from HHS.  
In addition, the legislature enacted HB 160 requiring navigators to be licensed in the state. | $5,247,987 total federal grants related to exchanges awarded to the state.  
- $1,000,000 1st Level One Establishment Grant  
- $3,247,987 2nd Level One Establishment Grant  
- $1,000,000 Planning Grant |

### Implementation Facts, Notes and News
- **Allowing Renewals in 2014 w/o Compliance** = Yes⁷ - Bulletin  
- **2014 ACA Insurance Reforms are in State Law** = Yes, general conforming legislation⁸  
- **2015 Utah individual health plans** cost 5.7 percent more than in 2014; State-run SHOP plans increase only 3.5% [News Report 9/18/2014](http://www.avenueh.com)  

### 2017 Insurers: **Individual Market** (FFM) (Choice of 26 plans)  
Molina Healthcare of Utah, Inc. - 2014-2017  
SelectHealth Inc. - 2014-2017  
University of Utah Health Plans 2017

### Small Group (state-run)
*(available 11/2/2016)*
### Vermont

**VT Health Connect (State-Run Exchange)**

- Establishment law: 2011 HB 202, Act No. 48
  - The Department of Vermont Health Access established the Vermont health benefit exchange. The exchange is a division within the department of Vermont health access, headed by a deputy commissioner.
  - Vermont's Rate Review Process. For 2015 The Green Mountain Care Board cut proposed rate increases for BCBSVT plans from an average increase of 9.8 percent to 7.7 percent and MVP plans from 15.3 percent to 10.9 percent.
  - Exchange monthly report - Dec. 2015

**Vermont Health Connect**

Navigators must complete training and disclose background information.

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Avg. 2016 Premium</th>
<th>Avg. 2015 Premium</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic</td>
<td>$247</td>
<td>$218</td>
<td>12.95%</td>
</tr>
<tr>
<td>Bronze</td>
<td>$397</td>
<td>$383</td>
<td>3.56%</td>
</tr>
<tr>
<td>Silver</td>
<td>$476</td>
<td>$455</td>
<td>4.58%</td>
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<tr>
<td>Gold</td>
<td>$548</td>
<td>$546</td>
<td>0.26%</td>
</tr>
<tr>
<td>Platinum</td>
<td>$659</td>
<td>$635</td>
<td>3.63%</td>
</tr>
</tbody>
</table>

**2014 Enrollment Profile**

Vermont State Report, 5/19/14

- 2015 small business update: Vermont small businesses and their employees continue to enroll in Vermont Health Connect Qualified Health Plans directly through Vermont’s insurance carriers for the 2014/2015 open enrollment period. – 10/1/2014
- Vermont Exchange Cut Backlog in Half, Gov. Shumlin – 8/10/2015
- Insurer launches option to direct enroll in Vermont Health Connect - 9/23/2015

**2016 Insurers: Individual & Small Business**

Blue Cross Blue Shield
MVP

**2016 Insurer Plan Designs and Rates Provider Networks and Covered Prescriptions**

-$168,124,081 total federal grants related to exchanges awarded to the state.
- $1,000,000 Planning Grant
- $18,090,369 1st Level One Establishment Grant
- $2,167,747 2nd Level One Establishment Grant
- $42,687,000 3rd Level One Establishment Grant
- $4,517,000 Level One Establishment Grant Administrative Supplement
- $104,178,965 Level Two Establishment Grant
- Also Vermont was among the consortia of 6 New England states to receive the “Early Innovator” cooperative agreement, administered by the U. Massachusetts Medical School Award Amount: $35,591,333

Official State Logo: [Vermont Health Connect](#)
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Virginia</strong></td>
<td>The state has defaulted to a federally run exchange. Past Action: In 2011, the legislature enacted <strong>HB 2434; Chapter No. 823</strong> which was intended to establish a state based health insurance exchange. The General Assembly requested that the Governor, through the Secretary of Health and Human Resources and others, make recommendations regarding a health benefits exchange by the 2012 Session. These recommendations address, among other things, “the make-up of a governing board for the Virginia Exchange”. The recommendations were provided on Nov. 24, 2011.</td>
<td>2015 premiums, <a href="https://www.healthcare.gov">Healthcare.gov</a></td>
<td>Navigators in the state must meet CMS training requirements (30 hours of training and web certification). <a href="https://www.pearson.com">Click here</a> to view final navigator rule.</td>
<td>$6,567,803 total federal grants related to exchanges awarded to the state.</td>
</tr>
<tr>
<td><strong>Federally Facilitated Marketplace in Virginia</strong></td>
<td></td>
<td>2014 Enrollment Profile 4/19/14 <a href="https://www.vaconline.com">Virginia</a></td>
<td>Two organizations in the state received navigator grant funds from HHS.</td>
<td>• $1,000,000 Planning Grant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HHS report summarizing 2014 plan choices and premiums, 9/25/13</td>
<td></td>
<td>• $4,320,401 1st Level One Establishment Grant</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>• $1,247,402 2nd Level One Establishment Grant</td>
</tr>
</tbody>
</table>

**Implementation Facts, Notes and News**
- 2014 ACA Insurance Reforms are in State Law = Yes
- State has permitted employee choice of insurers in SHOP for 2015

**2016 Insurers: Individual Market**
- Coventry (former Aetna) (5) [List of covered drugs](http://www.coventry.com)
- Health Keepers, Inc. (14) [List of covered drugs](http://www.healthkeepers.com)
- Optima Health (3)
- Kaiser Foundation Permanente of the Mid-Atlantic, Inc. (6)

**Small Group**
- Anthem Blue Cross and Blue Shield
- CareFirst BlueChoice
- Kaiser Foundation Permanente of the Mid-Atlantic
- Optima Health Plan
### Washington

**WA Health Plan Finder (State-Run Exchange)**

- Quasi-Governmental Agency governed by an 11 member board.
- Exchange serves as a clearinghouse and allows all insurers.
- Conflict of Interest: The board members must not benefit financially from serving on the exchange while on the board.
- The board has to develop an implementation report to be presented to the legislature by 2012.
- The board can decide to whether to establish a SHOP and individual exchange as one or separately.

#### Implementation Facts, Notes and News

- Not Allowing Renewals in 2014 w/o Compliance- [Ins. Dept. Statement](#)

#### Premium Information

Click here for Washington insurance rates. 2014 Enrollment Profile 4/19/14 Washington

Requires training and the completion of an exam. Navigators measured by the number of enrollment applications completed.

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Avg. 2016 Premium</th>
<th>Avg. 2015 Premium</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic</td>
<td>$210</td>
<td>$225</td>
<td>-6.46%</td>
</tr>
<tr>
<td>Bronze</td>
<td>$249</td>
<td>$238</td>
<td>4.57%</td>
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<tr>
<td>Silver</td>
<td>$298</td>
<td>$300</td>
<td>-0.54%</td>
</tr>
<tr>
<td>Gold</td>
<td>$372</td>
<td>$357</td>
<td>4.26%</td>
</tr>
<tr>
<td>Platinum</td>
<td>Not offered</td>
<td>$408</td>
<td></td>
</tr>
</tbody>
</table>

#### 2016 Insurers: Individual Market

- Bridgespan (Regence BlueCross BlueShield), Centene;
- Columbia United Providers, Inc.
- Community Health Plan of Washington, Coordinated Care,
- Group Health CO-OP
- Health Alliance Northwest Health Plan, Inc.
- Kaiser Foundation Health Plan,
- Lifewise Health Plan of Washington, Moda Health Plan,
- Molina Health Care of Washington
- Regence (see Bridgespan)
- UnitedHealth Group

#### Small Group

Kaiser Foundation Plan of the Northwest Moda Health Plan.

#### Total Federal Funding (2010-2014)

- $266,026,060 total federal grants related to exchanges awarded to the state.
  - $996,285 Planning Grant
  - $22,942,671 1st Level One Establishment Grant
  - $84,633,761 2nd Level One Establishment Grant
  - $127,852,056 Level Two Establishment Grant
  - $8,403,669 1st Level Two Establishment Grant Administrative Supplement
  - $21,197,618 2nd Level Two Establishment Grant Administrative Supplement

Updated 2/20/2016
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
<th>State Decisions/ Structure/ Background ¹</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014) ⁶</th>
</tr>
</thead>
</table>
| West Virginia               | Although West Virginia passed HB 408, Act No. 100 to create a state exchange in 2011 it was not implemented due to financial concerns of establishing a state exchange. As a result, the state did not pursue a state exchange by the Dec. 14, 2012 deadline. The governor announced that the state would likely pursue a state/federal partnership. If the state decides to continue the pursuit of a partner exchange with the federal government it must submit a blueprint (state plan) for approval from HHS. | 2015 premiums, [Healthcare.gov](http://www.healthcare.gov) | Navigators in the state must meet CMS training requirements (30 hours of training and web certification). [Click here](http://www.healthcare.gov) to view final navigator rule. | $20,832,828 total federal grants related to exchanges awarded to the state.  
- $1,000,000 Planning Grant  
- $9,667,694 1st Level One Establishment Grant  
- $10,165,134 2nd Level One Establishment Grant |

**Implementation Facts, Notes and News**

- Not Allowing Renewals in 2014 w/o Compliance [WV Insurance Commissioner Release](http://bewv.wvinsurance.gov/) 11/2013
- WV is not using employee choice of insurers in SHOP for 2015
- Evaluation of the WV Health Benefit Exchange by U of WV and OIC, 12/2014 | [Executive Summary](http://bewv.wvinsurance.gov/)
- West Virginia’s state attorney general has co-filed an amicus brief in the U.S. Supreme Court case *King v. Burwell*, supporting the position that federally-facilitated marketplace (FFM) subsidies are not legal; a decision is due June 2015.

**2016 Insurers – Individual Market**
- CareSource Just4Me (6)
- Highmark Blue Cross Blue Shield West Virginia (16)

**Small Group**
- Highmark Blue Cross Blue Shield West Virginia
<table>
<thead>
<tr>
<th>Exchange Information by State</th>
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<th>Total Federal Funding (2010-2014)</th>
</tr>
</thead>
</table>
| **Wisconsin**                 | In reaction to the Supreme Court ruling, Governor Scott Walker issued a statement declaring that he would not implement any part of the federal health law. | 2015 premiums, Healthcare.gov | Navigators in the state must meet CMS training requirements (30 hours of training and web certification). [Click here](#) to view final navigator rule. | $38,757,139 total federal grants related to exchanges awarded to the state.  
- $999,873 Planning Grant  
- Wisconsin received the "Early Innovator" cooperative agreement; Administered by the Wisconsin Department of Health Services  
- Award Amount: $37,757,266 (Grant Returned) |
| [Federally Facilitated Marketplace in Wisconsin](#) | On January 18, 2012 Governor Scott Walker announced he would return $37.6 million in Early Innovator Grant program funding to the federal government. | 2014 Enrollment Profile 4/19/14 Wisconsin. | Six organizations in the state received navigator grant funds from HHS. | |
| In 2011, Governor Walker established the Office of Free Market Health Care which is to be directed by the Department of Health Services and the Office of the Commissioner of Insurance to develop and recommend a plan that encourages competition through the leveraging of a free-market approach based on a set of requirements outlined in the executive order. | HHS report summarizing 2014 plan choices and premiums, 9/25/13 | | |

**Implementation Facts, Notes and News**

- Allowing Renewals in 2014 w/o Compliance = Yes⁷  
  - Wisconsin Comm. of Insurance Notice, 11/21/2013
- 2014 ACA Insurance Reforms in State Law = No⁸

State has permitted [employee choice of insurers](#) in SHOP for 2015

**2016 Insurers: Individual Market**

- Ambetter from MHS Health Wisconsin (4)
- Arise (WPS Health Plan, Inc.) (13)
- Common Ground Healthcare Cooperative (9)
- Molina Healthcare of Wisconsin, Inc. (3)
- Network Health (4)
- UnitedHealthcare (10)
- Anthem;
- CompCare Health Services Insurance Corp., 2015
- Dean Health Plan, Inc.
- Group Health Cooperative of South Central Wisc.
- Gunderson Health Plan, Inc.
- Health Tradition Health Plan
- Managed Health Services Insurance Corp., 2015
- Medica Health Plans of Wisconsin
- MercyCare HMO, Inc.
- Physicians Plus
- Security Health Plan of Wisconsin, Inc.
- Unity Health Plans Insurance Corp.

**Small Group**

- All Savers Insurance Co., 2015
- Arise Health Plan
- Common Ground Healthcare Cooperative
- Group Health Cooperative - South Central Wisconsin
- Gunderson Health Plan, Inc.
- Health Tradition Health Plan
- Medica Insurance Company
- MercyCare Insurance Co.
- Security Health Plan of Wisconsin Inc.

Updated 2/20/2016
<table>
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<tr>
<th>Exchange Information by State</th>
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<th>Premium Information</th>
<th>Addressed Navigator/Assister</th>
<th>Total Federal Funding (2010-2014)</th>
</tr>
</thead>
</table>
| Wyoming                     | 2013 HB 203 Created the Select Committee on Health Insurance Exchanges to "study the operation of the exchange in all its parts and functions in order to determine the processes by which the exchange is operated. The steering committee can summarize the operation of an exchange and determine if and how the state can pursue the exchange if the federally facilitated exchange is not working in the state or if there is a better alternative.  
  - The select committee was to make a preliminary report to the governor, the joint appropriations interim committee and the joint labor, health and social services interim committee by Dec. 1, 2013. The report shall make a recommendation as to whether Wyoming should operate or participate in an exchange and, if so, what exchange functions should be conducted by the state, with a summary of the work and conclusions reached on each of the study topics.  
  2011 HB55 Act No. 102 Created the Wyoming Health Insurance Exchange Steering Committee. The steering committee conducted a study of whether to create a Wyoming health insurance exchange or participate in a regional exchange. | 2015 premiums, [Healthcare.gov](http://www.healthcare.gov) | Navigators in the state must meet CMS training requirements (30 hours of training and web certification). [Click here](http://www.healthcare.gov) to view final navigator rule. | $800,000 total federal grants related to exchanges awarded to the state.  
  - $800,000 Planning Grant |

**Implementation Facts, Notes and News**

- Allowing Renewals in 2014 w/o Compliance = **Yes**
- 2014 ACA Insurance Reforms in State Law = **No**
- State has permitted [employee choice of insurers](http://www.healthcare.gov) in SHOP for 2015

**2016 Insurers – Individual Market**

- [Blue Cross Blue Shield of Wyoming](http://www.bluecrossblueshield.com) (28 plans)

**Small Group**

- Blue Cross Blue Shield of Wyoming
- [WINhealth Partners](http://www.winhealthpartners.com)
## Districts, Commonwealth & Territories

|----------------------|----------------------------------------|---------------------|-------------------------------------|-----------------------------------|
| **District of Columbia**<br>**DC Health Link**<br>(State-style District Run Exchange) | 2012 ACT 19-269  
- Independent Authority of the District Government with an 11 member governing board.  
- Conflict of Interest: Each member of the executive board shall serve the public interest of the individuals and small businesses seeking health coverage through the exchanges and ensure operational effectiveness and fiscal solvency of the exchange.  
- The executive board may merge the exchanges for individuals and the SHOP exchange, if a merged exchange is in the best interest of the District.  
- The exchange will select entities qualified to serve as navigators.  
- The legislation also allows a nine member advisory board in addition to the executive governing board. | Click here for a chart of premium rates. | In-person assister program. Assistors must complete training and a competency training and background check. | $133,573,928 total federal grants related to exchanges awarded to the state.  
- $1,000,000 Planning Grant  
- $8,200,716 1st Level One Establishment Grant  
- $34,418,790 2nd Level One Establishment Grant  
- $72,985,333 Level Two Establishment Grant  
- $16,969,089 Level Two Establishment Grant Administrative Supplement |

### Implementation Updates & Notes
- Not Allowing Renewals in 2014 w/o Compliance
- In 2014 the small group market included insurers: Aetna Inc., CareFirst BlueCross BlueShield and Kaiser Permanente

#### 2016 Insurers: Individual Market
- Aetna Inc.  
- CareFirst BlueCross BlueShield  
- Kaiser Permanente

#### Small Group
- UnitedHealth

Updated 2/1/2016
<table>
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<tr>
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<tbody>
<tr>
<td><strong>American Samoa</strong></td>
<td>American Samoa has not created an ACA exchange. Territories can establish an exchange but will not have a federal exchange as the default option if they do not build one.</td>
<td>n/a</td>
<td>Territories had the option to apply for up to $1 million in federal funds to study the feasibility or assist with building an exchange.</td>
<td>$1,000,000 Planning Grant and total federal grants related to exchanges awarded to the territory.</td>
</tr>
<tr>
<td><strong>No exchange established</strong></td>
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<tr>
<td><strong>Guam</strong></td>
<td>Guam has not created an ACA exchange. Territories can establish an exchange but will not have a federal exchange as the default option if they do not build one.</td>
<td>Territories had the option to apply for up to $1 million in federal funds to study the feasibility or assist with building an exchange.</td>
<td>$1,000,000 total federal grants related to exchanges awarded to the state.</td>
<td>$1,000,000 Planning Grant</td>
</tr>
<tr>
<td><strong>No exchange established</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Puerto Rico</strong></td>
<td>Puerto Rico has not created an ACA exchange. Territories can establish an exchange but will not have a federal exchange as the default option if they do not build one.</td>
<td>Territories had the option to apply for up to $1 million in federal funds to study the feasibility or assist with building an exchange.</td>
<td>$917,205 total federal grants related to exchanges awarded to the state.</td>
<td>$917,205 Planning Grant</td>
</tr>
<tr>
<td><strong>No exchange established</strong></td>
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<td></td>
</tr>
<tr>
<td>Implementation Updates &amp; Notes</td>
<td></td>
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<tr>
<td><strong>Guam</strong></td>
<td>Allow Renewals in 2014 w/o Compliance = Yes</td>
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</tr>
<tr>
<td>Implementation Updates &amp; Notes</td>
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<tr>
<td><strong>Puerto Rico</strong></td>
<td>Allow Renewals in 2014 w/o Compliance = Yes</td>
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<tr>
<td>Implementation Updates &amp; Notes</td>
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</tbody>
</table>

Analysis by Milbank: On the Outskirts of National Health Reform: A Comparative Assessment of Health Insurance and Access to Care in Puerto Rico and the United States

Puerto Rico "has remained largely on the outskirts of US health policy, including the Affordable Care Act (ACA). Despite its poorer population, Puerto Rico outperforms the mainland on several measures of health care coverage and access to care". Ongoing congressional restrictions on Medicaid funding and premium tax credits in Puerto Rico pose health policy challenges in the territory. 9/8/2015
<table>
<thead>
<tr>
<th>Exchange Information</th>
<th>State Decisions/ Structure/ Background ¹</th>
<th>Premium Information</th>
<th>Addressed Navigator/Assister (2013)</th>
<th>Total Federal Funding (2010-2013) ⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Virgin Islands</td>
<td>U.S. Virgin Islands has not created an ACA exchange. Territories can establish an exchange but will not have a federal exchange as the default option if they do not build one.</td>
<td></td>
<td>Territories had the option to apply for up to $1 million in federal funds to study the feasibility or assist with building an exchange.</td>
<td>$1,000,000 total federal grants related to exchanges awarded to the state.</td>
</tr>
<tr>
<td>No exchange established</td>
<td></td>
<td></td>
<td></td>
<td>• $1,000,000 Planning Grant</td>
</tr>
</tbody>
</table>

**Award Date:** Planning Grant, March 21, 2011

- Examine the feasibility of an Exchange, conduct initial Exchange planning, and work toward the establishment of an Exchange. Research the Territory's private insurance market, with the goal of increasing participation in the Exchange by individuals and small employers.
- Conduct stakeholder interviews and focus groups with individuals and employers, with an emphasis on accessing hard-to-reach uninsured individuals.
- Develop a program model for the prospective Exchange and associated subsidies, including an analysis of how best to ensure continuity of coverage.
- Explore Exchange governance models, especially the feasibility of a regional Exchange involving one or more States and/or Territories.
- Determine the statutory and administrative actions within the Territory that are needed to establish the Exchange.
- Conduct a gap analysis to identify needed improvements in information systems in order to implement the Exchange.
- Develop a detailed work plan for Exchange planning and implementation activities, as well as an ongoing analysis of Exchange-related staffing and resources needs.
- Create a report on the detailed findings concerning the actions needed to implement an Exchange under the Affordable Care Act.

*Updated 1/1/2016*
New Mexico has both a state-run authority, federally-assisted individual market site and a state-run SHOP exchange.
Notes for "Health Insurance Exchanges or Marketplaces: State Actions" 50-state table

1 Declaration refers to the decision the state made regarding the development of a state based health insurance exchange. This section provides links to the declaration letter and the approval or conditional approval from HHS. Resource: The Center for Consumer Information and Insurance Oversight, HHS, updated June 15, 2015

2 Structure within states refers to where the exchange will be housed in the state. HHS provides an official tally of the 19 “Conditionally-Approved State Exchanges” (includes D.C.) and the seven additional “Conditionally Approved State Partnership Marketplaces.” State Health Insurance Marketplaces (List of Conditionally Approved Exchanges). (CCIIO/HHS, as of June 15, 2015; accurate for August 2015)

3 Governance refers to the governing board outlined in the state law or regulation.

4 Selection of Carriers describes another option for how a state operates an exchange. States have options to operate their exchange from an “active purchaser” model in which the exchange operates as large employers often do, using market leverage and the tools of managed competition to negotiate product offerings with the exchange. The popular alternative is the “open marketplace” in which the exchange operates as a clearinghouse that is open to all qualified insurers and relies on market forces to generate product offerings as is the case in Colorado and Utah. For these states, this means that any insurer that meets the Qualified Health Plans (QHP) standard can participate in the exchange. A state governing board can participate in “selective contracting” and pick and choose which insurers are allowed to participate; this is the model used in California, Connecticut and Massachusetts in 2014-15.

5 Implementation Facts, Notes and News – This information describes the actual Marketplace operation for each state, beginning Oct.1, 2013. Statistics include material provided by both state and federal agencies. Dates vary among individual states.

6 Federal Grants are a part of the Affordable Care Act and are available to states to plan and implement exchanges. Some state figures may not total due to funds returned or not appropriated. State exchanges must be self-sufficient by January 2015. View 50 state grant map & descriptions online, accessed 11/9/2014

7 Allowing Renewals in 2014 w/o Compliance with the ACA Essential Health Benefits, and minimum coverage standards, during 2014 only. Federal guidance allowed relaxing this requirement in December 2013, but state insurance laws can require full compliance as of Jan. 1, 2014.

8 2014-15 ACA Insurance Reforms in State Law. YES means state insurance laws are determined to generally include enforcement of ACA health insurance market reforms, per NAIC survey published 12/4/2013
SUPPLEMENTAL INFORMATION – State Marketplace Resources

- 2015 Total Health Exchange Enrollment by State - CMS/HHS, released 9/8/2015 -

- The Affordable Care Act authorized State Planning and Establishment Grants to help states establish Health Insurance Marketplaces, or Exchanges. This funding gives states the resources to conduct the research and planning needed to build a health insurance marketplace and determine how their marketplace will be operated and governed.


  Closing Dates - States had five opportunities to apply for funding in 2014; the final day for submission was Friday, November 14, 2014

- Additional Resources from CCIIO/CMS – [web links updated January 2015]
  - Regulations and Guidance
  - Fact Sheets & FAQs
  - Letters and News Releases
  - Other Exchange Resources

  - Blueprint for Approval of Affordable Health Insurance Marketplaces (Updated for 2014) -CMS/HHS – online at:
  - Health Insurance Exchanges Under the Patient Protection and Affordable Care Act (ACA). - On August 15, 2012, the Congressional Research Service (CRS) published a report that outlines the required minimum functions of the Marketplace, and explains how Marketplaces are expected to be established and administered under the ACA.
<table>
<thead>
<tr>
<th>National Totals</th>
<th>SBM States Totals</th>
<th>FFM States Totals</th>
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</thead>
<tbody>
<tr>
<td>Alabama (AL)</td>
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<td>California (CA)</td>
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<td>West Virginia (WV)</td>
<td>Wisconsin (WI)</td>
<td>Wyoming (WY)</td>
</tr>
</tbody>
</table>

50-State Profile data (pdf) | 50-State Profile data (excel)

NCSL report last revised 11/1/2016 pm
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