

Response to questions raised by Board related to Supplemental Plan and Additional Benefit Types Topic

What types of non-QHPs can be sold on the Exchange?

In short, the answer is still developing. The ACA specifies that the Exchange must offer health plans that are qualified health plans. In addition, the ACA allows for stand-alone dental plans to be sold on Exchanges. The ACA and final regulations are silent on non-health products, such as HSA account administration, section 125 administration, group life, and disability insurance. The Exchange staff encourages the board to help shape the direction of Exchanges through this decision.

It is anticipated that the Exchange would only offer dental and vision in 2014, giving us more time to obtain feedback from key stakeholder and evaluate additional implementation costs and risks against the benefit to consumers and the potential revenue non-health products can bring to COHBE.

How can supplemental plans and additional benefits be offered in such a way that consumers can easily compare them and know what they are buying?

The Exchange will continue to work with stakeholders including the Individual Experience Advisory Group and SHOP Advisory Group to determine comparison methods, whether or not plans can or should be bundled and how they should be priced.

What feedback did CCHI, CCLP and CoPIRG receive from consumers during their focus groups on this topic?

The survey developed by CCHI, CCLP and CoPIRG did not deal with supplemental plans and additional benefit types directly, however, there was one question that had a component that allowed for openended responses about adequate health insurance coverage based on one's health care needs. Where people took the time to offer an explanation, there were a number of respondents who said that coverage was not adequate because it did not have vision or dental. One or two people also said that coverage was inadequate because there was no chiropractic. There are 14 total responses that talk about dental in particular. Some say they lack dental coverage altogether and some indicate that the dental coverage is poor.

The survey included a total of 663 respondents; however, there were only a small number of people that chose to comment about adequate health insurance coverage. These comments are not necessarily



reflective of a representative sample. In addition, people were not asked to distinguish between a plan that covers everything versus purchasing something separately when the end result is comprehensive coverage.

What decisions are other states making around this topic?

Many states are in a similar position as Colorado, with no final decisions. Initial group discussions reflect positions similar to ours.

Utah has offered HSA administration services since the beginning of the Exchange. Utah did not initially offer dental coverage in their Exchange but is now working to include it. Dental has been one of the more requested additions.

Connecticut's private exchange provides a comprehensive benefit package to small employers including dental, vision, disability, and life insurance.