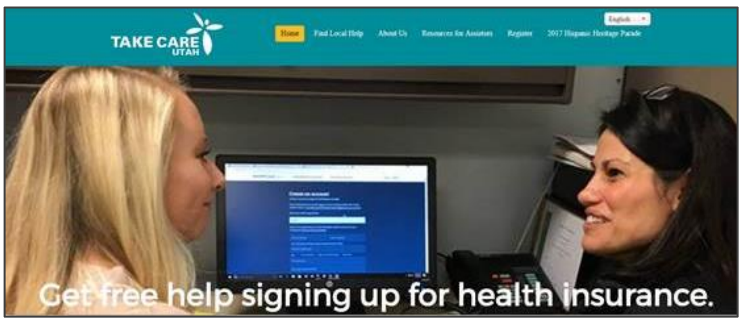
Fact Sheet on Utah's 2018 Marketplace Enrollment

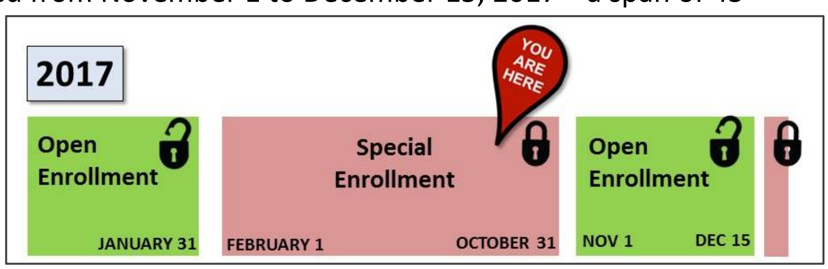
- The 2018 Marketplace Enrollment season faces numerous challenges. In September Take Care Utah (TCU) learned that its federal navigator grant would be **reduced from $740,090 to $289,584—a cut of 61%.** This cut forced TCU to eliminate sub-grants, reduce staff, and curtail operations during the next Open Enrollment. Nationally, the federal funding for in-person assistance was reduced by 41% from $62.8 million to $36.8 million, and advertising was cut 90%.

- Take Care Utah (TCU) is nationally-recognized network of nonprofit organizations focused on helping people with health insurance. It consists of about 75 enrollment specialists; including navigators, certified applications counselors, and brokers. All services are provided free of charge. TCU is led by the Association for Utah Community Health (AUCH), the Utah Health Policy Project (UHPP), and the United Way 2-1-1.



- In 2018 two insurers (Select Health and University of Utah Health Plans) will offer marketplace plans in all 29 Utah counties—giving all Utahns a choice of two insurers. Also in 2018 Molina will exit the marketplace and its 70,000 customers will shop for new plans.

- Utah's Open Enrollment period lasted from November 1 to December 15, 2017—a span of 45 days and half as long as in recent years. Utahns who do not re-enroll or sign up for a new plan by December 15 will not be able to enroll again until November 2018 unless they qualify for a special enrollment period.



- As of September 2017, 173,000 Utahns were enrolled in marketplace insurance purchased on healthcare.gov. 86% (149,000) qualified for tax credits to lower their monthly premiums, while 62% (107,000) qualified for Cost-Sharing Reductions (CSRs) that lowered their deductibles and co-pays (see more on CSRs below). About 31,000 Utahns purchase individual market insurance off the marketplace without access to tax credits or CSRs.

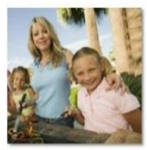
- Utah has the nation's highest percentage of children (age 0-18) enrolled in marketplace coverage, and the nation's second-highest coverage percentage of the sought-after "young invincibles" (age 18-34) among the 39 states using the healthcare.gov platform.

- In mid-October the Trump administration stopped paying Cost-Sharing Reductions (CSRs) to Utah insurers. CSRs lower out-of-pocket costs like deductibles, prescription drug costs, and office visit co-pays for lower- and middle-income Utahns earning from 100% to 250% of the federal poverty level (between $25,000 and $60,000 for a family of four).

- Utah's two marketplace insurers (Select Health, University of Utah Health Plans) assumed—under guidance from the Utah Insurance Department—that the Trump administration would stop funding CSRs. In response Utah’s insurers raised premiums for on-marketplace Silver plans to continue to offer reduced deductibles and co-pays for low- and middle-income Utahns. As a result, lower deductibles and co-pays will available on Utah’s 2018 marketplace despite the administration’s actions.

- A majority (86%) of Utah's marketplace consumers will be protected from 2018’s CSR-related premium increases by tax credits that rise proportionately to cover the additional costs. Replacing CSRs with higher Silver premiums, however, is a more inefficient system that will cost the federal government an extra $194 billion over the next ten years.

- Explanation of (CSRs): Jill Bishop is a Utah mom of two living in Provo and earning $32,000 a year. Because her kids receive Medicaid, Jill goes on healthcare.gov to purchase insurance for herself. In 2017 CSRs reduced her deductible from $3,500 to $700 a year, and reduced her primary doctor co-pays from $30 to $10 a visit.



How CSRs make Jill’s health insurance more affordable...

Jill Bishop | Provo, Utah
Earns $32,000 | 156% of poverty level

	With CSRs	No CSRs
Jill’s Deductible:	$700	$3,500
Out-of-pocket max:	$2,000	$7,150
Doctor co-pay	$10	$30
Generic drugs	$5	$15

CSRs are cost-sharing reductions that **lower deductibles, co-pays, and other cost-sharing** for marketplace consumers earning under 250% of the poverty level ($50,000 for a family of 3)

- Also in October the administration instructed federal agencies to expand the availability of both short-term health plans and association health plans. Proposed changes would make it easier for more insurers to offer cheaper plans to healthy individuals by reducing benefits like prescription drug coverage and mental health care, capping hospital expanses, and cutting maternity care. It will take 6-12 months for these new insurance regulations to take effect if they are allowed by current law.

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