Like your pre-Obamacare health plan? Keep it through 2015

No cancellations in Utah, unless employer withdraws plan.

By Kirsten Stewart
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Utah’s largest insurers say if consumers like their pre-Obamacare health plans, they can keep them through the end of 2015 — and possibly 2016.

The "grandmothered" plans may not offer the same consumer protections or level of coverage as required by the Affordable Care Act. But they meet the health law’s mandate to have insurance.

Insurance companies can continue offering these noncompliant policies through 2016 under an extension approved last year by the Obama administration in response to news of widespread insurance cancellations.

Republicans pointed to the cancellations as another broken promise of the ACA. But they weren’t a problem in states with more permissive insurance regulations, such as Utah.

The state Department of Insurance allows carriers to renew through 2016 health plans that pre-date the health law, but leave the decision up to the insurer, said state health and life insurance director, Nancy Askerlund.

So far, Utah’s two largest carriers — both nonprofits that together claim 60 percent of the individual market — allow renewal of noncompliant policies through at least 2015.

"About 85 percent of our individual members [in Utah] have chosen to extend their 2013 plans," said Lou Riepl,
a spokesman for Regence BlueCross BlueShield.

Next fall, Regence will weigh whether to grant another year’s extension, he said.

SelectHealth is doing the same for its customers, said spokeswoman Carrie Brown. She didn’t say how many of SelectHealth’s policyholders — who numbered about 60,000 last fall — have chosen to renew.

Experts say there are benefits and risks to renewing, and encourage consumers to weigh their options.

"Insurance companies are making it easy to keep coverage and that can be good for certain people," said Jason Stevenson, a spokesman for an umbrella group of federal health navigators, Take Care Utah. "But the thing we say is it’s always wise to shop around."

Many ACA-compliant plans have narrower doctor networks and some carry large deductibles.

But they have certain advantages, Stevenson noted. Insurers, for example, are forbidden from rejecting people with pre-existing conditions or charging them more. And age doesn’t factor as much into pricing as it did previously.

The new plans must also fully cover preventive care, such as immunizations and cancer screens, with no out-of-pockets costs to consumers.

But perhaps the biggest incentive for making a switch are tax credits available to those earning up to 400 percent of the federal poverty level, or $45,960 annually for an individual and $94,200 for a family of four.

Eighty-six percent of Utah shoppers on the federal health insurance marketplace received tax credits to put toward their purchase, bringing their average monthly premium to $84, federal data show.

"Some people who renew old policies leave thousands of dollars in subsidies on the table," Stevenson said.

Dangling these subsidies, many insurers are approaching employers, hoping to persuade them to ditch their health benefits and steer workers to www.HealthCare.Gov.

For insurance brokers, "group busting" is an opportunity to solicit business outside of annual enrollment periods. Loss of health benefits, job losses, marriage and divorce are among "qualifying events" that allow consumers to shop the marketplace outside the official enrollment window.
Consumer advocates have raised alarms about employers shifting workers with high medical costs to the exchange.

But some workers are able to purchase their own policy for much less than they spend on the company plan — and employers who save on health costs are sometimes able to offer raises.

"It’s really a personal decision," Stevenson said. "We just want consumers to be aware of their options."

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