



DC Health Benefit
Exchange Authority

Securing A Healthier Future for the District of Columbia

Consumer Information

Frequently Asked Questions

Q. What are exchanges?

A. Exchanges were created by the Affordable Care Act to help individuals and small businesses buy quality, affordable health insurance coverage. An exchange is a “one-stop shop” where people can compare and buy health insurance plans. The federal law allows for separate exchanges for small businesses—called Small Business Health Options Program also known as SHOP—and for individuals. The District of Columbia plans to operate one exchange for both groups. Individuals and families can use the same application to apply for either exchange coverage through one of the numerous exchange plans or Medicaid coverage. The District’s Health Benefit Exchange (“HBX”) is scheduled to launch for enrollment on October 1, 2013.

Q. Will all states have exchanges?

A. All states must have exchanges, but states have several options for implementation. A state may set up its own exchange or join with other states to create a regional exchange, or let the federal government establish and run an exchange for the state. The District chose to set up its own, the District of Columbia Health Benefit Exchange.

Q. What is the status of the District’s Health Benefit Exchange?

A. The District of Columbia has been awarded over \$82 million in grants from the federal government to help plan for and set up a health exchange for the District. The government officials held meetings in each ward to get resident input and conducted research on the best ways to set up the District’s Health Benefit Exchange. More information on the District’s Health Benefit Exchange can be found on www.dchbx.com. The District will be ready for residents and small businesses to sign up for health insurance through the HBX starting October 1, 2013.

Q. Who will participate in the District’s Health Benefit Exchange?

A. On October 1, 2013, when the Health Benefit Exchange opens, it will be open only to individuals buying their own coverage and to the employees of D.C. small businesses (those with 1-50 employees) and their family members. In addition, individuals and families will be able to access Medicaid and other District Benefit Programs through the exchange. Undocumented immigrants will not be able to buy health insurance from the District’s Health Benefit Exchange.

Q. What will the health plans sold on the District’s Health Benefit Exchange look like?

A. Plans participating in the District’s Exchange will have to offer a set of minimum benefits. These benefits are expected to include hospital, emergency, maternity, pediatric, drug, lab services and other care. Plans will be divided into four different levels: bronze, silver, gold, and platinum. The levels are based on out-of-pocket costs that consumers are required to pay.

Q. What is the essential health benefits package?

A. The essential health benefits package is a set of health care service categories that must be covered by certain health plans starting in 2014. The federal Affordable Care Act ensures all health plans offered in the individual and small group markets offer a comprehensive package of benefits and services, known as essential health benefits. Essential health benefits must include items and services within at least the following 10 categories:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Prescription drugs;
- Rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventive and wellness services and chronic disease management, and
- Pediatric services, including oral and vision care.

For more information on Essential Health Benefits in the District, visit www.dchbx.com.

The D.C. Health Benefit Exchange Authority is charged with implementing and operating the District of Columbia’s health insurance exchange in accordance with the Patient Protection and Affordable Care Act (PPACA). The Authority ensures access to quality and affordable health care for all residents and small businesses in the District of Columbia.

Q. Will exchanges be like travel websites or some existing health insurance sites?

A. In some ways, exchanges will be similar to travel or health insurance sites. Consumers will be able to compare plans sold by different companies. Buying health insurance can be confusing, so information on the plan benefits will be presented in the same way to make it easier to compare cost and quality.

Q. How much will health plans in the District's Health Benefit Exchange cost?

A. The costs will vary by the type of plan, the age of the subscribers, and the tobacco use by subscribers. However, insurers will not be able to charge more because of gender or health status.

Q. What if I can't afford to pay the premiums?

A. Some District residents will qualify for Medicaid and therefore will be ineligible for assistance buying coverage on the HBX. Starting in 2014, middle-income individuals and families may be eligible for tax credits that will lower their monthly premium costs for health coverage on the HBX. Some of these individuals will also be eligible for reduced deductibles, co-payments, co-insurance, or other out-of-pocket expenses associated with health plans on the HBX.

Q. What information will be available for individuals and small business employers to compare plans in the District's Health Benefit Exchange?

A. The District's HBX will include information so that individuals and small businesses can:

- Compare premiums;
- See quality ratings, accreditation, and customer service measures;
- Compare and evaluate provider networks; and
- See cost examples for various medical needs (pregnancy, broken arm, emergency room visits, etc.).

Pre-Existing Conditions

Q. I have been denied coverage because I have a pre-existing condition. What will the District's Health Benefit Exchange do for me?

A. Beginning in 2014, individuals cannot be denied health insurance because of a pre-existing condition. You will be able to buy health insurance in the District's HBX. Persons with existing medical conditions and who have been uninsured for at least six months can get coverage immediately through high risk pools also known as the Pre-Existing Condition Insurance Plan. You can call (800) 220-7898 or log-on to www.pciplan.com to learn more and to apply.

Other Health Reform Benefits

The new health care law includes several key consumer benefits. To take advantage of the benefits offered by the Affordable Care Act, consumers should become familiar with the key provisions of the law and when they will be implemented.

2013 Implementation

- **Improving Preventive Health Coverage.** To expand the number of Americans receiving preventive care, the law provides new funding to state Medicaid programs that choose to cover preventive services for patients at little or no cost.
- **Increasing Medicaid Payments for Primary Care Doctors.** States are required to pay primary care physicians no less than 100% of Medicare payment rates in 2013 and 2014 for primary care services.
- **Providing Additional Funding for the Children's Health Insurance Program.** Under the law, states will receive two more years of funding to continue coverage for children not eligible for Medicaid.

2014 Implementation

- **Prohibiting Discrimination Due to Pre-Existing Conditions or Gender.** The law prohibits insurance companies from refusing to sell coverage or renew policies because of an individual's pre-existing conditions.
- **Eliminating Annual Limits on Insurance Coverage.** The law prohibits new plans and existing group plans from imposing annual dollar limits on the amount of coverage an individual may receive.
- **Making Care More Affordable.** Tax credits to make it easier for the middle class individuals to afford insurance will become available for people with income between 100% and 400% of the poverty line who are not eligible for other affordable coverage.
- **Establishing Affordable Insurance Exchanges.** Starting in 2014 if your employer doesn't offer insurance, you will be able to buy it directly in a Health Benefit Exchange. An exchange is a new transparent and competitive insurance marketplace where individuals and small businesses can buy affordable and qualified health benefit plans. Exchanges will offer you a choice of health plans that meet certain benefits and cost standards.
- **Increasing the Small Business Tax Credit.** The law implements the second phase of the small business tax credit for qualified small businesses and small non-profit organizations. In this phase, the credit is up to 50% of the employer's contribution to provide health insurance for employees.
- **Increasing Access to Medicaid.** Americans who earn less than 133% of the poverty level will be eligible to enroll in Medicaid. The District implemented this expansion of Medicaid in 2010 to provide coverage to childless adults who did not previously have Medicaid coverage.
- **Promoting Individual Responsibility.** Under the law, most individuals who can afford it will be required to obtain basic health insurance coverage or pay a fee to help offset the costs of caring for uninsured Americans. If affordable coverage is not available to an individual, he or she will be eligible for an exemption.