



## The Federal Health Insurance Marketplace in South Carolina: *Qualified Health Plans Available for 2017*

### *Important Notice*

**Effective January 1, 2017, the following companies will no longer offer coverage through Healthcare.gov:**

**Aetna Health Inc. | BlueChoice HealthPlan | UnitedHealthcare Insurance Company**

Individuals enrolled in a 2016 Plan sold by Aetna, BlueChoice, or UnitedHealthcare through Healthcare.gov are strongly encouraged to shop for a new plan as soon as the 2017 Open Enrollment Period begins on November 1, 2016. If an individual losing their current Marketplace coverage does not actively select an alternate plan, the Health Insurance Marketplace will automatically enroll them in a replacement plan through BlueCross BlueShield of South Carolina.

**2017 Open Enrollment Period: November 1, 2016 - January 31, 2017.**

**\*\*December 15<sup>th</sup> is the deadline to enroll in a 2017 Plan for coverage to start January 1<sup>st</sup>\*\***

**Reminder: You must pay your January premium in order to have coverage start Jan. 1<sup>st</sup>**

<b>Individual Market Coverage (Individuals, Families, and Self-Employed)</b>									
<i>Qualified Health Plans Certified for Sale in the Health Insurance Marketplace</i>									
Company Name	Plan Type(s)	Availability	Pediatric Dental Included?	Metal Level					Totals
				Catastrophic	Bronze	Silver	Gold	Platinum	
BlueCross BlueShield of South Carolina	EPO	Statewide	No	1	5	15	5	-	26
<b>Individual Market Totals</b>				<b>1</b>	<b>5</b>	<b>15</b>	<b>5</b>	<b>0</b>	<b>26</b>

<b>Small Group Market Coverage (Small Businesses with Up to 50 Employees)</b>									
<i>Qualified Health Plans Certified for Sale in the SHOP</i>									
Company Name	Plan Type(s)	Availability	Pediatric Dental Included?	Metal Level					Totals
				Catastrophic	Bronze	Silver	Gold	Platinum	
BlueCross BlueShield of South Carolina	PPO	Statewide	No	n/a	-	1	1	-	2
<b>Small Group Market Totals</b>				<b>n/a</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>

**For More Information:**  
[doi.sc.gov/ACA](http://doi.sc.gov/ACA)



## Contact the Federal Health Insurance Marketplace

### Individual Market Coverage

*(Individuals, Families, and Self-Employed)*

Official Name: Health Insurance Marketplace

Phone: 1 (800) 318-2596

Online: [Healthcare.gov](http://Healthcare.gov)

### Small Group Market Coverage

*(Small Businesses with Up to 50 Employees)*

Official Name: SHOP

Phone: 1 (800) 706-7893 M-F 9am - 7pm

Online: [Healthcare.gov/Small-Businesses/](http://Healthcare.gov/Small-Businesses/)

## Looking for Other Companies Writing 2017 Plans?

The federal marketplace (Healthcare.gov) is in addition to the existing private health insurance market for individuals, families, and small businesses. The Department has published a separate list of plans that are available in the private market outside of the FFEs, which is available online at [doi.sc.gov/ACA](http://doi.sc.gov/ACA).

## Definitions and Additional Information

The **Health Insurance Marketplace**, also called the Federally-facilitated Marketplace or Exchange, is the name of the exchange that the federal government established in South Carolina for the individual market. Plans sold through the Marketplace may be eligible for federal subsidies depending on your income. Open Enrollment begins November 1, 2016 and ends January 31, 2017 for plans with coverage effective on or after January 1, 2017. For more information, please visit [www.healthcare.gov](http://www.healthcare.gov) or call 1 (800) 318-2596.

The **Small Business Health Options Program (SHOP)** is the name of the small group health insurance exchange that the federal government established in South Carolina. Small employers that purchase health insurance through the SHOP may be eligible for federal tax credits under federal eligibility criteria. For more information, please visit <https://www.healthcare.gov/small-businesses/> or call the SHOP call center, 1 (800) 706-7893, which is available Monday through Friday from 9:00 a.m. to 7:00 p.m. Additional resources available for small businesses include the IRS website (click [here](#)) and the U.S. Small Business Administration's health care website (click [here](#)).

Every plan available through the Federally-facilitated Exchanges must cover 10 categories of coverage, which are called **Essential Health Benefits (EHBs)**. While pediatric dental coverage is one of these 10 EHBs, plans have the option of including this coverage in the major medical plan. If the major medical plan does not include pediatric dental, consumers have the option to purchase this coverage through a separate dental plan that is certified by the federal government as meeting the pediatric dental EHB coverage standards. For more information on Essential Health Benefits, click [here](#). For more information on dental coverage, click [here](#).



Plans are separated into categories, commonly referred to as the **Plan Metal Level**, based on the percentage the plan pays of the average overall cost of providing essential health benefits to members. The plan category you choose affects the total amount you'll likely spend for essential health benefits during the year. The percentages the plans will spend, on average, are listed in the chart below:

<b>Plan Metal Level</b>	<b>Actuarial Value</b>
Catastrophic	n/a
Bronze	60%
Silver	70%
Gold	80%
Platinum	90%

As an example, a Silver Plan with an actuarial value of 70% means that, on average, the consumer would pay 30% of the costs of all covered benefits through out of pocket cost sharing. Please note that this is an average of expected costs across a standard population, so any individual could be responsible for a higher or lower percentage of the total costs of covered services for the year, depending on their actual health care needs and the terms of their insurance policy.

**Catastrophic Plans** must meet all of the requirements applicable to the metal level plans, but coverage will be slightly less generous than the Bronze level plans. These plans are not required to cover benefits before the plan's deductible is met with one exception: they must cover three primary care visits per year regardless of whether or not the plan's deductible has been met. The monthly premium is generally lower than for the metal level plans, but the out-of-pocket costs for deductibles, copayments, and coinsurance are generally higher. Additionally, the federal government has limited enrollment in catastrophic plans. To qualify for a catastrophic plan, you must be under 30 years old OR get a "hardship exemption" from the Health Insurance Marketplace. Catastrophic plans are only available in the individual market.

**For More Information:**  
[doi.sc.gov/ACA](http://doi.sc.gov/ACA)