

**Insurance Benefit Exchange  
Workgroup Reporting Format to the Insurance Benefit Exchange Steering Team**

**Workgroup Name:**

Focus / Business Operations

**Date presenting to Steering Team:**

Undetermined – Due 8/1/2011

**Topic or Decision Point Being Addressed:**

How many types of plans should be offered and how will they be defined? What type of variations such as dental and vision enhancements?

**1. Recommendations or perspectives considered**

*This section should highlight the various perspectives on the topic that were discussed or considered by the workgroup.*

The workgroup considered a wide array of issues, including the following:

- Whether to only offer all or just a few metallic tiers in the exchange.
- How to handle dental benefits and dental-only plans in the exchange.

Through its members, the workgroup heard perspectives from carriers, producers, business owners, and consumer advocates.

**2. Consensus Recommendation from the Workgroup to the Steering Team**

The workgroup reached consensus on the following recommendations:

- The exchange should allow carriers to offer all products defined in the statute, including products in all metallic tiers.

<u>Strengths of the recommendation</u>	<u>Weaknesses of the recommendation</u>
<ul style="list-style-type: none"><li>• Allowing carriers to offer all products will enhance consumer choice by providing a wider array of options.</li></ul>	<ul style="list-style-type: none"><li>• Having all options available may cause adverse selection because consumers will be better able to match their expected health conditions and expenditures to a product. This could raise costs for all exchange consumers.</li></ul>

**3. If a Consensus Recommendation was not reached, please list here the Majority and Minority Recommendations as well as pros/cons for each**

- Several members of the workgroup recommended that the exchange require carriers offering QHPs with dental benefits to price dental the dental benefits separately. This would allow consumers to choose a dental-only plan, as provided in PPACA § 1311(d)(2)(B)(ii). No members of the workgroup objected to this recommendation.

<u>Strengths of the recommendation</u>	<u>Weaknesses of the recommendation</u>
<ul style="list-style-type: none"><li>• Requiring carriers to price dental benefits separately would provide consumers more options for their dental benefits.</li></ul>	<ul style="list-style-type: none"><li>• </li></ul>

**4. Rationale behind the recommendation(s)**

*Please include how the recommendation supports the Guiding Principles that frame this effort*

**5. Impact or Consequences**

*Please address all of the following that apply*

- a) Adverse selection
- b) Fiscal impact (Cost of care, Cost of the exchange)
- c) Quality of care
- d) Other, please list
- e) Topic requires support from or may impact another workgroup:
  - i. Focus/Business Operations Issues
  - ii. Governance/Legal/Legislative
  - iii. Background Research
  - iv. Customer Outreach/Education/Information
  - v. Insurance Market Issues
  - vi. Funding/Financial
  - vii. Agents/Brokers/Navigators
  - viii. Medicaid Integration and Interagency Communications
  - ix. Insurance Company IT Interface