

ACA Today

OBAMA VETOES HEALTH BILL REPEAL

[Paul] Ryan said the vote showed there is a “clear path” for Republicans to repeal the law. “The idea that Obamacare is the law of the land for good is a myth. This law will collapse under its own weight, or it will be repealed,” he said. “We have now shown that there is a clear path to repealing Obamacare without 60 votes in the Senate. So, next year, if we’re sending this bill to a Republican president, it will get signed into law.” ([The Hill](#))

HOW DOES THE BUDGET AGREEMENT AFFECT THE ACA?

Late in the day on December 15, 2015, House Republicans released the \$1.1 trillion Consolidated Appropriations Act for 2016 and a \$650 billion tax extenders package.... The legislation delays taxes enacted to fund the ACA and limits the effectiveness of some of the ACA’s operational provisions. The bills do not, however, fundamentally change the ACA, although a continued restriction on risk corridor funding included in the legislation could reduce insurer participation in the marketplaces and raise prices for consumers. ([Health Affairs](#))

OBAMA SEEKS TO OFFER NEW INCENTIVE FOR STATES TO EXPAND MEDICAID

With full federal funding for expanding Medicaid set to expire at the end this year, President Barack Obama is proposing to indefinitely extend the health law provision for any of the 19 states that have not yet adopted the enhanced eligibility. But Obama would need the Republican-controlled Congress to approve the offer. ([Kaiser Health News](#))

2016 PPO PLANS REMOVE OUT-OF-NETWORK COST LIMITS, A COSTLY TRAP FOR CONSUMERS

An increasing number of preferred provider plans (PPOs) offered under the federal health law have no ceiling at all for out-of-network costs, leaving policyholders facing unlimited financial exposure.... Forty-five percent of the silver-level PPO plans coming to the market for the first time in 2016 provide no annual cap for policyholders’ out-of-network costs.... When new plans coming to the market and the existing plans...are factored together, that percentage will double to 30 percent of silver-level PPOs with no out-of-network financial cap in 2016. The trend stretches the definition of a PPO and could catch consumers unaware. ([Kaiser Health News](#))

OBAMACARE PATIENTS SPEND 10% OF INCOME OUT OF POCKET DESPITE GOVERNMENT SUBSIDIES

Even with federal government subsidies under the Affordable Care Act, a typical American buying coverage on public exchanges spends about one in 10 dollars they earn “on insurance premiums and out-of-pocket costs....” Research...shows typical single enrollees with incomes between \$23,540 and \$58,850 spend 10% of their incomes on premiums and out-of-pocket costs and the percentage rises if the enrollee has more medical needs. (Forbes)

AN UNPRECEDENTED LOOK AT MEDICAL COSTS NATIONWIDE

Three of the nation's largest insurance companies – Aetna, Humana and UnitedHealth – have let researchers... look at the negotiated prices they pay for services.... No one has ever had such exhaustive access to real price data before....For years, hospital executives have defended [their] prices saying it's about quality, or that they see sicker patients, or lots of folks on Medicare....The team...controlled for all those factors....Market power matters more than the rest. The report found after decades of mergers, nearly a third of U.S. markets have monopolies, or are close to having monopolies. ([Marketplace.org](#))

HUMANA TO RECORD 2016 OBAMACARE SHORTFALL, MEMBERSHIP DROPS

Humana Inc. is the latest insurer to run into trouble in Obamacare's individual health-insurance markets. The health insurer said that it probably won't collect enough money to cover costs for some customers who bought individual plans, and will set aside what's known as a premium deficiency reserve. The shortfall is for 2016 plans that comply with new rules under the Affordable Care Act.... Humana, which is being acquired by Aetna Inc., said ...that it's still working to determine the size of the shortfall. The insurer said it also expects its individual commercial membership to decline by about 200,000 to 300,000 people by Dec. 31, 2016. ([Bloomberg](#))

MORE EMPLOYERS OFFER PLANS THAT PROVIDE LUMP SUMS FOR CRITICAL ILLNESSES

Insurance policies that pay a lump sum if workers get cancer or another serious illness are being offered in growing numbers by employers. Companies say they want to help protect their workers against the financial pain of increasingly high deductibles and other out-of-pocket costs.... Forty-five percent of employers with 500 or more workers offered the plans last year, up from 34

percent in 2009.... Employees are generally responsible for the cost of coverage, although in some cases bosses contribute to the premiums.... Nine out of 10 critical illness policies are sold through the workplace, according to GenRe. These plans provide an average \$15,000 payout to workers diagnosed with one of the conditions covered under the policy. ([CNN.com](#))

VIEWS ON THE VALUE OF VOLUNTARY WORKPLACE BENEFITS: FINDINGS FROM THE 2015 HEALTH AND VOLUNTARY WORKPLACE BENEFITS SURVEY

The Employee Benefit Research Institute (EBRI) has been conducting "value of benefits" surveys for 20 years to determine the relative importance of different benefits to workers and to assess the role played by benefits in job choice and job change over time.... Workers overwhelmingly consider health insurance to be the most important workplace benefit. Nearly two-thirds... say this benefit is extremely important, while an additional 24 percent consider it to be very important.... Indeed, having access to health insurance through their employer is considered so important that...60 percent report they are planning to work longer than they would like in order to continue receiving health insurance through their employer. A retirement savings plan... and dental or vision insurance...are also among the highest-rated benefits. ([EBRI.org](#))

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