



Ohio's Individual Market Open Enrollment Program FAQs

- In the regular individual market, carriers may reject people who have health conditions or they may exclude coverage for specific conditions by rider. (See attachment)
- HIPAA requires all states to have a program that makes individual health coverage available to people who meet certain requirements. Over a decade ago, Ohio chose to comply with HIPAA by adopting an open enrollment program for Ohio's individual market.
- Ohio's open enrollment program requires carriers to offer a basic and standard plan to all individuals who apply during an open enrollment period.
- Open enrollment coverage is the only option for Ohioans with health conditions who do not have employer coverage and who are not eligible for public programs.
- Open enrollment no longer works because insurers charge extremely high rates.
 - Rates in 2010 are expected to average \$815 per individual per month.
 - Some insurers charge rates that exceed \$3,000 for an individual per month.
 - Open enrollment family rates are usually more than double individual rates.
- Currently, less than 2,000 Ohioans are enrolled in the open enrollment because rates are unaffordable.
- Open enrollment reforms would cover about 52,000 more Ohioans. Open enrollment rates would go down 50 to 70%. Rates in the individual market would increase by an average of 5.5%. No other coverage would be negatively impacted.
- An alternative proposal – a high risk pool – was studied in 2006. A high risk pool would eventually cover 17,000 more Ohioans, but would require an outside funding source of about \$144 million per year.