

# HEALTH INSURANCE IN MINNESOTA



# COUNCIL HEALTH PLAN MEMBERS



# REASONS FOR HEALTH INSURANCE



- Protect us from catastrophic medical expenses.
- Finance health care costs.
- Maintain or improve health with preventive services and wellness incentives.
- Assist in navigating health care choices.
- Ensure care delivered meets industry quality standards.

# HEALTH INSURANCE REGULATIONS

- **Regulated by State and Federal Government**
  - *Departments of Commerce, Health, and Human Services*
- **Health Plan Financials**
  - *Licensed and Solvent*
  - *Rates Approved by Commerce*
  - *Medical Loss Ratios*
- **Coverage Requirements**
  - *Coverage for pre-existing conditions*
  - *ACA 10 Essential Health Benefits*
  - *Minnesota has over 60 additional mandated health benefits*
- **Provider Networks**
  - *Network adequacy requirements*



# WHERE MINNESOTANS GET HEALTH COVERAGE

## FROM AN EMPLOYER

### Self Insured Plans

- Offered by large employers.
- An insurance company is hired to administer health plan services.
- Employer assumes the financial risk of insuring employees.

### Small and Large Group Plans

- Employer purchases coverage for employees.
- Health insurance company assumes the financial risk.

### State Employee Group Insurance Plan (SEGIP)

- Health insurance for state employees and legislators.

## ON YOUR OWN

### Individual Market

- A plan purchased directly from an insurance company via MNsure or through an agent or broker.

## FROM THE GOVERNMENT

### Medicare

- People who are ages 65 and older.
- Younger people with disabilities.

### TRICARE

- Active-duty military and veterans.

### Medicaid (Medical Assistance)

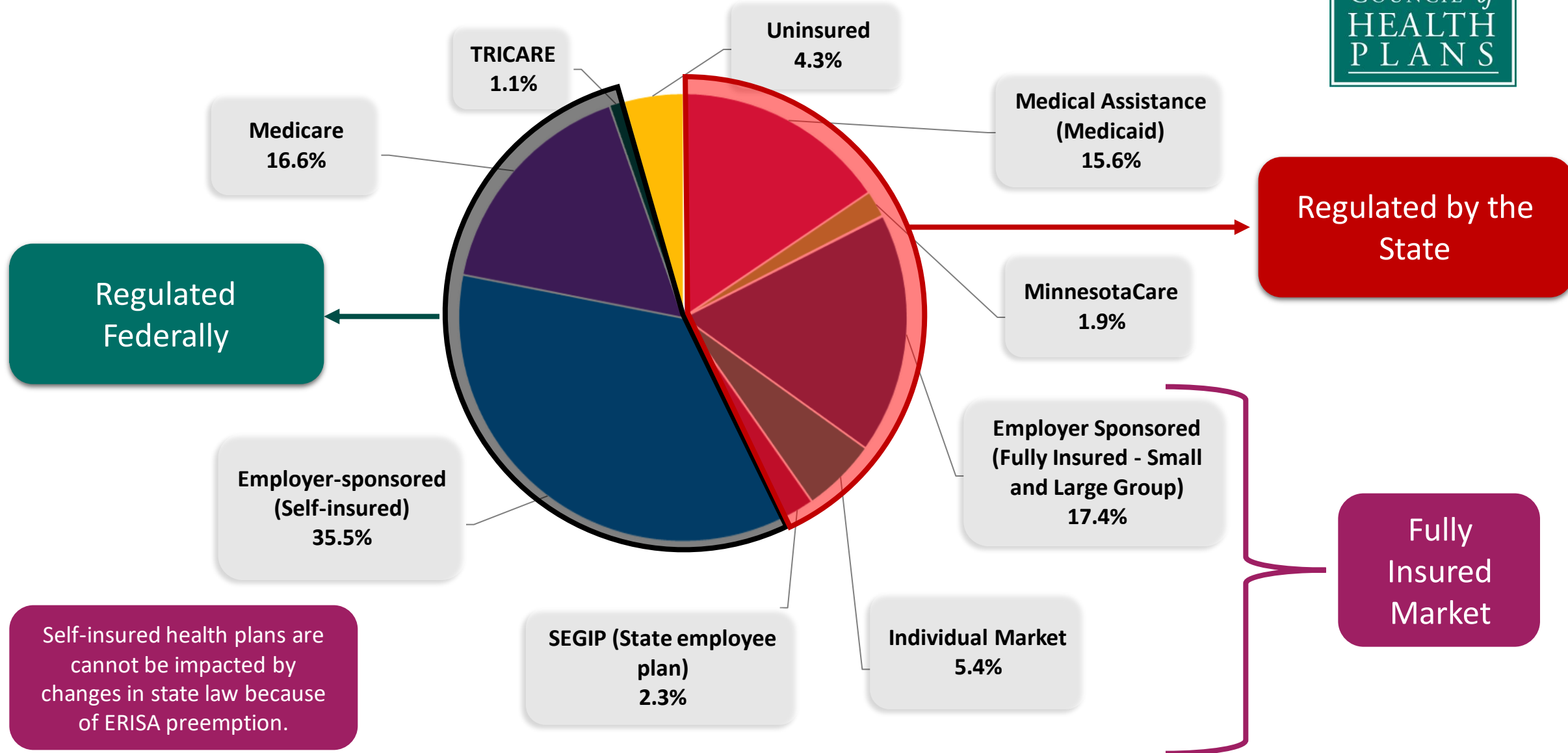
- For low-income Minnesotans based on circumstances and finances.

### MinnesotaCare

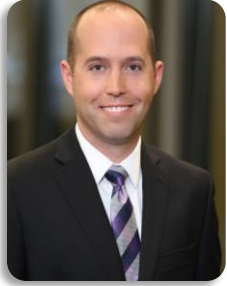
- Lower-income but not eligible for Medicaid



# HEALTH INSURANCE IN MINNESOTA



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