HEALTH INSURANCE IN MINNESOTA



COUNCIL HEALTH PLAN MEMBERS















REASONS FOR HEALTH INSURANCE





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.

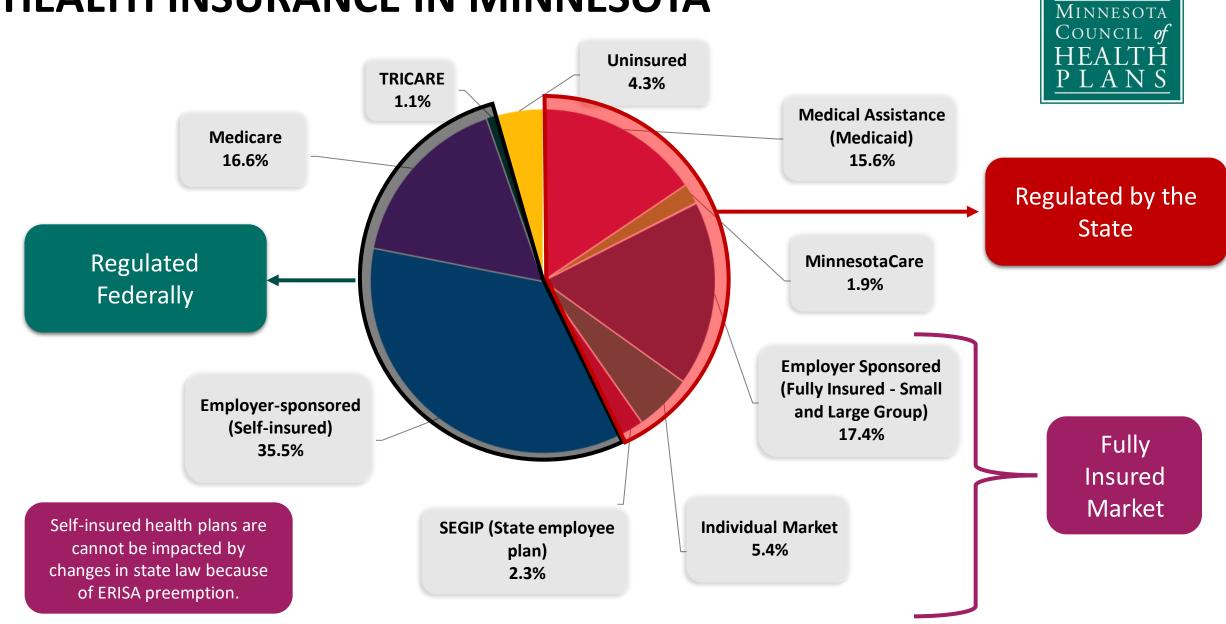
Medicaid (Medical Assistance)

 For low-income Minnesotans based on circumstances and finances.

MinnesotaCare

Lower-income but not eligible for Medicaid

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