

The Patient Protection and Affordability Care Act (some people call it “Obama-Care”, or “Healthcare Reform”) was signed into law in March 2010. One of it’s mandates is that all states are required to operate a health insurance exchange by January 1, 2014. If states do not operate their own exchanges, the federal government will implement an exchange for them.

Each state will act independently to meet this requirement. For example, during the 2011 legislative session, the Oregon Legislature passed Senate Bill 99, establishing the Oregon Health Insurance Exchange (ORHIX). The Exchange will be a central marketplace where consumers and small businesses can shop for health insurance plans and access federal tax credits to help them pay for coverage.

Through the Exchange, Oregonians will be able to easily compare their coverage options and enroll in a plan that best fits their needs. Exchange services will be available to Oregonians starting in October 2013 through a web portal, toll-free phone number, and other formats. Coverage for plans bought through the Exchange will take effect Jan. 1, 2014. Key Exchange services will include:

1. A central place to shop for insurance plans, with easy-to-compare information on quality and price.
2. Seamless eligibility and enrollment process for individual and small group plans as well as Medicaid.
3. Access to federal tax credits and other assistance available to help make coverage more affordable.
4. Community-based assistance, through navigators and insurance agents.
5. Innovative plan options, including a defined contribution model, and central billing and payment for small businesses.

Following is a web link to access the "business plan" for the proposed Oregon Health Insurance exchange whose start-up costs are being funded by the federal government and is chartered to develop a model for potential USA wide implementation <https://orhix.org/> .

Intel retirees under age 65 may benefit from these insurance exchanges because another of the mandates is that every American will be required to have health insurance (sometimes called the individual mandate) with no insurance policy exclusions for pre-existing conditions. This should substantially increase the number of healthy individuals in the insurance pool, thus potentially reducing the competitive monthly premium costs for Intel retirees who are currently enrolled in IRMP, and are willing to shop for a better deal through the exchanges.

As we all know, the US Supreme Court is scheduled in the March 2012 timeframe to review and make a decision about the constitutionality of the Patient Protection and Affordability Care Act. Should the law be declared valid, many Health Insurance changes are just around the corner. We will attempt to keep you posted on the changes that may impact Intel retirees.