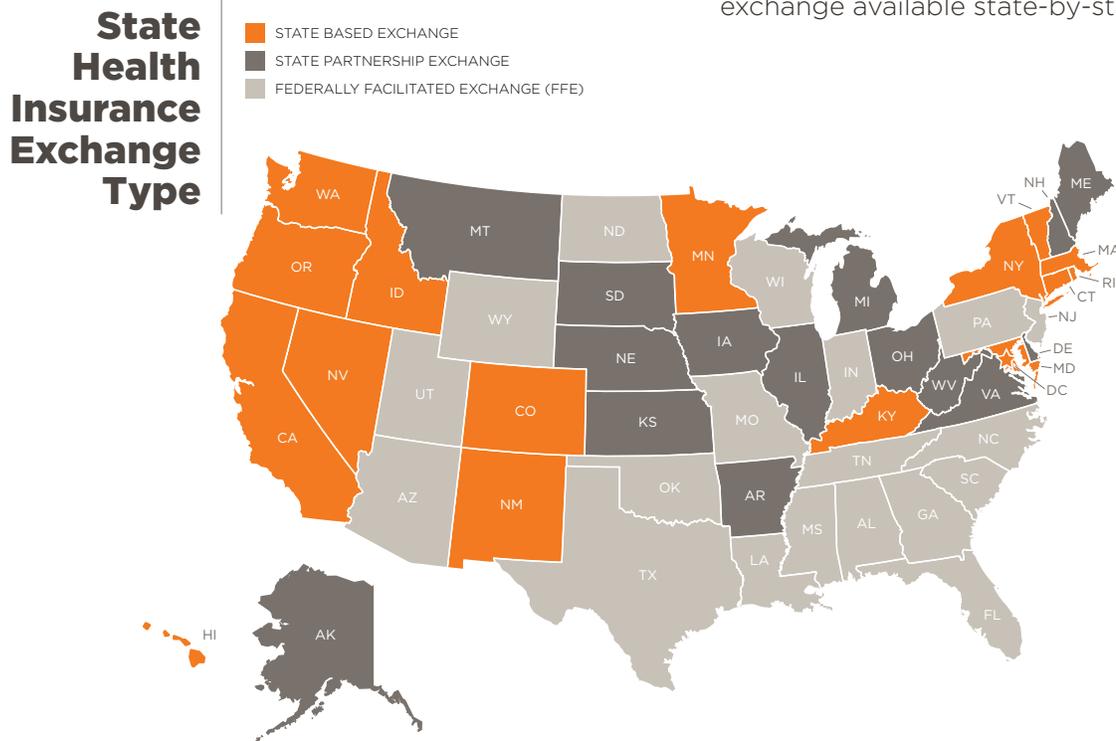


What Type of Exchange is Available in Your State?

Chances are you, like most Americans, have a few questions when it comes to figuring out what exchange is available to you when every state is different. So what is available to you and what does it all mean? The map below shows you the type of exchange available state-by-state.



What's the Difference?

- ◆ **Federally Facilitated Exchange (FFE):** This exchange is federally operated. These are implemented in each state that is not able or willing to establish a state-based exchange. The Department of Health and Human Services runs all aspects of the exchange.
- ◆ **State Partnership Exchange:** In this type of partnership, a State uses the Federally Facilitated Exchange but can choose to regulate the carriers and plans offered by the exchange and/or to provide in-person consumer assistance.
- ◆ **State Based Exchange:** Some states have chosen to create and run their own exchange that residents will use to shop for and purchase their health insurance. This allows them to choose which carriers participate and whether or not they want to require additional benefits to those set by federal law. They can also require carriers to meet additional quality or pricing guidelines to participate.

What does it all mean for me?

In general, federal and state exchanges should work the same way. Consumers shopping in either type of exchange will choose from a variety of insurance plans available in their state. Regardless of the type, exchanges will:

- ◆ Certify whether health plans are qualified to be offered under the new healthcare laws
- ◆ Require plans to provide information in easy-to-understand language as it relates to claims payment, policies and practice; periodic financial disclosures; data on enrollment; denied claims; rating practices; cost-sharing and payments for out-of-network coverage; and enroller and participant rights
- ◆ Operate a toll-free telephone assistance hotline
- ◆ Maintain an internet website where consumers can get standardized, comparative information about the health plans
- ◆ Assign a rating to each health plan in the exchange based on the relative quality and price of their benefits
- ◆ Providing information in a standard format to help consumers compare insurance companies and benefit plans
- ◆ Determining eligibility for individual premium tax credits, cost-sharing assistance, and coverage requirement exemptions

Your Next Step in Obtaining Health Insurance

The Affordable Care Act was established to ensure that qualified individuals, families and small businesses can purchase health insurance coverage that meets certain rules relating to affordability, required benefits, and market standards. Each state was given an option on how they chose to administer the program but regardless of the state you live in, the Affordable Care Act ensures you have access to healthcare coverage.

Although the open enrollment period ended March 31, 2014, you may be able to get coverage if you:

- ◆ Lost coverage
- ◆ Got Married
- ◆ Had a divorce or separation
- ◆ Had a baby or adopted a child
- ◆ Lost dependent status
- ◆ Changed your household income
- ◆ Moved to another county or zip code
- ◆ Had errors with your enrollment
- ◆ Had a change in immigration status

To get started, call **1-877-557-7589** to speak with a licensed agent who can answer any questions you have regarding health insurance coverage, or visit our trusted partner GetInsured at **www.crawfordadvisors.selectquotebenefits.com**

