HealthCare.gov shopping is painful for some, uneventful for others

By Samantha Liss St. Louis Post-Dispatch  Nov 10, 2017

There was a surge in sign-ups for health insurance coverage during the first week of open enrollment this year, despite attempts to unravel the Affordable Care Act.
The demand for individual health insurance plans comes during the same year in which Republicans have launched repeated attempts to roll back the Affordable Care Act, which has increased access to coverage for millions of Americans.

“The surge in enrollment is more evidence that people value health insurance,” said Sidney Watson, an expert in health law at St. Louis University. “I think the political debate has frightened people that they were going to lose resources like health insurance.”

This open enrollment period comes after the administration of President Donald Trump shortened open enrollment, and cut funding for advertisements and enrollment aid.

For those who receive financial aid, shopping for coverage this year has been a pleasant experience, but shoppers who don’t receive aid are seeing significant increases.

Most Missourians shopping for coverage on HealthCare.gov will be immune to the steep price increases experienced by those who are ineligible for financial help. But at least one family facing significant increases for 2018 coverage says they’re considering becoming uninsured.

“This year it’s just nuts,” Matt Ghio, 48, a self-employed St. Louis attorney, told the Post-Dispatch.

Ghio, who has bought marketplace plans in the past, said his health insurance premium this year for a similar Cigna plan will be around $2,300 a month, compared with about $1,300 last year. The plan covers Ghio, his wife and two children.

The $14,000 deductible is a pain point, as well, he said.

He’s consulting with his insurance broker to see if he should switch to a bronze plan that has a less expensive premium but still has a high deductible. The caveat is bronze plans have less expensive monthly premiums but costs are
higher when a patient needs care.

Ghio said he’s seriously considering becoming uninsured and trying to work out a monthly payment plan with his two daughters’ pediatricians. He’s also considering a health care sharing ministry, an alternative option to comprehensive coverage that comes with its own risks.

“I’m 95 percent sure that I’m not paying $2,300 to Cigna,” Ghio said.

But Trish Curran, 40, breezed through open enrollment this year.

“I had an easy experience. I did it on my phone over lunch,” she said.

Last year, she was enrolled in an Anthem Blue Cross Blue Shield plan. Anthem is no longer an option this year after the carrier decided it would no longer sell plans to individuals in Missouri and numerous other states.

Curran was left to choose between Cigna, which primarily contracts with BJC HealthCare, or Centene’s Ambetter product which contracts with SSM and Mercy but not BJC.

She went with Cigna and will pay about $200 in monthly premiums. She qualifies for financial help because of her income, and her plan is actually less expensive this year, she said.

Thanks to HealthCare.gov, she said she’s able to work part time so she can take care of her ailing parents. Her father has dementia and her mother is dependent on oxygen due to congestive heart failure and chronic obstructive pulmonary disease. Without the Affordable Care Act, she would have had to remain employed full time so she could qualify for an employer-based plan, she said.

Phillip Hauser, 60, is taking his time before enrolling this year.

He wants to understand what his obligations will be for out-of-pocket expenses given the medications he takes.
However, there are some bronze plans that would require no monthly premium, if his annual income does not exceed $47,000, according to the options on HealthCare.com.

That is a possibility, he said, since he lives off his retirement savings.

But while the bronze plans are the less expensive option this year, he’s worried he’ll be too exposed to out-of-pocket expenses since bronze plans typically cover only 60 percent of medical costs.

This year he met his out-of-pocket maximum, he said, due to numerous health issues.

He’s still studying his options, he said.

“It took me a while to sign up last year, too,” he said.

Enrollment ends Dec. 15.

The Associated Press contributed to this report.

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