There will be four options of benefit plans offered: bronze (least generous), silver, gold, and platinum (most generous).

Catastrophic plans will be available to individuals under age 30 or those exempt from insurance requirements.

Insurers must offer children-only plans, and may offer stand-alone dental plans.

The Nebraska Department of Insurance will continue all regulatory activities, including company and agent licensing, consumer protection, market conduct and financial oversight, enforcement, policy form review and approval.

For more information, please visit:
http://www.doi.ne.gov/healthcarereform/exchange/index.htm

This publication is wholly funded through support of the Center for Consumer Information and Insurance Oversight (CCIO), under the terms of Grant Number 1 HBEIE100048-01-00. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Center of Consumer Information and Insurance Oversight.
A health insurance Exchange is a central marketplace for health insurance that provides one-stop shopping for individuals and small businesses to compare rates, benefits and quality among plans. The Exchange will also administer the new federal health insurance tax credits for those who qualify and make it easier to enroll in health insurance.

In September 2010, Nebraska was awarded a $1 million grant for Exchange planning. During this time, Nebraska will research which type of Exchange best suits Nebraskans. States can opt to form state-based Exchanges, regional-Exchanges (in cooperation with neighboring states) or allow the Federal government to administer the Exchange. A decision will be made on which type of Exchange Nebraska has selected no later than January 1, 2013.

By January 1, 2014, an Exchange will be available to help consumers make comparisons between plans that meet quality and affordability standards.

An Exchange would include the following:

- Access to tax credits and subsidies.
- Ability to compare insurance products quickly and easily using a rating system.
- Benefit standards and cost-sharing limits ensure minimum standards for insurance purchased through an exchange.
- Information is accessible in a variety of formats, which may include by phone, website or with an agent/navigator’s help. By 2014, individuals and small employer groups can use the Exchange marketplace to purchase health insurance.

Purchasing from the central marketplace Exchange is a choice. Individuals and small groups can continue to buy outside of the Exchange, privately, if they choose.

When purchasing within the marketplace, individuals and small businesses will have access to tax credits with cost-sharing expenses (deductibles and co-payments). Starting in 2014, federal premium tax credits and subsidies will be available for people with incomes up to 400% of the federal poverty level (FPL).

The tax credit varies based on a person’s income such that the premium the person will have to pay will not exceed a specified percentage of his/her income, from 2% for an income level up to 133% of FPL to 9.5% for an income level between 300% and 400% of the FPL.