



## **Connecting the Dots . . . How Can a Health Care Connector Work for Ohio?**

### **What is a connector?**

A connector is a marketplace where health insurance products are sold. It “connects” people—individuals and families—and small businesses to insurance. The concept of a connector has gained popularity as a way to reduce barriers to acquiring insurance coverage.

A connector is not a quick fix for the health care system. By itself, a connector is not likely to reduce the cost of health insurance, make insurance available to all, or to substantially reduce the number of uninsured. Other health care policies and programs must be in place to support the connector.

### **What can make a connector work?**

According to an analysis by Community Catalyst, *A Consumer Guide to Creating a Health Insurance Connector*, several policy elements are needed to make a connector work effectively:

1. A connector must build on a base of strong **public programs**. Offering subsidized private insurance through a connector mechanism does not replace Medicaid for people with low-incomes. Medicaid and other public insurance provide comprehensive benefits with minimal cost-sharing for families and individuals with low incomes. Private insurance plans often do not meet these needs and may leave families financially vulnerable.
2. **Private insurance market rules** should be the same inside and outside the connector to ensure the connector does not become the dumping ground for the sickest individuals. Both the connector and the private insurance market should guarantee that every person can purchase health coverage, regardless of employment, health status or history, age, or other criteria. And, both the connector and the private insurance market should narrow the premium differences based on age, health and other factors, so that insurance will be affordable – in and out of the connector - to older, sicker people.
3. Plans offered through the connector must have a **standardized benefit package** as a floor to assure adequate coverage and help consumers to compare plans. Plans with coverage options beyond the floor can also be offered.
4. Subsidies need to support the purchase of private insurance to make it affordable for families and individuals with moderate incomes. **Sliding scale subsidies** will increase enrollment in the connector, allowing for greater leverage to negotiate with insurers.
5. The connector should have a plan for **outreach and enrollment support** to reduce barriers to insurance and to educate consumers and businesses about insurance products.

A connector, supported by the appropriate insurance market rules, can make a significant difference in giving consumers access to affordable health care.

*A copy of the full report from Community Catalyst can be found at [www.communitycatalyst.org](http://www.communitycatalyst.org).  
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