

MYTH vs. FACT | MinnesotaCare Buy-In

Better Health Care Choices – Lower Prices – No Ongoing Cost to Taxpayers

In 1992, Republican Governor Arne Carlson and a bipartisan coalition of legislators created MinnesotaCare – a health insurance plan that eligible Minnesotans could choose to purchase for themselves and their families. Today, over 100,000 eligible Minnesotans have chosen MinnesotaCare for the high-quality health coverage they need, at prices they can better afford. Twenty-five years later, Governor Mark Dayton is seeking to build on the bipartisan successes of MinnesotaCare. To lower prices for Minnesotans who have been hit hard by rising premiums, Governor Dayton wants to give everyone who buys their insurance on the individual health insurance market the choice to buy into MinnesotaCare. Minnesotans who choose “MinnesotaCare Buy-In” would pay their own way – meaning the cost of their premiums should pay for their coverage, without additional ongoing costs to Minnesota taxpayers. While the Minnesota Legislature did not approve the MinnesotaCare Buy-In during the 2017 Legislative Session, they will have the opportunity to again consider the Governor’s proposal in 2018.

MinnesotaCare Buy-In: Myth vs. Fact

	Myth	Fact
1	MYTH: This is a Government Takeover of Health Insurance	FACT: MinnesotaCare Buy-In is NOT a government takeover of health insurance. It simply provides Minnesotans the freedom to choose a high-quality, lower cost option for health insurance.
2	MYTH: This Will Come at an Ongoing Cost to Minnesota Taxpayers	FACT: MinnesotaCare Buy-In enrollees would <u>pay their own way</u> – meaning the cost of their premiums is expected to pay for their coverage, without any ongoing costs to Minnesota taxpayers. The proposal presented last session would have only required a \$12 million, one-time state investment to cover start-up costs.
3	MYTH: This Will Not Provide Lower-Cost Health Care for Minnesotans	FACT: Because Minnesota can leverage the buying power of 1 million enrollees who are currently covered in Medicaid and the existing MinnesotaCare program, and because overhead costs are lower, we can reduce costs for everyone who purchases the MinnesotaCare Buy-In. In fact, before federal tax credits, the MinnesotaCare Buy-In coverage in 2018 was projected to cost an estimated 13 percent less than standard commercial plans, on average.
4	MYTH: This Will Not Provide Better Access to Doctors, Health Providers	FACT: Many Minnesotans in rural areas have few options for coverage. The coverage they can access is either too expensive, or provides limited choices of doctors. MinnesotaCare Buy-In would guarantee a quality, lower-cost option in every county. The broad network of care providers and physicians available through MinnesotaCare would offer more families, all across Minnesota, a real option to choose their own doctors.