I had the recent opportunity to review my own health insurance coverage. It was an interesting experience, especially in light of the recent changes to the health insurance marketplace due to passage of the strangely named Affordable Care Act. As I’ve said from the beginning with Obamacare, anyone who says PPACA is all good or all bad just doesn’t understand it. There are lots of things that are great about it, and lots of things that are terrible.

It all started when I got a notice from my current health insurer that I could keep the plan I’m currently on for the next year. I signed up for it one year ago to save money in comparison to the group plan my partnership offers. My plan is a fairly standard $3K deductible HSA plan with a $10K out of pocket max, and 20% cost sharing between the $3K deductible and the $10K out of pocket max. It had a reasonable panel of physicians on it. Most importantly, it was MUCH cheaper than the plan offered through my partnership thanks to the fact that everyone in my family was young and healthy. It was $522 per month compared to around $920 for the partnership plan. The only real downside was the fact that I live in Utah, land of the baby factories. Now I’ve seen health insurance in other states. They often have maternity deductibles that are
so high that you’re essentially paying for a normal pregnancy and delivery yourself. However, if something bad happens like a C-section, ICU stay for a pregnancy-related PE, or eclampsia, the policy pays for it.

In Utah, however, the insurance plans you could buy on the open market as a self-employed person a year ago did not cover maternity at all, including any complications. If your wife ended up in the ICU for a month due to a pregnancy-related complication you just went bankrupt. You could not purchase a plan that covered maternity at any price. So if you wanted a baby, you either went to work for a company with health insurance, or you crossed your fingers, paid cash for your baby, and hoped for the best.

Now our open enrollment period has come around again. My partnership plan premium has gone up over 10% to $1040 with little useful improvement in the plan. I can still buy the plan I had this year for half that price, $522, but this will be the last year I can purchase it.

So I decided to get on to the Obamacare website to see what it could offer. Like most of the people who tried it out, I gave up since it was broken. There was no point to using it anyway, since I make too much to be eligible for a subsidy. A good health insurance broker can sell me the exact same plan for the exact same price and provide a whole lot more assistance than I’m getting from Obama and his minions.
The health insurance broker showed me that I can purchase a new plan that is essentially the same as my old one, except now it covers maternity under the same deductible as everything else. The price for this new, Obamacare-compliant plan? $842, a 61% increase. That’s some health care inflation for you. No wonder people are complaining of sticker shock.

There’s another catch. The open enrollment period for this new Obamacare-compliant plan goes until March 29th, then opens again in October. Since pre-existing conditions are no longer excluded, we can just continue the old plan and if my wife gets pregnant, change over to the more expensive plan at that time. It doesn’t feel right, but it’s certainly legal, and sure beats tossing an extra 3 Benjamins down the drain every month.

Overall I’m grateful that the self-employed in my state can now actually purchase real health insurance. I’m grateful it is still possible to get insurance despite having pre-existing conditions. I’m not sure it’s really a good idea for society to offer no-pre-existing-condition health insurance with frequent enrollment periods, but I plan to play the game at least as well as everyone else until that gets sorted out. Like everyone else, I find it immensely ironic that the legislation bringing us this health insurance carries the word “affordable” in its title. I don’t know about you, but I don’t find a 61% increase to be affordable at all. It’s a good thing there are some subsidies for those who make less than I do, but eventually, those subsidies will have to be paid for by someone and I feel like the sucker at the poker table.

What do you think? How did the PPACA affect your choice of health insurance this year? Comment below!