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Arches Health Plan and CO-OP Fact Sheet

Salt Lake City – March 18, 2013 – Arches Health Plan, a nonprofit licensed health insurance company owned solely by its members, is the first health insurance CO-OP in the state of Utah. Because Arches Health Plan is owned by its members, it is motivated primarily by its interest in providing patient-centered service and meeting its members' needs rather than profit.

Below is more information about Arches Health Plan and what it means to operate as a health insurance CO-OP:

About Arches Health Plan

- Arches Health Plan is a new health insurance coverage option for Utahns and is owned solely by its members. Operating as a 501C nonprofit, Arches Health Plan received \$85 million in start-up and solvency funding from the federal government.
- Funding was received through the Patient Protection and Affordable Care Act passed by Congress and signed by President Barack Obama in 2010. It's the first health insurance CO-OP in Utah.
- Arches will be available in all 29 Utah counties and will serve the general market, or those who are formerly uninsured or underinsured. It will work with individuals and families, small and large group businesses and in collaboration with brokers and broker groups.
- Arches Health Plan's model can enable more direct partnership between physicians and their patients in diagnosis and treatment options. This approach offers greater flexibility and efficiency by responding early to patient needs and circumstances.
- Through member engagement, Arches may support greater communication and collaboration between doctors and patients, Arches Health Plan can provide better care and lower costs to its insured. This approach is better than today's traditional health insurance model that incents doctors for the volume of care they provide, not the value.
- Visit www.archeshealth.org for more information about Arches Health Plan.

About Health Insurance CO-OPs

- Health insurance CO-OPs are owned by the people who use their products or services and provide an economic benefit to their members by returning surplus revenues proportionate to the members' use of the CO-OP.
- CO-OPs are run democratically by their members and are autonomous and independent, allowing the insurance plans to focus directly on members' needs, rather than profit.
- Because it is member-run and through Arches member engagement, Arches Health Plan enables more direct partnership between physicians and patients in their diagnosis and treatment decisions, as well as ensures health care providers are adequately compensated for positive patient outcomes, rather than the number of procedures they perform.
- Because health insurance CO-OPs are interested in the overall health of their members, CO-OPs demonstrate a concern for their communities that other types of health insurance organizations are not motivated to provide.

Timeline

- Open enrollment for individual, family and small and large group policies will begin October 1, 2013. Coverage will begin January 1, 2014.
- Arches Health Plan is currently in the process of finalizing its plan, coverage and cost details, which will be announced late spring 2013.

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