

## FAQs on Use of Exchanges to Offer Ancillary Insurance Products

---

April 12, 2013

---

---

On March 29, 2013, the Centers for Medicare & Medicaid Services (“CMS”) released a set of Frequently Asked Questions (“FAQs”) regarding the use of health care reform exchanges (“Exchanges”) to offer ancillary insurance products, such as stand-alone vision, disability, and life insurance coverage. The FAQs clarify that an Exchange may offer only “qualified health plans” (“QHPs”), which include stand-alone dental plans, to qualified individuals and qualified employers, but that ancillary insurance products may be offered by separate state programs that share resources and infrastructure with a state-based Exchange. In addition, Exchanges are permitted to provide information about ancillary products, such as explanations of the coverage the ancillary products provide, but must also caveat that enrollment in an ancillary product does not qualify as enrollment in a QHP. A copy of the FAQs is available [here](#).