costs, and the Platinum covers roughly 90% of costs, while the Young Invincibles category is reserved for those people seeking catastrophic-only coverage. There is not a requirement for all companies to offer all five categories; rather, they can decide which they want to include (Weissert and Weissert, 2012).

Moving forward, the actual implementation of the exchanges is left up to the states. In the beginning, the Act originally gave the Federal Government the power to set-up and to regulate the exchange system. During the rewriting period, the Senate instead shifted the power to the states in order to appease moderate Democrats (Beaussier, 2012). Each state is obliged to create an exchange program for its citizens; however, the deadline to do so has been pushed back various times, partially due to non-compliant states. If a state refuses to comply, it defaults to a federally constructed exchange program. The next section will describe how three separate states - New York, Michigan, and Texas - are fully complying, partially complying, or refusing to comply with the insurance exchange policy. Each state will be described in terms of the details of the type of exchange program, the various political and social factors involved in the program's creation, and a basic timeline of its policy-making process.

State-Based Exchange: New York

New York is one of eighteen states that have complied with the requests of Obamacare's exchange program, and have thus developed a complete state-run exchange program. Still, even among those states that are complying there is variation in the structure and type of exchange. These variations include either non-profit, state operation, or quasi-governmental structures, as well as active purchaser or clearinghouse type. New York's plan will be operated by the state and its type is active purchaser (Kaiser Family Foundation, 2013). Active purchaser means that the system will work toward tougher regulations and require stricter criteria for the private insurance companies to meet in order to contract with the exchange program and seek purchasers on the market (Corlette and Volk, 2011). In regard to the state-run structure,

this means that the State of New York is in full governance of the exchange program. New York has decided to establish its exchange system as a part of the Department of Health, specifically. An executive director and regional advisory committees have been created to oversee the creation and eventual implementation of the exchange system.

New York is currently a Democratic state, led by Democratic Governor Andrew Cuomo. He is the main actor involved with the health insurance exchange system in New York. On April 12, 2012, Governor Cuomo signed an Executive Order to begin the drafting of New York's exchange. The order was signed because the state legislature failed to agree upon and pass a proposed exchange system on its own (Kaiser Family Foundation, 2013). The Federal Government has also played an important role in New York's exchange program, because New York's program has been substantially assisted by various federal grants to fund the creation and construction of the program (Kaiser Family Foundation, 2013). Another prominent actor in the policy-making process is Health Care for All New York (HCFANY), which is a statewide coalition that has the goal of guaranteeing and assisting all New Yorkers with affordable and high quality health insurance. In their November 2010 Legislative Agenda, HCFANY developed a plan called "Five Standards for the New York State Exchange." These five standards require the exchange to be: 1) one statewide exchange system available to all New Yorkers; 2) a high-quality, and affordable benefit package exchange; 3) a navigationally easy exchange that represents all types of consumers; 4) an exchange system that builds upon New York's existing public programs; and 5) supportive of the principles of health equity (Health Care for All New York, 2010).

In regard to the policy process timeline, New York experienced a fairly straightforward process. During the summer of 2011, the proposed bill died in the senate and it was believed they would renegotiate in September of 2011. Many proponents of the exchange system, including HCFANY, urged citizens to organize and show support, and they cautioned that the inability to come to