

Green Mountain Care Board

Vermont Health Connect(VHC)

Proposed 2017 Standard Qualified Health Plans

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2017 Planning for 2017 QHPs Agenda

- I. Overview:** Supporting Information and Approach Leading to Proposal of Vermont Health Connect Plan Designs (Dana Houlihan)
- II. Presentation of Plan Designs:** Recommendations, Alternatives, Considerations (Julie Peper, Wakely Consulting)
- III. Comments, Questions & Discussion**
- IV. GMCB Vote**

Summary of Plans on VHC

- Twenty-two (22) total medical plans:
- 6 Standard plans from each carrier
 - At Platinum: 1 BCBS & 1 MVP
 - At Gold: 1 BCBS & 1 MVP
 - At Silver: 2 BCBS & 2 MVP (1 BCBS and 1 MVP HSA compatible)
 - At Bronze: 2 BCBS & 2 MVP (1 BCBS and 1 MVP HSA compatible)
- 4 carrier designed plans from each carrier including a Gold HSA-compatible plan, new in 2016
- Federally mandated catastrophic plan: one from each carrier

Summary of Plans on VHC

➤ Dental

- Embedded dental is optional in the Standard Plans but is not required
- If offered, the deductible must not apply for Class I services for pediatric members
- A stand alone dental plan is also available (the SADP is not a standard plan design but follows federal AV requirements)

Summary of Plans on VHC

2015 Individual Market Enrollment by Metal Level

Plan		Members			% of Members			Federal
		Standard	Non-Standard	Total	Standard	Non-Standard	Total	
Catastrophic	No CSR	0	274	274	0%	1%	1%	1%
Bronze	No CSR	3,076	4,463	7,539	8%	12%	20%	21%
Silver	73%	1,839	703	2,542	5%	2%	7%	
Silver	77%	2,882	1,320	4,202	8%	4%	11%	
Silver	87%	4,118	1,939	6,057	11%	5%	16%	
Silver	93%	1,270	594	1,864	3%	2%	5%	
Silver	No CSR	5,190	1,455	6,645	14%	4%	18%	
Silver	Total	15,299	6,011	21,310	41%	16%	57%	69%
Gold	No CSR	2,911	972	3,883	8%	3%	10%	6%
Platinum	No CSR	4,279	0	4,279	11%	0%	11%	3%
Total		25,565	11,720	37,285	69%	31%	100%	100%

Indian enrollees are included in the the non-CSR numbers (small number).

Data wasn't immediately available for HDHP and Deductible splits.

All data combines MVP and BCBSVT plans.

Federal data based open enrollment through February 2015: https://aspe.hhs.gov/sites/default/files/pdf/83656/ib_2015mar_enrollment.pdf

2017 Planning for 2017 QHPs

Stakeholder Group Composition

Vermont Health Connect

All VT Carriers: BCBSVT, MVP, NEDD

M.E.A.B. Representatives

Vermont Office of Healthcare Advocate

Department of Financial Regulation Staff

Green Mountain Care Board Staff

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- Group met monthly from May 2015 – January 2016
 - Prolonged opportunity for input leading to final QHP proposal with broad-based support
 - Two M.E.A.B. presentations: October, 2015, January 2016

2017 QHP Stakeholder Group Analysis Overview

- Findings from the ***Vermont Household Health Insurance Survey*** (DFR)
- Internal Vermont Health Connect enrollment and renewal data
- Claim trend data from Vermont insurance carriers
- External sources, i.e. 2015 Robert Wood Johnson marketplace enrollment study

2017 Qualified Health Plans Principles

- **Value:** Provide compliant, comprehensive “Essential Health Benefits”
- **Affordability:** Balance impact on premium vs. consumer cost-share
- **Attractiveness:** Focus on plan benefit designs and messaging for all customers, particular emphasis on the “invincible” age cohort: 25-34
- **Usefulness:** Create/maintain incentives for generic low-cost prescriptions, primary & behavioral health care, preventive services

2017 Qualified Health Plans Proposal Approach

- **Strategic, Minimal Increases:** Balance required changes across cost-share for multiple services and anticipated premium increases
- **Design Innovations:** Considered alternatives, i.e. monthly Rx MOOP, PCP visits pre-deductible at all metal levels
- **Consumer Education (O & E):** Insurance basics, plan selection assistance, value of CSRs, emphasizing services with no cost-share (i.e. preventive, visits, screenings, GYN visits, immunizations, etc.), coverage access mid-year through special enrollment periods

2017 Qualified Health Plans Drug Regulation Discussion

- Vermont's drug regulation (drug specific minimum deductibles and maximum out of pocket amounts) impacts the plan design process
 - Intent was to protect members from high drug out of pocket spend but since ability to change the drug deductible/MOOP annually is based on the minimum HDHP deductible, the medical deductible or other cost sharing features have to change significantly to offset no or minimal drug changes (see bronze HDHPs)
 - Complex benefit that is difficult for consumers to understand
 - Evidence that once a member hits their drug MOOP, utilization shifts to higher cost drugs
 - In future years it may be difficult to get a bronze plan to pass the federal AV requirements given the richness of the drug benefit
 - IRS deductible limits are not released until after the plan designs have been approved and form filings submitted, potentially requiring resubmission
- Request authorization for the stakeholder group to study alternatives and make recommendations for a less complex solution to maintain consumer protection with more flexibility in the plan design process.

2017 Certification: High-Level Timeline

- DVHA presents plan design adjustments for GMCB Approval: February, 2016
- Medical carriers file forms March, 2016
 - Form review would conclude no later than June 3, 2016
- Carriers submit rates May 13, 2016
 - Rate review would conclude by August 11, 2016
- DVHA plan selection concludes by September 2, 2016
- Open enrollment November 1, 2016 to January 31, 2017

2017 Qualified Health Plans

Notes and Caveats

- The 2017 Federal Actuarial Value Calculator (AVC) has been finalized, but the 2017 regulations are still in draft format. Any changes in the final version of the regulations could impact the plan designs.
 - The draft regulations have an annual limitation on cost sharing of \$7,150. Should this change in the final version, the bronze deductible plan may need to be adjusted.
- Federal HDHP MOOP limits are not yet released for 2017. The 2016 minimum single deductible and MOOP are \$1,300 and \$6,550, respectively. The deductible typically increases \$50 every two to three years and the MOOP increases around \$100 a year on average.
 - We are assuming there will be no change to the minimum single deductible and that the MOOP limit will be at least \$6,600. Should the final regulations be different, the Rx deductible and/or combined medical/Rx MOOP for the HDHP plans may need to be adjusted.
- Beginning in 2017, there will be federal bronze, silver and gold standard plans (they are not required to be offered but may be beneficial to health plans to offer). While these plans are not applicable for Vermont, the federal standard plans are shown as a reference.
- The premium changes shown are meant to illustrate the trade-off between premium increases and cost sharing increases. The actual premium change will be based on each carriers' model and experience and may differ significantly from what is shown.
 - The premium change based on the federal calculator is based on the change in adjusted AV from the federal calculator and takes into account any adjustments made using Wakely's HDHP model.
 - The premium change based on the Wakely benefit model was not adjusted for any benefit designs that are not accommodated in the model (for example, the embedded aggregate drug MOOP on the HDHP plans). The actuarial values were based on high level estimates of allowed PMPMs and adjusted for each metal level by the federal induced utilization factors. These estimates should be used as a high level estimate and an additional reference point, but not as the actual expected premium changes.

2017 Qualified Health Plans Summary of AV Changes

	Plan	2016 Federal AVC, Adjusted if Necessary	2017 Final Federal AVC, Adjusted if Necessary	Acceptable Range	Out of Range	Recommended Plan Design AV
Deductible Plans	Platinum	89.0%	90.8%	88.0%-92.0%	NO	89.1%
	Gold	81.0%	83.5%	78.0%-82.0%	YES	82.0%
	Silver	71.6%	74.3%	68.0%-72.0%	YES	71.5%
	Bronze	61.4%	62.7%	58.0%-61.5%	YES	61.4%
HDHPs	Silver - Embedded MOOP	70.1%	71.2%	68.0%-71.0%	YES	70.0%
	Silver - Stacked MOOP	70.1%	71.2%	68.0%-71.0%	YES	70.0%
	Bronze - Embedded MOOP	61.0%	62.3%	58.0%-61.0%	YES	60.9%
	Bronze - Stacked MOOP	61.0%	62.2%	58.0%-61.0%	YES	61.0%

- All plans except platinum require changes to meet the federal actuarial value requirements
- The acceptable ranges above have been adjusted for the following design features that are not supported by the Federal AVC and a specific adjustment is not made
 - Waiving the deductible for preventive prescription drugs – 0.5% “cushion” on HDHP plans
 - No cost sharing for basic pediatric oral health essential health benefits – 0.5% “cushion” on HDHP plans and Bronze deductible plan

2017 Qualified Health Plans Changes Requiring Approval

- Below are the thresholds for changes requiring board approval. Any changes below these thresholds do not require formal approval.
 - Copay changes of less than or equal to \$15
 - Co-insurance changes of less than or equal to 5 percentage points
 - Deductible changes of less than or equal to \$200
 - The modification is needed to meet federal guidance
- There is no threshold stated for MOOP. **We are requesting board approval for a threshold for MOOP changes.**
 - We recommend that MOOP changes of less than or equal to the increase in the federal MOOP limit do not require formal approval.
 - For 2017, this would be equal to changes of less than or equal to \$300 (\$7,150 - \$6,850), though the limit is still draft.
- For the recommended and alternative plan designs, any changes from the 2016 plan designs are shown in boxes. Any changes requiring approval are shaded. For the MOOP, the shaded changes are based on our recommendation on what changes should require approval above.

2017 Qualified Health Plans

Summary of Plan Design Changes

	Deductible Plans	
Plan	Platinum	Gold
Changes	Increase medical deductible to \$250 from \$150	Increase medical deductible to \$850 from \$750
	Increase medical MOOP to \$1,300 from \$1,250	Increase pharmacy deductible to \$100 from \$50
	Increase pharmacy MOOP to \$1,300 from \$1,250	Increase medical MOOP to \$4,500 from \$4,250
	Increase specialist office visit copay to \$30 from \$20	Increase pharmacy MOOP to \$1,300 from \$1,250
	Increase Rx preferred brand copay to \$50 from \$40	Increase specialist office visit copay to \$30 from \$25
		Increase Rx preferred brand copay to \$50 from \$40
Require Approval?	NO	NO
	Deductible Plans	
Plan	Silver	Bronze
Changes	Increase medical deductible to \$2,150 from \$2,000	Increase medical deductible to \$4,600 from \$4,000
	Increase medical MOOP to \$6,000 from \$5,600	Increase pharmacy deductible to \$700 from \$500
	Increase pharmacy MOOP to \$1,300 from \$1,250	Increase medical/Rx MOOP to \$7,150 from \$6,850
	Integrate the medical MOOP to medical/Rx MOOP	Increase pharmacy MOOP to \$1,300 from \$1,250
	Increase specialist office visit copay to \$65 from \$50	Increase specialist office visit copay to \$90 from \$85
		Increase Rx preferred brand copay to \$85 from \$80
Require Approval?	YES	YES
	HDHPs	
Plan	Silver - Embedded MOOP	Silver - Stacked MOOP
Changes	Increase medical deductible to \$1,550 from \$1,425	Increase medical deductible to \$1,600 from \$1,550
	Increase medical/Rx MOOP to \$6,400 from \$5,750	Increase medical/Rx MOOP to \$6,400 from \$5,750
	Increase embedded single MOOP to \$7,150 from \$6,850	
Require Approval?	YES	YES
	HDHPs	
Plan	Bronze - Embedded MOOP	Bronze - Stacked MOOP
Changes	Increase medical deductible to \$5,000 from \$4,100	Increase medical deductible to \$5,250 from \$4,400
	Increase medical/Rx MOOP to \$6,600 from \$6,500	Increase medical/Rx MOOP to \$6,600 from \$6,500
	Increase embedded single MOOP to \$7,150 from \$6,850	
Require Approval?	YES	YES

Changes requiring approval are shaded. Board approval also requested so that MOOP changes of less than or equal to the increase in the federal MOOP limit do not require formal approval.

2017 Qualified Health Plans

Platinum

Deductible/OOP Max	Platinum Deductible Plan Options		
	2016 Plan Design	2017 Recommendation	2017 Alternative
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$150	\$250	\$150
Rx Ded	\$0	\$0	\$0
Integrated Ded	No	No	No
Medical OOPM	\$1,250	\$1,300	\$1,300
Rx OOPM	\$1,250	\$1,300	\$1,300
Integrated OOPM	No	No	No
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER
Drug Deductible waived for:	N/A	N/A	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	10%	10%	10%
Outpatient ²	10%	10%	10%
ER ³	\$100	\$100	\$100
Radiology (MRI, CT, PET)	10%	10%	10%
Preventive	\$0	\$0	\$0
PCP Office Visit	\$10	\$10	\$10
MH/SA Office Visit	\$10	\$10	\$10
Specialist Office Visit ⁴	\$20	\$30	\$20
Urgent Care	\$40	\$40	\$40
Rx Generic	\$5	\$5	\$5
Rx Preferred Brand	\$40	\$50	\$40
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	N/A	N/A	N/A
Actuarial Value			
2016 Federal AVC, Adjusted if Necessary	89.0%	N/A	N/A
2017 Draft Federal AVC, Adjusted if Necessary	90.8%	89.1%	90.7%
Approximate Premium Impact Based on change in AV from Federal AVC	N/A	0.0%	1.9%
Approximate Premium Impact Based on Wakely Benefit Model	N/A	-0.6%	0.3%

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.

2017 Qualified Health Plans Platinum (Continued)

- Even though the 2016 plan design is within the acceptable AV range we recommend changes:
 - Increasing cost sharing will limit the impact on premium and changes required next year.
 - Increasing cost sharing on multiple service categories ensures the changes do not disproportionately impact one type of population (e.g. high cost users).
 - Preference to not increase the coinsurance amount.
- For all Deductible plans, we recommend increasing the Rx MOOP to \$1,300 to be in line with the HDHP plans (consumer and health plan simplicity).

2017 Qualified Health Plans

Gold

Deductible/OOP Max	Gold Deductible Plan Options			2017 Federal Std
	2016 Plan Design	2017 Recommendation	2017 Alternative	
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$750	\$850	\$950	\$1,250
Rx Ded	\$50	\$100	\$100	\$0
Integrated Ded	No	No	No	No
Medical OOPM	\$4,250	\$4,500	\$5,000	\$4,750
Rx OOPM	\$1,250	\$1,300	\$1,300	N/A
Integrated OOPM	No	No	No	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	20%	20%	20%	20%
Outpatient ²	20%	20%	20%	20%
ER ³	\$150	\$150	\$150	\$250
Radiology (MRI, CT, PET)	20%	20%	20%	20%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$15	\$15	\$15	\$20
MH/SA Office Visit	\$15	\$15	\$15	\$20
Specialist Office Visit ⁴	\$25	\$30	\$35	\$50
Urgent Care	\$45	\$45	\$45	\$65
Rx Generic	\$5	\$5	\$5	\$10
Rx Preferred Brand	\$40	\$50	\$50	\$30
Rx Non-Preferred Brand	50%	50%	50%	\$75
Rx Specialty	N/A	N/A	N/A	30%
Actuarial Value				
2016 Federal AVC, Adjusted if Necessary	81.0%	N/A	N/A	N/A
2017 Draft Federal AVC, Adjusted if Necessary	83.5%	82.0%	81.0%	80.0%
Approximate Premium Impact Based on change in AV from Federal AVC	N/A	1.3%	0.0%	N/A
Approximate Premium Impact Based on Wakely Benefit Model	N/A	-0.5%	-1.5%	N/A

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.

2017 Qualified Health Plans Gold (Continued)

- Considerations for recommended changes:
 - Increasing cost sharing will limit the impact on premium and changes required next year but the Alternative may be too much of a change.
 - Increasing cost sharing on multiple service categories ensures the changes do not disproportionately impact one type of population (e.g. high cost users).
 - Preference to not increase the coinsurance amount.
 - May result in slightly higher premiums but members who choose Gold may have more tolerance for a premium increase.
- For all Deductible plans, we recommend increasing the Rx MOOP to \$1,300 to be in line with the HDHP plans (consumer and health plan simplicity).

2017 Qualified Health Plans

Silver Deductible

Deductible/OOP Max	Silver Deductible Plan Options			2017 Federal Std
	2016 Plan Design	2017 Recommendation	2017 Alternative	
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$2,000	\$2,150	\$2,400	\$3,500
Rx Ded	\$150	\$150	\$150	\$0
Integrated Ded	No	No	No	No
Medical OOPM	\$5,600	\$6,000	\$6,000	\$7,150
Rx OOPM	\$1,250	\$1,300	\$1,300	N/A
Integrated OOPM	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	40%	40%	40%	20%
Outpatient ²	40%	40%	40%	20%
ER ³	\$250	\$250	\$250	\$400
Radiology (MRI, CT, PET)	40%	40%	40%	20%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$25	\$25	\$25	\$30
MH/SA Office Visit	\$25	\$25	\$25	\$30
Specialist Office Visit ⁴	\$50	\$65	\$50	\$65
Urgent Care	\$60	\$60	\$60	\$75
Rx Generic	\$15	\$15	\$15	\$10
Rx Preferred Brand	\$60	\$60	\$60	\$50
Rx Non-Preferred Brand	50%	50%	50%	\$100
Rx Specialty	N/A	N/A	N/A	40%
Actuarial Value				
2016 Federal AVC, Adjusted if Necessary	71.6%	N/A	N/A	N/A
2017 Draft Federal AVC, Adjusted if Necessary	74.3%	71.5%	71.7%	71.0%
Approximate Premium Impact Based on change in AV from Federal AVC	N/A	-0.2%	0.1%	NA
Approximate Premium Impact Based on Wakely Benefit Model	N/A	0.0%	-0.5%	NA

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.

2017 Qualified Health Plans Silver Deductible (Continued)

- Considerations for recommended changes:
 - In order to meet federal AV and maximum annual limitations, the medical MOOP must be integrated in 2017, meaning both medical and Rx costs accumulate towards the medical MOOP (similar to the Bronze Deductible plan).
 - Depending on services utilized, this could actually be beneficial to the member.
 - In 2016, they could be responsible for up to \$6,850 (\$5,600 medical + \$1,250 Rx)
 - In 2017, they would only be responsible for up to \$6,000, medical and Rx combined
 - Increasing cost sharing will limit the impact on premium and changes required next year but the Alternative may be too much of a change.
 - Increasing cost sharing on multiple service categories ensures the changes do not disproportionately impact one type of population (e.g. high cost users).
 - Preference to not increase the coinsurance amount.
- Due to the requirements of the Cost Sharing Reduction (CSR) plans, we believe the MOOP structural change must carry through the CSR plans (shown in the Appendix).

2017 Qualified Health Plans

Silver HDHP – Embedded MOOP

Deductible/OOP Max	Silver HDHP Embedded MOOP Plan Options		
	2016 Plan Design	2017 Recommendation	2017 Alternative
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,425	\$1,550	\$1,500
Rx Ded	\$1,300	\$1,300	\$1,300
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$5,750	\$6,400	\$5,900
Rx OOPM	\$1,300	\$1,300	\$1,300
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$6,850 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	25%	25%	25%
Outpatient ²	25%	25%	25%
ER ³	25%	25%	25%
Radiology (MRI, CT, PET)	25%	25%	25%
Preventive	\$0	\$0	\$0
PCP Office Visit	10%	10%	10%
MH/SA Office Visit	10%	10%	10%
Specialist Office Visit ⁴	25%	25%	25%
Urgent Care	25%	25%	25%
Rx Generic	\$10	\$10	\$10
Rx Preferred Brand	\$40	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	N/A	N/A	N/A
Actuarial Value			
2016 Federal AVC, Adjusted if Necessary	70.1%	N/A	N/A
2017 Draft Federal AVC, Adjusted if Necessary	71.2%	70.0%	70.6%
Approximate Premium Impact Based on change in AV from Federal AVC	N/A	-0.1%	0.7%
Approximate Premium Impact Based on Wakely Benefit Model	N/A	-0.3%	0.5%

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.

2017 Qualified Health Plans

Silver HDHP - Stacked MOOP

Silver HDHP Stacked MOOP Plan Options			
Deductible/OOP Max	2016 Plan Design	2017 Recommendation	2017 Alternative
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	\$1,600	\$1,600
Rx Ded	\$1,300	\$1,300	\$1,300
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$5,750	\$6,400	\$5,900
Rx OOPM	\$1,300	\$1,300	\$1,300
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	25%	25%	25%
Outpatient ²	25%	25%	25%
ER ³	25%	25%	25%
Radiology (MRI, CT, PET)	25%	25%	25%
Preventive	\$0	\$0	\$0
PCP Office Visit	10%	10%	10%
MH/SA Office Visit	10%	10%	10%
Specialist Office Visit ⁴	25%	25%	25%
Urgent Care	25%	25%	25%
Rx Generic	\$10	\$10	\$10
Rx Preferred Brand	\$40	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	N/A	N/A	N/A
Actuarial Value			
2016 Federal AVC, Adjusted if Necessary	70.1%	N/A	N/A
2017 Draft Federal AVC, Adjusted if Necessary	71.2%	70.0%	70.6%
Approximate Premium Impact Based on change in AV from Federal AVC	N/A	-0.1%	0.7%
Approximate Premium Impact Based on Wakely Benefit Model	N/A	-0.3%	0.5%

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.

2017 Qualified Health Plans

Silver HDHP (Continued)

- Considerations for recommended changes:
 - Increasing cost sharing will limit the impact on premium and changes required next year.
 - For HDHPs, deductibles and MOOPs have the largest impact on AVs so these are the only changes recommended since the increase to other cost sharing amounts would have to be significant but only produce a modest change in the AV.
 - MOOP still within HDHP requirements. Deductible may need to be increased if regulations released and the minimum deductible is increased to \$1,350.
 - Due to IT issues, there is still a need for two types of HDHPs (embedded and stacked). This issue is expected to be resolved for 2018.
 - Preference to not increase the coinsurance amount.
- Cost Sharing Reduction (CSR) plans were revised as well (shown in the Appendix).

2017 Qualified Health Plans

Bronze Deductible

Deductible/OOP Max	Bronze Deductible Plan Options		
	2016 Plan Design	2017 Recommendation	2017 Alternative
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$4,000	\$4,600	\$5,200
Rx Ded	\$500	\$700	\$1,000
Integrated Ded	No	No	No
Medical OOPM	\$6,850	\$7,150	\$7,150
Rx OOPM	\$1,250	\$1,300	\$1,300
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive
Drug Deductible waived for:	Applies to all scripts	Applies to all scripts	Applies to all scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	50%	50%	50%
Outpatient ²	50%	50%	50%
ER ³	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%
Preventive	\$0	\$0	\$0
PCP Office Visit	\$35	\$35	\$35 first visit, then subject to deductible
MH/SA Office Visit	\$35	\$35	\$35 first visit, then subject to deductible⁵
Specialist Office Visit ⁴	\$85	\$90	\$95
Urgent Care	\$100	\$100	\$100
Rx Generic	\$20	\$20	\$20
Rx Preferred Brand	\$80	\$85	\$95
Rx Non-Preferred Brand	60%	60%	60%
Rx Specialty	N/A	N/A	N/A
Actuarial Value			
2016 Federal AVC, Adjusted if Necessary	61.4%	N/A	N/A
2017 Draft Federal AVC, Adjusted if Necessary	62.7%	61.3%	61.4%
Approximate Premium Impact Based on change in AV from Federal AVC	N/A	-0.1%	0.0%
Approximate Premium Impact Based on Wakely Benefit Model	N/A	-0.4%	-1.5%

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.

2017 Qualified Health Plans Bronze Deductible (Continued)

- Considerations for recommended changes:
 - Increasing cost sharing will limit the impact on premium and changes required next year.
 - Considered adding one office visit prior to the deductible applying but the impact to other service categories was too significant. The IT changes needed to implement this plan design would also be significant for at least one of the health plans.
- For all Deductible plans, we recommend increasing the Rx MOOP to \$1,300 to be in line with the HDHP plans (consumer and health plan simplicity).

2017 Qualified Health Plans

Bronze HDHP – Embedded MOOP

Bronze HDHP Embedded MOOP Plan Options			
Deductible/OOP Max	2016 Plan Design	2017 Recommendation	2017 Alternative
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$4,100	\$5,000	\$4,400
Rx Ded	\$1,300	\$1,300	\$1,300
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$6,500	\$6,600	\$6,600
Rx OOPM	\$1,300	\$1,300	\$1,300
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$6,850 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	50%	50%	50%
Outpatient ²	50%	50%	50%
ER ³	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%
Preventive	\$0	\$0	\$0
PCP Office Visit	50%	50%	50%
MH/SA Office Visit	50%	50%	50%
Specialist Office Visit ⁴	50%	50%	50%
Urgent Care	50%	50%	50%
Rx Generic	\$12	\$12	\$12
Rx Preferred Brand	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%
Rx Specialty	N/A	N/A	N/A
Actuarial Value			
2016 Federal AVC, Adjusted if Necessary	61.0%	N/A	N/A
2017 Draft Federal AVC, Adjusted if Necessary	62.3%	60.9%	61.6%
Approximate Premium Impact Based on change in AV from Federal AVC	N/A	-0.2%	1.0%
Approximate Premium Impact Based on Wakely Benefit Model	N/A	0.7%	1.2%

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.

2017 Qualified Health Plans

Bronze HDHP – Stacked MOOP

Bronze HDHP Stacked MOOP Plan Options			
Deductible/OOP Max	2016 Plan Design	2017 Recommendation	2017 Alternative
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$4,400	\$5,250	\$4,750
Rx Ded	\$1,300	\$1,300	\$1,300
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$6,500	\$6,600	\$6,600
Rx OOPM	\$1,300	\$1,300	\$1,300
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	50%	50%	50%
Outpatient ²	50%	50%	50%
ER ³	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%
Preventive	\$0	\$0	\$0
PCP Office Visit	50%	50%	50%
MH/SA Office Visit	50%	50%	50%
Specialist Office Visit ⁴	50%	50%	50%
Urgent Care	50%	50%	50%
Rx Generic	\$12	\$12	\$12
Rx Preferred Brand	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%
Rx Specialty	N/A	N/A	N/A
Actuarial Value			
2016 Federal AVC, Adjusted if Necessary	61.0%	N/A	N/A
2017 Draft Federal AVC, Adjusted if Necessary	62.2%	61.0%	61.7%
Approximate Premium Impact Based on change in AV from Federal AVC	N/A	0.0%	1.1%
Approximate Premium Impact Based on Wakely Benefit Model	N/A	0.7%	1.2%

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.

2017 Qualified Health Plans

Bronze HDHP (Continued)

- Considerations for recommended changes:
 - Increasing cost sharing will limit the impact on premium and changes required next year.
 - Bronze members are likely the most premium sensitive members.
 - For HDHPs, deductibles and MOOPs have the largest impact on AVs so these are the only changes recommended since the increase to other cost sharing amounts would have to be significant but only produce a modest change in the AV.
 - MOOP still expected to be within HDHP requirements since based on historical increases the maximum is likely to increase to \$6,650. Deductible may need to be increased if regulations released and the minimum deductible is increased to \$1,350.
 - Due to IT issues, there is still a need for two types of HDHPs (embedded and stacked). This issue is expected to be resolved for 2018.

2017 Qualified Health Plans

➤ Appendix: CSR Plan Designs

2017 Qualified Health Plans

Appendices: CSRs – Deductible

Deductible/OOP Max	Deductible CSR Plan Options			
	250-300% FPL (73% AV) 2016 Plan Design	250-300% FPL (73% AV) 2017 Recommended Plan Design	200-250% FPL (77% AV) 2016 Plan Design	200-250% FPL (77% AV) 2017 Recommended Plan Design
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$2,000	\$2,150	\$1,600	\$1,600
Rx Ded	\$150	\$150	\$150	\$150
Integrated Ded	No	No	No	No
Medical OOPM	\$4,500	\$4,900	\$3,400	\$3,700
Rx OOPM	\$1,200	\$1,200	\$1,000	\$1,000
Integrated OOPM	No	Rx -No, Medical - Yes	No	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	40%	40%	40%	40%
Outpatient ²	40%	40%	40%	40%
ER ³	\$250	\$250	\$250	\$250
Radiology (MRI, CT, PET)	40%	40%	40%	40%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$25	\$25	\$20	\$20
MH/SA Office Visit	\$25	\$25	\$20	\$20
Specialist Office Visit ⁴	\$50	\$65	\$40	\$40
Urgent Care	\$60	\$60	\$60	\$60
Rx Generic	\$12	\$12	\$12	\$12
Rx Preferred Brand	\$60	\$60	\$60	\$60
Rx Non-Preferred Brand	50%	50%	50%	50%
Rx Specialty	N/A	N/A	N/A	N/A
Actuarial Value				
2016 Federal AVC, Adjusted if Necessary	73.7%	N/A	77.0%	N/A
2017 Draft Federal AVC, Adjusted if Necessary	76.2%	73.8%	79.3%	77.4%

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.

2017 Qualified Health Plans

Appendices: CSRs – Deductible (Continued)

Deductible/OOP Max	Deductible CSR Plan Options			
	150-200% FPL (87% AV) 2016 Plan Design	150-200% FPL (87% AV) 2017 Recommended Plan Design	133-150% FPL (94% AV) 2016 Plan Design	133-150% FPL (94% AV) 2017 Recommended Plan Design
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$600	\$600	\$100	\$100
Rx Ded	\$100	\$100	\$0	\$0
Integrated Ded	No	No	No	No
Medical OOPM	\$1,250	\$1,300	\$500	\$700
Rx OOPM	\$400	\$400	\$200	\$200
Integrated OOPM	No	Rx -No, Medical - Yes	No	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	N/A	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	40%	40%	10%	10%
Outpatient ²	40%	40%	10%	10%
ER ³	\$250	\$250	\$75	\$75
Radiology (MRI, CT, PET)	40%	40%	10%	10%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$10	\$10	\$5	\$5
MH/SA Office Visit	\$10	\$10	\$5	\$5
Specialist Office Visit ⁴	\$30	\$30	\$15	\$15
Urgent Care	\$50	\$50	\$35	\$35
Rx Generic	\$10	\$10	\$5	\$5
Rx Preferred Brand	\$50	\$50	\$20	\$20
Rx Non-Preferred Brand	50%	50%	30%	30%
Rx Specialty	N/A	N/A	N/A	N/A
Actuarial Value				
2016 Federal AVC, Adjusted if Necessary	87.4%	N/A	94.3%	N/A
2017 Draft Federal AVC, Adjusted if Necessary	89.2%	87.5%	95.4%	94.8%

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.

2017 Qualified Health Plans

Appendices: CSRs – HDHP Embedded MOOP

Deductible/OOP Max	HDHP Embedded MOOP CSR Plan Options			
	250-300% FPL (73% AV) 2016 Plan Design	250-300% FPL (73% AV) 2017 Recommended Plan Design	200-250% FPL (77% AV) 2016 Plan Design	200-250% FPL (77% AV) 2017 Recommended Plan Design
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,425	\$1,550	\$1,300	\$1,300
Rx Ded	\$1,300	\$1,300	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$3,800	\$4,100	\$2,700	\$3,000
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$6,850 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	25%	25%	25%	25%
Outpatient ²	25%	25%	25%	25%
ER ³	25%	25%	25%	25%
Radiology (MRI, CT, PET)	25%	25%	25%	25%
Preventive	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	10%
MH/SA Office Visit	10%	10%	10%	10%
Specialist Office Visit ⁴	25%	25%	25%	25%
Urgent Care	25%	25%	25%	25%
Rx Generic	\$10	\$10	\$10	\$10
Rx Preferred Brand	\$40	\$40	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%	50%
Rx Specialty	N/A	N/A	N/A	N/A
Actuarial Value				
2016 Federal AVC, Adjusted if Necessary	72.9%	N/A	76.8%	N/A
2017 Draft Federal AVC, Adjusted if Necessary	73.9%	72.8%	77.7%	76.7%

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.

2017 Qualified Health Plans

Appendices: CSRs – HDHP Embedded MOOP

Deductible/OOP Max	HDHP Embedded MOOP CSR Plan Options			
	150-200% FPL (87% AV) 2016 Plan Design	150-200% FPL (87% AV) 2017 Recommended Plan Design	133-150% FPL (94% AV) 2016 Plan Design	133-150% FPL (94% AV) 2017 Recommended Plan Design
Type of Plan	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,150	\$1,250	\$500	\$550
Rx Ded	N/A	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$1,150	\$1,250	\$500	\$550
Rx OOPM	N/A	N/A	N/A	N/A
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	0%	0%	0%	0%
Outpatient ²	0%	0%	0%	0%
ER ³	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%
Preventive	0%	0%	0%	0%
PCP Office Visit	0%	0%	0%	0%
MH/SA Office Visit	0%	0%	0%	0%
Specialist Office Visit ⁴	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%
Rx Generic	\$0	\$0	\$0	\$0
Rx Preferred Brand	\$0	\$0	\$0	\$0
Rx Non-Preferred Brand	0%	0%	0%	0%
Rx Specialty	N/A	N/A	N/A	N/A
Actuarial Value				
2016 Federal AVC, Adjusted if Necessary	87.0%	N/A	94.0%	N/A
2017 Draft Federal AVC, Adjusted if Necessary	87.6%	86.7%	94.3%	93.8%

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.

2017 Qualified Health Plans

Appendices: CSRs – HDHP Stacked MOOP

Deductible/OOP Max	HDHP Stacked MOOP CSR Plan Options			
	250-300% FPL (73% AV) 2016 Plan Design	250-300% FPL (73% AV) 2017 Recommended Plan Design	200-250% FPL (77% AV) 2016 Plan Design	200-250% FPL (77% AV) 2017 Recommended Plan Design
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	\$1,600	\$1,400	\$1,400
Rx Ded	\$1,300	\$1,300	\$1,300	\$1,300
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$4,250	\$4,700	\$3,100	\$3,400
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	25%	25%	25%	25%
Outpatient ²	25%	25%	25%	25%
ER ³	25%	25%	25%	25%
Radiology (MRI, CT, PET)	25%	25%	25%	25%
Preventive	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	10%
MH/SA Office Visit	10%	10%	10%	10%
Specialist Office Visit ⁴	25%	25%	25%	25%
Urgent Care	25%	25%	25%	25%
Rx Generic	\$10	\$10	\$10	\$10
Rx Preferred Brand	\$40	\$40	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%	50%
Rx Specialty	N/A	N/A	N/A	N/A
Actuarial Value				
2016 Federal AVC, Adjusted if Necessary	72.9%	N/A	76.7%	N/A
2017 Draft Federal AVC, Adjusted if Necessary	73.9%	72.7%	77.6%	76.8%

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.

2017 Qualified Health Plans

Appendices: CSRs – HDHP Stacked MOOP

Deductible/OOP Max	HDHP Stacked MOOP CSR Plan Options			
	150-200% FPL (87% AV) 2016 Plan Design	150-200% FPL (87% AV) 2017 Plan Design	133-150% FPL (94% AV) 2016 Plan Design	133-150% FPL (94% AV) 2017 Recommended Plan Design
Type of Plan	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,200	\$1,300	\$500	\$550
Rx Ded	N/A	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$1,200	\$1,300	\$500	\$550
Rx OOPM	N/A	N/A	N/A	N/A
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	0%	0%	0%	0%
Outpatient ²	0%	0%	0%	0%
ER ³	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%
Preventive	0%	0%	0%	0%
PCP Office Visit	0%	0%	0%	0%
MH/SA Office Visit	0%	0%	0%	0%
Specialist Office Visit ⁴	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%
Rx Generic	\$0	\$0	\$0	\$0
Rx Preferred Brand	\$0	\$0	\$0	\$0
Rx Non-Preferred Brand	0%	0%	0%	0%
Rx Specialty	N/A	N/A	N/A	N/A
Actuarial Value				
2016 Federal AVC, Adjusted if Necessary	86.9%	N/A	94.1%	N/A
2017 Draft Federal AVC, Adjusted if Necessary	87.5%	86.7%	94.4%	93.9%

Changes from the 2016 plan design are shown in boxes. Changes requiring approval are shaded.