

Green Mountain Care Board

Department of Vermont Health Access (DVHA) Presentation of Proposed 2021 Standard Qualified Health Plan (QHP) Designs

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2021 Standard Qualified Health Plans Presentation Objectives

- I. **Provide Overview:** Supporting Information and Approach For Developing 2021 Proposed QHPs for Vermont Health Connect
(Dana Houlihan)

- II. **Present Proposed Plan Designs:**
Recommendations, Alternatives, Considerations
(Julie Peper and Brittney Phillips, Brooke Adams: Wakely Consulting)

- III. **Comments, Questions & Discussion**

- IV. **GMCB Vote**

Summary of Qualified Health Plans Currently Offered By VHC (2020)

Twenty-eight (28) medical plans*

For Review Today:

14 Standard plans (7 from each issuer)

- Platinum: 1 BCBS & 1 MVP
- Gold: 1 BCBS & 1 MVP
- Silver: 2 BCBS & 2 MVP (One from each issuer structured as HDHP)
- Bronze: 3 BCBS & 3 MVP (One from each issuer structured as HDHP)

Also Offered on Vermont Health Connect:

14 Non-Standard plans: (7 from each issuer):

- Gold: 2 BCBS & 2 MVP (One from each issuer is structured as HDHP)
- Silver: 2 BCBS & 2 MVP (One from each issuer is structured as HDHP)
- Bronze: 2 BCBS & 2 MVP (One from each issuer is structured as HDHP)
- Catastrophic: 1 BCBS & 1 MVP (Not included in one-page handout)

* Refer to one-page handout displaying 2020 medical QHP benefits & rates

Planning for 2021 Standard QHPs Stakeholder Group Composition

DVHA:

Plan Management Director
Outreach & Education

All VT Issuers: BCBSVT, MVP, NEDD

Vermont Office of Healthcare Advocate

Department of Financial Regulation Staff

Green Mountain Care Board Staff

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- Stakeholders met regularly from November 2019 – February 2020
 - Stakeholders actively involved, providing input leading to the final QHP design proposal with broad-based support

2021 Stakeholder Group Benefit Design Principles

- **Value:** Provide compliant, comprehensive coverage
- **Affordability:** Balance impact on premium vs. consumer cost-share
- **Stability:** Implement cost-share changes gradually to minimize large cost-share or premium increases in future years
- **Attractiveness:** Focus on increased simplification of plan benefit designs and messaging for customers with different medical needs, a range of income levels
- **Usefulness:** Create/maintain incentives for low-cost primary & behavioral health care visits, emphasis on low-cost Generic Rx, no-cost preventive services

2021 Stakeholder Group Process Highlights

- **Strategic, Minimal Increases:** Balance required changes across cost-share for multiple services, avoiding abrupt year/year changes.
- **Overall Cost:** Mindful of benefit cost-share decisions and their anticipated corresponding premium impact
- **Consumer Education (O & E):** Being mindful of proposing plan designs that are consistent and customer-friendly

Silver Loading Overview

- Premium for on-exchange silver plans “loaded” to cover the value of the cost-sharing reduction (CSR)
- Higher silver plan premium on-exchange substantially enhances APTC with a higher benchmark plan (second lowest cost silver) premium
- Subsidy-eligible VHC enrollees may choose a silver plan with CSR and APTC, or select another metal level plan and reduce premium with APTC
- Unsubsidized customers may select a “reflective” silver plan at lower premium directly from issuers
- Reflective silver plan benefits contain one minor benefit variation: \$5 or 5% higher cost share for ambulance services, approved by GMCB in 2019 and proposed again for 2021
- Silver loading does not impact QHP premium at other metal levels

2021 Certification High-Level Timeline:

- **DVHA Presents Plan Design Adjustments; GMCB Approval:**
February 2020
- **Medical & Dental Issuers File Forms With DFR:** March 2020
(Form review finalized June 2020)
- **Final Notice of Benefit and Payment Parameters and the IRS limits on HDHPs:**
April 2020 (estimated)
- **Issuers Submit Rate Proposals:** May 2020
(GMCB completes rate review & issues decisions: August 2020)
- **DVHA Plan Certification:** August 2020
- **2021 Open Enrollment:** November 1 to December 15, 2020

QHP Recommended Plan Design Overview

Outline

- Proposed Regulation Changes for 2021
- Changes in Federal AVC for 2021
- Notes and Caveats
- Recommended Plan Design Changes by Metal Level

2021 Draft Notice of Benefit and Payment Parameters

Key Changes from 2020 Related to Benefits and Plan Designs

Annual Limitation on Cost-Sharing

- Increased to \$8,550 from \$8,150 in 2020.
- This increase (\$400) is larger than prior changes, which have typically been approximately \$250 each year.
- Note: This limit does not apply to HSA-qualified High Deductible Health Plans (HDHPs). The maximum out of pocket for HDHPs is normally released in the spring.

CMS Encouraging Issuers to Implement Value-Based Insurance Designs (VBID)

- Offering VBID is recommended by CMS, but participation is optional for 2021.
- Issuers would have flexibility to adopt some, all, or none of the proposed cost-sharing designs.
- VBID will not be included in recommendations for 2021 standard QHPs. This may be revisited in future years.

There are other changes not listed here as they do not impact plan designs as directly as the items above.

2021 Draft Actuarial Value Calculator (AVC)

Overview

The Center for Consumer Information and Insurance Oversight (CCIIO) releases an Actuarial Value Calculator for each plan year.

- This model must be used to determine the actuarial value (AV) of a plan for purposes of determining compliance with metal level requirements.
- The calculator includes inputs for various plan design features, including:
 - Deductible
 - Out-of-Pocket Maximums
 - Member cost-sharing for 20 different service categories (emergency room, inpatient, primary care, etc.)
 - Copays and/or Coinsurance
 - Whether the deductible applies
- Some plan design features are not supported by the AVC.
 - If the impact of these features is considered substantial, an actuary can either modify the inputs to most closely represent the plan design or can modify the results of the AVC to account for these features. This requires an actuarial certification documenting the development of the modification.

The resulting AV from the calculator will differ from the pricing AV used by carriers to determine premiums.

- The Federal AVC is based on summarized national data whereas carriers will likely use their own experience.
- Each carrier will likely use their own model and the methodology may differ from that used in the AVC.
- As noted above, not all service categories are represented in the AVC.

2021 Draft Actuarial Value Calculator (AVC)

Key Changes from 2020

The 2021 Draft Federal AVC has substantial changes from the final 2020 AVC

- Underlying claims data changed
 - The 2021 AVC is based on 2017 individual and small group data trended to 2021 (previously used 2015 claim data)
- There were some changes to the continuance table spending buckets that may impact the value of changes in the MOOP

While all metal levels are impacted by these changes, Bronze plans are particularly difficult to meet the AV de minimis requirements with the 2021 Draft AVC.

Notes and Caveats

The 2021 regulations and Federal Actuarial Value Calculator (AVC) is in draft format. Any changes in the final version could impact the actuarial values and the resulting plan designs. Comments on the draft AVC were due January 21, so it's possible the final AVC may not be released until March.

Federal HDHP minimum deductible and MOOP limits are not yet released for 2021.

- The 2020 minimum single deductible and MOOP are \$1,400 and \$6,900, respectively.
- The proposed plan designs do not currently account for changes in either the HDHP deductible or MOOP. Should the final limit for the deductible increase, the Rx deductible for the HDHP plans will need to be adjusted.
- The minimum deductible typically increases \$50 every two to three years and the last increase was for the 2020 plan year.
- The MOOP typically increases about \$100 each year.

DVHA will follow up with GMCB if the final regulations or AVC should differ from the draft versions and should any changes be required to the standard plan designs as a result.

“Estimated Premium Impact”: The premium changes shown on subsequent slides are meant to illustrate the trade-off between premium increases and cost-sharing increases. The actual premium change will be based on each carrier’s model and experience and may differ significantly from what is shown.

- The premium change is based on the Wakely benefit model and was not adjusted for any benefit designs that are not accommodated in the model (for example, the embedded aggregate drug OOPM on the HDHPs). The actuarial values were based on high-level estimates of allowed PMPMs and adjusted for each metal level by induced utilization factors. These estimates should be used as high-level estimates and an additional reference point, but not as the actual expected premium changes.

2021 Estimated Actuarial Value (AV)

Impact on the Actuarial Value of VT Standard Plan Designs

- The Gold, Silver, and Bronze (both with and without the Rx Limit) Deductible plans require changes to meet the de minimis AV requirements.
 - Cost-Sharing Reduction (CSR) variation plan designs also require changes. Changes to these plans depend on the final Silver plan designs.
- Even if changes are not required, changes may still be desired to avoid the AV increase being passed on as a premium increases.
- The acceptable AV ranges below have been adjusted for the following design features that are not supported by the Federal AVC and for which a specific adjustment is not made.
 - Waiving the deductible for preventive prescription drugs: 0.5% “cushion” on HDHPs.

	Plan	2020 Federal AVC, Adjusted if Necessary	2021 Draft Federal AVC, Adjusted if Necessary	Acceptable Range	Out of Range
Deductible Plans	Platinum	90.1%	89.8%	86.0%-92.0%	NO
	Gold	81.9%	82.9%	76.0%-82.0%	YES
	Silver	71.8%	72.2%	66.0%-72.0%	YES
	Bronze (with drug limit)	61.9%	64.3%	56.0%-62.0%	YES
	Bronze (without drug limit)	64.0%	65.9%	56.0%-65.0%	YES
HDHPs	Silver - Embedded OOPM	70.9%	71.5%	66.0%-71.5%	NO
	Bronze - Embedded OOPM	61.5%	64.1%	56.0%-64.5%	NO

S.202 – Chiropractic Copays

Impacts Silver and Bronze Plans Only

Chiropractic Copays

- Per Act 7, the copay is limited to between 125% to 150% of the PCP copay. The 2020 QHPs set the copay at 150% of the PCP copay, rounded down to the nearest \$5 increment.
- S.202 as introduced, would further limit the copay to less than or equal to 125% of the PCP copay. The following plan designs will be in compliance with the bill as introduced.
- Chiro is not included in the federal AVC. We have not adjusted the results of the AVC output for chiro in past years and, therefore, have not made any adjustments to the AVC for changes in the chiro copay for 2021.

Physical Therapy Copays

- Per Act 7, the copay is limited to between 125% to 150% of the PCP copay. The 2020 QHPs set the copay at 150% of the PCP copay, rounded down to the nearest \$5 increment.
- S.202 does not specifically require changes to physical therapy copays. However, based on feedback from the issuers, it is preferable to continue to set PT and chiropractic copays equal to each other. Therefore, the PT copay has been updated in the following slides as well.

2021 QHP Proposal Changes Requiring GMCB Approval

	Changes that do not Require Formal Approval
Copay	Less than or equal to \$15
Coinsurance	Less than or equal to 5 percentage points
Deductible	Less than or equal to \$200
OOPM	Less than or equal to increase in federal OOPM limit (\$400 for 2021)
Other	Modification required to meet federal guidance

- For the recommended and alternative plan designs, any changes from the 2020 plan designs are shown in boxes and shaded in orange. **Any changes requiring approval are shaded in green.**
- Changes which reflect a benefit increase to the member have been denoted by an asterisk (*)

2021 QHP Proposal Summary of Plan Design Changes

Plan	Deductible Plans	
	Platinum	Gold
Changes	Increase medical OOPM from \$1,350 to \$1,400	Increase medical deductible from \$900 to \$1,100
	Increase Rx OOPM from \$1,350 to \$1,400	Increase medical OOPM from \$5,000 to \$5,200
		Increase Rx OOPM from \$1,350 to \$1,400
		Increase generic Rx copay from \$10 to \$12
		Increase preferred brand Rx copay from \$50 to \$55
Require Approval?	NO	NO

Plan	Deductible Plans	
	Silver	Bronze w/ Rx Limit
Changes	Increase medical OOPM from \$7,900 to \$8,150	Increase medical deductible from \$6,000 to \$6,250
	Increase Rx OOPM from \$1,350 to \$1,400	Increase medical OOPM from \$8,150 to \$8,400
	* Decrease chiro/PT copay from \$45 to \$40 *	Increase Rx OOPM from \$1,350 to \$1,400
		* Waive deductible for generic scripts *
		* Decrease generic Rx copay from \$20 to \$15 *
	* Decrease chiro/PT copay from \$45 to \$40 *	
Require Approval?	NO	YES

Plan	Deductible Plans
	Bronze w/o Rx Limit
Changes	Increase medical deductible from \$7,900 to \$8,400
	Increase medical OOPM from \$7,900 to \$8,400
	Increase generic Rx copay from \$25 to \$30
Require Approval?	YES

Plan	HDHPs	
	Silver	Bronze
Changes	Increase medical deductible from \$1,700 to \$1,750	Increase medical OOPM from \$6,750 to \$6,900
	Increase medical OOPM from \$6,750 to \$6,900	Increase embedded single OOPM from \$8,150 to \$8,550
	Increase embedded single OOPM from \$8,150 to \$8,550	
Require Approval?	NO	NO

2014-2020 QHPs Platinum Deductible Plan

Deductible/OOP Max	2014 - 2016	2017	2018	2019	2020
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$150	\$250	\$300	\$350	\$350
Rx Ded	\$0	\$0	\$0	\$0	\$0
Integrated Ded	No	No	No	No	No
Medical OOPM	\$1,250	\$1,300	\$1,300	\$1,350	\$1,350
Rx OOPM	\$1,250	\$1,300	\$1,300	\$1,350	\$1,350
Integrated OOPM	No	No	No	No	No
Family Deductible / OOP	Stacked, 2x Individual	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	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	N/A	N/A	N/A	N/A	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	10%	10%	10%	10%	10%
Outpatient ²	10%	10%	10%	10%	10%
ER ³	\$100	\$100	\$100	\$100	\$100
Radiology (MRI, CT, PET)	10%	10%	10%	10%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$10	\$10	\$10	\$10	\$15
MH/SA Office Visit	\$10	\$10	\$10	\$10	\$15
Specialist Office Visit ⁴	\$20	\$30	\$30	\$30	\$40
Urgent Care	\$40	\$40	\$40	\$40	\$50
Ambulance	\$50	\$50	\$50	\$50	\$60
Rx Generic	\$5	\$5	\$5	\$5	\$10
Rx Preferred Brand	\$40	\$50	\$50	\$50	\$50
Rx Non-Preferred Brand	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%

Year over year changes made to the plan design are shaded in orange.

2021 QHPs Platinum Deductible Plan

Deductible/OOP Max	2020 Plan Design	2021 Recommended Design	2021 Alternative Design
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$350	\$350	\$350
Rx Ded	\$0	\$0	\$0
Integrated Ded	No	No	No
Medical OOPM	\$1,350	\$1,400	\$1,400
Rx OOPM	\$1,350	\$1,400	\$1,400
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	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	N/A	N/A	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	10%	10%
Outpatient	10%	10%	10%
ER	\$100	\$100	\$125
Radiology (MRI, CT, PET)	10%	10%	10%
Preventive	\$0	\$0	\$0
PCP Office Visit	\$15	\$15	\$15
MH/SA Office Visit	\$15	\$15	\$15
Specialist Office Visit	\$40	\$40	\$40
Chiropractic	\$20	\$20	\$20
Physical Therapy	\$20	\$20	\$20
Urgent Care	\$50	\$50	\$50
Ambulance	\$60	\$60	\$60
Rx Generic	\$10	\$10	\$10
Rx Preferred Brand	\$50	\$50	\$50
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2020 Federal AVC, Adjusted if Necessary	90.1%	N/A	N/A
2021 DRAFT Federal AVC, Adjusted if Necessary	89.8%	89.7%	89.6%
Difference from 2020 Federal AVC	-0.3%	-0.4%	-0.5%
Estimated Premium Impact	N/A	0.2%	0.2%

2021 QHPs Platinum Deductible Plan

Even though the 2020 plan design is still within the AV range, changes are recommended:

- Increased cost-sharing will limit the impact on premium
- Making incremental changes each year can help to avoid larger changes required in future years
- Increasing the Rx OOPM to \$1,400 maintains consistency between the Deductible plans and HDHPs

2014-2020 QHPs Gold Deductible Plan

Deductible/OOP Max	2014 - 2016	2017	2018	2019	2020
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$750	\$850	\$850	\$850	\$900
Rx Ded	\$50	\$100	\$100	\$100	\$100
Integrated Ded	No	No	No	No	No
Medical OOPM	\$4,250	\$4,500	\$4,500	\$4,700	\$5,000
Rx OOPM	\$1,250	\$1,300	\$1,300	\$1,350	\$1,350
Integrated OOPM	No	No	No	No	No
Family Deductible / OOP	Stacked, 2x Individual	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	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	20%	20%	30%	30%	30%
Outpatient ²	20%	20%	30%	30%	30%
ER ³	\$150	\$150	\$150	\$150	\$150
Radiology (MRI, CT, PET)	20%	20%	30%	30%	30%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$15	\$15	\$15	\$15	\$20
MH/SA Office Visit	\$15	\$15	\$15	\$15	\$20
Specialist Office Visit ⁴	\$25	\$30	\$30	\$30	\$50
Urgent Care	\$45	\$45	\$40	\$40	\$60
Ambulance	\$50	\$50	\$50	\$50	\$70
Rx Generic	\$5	\$5	\$5	\$10	\$10
Rx Preferred Brand	\$40	\$50	\$50	\$50	\$50
Rx Non-Preferred Brand	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%

Year over year changes made to the plan design are shaded in orange.

2021 QHPs Gold Deductible Plan

Deductible/OOP Max	2020 Plan Design	2021 Recommended Design	2021 Alternative Design
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$900	\$1,100	\$1,000
Rx Ded	\$100	\$100	\$100
Integrated Ded	No	No	No
Medical OOPM	\$5,000	\$5,200	\$5,200
Rx OOPM	\$1,350	\$1,400	\$1,400
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	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	30%	30%
Outpatient	30%	30%	30%
ER	\$150	\$150	\$150
Radiology (MRI, CT, PET)	30%	30%	30%
Preventive	\$0	\$0	\$0
PCP Office Visit	\$20	\$20	\$20
MH/SA Office Visit	\$20	\$20	\$20
Specialist Office Visit	\$50	\$50	\$50
Physical Therapy/Chiropractic	\$30	\$30	\$30
Urgent Care	\$60	\$60	\$60
Ambulance	\$70	\$70	\$70
Rx Generic	\$10	\$12	\$15
Rx Preferred Brand	\$50	\$55	\$55
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2020 Federal AVC, Adjusted if Necessary	81.9%	N/A	N/A
2021 DRAFT Federal AVC, Adjusted if Necessary	82.9%	81.9%	81.8%
Difference from 2020 Federal AVC	1.0%	0.0%	-0.1%
Estimated Premium Impact	N/A	-0.1%	0.1%

2021 QHPs Gold Deductible Plan

Considerations for recommended changes:

- PCP and specialist office visit copays were increased from 2019 to 2020, so preference was to leave those unchanged in 2021
- Maintains lower generic Rx copay on Gold Deductible plan relative to Silver Deductible plan
- Increasing the Rx OOPM to \$1,400 maintains consistency between the Deductible plans and HDHPs

2014-2020 QHPs Silver Deductible Plan

Deductible/OOP Max	2014	2015	2016	2017	2018	2019	2020
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$1,900	\$1,900	\$2,000	\$2,150	\$2,600	\$2,800	\$3,200
Rx Ded	\$100	\$100	\$150	\$150	\$300	\$300	\$350
Integrated Ded	No	No	No	No	No	No	No
Medical OOPM	\$5,150	\$5,100	\$5,600	\$6,000	\$6,800	\$7,500	\$7,900
Rx OOPM	\$1,250	\$1,250	\$1,250	\$1,300	\$1,300	\$1,350	\$1,350
Integrated OOPM	No	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	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	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	40%	40%	40%	40%	40%	40%	50%
Outpatient ²	40%	40%	40%	40%	40%	40%	50%
ER ³	\$250	\$250	\$250	\$250	\$250	\$250	\$250
Radiology (MRI, CT, PET)	40%	40%	40%	40%	40%	40%	50%
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$20	\$25	\$25	\$25	\$25	\$30	\$35
MH/SA Office Visit	\$20	\$25	\$25	\$25	\$25	\$30	\$35
Specialist Office Visit ⁴	\$40	\$45	\$50	\$65	\$75	\$75	\$80
Urgent Care	\$60	\$60	\$60	\$60	\$85	\$85	\$90
Ambulance	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Rx Generic	\$12	\$12	\$15	\$15	\$15	\$15	\$15
Rx Preferred Brand	\$50	\$50	\$60	\$60	\$60	\$60	\$60
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%	50%	50%

Year over year changes made to the plan design are shaded in orange.

2021 QHPs Silver Deductible Plan

Deductible/OOP Max	2020 Plan Design	2021 Recommended Design	2021 Alternative Design
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$3,200	\$3,200	\$3,300
Rx Ded	\$350	\$350	\$400
Integrated Ded	No	No	No
Medical OOPM	\$7,900	\$8,150	\$8,150
Rx OOPM	\$1,350	\$1,400	\$1,400
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:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%
Outpatient	50%	50%	50%
ER	\$250	\$250	\$250
Radiology (MRI, CT, PET)	50%	50%	50%
Preventive	\$0	\$0	\$0
PCP Office Visit	\$35	\$35	\$35
MH/SA Office Visit	\$35	\$35	\$35
Specialist Office Visit	\$80	\$80	\$80
Physical Therapy/Chiropractic	\$45	* \$40 *	* \$40 *
Urgent Care	\$90	\$90	\$90
Ambulance	\$100	\$100	\$100
Rx Generic	\$15	\$15	\$15
Rx Preferred Brand	\$60	\$60	\$60
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2020 Federal AVC, Adjusted if Necessary	71.8%	N/A	N/A
2021 DRAFT Federal AVC, Adjusted if Necessary	72.1%	71.8%	71.6%
Difference from 2020 Federal AVC	0.4%	0.0%	-0.2%
Estimated Premium Impact	N/A	0.9%	0.8%

2021 QHPs Silver Deductible Plan

Considerations for recommended changes:

- Several changes made from 2019 to 2020, so limiting changes to plan for 2021
- Increasing the Rx OOPM to \$1,400 maintains consistency between the Deductible plans and HDHPs
- Reducing chiropractic and physical therapy copays so no further changes would be required if S.202 is passed as introduced.

2014-2020 QHPs Silver HDHP

Deductible/OOP Max	2014	2015	2016	2017	2018	2019	2020
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	\$1,550	\$1,425	\$1,550	\$1,550	\$1,550	\$1,700
Rx Ded	\$1,250	\$1,300	\$1,300	\$1,300	\$1,350	\$1,350	\$1,400
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$5,750	\$5,750	\$5,750	\$6,400	\$6,400	\$6,650	\$6,750
Rx OOPM	\$1,250	\$1,300	\$1,300	\$1,300	\$1,350	\$1,350	\$1,400
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Aggregate, 2x Individual	Aggregate, 2x Individual	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 \$7,350 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,150 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	20%	20%	25%	25%	30%	30%	30%
Outpatient ²	20%	20%	25%	25%	30%	30%	30%
ER ³	20%	20%	25%	25%	30%	30%	30%
Radiology (MRI, CT, PET)	20%	20%	25%	25%	30%	30%	30%
Preventive	0%	0%	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	10%	10%	10%	10%
MH/SA Office Visit	10%	10%	10%	10%	10%	10%	10%
Specialist Office Visit ⁴	20%	20%	25%	25%	30%	30%	30%
Urgent Care	20%	20%	25%	25%	30%	30%	30%
Ambulance	20%	20%	25%	25%	30%	30%	30%
Rx Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Rx Preferred Brand	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%	50%	50%

Year over year changes made to the plan design are shaded in orange.

2021 QHPs Silver HDHP

Deductible/OOP Max	2020 Plan Design	2021 Recommended Design	2021 Alternative Design
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,700	\$1,750	\$1,800
Rx Ded	\$1,400	\$1,400	\$1,400
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$6,750	\$6,900	\$6,900
Rx OOPM	\$1,400	\$1,400	\$1,400
Integrated OOPM	Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$8,150 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 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	30%	30%	30%
Outpatient	30%	30%	30%
ER	30%	30%	30%
Radiology (MRI, CT, PET)	30%	30%	30%
Preventive	0%	0%	0%
PCP Office Visit	10%	10%	10%
MH/SA Office Visit	10%	10%	10%
Specialist Office Visit	30%	30%	30%
Physical Therapy/Chiropractic	30%	30%	30%
Urgent Care	30%	30%	30%
Ambulance	30%	30%	30%
Rx Generic	\$10	\$10	\$10
Rx Preferred Brand	\$40	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2020 Federal AVC, Adjusted if Necessary	70.9%	N/A	N/A
2021 DRAFT Federal AVC, Adjusted if Necessary	71.5%	71.2%	71.0%
Difference from 2020 Federal AVC	0.6%	0.3%	0.1%
Estimated Premium Impact	N/A	0.7%	0.5%

Changes from the 2020 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in green.

2021 QHPs Silver HDHP

Even though the 2020 plan design is still within the AV range, changes are recommended:

- Increased cost-sharing will limit the impact on premium
- Making incremental changes each year can help to avoid larger changes required in future years

2014-2020 QHPs Bronze Deductible Plan with Rx Limit

Deductible/OOP Max	2014	2015	2016	2017	2018	2019	2020
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$3,500	\$3,500	\$4,000	\$4,600	\$5,000	\$5,500	\$6,000
Rx Ded	\$200	\$300	\$500	\$700	\$900	\$900	\$1,000
Integrated Ded	No	No	No	No	No	No	No
Medical OOPM	\$6,350	\$6,350	\$6,850	\$7,150	\$7,350	\$7,900	\$8,150
Rx OOPM	\$1,250	\$1,250	\$1,250	\$1,300	\$1,300	\$1,350	\$1,350
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Applies to all scripts	Applies to all scripts	Applies to all scripts	Applies to all scripts	Applies to all scripts	Applies to all scripts	Applies to all scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	50%	50%	50%	50%	50%	50%	50%
Outpatient ²	50%	50%	50%	50%	50%	50%	50%
ER ³	50%	50%	50%	50%	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%	50%	50%	50%	50%
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$35	\$35	\$35	\$35	\$35	\$35	\$35
MH/SA Office Visit	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Specialist Office Visit ⁴	\$80	\$80	\$85	\$90	\$90	\$90	\$90
Urgent Care	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Ambulance	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Rx Generic	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Rx Preferred Brand	\$80	\$80	\$80	\$85	\$85	\$85	\$85
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%	60%
Rx Specialty	60%	60%	60%	60%	60%	60%	60%

Year over year changes made to the plan design are shaded in orange.

2021 QHPs Bronze Deductible Plan with Rx Limit

Deductible/OOP Max	2020 Plan Design	2021 Recommended Design	2021 Alternative Design
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$6,000	\$6,250	\$6,250
Rx Ded	\$1,000	\$1,000	\$1,000
Integrated Ded	No	No	No
Medical OOPM	\$8,150	\$8,400	\$8,550
Rx OOPM	\$1,350	\$1,400	\$1,400
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	* Generic Scripts *	* Generic Scripts *
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%
Outpatient	50%	50%	50%
ER	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%
Preventive	\$0	\$0	\$0
PCP Office Visit	\$35	\$35	\$35
MH/SA Office Visit	\$35	\$35	\$35
Specialist Office Visit	\$90	\$90	\$90
Physical Therapy/Chiropractic	\$45	* \$40 *	* \$40 *
Urgent Care	\$100	\$100	\$100
Ambulance	\$100	\$100	\$100
Rx Generic	\$20	* \$15 *	* \$15 *
Rx Preferred Brand	\$85	\$85	\$85
Rx Non-Preferred Brand	60%	60%	60%
Rx Specialty	60%	60%	60%
Actuarial Value			
2020 Federal AVC, Adjusted if Necessary	62.0%	N/A	N/A
2021 DRAFT Federal AVC, Adjusted if Necessary	64.3%	64.1%	63.9%
Difference from 2020 Federal AVC, Adjusted	2.3%	2.1%	1.9%
Estimated Premium Impact	N/A	2.1%	1.8%

The recommended and alternative designs are eligible for the expanded bronze de minimis range, which increases the upper AV limit allowed to 65.0%.

2021 QHPs Bronze Deductible Plan with Rx Limit

Considerations for recommended changes:

- Based on draft regulations and AV calculator, this plan was unable to meet standard de minimis range requirements (56%-62% AV). Therefore, the deductible was waived for one major service in order to be eligible for expanded Bronze range (56%-65% AV).
- In order to qualify for the expanded range, the copay must be “reasonable”, defined as being less than 50% of the cost of the service. In the AVC, the average cost for a generic script is \$32, so the copay was reduced to \$15 to meet this requirement.
- Last year, the final NBPP reduced the OOPM from \$8,200 to \$8,150. Therefore, setting the OOPM at \$8,400 should reduce the chance that the recommended plan will need to be updated if the final OOPM is lower than the draft limit.
- Reducing chiropractic and physical therapy copays so no further changes would be required if S.202 is passed as introduced.

2018-2020 QHPs Bronze Deductible Plan without Rx Limit

Deductible/OOP Max	2018	2019	2020
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$7,350	\$7,600	\$7,900
Rx Ded	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$7,350	\$7,600	\$7,900
Rx OOPM	N/A	N/A	N/A
Integrated OOPM	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Preventive, OV	Preventive, OV	Preventive, OV
Drug Deductible waived for:	Generic Scripts	Generic Scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	0%	0%	0%
Outpatient ²	0%	0%	0%
ER ³	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%
Preventive	0%	0%	0%
PCP Office Visit	\$40	\$40	\$40
MH/SA Office Visit	\$40	\$40	\$40
Specialist Office Visit ⁴	\$100	\$100	\$100
Urgent Care	0%	0%	0%
Ambulance	0%	0%	0%
Rx Generic	\$25	\$25	\$25
Rx Preferred Brand	0%	0%	0%
Rx Non-Preferred Brand	0%	0%	0%
Rx Specialty	0%	0%	0%

This design was new in 2018.

Year over year changes made to the plan design are shaded in orange.

2021 QHPs Bronze Deductible Plan without Rx Limit

Deductible/OOP Max	2020 Plan Design	2021 Recommended Design	2021 Alternative Design
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$7,900	\$8,400	\$8,400
Rx Ded	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$7,900	\$8,400	\$8,400
Rx OOPM	N/A	N/A	N/A
Integrated OOPM	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Preventive, OV	Preventive, OV	Preventive, OV
Drug Deductible waived for:	Generic Scripts	Generic Scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	0%	0%	0%
Outpatient	0%	0%	0%
ER	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%
Preventive	0%	0%	0%
PCP Office Visit	\$40	\$40	\$40
MH/SA Office Visit	\$40	\$40	\$40
Specialist Office Visit	\$100	\$100	\$110
Physical Therapy/Chiropractic	\$50	\$50	\$50
Urgent Care	0%	0%	0%
Ambulance	0%	0%	0%
Rx Generic	\$25	\$30	\$25
Rx Preferred Brand	0%	0%	0%
Rx Non-Preferred Brand	0%	0%	0%
Rx Specialty	0%	0%	0%
Actuarial Value			
2020 Federal AVC, Adjusted if Necessary	64.0%	N/A	N/A
2021 DRAFT Federal AVC, Adjusted if Necessary	65.9%	64.8%	64.9%
Difference from 2020 Federal AVC	1.9%	0.8%	0.9%
Estimated Premium Impact	N/A	0.3%	0.1%

This design is eligible for the expanded bronze de minimis range, which increases the upper AV limit allowed to 65.0%.

2021 QHPs Bronze Deductible Plan without Rx Limit

Considerations for recommended changes:

- Increased cost-sharing will limit the impact on premium
- Making incremental changes each year can help to avoid larger changes required in future years
- Increased generic Rx copay \$5 to avoid having an even larger increase to deductible and OOPM
- Last year, the final NBPP reduced the OOPM from \$8,200 to \$8,150. Therefore, setting the OOPM at \$8,400 should reduce the chance that the recommended plan will need to be updated if the final OOPM is lower than the draft limit.

2014-2020 QHPs Bronze HDHP

Deductible/OOP Max	2014	2015	2016	2017	2018	2019	2020
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$2,000	\$2,000	\$4,100	\$5,050	\$5,250	\$5,250	\$5,500
Rx Ded	\$1,250	\$1,300	\$1,300	\$1,300	\$1,350	\$1,350	\$1,400
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$6,250	\$6,250	\$6,500	\$6,550	\$6,550	\$6,650	\$6,750
Rx OOPM	\$1,250	\$1,300	\$1,300	\$1,300	\$1,350	\$1,350	\$1,400
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate, 2x Individual	Aggregate, 2x Individual	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 \$7,350 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,150 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	50%	50%	50%	50%	50%	50%	50%
Outpatient ²	50%	50%	50%	50%	50%	50%	50%
ER ³	50%	50%	50%	50%	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%	50%	50%	50%	50%
Preventive	0%	0%	0%	0%	0%	0%	0%
PCP Office Visit	50%	50%	50%	50%	50%	50%	50%
MH/SA Office Visit	50%	50%	50%	50%	50%	50%	50%
Specialist Office Visit ⁴	50%	50%	50%	50%	50%	50%	50%
Urgent Care	50%	50%	50%	50%	50%	50%	50%
Ambulance	50%	50%	50%	50%	50%	50%	50%
Rx Generic	\$12	\$12	\$12	\$12	\$12	\$12	\$12
Rx Preferred Brand	40%	40%	40%	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%	60%
Rx Specialty	60%	60%	60%	60%	60%	60%	60%

Year over year changes made to the plan design are shaded in orange.

2021 QHPs Bronze HDHP

Deductible/OOP Max	2020 Plan Design	2021 Recommended Design	2021 Alternative Design
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$5,500	\$5,500	\$5,500
Rx Ded	\$1,400	\$1,400	\$1,400
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$6,750	\$6,900	\$6,750
Rx OOPM	\$1,400	\$1,400	\$1,400
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$8,150 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 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	50%	50%	50%
Outpatient	50%	50%	50%
ER	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	50%	50%	50%
Physical Therapy/Chiropractic	50%	50%	50%
Urgent Care	50%	50%	50%
Ambulance	50%	50%	50%
Rx Generic	\$12	\$12	\$12
Rx Preferred Brand	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%
Rx Specialty	60%	60%	60%
Actuarial Value			
2020 Federal AVC, Adjusted if Necessary	62.9%	N/A	N/A
2021 DRAFT Federal AVC, Adjusted if Necessary	64.1%	63.8%	63.9%
Difference from 2020 Federal AVC	2.7%	2.4%	2.5%
Estimated Premium Impact	N/A	1.1%	1.5%

As these designs are HSA Qualified, they are all eligible for the expanded bronze de minimis range, which increases the upper AV limit allowed to 65.0%.

2021 QHPs Bronze HDHP

Even though the 2020 plan design is still within the AV range, changes are recommended:

- Increased cost-sharing will limit the impact on premium
- Making incremental changes each year can help to avoid larger changes required in future years

2021 QHP Proposal Summary of Plan Design Changes

Plan	Deductible Plans	
	Platinum	Gold
Changes	Increase medical OOPM from \$1,350 to \$1,400	Increase medical deductible from \$900 to \$1,100
	Increase Rx OOPM from \$1,350 to \$1,400	Increase medical OOPM from \$5,000 to \$5,200
		Increase Rx OOPM from \$1,350 to \$1,400
		Increase generic Rx copay from \$10 to \$12
		Increase preferred brand Rx copay from \$50 to \$55
Require Approval?	NO	NO

Plan	Deductible Plans	
	Silver	Bronze w/ Rx Limit
Changes	Increase medical OOPM from \$7,900 to \$8,150	Increase medical deductible from \$6,000 to \$6,250
	Increase Rx OOPM from \$1,350 to \$1,400	Increase medical OOPM from \$8,150 to \$8,400
	* Decrease chiro/PT copay from \$45 to \$40 *	Increase Rx OOPM from \$1,350 to \$1,400
		* Waive deductible for generic scripts *
		* Decrease generic Rx copay from \$20 to \$15 *
	* Decrease chiro/PT copay from \$45 to \$40 *	
Require Approval?	NO	YES

Plan	Deductible Plans
	Bronze w/o Rx Limit
Changes	Increase medical deductible from \$7,900 to \$8,400
	Increase medical OOPM from \$7,900 to \$8,400
	Increase generic Rx copay from \$25 to \$30
Require Approval?	YES

Plan	HDHPs	
	Silver	Bronze
Changes	Increase medical deductible from \$1,700 to \$1,750	Increase medical OOPM from \$6,750 to \$6,900
	Increase medical OOPM from \$6,750 to \$6,900	Increase embedded single OOPM from \$8,150 to \$8,550
	Increase embedded single OOPM from \$8,150 to \$8,550	
Require Approval?	NO	NO

QUESTIONS?

2021 QHPs Appendices

- Appendix A: CSR Plan Design Changes
- Appendix B: 2021 Recommended Plan Designs - All Metals
- Appendix C: 2021 Silver On/Off Exchange Plan Designs

Appendix A: 2021 QHPs Deductible CSR Plans

Deductible/OOP Max	250-300% FPL (73% AV)		200-250% FPL (77% AV)	
	2020 Plan Design	2021 Plan Design	2020 Plan Design	2021 Plan Design
Type of Plan	Deductible		Deductible	
Medical Ded	\$3,100	\$3,100	\$2,300	\$2,600
Rx Ded	\$350	\$350	\$250	\$300
Integrated Ded	No	No	No	No
Medical OOPM	\$6,550	\$6,750	\$5,000	\$6,000
Rx OOPM	\$1,200	\$1,250	\$1,000	\$1,100
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	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	50%	50%	50%	50%
Outpatient	50%	50%	50%	50%
ER	\$250	\$250	\$250	\$250
Radiology (MRI, CT, PET)	50%	50%	50%	50%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$35	\$35	\$25	\$25
MH/SA Office Visit	\$35	\$35	\$25	\$25
Specialist Office Visit	\$70	\$70	\$50	\$50
Physical Therapy/Chiropractic	\$45	* \$40 *	\$35	* \$30 *
Urgent Care	\$80	\$80	\$60	\$60
Ambulance	\$100	\$100	\$100	\$100
Rx Generic	\$12	\$12	\$12	\$12
Rx Preferred Brand	\$60	\$60	\$60	\$60
Rx Non-Preferred Brand	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%
Actuarial Value				
2020 Federal AVC, Adjusted if Necessary	74.0%	N/A	77.9%	N/A
2021 DRAFT Federal AVC, Adjusted if Necessary	74.3%	74.0%	79.9%	78.0%
Difference from 2020 Federal AVC, Adjusted	0.3%	0.0%	2.0%	0.1%

Appendix A: 2021 QHPs Deductible CSR Plans

Deductible/OOP Max	150-200% FPL (87% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)	133-150% FPL (94% AV)
	2020 Plan Design	2021 Plan Design	2020 Plan Design	2021 Plan Design
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$900	\$1,100	\$200	\$200
Rx Ded	\$150	\$200	\$0	\$0
Integrated Ded	No	No	No	No
Medical OOPM	\$1,900	\$2,200	\$900	\$900
Rx OOPM	\$400	\$450	\$200	\$200
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	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	40%	40%	10%	10%
Outpatient	40%	40%	10%	10%
ER	\$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	\$30	\$30	\$15	\$15
Physical Therapy/Chiropractic	\$15	* \$12 *	\$7	* \$6 *
Urgent Care	\$40	\$40	\$25	\$25
Ambulance	\$100	\$100	\$50	\$50
Rx Generic	\$10	\$10	\$5	\$5
Rx Preferred Brand	\$50	\$50	\$20	\$20
Rx Non-Preferred Brand	50%	50%	30%	30%
Rx Specialty	50%	50%	30%	30%
Actuarial Value				
2020 Federal AVC, Adjusted if Necessary	88.0%	N/A	95.0%	N/A
2021 DRAFT Federal AVC, Adjusted if Necessary	89.1%	88.0%	94.8%	94.8%
Difference from 2020 Federal AVC, Adjusted	1.1%	0.0%	-0.2%	-0.2%

Appendix A: 2021 QHPs HDHP CSR Plans

Deductible/OOP Max	250-300% FPL (73% AV)	250-300% FPL (73% AV)	200-250% FPL (77% AV)	200-250% FPL (77% AV)
	2020 Plan Design	2021 Plan Design	2020 Plan Design	2021 Plan Design
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,700	\$1,750	\$1,450	\$1,600
Rx Ded	\$1,400	\$1,400	\$1,400	\$1,400
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$5,000	\$5,200	\$3,400	\$4,400
Rx OOPM	\$1,400	\$1,400	\$1,400	\$1,400
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 \$8,150 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate, 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 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	25%	25%	25%	25%
Outpatient	25%	25%	25%	25%
ER	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	25%	25%	25%	25%
Physical Therapy/Chiropractic	25%	25%	25%	25%
Urgent Care	25%	25%	25%	25%
Ambulance	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	50%	50%	50%	50%
Actuarial Value				
2020 Federal AVC, Adjusted if Necessary	73.4%	N/A	77.3%	N/A
2021 DRAFT Federal AVC, Adjusted if Necessary	73.9%	73.5%	79.3%	77.4%
Difference from 2020 Federal AVC, Adjusted	0.5%	0.1%	2.0%	0.1%

Appendix A: 2021 QHPs HDHP CSR Plans

Deductible/OOP Max	150-200% FPL (87% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)	133-150% FPL (94% AV)
	2020 Plan Design	2021 Plan Design	2020 Plan Design	2021 Plan Design
Type of Plan	Deductible (NOT HSAQ)	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,250	\$1,400	\$550	\$550
Rx Ded	N/A	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$1,250	\$1,400	\$550	\$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	0%	0%	0%	0%
Outpatient	0%	0%	0%	0%
ER	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	0%	0%	0%	0%
Physical Therapy/Chiropractic	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%
Ambulance	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	0%	0%	0%	0%
Actuarial Value				
2020 Federal AVC, Adjusted if Necessary	87.2%	N/A	94.0%	N/A
2021 DRAFT Federal AVC, Adjusted if Necessary	88.5%	87.5%	93.7%	93.7%
Difference from 2020 Federal AVC, Adjusted	1.3%	0.3%	-0.3%	-0.3%

Appendix B: 2021 QHP Deductible Plans

Deductible/OOP Max	Platinum	Gold	Silver	Bronze w/ Rx Limit	Bronze w/o Rx Limit
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$350	\$1,100	\$3,200	\$6,250	\$8,400
Rx Ded	\$0	\$100	\$350	\$1,000	N/A
Integrated Ded	No	No	No	No	Yes
Medical OOPM	\$1,400	\$5,200	\$8,150	\$8,400	\$8,400
Rx OOPM	\$1,400	\$1,400	\$1,400	\$1,400	N/A
Integrated OOPM	No	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	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Generic Scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	30%	50%	50%	0%
Outpatient	10%	30%	50%	50%	0%
ER	\$100	\$150	\$250	50%	0%
Radiology (MRI, CT, PET)	10%	30%	50%	50%	0%
Preventive	\$0	\$0	\$0	\$0	0%
PCP Office Visit	\$15	\$20	\$35	\$35	\$40
MH/SA Office Visit	\$15	\$20	\$35	\$35	\$40
Specialist Office Visit	\$40	\$50	\$80	\$90	\$100
Chiropractic	\$20	\$30	\$40	\$40	\$50
Physical Therapy	\$20	\$30	\$40	\$40	\$50
Urgent Care	\$50	\$60	\$90	\$100	0%
Ambulance	\$60	\$70	\$100	\$100	0%
Rx Generic	\$10	\$12	\$15	\$15	\$30
Rx Preferred Brand	\$50	\$55	\$60	\$85	0%
Rx Non-Preferred Brand	50%	50%	50%	60%	0%
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2021 DRAFT Federal AVC, Adjusted if Necessary	89.7%	81.9%	71.8%	64.1%	64.8%

Appendix B: 2021 QHP Deductible Plans – CSR Variations

Deductible/OOP Max	70% AV Silver 2021 Plan Design	250-300% FPL (73% AV) 2021 Plan Design	200-250% FPL (77% AV) 2021 Plan Design	150-200% FPL (87% AV) 2021 Plan Design	133-150% FPL (94% AV) 2021 Plan Design
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$3,200	\$3,100	\$2,600	\$1,100	\$200
Rx Ded	\$350	\$350	\$300	\$200	\$0
Integrated Ded	No	No	No	No	No
Medical OOPM	\$8,150	\$6,750	\$6,000	\$2,200	\$900
Rx OOPM	\$1,400	\$1,250	\$1,100	\$450	\$200
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	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	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%	40%	10%
Outpatient	50%	50%	50%	40%	10%
ER	\$250	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	50%	50%	50%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$35	\$35	\$25	\$10	\$5
MH/SA Office Visit	\$35	\$35	\$25	\$10	\$5
Specialist Office Visit	\$80	\$70	\$50	\$30	\$15
Physical Therapy/Chiropractic	\$40	\$40	\$30	\$12	\$6
Urgent Care	\$90	\$80	\$60	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$15	\$12	\$12	\$10	\$5
Rx Preferred Brand	\$60	\$60	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2021 DRAFT Federal AVC, Adjusted if Necessary	71.8%	74.0%	78.0%	88.0%	94.8%

Appendix B: 2021 QHP HDHPs

Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,750	\$5,500
Rx Ded	\$1,400	\$1,400
Integrated Ded	Yes	Yes
Medical OOPM	\$6,900	\$6,900
Rx OOPM	\$1,400	\$1,400
Integrated OOPM	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	50%
Outpatient	30%	50%
ER	30%	50%
Radiology (MRI, CT, PET)	30%	50%
Preventive	0%	0%
PCP Office Visit	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit	30%	50%
Physical Therapy/Chiropractic	30%	50%
Urgent Care	30%	50%
Ambulance	30%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
Actuarial Value		
2021 DRAFT Federal AVC, Adjusted if Necessary	71.2%	63.8%

Appendix B: 2021 QHP HDHPs – CSR Variations

Deductible/OOP Max	70% AV Silver 2021 Plan Design	250-300% FPL (73% AV) 2021 Plan Design	200-250% FPL (77% AV) 2021 Plan Design	150-200% FPL (87% AV) 2021 Plan Design	133-150% FPL (94% AV) 2021 Plan Design
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$1,750	\$1,750	\$1,600	\$1,400	\$550
Rx Ded	\$1,400	\$1,400	\$1,400	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$6,900	\$5,200	\$4,400	\$1,400	\$550
Rx OOPM	\$1,400	\$1,400	\$1,400	N/A	N/A
Integrated OOPM	Rx – No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	25%	25%	0%	0%
Outpatient	30%	25%	25%	0%	0%
ER	30%	25%	25%	0%	0%
Radiology (MRI, CT, PET)	30%	25%	25%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	10%	0%	0%
Specialist Office Visit	30%	25%	25%	0%	0%
Physical Therapy/Chiropractic	30%	25%	25%	0%	0%
Urgent Care	30%	25%	25%	0%	0%
Ambulance	30%	25%	25%	0%	0%
Rx Generic	\$10	\$10	\$10	\$0	\$0
Rx Preferred Brand	\$40	\$40	\$40	\$0	\$0
Rx Non-Preferred Brand	50%	50%	50%	0%	0%
Rx Specialty	50%	50%	50%	0%	0%
Actuarial Value					
2021 DRAFT Federal AVC, Adjusted if Necessary	71.2%	73.5%	77.4%	87.5%	93.7%

Appendix C: 2021 Silver On/Off Exchange Plans

Deductible/OOP Max	2021 Plan Designs – Silver Deductible Plan	
	On the Exchange	Off the Exchange
Type of Plan	Deductible	Deductible
Medical Ded	\$3,200	\$3,200
Rx Ded	\$350	\$350
Integrated Ded	No	No
Medical OOPM	\$8,150	\$8,150
Rx OOPM	\$1,400	\$1,400
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%
Outpatient	50%	50%
ER	\$250	\$250
Radiology (MRI, CT, PET)	50%	50%
Preventive	\$0	\$0
PCP Office Visit	\$35	\$35
MH/SA Office Visit	\$35	\$35
Specialist Office Visit	\$80	\$80
Chiropractic	\$40	\$40
Physical Therapy	\$40	\$40
Urgent Care	\$90	\$90
Ambulance	\$100	\$105
Rx Generic	\$15	\$15
Rx Preferred Brand	\$60	\$60
Rx Non-Preferred Brand	50%	50%
Rx Specialty	50%	50%
Actuarial Value		
2021 DRAFT Federal AVC, Adjusted if Necessary	71.8%	71.8%

2021 Plan Designs – Silver HDHP	
On the Exchange	Off the Exchange
HSA Q/HDHP	HSA Q/HDHP
\$1,750	\$1,750
\$1,400	\$1,400
Yes	Yes
\$6,900	\$6,900
\$1,400	\$1,400
Yes	Yes
Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual Preventive Wellness scripts	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual Preventive Wellness scripts
Copay / Coinsurance	Copay / Coinsurance
30%	30%
30%	30%
30%	30%
30%	30%
0%	0%
10%	10%
10%	10%
30%	30%
30%	30%
30%	30%
30%	30%
30%	35%
\$10	\$10
\$40	\$40
50%	50%
50%	50%
Actuarial Value	
71.2%	71.2%

Differences from the on-Exchange plan design are shaded in orange in the off-Exchange plan design.