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Green Mountain Care Board

Department of Vermont Health Access (DVHA)
Status Update: 2020 Standard Qualified Health Plans

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By Phone: Julie Peper, Brittney Phillips, Brooke Adams of Wakely Consulting

Wednesday, February 20, 2019

2020 Standard Qualified Health Plans Presentation Objectives

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I. Provide Overview: Supporting Information and Approach Leading to 2020 Proposal of Vermont Health Connect Plan Designs (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 Following Questions & Discussion

Summary of Qualified Health Plans Currently Offered By VHC (2019)

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Twenty-eight (28) total 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 is HSA compatible)**
- **Bronze: 3 BCBS & 3 MVP**

Also Offered on Vermont Health Connect:

- 12 Non-Standard plans: (6 from each issuer): (Gold, Gold HSA-compatible, Silver Deductible, Silver HDHP new in 2019, 2 Bronze)

- 2 Catastrophic plans (one from each issuer)

* Refer to one-page handout displaying 2019 medical QHP benefits & rates

Planning for 2020 Qualified Health Plans Stakeholder Group Composition

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Vermont Health Connect

Plan Management Director
Outreach & Education
Assister Program Manager

All VT Issuers: BCBSVT, MVP, NEDD

Vermont Office of Healthcare Advocate

Department of Financial Regulation Staff

Green Mountain Care Board Staff

- Stakeholders met regularly from October 2018 – February 2019
- Stakeholders actively involved, providing input leading to the final QHP proposal with broad-based support

2020 Stakeholder Group Benefit Design Principles

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- **Value:** Provide compliant, comprehensive "Essential Health Benefits"
- **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 Generic Rx, no-cost preventive services

2020 Stakeholder Group Process Highlights

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- **Strategic, Minimal Increases:** Balance required changes across cost-share for multiple services and anticipated premium increases with strong focus on customer affordability.

- **Design Innovations:** Considered a proposal to maximize the actuarial value (AV) for all Silver level plans

- **Consumer Education (O & E)**: Being mindful of proposing plan designs that are consistent and customer-friendly

Proposal Considered for 2020: Maximum AV for Silver Plans

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Proposal: VT Healthcare Advocate proposed a requirement that all silver plan designs have an actuarial value no less than 1% below the maximum

Objective: Maximize the APTC for subsidy-eligible customers while not impacting unsubsidized customers.

Assumptions:

- Higher AV leads to higher premium for the benchmark plan (second lowest cost silver plan) thereby increasing APTC
- Lower AV version of silver plans off-exchange for unsubsidized customers

Proposal Considered for 2020: Maximum AV for Silver Plans

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Stakeholder Discussion & Findings

Leading to Rejection of the Proposal:

- Strong consensus to maximize APTC to increase premium affordability, also to protect unsubsidized enrollees from increased premium costs
- Several of the silver level plans are already within 1% of the AV maximum
- Silver plan at max AV vs. corresponding plan at mid-range AV (for example 72% vs. 70%) requires substantial benefit differences---could not be considered the same (or reflective) plan on/off exchange.
- All stakeholders very concerned about consumer messaging:
  - Naming convention for lower AV silver plans off exchange?
  - Consumer confusion with too many Silver plans: “Reflective Silver” plus lower AV silver off-exchange
- Silver loading will be continued through the 2020 plan year, providing substantial APTC enhancement for subsidized enrollees

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Silver Loading Overview

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- On-exchange silver plan premium “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
- Off-exchange, unsubsidized customers may select a “reflective” silver plan at lower premium
- Reflective silver plans are essentially the same, with one minor benefit variation: $5 or 5% higher cost share for ambulance approved by GMCB in 2019 and proposed again for 2020
- Silver loading does not impact premium of QHPs at other metal levels

2020 Certification: High-Level Timeline

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- **DVHA Presents Plan Design Adjustments; GMCB Approval**: February 2019

- **Medical & Dental Issuers File Forms With DFR**: March 2019
  Form review concludes in June, 2019

- **Final Notice of Benefit and Payment Parameters and the IRS limits on HDHPs:** April 2019 (estimated)

- **Issuers Submit Rate Proposals**: May 2019
  (GMCB completes rate review & decision period August, 2019)

- **DVHA Plan Certification:** August 31, 2019

- **2020 Open Enrollment**: November 1 to December 15, 2019

QHP Recommended Plan Design Overview

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Outline

- Proposed Regulation Changes for 2020
- Changes in Federal AVC for 2020
- Notes and Caveats
- Recommended Plan Design Changes

2020 Draft Notice of Benefit and Payment Parameters

Proposed Changes from 2019 Related to Benefits and Plan Designs

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Annual Limitation on Cost Sharing

- Increased to $8,200 from $7,900 in 2019.
  - This increase is smaller than the increase from 2018 to 2019, but is in line with prior changes.
  - The proposed limit of $8,200 is based on a new calculation used to determine the increase from 2019 to 2020. Should the final regulations revert to the old calculation, the limit would be $8,000.
- 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.

Pharmacy Benefits

- Issuers can add a generic equivalent of a drug and remove equivalent brand name drug from the formulary mid-year (does require notice by the issuer)
- Issuers can except certain brand drugs (if the generic is available) from counting towards the maximum out of pocket limit (only the generic equivalent would count)
- Except drug manufacturer coupons for specific prescription brand drugs that have a generic equivalent from counting towards the MOOP

Silver Loading

- HHS is seeking comments, but any changes won't take place until the 2021 plan year

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

2020 Draft Actuarial Value Calculator (AVC)
Overview

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

- This model must be used to the determine the actuarial value (AV) of a plan for purposes of determine 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.

2020 Draft Actuarial Value Calculator (AVC)

Key Changes from 2019

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The 2020 Draft Federal AVC did not experience major changes from the final 2019 Calculator.

- Underlying data was not changed.
  - CMS trended the data from 2015 to 2018 at the rate of 3.25% for medical claims and 11.5% for pharmacy claims.
  - From 2018 to 2019 medical and pharmacy trends of 5.4% and 11.5% were applied, respectively.
  - And from 2019 to 2020, medical and pharmacy trends of 6.1% and 9.8% were applied, respectively.
- Despite the flexibility for states to redefine their EHBs, the standard population and data underlying the AVC are unadjusted from that defined for 2018 and 2019.
- Even though there were not significant changes to the AVC, there will still be changes required to the standard plan designs for 2020. This is mostly due to the leveraging effect of trend.

Act 7 – Chiropractic and Physical Therapy Copays

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Impacts Silver and Bronze Plans Only

Chiropractic Copays

- Per Act 7, the copay in 2019 is set equal to the PCP copay. **For 2020, the copay is to be between 125% to 150% of the PCP copay.** The following tables propose a copay that is at 150% of the PCP copay and has been rounded down to the nearest $5 increment.
- 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 2020.

Physical Therapy Copays

- In 2019 Act 7 did not impact physical therapy cost-share. Copays are aligned with the Specialist copay.
- **Per Act 7, the copay is to be between 125% to 150% of the PCP copay for the 2020 plan year. The following tables propose a copay that is at 150% of the PCP copay and has been rounded down to the nearest $5 increment.**

Notes and Caveats

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The 2020 regulations and Federal Actuarial Value Calculator (AVC) are still in draft format. Any changes in the final versions could impact the actuarial values and the resulting plan designs. Comments on the draft were due February 19th, so it's possible the final regulations and AVC may not be released until April.

Annual Limitation on Cost Sharing in 2020 draft regulations

- Increased to $8,200 from $7,900 in 2019.
- The proposed limit of $8,200 is based on a new calculation used to determine the increase from 2019 to 2020. Should the final regulations revert to the old calculation, the limit would be $8,000.

Federal HDHP minimum deductible and MOOP limits are not yet released for 2020.

- The 2019 minimum single deductible and MOOP are $1,350 and $6,750, 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 2018 plan year.
- The MOOP increases about $100 each year, though it did not increase from 2016 to 2017.

Notes and Caveats (Cont'd)

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"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.

2020 Estimated Actuarial Value (AV)

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Impact on the Actuarial Value of VT Standard Plan Designs

- The Gold, Silver, and Bronze (with 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.
  - In prior years an additional adjustment was made for no cost sharing for basic pediatric oral health essential health benefits. The adjustment was a 0.5% “cushion” on HDHPs and the bronze deductible plan. This adjustment has been removed for 2020 as a review of the historical experience for these services indicates that the impact to the AV is not significant.

	Plan	2019 Federal AVC, Adjusted if Necessary	2020 Draft Federal AVC, Adjusted if Necessary	Acceptable Range	Out of Range
Deductible Plans	Platinum	90.1%	90.7%	86.0%-92.0%	NO
	Gold	82.0%	82.9%	76.0%-82.0%	YES
	Silver	71.9%	73.4%	66.0%-72.0%	YES
	Bronze (with drug limit)	61.3%	62.7%	56.0%-62.0%	YES
	Bronze (without drug limit)	63.0%	64.5%	56.0%-65.0%	NO
HDHPs	Silver - Embedded OOPM	70.3%	71.3%	66.0%-71.5%	NO
	Bronze - Embedded OOPM	60.7%	62.0%	56.0%-64.5%	NO

2020 QHP Proposal Changes Requiring GMCB Approval

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- Below are the thresholds for changes requiring Green Mountain Care 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.
  - OOPM changes of less than or equal to the increase in the federal OOPM limit do not require formal approval.
    - For 2020, this is a change of less than or equal to $300 ($8,200 - $7,900) although the $8,200 is currently still a draft limit.
  - The modification is needed to meet federal guidance.
- For the recommended and alternative plan designs, any changes from the 2019 plan designs are shown in boxes and shaded in orange. **Any changes requiring approval are shaded in green.**

- *In re: Minor modifications to Vermont Health Connect Qualified health plan designs that do not require Green Mountain Care Board approval*, May 19, 2014
- http://gmcboard.vermont.gov/sites/gmcb/files/documents/GMCB_guidance_minor_modifications_VHCplandesigns.pdf

2020 QHP Proposal Summary of Plan Design Changes

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	Deductible Plans	
Plan	**Platinum**	**Gold**
Changes	Increase PCP and MH/SA office visit copays from $10 to $15	Increase medical deductible from $850 to $900
	Increase specialist office visit copay from $30 to $40	Increase Medical OOPM from $4,700 to $5,000
	Decrease PT/chiro copays from $30 to $20	Increase PCP and MH/SA office visit copays from $15 to $20
	Increase urgent care copay from $40 to $50	Increase specialist office visit copay from $30 to $50
	Increase Rx Generic copay from $5 to $10	Increase urgent care copay from $40 to $60
	Increase ambulance copay from $50 to $60	Increase ambulance copay from $50 to $70
Require Approval?	**NO**	**YES**

	Deductible Plans	
Plan	**Silver**	**Bronze w/ Rx Limit**
Changes	Increase medical deductible from $2,800 to $3,200	Increase medical deductible from $5,500 to $6,000
	Increase Rx deductible from $300 to $350	Increase Rx deductible from $900 to $1000
	Increase combined medical/Rx OOPM from $7,500 to $7,900	Increase combined medical/Rx OOPM from $7,900 to $8,200
	Increase IP/OP/Radiology coinsurance from 40% to 50%	Change PT/chiro copays from $90 and $35, respectively, to $50
	Increase PCP and MH/SA office visit copays from $30 to $35	
	Increase specialist office visit copay from $75 to $80	
	Change PT/chiro copays from $75 and $30, respectively, to $50	
	Increase urgent care copay from $85 to $90	
Require Approval?	**YES**	**YES**

	Deductible Plans
Plan	**Bronze w/o Rx Limit**
Changes	Increase medical deductible from $7,600 to $7,900
	Increase combined medical/Rx OOPM from $7,600 to $7,900
	Change PT/chiro copays from $100 and $40, respectively, to $60
Require Approval?	**YES**

	HDHPs	
Plan	**Silver – Embedded OOPM**	**Bronze - Embedded OOPM**
Changes	Increase medical deductible from $1,550 to $1,700	Increase medical deductible from $5,250 to $5,500
	Increase combined medical/Rx OOPM from $6,650 to $6,750	Increase combined medical/Rx OOPM from $6,650 to $6,750
	Increase embedded single OOPM from $7,900 to $8,200	Increase embedded single OOPM from $7,900 to $8,200
Require Approval?	**NO**	**YES**

Changes from the 2019 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in green.

2020 QHP Proposal Summary of Plan Design Changes

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- We will reduce the embedded OOPM from $8,200 to $8,000 on the Silver and Bronze HDHPs if required in final regulations. No other changes will be made to the plan designs as presented here.

- For the Bronze deductible plan with Rx Limit, the recommended design will not meet AV requirements with an $8,000 OOPM. Therefore, we request approval to instead move to the Alternative design, should it be required.

- Formal approval is not required for OOPM changes less than or equal to the Federal change. Based on the $8,200 limit, this is a $300 change. However, if the limit is reduced to $8,000 this would only be a $100 change and more of the OOPM changes on the prior slide would require approval.
  - We are requesting approval for the OOPM changes as proposed here, regardless of whether the final Federal change is $100 or $300 from 2019 to 2020.

2014 to 2019 QHPs Platinum Deductible Plan

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Deductible/OOP Max	2014	2015	2016	2017	2018	2019
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	$150	$150	$150	**$250**	**$300**	**$350**
Rx Ded	$0	$0	$0	$0	$0	$0
Integrated Ded	No	No	No	No	No	No
Medical OOPM	$1,250	$1,250	$1,250	**$1,300**	$1,300	**$1,350**
Rx OOPM	$1,250	$1,250	$1,250	**$1,300**	$1,300	**$1,350**
Integrated OOPM	No	No	No	No	No	No
Family Deductible / OOP	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, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	**Prev, OV, UC, Amb**	**Prev, OV, UC, Amb**
Drug Deductible waived for:	N/A	N/A	N/A	N/A	N/A	N/A
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient [1]	10%	10%	10%	10%	10%	10%
Outpatient [2]	10%	10%	10%	10%	10%	10%
ER [3]	$100	$100	$100	$100	$100	$100
Radiology (MRI, CT, PET)	10%	10%	10%	10%	10%	10%
Preventive	$0	$0	$0	$0	$0	$0
PCP Office Visit	$10	$10	$10	$10	$10	$10
MH/SA Office Visit	$10	$10	$10	$10	$10	$10
Specialist Office Visit [4]	$20	$20	$20	**$30**	$30	$30
Urgent Care	$40	$40	$40	$40	$40	$40
Ambulance	$50	$50	$50	$50	$50	$50
Rx Generic	$5	$5	$5	$5	$5	$5
Rx Preferred Brand	$40	$40	$40	**$50**	$50	$50
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%	50%

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

2020 QHPs Platinum Deductible Plan

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Deductible/OOP Max	2019 Plan Design	2020 Recommended Design	2020 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	$1,350	$1,350
Rx OOPM	$1,350	$1,350	$1,350
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	$100
Radiology (MRI, CT, PET)	10%	10%	10%
Preventive	$0	$0	$0
PCP Office Visit	$10	**$15**	**$15**
MH/SA Office Visit	$10	**$15**	**$15**
Specialist Office Visit	$30	**$40**	**$40**
Chiropractic	$30	**$20**	**$40**
Physical Therapy	$30	**$20**	**$40**
Urgent Care	$40	**$50**	**$50**
Ambulance	$50	**$60**	**$60**
Rx Generic	$5	**$10**	**$10**
Rx Preferred Brand	$50	$50	$50
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2019 Federal AVC, Adjusted if Necessary	**90.1%**	**N/A**	**N/A**
2020 DRAFT Federal AVC, Adjusted if Necessary	**90.7%**	**90.1%**	**89.8%**
Difference from 2019 Federal AVC, Adjusted	0.6%	-0.1%	-0.3%
Estimated Premium Impact		0.8%	0.6%

Changes from the 2019 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in green.

2020 QHPs Platinum Deductible Plan

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Even though the 2019 plan design is still within the AV range, changes are recommended:

- Increased cost sharing will limit the impact on premium.
- PCP and Generic Rx copays have never been increased. This keeps the Platinum plan design changes in line with the other metal levels
- While chiropractic and physical therapy copay requirements do not apply to Platinum and Gold plans, the recommended design applies the same requirement in order to maintain consistency among metal levels for consumers.

2014-2019 QHPs Gold Deductible Plan

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Deductible/OOP Max	2014	2015	2016	2017	2018	2019
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	$750	$750	$750	**$850**	$850	$850
Rx Ded	$50	$50	$50	**$100**	$100	$100
Integrated Ded	No	No	No	No	No	No
Medical OOPM	$4,250	$4,250	$4,250	**$4,500**	$4,500	**$4,700**
Rx OOPM	$1,250	$1,250	$1,250	**$1,300**	$1,300	**$1,350**
Integrated OOPM	No	No	No	No	No	No
Family Deductible / OOP	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, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	**Prev, OV, UC, Amb**	Prev, OV, UC, Amb
Drug Deductible waived for:	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**
Inpatient [1]	20%	20%	20%	20%	**30%**	30%
Outpatient [2]	20%	20%	20%	20%	**30%**	30%
ER [3]	$150	$150	$150	$150	$150	$150
Radiology (MRI, CT, PET)	20%	20%	20%	20%	**30%**	30%
Preventive	$0	$0	$0	$0	$0	$0
PCP Office Visit	$15	$15	$15	$15	$15	$15
MH/SA Office Visit	$15	$15	$15	$15	$15	$15
Specialist Office Visit [4]	$25	$25	$25	**$30**	$30	$30
Urgent Care	$45	$45	$45	$45	**$40**	$40
Ambulance	$50	$50	$50	$50	$50	$50
Rx Generic	$5	$5	$5	$5	$5	**$10**
Rx Preferred Brand	$40	$40	$40	**$50**	$50	$50
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%	50%

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

2020 QHPs Gold Deductible Plan

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Deductible/OOP Max	2019 Plan Design	2020 Recommended Design	2020 Alternative Design
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	$850	**$900**	**$900**
Rx Ded	$100	$100	$100
Integrated Ded	No	No	No
Medical OOPM	$4,700	**$5,000**	**$4,900**
Rx OOPM	$1,350	$1,350	$1,350
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	$15	**$20**	**$20**
MH/SA Office Visit	$15	**$20**	**$20**
Specialist Office Visit	$30	**$50**	**$50**
Chiropractic	$30	$30	**$50**
Physical Therapy	$30	$30	**$50**
Urgent Care	$40	**$60**	**$60**
Ambulance	$50	**$70**	**$70**
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			
2019 Federal AVC, Adjusted if Necessary	82.0%	N/A	N/A
2020 DRAFT Federal AVC, Adjusted if Necessary	**82.9%**	**81.9%**	**81.8%**
Difference from 2019 Federal AVC, Adjusted	0.9%	-0.1%	-0.2%
Estimated Premium Impact		-0.7%	-0.8%

Changes from the 2019 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in green.

2020 QHPs Gold Deductible Plan

VERMONT
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DEPARTMENT OF VERMONT HEALTH ACCESS

Considerations for recommended changes:

- PCP copays have never been increased.
- The specialist copay for other metal levels is between 2.5-3x the PCP copay. This change keeps this relationship consistent.
- While chiropractic and physical therapy copay requirements do not apply to Platinum and Gold plans, the recommended design applies the same requirement in order to maintain consistency among metal levels for consumers.

2014 to 2019 QHPs Silver Deductible Plan

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Deductible/OOP Max	2014	2015	2016	2017	2018	2019
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	$1,900	$1,900	**$2,000**	**$2,150**	**$2,600**	**$2,800**
Rx Ded	$100	$100	**$150**	$150	**$300**	$300
Integrated Ded	No	No	No	No	No	No
Medical OOPM	$5,150	**$5,100**	**$5,600**	**$6,000**	**$6,800**	**$7,500**
Rx OOPM	$1,250	$1,250	$1,250	**$1,300**	$1,300	**$1,350**
Integrated OOPM	No	No	No	**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
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
Drug Deductible waived for:	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**
Inpatient [1]	40%	40%	40%	40%	40%	40%
Outpatient [2]	40%	40%	40%	40%	40%	40%
ER [3]	$250	$250	$250	$250	$250	$250
Radiology (MRI, CT, PET)	40%	40%	40%	40%	40%	40%
Preventive	$0	$0	$0	$0	$0	$0
PCP Office Visit	$20	**$25**	$25	$25	$25	**$30**
MH/SA Office Visit	$20	**$25**	$25	$25	$25	**$30**
Specialist Office Visit [4]	$40	**$45**	**$50**	**$65**	**$75**	$75
Urgent Care	$60	$60	$60	$60	**$85**	$85
Ambulance	$100	$100	$100	$100	$100	$100
Rx Generic	$12	$12	**$15**	$15	$15	$15
Rx Preferred Brand	$50	$50	**$60**	$60	$60	$60
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%	50%

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

2020 QHPs Silver Deductible Plan

VERMONT
AGENCY OF HUMAN SERVICES
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Deductible/OOP Max	2019 Plan Design	2020 Recommended Design	2020 Alternative Design
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	$2,800	**$3,200**	**$3,500**
Rx Ded	$300	**$350**	**$400**
Integrated Ded	No	No	No
Medical OOPM	$7,500	**$7,900**	**$7,900**
Rx OOPM	$1,350	$1,350	$1,350
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	40%	**50%**	40%
Outpatient	40%	**50%**	40%
ER	$250	$250	$250
Radiology (MRI, CT, PET)	40%	**50%**	40%
Preventive	$0	$0	$0
PCP Office Visit	$30	**$35**	**$35**
MH/SA Office Visit	$30	**$35**	**$35**
Specialist Office Visit	$75	**$80**	**$80**
Chiropractic	$30	**$50**	**$50**
Physical Therapy	$75	**$50**	**$50**
Urgent Care	$85	**$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			
2019 Federal AVC, Adjusted if Necessary	71.9%	N/A	N/A
2020 DRAFT Federal AVC, Adjusted if Necessary	**73.4%**	**71.8%**	**71.9%**
Difference from 2019 Federal AVC, Adjusted	1.5%	-0.1%	0.0%
Estimated Premium Impact		-1.2%	-1.1%

Changes from the 2019 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in green.

2020 QHPs Silver Deductible Plan

VERMONT
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Considerations for recommended changes:

- Increasing copays and coinsurance limits the required increase to the deductible and OOPM
  - Impacting all categories of service, therefore these changes do not impact one type of consumer disproportionately to others
- Changes to chiropractic and physical therapy copays are needed as these are required to be between 125% and 150% of the PCP copay in 2020

2014-2019 QHPs Silver HDHP

VERMONT
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Deductible/OOP Max	2014	2015	2016	2017	2018	2019
Type of Plan	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
Rx Ded	$1,250	**$1,300**	$1,300	$1,300	**$1,350**	$1,350
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	$5,750	$5,750	$5,750	**$6,400**	$6,400	**$6,650**
Rx OOPM	$1,250	**$1,300**	$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
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**
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	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**
Inpatient [1]	20%	20%	**25%**	25%	**30%**	30%
Outpatient [2]	20%	20%	**25%**	25%	**30%**	30%
ER [3]	20%	20%	**25%**	25%	**30%**	30%
Radiology (MRI, CT, PET)	20%	20%	**25%**	25%	**30%**	30%
Preventive	0%	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	10%	10%	10%
MH/SA Office Visit	10%	10%	10%	10%	10%	10%
Specialist Office Visit [4]	20%	20%	**25%**	25%	**30%**	30%
Urgent Care	20%	20%	**25%**	25%	**30%**	30%
Ambulance	20%	20%	**25%**	25%	**30%**	30%
Rx Generic	$10	$10	$10	$10	$10	$10
Rx Preferred Brand	$40	$40	$40	$40	$40	$40
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%	50%

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

2020 QHPs Silver HDHP

VERMONT
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Deductible/OOP Max	2019 Plan Design	2020 Recommended Design	2020 Alternative Design
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	$1,550	**$1,700**	**$1,650**
Rx Ded	$1,350	$1,350	$1,350
Integrated Ded	Yes	Yes	Yes
Medical OOPM	$6,650	**$6,750**	**$6,750**
Rx OOPM	$1,350	$1,350	$1,350
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded $7,900 Single OOPM; 2x Individual	**Aggregate with Combined Medical/Rx embedded $8,200 Single OOPM; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $8,200 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%
Chiropractic	30%	30%	30%
Physical Therapy	30%	30%	30%
Urgent Care	30%	30%	30%
Ambulance	30%	30%	30%
Rx Generic	$10	$10	**$15**
Rx Preferred Brand	$40	$40	**$50**
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2019 Federal AVC, Adjusted if Necessary	70.3%	N/A	N/A
2020 DRAFT Federal AVC, Adjusted if Necessary	**71.6%**	**70.9%**	**71.0%**
Difference from 2019 Federal AVC, Adjusted	1.3%	0.6%	0.7%
Estimated Premium Impact		1.2%	1.2%

We have reviewed the options presented and all will continue to meet the AV requirements should the Annual Limitation on Cost Sharing be finalized at $8,000, rather than $8,200

Changes from the 2019 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in green.

2020 QHPs Silver HDHP

VERMONT
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Even though the 2019 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.

2014-2019 QHPs Bronze Deductible Plan with Rx Limit

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

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

2020 QHPs Bronze Deductible Plan with Rx Limit

VERMONT
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Deductible/OOP Max	2019 Plan Design	2020 Recommended Design	2020 Alternative Design
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	$5,500	**$6,000**	**$6,350**
Rx Ded	$900	**$1,000**	**$1,350**
Integrated Ded	No	No	No
Medical OOPM	$7,900	**$8,200**	**$8,000**
Rx OOPM	$1,350	$1,350	$1,350
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	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
Chiropractic	$35	**$50**	**$50**
Physical Therapy	$90	**$50**	**$50**
Urgent Care	$100	$100	$100
Ambulance	$100	$100	$100
Rx Generic	$20	$20	$20
Rx Preferred Brand	$85	$85	$85
Rx Non-Preferred Brand	60%	60%	60%
Rx Specialty	60%	60%	60%
Actuarial Value			
2019 Federal AVC, Adjusted if Necessary	61.3%	N/A	N/A
2020 DRAFT Federal AVC, Adjusted if Necessary	**62.6%**	**61.9%**	**61.7%**
Difference from 2019 Federal AVC, Adjusted	1.3%	0.6%	0.4%
Estimated Premium Impact		0.3%	0.4%

Changes from the 2019 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in green.

2020 QHPs Bronze Deductible Plan with Rx Limit

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Considerations for recommended changes:

- The deductible and OOPM increases are minimized by going to the high end of the AV range.
  - Since the office visit copays are only applied after the deductible is met, any changes have a negligible impact on the AV.
- Changes to chiropractic and physical therapy copays are needed as these are required to be between 125% and 150% of the PCP copay in 2020

Should the regulations finalize an $8,000 Annual Limitation on Cost Sharing rather than $8,200, the recommended plan design will not meet the AV requirements.

- In that case, we propose moving forward with the alternative plan design instead.

2018-2019 QHPs Bronze Deductible Plan without Rx Limit

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

This design was new in 2018.

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

2020 QHPs Bronze Deductible Plan without Rx Limit

VERMONT
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Deductible/OOP Max	2019 Plan Design	2020 Recommended Design	2020 Alternative Design
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	$7,600	**$7,900**	$7,600
Rx Ded	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes
Medical OOPM	$7,600	**$7,900**	$7,600
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	$100
Chiropractic	$40	**$60**	**$60**
Physical Therapy	$100	**$60**	**$60**
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%
Actuarial Value			
2019 Federal AVC, Adjusted if Necessary	63.0%	N/A	N/A
2020 DRAFT Federal AVC, Adjusted if Necessary	**64.5%**	**64.0%**	**64.5%**
Difference from 2019 Federal AVC, Adjusted	1.5%	1.0%	1.5%
Estimated Premium Impact		0.8%	1.8%

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

Changes from the 2019 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in green.

2020 QHPs Bronze Deductible Plan without Rx Limit

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Even though the 2019 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
- Changes to chiropractic and physical therapy copays are needed as these are required to be between 125% and 150% of the PCP copay in 2020

2014-2019 QHPs Bronze HDHP

VERMONT
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Deductible/OOP Max	2014	2015	2016	2017	2018	2019
Type of Plan	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
Rx Ded	$1,250	**$1,300**	$1,300	$1,300	**$1,350**	$1,350
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	$6,250	$6,250	**$6,500**	**$6,550**	$6,550	**$6,650**
Rx OOPM	$1,250	**$1,300**	$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
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**
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	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**
Inpatient [1]	50%	50%	50%	50%	50%	50%
Outpatient [2]	50%	50%	50%	50%	50%	50%
ER [3]	50%	50%	50%	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%	50%	50%	50%
Preventive	0%	0%	0%	0%	0%	0%
PCP Office Visit	50%	50%	50%	50%	50%	50%
MH/SA Office Visit	50%	50%	50%	50%	50%	50%
Specialist Office Visit [4]	50%	50%	50%	50%	50%	50%
Urgent Care	50%	50%	50%	50%	50%	50%
Ambulance	50%	50%	50%	50%	50%	50%
Rx Generic	$12	$12	$12	$12	$12	$12
Rx Preferred Brand	40%	40%	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%
Rx Specialty	60%	60%	60%	60%	60%	60%

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

2020 QHPs Bronze HDHP

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Deductible/OOP Max	2019 Plan Design	2020 Recommended Design	2020 Alternative Design
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	$5,250	**$5,500**	$5,250
Rx Ded	$1,350	$1,350	$1,350
Integrated Ded	Yes	Yes	Yes
Medical OOPM	$6,650	**$6,750**	**$6,750**
Rx OOPM	$1,350	$1,350	$1,350
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded $7,900 Single OOPM; 2x Individual	**Aggregate with Combined Medical/Rx embedded $8,200 Single OOPM; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $8,200 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%
Chiropractic	50%	50%	50%
Physical Therapy	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			
2019 Federal AVC, Adjusted if Necessary	60.7%	N/A	N/A
2020 DRAFT Federal AVC, Adjusted if Necessary	**62.0%**	**61.5%**	**61.7%**
Difference from 2019 Federal AVC, Adjusted	1.3%	0.8%	1.0%
Estimated Premium Impact		1.8%	2.0%

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

We have reviewed the options above and all plans will continue to meet the AV requirements should the Annual Limitation on Cost Sharing be finalized at $8,000, rather than $8,200

Changes from the 2019 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in green.

2020 QHPs Bronze HDHP

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Even though the 2019 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

2020 QHP Proposal Summary of Plan Design Changes

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	Deductible Plans	
Plan	**Platinum**	**Gold**
Changes	Increase PCP and MH/SA office visit copays from $10 to $15	Increase medical deductible from $850 to $900
	Increase specialist office visit copay from $30 to $40	Increase Medical OOPM from $4,700 to $5,000
	Decrease PT/chiro copays from $30 to $20	Increase PCP and MH/SA office visit copays from $15 to $20
	Increase urgent care copay from $40 to $50	Increase specialist office visit copay from $30 to $50
	Increase Rx Generic copay from $5 to $10	Increase urgent care copay from $40 to $60
	Increase ambulance copay from $50 to $60	Increase ambulance copay from $50 to $70
Require Approval?	**NO**	**YES**

	Deductible Plans	
Plan	**Silver**	**Bronze w/ Rx Limit**
Changes	Increase medical deductible from $2,800 to $3,200	Increase medical deductible from $5,500 to $6,000
	Increase Rx deductible from $300 to $350	Increase Rx deductible from $900 to $1000
	Increase combined medical/Rx OOPM from $7,500 to $7,900	Increase combined medical/Rx OOPM from $7,900 to $8,200
	Increase IP/OP/Radiology coinsurance from 40% to 50%	Change PT/chiro copays from $90 and $35, respectively, to $50
	Increase PCP and MH/SA office visit copays from $30 to $35	
	Increase specialist office visit copay from $75 to $80	
	Change PT/chiro copays from $75 and $30, respectively, to $50	
	Increase urgent care copay from $85 to $90	
Require Approval?	**YES**	**YES**

	Deductible Plans
Plan	**Bronze w/o Rx Limit**
Changes	Increase medical deductible from $7,600 to $7,900
	Increase combined medical/Rx OOPM from $7,600 to $7,900
	Change PT/chiro copays from $100 and $40, respectively, to $60
Require Approval?	**YES**

	HDHPs	
Plan	**Silver – Embedded OOPM**	**Bronze - Embedded OOPM**
Changes	Increase medical deductible from $1,550 to $1,700	Increase medical deductible from $5,250 to $5,500
	Increase combined medical/Rx OOPM from $6,650 to $6,750	Increase combined medical/Rx OOPM from $6,650 to $6,750
	Increase embedded single OOPM from $7,900 to $8,200	Increase embedded single OOPM from $7,900 to $8,200
Require Approval?	**NO**	**YES**

Changes from the 2019 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in green.

2020 QHP Proposal Summary of Plan Design Changes

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- We will reduce the embedded OOPM from $8,200 to $8,000 on the Silver and Bronze HDHPs if required in final regulations. No other changes will be made to the plan designs as presented here.

- For the Bronze deductible plan with Rx Limit, the recommended design will not meet AV requirements with an $8,000 OOPM. Therefore, we request approval to instead move to the Alternative design, should it be required.

- Formal approval is not required for OOPM changes less than or equal to the Federal change. Based on the $8,200 limit, this is a $300 change. However, if the limit is reduced to $8,000 this would only be a $100 change and more of the OOPM changes on the prior slide would require approval.
  - We are requesting approval for the OOPM changes as proposed here, regardless of whether the final Federal change is $100 or $300 from 2019 to 2020.

QUESTIONS?

2020 QHPs Appendices

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- Appendix A: CSR Plan Design Changes (Slides 47-50)
- Appendix B: 2020 Recommended Plan Designs - All Metals (Slides 51-54)
- Appendix C: 2020 Silver On/Off Exchange Plan Designs (Slide 55)

Appendix A: 2020 QHPs Deductible CSR Plans

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Deductible/OOP Max	250-300% FPL (73% AV) 2019 Plan Design	250-300% FPL (73% AV) 2020 Recommendation	200-250% FPL (77% AV) 2019 Plan Design	200-250% FPL (77% AV) 2020 Recommendation
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	$2,700	**$3,000**	$2,200	**$2,300**
Rx Ded	$300	**$350**	$200	**$250**
Integrated Ded	No	No	No	No
Medical OOPM	$6,300	**$6,550**	$4,900	**$5,000**
Rx OOPM	$1,200	$1,200	$1,000	$1,000
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	40%	**50%**	40%	**50%**
Outpatient	40%	**50%**	40%	**50%**
ER	$250	$250	$250	$250
Radiology (MRI, CT, PET)	40%	**50%**	40%	**50%**
Preventive	$0	$0	$0	$0
PCP Office Visit	$30	**$35**	$20	**$25**
MH/SA Office Visit	$30	**$35**	$20	**$25**
Specialist Office Visit	$65	**$70**	$40	**$50**
Chiropractic	$30	**$50**	$20	**$35**
Physical Therapy	$65	**$50**	$40	**$35**
Urgent Care	$75	**$80**	$50	**$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				
2019 Federal AVC, Adjusted if Necessary	74.0%	N/A	77.8%	N/A
2020 Federal AVC, Adjusted if Necessary	**75.4%**	**74.0%**	**78.9%**	**77.9%**
Difference from 2019 Federal AVC, Adjusted	1.5%	0.0%	1.2%	0.1%

Changes from the 2019 plan design are shaded in orange. Changes to CSR plans do not require GMCB approval, but are provided for informational purposes.

Appendix A: 2020 QHPs Deductible CSR Plans

VERMONT
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Deductible/OOP Max	150-200% FPL (87% AV) 2019 Plan Design	150-200% FPL (87% AV) 2020 Recommendation	133-150% FPL (94% AV) 2019 Plan Design	133-150% FPL (94% AV) 2020 Recommendation
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	$800	**$900**	$150	**$200**
Rx Ded	$150	$150	$0	$0
Integrated Ded	No	No	No	No
Medical OOPM	$1,800	**$1,900**	$900	$900
Rx OOPM	$400	$400	$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
Chiropractic	$10	**$15**	$5	**$7**
Physical Therapy	$30	**$15**	$15	**$7**
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				
2019 Federal AVC, Adjusted if Necessary	87.6%	N/A	94.9%	N/A
2020 Federal AVC, Adjusted if Necessary	**88.3%**	**88.0%**	**95.1%**	**95.0%**
Difference from 2019 Federal AVC, Adjusted	0.6%	0.3%	0.2%	0.0%

Changes from the 2019 plan design are shaded in orange. Changes to CSR plans do not require GMCB approval, but are provided for informational purposes.

Appendix A: 2020 QHPs HDHP CSR Plans

VERMONT
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Deductible/OOP Max	250-300% FPL (73% AV) 2019 Plan Design	250-300% FPL (73% AV) 2020 Recommendation	200-250% FPL (77% AV) 2019 Plan Design	200-250% FPL (77% AV) 2020 Recommendation
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	$1,550	**$1,700**	$1,350	**$1,450**
Rx Ded	$1,350	$1,350	N/A	**$1,350**
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	$4,800	**$5,000**	$3,300	**$3,400**
Rx OOPM	$1,350	$1,350	$1,350	$1,350
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 $7,900 Single OOPM; 2x Individual	**Aggregate with Combined Medical/Rx embedded $8,200 Single OOPM; 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	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%
Chiropractic	25%	25%	25%	25%
Physical Therapy	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				
2019 Federal AVC, Adjusted if Necessary	73.0%	N/A	76.8%	N/A
2020 Federal AVC, Adjusted if Necessary	**74.2%**	**73.4%**	**77.8%**	**77.4%**
Difference from 2019 Federal AVC, Adjusted	1.2%	0.4%	0.1%	0.5%

Changes from the 2019 plan design are shaded in orange. Changes to CSR plans do not require GMCB approval, but are provided for informational purposes.

Appendix A: 2020 QHPs HDHP CSR Plans

VERMONT
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Deductible/OOP Max	150-200% FPL (87% AV) 2019 Plan Design	150-200% FPL (87% AV) 2020 Recommendation	133-150% FPL (94% AV) 2019 Plan Design	133-150% FPL (94% AV) 2020 Recommendation
Type of Plan	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	$1,200	**$1,250**	$550	$550
Rx Ded	N/A	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	$1,200	**$1,250**	$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%
Chiropractic	0%	0%	0%	0%
Physical Therapy	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				
2019 Federal AVC, Adjusted if Necessary	86.9%	N/A	93.7%	N/A
2020 Federal AVC, Adjusted if Necessary	**87.6%**	**87.2%**	**94.0%**	**94.0%**
Difference from 2019 Federal AVC, Adjusted	0.7%	0.3%	0.3%	0.5%

Changes from the 2019 plan design are shaded in orange. Changes to CSR plans do not require GMCB approval, but are provided for informational purposes.

Appendix B: 2020 QHP Deductible Plans

VERMONT
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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	$900	$3,200	$6,000	$7,900
Rx Ded	$0	$100	$350	$1,000	N/A
Integrated Ded	No	No	No	No	Yes
Medical OOPM	$1,350	$5,000	$7,900	$8,200	$7,900
Rx OOPM	$1,350	$1,350	$1,350	$1,350	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	Applies to all 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	$50	$50	$60
Physical Therapy	$20	$30	$50	$50	$60
Urgent Care	$50	$60	$90	$100	0%
Ambulance	$60	$70	$100	$100	0%
Rx Generic	$10	$10	$15	$20	$25
Rx Preferred Brand	$50	$50	$60	$85	0%
Rx Non-Preferred Brand	50%	50%	50%	60%	0%
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2019 Federal AVC, Adjusted if Necessary	90.1%	81.9%	71.8%	61.9%	64.0%

Appendix B: 2020 QHP Deductible Plans – CSR Variations

VERMONT
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DEPARTMENT OF VERMONT HEALTH ACCESS

Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	$3,200	$3,000	$2,300	$900	$200
Rx Ded	$350	$350	$250	$150	$0
Integrated Ded	No	No	No	No	No
Medical OOPM	$7,900	$6,550	$5,000	$1,900	$900
Rx OOPM	$1,350	$1,200	$1,000	$400	$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
Chiropractic	$50	$50	$35	$15	$7
Physical Therapy	$50	$50	$35	$15	$7
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					
2019 Federal AVC, Adjusted if Necessary	71.8%	74.0%	77.9%	88.0%	95.0%

Appendix B: 2020 QHP HDHPs

VERMONT
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Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	$1,700	$5,500
Rx Ded	$1,350	$1,350
Integrated Ded	Yes	Yes
Medical OOPM	$6,750	$6,750
Rx OOPM	$1,350	$1,350
Integrated OOPM	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded $8,200 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded $8,200 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%
Chiropractic	30%	50%
Physical Therapy	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		
2019 Federal AVC, Adjusted if Necessary	70.9%	61.5%

Appendix B: 2020 QHP HDHPs – CSR Variations

VERMONT
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DEPARTMENT OF VERMONT HEALTH ACCESS

Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	$1,700	$1,700	$1,450	$1,250	$550
Rx Ded	$1,350	$1,350	$1,350	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	$6,750	$5,000	$3,400	$1,250	$550
Rx OOPM	$1,350	$1,350	$1,350	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 $8,200 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded $8,200 Single OOPM; 2x Individual	Aggregate, 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%
Chiropractic	30%	25%	25%	0%	0%
Physical Therapy	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					
2019 Federal AVC, Adjusted if Necessary	70.9%	73.4%	77.4%	87.2%	94.0%

Appendix C: 2020 Silver On/Off Exchange Plans

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

	2020 Plan Designs - Silver Deductible Plans		2020 Plan Designs - Silver HDHPs	
Deductible/OOP Max	**On the Exchange**	**Off the Exchange**	**On the Exchange**	**Off the Exchange**
Type of Plan	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	$3,200	$3,200	$1,700	$1,700
Rx Ded	$350	$350	$1,350	$1,350
Integrated Ded	No	No	Yes	Yes
Medical OOPM	$7,900	$7,900	$6,750	$6,750
Rx OOPM	$1,350	$1,350	$1,350	$1,350
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate with Combined Medical/Rx embedded $8,200 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded $8,200 Single OOPM; 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive
Drug Deductible waived for:	Generic scripts	Generic scripts	Wellness scripts	Wellness scripts
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	50%	50%	30%	30%
Outpatient	50%	50%	30%	30%
ER	$250	$250	30%	30%
Radiology (MRI, CT, PET)	50%	50%	30%	30%
Preventive	$0	$0	0%	0%
PCP Office Visit	$35	$35	10%	10%
MH/SA Office Visit	$35	$35	10%	10%
Specialist Office Visit	$80	$80	30%	30%
Chiropractic	$50	$50	30%	30%
Physical Therapy	$50	$50	30%	30%
Urgent Care	$90	$90	30%	30%
Ambulance	$100	**$105**	30%	**35%**
Rx Generic	$15	$15	$10	$10
Rx Preferred Brand	$60	$60	$40	$40
Rx Non-Preferred Brand	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%
Actuarial Value				
2019 Federal AVC, Adjusted if Necessary	71.8%	71.8%	70.9%	70.9%

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