

Green Mountain Care Board

Department of Vermont Health Access (DVHA) Proposal of 2019 Standard Qualified Health Plans

Dana Houlihan, (DVHA) VHC Plan Management Director
By Phone: Julie Peper, Brittney Phillips, Wakely Consulting

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1

2019 Standard Qualified Health Plans Presentation Agenda

I. Overview: Supporting Information and Approach
Leading to 2019 Proposal of Vermont Health Connect Plan
Designs (Dana Houlihan)

II. Presentation of Plan Designs: Recommendations,
Alternatives, Considerations
(Julie Peper and Brittney Phillips, Wakely Consulting)

III. Comments, Questions & Discussion

IV. GMCB Vote

Summary of Qualified Health Plans Currently Offered By VHC (2018)

Twenty-six (26) total medical plans*:

- 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 (One plan from each issuer without Rx MOOP, new in 2018)
- 10 Non-Standard plans (5 from each issuer): (Gold, Gold HSA-compatible, Silver, 2 Bronze)
- 2 Catastrophic plans (one from each issuer)

3

* Refer to one-page handout displaying 2018 medical QHP benefits & rates

Summary of Plans on VHC (2018)

Dental

Embedded dental is optional in the Standard Plans but is not required

A stand alone dental plan is also available (the SADP is not a standard plan design but follows federal AV requirements)

Planning for 2019 Qualified Health Plans

Stakeholder Group Composition

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

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- Group met monthly from October 2017 – January 2018
 - Prolonged opportunity for input leading to final QHP proposal with broad-based support

2019 Qualified Health Plans Benefit Design Principles

- **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 generic low-cost prescriptions, primary & behavioral health care, preventive services

6

2019 Qualified Health Plans Proposal Approach

- **Strategic, Minimal Increases:** Balance required changes across cost-share for multiple services and anticipated premium increases
- **Design Innovations:** Considered alternatives such as PCP visits pre-deductible at all metal levels, high AV Bronze plan(s)
- **Consumer Education (O & E):** Insurance basics, plan selection assistance in particular around new bronze plan alternatives; Encouraging income-eligible applicants to enroll in silver CSR plans, emphasizing services with no cost-share (i.e. preventive, visits, screenings, GYN visits, immunizations, etc.), coverage access mid-year through special enrollment periods

2019 Certification: High-Level Timeline

- DVHA presents plan design adjustments; GMCB Approval: January 2018
- Medical & dental issuers file forms with DFR: March 2018
 - Form review concludes in June, 2018
- Issuers submit rates May 2018
 - GMCB completes rate review & decision period August, 2018
- DVHA plan selection targeted for August 31, 2018
- 2019 Open enrollment November 1, 2018 to December 15, 2018

QHP Recommended Plan Design Review

Outline

- Proposed Regulation Changes for 2019
- Changes in Federal AVC for 2019
- Notes and Caveats
- Recommended Plan Design Changes

2019 Draft Notice of Benefit and Payment Parameters

Key Changes from 2018 Related to Plan Design

Federal Standardized Plan Options	<ul style="list-style-type: none">• Discontinued in 2019.
Annual Limitation on Cost Sharing	<ul style="list-style-type: none">• Increased to \$7,900 from \$7,350 in 2018.• This increase is larger than in prior years, which have averaged an increase of \$200 each year.• Note: This limit does not apply to HAS-qualified High Deductible Health Plans (HDHPs). The maximum out of pocket for HDHPs is normally released in the spring.
Expanded de minimis Ranges	<ul style="list-style-type: none">• No change.• All Metal levels have a -4% to +2% range beginning in 2018.• Bronze plans meeting additional requirements have a range of -4% to +5%.<ul style="list-style-type: none">• Of the 2018 VT Standard plans, the Bronze Deductible plan without Rx limit and Bronze HDHPs qualify for this expanded range, while the Bronze Deductible plan with Rx limit does not.
Rate Review	<ul style="list-style-type: none">• Proposed to increase the rate review threshold from 10% to 15%. States may retain stricter review thresholds.
EHB Flexibility	<ul style="list-style-type: none">• Provide more flexibility by allowing states to update their EHB benchmark on an annual basis.<ul style="list-style-type: none">• Select another state's benchmark.• Substitute category of benefits.• Select new set of benefits.<ul style="list-style-type: none">• Must be equal in scope to a typical employer plan.

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

2019 Final Federal 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 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.

2019 Final Federal Actuarial Value Calculator (AVC)

Key Changes from 2018

The 2019 Federal AVC did not experience major changes from the final 2018 Calculator.

- Underlying data was not changed (initially was expected to be based on ACA data for the first time).
 - CMS trended the data from 2015 to 2018 at the rate of 3.25% for medical claims and 11.5% for pharmacy claims. This is consistent with the 2018 AVC.
 - From 2018 to 2019 medical and pharmacy trends of 5.4% and 11.5% 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.
- Even though there were not significant changes to the AVC, there will still be changes required to the standard plan designs for 2019. This is mostly due to the leveraging effect of trend.

Notes and Caveats

The 2018 regulations are still in draft format. Any changes in the final versions could impact the actuarial values and the resulting plan designs.

Federal HDHP minimum deductible and OOPM limits are not yet released for 2019.

- The 2018 minimum single deductible and the single OOPM are \$1,350 and \$6,650, respectively.
- The proposed plan designs do not currently account for potential 2019 changes in either the HDHP deductible or OOPM. **Should the final minimum deductible increase for 2019, the drug deductible for the HDHPs will need to be increased accordingly.**
 - The minimum deductible typically increases \$50 every two to three years and the last increase was for the 2018 plan year.
 - The OOPM increases about \$100 each year, though it did not increase from 2016-2017.

13

Notes and Caveats (Cont'd)

“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 the federal 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.

2019 Final Federal Actuarial Value Calculator (AVC)

Impact on the Actuarial Value of VT Standard Plan Designs

- The gold, silver, and bronze deductible plans require changes to meet the “de minimis” AV requirements.
 - Cost Sharing Reduction (CSR) variation plan designs also require changes.
- 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.
 - No cost sharing for basic pediatric oral health essential health benefits: 0.5% “cushion” on HDHPs and the bronze deductible plan.
- The bronze HDHP and deductible plan without Rx limit are eligible for the expanded de minimis range which was new for the 2018 plan year.

	Plan	2018 Federal AVC, Adjusted if Necessary	2019 Federal AVC, Adjusted if Necessary	Acceptable Range	Out of Range	Recommended Plan Design AV
Deductible Plans	Platinum	89.9%	90.5%	86.0%-92.0%	NO	90.1%
	Gold	82.0%	82.9%	76.0%-82.0%	YES	82.0%
	Silver	72.0%	73.1%	66.0%-72.0%	YES	71.9%
	Bronze (with Rx limit)	61.1%	62.4%	56.0%-61.5%	YES	61.3%
	Bronze (without Rx limit)	62.1%	63.6%	56.0%-65.0%	NO	63.0%
HDHPs	Silver - Embedded OOPM	69.5%	70.6%	66.0%-71.0%	NO	70.2%
	Bronze - Embedded OOPM	59.8%	61.1%	56.0%-64.0%	NO	60.7%

2019 QHP Proposal Changes Requiring GMCB Approval

- 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 2019, this is a change of less than or equal to \$550 (\$7,900 - \$7,350) although the \$7,900 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 2018 plan designs are shown in boxes and shaded in orange. **Any changes requiring approval are shaded in blue.**

2019 QHP Proposal Summary of Plan Design Changes

Deductible Plans		
Plan	Platinum	Gold
Changes	Increase medical deductible from \$300 to \$350	Increase medical OOPM from \$4,500 to \$4,700
	Increase medical OOPM from \$1,300 to \$1,350	Increase Rx OOPM from \$1,300 to \$1,350
	Increase Rx OOPM from \$1,300 to \$1,350	Increase generic Rx copay from \$5 to \$10
Require Approval?	NO	NO

Deductible Plans		
Plan	Silver	Bronze w/ Rx Limit
Changes	Increase medical deductible from \$2,600 to \$2,800	Increase medical deductible from \$5,000 to \$5,500
	Increase combined medical/Rx OOPM from \$6,800 to \$7,500	Increase combined medical/Rx OOPM from \$7,350 to \$7,900
	Increase Rx OOPM from \$1,300 to \$1,350	Increase Rx OOPM from \$1,300 to \$1,350
	Increase PCP and MH/SA office visit copays from \$25 to \$30	
Require Approval?	YES	YES

Deductible Plans	
Plan	Bronze w/o Rx Limit
Changes	Increase medical deductible from \$7,350 to \$7,600
	Increase combined medical/Rx OOPM from \$7,350 to \$7,600
Require Approval?	YES

HDHPs		
Plan	Silver – Embedded OOPM	Bronze - Embedded OOPM
Changes	Increase combined medical/Rx OOPM from \$6,400 to \$6,650	Increase combined medical/Rx OOPM from \$6,550 to \$6,650
	Increase embedded single OOPM from \$7,350 to \$7,900	Increase embedded single OOPM from \$7,350 to \$7,900
Require Approval?	NO	NO

- Requesting approval or endorsement of the \$5 copay/5% coinsurance increase for ambulance services on off-Exchange reflective Silver plans.

2014-2018 QHPs Platinum Deductible Plan

Deductible/OOP Max	2014	2015	2016	2017	2018
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$150	\$150	\$150	\$250	\$300
Rx Ded	\$0	\$0	\$0	\$0	\$0
Integrated Ded	No	No	No	No	No
Medical OOPM	\$1,250	\$1,250	\$1,250	\$1,300	\$1,300
Rx OOPM	\$1,250	\$1,250	\$1,250	\$1,300	\$1,300
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, ER	Prev, OV, UC, Amb, ER	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	10%	10%	10%	10%	10%
Outpatient	10%	10%	10%	10%	10%
ER	\$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	\$10
MH/SA Office Visit	\$10	\$10	\$10	\$10	\$10
Specialist Office Visit	\$20	\$20	\$20	\$30	\$30
Urgent Care	\$40	\$40	\$40	\$40	\$40
Ambulance	\$50	\$50	\$50	\$50	\$50
Rx Generic	\$5	\$5	\$5	\$5	\$5
Rx Preferred Brand	\$40	\$40	\$40	\$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.

2019 QHPs Platinum Deductible Plan

Deductible/OOP Max	2018 Plan Design	2019 Recommended Design	2019 Alternative Design
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$300	\$350	\$350
Rx Ded	\$0	\$0	\$0
Integrated Ded	No	No	No
Medical OOPM	\$1,300	\$1,350	\$1,600
Rx OOPM	\$1,300	\$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	\$10	\$10
MH/SA Office Visit	\$10	\$10	\$10
Specialist Office Visit	\$30	\$30	\$30
Urgent Care	\$40	\$40	\$40
Ambulance	\$50	\$50	\$50
Rx Generic	\$5	\$5	\$5
Rx Preferred Brand	\$50	\$50	\$50
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2018 Federal AVC, Adjusted if Necessary	89.9%	N/A	N/A
2019 DRAFT Federal AVC, Adjusted if Necessary	90.5%	90.1%	89.8%
Difference from 2018 Federal AVC, Adjusted	0.6%	0.2%	-0.1%
Estimated Premium Impact	N/A	-0.1%	-0.7%

Changes from the 2018 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in blue.

2019 QHPs Platinum Deductible Plan

Even though the 2018 plan design is still within the AV range, changes are recommended:

- Increased cost sharing will limit the impact on premium.
- Increased Rx OOPM for consistency between deductible and HDHPs.
 - In Spring 2017, the Rx OOPM for the HDHPs increased to meet the requirements of the HDHP limitations released by the IRS. As the plan designs for 2018 were already approved by the GMCB, no changes were made to the deductible plan designs at that time.

2014-2018 QHPs Gold Deductible Plan

Deductible/OOP Max	2014	2015	2016	2017	2018
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$750	\$750	\$750	\$850	\$850
Rx Ded	\$50	\$50	\$50	\$100	\$100
Integrated Ded	No	No	No	No	No
Medical OOPM	\$4,250	\$4,250	\$4,250	\$4,500	\$4,500
Rx OOPM	\$1,250	\$1,250	\$1,250	\$1,300	\$1,300
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, ER	Prev, OV, UC, Amb, ER	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	20%	20%	20%	20%	30%
Outpatient	20%	20%	20%	20%	30%
ER	\$150	\$150	\$150	\$150	\$150
Radiology (MRI, CT, PET)	20%	20%	20%	20%	30%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$15	\$15	\$15	\$15	\$15
MH/SA Office Visit	\$15	\$15	\$15	\$15	\$15
Specialist Office Visit	\$25	\$25	\$25	\$30	\$30
Urgent Care	\$45	\$45	\$45	\$45	\$40
Ambulance	\$50	\$50	\$50	\$50	\$50
Rx Generic	\$5	\$5	\$5	\$5	\$5
Rx Preferred Brand	\$40	\$40	\$40	\$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.

2019 QHPs Gold Deductible Plan

Deductible/OOP Max	2018 Plan Design	2019 Recommended Design	2019 Alternative Design
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$850	\$850	\$1,000
Rx Ded	\$100	\$100	\$200
Integrated Ded	No	No	No
Medical OOPM	\$4,500	\$4,700	\$4,800
Rx OOPM	\$1,300	\$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	\$15	\$15
MH/SA Office Visit	\$15	\$15	\$15
Specialist Office Visit	\$30	\$30	\$30
Urgent Care	\$40	\$40	\$40
Ambulance	\$50	\$50	\$50
Rx Generic	\$5	\$10	\$5
Rx Preferred Brand	\$50	\$50	\$50
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2018 Federal AVC, Adjusted if Necessary	82.0%	N/A	N/A
2019 DRAFT Federal AVC, Adjusted if Necessary	82.9%	82.0%	82.0%
Difference from 2018 Federal AVC, Adjusted	0.9%	0.0%	0.0%
Estimated Premium Impact	N/A	-0.6%	-0.9%

Changes from the 2018 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in blue.

2019 QHPs Gold Deductible Plan

Considerations for recommended changes:

- Increasing the generic Rx copay (which had not been increased historically) allows the deductible and other copays to remain unchanged from 2017.
- Increased Rx OOPM for consistency between deductible and HDHPs.
 - In Spring 2017, the Rx OOPM for the HDHPs increased to meet the requirements of the HDHP limitations released by the IRS. As the plan designs for 2018 were already approved by the GMCB, no changes were made to the deductible plan designs at that time.

2014-2018 QHPs Silver Deductible Plan

Deductible/OOP Max	2014	2015	2016	2017	2018
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$1,900	\$1,900	\$2,000	\$2,150	\$2,600
Rx Ded	\$100	\$100	\$150	\$150	\$300
Integrated Ded	No	No	No	No	No
Medical OOPM	\$5,150	\$5,100	\$5,600	\$6,000	\$6,800
Rx OOPM	\$1,250	\$1,250	\$1,250	\$1,300	\$1,300
Integrated OOPM	No	No	No	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	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	40%	40%	40%	40%	40%
Outpatient	40%	40%	40%	40%	40%
ER	\$250	\$250	\$250	\$250	\$250
Radiology (MRI, CT, PET)	40%	40%	40%	40%	40%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$20	\$25	\$25	\$25	\$25
MH/SA Office Visit	\$20	\$25	\$25	\$25	\$25
Specialist Office Visit	\$40	\$45	\$50	\$65	\$75
Urgent Care	\$60	\$60	\$60	\$60	\$85
Ambulance	\$100	\$100	\$100	\$100	\$100
Rx Generic	\$12	\$12	\$15	\$15	\$15
Rx Preferred Brand	\$50	\$50	\$60	\$60	\$60
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.

2019 QHPs Silver Deductible Plan

Deductible/OOP Max	2018 Plan Design	2019 Recommended Design	2019 Alternative Design
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$2,600	\$2,800	\$2,900
Rx Ded	\$300	\$300	\$300
Integrated Ded	No	No	No
Medical OOPM	\$6,800	\$7,500	\$7,500
Rx OOPM	\$1,300	\$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%	40%	40%
Outpatient	40%	40%	40%
ER	\$250	\$250	\$250
Radiology (MRI, CT, PET)	40%	40%	40%
Preventive	\$0	\$0	\$0
PCP Office Visit	\$25	\$30	\$27
MH/SA Office Visit	\$25	\$30	\$27
Specialist Office Visit	\$75	\$75	\$75
Urgent Care	\$85	\$85	\$85
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			
2018 Federal AVC, Adjusted if Necessary	72.0%	N/A	N/A
2019 DRAFT Federal AVC, Adjusted if Necessary	73.1%	71.9%	71.9%
Difference from 2018 Federal AVC, Adjusted	1.1%	-0.1%	-0.1%
Estimated Premium Impact	N/A	-0.7%	-0.7%

Changes from the 2018 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in blue.

2019 QHPs Silver Deductible Plan

Considerations for recommended changes:

- Preference to maintain office visit copay in \$5 increments as \$27 PCP copay seen in alternative design may be confusing or difficult for members.
- Increased Rx OOPM for consistency between deductible and HDHPs.
 - In Spring 2017, the Rx OOPM for the HDHPs increased to meet the requirements of the HDHP limitations released by the IRS. As the plan designs for 2018 were already approved by the GMCB, no changes were made to the deductible plan designs at that time.

2014-2018 QHPs Silver HDHP

Deductible/OOP Max	2014	2015	2016	2017	2018
Type of Plan	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
Rx Ded	\$1,250	\$1,300	\$1,300	\$1,300	\$1,350
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$5,750	\$5,750	\$5,750	\$6,400	\$6,400
Rx OOPM	\$1,250	\$1,300	\$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
Family Deductible / OOP	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate with Combined Medical/Rx embedded \$6,850 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,150 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single OOPM; 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	20%	20%	25%	25%	30%
Outpatient	20%	20%	25%	25%	30%
ER	20%	20%	25%	25%	30%
Radiology (MRI, CT, PET)	20%	20%	25%	25%	30%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	10%	10%
MH/SA Office Visit	10%	10%	10%	10%	10%
Specialist Office Visit	20%	20%	25%	25%	30%
Urgent Care	20%	20%	25%	25%	30%
Ambulance	20%	20%	25%	25%	30%
Rx Generic	\$10	\$10	\$10	\$10	\$10
Rx Preferred Brand	\$40	\$40	\$40	\$40	\$40
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.

2019 QHPs Silver HDHP

Deductible/OOP Max	2018 Plan Design	2019 Recommended Design	2019 Alternative Design
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	\$1,550	\$1,550
Rx Ded	\$1,350	\$1,350	\$1,350
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$6,400	\$6,650	\$6,400
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 \$7,350 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 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%
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			
2018 Federal AVC, Adjusted if Necessary	69.5%	N/A	N/A
2019 DRAFT Federal AVC, Adjusted if Necessary	70.6%	70.2%	70.4%
Difference from 2018 Federal AVC, Adjusted	1.1%	0.7%	0.9%
Estimated Premium Impact	N/A	0.5%	0.8%

Changes from the 2018 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in blue.

2019 QHPs Silver HDHP

Even though the 2018 plan design is still within the AV range, changes are recommended:

- Increased cost sharing will limit impact on premium.
- Increase embedded single OOPM to maintain consistency with federal annual limit on cost sharing.

2019 QHPs Reflective Silver Plans

No changes were made to the 2018 premiums following the announcement that federal funding for CSR subsidies would cease.

For 2019, the premiums of the silver on-Exchange plans will reflect the cost of the de-funding, resulting in a “CSR load” to the on-Exchange CSR plans.

For individuals who are not eligible for premium subsidies (not protected from the CSR load), carriers can offer “reflective” off-Exchange plans whose premiums have not been increased for the CSR load and have only a minor difference in the plan design.

2019 QHPs Reflective Silver Plans (continued)

It is recommended that the only difference between the on and off-Exchange silver plans be a \$5 (copay) or 5% (coinsurance) increase to cost sharing for **Ambulance services** in the off-Exchange plan.

- This change applies to all 2019 standard and non-standard plans.
- If there is a silver plan approved with 100% coinsurance, it is recommended that the deductible and OOPM be increased by \$25 for the reflective off-Exchange plan.
- This will impact the federal AV. The carrier submitting this plan will need to ensure that both the on and off-Exchange plan designs fit within the required AV ranges.

Standard silver on and off-Exchange plan designs are shown in Appendix C.

2019 QHPs Reflective Silver Plans (continued)

Considerations for the service category recommendation:

- The service category should not be included in the AV calculator so the AV certification is unaffected.
- The service category should have relatively lower utilization and lower costs to minimize the pricing impact.
- The service category shouldn't discriminate on select conditions (e.g. dialysis) to minimize anti-selection between plans.
- The service would ideally be listed in the Summary of Benefits and Coverage (SBC) to highlight the difference for consumer transparency.

Ambulance was the selected service. There is also precedent for a state using this service to distinguish a reflective plan.

Other service categories considered included urgent care, home health, DME, and hospice.

2014-2018 QHPs Bronze Deductible Plan

Bronze Deductible Plan Designs: With Rx Limit						Bronze Plan: Without Rx Limit
Deductible/OOP Max	2014	2015	2016	2017	2018	2018
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$3,500	\$3,500	\$4,000	\$4,600	\$5,000	\$7,350
Rx Ded	\$200	\$300	\$500	\$700	\$900	N/A
Integrated Ded	No	No	No	No	No	Yes
Medical OOPM	\$6,350	\$6,350	\$6,850	\$7,150	\$7,350	\$7,350
Rx OOPM	\$1,250	\$1,250	\$1,250	\$1,300	\$1,300	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	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	Stacked, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive, OV
Drug Deductible waived for:	Applies to all scripts	Applies to all scripts	Applies to all scripts	Applies to all scripts	Applies to all scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%	50%	50%	0%
Outpatient	50%	50%	50%	50%	50%	0%
ER	50%	50%	50%	50%	50%	0%
Radiology (MRI, CT, PET)	50%	50%	50%	50%	50%	0%
Preventive	\$0	\$0	\$0	\$0	\$0	0%
PCP Office Visit	\$35	\$35	\$35	\$35	\$35	\$40
MH/SA Office Visit	\$35	\$35	\$35	\$35	\$35	\$40
Specialist Office Visit	\$80	\$80	\$85	\$90	\$90	\$100
Urgent Care	\$100	\$100	\$100	\$100	\$100	0%
Ambulance	\$100	\$100	\$100	\$100	\$100	0%
Rx Generic	\$20	\$20	\$20	\$20	\$20	\$25
Rx Preferred Brand	\$80	\$80	\$80	\$85	\$85	0%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	0%
Rx Specialty	60%	60%	60%	60%	60%	0%

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

2019 QHPs Bronze Deductible Plan w/ Rx Limit

Deductible/OOP Max	2018 Plan Design	2019 Recommended Design	2019 Alternative Design
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$5,000	\$5,500	\$6,000
Rx Ded	\$900	\$900	\$900
Integrated Ded	No	No	No
Medical OOPM	\$7,350	\$7,900	\$7,750
Rx OOPM	\$1,300	\$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
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			
2018 Federal AVC, Adjusted if Necessary	61.1%	N/A	N/A
2019 DRAFT Federal AVC, Adjusted if Necessary	62.4%	61.3%	61.2%
Difference from 2018 Federal AVC, Adjusted	1.3%	0.2%	0.1%
Estimated Premium Impact	N/A	-0.3%	0.1%

Changes from the 2018 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in blue.

2019 QHPs Bronze Deductible Plan w/ Rx Limit

Considerations for recommended changes:

- Deductible and OOPM increased in order to leave copays unchanged.
- Smaller premium impact compared to alternative design.
- Increased Rx OOPM for consistency between deductible and HDHPs.
 - In Spring 2017, the Rx OOPM for the HDHPs increased to meet the requirements of the HDHP limitations released by the IRS. As the plan designs for 2018 were already approved by the GMCB, no changes were made to the deductible plan designs at that time.

2019 QHPs Bronze Deductible Plan w/o Rx Limit (new in 2018)

Deductible/OOP Max	2018 Plan Design	2019 Recommended Design	2019 Alternative Design 1	2019 Alternative Design 2 (at Highest AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$7,350	\$7,600	\$7,000	\$6,800
Rx Ded	N/A	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$7,350	\$7,600	\$7,000	\$6,800
Rx OOPM	N/A	N/A	N/A	N/A
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Preventive, OV	Preventive, OV	Preventive, OV	Preventive, OV
Drug Deductible waived for:	Generic Scripts	Generic Scripts	Generic Scripts	Generic 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	\$40	\$40	\$40	\$40
MH/SA Office Visit	\$40	\$40	\$40	\$40
Specialist Office Visit	\$100	\$100	\$100	\$100
Urgent Care	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%
Rx Generic	\$25	\$25	\$25	\$25
Rx Preferred Brand	0%	0%	0%	0%
Rx Non-Preferred Brand	0%	0%	0%	0%
Rx Specialty	0%	0%	0%	0%
Actuarial Value				
2018 Federal AVC, Adjusted if Necessary	62.1%	N/A	N/A	N/A
2019 DRAFT Federal AVC, Adjusted if Necessary	63.6%	63.0%	64.4%	64.9%
Difference from 2018 Federal AVC, Adjusted	1.5%	0.9%	2.3%	2.8%
Estimated Premium Impact	N/A	0.4%	2.2%	2.7%

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 2018 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in blue.

2019 QHPs Bronze Deductible Plan w/o Rx Limit

Even though the 2018 plan design is still within the AV range, changes are recommended:

- Increased cost sharing will limit impact on premium.
- Alternative designs considered in response to loading of CSR costs on silver plan premiums.
 - For members not eligible for subsidies, these provide an option with an AV closer to the silver AV, but a lower premium as it would not include the CSR load.
 - However, this would increase the premiums for those currently enrolled in this plan and not eligible for premium subsidies.
 - Could cause consumer confusion due to the smaller difference in AVs relative to the silver plan (~65% AV for bronze plan compared to a silver plan at ~70% AV).
 - Might encourage those with CSRs to migrate to other plans which contradicts with the states prior efforts to keep subsidy-eligible members in CSR plans.
 - Since the AV calculator is trended each year it is likely that next year benefit changes would be needed to maintain the plans AV compliance. By leaving the benefits lower, it is more likely that a similar benefit structure can be maintained with less significant changes in future years.

2014-2018 QHPs Bronze HDHP

Deductible/OOP Max	2014	2015	2016	2017	2018
Type of Plan	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
Rx Ded	\$1,250	\$1,300	\$1,300	\$1,300	\$1,350
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$6,250	\$6,250	\$6,500	\$6,550	\$6,550
Rx OOPM	\$1,250	\$1,300	\$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
Family Deductible / OOP	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate with Combined Medical/Rx embedded \$6,850 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,150 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single OOPM; 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	50%	50%	50%	50%	50%
Outpatient	50%	50%	50%	50%	50%
ER	50%	50%	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%	50%	50%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	50%	50%	50%	50%	50%
MH/SA Office Visit	50%	50%	50%	50%	50%
Specialist Office Visit	50%	50%	50%	50%	50%
Urgent Care	50%	50%	50%	50%	50%
Ambulance	50%	50%	50%	50%	50%
Rx Generic	\$12	\$12	\$12	\$12	\$12
Rx Preferred Brand	40%	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%
Rx Specialty	60%	60%	60%	60%	60%

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

2019 QHPs Bronze HDHP

Deductible/OOP Max	2018 Plan Design	2019 Recommended Design	2019 Alternative Design
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$5,250	\$5,250	\$5,250
Rx Ded	\$1,350	\$1,350	\$1,350
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$6,550	\$6,650	\$6,550
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 \$7,350 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 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%
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			
2018 Federal AVC, Adjusted if Necessary	59.8%	N/A	N/A
2019 DRAFT Federal AVC, Adjusted if Necessary	61.1%	60.7%	60.8%
Difference from 2018 Federal AVC, Adjusted	1.3%	0.9%	1.3%
Estimated Premium Impact	N/A	1.0%	1.4%

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%.

Changes from the 2018 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in blue.

2019 QHPs Bronze HDHP

Even though the 2018 plan design is still within the AV range, changes are recommended:

- Increased cost sharing will limit impact on premium.
- Increase embedded single OOPM to maintain consistency with federal annual limitation on cost sharing.

2019 QHP Proposal Summary of Plan Design Changes

Deductible Plans		
Plan	Platinum	Gold
Changes	Increase medical deductible from \$300 to \$350	Increase medical OOPM from \$4,500 to \$4,700
	Increase medical OOPM from \$1,300 to \$1,350	Increase Rx OOPM from \$1,300 to \$1,350
	Increase Rx OOPM from \$1,300 to \$1,350	Increase generic Rx copay from \$5 to \$10
Require Approval?	NO	NO

Deductible Plans		
Plan	Silver	Bronze w/ Rx Limit
Changes	Increase medical deductible from \$2,600 to \$2,800	Increase medical deductible from \$5,000 to \$5,500
	Increase combined medical/Rx OOPM from \$6,800 to \$7,500	Increase combined medical/Rx OOPM from \$7,350 to \$7,900
	Increase Rx OOPM from \$1,300 to \$1,350	Increase Rx OOPM from \$1,300 to \$1,350
	Increase PCP and MH/SA office visit copays from \$25 to \$30	
Require Approval?	YES	YES

Deductible Plans	
Plan	Bronze w/o Rx Limit
Changes	Increase medical deductible from \$7,350 to \$7,600
	Increase combined medical/Rx OOPM from \$7,350 to \$7,600
Require Approval?	YES

HDHPs		
Plan	Silver - Embedded OOPM	Bronze - Embedded OOPM
Changes	Increase combined medical/Rx OOPM from \$6,400 to \$6,650	Increase combined medical/Rx OOPM from \$6,550 to \$6,650
	Increase embedded single OOPM from \$7,350 to \$7,900	Increase embedded single OOPM from \$7,350 to \$7,900
Require Approval?	NO	NO

- Requesting approval or endorsement of the \$5 copay/5% coinsurance increase for ambulance services on off-Exchange reflective Silver plans.

2019 QHPs Appendices

- Appendix A: CSR Plan Design Changes (Slides 43-46)
- Appendix B: 2019 Recommended Plan Designs - All Metals (Slides 47-50)
- Appendix C: Silver On/Off-Exchange Plan Designs (Slide 51)

Appendix A: CSRs – Deductible Plan

Deductible/OOP Max	250-300% FPL (73% AV)	250-300% FPL (73% AV)	200-250% FPL (77% AV)	200-250% FPL (77% AV)
	2018 Plan Design	2019 Recommendation	2018 Plan Design	2019 Recommendation
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$2,550	\$2,700	\$2,000	\$2,200
Rx Ded	\$300	\$300	\$200	\$200
Integrated Ded	No	No	No	No
Medical OOPM	\$5,700	\$6,300	\$4,500	\$4,900
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%	40%	40%	40%
Outpatient	40%	40%	40%	40%
ER	\$250	\$250	\$250	\$250
Radiology (MRI, CT, PET)	40%	40%	40%	40%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$25	\$30	\$20	\$20
MH/SA Office Visit	\$25	\$30	\$20	\$20
Specialist Office Visit	\$65	\$65	\$40	\$40
Urgent Care	\$75	\$75	\$50	\$50
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				
2018 Federal AVC, Adjusted if Necessary	74.0%	N/A	77.7%	N/A
2019 Federal AVC, Adjusted if Necessary	75.1%	74.0%	78.8%	77.8%
Difference from 2018 Federal AVC, Adjusted	1.1%	0.0%	1.0%	0.1%

Changes from the 2018 plan design are shaded in orange. Changes to CSR plans do not require GMCB approval, but are provided for informational purposes.

Appendix A: CSRs – Deductible Plan

Deductible/OOP Max	150-200% FPL (87% AV) 2018 Plan Design	150-200% FPL (87% AV) 2019 Recommendation	133-150% FPL (94% AV) 2018 Plan Design	133-150% FPL (94% AV) 2019 Recommendation
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$800	\$800	\$150	\$150
Rx Ded	\$150	\$150	\$0	\$0
Integrated Ded	No	No	No	No
Medical OOPM	\$1,600	\$1,800	\$800	\$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
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				
2018 Federal AVC, Adjusted if Necessary	87.7%	N/A	94.7%	N/A
2019 Federal AVC, Adjusted if Necessary	88.4%	87.6%	95.0%	94.9%
Difference from 2018 Federal AVC, Adjusted	0.7%	-0.1%	0.3%	0.2%

Changes from the 2018 plan design are shaded in orange. Changes to CSR plans do not require GMCB approval, but are provided for informational purposes.

Appendix A: CSRs – HDHP

Deductible/OOP Max	250-300% FPL (73% AV)	250-300% FPL (73% AV)	200-250% FPL (77% AV)	250-300% FPL (77% AV)
	2018 Plan Design	2019 Recommendation	2018 Plan Design	2019 Recommendation
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	\$1,550	\$1,350	\$1,350
Rx Ded	\$1,350	\$1,350	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$4,100	\$4,800	\$3,000	\$3,300
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 \$7,350 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 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	25%	\$0
PCP Office Visit	10%	10%	10%	10%
MH/SA Office Visit	10%	10%	10%	10%
Specialist Office Visit	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				
2018 Federal AVC, Adjusted if Necessary	73.0%	N/A	76.4%	N/A
2019 Federal AVC, Adjusted if Necessary	74.1%	73.0%	77.6%	76.8%
Difference from 2018 Federal AVC, Adjusted	1.0%	0.0%	0.9%	0.4%

Changes from the 2018 plan design are shaded in orange. Changes to CSR plans do not require GMCB approval, but are provided for informational purposes.

Appendix A: CSRs – HDHP

Deductible/OOP Max	150-200% FPL (87% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)	133-150% FPL (94% AV)
	2018 Plan Design	2019 Recommendation	2018 Plan Design	2019 Recommendation
Type of Plan	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,200	\$1,200	\$550	\$550
Rx Ded	N/A	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$1,200	\$1,200	\$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%
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				
2018 Federal AVC, Adjusted if Necessary	86.1%	86.1%	93.2%	93.2%
2019 Federal AVC, Adjusted if Necessary	86.9%	86.9%	93.7%	93.7%
Difference from 2018 Federal AVC, Adjusted	0.7%	0.4%	0.4%	0.0%

Changes from the 2018 plan design are shaded in orange. Changes to CSR plans do not require GMCB approval, but are provided for informational purposes.

Appendix B: 2019 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	\$850	\$2,800	\$5,500	\$7,600
Rx Ded	\$0	\$100	\$300	\$900	N/A
Integrated Ded	No	No	No	No	Yes
Medical OOPM	\$1,350	\$4,700	\$7,500	\$7,900	\$7,600
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%	40%	50%	0%
Outpatient	10%	30%	40%	50%	0%
ER	\$100	\$150	\$250	50%	0%
Radiology (MRI, CT, PET)	10%	30%	40%	50%	0%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$10	\$15	\$30	\$35	\$40
MH/SA Office Visit	\$10	\$15	\$30	\$35	\$40
Specialist Office Visit	\$30	\$30	\$75	\$90	\$100
Urgent Care	\$40	\$40	\$85	\$100	\$0
Ambulance	\$50	\$50	\$100	\$100	\$0
Rx Generic	\$5	\$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%	82.0%	71.9%	61.3%	63.0%

Appendix B: 2019 QHP Deductible Plans – CSR Variations

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	\$2,800	\$2,700	\$2,200	\$800	\$150
Rx Ded	\$300	\$300	\$200	\$150	\$0
Integrated Ded	No	No	No	No	No
Medical OOPM	\$7,500	\$6,300	\$4,900	\$1,800	\$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	40%	40%	40%	40%	10%
Outpatient	40%	40%	40%	40%	10%
ER	\$250	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	40%	40%	40%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$30	\$30	\$20	\$10	\$5
MH/SA Office Visit	\$30	\$30	\$20	\$10	\$5
Specialist Office Visit	\$75	\$65	\$40	\$30	\$15
Urgent Care	\$85	\$75	\$50	\$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	71.9%	74.0%	77.8%	87.6%	94.9%

Appendix B: 2019 QHP HDHPs

Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	\$5,250
Rx Ded	\$1,350	\$1,350
Integrated Ded	Yes	Yes
Medical OOPM	\$6,650	\$6,650
Rx OOPM	\$1,350	\$1,350
Integrated OOPM	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 \$7,900 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%
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	70.2%	60.7%

Appendix B: 2019 QHP HDHPs – CSR Variations

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	\$1,550	\$1,550	\$1,350	\$1,200	\$550
Rx Ded	\$1,350	\$1,350	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$6,650	\$4,800	\$3,300	\$1,200	\$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 \$7,900 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 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%
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	70.3%	73.0%	76.8%	86.9%	93.7%

Appendix C: 2019 Silver On/Off-Exchange Plans

Deductible/OOP Max	2019 Plan Designs - Silver Deductible Plans		2019 Plan Designs - Silver HDHPs	
	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	\$2,800	\$2,800	\$1,550	\$1,550
Rx Ded	\$300	\$300	\$1,350	\$1,350
Integrated Ded	No	No	Yes	Yes
Medical OOPM	\$7,500	\$7,500	\$6,650	\$6,650
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	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 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	40%	40%	30%	30%
Outpatient	40%	40%	30%	30%
ER	\$250	\$250	30%	30%
Radiology (MRI, CT, PET)	40%	40%	30%	30%
Preventive	\$0	\$0	0%	0%
PCP Office Visit	\$30	\$30	10%	10%
MH/SA Office Visit	\$30	\$30	10%	10%
Specialist Office Visit	\$75	\$75	30%	30%
Urgent Care	\$85	\$85	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	71.9%	71.9%	70.3%	70.3%

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