

Evaluation Criteria - Non-Standard QHPs (Proposed)

The GMCB shall use the following criteria when determining whether new non-standard plan designs or significant changes¹ to an existing plan design would add value to the Vermont marketplace:

	Criteria	Examples
1	Substantial difference in deductible and/or maximum out of pocket compared to standard plans	Substantial differences in one or more of the following: <ul style="list-style-type: none"> • Medical deductible • Rx deductible • MOOP
2	Substantial cost share difference for one or more highly utilized services compared to standard plan designs	Specific cost sharing for high utilized services could be adjusted by changing the applicability of the deductible, changing the amount of cost share, or changing whether the cost sharing is coinsurance or copay
3	Plan structure difference compared to standard plan designs	Change from co-payment to co-insurance (or vice-versa) for inpatient, outpatient, primary care visits, or specialty care visits
4	Enhances innovation	Promotes preventive healthcare, financial incentives, or optimal service delivery location
5	Adds value to the Vermont individual and small business health insurance market	Fills a gap in the individual or small group market, as demonstrated by market analysis or other evidence

¹ Modifications to non-standard QHPs which are permitted under the “exception for uniform modification of coverage” provision of 45 CFR § 147.106(e) do not constitute “significant changes” for purposes of the Board’s review (i.e., cost share adjustments to plans which constitute uniform modifications are not subject to Board review).