

# **Green Mountain Care Board**

## **Department of Vermont Health Access (DVHA) Presentation of Proposed 2024 Standard Qualified Health Plan (QHP) Designs**

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of Wakely Consulting, an HMA Company**

**Wednesday, February 1, 2024**

# 2024 Standard Qualified Health Plans Presentation Objectives

- I. **Provide Overview:** Supporting Information and Approach For Developing 2024 Proposed QHPs for Vermont Health Connect  
(Dana Houlihan)
  
- II. **Describe (Draft) Federal Guidance Changes Present Proposed Plan Designs:**  
Recommendations, Alternatives, Considerations  
(Julie Peper, Darren Johnson, Alex Jarocki: Wakely Consulting)
  
- III. **Comments, Questions & Discussion**
  
- IV. **GMCB Vote**

# Summary of Qualified Health Plans Currently Offered By VHC (2023)

## Twenty-eight (28) medical plans\*:

### For Review Today:

#### 14 Standard plans (7 from each issuer)

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

### Also Offered on the Vermont Marketplace:

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

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

\* Refer to one-page handout displaying 2023 medical QHP benefits & rates

# Planning for 2024 Standard QHPs Stakeholder Group Composition

## **DVHA:**

Plan Management Director

**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 November 2022 – January 2023
  - Stakeholders are actively involved, reviewing updated plan modeling to meet AV compliancy requirements, leading to the final QHP design proposal with broad-based support

# 2024 Stakeholder Group Benefit Design Principles

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

# 2024 Stakeholder Group Benefit Design Principles

## Affordability

- Higher actuarial value (AV) generally aligns with higher premiums
- At the silver level, higher premiums mean increased APTC available to eligible enrollees
  - APTC amount is tied to the second lowest cost silver plan premium
- The State supports maximizing silver AV in order to increase subsidy availability
- Federal AV ranges facilitate this principle



# 2024 Stakeholder Group Process Highlights

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

# Silver Loading Continues in 2024

- Premium for on-exchange silver plans “loaded” to cover the value of the cost sharing reduction (CSR)
- Higher silver plan premium on-exchange substantially enhances APTC with a higher benchmark plan (second lowest cost silver) premium
- Subsidy-eligible VHC enrollees may choose a silver plan with CSR and APTC, or select another metal level plan and reduce premium with APTC
- Unsubsidized customers may select a “reflective” silver plan at lower premium directly from issuers
- Reflective silver plan benefits contain one minor benefit variation: \$5 or 5% (\$25 for HDHP) higher cost share for ambulance services, approved by GMCB in 2019 and proposed again for 2024
- Silver loading does not impact QHP premium at other metal levels



# 2024 QHP Certification High-Level Timeline:

- **DVHA Presents Plan Design Adjustments; GMCB Approval:** February 2023
- **Medical & Dental Issuers File Forms With DFR:** March 2023  
(Form review finalized, form approval: June 2023)
- **Final Notice of 2024 Benefit and Payment Parameters and the IRS limits on HDHPs:** (Expected, Spring 2023)
- **Issuers Submit Rate Proposals:** May 2023  
(GMCB completes rate review & issues decisions: August 2023)
- **2024 Plan Certification (DVHA Commissioner):** August 2023
- **2024 Open Enrollment:** November 1, 2023 to January 15, 2024

## Outline

- Proposed Regulation Changes for 2024
- Changes in Federal AVC for 2024
- Recommended Plan Design Changes by Metal Level

# 2024 Draft Notice of Benefit and Payment Parameters

## Key Changes from 2023 Related to Benefits and Plan Designs, Cont'd

The Annual Limitation on Cost Sharing was released in a separate guidance letter and has been finalized for 2024. The limitation will be \$9,450 for 2024, an increase of \$350 from the \$9,100 limit in 2023

- Federal HDHP minimum deductible and MOOP limits are not yet released for 2024.
- The 2023 minimum single deductible and MOOP are \$1,500 and \$7,500, respectively
- The minimum deductible typically increases \$50 every two to three years and the last increase was \$100 for the 2023 plan year – because of this **we do not anticipate a 2024 deductible increase**
- The MOOP typically increases around \$100 each year but increased by \$450 last year
- The proposed plan designs assume the minimum single deductible remains at \$1,500. Should the final limit for the deductible be different, the Rx deductible for the HDHPs will need to be adjusted

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

# 2024 Draft Actuarial Value Calculator (AVC) Overview

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

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

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

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

# 2024 Draft Notice of Benefit and Payment Parameters

## Key Changes from 2023 Related to Benefits and Plan Designs, Cont'd

The 2024 Federal Actuarial Value Calculator (AVC) is in draft format. Any changes in the final version could impact the actuarial values and the resulting plan designs

### Underlying Data Updated

- 2023 and 2024 Calculators both based on 2018 individual and small group data
- Trended from 2018-2024
- 2023-2024 trend similar to prior years at 5.4% Medical, 8.2% Pharmacy

### Changes to AVC Logic

- Copays no longer accrue towards the deductible
  - Drove actuarial values down – reducing the magnitude of changes required to plans to be in compliance
- Adjustment to calculation for plans likely to meet their MOOP before the deductible (this is rare)

Metal Level	2024 Allowed PMPM	2023 Allowed PMPM	Difference
Platinum	\$631	\$597	5.7%
Gold	\$680	\$642	5.9%
Silver	\$599	\$566	5.8%
Bronze	\$423	\$400	5.8%

# Estimated Premium Impact – Notes and Caveats

“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

# 2024 Estimated Actuarial Value (AV)

## Impact on the Actuarial Value of VT Standard Plan Designs

Changes are required for both the Bronze Deductible (without drug limit) and the Silver HDHP plan

- Even if changes are not required, changes may still be desired to avoid the AV increase being passed on as a premium increases
- Changes are also required for the Silver CSR plan designs

The acceptable AV ranges below reflect the proposed changes in the 2024 draft NBPP and have been adjusted for the following design features unsupported 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
- Limiting Out-of-Pocket Expenses for Insulin: 0.1% “cushion” on Bronze plans
- 3 free MHSA Visits on Non-HDHP Plans (except Bronze w/o drug limit – 1.001 multiplicative factor)



# 2024 Estimated Actuarial Value (AV)

## Impact on the Actuarial Value of VT Standard Plan Designs

	Plan	2023 Federal AVC, Adjusted if Necessary	2024 DRAFT Federal AVC, Adjusted if Necessary	Acceptable Range	Out of Range
<b>Deductible Plans</b>	Platinum	90.1%	90.2%	88.0%-92.0%	NO
	Gold	81.9%	81.9%	78.0%-82.0%	NO
	Silver	71.7%	70.9%	70.0%-72.0%	NO
	Bronze (with drug limit)	63.0%	63.3%	58.0%-64.9%	NO
	Bronze (without drug limit)	64.2%	65.5%	58.0%-64.9%	YES
<b>HDHPs</b>	Silver - Embedded OOPM	71.3%	72.3%	70.0%-71.5%	YES
	Bronze - Embedded OOPM	62.9%	63.1%	58.0%-64.4%	NO

# 2024 QHP Proposal Changes Requiring GMCB Approval

	Changes that do not Require Formal Approval
Copay	Less than or equal to \$15
Coinsurance	Less than or equal to 5 percentage points
Deductible	Less than or equal to \$200
OOPM	Less than or equal to increase in federal OOPM limit (\$400 for 2024)
Other	Modification required to meet federal guidance

- For the recommended and alternative plan designs, any changes from the 2023 plan designs are shown in boxes and shaded in orange. **Any changes requiring approval are shaded in green**

## Change Approved for Vermont's EHB-Benchmark Plan Addition of Hearing Aid Coverage in 2024

**Benefit:** Annual exam, one hearing aid per ear every three years.

**Administration of Cost Share:**

Annual exam = Specialist Office Visit

Hearing Aids = Durable Medical Equipment

**Impact on Plan Design Actuarial Value:** Minimal

# 2024 QHP Proposal Summary of Plan Design Changes

	Deductible Plans	
Plan	Platinum	Gold
Changes	Increase medical deductible from \$425 to \$450	Increase pharmacy MOOP from \$1,400 to \$1,500
	Increase medical OOPM from \$1,400 to \$1,500	Increase specialist office visit copay from \$50 to \$55
		Increase PT/chiro copays from \$30 to \$35
		Increase urgent care copay from \$60 to \$65
		Increase ambulance copay from \$70 to \$75
		Increase generic Rx copay from \$12 to \$15
		Increase preferred brand Rx copay from \$55 to \$60
Require Approval?	NO	NO
	Deductible Plans	
Plan	Silver	Bronze w/ Rx Limit
Changes	Increase medical OOPM from \$9,100 to \$9,300	Increase medical OOPM from \$9,100 to \$9,450
	Increase pharmacy OOPM from \$1,400 to \$1,500	Increase pharmacy OOPM from \$1,400 to \$1,500
Require Approval?	NO	NO
	Deductible Plans	
Plan	Bronze w/o Rx Limit	
Changes	Increase medical deductible from \$9,000 to \$9,400	
	Increase combined OOPM from \$9,000 to \$9,400	
Require Approval?	YES	
	HDHPs	
Plan	Silver	Bronze
Changes	Increase PCP and Specialist coinsurance rate from 10% to 15%	Increase combined OOPM from \$7,100 to \$7,200
	Increase all other non-preventive Medical coinsurance rates from 30% to 35%	Increase embedded single OOPM from \$9,100 to \$9,450
	Increase embedded single OOPM from \$9,100 to \$9,450	
Require Approval?	NO	NO

# 2014 to 2023 QHPs Platinum Deductible Plan



Deductible/OOP Max	2014-2016	2017	2018	2019	2020	2021	2022	2023
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$150	\$250	\$300	\$350	\$350	\$350	\$400	\$425
Rx Ded	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Integrated Ded	No	No	No	No	No	No	No	No
Medical OOPM	\$1,250	\$1,300	\$1,300	\$1,350	\$1,350	\$1,400	\$1,400	\$1,500
Rx OOPM	\$1,250	\$1,300	\$1,300	\$1,350	\$1,350	\$1,400	\$1,400	\$1,400
Integrated OOPM	No	No	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	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	10%	10%	10%	10%	10%	10%	10%
Outpatient	10%	10%	10%	10%	10%	10%	10%	10%
ER	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Radiology (MRI, CT, PET)	10%	10%	10%	10%	10%	10%	10%	10%
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$10	\$10	\$10	\$10	\$15	\$15	\$15	First 3 Visits \$0, Then \$15
MH/SA Office Visit	\$10	\$10	\$10	\$10	\$15	\$15	\$15	First 3 Visits \$0, Then \$15
Specialist Office Visit	\$20	\$30	\$30	\$30	\$40	\$40	\$40	\$40
Physical Therapy/Chiropractic	\$20	\$30	\$30	\$30	\$20	\$20	\$20	\$20
Urgent Care	\$40	\$40	\$40	\$40	\$50	\$50	\$50	\$50
Ambulance	\$50	\$50	\$50	\$50	\$60	\$60	\$60	\$60
Rx Generic	\$5	\$5	\$5	\$5	\$10	\$10	\$10	\$10
Rx Preferred Brand	\$40	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%	50%	50%	50%

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



# 2024 QHPs Platinum Deductible Plan

Target <= 92.0%

Deductible/OOP Max	2023 Plan Design	Preferred Option	Backup Option (same as 2023 Plan Design)
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$425	<b>\$450</b>	\$425
Rx Ded	\$0	\$0	\$0
Integrated Ded	No	No	No
Medical OOPM	\$1,500	\$1,500	\$1,500
Rx OOPM	\$1,400	<b>\$1,500</b>	\$1,400
Integrated OOPM	No	No	No
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	N/A	N/A	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	10%	10%
Outpatient	10%	10%	10%
ER	\$100	\$100	\$100
Radiology (MRI, CT, PET)	10%	10%	10%
Preventive	\$0	\$0	\$0
PCP Office Visit	First 3 Visits \$0, Then \$15	First 3 Visits \$0, Then \$15	First 3 Visits \$0, Then \$15
MH/SA Office Visit	First 3 Visits \$0, Then \$15	First 3 Visits \$0, Then \$15	First 3 Visits \$0, Then \$15
Specialist Office Visit	\$40	\$40	\$40
Physical Therapy/Chiropractic	\$20	\$20	\$20
Urgent Care	\$50	\$50	\$50
Ambulance	\$60	\$60	\$60
Rx Generic	\$10	\$10	\$10
Rx Preferred Brand	\$50	\$50	\$50
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2023 Federal AVC, Adjusted if Necessary	90.1%	N/A	90.1%
<b>2024 Federal AVC, Adjusted if Necessary</b>	<b>90.2%</b>	<b>90.1%</b>	<b>90.2%</b>
Difference from 2023 Federal AVC, Adjusted	0.1%	0.0%	0.1%
Estimated Premium Impact	N/A	0.3%	0.4%

## 2024 QHPs – Changes for Platinum Deductible Plan

Even though the 2023 plan design is 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
- Pharmacy MOOP increased to be consistent with HDHP Pharmacy MOOPS



# 2014 to 2023 QHPs Gold Deductible Plan

Deductible/OOP Max	2014-2016	2017	2018	2019	2020	2021	2022	2023
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$750	<b>\$850</b>	\$850	\$850	<b>\$900</b>	<b>\$1,100</b>	<b>\$1,200</b>	<b>\$1,400</b>
Rx Ded	\$50	<b>\$100</b>	\$100	\$100	\$100	\$100	<b>\$150</b>	<b>\$200</b>
Integrated Ded	No	No	No	No	No	No	No	No
Medical OOPM	\$4,250	<b>\$4,500</b>	\$4,500	<b>\$4,700</b>	<b>\$5,000</b>	<b>\$5,200</b>	<b>\$5,400</b>	<b>\$5,600</b>
Rx OOPM	\$1,250	<b>\$1,300</b>	\$1,300	<b>\$1,350</b>	\$1,350	<b>\$1,400</b>	\$1,400	\$1,400
Integrated OOPM	No	No	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	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	<b>Prev, OV, UC, Amb</b>	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	20%	20%	<b>30%</b>	30%	30%	30%	30%	30%
Outpatient	20%	20%	<b>30%</b>	30%	30%	30%	30%	30%
ER	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Radiology (MRI, CT, PET)	20%	20%	<b>30%</b>	30%	30%	30%	30%	30%
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$15	\$15	\$15	\$15	<b>\$20</b>	\$20	\$20	<b>First 3 Visits \$0, Then \$20</b>
MH/SA Office Visit	\$15	\$15	\$15	\$15	<b>\$20</b>	\$20	\$20	<b>First 3 Visits \$0, Then \$20</b>
Specialist Office Visit	\$25	<b>\$30</b>	\$30	\$30	<b>\$50</b>	\$50	\$50	\$50
Physical Therapy/Chiropractic	\$25	<b>\$30</b>	\$30	\$30	\$30	\$30	\$30	\$30
Urgent Care	\$45	\$45	<b>\$40</b>	\$40	<b>\$60</b>	\$60	\$60	\$60
Ambulance	\$50	\$50	\$50	\$50	<b>\$70</b>	\$70	\$70	\$70
Rx Generic	\$5	\$5	\$5	<b>\$10</b>	\$10	<b>\$12</b>	\$12	\$12
Rx Preferred Brand	\$40	<b>\$50</b>	\$50	\$50	\$50	<b>\$55</b>	\$55	\$55
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%	50%	50%	50%

# 2024 QHPs Gold Deductible Plan

Target <= 82.0%

Deductible/OOP Max	2023 Plan Design	Preferred Option	Backup Option
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$1,400	\$1,400	\$1,400
Rx Ded	\$200	\$200	\$200
Integrated Ded	No	No	No
Medical OOPM	\$5,600	\$5,600	<b>\$6,000</b>
Rx OOPM	\$1,400	<b>\$1,500</b>	<b>\$1,500</b>
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	<b>\$165</b>
Radiology (MRI, CT, PET)	30%	30%	30%
Preventive	\$0	\$0	\$0
PCP Office Visit	First 3 Visits \$0, Then \$20	First 3 Visits \$0, Then \$20	First 3 Visits \$0, Then \$20
MH/SA Office Visit	First 3 Visits \$0, Then \$20	First 3 Visits \$0, Then \$20	First 3 Visits \$0, Then \$20
Specialist Office Visit	\$50	<b>\$55</b>	<b>\$55</b>
Physical Therapy/Chiropractic	\$30	<b>\$35</b>	<b>\$35</b>
Urgent Care	\$60	<b>\$65</b>	<b>\$65</b>
Ambulance	\$70	<b>\$75</b>	<b>\$75</b>
Rx Generic	\$12	<b>\$15</b>	<b>\$15</b>
Rx Preferred Brand	\$55	<b>\$60</b>	<b>\$60</b>
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2023 Federal AVC, Adjusted if Necessary	82.0%	N/A	N/A
<b>2024 DRAFT Federal AVC, Adjusted if Necessary</b>	<b>81.9%</b>	<b>81.3%</b>	<b>81.0%</b>
Difference from 2023 Federal AVC, Adjusted	-0.1%	-0.7%	-1.0%
Estimated Premium Impact	NA	0.6%	0.2%

## 2024 QHPs – Changes for Gold Deductible Plan

Even though the 2023 plan design is within the AV range, changes are recommended:

- Limit deductible and MOOP increases after multiple increases in a row
- Limit premium impact
- Retain first dollar coverage on PCP and MH/SA Office Visits
- Pharmacy MOOP increased to be consistent with HDHP Pharmacy MOOPS

# 2014 to 2023 QHPs Silver Deductible Plan

Deductible/OOP Max	2014	2017	2018	2019	2020	2021	2022	2023
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$1,900	\$2,150	\$2,600	\$2,800	\$3,200	\$3,200	\$3,400	\$4,000
Rx Ded	\$100	\$150	\$300	\$300	\$350	\$350	\$400	\$500
Integrated Ded	No	No	No	No	No	No	No	No
Medical OOPM	\$5,150	\$6,000	\$6,800	\$7,500	\$7,900	\$8,150	\$8,550	\$9,100
Rx OOPM	\$1,250	\$1,300	\$1,300	\$1,350	\$1,350	\$1,400	\$1,400	\$1,400
Integrated OOPM	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	40%	40%	40%	40%	50%	50%	50%	50%
Outpatient	40%	40%	40%	40%	50%	50%	50%	50%
ER	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$500
Radiology (MRI, CT, PET)	40%	40%	40%	40%	50%	50%	50%	50%
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$20	\$25	\$25	\$30	\$35	\$35	\$35	First 3 Visits \$0, Then \$40
MH/SA Office Visit	\$20	\$25	\$25	\$30	\$35	\$35	\$35	First 3 Visits \$0, Then \$40
Specialist Office Visit	\$40	\$65	\$75	\$75	\$80	\$80	\$80	\$90
Physical Therapy/Chiropractic	\$40	\$65	\$75	\$75	\$45	\$45	\$45	\$50
Urgent Care	\$60	\$60	\$85	\$85	\$90	\$90	\$90	\$100
Ambulance	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Rx Generic	\$12	\$15	\$15	\$15	\$15	\$15	\$15	\$20
Rx Preferred Brand	\$50	\$60	\$60	\$60	\$60	\$60	\$60	\$70
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%	50%	50%	50%

# 2024 QHPs Silver Deductible Plan

Target <= 72.0%

Deductible/OOP Max	2023 Plan Design	Preferred Option	Backup Option
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$4,000	\$4,000	\$4,000
Rx Ded	\$500	\$500	\$500
Integrated Ded	No	No	No
Medical OOPM	\$9,100	<b>\$9,300</b>	\$9,100
Rx OOPM	\$1,400	<b>\$1,500</b>	<b>\$1,500</b>
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%
Outpatient	50%	50%	50%
ER	\$500	\$500	\$500
Radiology (MRI, CT, PET)	50%	50%	50%
Preventive	\$0	\$0	\$0
PCP Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40
Specialist Office Visit	\$90	\$90	\$90
Physical Therapy/Chiropractic	\$50	\$50	\$50
Urgent Care	\$100	\$100	\$100
Ambulance	\$100	\$100	\$100
Rx Generic	\$20	\$20	\$20
Rx Preferred Brand	\$70	\$70	\$70
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2023 Federal AVC, Adjusted if Necessary	71.7%	N/A	N/A
<b>2024 DRAFT Federal AVC, Adjusted if Necessary</b>	<b>70.9%</b>	<b>70.7%</b>	<b>70.9%</b>
Difference from 2023 Federal AVC, Adjusted	-0.8%	-1.0%	-0.8%
Estimated Premium Impact	NA	1.2%	1.5%

## 2024 QHPs – Changes for Silver Deductible Plan

Even though the 2023 plan design is within the AV range, changes are recommended:

- Limit deductible increases after multiple years in a row of increases
- Making incremental changes each year can help to avoid larger changes required in future years
- Pharmacy MOOP increased to be consistent with HDHP Pharmacy MOOPS

# 2014 to 2023 QHPs Silver HDHP Plans

Deductible/OOP Max	2014-2016	2017	2018	2019	2020	2021	2022	2023
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	<b>\$1,550</b>	\$1,550	\$1,550	<b>\$1,700</b>	<b>\$1,750</b>	<b>\$1,850</b>	<b>\$2,100</b>
Rx Ded	\$1,250	\$1,300	<b>\$1,350</b>	\$1,350	<b>\$1,400</b>	\$1,400	\$1,400	<b>\$1,500</b>
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$5,750	<b>\$6,400</b>	\$6,400	<b>\$6,650</b>	<b>\$6,750</b>	<b>\$6,900</b>	\$6,900	<b>\$7,050</b>
Rx OOPM	\$1,250	\$1,300	<b>\$1,350</b>	\$1,350	<b>\$1,400</b>	\$1,400	\$1,400	<b>\$1,500</b>
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	<b>Yes</b>	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Individual	<b>Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual</b>	<b>Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual</b>	<b>Aggregate with Combined Medical/Rx embedded \$7,900 Single OOPM; 2x Individual</b>	<b>Aggregate with Combined Medical/Rx embedded \$8,150 Single OOPM; 2x Individual</b>	<b>Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual</b>	<b>Aggregate with Combined Medical/Rx embedded \$8,700 Single OOPM; 2x Individual</b>	<b>Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual</b>
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	20%	25%	<b>30%</b>	30%	30%	30%	30%	30%
Outpatient	20%	25%	<b>30%</b>	30%	30%	30%	30%	30%
ER	20%	25%	<b>30%</b>	30%	30%	30%	30%	30%
Radiology (MRI, CT, PET)	20%	25%	<b>30%</b>	30%	30%	30%	30%	30%
Preventive	0%	0%	0%	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	10%	10%	10%	10%	10%
MH/SA Office Visit	10%	10%	10%	10%	10%	10%	10%	10%
Specialist Office Visit	20%	25%	<b>30%</b>	30%	30%	30%	30%	30%
Physical Therapy/Chiropractic	20%	25%	<b>30%</b>	30%	30%	30%	30%	30%
Urgent Care	20%	25%	<b>30%</b>	30%	30%	30%	30%	30%
Ambulance	20%	25%	<b>30%</b>	30%	30%	30%	30%	30%
Rx Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Rx Preferred Brand	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%	50%	50%	50%

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



# 2024 QHPs Silver HDHP Plan Options

Target <= 71.5%

Deductible/OOP Max	2023 Plan Design	Preferred Option	Backup Option
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$2,100	\$2,100	<b>\$2,300</b>
Rx Ded	\$1,500	\$1,500	\$1,500
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$7,050	\$7,050	<b>\$7,500</b>
Rx OOPM	\$1,500	\$1,500	\$1,500
Integrated OOPM	Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	<b>Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual</b>	<b>Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual</b>
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%	<b>35%</b>	30%
Outpatient	30%	<b>35%</b>	30%
ER	30%	<b>35%</b>	30%
Radiology (MRI, CT, PET)	30%	<b>35%</b>	30%
Preventive	0%	0%	0%
PCP Office Visit	10%	<b>15%</b>	10%
MH/SA Office Visit	10%	<b>15%</b>	10%
Specialist Office Visit	30%	<b>35%</b>	30%
Physical Therapy/Chiropractic	30%	<b>35%</b>	30%
Urgent Care	30%	<b>35%</b>	30%
Ambulance	30%	<b>35%</b>	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			
2023 Federal AVC, Adjusted if Necessary	71.3%	N/A	N/A
<b>2024 DRAFT Federal AVC, Adjusted if Necessary</b>	<b>72.3%</b>	<b>71.3%</b>	<b>71.4%</b>
Difference from 2023 Federal AVC, Adjusted	1.0%	0.0%	0.1%
Estimated Premium Impact	NA	0.7%	0.3%

Should the HDHP minimum deductible for 2023 not equal \$1,500, the pharmacy deductible and OOPM will be aligned with the finalized amount.

## 2024 QHPs – Changes for Silver HDHP

### Considerations for recommended changes:

- Limit deductible and MOOP increases after multiple increases in a row
- Limit premium impact

# 2014 to 2023 QHPs Bronze Deductible Plan, with Rx Limit

Deductible/OOP Max	2014	2017	2018	2019	2020	2021	2022	2023
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$3,500	<b>\$4,600</b>	<b>\$5,000</b>	<b>\$5,500</b>	<b>\$6,000</b>	<b>\$6,250</b>	<b>\$6,450</b>	\$6,450
Rx Ded	\$200	<b>\$700</b>	<b>\$900</b>	\$900	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,100</b>	\$1,100
Integrated Ded	No	No	No	No	No	No	No	No
Medical OOPM	\$6,350	<b>\$7,150</b>	<b>\$7,350</b>	<b>\$7,900</b>	<b>\$8,150</b>	<b>\$8,400</b>	<b>\$8,700</b>	<b>\$9,100</b>
Rx OOPM	\$1,250	<b>\$1,300</b>	\$1,300	<b>\$1,350</b>	\$1,350	<b>\$1,400</b>	<b>\$1,400</b>	\$1,400
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Applies to all scripts	Applies to all scripts	Applies to all scripts	Applies to all scripts	Applies to all scripts	<b>Generic Scripts</b>	<b>Generic Scripts</b>	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%	50%	50%	50%	50%	50%
Outpatient	50%	50%	50%	50%	50%	50%	50%	50%
ER	50%	50%	50%	50%	50%	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%	50%	50%	50%	50%	50%
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
MH/SA Office Visit	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Specialist Office Visit	\$80	<b>\$90</b>	\$90	\$90	\$90	\$90	\$90	\$90
Physical Therapy/Chiropractic	\$80	\$90	\$90	\$90	<b>\$45</b>	<b>\$45</b>	\$45	\$45
Urgent Care	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Ambulance	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Rx Generic	\$20	\$20	\$20	\$20	\$20	<b>\$15</b>	<b>\$15</b>	\$15
Rx Preferred Brand	\$80	<b>\$85</b>	\$85	\$85	\$85	\$85	\$85	\$85
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%	60%	60%
Rx Specialty	60%	60%	60%	60%	60%	60%	60%	60%

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

# 2024 QHPs Bronze Deductible Plan, with Rx Limit

Target <= 64.9%

Deductible/OOP Max	2023 Plan Design	Primary Option	Backup Option
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$6,450	\$6,450	\$6,450
Rx Ded	\$1,100	\$1,100	\$1,100
Integrated Ded	No	No	No
Medical OOPM	\$9,100	<b>\$9,450</b>	<b>\$9,450</b>
Rx OOPM	\$1,400	<b>\$1,500</b>	<b>\$1,500</b>
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:	Generic Scripts	Generic Scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%
Outpatient	50%	50%	50%
ER	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%
Preventive	\$0	\$0	\$0
PCP Office Visit	\$35	\$35	\$35
MH/SA Office Visit	\$35	\$35	\$35
Specialist Office Visit	\$90	\$90	\$90
Physical Therapy/Chiropractic	\$45	\$45	\$45
Urgent Care	\$100	\$100	\$100
Ambulance	\$100	\$100	\$100
Rx Generic	\$15	\$15	<b>\$20</b>
Rx Preferred Brand	\$85	\$85	\$85
Rx Non-Preferred Brand	60%	60%	60%
Rx Specialty	60%	60%	60%
Actuarial Value			
2023 Federal AVC, Adjusted if Necessary	63.0%	N/A	N/A
<b>2024 DRAFT Federal AVC, Adjusted if Necessary</b>	<b>63.3%</b>	<b>62.8%</b>	<b>62.0%</b>
Difference from 2023 Federal AVC, Adjusted	0.3%	-0.2%	-1.0%
Estimated Premium Impact	0.0%	1.1%	1.0%

# 2024 QHPs – Changes for Bronze Deductible Plan, with Rx Limit

Even though the 2023 plan design is within the AV range, changes are recommended:

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

# 2018 to 2023 QHPs Bronze Deductible Plan, without Rx Limit

Deductible/OOP Max	2018	2019	2020	2021	2022	2023
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$7,350	<b>\$7,600</b>	<b>\$7,900</b>	<b>\$8,400</b>	<b>\$8,700</b>	<b>\$9,000</b>
Rx Ded	N/A	N/A	N/A	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$7,350	<b>\$7,600</b>	<b>\$7,900</b>	<b>\$8,400</b>	<b>\$8,700</b>	<b>\$9,000</b>
Rx OOPM	N/A	N/A	N/A	N/A	N/A	N/A
Integrated OOPM	Yes	Yes	Yes	Yes	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, OV	Preventive, OV	Preventive, OV	Preventive, OV	Preventive, OV	Preventive, OV
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	0%	0%	0%	0%	0%	0%
Outpatient	0%	0%	0%	0%	0%	0%
ER	0%	0%	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%	0%	0%
Preventive	0%	0%	0%	0%	\$0	\$0
PCP Office Visit	\$40	\$40	\$40	\$40	\$40	<b>First 3 Visits \$0, Then \$40</b>
MH/SA Office Visit	\$40	\$40	\$40	\$40	\$40	<b>First 3 Visits \$0, Then \$40</b>
Specialist Office Visit	\$100	\$100	\$100	\$100	\$100	\$100
Physical Therapy/Chiropractic	\$100	\$100	\$50	\$50	\$50	\$50
Urgent Care	0%	0%	0%	0%	\$0	\$0
Ambulance	0%	0%	0%	0%	\$0	\$0
Rx Generic	\$25	\$25	\$25	<b>\$30</b>	\$30	\$30
Rx Preferred Brand	0%	0%	0%	0%	\$0	\$0
Rx Non-Preferred Brand	0%	0%	0%	0%	0%	0%
Rx Specialty	0%	0%	0%	0%	0%	0%

# 2024 QHPs Bronze Deductible Plan, without Rx Limit Options

Target <= 64.9%

Deductible/OOP Max	2023 Plan Design	Preferred Option	Backup Option
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$9,000	\$9,400	\$9,450
Rx Ded	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$9,000	\$9,400	\$9,450
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	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40
Specialist Office Visit	\$100	\$100	\$100
Physical Therapy/Chiropractic	\$50	\$50	\$50
Urgent Care	0%	0%	0%
Ambulance	0%	0%	0%
Rx Generic	\$30	\$30	\$30
Rx Preferred Brand	0%	0%	0%
Rx Non-Preferred Brand	0%	0%	0%
Rx Specialty	0%	0%	0%
Actuarial Value			
2023 Federal AVC, Adjusted if Necessary	64.2%	N/A	N/A
<b>2024 DRAFT Federal AVC, Adjusted if Necessary</b>	<b>65.5%</b>	<b>64.8%</b>	<b>64.7%</b>
Difference from 2023 Federal AVC, Adjusted	1.3%	0.6%	0.5%
Estimated Premium Impact		0.9%	0.8%



# 2024 QHPs – Changes for Bronze Deductible Plan, without Rx Limit

## Recommended Changes:

- Increased cost-sharing will limit the impact on premium
- Plan typically has deductible and MOOP at the maximum limit

# 2014 to 2023 QHPs Bronze HDHP

Deductible/OOP Max	2014	2017	2018	2019	2020	2021	2022	2023
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$2,000	\$5,050	\$5,250	\$5,250	\$5,500	\$5,500	\$5,700	\$5,800
Rx Ded	\$1,250	\$1,300	\$1,350	\$1,350	\$1,400	\$1,400	\$1,400	\$1,500
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$6,250	\$6,550	\$6,550	\$6,650	\$6,750	\$6,900	\$7,050	\$7,100
Rx OOPM	\$1,250	\$1,300	\$1,350	\$1,350	\$1,400	\$1,400	\$1,400	\$1,500
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate, 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,900 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,150 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,550 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$8,700 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
<b>Service Category</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
Inpatient	50%	50%	50%	50%	50%	50%	50%	50%
Outpatient	50%	50%	50%	50%	50%	50%	50%	50%
ER	50%	50%	50%	50%	50%	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%	50%	50%	50%	50%	50%
Preventive	0%	0%	0%	0%	0%	0%	0%	0%
PCP Office Visit	50%	50%	50%	50%	50%	50%	50%	50%
MH/SA Office Visit	50%	50%	50%	50%	50%	50%	50%	50%
Specialist Office Visit	50%	50%	50%	50%	50%	50%	50%	50%
Physical Therapy/Chiropractic	50%	50%	50%	50%	50%	50%	50%	50%
Urgent Care	50%	50%	50%	50%	50%	50%	50%	50%
Ambulance	50%	50%	50%	50%	50%	50%	50%	50%
Rx Generic	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$12
Rx Preferred Brand	40%	40%	40%	40%	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%	60%	60%
Rx Specialty	60%	60%	60%	60%	60%	60%	60%	60%

# 2024 QHPs Bronze HDHP

Deductible/OOP Max	2023 Plan Design	Preferred Option	Backup Option
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$5,800	\$5,800	<b>\$5,900</b>
Rx Ded	\$1,500	\$1,500	\$1,500
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$7,100	<b>\$7,200</b>	<b>\$7,200</b>
Rx OOPM	\$1,500	\$1,500	\$1,500
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,100 Single OOPM; 2x Individual	<b>Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual</b>	<b>Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual</b>
Medical Deductible waived for:	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%
Outpatient	50%	50%	50%
ER	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%
Preventive	0%	0%	0%
PCP Office Visit	50%	50%	50%
MH/SA Office Visit	50%	50%	50%
Specialist Office Visit	50%	50%	50%
Physical Therapy/Chiropractic	50%	50%	50%
Urgent Care	50%	50%	50%
Ambulance	50%	50%	50%
Rx Generic	\$12	\$12	\$12
Rx Preferred Brand	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%
Rx Specialty	60%	60%	60%
Actuarial Value			
2023 Federal AVC, Adjusted if Necessary	62.9%	N/A	N/A
<b>2024 DRAFT Federal AVC, Adjusted if Necessary</b>	<b>63.1%</b>	<b>63.0%</b>	<b>62.6%</b>
Difference from 2023 Federal AVC, Adjusted	0.2%	0.1%	-0.3%
Estimated Premium Impact		1.5%	1.5%

Should the HDHP minimum deductible for 2024 not equal \$1,500, the pharmacy deductible and OOPM will be aligned with the finalized amount

## 2024 QHPs – Changes for Bronze HDHP

Even though the 2023 plan design is 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

# 2024 QHP Proposal Summary of Plan Design Changes

	Deductible Plans	
Plan	Platinum	Gold
Changes	Increase medical deductible from \$425 to \$450	Increase pharmacy MOOP from \$1,400 to \$1,500
	Increase medical OOPM from \$1,400 to \$1,500	Increase specialist office visit copay from \$50 to \$55
		Increase PT/chiro copays from \$30 to \$35
		Increase urgent care copay from \$60 to \$65
		Increase ambulance copay from \$70 to \$75
		Increase generic Rx copay from \$12 to \$15
		Increase preferred brand Rx copay from \$55 to \$60
Require Approval?	NO	NO
	Deductible Plans	
Plan	Silver	Bronze w/ Rx Limit
Changes	Increase medical OOPM from \$9,100 to \$9,300	Increase medical OOPM from \$9,100 to \$9,450
	Increase pharmacy OOPM from \$1,400 to \$1,500	Increase pharmacy OOPM from \$1,400 to \$1,500
Require Approval?	NO	NO
	Deductible Plans	
Plan	Bronze w/o Rx Limit	
Changes	Increase medical deductible from \$9,000 to \$9,400	
	Increase combined OOPM from \$9,000 to \$9,400	
Require Approval?	YES	
	HDHPs	
Plan	Silver	Bronze
Changes	Increase PCP and Specialist coinsurance rate from 10% to 15%	Increase combined OOPM from \$7,100 to \$7,200
	Increase all other non-preventive Medical coinsurance rates from 30% to 35%	Increase embedded single OOPM from \$9,100 to \$9,450
	Increase embedded single OOPM from \$9,100 to \$9,450	
Require Approval?	NO	NO

**QUESTIONS?**

# 2024 QHPs Appendices

- Appendix A: 2024 Recommended Plan Designs - All Metals and CSR Plans
- Appendix B: 2024 Silver On/Off Exchange Plan Designs
- Appendix C: Proposed Federal Standard Plan Designs



# Appendix A: 2024 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	\$450	\$1,400	\$4,000	\$6,450	\$9,400
Rx Ded	\$0	\$200	\$500	\$1,100	N/A
Integrated Ded	No	No	No	No	Yes
Medical OOPM	\$1,500	\$5,600	\$9,300	\$9,450	\$9,400
Rx OOPM	\$1,500	\$1,500	\$1,500	\$1,500	N/A
Integrated OOPM	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Generic Scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	30%	50%	50%	0%
Outpatient	10%	30%	50%	50%	0%
ER	\$100	\$150	\$500	50%	0%
Radiology (MRI, CT, PET)	10%	30%	50%	50%	0%
Preventive	\$0	\$0	\$0	\$0	0%
PCP Office Visit	\$15	\$20	First 3 Visits \$0, Then \$40	\$35	First 3 Visits \$0, Then \$40
MH/SA Office Visit	\$15	\$20	First 3 Visits \$0, Then \$40	\$35	First 3 Visits \$0, Then \$40
Specialist Office Visit	\$40	\$55	\$90	\$90	\$100
Physical Therapy/Chiropractic	\$20	\$35	\$50	\$45	\$50
Urgent Care	\$50	\$65	\$100	\$100	0%
Ambulance	\$60	\$75	\$100	\$100	0%
Rx Generic	\$10	\$15	\$20	\$20	\$30
Rx Preferred Brand	\$50	\$60	\$70	\$85	0%
Rx Non-Preferred Brand	50%	50%	50%	60%	0%
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
<b>2024 Federal AVC, Adjusted if Necessary</b>	<b>90.1%</b>	<b>81.3%</b>	<b>70.7%</b>	<b>62.0%</b>	<b>64.8%</b>

# Appendix A: 2024 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	\$4,000	\$3,000	\$2,900	\$1,100	\$250
Rx Ded	\$500	\$450	\$350	\$250	\$0
Integrated Ded	No	No	No	No	No
Medical OOPM	\$9,300	\$6,700	\$6,300	\$2,300	\$1,000
Rx OOPM	\$1,500	\$1,300	\$1,200	\$450	\$200
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	50%	50%	50%	40%	10%
Outpatient	50%	50%	50%	40%	10%
ER	\$500	\$500	\$350	\$250	\$75
Radiology (MRI, CT, PET)	50%	50%	50%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$30	First 3 Visits \$0, Then \$10	First 3 Visits \$0, Then \$5
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$30	First 3 Visits \$0, Then \$10	First 3 Visits \$0, Then \$5
Specialist Office Visit	\$90	\$90	\$60	\$30	\$15
Physical Therapy/Chiropractic	\$50	\$50	\$35	\$12	\$6
Urgent Care	\$100	\$100	\$70	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$20	\$20	\$15	\$10	\$5
Rx Preferred Brand	\$70	\$70	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2024 DRAFT Federal AVC, Adjusted if Necessary	70.7%	73.8%	76.3%	87.9%	95.0%

# Appendix A: 2024 QHP HDHPs

Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$2,100	\$5,800
Rx Ded	\$1,500	\$1,500
Integrated Ded	Yes	Yes
Medical OOPM	\$7,050	\$7,200
Rx OOPM	\$1,500	\$1,500
Integrated OOPM	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,450 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	35%	50%
Outpatient	35%	50%
ER	35%	50%
Radiology (MRI, CT, PET)	35%	50%
Preventive	0%	0%
PCP Office Visit	15%	50%
MH/SA Office Visit	15%	50%
Specialist Office Visit	35%	50%
Physical Therapy/Chiropractic	35%	50%
Urgent Care	35%	50%
Ambulance	35%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
Actuarial Value		
<b>2024 Federal AVC, Adjusted if Necessary</b>	<b>71.3%</b>	<b>63.0%</b>

# Appendix A: 2024 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	HSA Q/HDHP	Deductible (NOT HSAQ)
Medical Ded	\$2,100	\$1,850	\$1,500	\$1,500	\$500
Rx Ded	\$1,500	\$1,500	\$1,500	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$7,050	\$5,800	\$4,400	\$1,500	\$500
Rx OOPM	\$1,500	\$1,500	\$1,500	N/A	N/A
Integrated OOPM	Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$9,450 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,450 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
<b>Service Category</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
Inpatient	35%	30%	30%	0%	0%
Outpatient	35%	30%	30%	0%	0%
ER	35%	30%	30%	0%	0%
Radiology (MRI, CT, PET)	35%	30%	30%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	15%	10%	10%	0%	0%
MH/SA Office Visit	15%	10%	10%	0%	0%
Specialist Office Visit	35%	30%	30%	0%	0%
Physical Therapy/Chiropractic	35%	30%	30%	0%	0%
Urgent Care	35%	30%	30%	00%	0%
Ambulance	35%	30%	30%	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%
<b>Actuarial Value</b>					
<b>2024 DRAFT Federal AVC, Adjusted if Necessary</b>	<b>71.3%</b>	<b>73.9%</b>	<b>77.1%</b>	<b>87.4%</b>	<b>94.8%</b>

# Appendix B: 2024 Silver On/Off Exchange Plans

Deductible/OOP Max	2024 Plan Designs – Silver Deductible Plan		2024 Plan Designs – Silver HDHP	
	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	\$4,000	\$4,000	\$2,100	\$2,100
Rx Ded	\$500	\$500	\$1,500	\$1,500
Integrated Ded	No	No	Yes	Yes
Medical OOPM	\$9,300	\$9,300	\$7,050	\$7,050
Rx OOPM	\$1,500	\$1,500	\$1,500	\$1,500
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 \$9,450 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded \$9,450 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%	35%	35%
Outpatient	50%	50%	35%	35%
ER	\$500	\$500	35%	35%
Radiology (MRI, CT, PET)	50%	50%	35%	35%
Preventive	\$0	\$0	0%	0%
PCP Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	15%	15%
MH/SA Office Visit	First 3 Visits \$0, Then \$40	First 3 Visits \$0, Then \$40	15%	15%
Specialist Office Visit	\$90	\$90	35%	35%
Physical Therapy/Chiropractic	\$50	\$50	35%	35%
Urgent Care	\$100	\$100	35%	35%
Ambulance	\$100	<b>\$105</b>	35%	<b>40%</b>
Rx Generic	\$20	\$20	\$10	\$10
Rx Preferred Brand	\$70	\$70	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%
Actuarial Value				
2024 DRAFT Federal AVC, Adjusted if Necessary	70.7%	70.7%	71.3%	71.3%

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

# Appendix C: 2024 Federal Standard Plan Designs

Deductible/OOP Max	Platinum	Gold	Silver	Expanded Bronze
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$0	\$1,500	\$6,000	\$7,500
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$3,200	\$8,700	\$9,100	\$9,400
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical/Integrated Deductible waived for:	N/A	Prev, OV, UC, All Rx	Prev, OV, UC, Generic and Pref Brand Rx	Prev, OV, UC, Generic Rx
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	\$350	25%	40%	50%
Outpatient	\$150	25%	40%	50%
ER	\$100	25%	40%	50%
Radiology (MRI, CT, PET)	\$100	25%	40%	50%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$10	\$30	\$40	\$50
MH/SA Office Visit	\$10	\$30	\$40	\$50
Specialist Office Visit	\$20	\$60	\$80	\$100
Physical Therapy	\$10	\$30	\$40	\$50
Urgent Care	\$15	\$45	\$60	\$75
Ambulance	Not Specified	Not Specified	Not Specified	Not Specified
Rx Generic	\$5	\$15	\$20	\$25
Rx Preferred Brand	\$10	\$30	\$40	\$50
Rx Non-Preferred Brand	\$50	\$60	\$80	\$100
Rx Specialty	\$150	\$250	\$350	\$500
Actuarial Value				
<b>2024 Federal AVC, Adjusted if Necessary</b>	<b>88.1%</b>	<b>78.0%</b>	<b>70.0%</b>	<b>64.4%</b>



# Disclosures and Limitations

**Responsible Actuaries.** Julie Peper and Brittney Phillips are the actuaries responsible for this communication. Julie is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. Brittney is a Member of the American Academy of Actuaries and an Associate of the Society of Actuaries. They meet the Qualification Standards of the American Academy of Actuaries to issue this report.

**Intended Users.** This information has been prepared for the sole use of the State of Vermont and issuers within that state that will be submitting standard plan designs. Distribution to such parties should be made in its entirety. This report cannot be distributed to or relied on by any third party without the prior written permission of Wakely.

**Risks and Uncertainties.** The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan or pricing AV used to determine premium rates. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables.

**Conflict of Interest.** Wakely provides actuarial services to a variety of clients throughout the health industry. Our clients include commercial, Medicare, and Medicaid health plans, the federal government and state governments, medical providers, and other entities that operate in the domestic and international health insurance markets. Wakely has implemented various internal practices to reduce or eliminate conflict of interest risk in serving our various clients. Except as noted here, the responsible actuaries are financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to the state of Vermont.

**Data and Reliance.** We have relied on others for data and information used in the actuarial value adjustments. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. Below is a list of data and assumptions provided by others and assumptions required by law.

- Draft 2024 Federal AVC Model was relied on for the original AV. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.
- 2017 VHCURES data supplied by the state was used in the development of the HDHP model.

**Subsequent Events.** Subsequent events to the date of this report that could impact the plan designs presented include, but are not limited to:

1. The 2024 Notice of Benefit and Payment Parameters (NBPP) is still in draft form. Should there be regulation changes from the draft to final version of the NBPP, the plan designs presented here may need to change to maintain compliance with the new regulations.
2. The federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2024. The 2023 minimum deductible and MOOP are \$1,400 and \$7,050, respectively. The plan designs presented may need to change once the final 2024 HDHP limits are released.
3. Other changes to regulations passed subsequent to this report.

**Contents of Actuarial Report.** This document and the supporting exhibits/files constitute the entirety of actuarial report and supersede any previous communications on the project.

**Deviations from ASOPS.** Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations.