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Green Mountain Care Board

Department of Vermont Health Access (DVHA)
Presentation of Proposed 2023 Standard Qualified Health Plan (QHP) Designs

Dana Houlihan, (DVHA) Plan Management Director
Julie Peper, Brittney Phillips, Brooke Steiner
of Wakely Consulting, an HMA Company

Wednesday, February 2, 2022

2023 Standard Qualified Health Plans Presentation Objectives

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I. **Provide Overview**: Supporting Information and Approach For Developing 2023 Proposed QHPs for Vermont Health Connect
(Dana Houlihan)

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

III. **Comments, Questions & Discussion**

IV. **GMCB Vote**

Summary of Qualified Health Plans Currently Offered By VHC (2022)

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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 2022 medical QHP benefits & rates

Planning for 2023 Standard QHPs
Stakeholder Group Composition

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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 2021 – January 2022
- Stakeholders are actively involved, reviewing updated plan modeling to meet AV compliancy requirements, leading to the final QHP design proposal with broad-based support

2023 Stakeholder Group Benefit Design Principles

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- **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

2023 Stakeholder Group Process Highlights

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- **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 2023

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- 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 2023
- Silver loading does not impact QHP premium at other metal levels

2023 QHP Certification High-Level Timeline:

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- **DVHA Presents Plan Design Adjustments; GMCB Approval**: February 2022

- **Medical & Dental Issuers File Forms With DFR**: March 2022
  (Form review finalized, form approval: June 2022)

- **Final Notice of 2023 Benefit and Payment Parameters and the IRS limits on HDHPs:** (Expected, Spring 2022)

- **Issuers Submit Rate Proposals**: May 2022
  (GMCB completes rate review & issues decisions: August 2022)

- **2023 Plan Certification (DVHA Commissioner):** August 2022

- **2023 Open Enrollment (Anticipated)**: November 1 to December 15, 2022

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Outline

- Proposed Regulation Changes for 2023
- Changes in Federal AVC for 2023
- Recommended Plan Design Changes by Metal Level

2023 Draft Notice of Benefit and Payment Parameters

Key Changes from 2022 Related to Benefits and Plan Designs

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The Notice of Benefit and Payment Parameters (NBPP) is still in draft format for 2023. Any changes in the final version could impact the actuarial values and the resulting plan designs.

Proposed change in AV de minimis range for 2023 from -4%/+2% to -2%/+2% for most plans

- Silver On-Exchange plans would have a 0%/+2% de minimis range
- Silver CSR plans currently have a -1%/+1% de minimis range, proposed change to 0%/+1%

Considerations for the smaller AV de minimis range:

- Current Vermont Standard plans are at the higher end of the range, so not directly impacted by change
- However, could limit changes in future years.
- Intent for higher Silver Avs likely to maximize premium subsidies, could limit options for lower Avs and potentially lower premiums for unsubsidized

2023 Draft Notice of Benefit and Payment Parameters

Key Changes from 2022 Related to Benefits and Plan Designs, Cont'd

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Federal Standard Plans were reintroduced for 2023.

- Carriers in FFM and state-based exchanges on the federal platform are required to offer standard plans (provided in Appendix). Not required in Vermont as and does not directly impact the Vermont QHP designs
- Federal plans are at low end of AV range
- Generally higher deductible and OOPM compared to Vermont QHPs, combined med/Rx deductibles and OOPM
- Similar to VT designs in that they have a mixture of copays and coinsurance
  - Coinsurance levels are lower in federal standard plans, but copays are generally higher

The Annual Limitation on Cost Sharing was released in a separate guidance letter for 2023 and has been finalized for 2023. The limitation will be $9,100 for 2023, an increase of $400 from the $8,700 limit in 2022

- Federal HDHP minimum deductible and MOOP limits are not yet released for 2023.
  - The 2022 minimum single deductible and MOOP are $1,400 and $7,050, respectively
  - The minimum deductible typically increases $50 every two to three years and the last increase was for the 2020 plan year and the MOOP increases about $100 each year
  - The proposed plan designs assume the minimum single deductible will increase to $1,450. 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

2023 Draft Actuarial Value Calculator (AVC)

Overview

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

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

2023 Draft Federal Actuarial Value Calculator (AVC)

Key Changes from 2022

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The 2022 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 claims data was updated

- 2022 Calculator was based on 2017 individual and small group data
- Updated to use 2018 data
- Trended from 2018-2023

Metal Level	2023 Allowed PMPM	2022 Allowed PMPM	Difference
Platinum	$597	$539	10.6%
Gold	$642	$612	4.9%
Silver	$566	$496	14.2%
Bronze	$400	$411	-2.7%

Estimated Premium Impact – Notes and Caveats

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

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

2023 Estimated Actuarial Value (AV)

Impact on the Actuarial Value of VT Standard Plan Designs

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- Changes are required for the Gold Deductible and both Silver plans
  - 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 2023 draft NBPP and 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
  - Limiting Out-of-Pocket Expenses for Insulin: 0.1% “cushion” on Bronze plans

	Plan	2022 Federal AVC, Adjusted if Necessary	2023 DRAFT Federal AVC, Adjusted if Necessary	Acceptable Range	Out of Range
Deductible Plans	Platinum	89.4%	90.1%	88.0%-92.0%	NO
	Gold	81.5%	82.3%	78.0%-82.0%	YES
	Silver	71.1%	72.9%	70.0%-72.0%	YES
	Bronze (with drug limit)	63.7%	63.4%	58.0%-64.9%	NO
	Bronze (without drug limit)	64.3%	64.2%	58.0%-64.9%	NO
HDHPs	Silver - Embedded OOPM	70.7%	72.3%	70.0%-71.5%	YES
	Bronze - Embedded OOPM	63.3%	63.0%	58.0%-64.4%	NO

2023 QHP Proposal Changes Requiring GMCB Approval

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	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 2023)
Other	Modification required to meet federal guidance

- For the recommended and alternative plan designs, any changes from the 2022 plan designs are shown in boxes and shaded in orange. **Any changes requiring approval are shaded in green**

2023 QHP Proposal Summary of Plan Design Changes

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	Deductible Plans	
Plan	**Platinum**	**Gold**
Changes	Increase medical deductible from $400 to $425	Increase medical deductible from $1,200 to $1,400
	Increase medical OOPM from $1,400 to $1,500	Increase medical OOPM from $5,400 to $5,600
Require Approval?	**NO**	**NO**

	Deductible Plans	
Plan	**Silver**	**Bronze w/ Rx Limit**
Changes	Increase medical deductible from $3,400 to $4,000	Increase medical OOPM from $8,700 to $9,100
	Increase pharmacy deductible from $400 to $500	
	Increase combined OOPM from $8,550 to $9,100	
	Increase ER copay from $250 to $500	
	Decrease PCP and MH/SA office visit copay from $35 to $0 for first 3 visits (combined), then $40 thereafter	
	Increase specialist office visit copay from $80 to $90	
	Increase PT/chiro copays from $45 to $50	
	Increase urgent care copay from $90 to $100	
	Increase generic Rx copay from $15 to $20	
	Increase preferred brand Rx copay from $60 to $70	
Require Approval?	**YES**	**NO**

	Deductible Plans
Plan	**Bronze w/o Rx Limit**
Changes	Increase medical deductible from $8,700 to $9,000
	Increase combined OOPM from $8,700 to $9,000
	Decrease PCP and MH/SA copay from $40 to $0 for first 3 visits (combined), then $40 thereafter
Require Approval?	**YES**

	HDHPs	
Plan	**Silver**	**Bronze**
Changes	Increase medical deductible from $1,850 to $2,100	Increase medical deductible from $5,700 to $5,800
	Increase combined OOPM from $6,900 to $7,050	Increase combined OOPM from $7,050 to $7,100
	Increase Rx deductible and OOPM from $1,400 to $1,450	Increase Rx deductible and OOPM from $1,400 to $1,450
	Increase embedded single OOPM from $8,700 to $9,100	Increase embedded single OOPM from $8,700 to $9,100
Require Approval?	**YES**	**NO**

Changes from the 2022 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in green.

2014 to 2022 QHPs Platinum Deductible Plan

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Deductible/OOP Max	2014 - 2016	2017	2018	2019	2020	2021	2022
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	$150	**$250**	**$300**	**$350**	$350	$350	**$400**
Rx Ded	$0	$0	$0	$0	$0	$0	$0
Integrated Ded	No	No	No	No	No	No	No
Medical OOPM	$1,250	**$1,300**	$1,300	**$1,350**	$1,350	**$1,400**	$1,400
Rx OOPM	$1,250	**$1,300**	$1,300	**$1,350**	$1,350	**$1,400**	$1,400
Integrated OOPM	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
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
Drug Deductible waived for:	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**
Inpatient	10%	10%	10%	10%	10%	10%	10%
Outpatient	10%	10%	10%	10%	10%	10%	10%
ER	$100	$100	$100	$100	$100	$100	$100
Radiology (MRI, CT, PET)	10%	10%	10%	10%	10%	10%	10%
Preventive	$0	$0	$0	$0	$0	$0	$0
PCP Office Visit	$10	$10	$10	$10	**$15**	$15	$15
MH/SA Office Visit	$10	$10	$10	$10	**$15**	$15	$15
Specialist Office Visit	$20	**$30**	$30	$30	**$40**	$40	$40
Physical Therapy/Chiropractic	$20	**$30**	$30	$30	**$20**	$20	$20
Urgent Care	$40	$40	$40	$40	**$50**	$50	$50
Ambulance	$50	$50	$50	$50	**$60**	$60	$60
Rx Generic	$5	$5	$5	$5	**$10**	$10	$10
Rx Preferred Brand	$40	**$50**	$50	$50	$50	$50	$50
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%	50%	50%

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

2023 QHPs Platinum Deductible Plan

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Deductible/OOP Max	2022 Plan Design	Recommended Plan	Alternative Plan (Same as 2022 Plan Design)
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	$400	**$425**	$400
Rx Ded	$0	$0	$0
Integrated Ded	No	No	No
Medical OOPM	$1,400	**$1,500**	$1,400
Rx OOPM	$1,400	$1,400	$1,400
Integrated OOPM	No	No	No
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	N/A	N/A	N/A
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	10%	10%	10%
Outpatient	10%	10%	10%
ER	$100	$100	$100
Radiology (MRI, CT, PET)	10%	10%	10%
Preventive	$0	$0	$0
PCP Office Visit	$15	$15	$15
MH/SA Office Visit	$15	$15	$15
Specialist Office Visit	$40	$40	$40
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			
2022 Federal AVC, Adjusted if Necessary	89.4%	N/A	89.4%
2023 Federal AVC, Adjusted if Necessary	**90.1%**	**89.9%**	**90.1%**
Difference from 2022 Federal AVC, Adjusted	0.7%	0.5%	0.7%
Estimated Premium Impact	N/A	0.2%	0.5%

Changes from the 2022 plan design are shaded in orange. Changes also requiring GMCB approval are shaded in green.

2023 QHPs – Changes for Platinum Deductible Plan

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Even though the 2022 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

2014 to 2022 QHPs Gold Deductible Plan

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

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

2023 QHPs Gold Deductible Plan

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Deductible/OOP Max	2022 Plan Design	Recommended Plan	Alternative Plan
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	$1,200	**$1,400**	**$1,400**
Rx Ded	$150	$150	**$200**
Integrated Ded	No	No	No
Medical OOPM	$5,400	**$5,600**	**$5,600**
Rx OOPM	$1,400	$1,400	$1,400
Integrated OOPM	No	No	No
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	30%	30%	30%
Outpatient	30%	30%	30%
ER	$150	$150	$150
Radiology (MRI, CT, PET)	30%	30%	30%
Preventive	$0	$0	$0
PCP Office Visit	$20	$20	$20
MH/SA Office Visit	$20	$20	$20
Specialist Office Visit	$50	$50	$50
Physical Therapy/Chiropractic	$30	$30	$30
Urgent Care	$60	$60	$60
Ambulance	$70	$70	$70
Rx Generic	$12	$12	$12
Rx Preferred Brand	$55	$55	$55
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2022 Federal AVC, Adjusted if Necessary	81.5%	N/A	N/A
2023 DRAFT Federal AVC, Adjusted if Necessary	**82.3%**	**81.7%**	**81.6%**
Difference from 2022 Federal AVC, Adjusted	0.8%	0.2%	0.1%
Estimated Premium Impact	N/A	0.2%	0.1%

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2023 QHPs – Changes for Gold Deductible Plan

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Considerations for recommended changes:

- Rx deductible was just increased in 2022, so preference was to maintain the same level
- Maintain lower copay amounts
- Changes consistent with prior years

2014 to 2022 QHPs Silver Deductible Plan

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Deductible/OOP Max	2014	2015	2016	2017	2018	2019	2020	2021	2022
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	$1,900	$1,900	**$2,000**	**$2,150**	**$2,600**	**$2,800**	**$3,200**	$3,200	**$3,400**
Rx Ded	$100	$100	**$150**	$150	**$300**	**$300**	**$350**	$350	**$400**
Integrated Ded	No	No	No	No	No	No	No	No	No
Medical OOPM	$5,150	**$5,100**	**$5,600**	**$6,000**	**$6,800**	**$7,500**	**$7,900**	**$8,150**	**$8,550**
Rx OOPM	$1,250	$1,250	$1,250	**$1,300**	$1,300	**$1,350**	$1,350	$1,400	$1,400
Integrated OOPM	No	No	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
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	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	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	40%	40%	40%	40%	40%	40%	**50%**	50%	50%
Outpatient	40%	40%	40%	40%	40%	40%	**50%**	50%	50%
ER	$250	$250	$250	$250	$250	$250	$250	$250	$250
Radiology (MRI, CT, PET)	40%	40%	40%	40%	40%	40%	**50%**	50%	50%
Preventive	$0	$0	$0	$0	$0	$0	$0	$0	$0
PCP Office Visit	$20	**$25**	$25	$25	$25	**$30**	**$35**	$35	$35
MH/SA Office Visit	$20	**$25**	$25	$25	$25	**$30**	**$35**	$35	$35
Specialist Office Visit	$40	**$45**	**$50**	**$65**	**$75**	**$75**	**$80**	$80	$80
Physical Therapy/Chiropractic	$40	$45	$50	$65	$75	$75	**$45**	$45	$45
Urgent Care	$60	$60	$60	$60	**$85**	**$85**	**$90**	$90	$90
Ambulance	$100	$100	$100	$100	$100	$100	$100	$100	$100
Rx Generic	$12	$12	**$15**	$15	$15	$15	$15	$15	$15
Rx Preferred Brand	$50	$50	**$60**	$60	$60	$60	$60	$60	$60
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%	50%	50%	50%	50%

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

2023 QHPs Silver Deductible Plan

VERMONT
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Deductible/OOP Max	2022 Plan Design	Option 1	Option 2
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	$3,400	**$4,000**	**$4,000**
Rx Ded	$400	**$500**	**$500**
Integrated Ded	No	No	No
Medical OOPM	$8,550	**$9,100**	**$9,100**
Rx OOPM	$1,400	$1,400	$1,400
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	50%	50%	50%
Outpatient	50%	50%	50%
ER	$250	**$500**	**$500**
Radiology (MRI, CT, PET)	50%	50%	50%
Preventive	$0	$0	$0
PCP Office Visit	$35	**First 3 PCP or MH/SA Visits $0, Then $40**	$35
MH/SA Office Visit	$35	**First 3 PCP or MH/SA Visits $0, Then $40**	$35
Specialist Office Visit	$80	**$90**	$80
Physical Therapy/Chiropractic	$45	**$50**	$45
Urgent Care	$90	**$100**	$90
Ambulance	$100	$100	$100
Rx Generic	$15	**$20**	$15
Rx Preferred Brand	$60	**$70**	$60
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2022 Federal AVC, Adjusted if Necessary	71.1%	N/A	N/A
2023 DRAFT Federal AVC, Adjusted if Necessary	**72.9%**	**71.7%**	**71.6%**
Difference from 2021 Federal AVC, Adjusted	1.8%	0.6%	0.5%
Estimated Premium Impact	N/A	0.3%	0.0%

Reduction in member cost sharing (benefit to members) for PCP and MH/SA visits in Option 1

Changes from the 2022 plan design are shaded in orange. Changes also requiring GMCB approval are shaded in green.

2023 QHPs – Changes for Silver Deductible Plan

VERMONT
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Considerations for both plan options:

- Due to changes in the AV calculator, significant increases required to meet AV de minimis range

Considerations for changes in Option 1:

- Offering 3 free PCP and/or MH/SA visits is a benefit to the member
- Increasing copays offsets some of estimated premium and AV impact of offering free visits
- Maintain consistency in copay differences (e.g. similar difference between PCP and specialist copays as prior years)
- Making incremental changes each year can help to avoid larger changes required in future years

Considerations for changes in Option 2:

- Lower premium impact
- Maintain copay levels for office visits and Rx

2014 to 2022 QHPs Silver HDHP Plans

VERMONT
AGENCY OF HUMAN SERVICES
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Deductible/OOP Max	2014	2015	2016	2017	2018	2019	2020	2021	2022
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	HSA Q/HDHP
Medical Ded	$1,550	$1,550	**$1,425**	**$1,550**	$1,550	$1,550	**$1,700**	**$1,750**	**$1,850**
Rx Ded	$1,250	**$1,300**	$1,300	$1,300	**$1,350**	$1,350	**$1,400**	**$1,400**	$1,400
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	$5,750	$5,750	$5,750	**$6,400**	$6,400	**$6,650**	**$6,750**	**$6,900**	$6,900
Rx OOPM	$1,250	**$1,300**	$1,300	$1,300	**$1,350**	$1,350	**$1,400**	**$1,400**	$1,400
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	**Yes**	**Yes**	Yes
Family Deductible / OOP	Aggregate, 2x Individual	Aggregate, 2x Individual	**Aggregate with Combined Medical/Rx embedded $6,850 Single MOOP; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $7,150 Single MOOP; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $7,350 Single MOOP; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $7,900 Single OOPM; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $8,150 Single OOPM; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $8,550 Single OOPM; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $8,700 Single OOPM; 2x Individual**
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness	Wellness	Wellness	Wellness	Wellness	Wellness	Wellness	Wellness	Wellness
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	20%	20%	**25%**	25%	**30%**	30%	30%	30%	30%
Outpatient	20%	20%	**25%**	25%	**30%**	30%	30%	30%	30%
ER	20%	20%	**25%**	25%	**30%**	30%	30%	30%	30%
Radiology (MRI, CT, PET)	20%	20%	**25%**	25%	**30%**	30%	30%	30%	30%
Preventive	0%	0%	0%	0%	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	10%	10%	10%	10%	10%	10%
MH/SA Office Visit	10%	10%	10%	10%	10%	10%	10%	10%	10%
Specialist Office Visit	20%	20%	**25%**	25%	**30%**	30%	30%	30%	30%
Physical Therapy/Chiropractic	20%	20%	**25%**	25%	**30%**	30%	30%	30%	30%
Urgent Care	20%	20%	**25%**	25%	**30%**	30%	30%	30%	30%
Ambulance	20%	20%	**25%**	25%	**30%**	30%	30%	30%	30%
Rx Generic	$10	$10	$10	$10	$10	$10	$10	$10	$10
Rx Preferred Brand	$40	$40	$40	$40	$40	$40	$40	$40	$40
Rx Non-Preferred Brand	50%	50%	50%	50%	50%	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%	50%	50%	50%	50%	50%

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

2023 QHPs Silver HDHP Plan Options

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Deductible/OOP Max	2022 Plan Design	Recommended Plan	Alternative Plan
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	$1,850	**$2,100**	**$2,100**
Rx Ded	$1,400	**$1,450**	**$1,450**
Integrated Ded	Yes	Yes	Yes
Medical OOPM	$6,900	**$7,050**	**$7,050**
Rx OOPM	$1,400	**$1,450**	**$1,450**
Integrated OOPM	Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded $8,700 Single OOPM; 2x Individual	**Aggregate with Combined Medical/Rx embedded $9,100 Single OOPM; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $9,100 Single OOPM; 2x Individual**
Medical Deductible waived for:	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	30%	30%	30%
Outpatient	30%	30%	30%
ER	30%	30%	30%
Radiology (MRI, CT, PET)	30%	30%	30%
Preventive	0%	0%	0%
PCP Office Visit	10%	10%	10%
MH/SA Office Visit	10%	10%	10%
Specialist Office Visit	30%	30%	30%
Physical Therapy/Chiropractic	30%	30%	30%
Urgent Care	30%	30%	30%
Ambulance	30%	30%	30%
Rx Generic	$10	$10	**$12**
Rx Preferred Brand	$40	$40	**$50**
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2022 Federal AVC, Adjusted if Necessary	70.7%	N/A	N/A
2023 DRAFT Federal AVC, Adjusted if Necessary	**72.3%**	**71.4%**	**71.2%**
Difference from 2021 Federal AVC, Adjusted	1.6%	0.7%	0.5%
Estimated Premium Impact	N/A	0.3%	0.2%

Should the HDHP minimum deductible for 2022 not equal $1,450, the pharmacy deductible and OOPM will be aligned with the finalized amount.

Changes from the 2022 plan design are shaded in orange. Changes also requiring GMCB approval are shaded in green.

2023 QHPs – Changes for Silver HDHP

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Considerations for recommended changes:

- Increase Rx deductible and MOOP per regulation
- Maintain Rx copays once deductible is met
- Maintain medical coinsurance levels once the deductible is met

2014 to 2022 QHPs Bronze Deductible Plan, with Rx Limit

VERMONT
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Deductible/OOP Max	2014	2015	2016	2017	2018	2019	2020	2021	2022
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	$3,500	$3,500	**$4,000**	**$4,600**	**$5,000**	**$5,500**	**$6,000**	**$6,250**	**$6,450**
Rx Ded	$200	**$300**	**$500**	**$700**	**$900**	$900	**$1,000**	**$1,000**	**$1,100**
Integrated Ded	No	No	No	No	No	No	No	No	No
Medical OOPM	$6,350	$6,350	**$6,850**	**$7,150**	**$7,350**	**$7,900**	**$8,150**	**$8,400**	**$8,700**
Rx OOPM	$1,250	$1,250	$1,250	**$1,300**	$1,300	**$1,350**	$1,350	**$1,400**	$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	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	Stacked, 2x Individual
Medical Deductible waived for:	Preventive	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	Applies to all scripts	Applies to all scripts	**Generic Scripts**	Generic Scripts
Service Category	**Copay / Coinsurance**	**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%	50%
Outpatient	50%	50%	50%	50%	50%	50%	50%	50%	50%
ER	50%	50%	50%	50%	50%	50%	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%	50%	50%	50%	50%	50%	50%
Preventive	$0	$0	$0	$0	$0	$0	$0	$0	$0
PCP Office Visit	$35	$35	$35	$35	$35	$35	$35	$35	$35
MH/SA Office Visit	$35	$35	$35	$35	$35	$35	$35	$35	$35
Specialist Office Visit	$80	$80	**$85**	**$90**	$90	$90	$90	$90	$90
Physical Therapy/Chiropractic	$80	$80	$85	$90	$90	$90	**$45**	**$45**	$45
Urgent Care	$100	$100	$100	$100	$100	$100	$100	$100	$100
Ambulance	$100	$100	$100	$100	$100	$100	$100	$100	$100
Rx Generic	$20	$20	$20	$20	$20	$20	$20	**$15**	$15
Rx Preferred Brand	$80	$80	$80	**$85**	$85	$85	$85	$85	$85
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%	60%	60%	60%
Rx Specialty	60%	60%	60%	60%	60%	60%	60%	60%	60%

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

2023 QHPs Bronze Deductible Plan, with Rx Limit

VERMONT
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Deductible/OOP Max	2022 Plan Design	Recommended Plan	Alternative Plan
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	$6,450	$6,450	**$6,600**
Rx Ded	$1,100	$1,100	$1,100
Integrated Ded	No	No	No
Medical OOPM	$8,700	**$9,100**	**$9,100**
Rx OOPM	$1,400	$1,400	$1,400
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	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	$15
Rx Preferred Brand	$85	$85	$85
Rx Non-Preferred Brand	60%	60%	60%
Rx Specialty	60%	60%	60%
Actuarial Value			
2022 Federal AVC, Adjusted if Necessary	63.7%	N/A	N/A
2023 DRAFT Federal AVC, Adjusted if Necessary	**63.4%**	**63.0%**	**62.9%**
Difference from 2022 Federal AVC, Adjusted	-0.3%	-0.7%	-0.8%
Estimated Premium Impact	N/A	0.8%	0.8%

Changes from the 2022 plan design are shaded in orange. Changes also requiring GMCB approval are shaded in green.

2023 QHPs – Changes for Bronze Deductible Plan, with Rx Limit

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Even though the 2022 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 2022 QHPs Bronze Deductible Plan, without Rx Limit

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

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

2023 QHPs Bronze Deductible Plan, without Rx Limit Options

VERMONT
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Deductible/OOP Max	2022 Plan Design	Recommended Plan	Alternative Plan
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	$8,700	**$9,000**	**$9,100**
Rx Ded	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes
Medical OOPM	$8,700	**$9,000**	**$9,100**
Rx OOPM	N/A	N/A	N/A
Integrated OOPM	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Preventive, OV	Preventive, OV	Preventive, OV
Drug Deductible waived for:	Generic Scripts	Generic Scripts	Generic Scripts
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	0%	0%	0%
Outpatient	0%	0%	0%
ER	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%
Preventive	0%	0%	0%
PCP Office Visit	$40	**First 3 Visits $0, Then $40**	$40
MH/SA Office Visit	$40	**First 3 Visits $0, Then $40**	$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			
2022 Federal AVC, Adjusted if Necessary	64.3%	N/A	N/A
2023 DRAFT Federal AVC, Adjusted if Necessary	**64.2%**	**64.4%**	**63.5%**
Difference from 2022 Federal AVC, Adjusted	-0.1%	0.1%	-0.8%
Estimated Premium Impact	N/A	0.9%	0.8%

Reduction in member cost sharing (benefit to members) for PCP and MH/SA visits in recommended plan

Changes from the 2022 plan design are shaded in orange. Changes also requiring GMCB approval are shaded in green.

2023 QHPs – Changes for Bronze Deductible Plan, without Rx Limit

VERMONT
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Even though the 2022 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
- Offering 3 free PCP and/or MH/SA visits is a benefit to the member

2014 to 2022 QHPs Bronze HDHP

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Deductible/OOP Max	2014	2015	2016	2017	2018	2019	2020	2021	2022
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	HSA Q/HDHP
Medical Ded	$2,000	$2,000	**$4,100**	**$5,050**	**$5,250**	$5,250	**$5,500**	**$5,500**	**$5,700**
Rx Ded	$1,250	**$1,300**	$1,300	$1,300	**$1,350**	$1,350	**$1,400**	**$1,400**	$1,400
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	$6,250	$6,250	**$6,500**	**$6,550**	$6,550	**$6,650**	**$6,750**	**$6,900**	**$7,050**
Rx OOPM	$1,250	**$1,300**	$1,300	$1,300	**$1,350**	$1,350	**$1,400**	**$1,400**	$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	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate, 2x Individual	Aggregate, 2x Individual	**Aggregate with Combined Medical/Rx embedded $6,850 Single MOOP; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $7,150 Single MOOP; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $7,350 Single MOOP; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $7,900 Single OOPM; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $8,150 Single OOPM; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $8,550 Single OOPM; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $8,700 Single OOPM; 2x Individual**
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness	Wellness	Wellness	Wellness	Wellness	Wellness	Wellness	Wellness	Wellness
Service Category	**Copay / Coinsurance**	**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%	50%
Outpatient	50%	50%	50%	50%	50%	50%	50%	50%	50%
ER	50%	50%	50%	50%	50%	50%	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%	50%	50%	50%	50%	50%	50%
Preventive	0%	0%	0%	0%	0%	0%	0%	0%	0%
PCP Office Visit	50%	50%	50%	50%	50%	50%	50%	50%	50%
MH/SA Office Visit	50%	50%	50%	50%	50%	50%	50%	50%	50%
Specialist Office Visit	50%	50%	50%	50%	50%	50%	50%	50%	50%
Physical Therapy/Chiropractic	50%	50%	50%	50%	50%	50%	50%	50%	50%
Urgent Care	50%	50%	50%	50%	50%	50%	50%	50%	50%
Ambulance	50%	50%	50%	50%	50%	50%	50%	50%	50%
Rx Generic	$12	$12	$12	$12	$12	$12	$12	$12	$12
Rx Preferred Brand	40%	40%	40%	40%	40%	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%	60%	60%	60%
Rx Specialty	60%	60%	60%	60%	60%	60%	60%	60%	60%

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

2023 QHPs Bronze HDHP

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Deductible/OOP Max	2022 Plan Design	Recommended Plan	Alternative Plan
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	$5,700	**$5,800**	**$5,800**
Rx Ded	$1,400	**$1,450**	**$1,450**
Integrated Ded	Yes	Yes	Yes
Medical OOPM	$7,050	**$7,100**	$7,050
Rx OOPM	$1,400	**$1,450**	**$1,450**
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded $8,700 Single OOPM; 2x Individual	**Aggregate with Combined Medical/Rx embedded $9,100 Single OOPM; 2x Individual**	**Aggregate with Combined Medical/Rx embedded $9,100 Single OOPM; 2x Individual**
Medical Deductible waived for:	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	50%	50%	50%
Outpatient	50%	50%	50%
ER	50%	50%	50%
Radiology (MRI, CT, PET)	50%	50%	50%
Preventive	0%	0%	0%
PCP Office Visit	50%	50%	50%
MH/SA Office Visit	50%	50%	50%
Specialist Office Visit	50%	50%	50%
Physical Therapy/Chiropractic	50%	50%	50%
Urgent Care	50%	50%	50%
Ambulance	50%	50%	50%
Rx Generic	$12	$12	$12
Rx Preferred Brand	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%
Rx Specialty	60%	60%	60%
Actuarial Value			
2022 Federal AVC, Adjusted if Necessary	63.3%	N/A	N/A
2023 DRAFT Federal AVC, Adjusted if Necessary	**62.9%**	**62.6%**	**62.6%**
Difference from 2022 Federal AVC, Adjusted	-0.4%	-0.7%	-0.7%
Estimated Premium Impact	N/A	1.2%	1.3%

Should the HDHP minimum deductible for 2022 not equal $1,450, the pharmacy deductible and OOPM will be aligned with the finalized amount

Should the HDHP out-of-pocket maximum for 2023 come in lower than $7,100 for an individual, the Medical OOPM will be decreased to align with the new amount

Changes from the 2022 plan design are shaded in orange. Changes also requiring GMCB approval are shaded in green.

2023 QHPs – Changes for Bronze HDHP

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Even though the 2022 plan design is within the AV range, changes are recommended:

- Increase Rx deductible and MOOP per regulation
- Increased cost-sharing will limit the impact on premium
- Making incremental changes each year can help to avoid larger changes required in future years

2023 QHP Proposal Summary of Plan Design Changes

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	Deductible Plans	
Plan	**Platinum**	**Gold**
Changes	Increase medical deductible from $400 to $425	Increase medical deductible from $1,200 to $1,400
	Increase medical OOPM from $1,400 to $1,500	Increase medical OOPM from $5,400 to $5,600
Require Approval?	**NO**	**NO**

	Deductible Plans	
Plan	**Silver**	**Bronze w/ Rx Limit**
Changes	Increase medical deductible from $3,400 to $4,000	Increase medical OOPM from $8,700 to $9,100
	Increase pharmacy deductible from $400 to $500	
	Increase combined OOPM from $8,550 to $9,100	
	Increase ER copay from $250 to $500	
	Decrease PCP and MH/SA office visit copay from $35 to $0 for first 3 visits (combined), then $40 thereafter	
	Increase specialist office visit copay from $80 to $90	
	Increase PT/chiro copays from $45 to $50	
	Increase urgent care copay from $90 to $100	
	Increase generic Rx copay from $15 to $20	
	Increase preferred brand Rx copay from $60 to $70	
Require Approval?	**YES**	**NO**

	Deductible Plans
Plan	**Bronze w/o Rx Limit**
Changes	Increase medical deductible from $8,700 to $9,000
	Increase combined OOPM from $8,700 to $9,000
	Decrease PCP and MH/SA copay from $40 to $0 for first 3 visits (combined), then $40 thereafter
Require Approval?	**YES**

	HDHPs	
Plan	**Silver**	**Bronze**
Changes	Increase medical deductible from $1,850 to $2,100	Increase medical deductible from $5,700 to $5,800
	Increase combined OOPM from $6,900 to $7,050	Increase combined OOPM from $7,050 to $7,100
	Increase Rx deductible and OOPM from $1,400 to $1,450	Increase Rx deductible and OOPM from $1,400 to $1,450
	Increase embedded single OOPM from $8,700 to $9,100	Increase embedded single OOPM from $8,700 to $9,100
Require Approval?	**YES**	**NO**

Changes from the 2022 plan design are shaded in orange. Changes that also would require GMCB approval are shaded in green.

QUESTIONS?

2023 QHPs Appendices

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- Appendix A: 2023 Recommended Plan Designs - All Metals and CSR Plans
- Appendix B: 2023 Silver On/Off Exchange Plan Designs
- Appendix C: Proposed Federal Standard Plan Designs

Appendix A: 2023 QHP Deductible Plans

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Deductible/OOP Max	Platinum	Gold	Silver	Bronze w/ Rx Limit	Bronze w/o Rx Limit
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	$425	$1,400	$4,000	$6,450	$9,000
Rx Ded	$0	$150	$500	$1,100	N/A
Integrated Ded	No	No	No	No	Yes
Medical OOPM	$1,500	$5,600	$9,100	$9,100	$9,000
Rx OOPM	$1,400	$1,400	$1,400	$1,400	N/A
Integrated OOPM	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Generic Scripts	Generic Scripts
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	10%	30%	50%	50%	0%
Outpatient	10%	30%	50%	50%	0%
ER	$100	$150	$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	$50	$90	$90	$100
Physical Therapy/Chiropractic	$20	$30	$50	$45	$50
Urgent Care	$50	$60	$100	$100	0%
Ambulance	$60	$70	$100	$100	0%
Rx Generic	$10	$12	$20	$15	$30
Rx Preferred Brand	$50	$55	$70	$85	0%
Rx Non-Preferred Brand	50%	50%	50%	60%	0%
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2023 Federal AVC, Adjusted if Necessary	**89.9%**	**81.7%**	**71.7%**	**63.0%**	**64.4%**

Appendix A: 2023 QHP Deductible Plans – CSR Variations

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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	$3,700	$2,900	$1,200	$250
Rx Ded	$500	$450	$350	$250	$0
Integrated Ded	No	No	No	No	No
Medical OOPM	$9,100	$7,250	$6,300	$2,400	$1,000
Rx OOPM	$1,400	$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					
2022 DRAFT Federal AVC, Adjusted if Necessary	**71.7%**	**74.0%**	**77.9%**	**87.9%**	**94.9%**

Appendix A: 2023 QHP HDHPs

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Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	$2,100	$5,800
Rx Ded	$1,450	$1,450
Integrated Ded	Yes	Yes
Medical OOPM	$7,050	$7,100
Rx OOPM	$1,450	$1,450
Integrated OOPM	Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded $9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded $9,100 Single OOPM; 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	30%	50%
Outpatient	30%	50%
ER	30%	50%
Radiology (MRI, CT, PET)	30%	50%
Preventive	0%	0%
PCP Office Visit	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit	30%	50%
Physical Therapy/Chiropractic	30%	50%
Urgent Care	30%	50%
Ambulance	30%	50%
Rx Generic	$10	$12
Rx Preferred Brand	$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
Actuarial Value		
2023 Federal AVC, Adjusted if Necessary	**71.4%**	**62.6%**

Appendix A: 2023 QHP HDHPs – CSR Variations

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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	$2,000	$1,700	$1,450	$550
Rx Ded	$1,450	$1,450	$1,450	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	$7,050	$6,000	$4,600	$1,450	$550
Rx OOPM	$1,450	$1,450	$1,450	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 $9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded $9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded $9,100 Single OOPM; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	30%	25%	25%	0%	0%
Outpatient	30%	25%	25%	0%	0%
ER	30%	25%	25%	0%	0%
Radiology (MRI, CT, PET)	30%	25%	25%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	10%	0%	0%
Specialist Office Visit	30%	25%	25%	0%	0%
Physical Therapy/Chiropractic	30%	25%	25%	0%	0%
Urgent Care	30%	25%	25%	0%	0%
Ambulance	30%	25%	25%	0%	0%
Rx Generic	$10	$10	$10	$0	$0
Rx Preferred Brand	$40	$40	$40	$0	$0
Rx Non-Preferred Brand	50%	50%	50%	0%	0%
Rx Specialty	50%	50%	50%	0%	0%
Actuarial Value					
2022 DRAFT Federal AVC, Adjusted if Necessary	**71.4%**	**73.5%**	**77.5%**	**87.5%**	**94.3%**

Appendix B: 2023 Silver On/Off Exchange Plans

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	2023 Plan Designs – Silver Deductible Plan		2023 Plan Designs – Silver HDHP	
Deductible/OOP Max	**On the Exchange**	**Off the Exchange**	**On the Exchange**	**Off the Exchange**
Type of Plan	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	$4,000	$4,000	$2,100	$2,100
Rx Ded	$500	$500	$1,450	$1,450
Integrated Ded	No	No	Yes	Yes
Medical OOPM	$9,100	$9,100	$7,050	$7,050
Rx OOPM	$1,400	$1,400	$1,450	$1,450
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 $9,100 Single OOPM; 2x Individual	Aggregate with Combined Medical/Rx embedded $9,100 Single OOPM; 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive
Drug Deductible waived for:	Generic scripts	Generic scripts	Wellness scripts	Wellness scripts
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	50%	50%	30%	30%
Outpatient	50%	50%	30%	30%
ER	$500	$500	30%	30%
Radiology (MRI, CT, PET)	50%	50%	30%	30%
Preventive	$0	$0	0%	0%
PCP Office Visit	First 3 Visits $0, Then $40	First 3 Visits $0, Then $40	10%	10%
MH/SA Office Visit	First 3 Visits $0, Then $40	First 3 Visits $0, Then $40	10%	10%
Specialist Office Visit	$90	$90	30%	30%
Physical Therapy/Chiropractic	$50	$50	30%	30%
Urgent Care	$100	$100	30%	30%
Ambulance	$100	**$105**	30%	**35%**
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				
2022 DRAFT Federal AVC, Adjusted if Necessary	**71.7%**	**71.7%**	**71.4%**	**71.4%**

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

Appendix C: 2023 Federal Standard Plan Designs

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Deductible/OOP Max	Platinum	Gold	Silver	Expanded Bronze	Bronze
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	$0	$2,000	$5,800	$7,500	$9,100
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	$3,000	$8,700	$8,900	$9,000	$9,100
Integrated OOPM	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	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	Preventive
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Inpatient	$350	25%	40%	50%	0%
Outpatient	$150	25%	40%	50%	0%
ER	$100	25%	40%	50%	$0
Radiology (MRI, CT, PET)	$100	25%	40%	50%	0%
Preventive	$0	$0	$0	$0	$0
PCP Office Visit	$10	$30	$40	$50	$0
MH/SA Office Visit	$10	$30	$40	$50	$0
Specialist Office Visit	$20	$60	$80	$100	$0
Physical Therapy	$10	$30	$40	$50	$0
Urgent Care	$15	$45	$60	$75	$0
Ambulance	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified
Rx Generic	$5	$15	$20	$25	$0
Rx Preferred Brand	$10	$30	$40	$50	$0
Rx Non-Preferred Brand	$50	$60	$80	$100	0%
Rx Specialty	$150	$250	$350	$500	0%
Actuarial Value					
2023 Federal AVC, Adjusted if Necessary	**88.0%**	**78.0%**	**70.0%**	**64.1%**	**59.9%**

Disclosures and Limitations

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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 2023 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 2023 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 2023. The 2022 minimum deductible and MOOP are $1,400 and $7,050, respectively. The plan designs presented may need to change once the final 2023 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.