

Green Mountain Care Board

Department of Vermont Health Access (DVHA) Proposal of 2018 Standard Qualified Health Plans

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

Thursday, January 26, 2017

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2018 Standard Qualified Health Plans Presentation Agenda

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

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

III. Comments, Questions & Discussion

IV. GMCB Vote

Summary of Qualified Health Plans Currently Offered By VHC (2017)

Twenty-two (22) total medical plans:

- 12 Standard plans (6 from each issuer)
 - Platinum: 1 BCBS & 1 MVP
 - Gold: 1 BCBS & 1 MVP
 - Silver: 2 BCBS & 2 MVP (One from each issuer is HSA compatible)
 - Bronze: 2 BCBS & 2 MVP (One from each issuer is HSA compatible)
- 8 Non-Standard plans (4 from each issuer): (Gold, Gold HSA-compatible, Silver, Bronze)
- 2 Catastrophic plans (one from each issuer)

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Summary of Plans on VHC (2017)

Dental

- Embedded dental is optional in the Standard Plans but is not required
- If offered, the deductible must not apply for Class I services for pediatric members

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

Planning for 2018 Qualified Health Plans Stakeholder Group Composition

Vermont Health Connect

All VT Issuers: BCBSVT, MVP, NEDD

M.E.A.B. Representatives

Vermont Office of Healthcare Advocate

Department of Financial Regulation Staff

Green Mountain Care Board Staff

Other External Stakeholders (American Cancer Society, AIDS Advocacy)

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- Group met monthly from May 2016 – January 2017
 - Prolonged opportunity for input leading to final QHP proposal with broad-based support
 - M.E.A.B. presentation: January 2017

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2018 Qualified Health Plans Benefit Design Principles

- **Value:** Provide compliant, comprehensive “Essential Health Benefits”
- **Affordability:** Balance impact on premium vs. consumer cost-share
- **Stability:** Implement cost share changes gradually to avoid large increases in future years
- **Attractiveness:** Focus on increased simplification of plan benefit designs and messaging for all customers
- **Usefulness:** Create/maintain incentives for generic low-cost prescriptions, primary & behavioral health care, preventive services

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2018 Qualified Health Plans Proposal Approach

- **Strategic, Minimal Increases:** Balance required changes across cost-share for multiple services and anticipated premium increases
- **Design Innovations:** Considered alternatives, i.e. monthly Rx MOOP, PCP visits pre-deductible at all metal levels
- **Consumer Education (O & E):** Insurance basics, plan selection assistance, value of CSRs, emphasizing services with no cost-share (i.e. preventive, visits, screenings, GYN visits, immunizations, etc.), coverage access mid-year through special enrollment periods

Summary of Plans on VHC 2016-2017 Enrollment

Individual Market Enrollment By Metal Level and Plan Type 2016-2017

Plan		2016 Enrollees (Total)					2017 Enrollees (as of mid-January, 2017)				
		Standard, Deductible	Standard, HDHP	Non Std, Deductible	Non Std, HDHP	Total	Standard, Deductible	Standard, HDHP	Non Std, Deductible	Non Std, HDHP	Total
Catastrophic	No CSR			317		317			220		220
Bronze	No CSR	3008	2379	314	2072	7773	2593	2203	461	1428	6685
Silver	73%	1583	476	638		2697	1261	348	558		2167
Silver	77%	2520	736	1298		4554	1976	579	1056		3611
Silver	87%	3728	1089	2034		6851	2941	843	1785		5569
Silver	94%	1488	374	724		2586	1139	295	622		2056
Silver	No CSR	4098	2167	1350		7615	3898	1937	1359		7194
Silver	Total	13417	4842	6044		24303	11215	4002	5380		20597
Gold	No CSR	2719		735	804	4258	2252		598	1052	3902
Platinum	No CSR	4163				4163	3577				3577
Total		23307	7221	7410	2876	40814	19637	6205	6659	2480	34981

Note: Individual market enrollment includes all individual membership, whether enrolled through VHC or directly enrolled with BCBSVT or MVP. The 2016 totals reflect the number of members who were active for at least one month during 2016. The 2017 numbers reflect enrollment as processed through mid-January 2017 (January 12 for BCBSVT and January 18 for MVP). Fewer than two dozen Native American plans are included in the Silver and Bronze “No CSR” rows.

Summary of Plans on VHC 2016-2017 Enrollment (Percentages)

Individual Market Enrollment By Metal Level and Plan Type 2016-2017

Plan		% Enrollees 2016					% Enrollees 2017 (as of mid January, 2017)				
		Standard, Deductible	Standard, HDHP	Non-Std, Deductible	Non-Std, HDHP	Total	Standard, Deductible	Standard, HDHP	Non-Std, Deductible	Non-Std, HDHP	Total
Catastrophic	No CSR			0.8%		0.8%			0.6%		0.6%
Bronze	No CSR	7.4%	5.8%	0.8%	5.1%	19.0%	7.4%	6.3%	1.3%	4.1%	19.1%
Silver	73%	3.9%	1.2%	1.6%		6.6%	3.6%	1.0%	1.6%		6.2%
Silver	77%	6.2%	1.8%	3.2%		11.2%	5.6%	1.7%	3.0%		10.3%
Silver	87%	9.1%	2.7%	5.0%		16.8%	8.4%	2.4%	5.1%		15.9%
Silver	94%	3.6%	0.9%	1.8%		6.3%	3.3%	0.8%	1.8%		5.9%
Silver	No CSR	10.0%	5.3%	3.3%		18.7%	11.1%	5.5%	3.9%		20.6%
Silver	Total	32.9%	11.9%	14.8%		59.5%	32.1%	11.4%	15.4%		58.9%
Gold	No CSR	6.7%		1.8%	2.0%	10.4%	6.4%		1.7%	3.0%	11.2%
Platinum	No CSR	10.2%				10.2%	10.2%				10.2%
Total		57.1%	17.7%	18.2%	7.0%	100.0%	56.1%	17.7%	19.0%	7.1%	100.0%

Note: Individual market enrollment includes all individual membership, whether enrolled through VHC or directly enrolled with BCBSVT or MVP. The 2016 totals reflect the number of members who were active for at least one month during 2016. The 2017 numbers reflect enrollment as processed through mid-January 2017 (January 12 for BCBSVT and January 18 for MVP). Fewer than two dozen Native American plans are included in the Silver and Bronze “No CSR” rows.

2018 Certification: High-Level Timeline

- DVHA presents plan design adjustments for GMCB
Approval: January - February 2017
- Medical & dental issuers file forms with DFR: March 2017
 - Form review concludes in June, 2017
- Issuers submit rates May 12, 2017
 - GMCB completes rate review & decision period August, 2017
- DVHA plan selection targeted for September 8, 2017
- Open enrollment November 1 2017 to January 31, 2018

2018 Qualified Health Plans Detailed Proposal

By Phone: Julie Peper, Brittney Phillips of Wakely
Consulting on behalf of DVHA

Thursday, January 26, 2017

Regulation Changes for 2018

- Annual limitation on cost sharing was increased to \$7,350 (from \$7,150 in 2017)
 - Note: This limit does not apply to HSA qualified High Deductible Health Plans (HDHPs). That limit is released by the IRS in the spring.
- Expanded bronze “de minimis” range was finalized, which allows bronze plans with certain designs to have an AV between 58% and 65% (compared to 58% and 62% in prior years)
 - Applicable plans include HDHP plans, or plans that cover at least one major service, other than preventive, prior to the deductible
 - Based on the 2017 plan designs, the VT standard Bronze HDHP plans would qualify for this expanded range, but the deductible plan would not and would still be subject to a maximum AV of 62%
 - Should VT choose to select a higher AV for the Bronze HDHP, this would likely translate to higher premiums for the members
 - There would also be less distinction between the Bronze and Silver Plans, as the Silver plan AV is still limited to 72%

Changes to the Federal AVC for 2018

- Data underlying the calculator was updated
 - New data is based on 2015 individual and small group claims from a national database
 - This is the first time underlying data has been updated since the original calculator used for the 2014 plan year
 - Prior versions were based on 2010 claims data from a national database with small and large group experience
 - Updated annual trend factors to project 2015 claims to 2018 using 3.25% for medical claims and 11.5% for pharmacy claims
 - The prior calculators applied a 6.5% annual trend to both medical and pharmacy claims
 - As a result, the average allowed amount of medical claims decreased and pharmacy increased in the calculator
- Additionally, there were several functionality changes made, primarily to the calculation of the impact of the Maximum Out-of-Pocket (MOOP)

Changes to the Federal AVC for 2018 (Continued)

- The table below shows the average allowed amount by metal level of the data underlying the final 2017 AVC and final 2018 AVC

	Avg. PMPMs		
	2017 AVC	2018 AVC	Change
Platinum	\$579	\$498	-14%
Medical	\$455	\$351	-23%
Rx	\$124	\$147	18%
Gold	\$539	\$465	-14%
Medical	\$428	\$332	-23%
Rx	\$110	\$133	21%
Silver	\$514	\$443	-14%
Medical	\$404	\$320	-21%
Rx	\$109	\$123	12%
Bronze	\$495	\$412	-17%
Medical	\$399	\$302	-24%
Rx	\$96	\$110	15%

Notes and Caveats

- Federal HDHP minimum deductible and MOOP limits are not yet released for 2018
 - The 2017 minimum single deductible and MOOP are \$1,300 and \$6,550, respectively
 - The proposed plan designs do not currently change either the HDHP deductible or MOOP. Should the final limit for the deductible increase, the Rx deductible for the HDHP plans will need to be adjusted
 - The minimum deductible typically increases \$50 every two to three years and the last increase was for the 2015 plan year
 - The MOOP increases about \$100 each year, though it did not increase from 2016-2017
- Beginning in 2017, there are federal bronze, silver and gold standard plans (they are not required to be offered but may be beneficial to health plans to offer). While these plans are not applicable for Vermont, the federal standard plans are shown as a reference.

Notes and Caveats (Continued)

- The premium changes shown are meant to illustrate the trade-off between premium increases and cost sharing increases. The actual premium change will be based on each carriers' 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 MOOP on the HDHP plans). The actuarial values were based on high level estimates of allowed PMPMs and adjusted for each metal level by the federal induced utilization factors. These estimates should be used as a high level estimate and an additional reference point, but not as the actual expected premium changes.

Summary of AV Changes

	Plan	2017 Federal AVC, Adjusted if Necessary	2018 Federal AVC, Adjusted if Necessary	Acceptable Range	Out of Range	2018 Recommended Plan Design AV
Deductible Plans	Platinum	89.1%	90.2%	88.0%-92.0%	NO	89.9%
	Gold	82.0%	83.4%	78.0%-82.0%	YES	82.0%
	Silver	71.5%	74.3%	68.0%-72.0%	YES	72.0%
	Bronze	61.3%	62.0%	58.0%-61.5%	YES	61.1%
HDHPs	Silver - Embedded MOOP	70.0%	70.6%	68.0%-71.0%	NO	69.5%
	Bronze - Embedded MOOP	60.9%	60.2%	58.0%-64.0%	NO	59.9%

- The gold, silver, and bronze deductible plans require changes to meet the federal actuarial value requirements
- The acceptable AV ranges above 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 HDHP plans
 - No cost sharing for basic pediatric oral health essential health benefits – 0.5% “cushion” on HDHP plans and bronze deductible plan
- The bronze HDHP plans are eligible for the expanded “de minimis” range new for the 2018 plan year

Changes Requiring GMCB Approval

- Below are the thresholds for changes requiring board approval. Any changes below these thresholds do not require formal approval.
 - Copay changes of less than or equal to \$15
 - Co-insurance changes of less than or equal to 5 percentage points
 - Deductible changes of less than or equal to \$200
 - The modification is needed to meet federal guidance
 - MOOP changes of less than or equal to the increase in the federal MOOP limit do not require formal approval
 - For 2018, this would be equal to changes of less than or equal to \$200 (\$7,350 - \$7,150)
- For the recommended and alternative plan designs, any changes from the 2017 plan designs are shown in boxes and shaded in green. Any changes requiring approval are shaded in gold.

Summary of Plan Design Changes

Deductible Plans		
Plan	Platinum	Gold
Changes	Increase deductible to \$300 from \$250	Make ER visits subject to the deductible
	Make ER visits subject to the deductible	Increase coinsurance to 30% from 20%
		Applies to inpatient, outpatient, and radiology
Require Approval?	NO	YES

Deductible Plans		
Plan	Silver	Bronze
Changes	Increase medical deductible to \$2,600 from \$2,150	Increase medical deductible to \$5,000 from \$4,600
	Increase Rx deductible to \$300 from \$150	Increase Rx deductible to \$900 from \$700
	Increase combined medical/Rx MOOP to \$6,800 from \$6,000	Increase combined medical/Rx MOOP to \$7,350 from \$7,150
	Increase specialist office visit copay to \$75 from \$65	
	Increase urgent care copay to \$80 from \$60	
Require Approval?	YES	YES

HDHPs		
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP
Changes	Increase embedded single MOOP to \$7,350 from \$7,150	Increase combined medical/Rx deductible to \$5,250 from \$5,050
	Increase coinsurance to 30% from 25%	Increase embedded single MOOP to \$7,350 from \$7,150
	Applies to all medical services except preventive, PCP, and MH/SA office visits	
Require Approval?	NO	NO

2018 Qualified Health Plans - Platinum

Deductible/OOP Max	2017 Plan Design	2018 Recommended Design	2018 Alternative Design (Keep 2017 Design)
Type of Plan	Deductible	Deductible	Deductible
Medical Ded	\$250	\$300	\$250
Rx Ded	\$0	\$0	\$0
Integrated Ded	No	No	No
Medical OOPM	\$1,300	\$1,300	\$1,300
Rx OOPM	\$1,300	\$1,300	\$1,300
Integrated OOPM	No	No	No
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, PCP/MH/SA/Spec OV, UC, Amb, ER	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb, ER
Drug Deductible waived for:	N/A	N/A	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	10%	10%	10%
Outpatient ²	10%	10%	10%
ER ³	\$100	\$100	\$100
Radiology (MRI, CT, PET)	10%	10%	10%
Preventive	\$0	\$0	\$0
PCP Office Visit	\$10	\$10	\$10
MH/SA Office Visit	\$10	\$10	\$10
Specialist Office Visit ⁴	\$30	\$30	\$30
Urgent Care	\$40	\$40	\$40
Ambulance	\$50	\$50	\$50
Rx Generic	\$5	\$5	\$5
Rx Preferred Brand	\$50	\$50	\$50
Rx Non-Preferred Brand	50%	50%	50%
Rx Specialty	50%	50%	50%
Actuarial Value			
2017 Federal AVC, Adjusted if Necessary	89.1%	N/A	89.1%
2018 Federal AVC, Adjusted if Necessary	90.2%	89.9%	90.2%
Difference from 2017 Federal AVC, Adjusted	1.1%	0.9%	1.1%
Estimated Premium Impact	N/A	0.0%	0.2%

Changes from the 2017 plan design are shaded in green. Changes that also would require GMCB approval are shaded in gold.

2018 Qualified Health Plans – Platinum

- Even though the 2017 plan design is still within the AV range we recommend changes:
 - Increased cost sharing will limit the impact on premium
 - Making ER visits subject to deductible will help to incent members to use lower cost urgent care services when able

2018 Qualified Health Plans - Gold

Deductible/OOP Max	2017 Plan Design	2018 Recommended Design	2018 Alternative Design	2018 Federal Standard Plan
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$850	\$850	\$1,000	\$1,400
Rx Ded	\$100	\$100	\$150	\$0
Integrated Ded	No	No	No	No
Medical OOPM	\$4,500	\$4,500	\$4,700	\$5,000
Rx OOPM	\$1,300	\$1,300	\$1,300	N/A
Integrated OOPM	No	No	No	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, PCP/MH/SA/Spec OV, UC, Amb, ER	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic, Preferred Brand, Non-Preferred Brand scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	20%	30%	20%	20%
Outpatient ²	20%	30%	20%	20%
ER ³	\$150	\$150	\$150	20%
Radiology (MRI, CT, PET)	20%	30%	20%	20%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$15	\$15	\$15	\$20
MH/SA Office Visit	\$15	\$15	\$15	\$20
Specialist Office Visit ⁴	\$30	\$30	\$35	\$50
Urgent Care	\$45	\$40	\$45	\$60
Ambulance	\$50	\$50	\$50	20%
Rx Generic	\$5	\$5	\$5	\$10
Rx Preferred Brand	\$50	\$50	\$50	\$40
Rx Non-Preferred Brand	50%	50%	50%	\$75
Rx Specialty	50%	50%	50%	30%
Actuarial Value				
2017 Federal AVC, Adjusted if Necessary	82.0%	N/A	N/A	N/A
2018 Federal AVC, Adjusted if Necessary	83.4%	82.0%	82.0%	80.6%
Difference from 2017 Federal AVC, Adjusted	1.4%	0.0%	0.0%	N/A
Estimated Premium Impact	N/A	-1.5%	-0.9%	N/A

Changes from the 2017 plan design are shaded in green. Changes that also would require GMCB approval are shaded in gold.

2018 Qualified Health Plans – Gold

- Considerations for recommended changes:
 - Making ER visits subject to deductible will help to incent members to use lower cost urgent care services when able
 - Increasing the coinsurance amount allows the deductible, MOOP and copays to remain unchanged from 2017
- Decreased the urgent care copay to make the plan designs consistent.
 - The urgent care copay on the platinum and bronze plans were \$10 higher than the specialist copay, but \$15 higher than the specialist copay on the 2017 gold plan
 - This does not impact the federal AV as it is not an input in the AVC

2018 Qualified Health Plans – Silver Deductible

Deductible/OOP Max	2017 Plan Design	2018 Recommended Design	2018 Alternative Design	2018 Federal Standard Plan
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$2,150	\$2,600	\$2,400	\$3,500
Rx Ded	\$150	\$300	\$200	\$500
Integrated Ded	No	No	No	No
Medical OOPM	\$6,000	\$6,800	\$6,800	\$7,350
Rx OOPM	\$1,300	\$1,300	\$1,300	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic, Preferred Brand, Non-Preferred Brand scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	40%	40%	50%	20%
Outpatient ²	40%	40%	50%	20%
ER ³	\$250	\$250	\$250	20%
Radiology (MRI, CT, PET)	40%	40%	50%	20%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$25	\$25	\$25	\$30
MH/SA Office Visit	\$25	\$25	\$25	\$30
Specialist Office Visit ⁴	\$65	\$75	\$75	\$65
Urgent Care	\$60	\$85	\$85	\$75
Ambulance	\$100	\$100	\$100	20%
Rx Generic	\$15	\$15	\$15	\$15
Rx Preferred Brand	\$60	\$60	\$60	\$50
Rx Non-Preferred Brand	50%	50%	50%	\$100
Rx Specialty	50%	50%	50%	40%
Actuarial Value				
2017 Federal AVC, Adjusted if Necessary	71.5%	N/A	N/A	N/A
2018 Federal AVC, Adjusted if Necessary	74.3%	72.0%	71.9%	71.0%
Difference from 2017 Federal AVC, Adjusted	2.8%	0.5%	0.4%	N/A
Estimated Premium Impact	N/A	-2.3%	-2.6%	N/A

Changes from the 2017 plan design are shaded in green. Changes that also would require GMCB approval are shaded in gold.

2018 Qualified Health Plans – Silver Deductible

- Considerations for recommended changes:
 - Preference not to increase the coinsurance amount as seen in the alternative design as the coinsurance would be similar to bronze at 50%
 - Increased deductible and MOOP in order to maintain PCP and generic Rx copays
- Increased the urgent care copay to make the plan designs consistent
 - The urgent care copay on the platinum and gold plans were higher than the specialist copay, but lower than the specialist copay on the silver plan
 - This does not impact the federal AV as it is not an input in the AVC

2018 Qualified Health Plans – Silver HDHP

Deductible/OOP Max	2017 Plan Design	2018 Recommended Design	2018 Alternative Design (Keep 2017 Design)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	\$1,550	\$1,550
Rx Ded	\$1,300	\$1,300	\$1,300
Integrated Ded	Yes	Yes	Yes
Medical OOPM	\$6,400	\$6,400	\$6,400
Rx OOPM	\$1,300	\$1,300	\$1,300
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	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 \$7,350 Single MOOP; 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 ¹	25%	30%	25%
Outpatient ²	25%	30%	25%
ER ³	25%	30%	25%
Radiology (MRI, CT, PET)	25%	30%	25%
Preventive	0%	0%	0%
PCP Office Visit	10%	10%	10%
MH/SA Office Visit	10%	10%	10%
Specialist Office Visit ⁴	25%	30%	25%
Urgent Care	25%	30%	25%
Ambulance	25%	30%	25%
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			
2017 Federal AVC, Adjusted if Necessary	70.0%	N/A	70.0%
2018 Federal AVC, Adjusted if Necessary	70.6%	69.5%	70.6%
Difference from 2017 Federal AVC, Adjusted	0.6%	-0.5%	0.6%
Estimated Premium Impact	N/A	-0.3%	0.8%

Changes from the 2017 plan design are shaded in green. Changes that also would require GMCB approval are shaded in gold.

2018 Qualified Health Plans – Silver HDHP

- Even though the 2017 plan design is still within the AV range we recommend changes:
 - Increased cost sharing will limit the impact on premium
 - Increased coinsurance so that the deductible and MOOP can remain the same amounts as 2017

2018 Qualified Health Plans – Bronze Deductible

Deductible/OOP Max	2017 Plan Design	2018 Recommended Design	2018 Alternative Design	2018 Federal Standard Plan
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$4,600	\$5,000	\$5,400	\$6,650
Rx Ded	\$700	\$900	\$1,000	N/A
Integrated Ded	No	No	No	Yes
Medical OOPM	\$7,150	\$7,350	\$7,350	\$7,350
Rx OOPM	\$1,300	\$1,300	\$1,300	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive, PCP/MH/SA/Spec OV, UC
Drug Deductible waived for:	Applies to all scripts	Applies to all scripts	Applies to all scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	50%	50%	50%	40%
Outpatient ²	50%	50%	50%	40%
ER ³	50%	50%	50%	40%
Radiology (MRI, CT, PET)	50%	50%	50%	40%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$35	\$35	\$40	\$35
MH/SA Office Visit	\$35	\$35	\$40	\$35
Specialist Office Visit ⁴	\$90	\$90	\$95	\$75
Urgent Care	\$100	\$100	\$105	\$75
Ambulance	\$100	\$100	\$100	40%
Rx Generic	\$20	\$20	\$25	\$35
Rx Preferred Brand	\$85	\$85	\$90	35%
Rx Non-Preferred Brand	60%	60%	60%	40%
Rx Specialty	60%	60%	60%	40%
Actuarial Value				
2017 Federal AVC, Adjusted if Necessary	61.3%	N/A	N/A	N/A
2018 Federal AVC, Adjusted if Necessary	62.0%	61.1%	60.8%	62.7% *
Difference from 2017 Federal AVC, Adjusted	0.7%	-0.2%	-0.5%	N/A
Estimated Premium Impact	N/A	-0.1%	-0.3%	N/A

Changes from the 2017 plan design are shaded in green. Changes that also would require GMCB approval are shaded in gold.

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

2018 Qualified Health Plans – Bronze Deductible

- Considerations for recommended changes:
 - Modest deductible and MOOP increases are favorable to changing copay levels

2018 Qualified Health Plans – Bronze HDHP

Deductible/OOP Max	2017 Plan Design	2018 Recommended Design	2018 Alternative Design (Keep 2017 Design)	2018 Federal Standard Plan
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$5,050	\$5,250	\$5,050	\$6,000
Rx Ded	\$1,300	\$1,300	\$1,300	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$6,550	\$6,550	\$6,550	\$6,000
Rx OOPM	\$1,300	\$1,300	\$1,300	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	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 \$7,350 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	50%	50%	50%	0%
Outpatient ²	50%	50%	50%	0%
ER ³	50%	50%	50%	0%
Radiology (MRI, CT, PET)	50%	50%	50%	0%
Preventive	0%	0%	0%	0%
PCP Office Visit	50%	50%	50%	0%
MH/SA Office Visit	50%	50%	50%	0%
Specialist Office Visit ⁴	50%	50%	50%	0%
Urgent Care	50%	50%	50%	0%
Ambulance	50%	50%	50%	0%
Rx Generic	\$12	\$12	\$12	0%
Rx Preferred Brand	40%	40%	40%	0%
Rx Non-Preferred Brand	60%	60%	60%	0%
Rx Specialty	60%	60%	60%	0%
Actuarial Value				
2017 Federal AVC, Adjusted if Necessary	60.9%	N/A	60.9%	N/A
2018 Federal AVC, Adjusted if Necessary	60.2%	59.9%	60.2%	62.0%
Difference from 2017 Federal AVC, Adjusted	-0.7%	-1.0%	-0.7%	N/A
Estimated Premium Impact	N/A	1.4%	1.5%	N/A

Changes from the 2017 plan design are shaded in green. Changes that also would require GMCB approval are shaded in gold.

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

2018 Qualified Health Plans – Bronze HDHP

- Even though the 2017 plan design is still within the AV range we recommend changes:
 - Increased cost sharing will limit the impact on premium

2018 Qualified Health Plans - Bronze Plans with No Specific Prescription Drug Limit

- Beginning with the 2018 plan year, VT will offer at least one bronze standard plan design that is not subject to the prescription drug limit
 - This is in addition to the bronze standard plan designs that do meet the prescription drug requirements and does not replace those plans
- We are recommending adding one standard plan that is not subject to the prescription drug limit
 - Our recommendation is to add a “Deductible” plan
 - We also considered an HDHP that can be paired with an HSA

2018 Qualified Health Plans

Rx MOOP Bronze Plan Changes/New Plans Considered

1. Reduce pressures on AV from mandated benefit coverage

- Early childhood developmental disease parity
 - Coverage for victims of sexual assault
 - Mental health parity
 - Contraceptive coverage
 - Mammograms
 - Colorectal cancer screening
- Most of these factors are not significantly different from the federal essential health benefit (EHB) regulations
 - Only mental health parity is a specific input in the federal AVC and would have an impact on the AV
 - Vermont's standard plan designs cover mental health/substance abuse office visits at the same member cost sharing as PCP office visits

DVHA/Stakeholder Decision: Strongly oppose imposing cost share for any of these services: minimal AV impact, unpopular and disruptive for consumers

2018 Qualified Health Plans

Rx MOOP Bronze Plan Changes/New Plans Considered

2. Apply the same inflation factor to drug as other medical benefits

- Vermont's prescription drug maximum out of pocket (MOOP) is currently tied to the minimum deductible for HSA qualified high-deductible health plans
- This limit has not increased since 2015, further placing pressure on the medical out-of-pocket maximum requirements in order to meet the federal AV requirements

DVHA/Stakeholder Decision: This change does not provide sufficient distinction to warrant creation of a new plan vs. current Bronze plan designs. However, analysis demonstrated that this is a preferable inflation methodology for Rx MOOP with current plan designs.

2018 Qualified Health Plans

Rx MOOP Bronze Plan Changes/New Plans Considered

3. Create a new plan with no specific Rx MOOP in favor of other reduced cost share amounts

- Meets VT legislative requirements for 2018
- An opportunity to introduce a unique, attractive plan into the VT market
- Considered an HDHP option. However, felt that it was not different enough from the current standard plan options and did not want to add too many bronze plans to the market. The HDHP options considered are shown in Appendix C, for reference.

DVHA/Stakeholder Decision:

- This is the preferred option
- Following is the proposed Deductible Bronze Plan for 2018

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2018 Qualified Health Plans - Bronze Plans with No Specific Prescription Drug Limit, Deductible

Deductible/OOP Max	2017 Plan Design	2018 Recommended Design	2018 Alternative Design	2018 Federal Standard Plan
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical/Integrated Ded	\$4,600	\$7,350	\$4,600	\$6,650
Rx Ded	\$700	N/A	\$700	N/A
Integrated Ded	No	Yes	No	Yes
Medical OOPM	\$7,150	\$7,350	\$7,350	\$7,350
Rx OOPM	\$1,300	N/A	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical/Integrated Deductible waived for:	Preventive	Preventive, PCP/MH/SA/Spec OV, Generic Scripts	Preventive, 3 PCP/MH/SA OV	Preventive, PCP/MH/SA/Spec OV, UC, Generic Scripts
Drug Deductible waived for:	Applies to all scripts	N/A	Applies to all scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	50%	0%	50%	40%
Outpatient ²	50%	0%	50%	40%
ER ³	50%	0%	50%	40%
Radiology (MRI, CT, PET)	50%	0%	50%	40%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$35	\$40	\$35	\$35
MH/SA Office Visit	\$35	\$40	\$35	\$35
Specialist Office Visit ⁴	\$90	\$100	\$90	\$75
Urgent Care	\$100	0%	\$100	\$75
Ambulance	\$100	0%	\$100	40%
Rx Generic	\$20	\$25	\$20	\$35
Rx Preferred Brand	\$85	0%	\$85	35%
Rx Non-Preferred Brand	60%	0%	60%	40%
Rx Specialty	60%	0%	60% up to \$200 Copay	40%
Actuarial Value				
2017 Federal AVC, Adjusted if Necessary	61.3%	N/A	N/A	N/A
2018 Federal AVC, Adjusted if Necessary	62.0%	62.1% *	64.3% *	62.7% *
Difference from 2017 Federal AVC, Adjusted	0.7%	0.8%	3.0%	1.4%

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

2018 Qualified Health Plans - Bronze Plans with No Specific Prescription Drug Limit

- Considerations for recommended plan design:
 - Significantly different from current design, should help to avoid confusion
 - Captures populations who need both low premium and some basic services prior to meeting the deductible

Summary of Approval Requests

Deductible Plans		
Plan	Platinum	Gold
Changes	Increase deductible to \$300 from \$250	Make ER visits subject to the deductible
	Make ER visits subject to the deductible	Increase coinsurance to 30% from 20%
Require Approval?	NO	YES

Deductible Plans		
Plan	Silver	Bronze
Changes	Increase medical deductible to \$2,600 from \$2,150	Increase medical deductible to \$5,000 from \$4,600
	Increase Rx deductible to \$300 from \$150	Increase Rx deductible to \$900 from \$700
	Increase combined medical/Rx MOOP to \$6,800 from \$6,000	Increase combined medical/Rx MOOP to \$7,350 from \$7,150
	Increase specialist office visit copay to \$75 from \$65	
	Increase urgent care copay to \$80 from \$60	
Require Approval?	YES	YES

HDHPs		
Plan	Silver - Embedded MOOP	Bronze - Embedded MOOP
Changes	Increase embedded single MOOP to \$7,350 from \$7,150	Increase combined medical/Rx deductible to \$5,250 from \$5,050
	Increase coinsurance to 30% from 25%	Increase embedded single MOOP to \$7,350 from \$7,150
	Applies to all medical services except preventive, PCP, and MH/SA office visits	
Require Approval?	NO	NO

- Should the HDHP minimum deductible increase from \$1,300 when the IRS releases the limits for 2018, we will revise the HDHP plans to meet these requirements
- Requesting approval for bronze “Deductible” plan that is not subject to the prescription drug limit

Appendices

- Appendix A: CSR Plan Design Changes (Slides 39-42)
- Appendix B: 2018 Recommended Plan Designs - All Metals (Slides 43-46)
- Appendix C: Bronze Plans with No Specific Prescription Drug Limit, HDHP Options (Slide 47)
 - These plan options are not being requested to be added as additional standard plan designs, but are shown for reference only.

Appendix A: CSRs – Deductible Plan

Deductible/OOP Max	Deductible Plan CSR Variations			
	250-300% FPL (73% AV) 2017 Plan Design	250-300% FPL (73% AV) 2018 Plan Design	200-250% FPL (77% AV) 2017 Plan Design	200-250% FPL (77% AV) 2018 Plan Design
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$2,150	\$2,600	\$1,600	\$2,000
Rx Ded	\$150	\$300	\$150	\$200
Integrated Ded	No	No	No	No
Medical OOPM	\$4,900	\$5,700	\$3,700	\$4,500
Rx OOPM	\$1,200	\$1,200	\$1,000	\$1,000
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	40%	40%	40%	40%
Outpatient ²	40%	40%	40%	40%
ER ³	\$250	\$250	\$250	\$250
Radiology (MRI, CT, PET)	40%	40%	40%	40%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$25	\$25	\$20	\$20
MH/SA Office Visit	\$25	\$25	\$20	\$20
Specialist Office Visit ⁴	\$65	\$65	\$40	\$40
Urgent Care	\$60	\$75	\$60	\$50
Ambulance	\$100	\$100	\$100	\$100
Rx Generic	\$12	\$12	\$12	\$12
Rx Preferred Brand	\$60	\$60	\$60	\$60
Rx Non-Preferred Brand	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%
Actuarial Value				
2017 Federal AVC, Adjusted if Necessary	73.8%	N/A	77.4%	N/A
2018 Federal AVC, Adjusted if Necessary	76.0%	73.9%	79.8%	77.7%
Difference from 2017 Federal AVC, Adjusted	2.2%	0.2%	2.4%	0.2%

Appendix A: CSRs – Deductible Plan

Deductible/OOP Max	Deductible Plan CSR Variations			
	150-200% FPL (87% AV) 2017 Plan Design	150-200% FPL (87% AV) 2018 Plan Design	133-150% FPL (94% AV) 2017 Plan Design	133-150% FPL (94% AV) 2018 Plan Design
Type of Plan	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$600	\$800	\$100	\$150
Rx Ded	\$100	\$150	\$0	\$0
Integrated Ded	No	No	No	No
Medical OOPM	\$1,300	\$1,600	\$700	\$800
Rx OOPM	\$400	\$400	\$200	\$200
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	N/A	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	40%	40%	10%	10%
Outpatient ²	40%	40%	10%	10%
ER ³	\$250	\$250	\$75	\$75
Radiology (MRI, CT, PET)	40%	40%	10%	10%
Preventive	\$0	\$0	\$0	\$0
PCP Office Visit	\$10	\$10	\$5	\$5
MH/SA Office Visit	\$10	\$10	\$5	\$5
Specialist Office Visit ⁴	\$30	\$30	\$15	\$15
Urgent Care	\$50	\$40	\$35	\$25
Ambulance	\$100	\$100	\$50	\$50
Rx Generic	\$10	\$10	\$5	\$5
Rx Preferred Brand	\$50	\$50	\$20	\$20
Rx Non-Preferred Brand	50%	50%	30%	30%
Rx Specialty	50%	50%	30%	30%
Actuarial Value				
2017 Federal AVC, Adjusted if Necessary	87.5%	N/A	94.8%	N/A
2018 Federal AVC, Adjusted if Necessary	89.2%	87.7%	95.2%	94.7%
Difference from 2017 Federal AVC, Adjusted	1.8%	0.3%	0.4%	-0.1%

Changes from the 2017 plan design are shaded in green. Changes that also would require GMCB approval are shaded in gold.

Appendix A: CSRs – HDHP Plan

Deductible/OOP Max	Silver HDHP Embedded MOOP Plan CSR Variations			
	250-300% FPL (73% AV) 2017 Plan Design	250-300% FPL (73% AV) 2018 Option 1	200-250% FPL (77% AV) 2017 Plan Design	200-250% FPL (77% AV) 2018 Option 1
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	\$1,550	\$1,300	\$1,300
Rx Ded	\$1,300	\$1,300	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$4,100	\$4,100	\$3,000	\$3,000
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,150 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	25%	25%	25%	25%
Outpatient ²	25%	25%	25%	25%
ER ³	25%	25%	25%	25%
Radiology (MRI, CT, PET)	25%	25%	25%	25%
Preventive	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	10%
MH/SA Office Visit	10%	10%	10%	10%
Specialist Office Visit ⁴	25%	25%	25%	25%
Urgent Care	25%	25%	25%	25%
Ambulance	25%	25%	25%	25%
Rx Generic	\$10	\$10	\$10	\$10
Rx Preferred Brand	\$40	\$40	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%	50%
Rx Specialty	50%	50%	50%	50%
Actuarial Value				
2017 Federal AVC, Adjusted if Necessary	72.8%	72.8%	76.7%	76.7%
2018 Federal AVC, Adjusted if Necessary	73.0%	73.0%	76.7%	76.7%
Difference from 2017 Federal AVC, Adjusted	0.2%	0.2%	0.0%	0.0%

Appendix A: CSRs – HDHP Plan

Deductible/OOP Max	Silver HDHP Embedded MOOP Plan CSR Variations			
	150-200% FPL (87% AV) 2017 Plan Design	150-200% FPL (87% AV) 2018 Option 1	133-150% FPL (94% AV) 2017 Plan Design	133-150% FPL (94% AV) 2018 Option 1
Type of Plan	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,250	\$1,200	\$550	\$550
Rx Ded	N/A	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes
Medical OOPM	\$1,250	\$1,200	\$550	\$550
Rx OOPM	N/A	N/A	N/A	N/A
Integrated OOPM	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	0%	0%	0%	0%
Outpatient ²	0%	0%	0%	0%
ER ³	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%
Preventive	0%	0%	0%	0%
PCP Office Visit	0%	0%	0%	0%
MH/SA Office Visit	0%	0%	0%	0%
Specialist Office Visit ⁴	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%
Rx Generic	\$0	\$0	\$0	\$0
Rx Preferred Brand	\$0	\$0	\$0	\$0
Rx Non-Preferred Brand	0%	0%	0%	0%
Rx Specialty	0%	0%	0%	0%
Actuarial Value				
2017 Federal AVC, Adjusted if Necessary	86.7%	N/A	93.8%	93.8%
2018 Federal AVC, Adjusted if Necessary	85.7%	86.1%	93.2%	93.2%
Difference from 2017 Federal AVC, Adjusted	-1.0%	-0.6%	-0.6%	-0.6%

Appendix B: Deductible Plans

Deductible/OOP Max	2018 Plan Designs - Deductible Plans				2018 Plan Designs - Bronze Plan: No Specific Drug Limit
	Platinum	Gold	Silver	Bronze	Bronze
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$300	\$850	\$2,600	\$5,000	\$7,350
Rx Ded	\$0	\$100	\$300	\$900	N/A
Integrated Ded	No	No	No	No	Yes
Medical OOPM	\$1,300	\$4,500	\$6,800	\$7,350	\$7,350
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	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, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb	Preventive	Preventive, PCP/MH/SA/Spec OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	10%	30%	40%	50%	0%
Outpatient ²	10%	30%	40%	50%	0%
ER ³	\$100	\$150	\$250	50%	0%
Radiology (MRI, CT, PET)	10%	30%	40%	50%	0%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$10	\$15	\$25	\$35	\$40
MH/SA Office Visit	\$10	\$15	\$25	\$35	\$40
Specialist Office Visit ⁴	\$30	\$30	\$75	\$90	\$100
Urgent Care	\$40	\$40	\$85	\$100	0%
Ambulance	\$50	\$50	\$100	\$100	0%
Rx Generic	\$5	\$5	\$15	\$20	\$25
Rx Preferred Brand	\$50	\$50	\$60	\$85	0%
Rx Non-Preferred Brand	50%	50%	50%	60%	0%
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2018 Federal AVC, Adjusted if Necessary	89.9%	82.0%	72.0%	61.1%	62.1% *

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

Appendix B: Deductible Plans – CSR Variations

Deductible/OOP Max	2018 Plan Designs - Deductible Plan CSR Variations				
	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$2,600	\$2,600	\$2,000	\$800	\$150
Rx Ded	\$300	\$300	\$200	\$150	\$0
Integrated Ded	No	No	No	No	No
Medical OOPM	\$6,800	\$5,700	\$4,500	\$1,600	\$800
Rx OOPM	\$1,300	\$1,200	\$1,000	\$400	\$200
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec OV, UC, Amb	Prev, PCP/MH/SA/Spec 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 ¹	40%	40%	40%	40%	10%
Outpatient ²	40%	40%	40%	40%	10%
ER ³	\$250	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	40%	40%	40%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$25	\$25	\$20	\$10	\$5
MH/SA Office Visit	\$25	\$25	\$20	\$10	\$5
Specialist Office Visit ⁴	\$75	\$65	\$40	\$30	\$15
Urgent Care	\$85	\$75	\$50	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$15	\$12	\$12	\$10	\$5
Rx Preferred Brand	\$60	\$60	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2018 Federal AVC, Adjusted if Necessary	72.0%	73.9%	77.7%	87.7%	94.7%

Appendix B: HDHP Plans

Deductible/OOP Max	2018 Plan Designs - HDHP Plans	
	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	\$5,250
Rx Ded	\$1,300	\$1,300
Integrated Ded	Yes	Yes
Medical OOPM	\$6,400	\$6,550
Rx OOPM	\$1,300	\$1,300
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	30%	50%
Outpatient ²	30%	50%
ER ³	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 ⁴	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		
2018 Federal AVC, Adjusted if Necessary	69.5%	59.9%

Appendix B: HDHP Plans – CSR Variations

2018 Plan Designs - HDHP Plan CSR Variations					
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,550	\$1,550	\$1,300	\$1,200	\$550
Rx Ded	\$1,300	\$1,300	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$6,400	\$4,100	\$3,000	\$1,200	\$550
Rx OOPM	\$1,300	\$1,300	\$1,300	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	30%	25%	25%	0%	0%
Outpatient ²	30%	25%	25%	0%	0%
ER ³	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 ⁴	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					
2018 Federal AVC, Adjusted if Necessary	69.5%	73.0%	76.7%	86.1%	93.2%

Appendix C: Bronze Plans with No Specific Prescription Drug Limit, HDHP Options

These plan options are not requested to be added as additional standard plan designs, but are shown for reference only.

Deductible/OOP Max	2017 Plan Design	2018 Alternative Design	2018 Alternative Design	2018 Proposed Federal Standard Plan
Type of Plan	HSA Q/HDHP	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$5,050	\$4,500	\$4,250	\$6,000
Rx Ded	\$1,300	N/A	N/A	N/A
Integrated Ded	Yes	No	Yes	Yes
Medical OOPM	\$6,550	\$6,550	\$6,300	\$6,000
Rx OOPM	\$1,300	N/A	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Yes	Yes	Yes
Family Deductible / OOP	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 \$7,350 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	50%	30%	30%	0%
Outpatient ²	50%	30%	30%	0%
ER ³	50%	30%	30%	0%
Radiology (MRI, CT, PET)	50%	30%	30%	0%
Preventive	0%	0%	0%	0%
PCP Office Visit	50%	30%	20%	0%
MH/SA Office Visit	50%	30%	20%	0%
Specialist Office Visit ⁴	50%	30%	30%	0%
Urgent Care	50%	30%	30%	0%
Ambulance	50%	30%	30%	0%
Rx Generic	\$12	\$10	\$10	0%
Rx Preferred Brand	40%	20%	20%	0%
Rx Non-Preferred Brand	60%	30%	30%	0%
Rx Specialty	60%	30% up to \$200 Copay	30% up to \$200 Copay	0%
Actuarial Value				
2017 Federal AVC, Adjusted if Necessary	60.9%	N/A	N/A	N/A
2018 DRAFT Federal AVC, Est. Adj. if Necessary	60.2%	60.1%	61.0%	59.5%
Difference from 2017 Federal AVC, Adjusted	-0.7%	-0.8%	0.1%	-1.4%

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