



2017 Individual & Small Group Market  
Bronze HSA Standard Plan Designs  
Access Health CT  
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Julie Andrews, FSA, MAAA – Senior Consulting Actuary  
Brittney Phillips, ASA, MAAA – Senior Actuarial Analyst

# Notes and Caveats

- Federal High Deductible Health Plan (HDHP) minimum deductible and maximum out of pocket (MOOP) limits (IRS RP-2016-28) have now been released for 2017. The 2017 limits will remain unchanged from the 2016 limits. The limits for the minimum single deductible and MOOP are \$1,300 and \$6,550, respectively.
  - The deductible typically increases \$50 every two to three years and the MOOP increases around \$100 a year on average, which is why the 2017 Bronze HSA plan MOOPs were set at \$6,600
  - The final limits necessitate plan design changes to ensure the plans remain compliant HDHP for HSAs.
- For the recommended and alternative plan designs, any changes from the 2017 approved plan designs are shown in red font and are in boxes.
- Federal AV Calculator values are presented without any adjustments.

# Summary of AV Changes

	Individual Bronze HSA	Small Group Bronze HSA
Permissible AV Range	58.0%-62.0%	58.0%-62.0%
2017 Deductible/MOOP	\$5650/ <del>\$6600</del>	\$6000/ <del>\$6600</del>
2017 AV	62.0%	61.5%
Revised 2017 MOOP (To be Compliant)	\$5650/ <b>\$6550</b>	\$6000/ <b>\$6550</b>
2017 AV with Revised MOOP	<b>62.1%</b>	61.6%
Proposed 2017 Deductible/MOOP	<b>\$5685/\$6550</b>	\$6000/ <b>\$6550</b>
2017 AV with Revised MOOP	<b>62.0%</b>	61.6%
Membership (as of February 2016)	3,672	57

# Individual Market – Bronze (HSA) - 60% AV

	2017 Bronze HSA Approved	2017 Bronze HSA Revised Proposal
Combined Medical & Rx Deductible	\$5,650	<b>\$5,685</b>
Coinsurance	10%	10%
Out-of-pocket Maximum	\$6,600	<b>\$6,550</b>
Primary Care	10% (after ded.)	10% (after ded.)
Specialist Care	10% (after ded.)	10% (after ded.)
Urgent Care	10% (after ded.)	10% (after ded.)
Emergency Room	10% (after ded.)	10% (after ded.)
Inpatient Hospital	10% (after ded.)	10% (after ded.)
Outpatient Hospital	10% (after ded.)	10% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	10% (after ded.)	10% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	10% (after ded.)	10% (after ded.)
Laboratory Services	10% (after ded.)	10% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	10% (after ded.)	10% (after ded.)
All Other Medical	10% (after ded.)	10% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)
<b>2017 AVC Results</b>	<b>62.0%</b>	<b>62.0%</b>

Changes from the approved 2017 plan design are shown in red font and boxes.

# SHOP Market – Bronze (HSA) – 60% AV

	2017 Bronze HSA Approved	2017 Bronze HSA Revised Proposal
Combined Medical & Rx Deductible	\$6,000	\$6,000
Coinsurance	10%	10%
Out-of-pocket Maximum	\$6,600	<b>\$6,550</b>
Primary Care	10% (after ded.)	10% (after ded.)
Specialist Care	10% (after ded.)	10% (after ded.)
Urgent Care	10% (after ded.)	10% (after ded.)
Emergency Room	10% (after ded.)	10% (after ded.)
Inpatient Hospital	10% (after ded.)	10% (after ded.)
Outpatient Hospital	10% (after ded.)	10% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	10% (after ded.)	10% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	10% (after ded.)	10% (after ded.)
Laboratory Services	10% (after ded.)	10% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	10% (after ded.)	10% (after ded.)
All Other Medical	10% (after ded.)	10% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)
<b>2017 AVC Results</b>	<b>61.5%</b>	<b>61.6%</b>

Changes from the approved 2017 plan design are shown in red font and boxes.