

Health Plan Benefits and Qualifications Advisory Committee Meeting

February 3, 2017

Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Overview: Standardized Plans
- D. Standardized Plans: 2018 Options - Medical
 - Review and Recommend
- E. Standardized Plans: 2018 Options - Stand-Alone Dental Plan (SADP)
 - Review and Recommend
- F. Next Steps
- G. Adjournment

➤ *Overview: Standardized
Plans*

Overview: Standardized Plans

- Purpose
 - Promotes transparency, ease, and simplicity for comparison shopping
 - Cost-sharing for a key set of benefits is specified, including deductible, co-payment and/or co-insurance cost sharing for in-network and out-of-network coverage
- AHCT Individual Market Current Standardized Plan - Issuer Requirements
 - Platinum is optional
 - Gold, Silver (including cost-sharing variant plans), Bronze, Bronze HSA are required
- AHCT Small Group Market Current Standardized Plan - Issuer Requirements
 - Platinum, Gold, Silver, Silver HSA, Bronze, Bronze HSA are required

Standard Plan Design Development Incorporates AHCT...

Vision

- The CT Health Exchange supports health reform efforts at the state and national level that provide CT residents with better health, and an enhanced and more coordinated health care experience at a reasonable, predictable cost.

Mission

- To increase the number of insured residents, improve health care quality, lower costs and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and provider that give them the best value.

Strategic Goals

- Focus on providing access to quality insurance choices for individuals and small businesses, delivering a positive customer experience, improving quality, cost transparency and reducing disparities in health care; which will result in healthier people, healthier communities and a healthier Connecticut.

Access Health CT

2018 Standard Plan Designs

February 3, 2017

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Agenda

1. Regulatory Changes
2. Federal AVC Changes
3. Notes and Caveats
4. Maximum Copays
5. Summary of Proposed Changes
6. Proposed Plan Designs

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.
 - The Cost Sharing Reduction (CSR) plan variations have a different set of limits:
 - 94% CSR (100-150% FPL): \$2,450
 - 87% CSR (151-200% FPL): \$2,450
 - 73% CSR (201-250% FPL): \$5,850

Regulation Changes for 2018, Cont'd

- 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 CT standard bronze plan designs qualify for this expanded range.
 - Should CT choose to select a higher AV for the Bronze plans, 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).

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 make changes to either the HDHP deductible or MOOP.
 - 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.
- The cost sharing shown on the following slides represents costs for in-network services, unless specified.
- The deductible and MOOP limits shown are for individuals. The family limits are 2x the individual limit for all plans.
- Preventive care is covered at no cost to the member for all plans.
- Mental Health cost sharing is the same as Primary Care for all plans.

Notes and Caveats, Cont'd

- 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. 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.

Enrollment by Metal Level

Metal Level	Percent Enrollment in AHCT Standard Plans – IND Market
Platinum	0.00%
Gold	7.63%
Silver	54.30%
Silver Standard	16.20%
Silver 73%	8.50%
Silver 87%	15.50%
Silver 94%	14.10%
Bronze	7.50%
Bronze HSA	14.10%

- Enrollment as of January 10, 2017
- Total enrollment was approximately 105,000 and 83.5% of enrollment in the individual market was in an AHCT standard plan.

Maximum Copays

- CID Bulletin HC-109 specified maximum benefit copays.

Service Category	Maximum Copay
Durable Medical Equipment	\$25
Home Health Care	\$25
Ambulance	\$225
Laboratory	\$10
Routine Radiology Services	\$40
PCP Office Visit	\$40
Specialist Office Visit	\$50
Urgent Care	\$75
Emergency Room	\$200
Inpatient Admission	\$500/day up to \$2,000
Outpatient Surgery/Services	\$500
Generic Drug	\$5
Brand Drug	\$60
Physical Therapy*	\$30

- On the following slides, copays at these maximums are shown with an asterisk (*)

Access Health CT
2018 Standard Plan Designs
Individual Market

Individual - Summary of AV Changes

Individual Market	Platinum	Gold	Silver	Bronze	Bronze HSA
Permissible AV Range	88.0%-92.0%	78.0%-82.0%	68.0%-72.0%	58.0%-65.0% ¹	58.0%-65.0% ¹
2017 AV	89.18%	81.05%	71.98%	61.98%	62.00%
2018 AV	90.15%	84.11%	76.18%	61.93%	61.20%

¹ Bronze plan designs are eligible for new expanded "de minimis" range

Individual Market - CSR Plan Variations	73% AV CSR	87% AV CSR	94% AV CSR
Permissible AV Range	72.0%-74.0% ²	86.0%-88.0%	93.0%-95.0%
2017 AV	73.98%	87.87%	94.97%
2018 AV	78.07%	88.98%	93.95%

² 73.0% CSR Silver must be have a differential of 2.0%+ with Standard Silver

2018 - Individual Market Platinum Plan, 90% AV

	2017 Platinum & 2018 Option 1
Combined Medical & Rx Deductible	\$150 (INN)/\$2,000 (OON)
Coinsurance	20%
Out-of-pocket Maximum	\$2,000 (INN)/\$4,000 (OON)
Primary Care	\$15
Specialist Care	\$30
Urgent Care	\$50
Emergency Room	\$100
Inpatient Hospital	\$300 per day (after ded., \$600 max. per admission)
Outpatient Hospital	\$300 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$30
Laboratory Services	\$10 *
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$15
Chiropractic Care 20 visit calendar maximum	\$30
All Other Medical	20%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$15 / \$30 / 20% (spec. after ded., \$100 max per spec. script)
2017 AVC Results	89.18%
2018 AVC Results	90.15%
Difference	0.98%
Estimated Premium Impact	0.32%

We are proposing no changes to the 2017 plan design

2018 - Individual Market Gold Plan, 80% AV

	2017 Gold	2018 Gold Option 1	2018 Gold Option 2
Medical Deductible	\$1,550 (INN)/\$3,000 (OON)	\$2,250 (INN)/\$4,500 (OON)	\$1,750 (INN)/\$3,500 (OON)
Rx Deductible	\$25 (INN)/\$350 (OON)	\$50 (INN)/\$350 (OON)	\$50 (INN)/\$350 (OON)
Coinsurance	30%	30%	30%
Out-of-pocket Maximum	\$3,500 (INN)/\$6,000 (OON)	\$4,400 (INN)/\$8,800 (OON)	\$4,000 (INN)/\$8,000 (OON)
Primary Care	\$20	\$20	\$25
Specialist Care	\$40	\$40	\$45
Urgent Care	\$50	\$50	\$50
Emergency Room	\$100	\$100 (after ded.)	\$150 (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$500 * (after ded.)	\$500 * (after ded.)	\$500 * (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$65	\$65	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 *	\$40 *	\$40 *
Laboratory Services	\$10 *	\$10 *	\$10 *
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20	\$25
Chiropractic Care 20 visit calendar maximum	\$40	\$40	\$40
All Other Medical	30%	30%	30%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$25 / \$50 / 20% (spec. after ded., \$100 max per spec. script)	\$5 * / \$25 / \$50 / 20% (spec. after ded., \$100 max per spec. script)	\$5 * / \$25 / \$50 / 20% (spec. after ded., \$100 max per spec. script)
2017 AVC Results	81.05%	N/A	N/A
2018 AVC Results	84.11%	80.21%	81.20%
Difference	3.06%	-0.84%	0.15%
Estimated Premium Impact	N/A	-0.35%	0.24%

2018 - Individual Market Silver Plan, 70% AV

	2017 Silver	2018 Silver Option 1	2018 Silver Option 2	2018 Silver Option 3	2018 Silver Option 4
Medical Deductible	\$4,000 (INN)/ \$6,000 (OON)	\$5,000 (INN)/ \$10,000 (OON)	\$4,500 (INN)/ \$9,000 (OON)	\$4,400 (INN)/ \$8,800 (OON)	\$4,700 (INN)/ \$9,400 (OON)
Rx Deductible	\$150 (INN)/ \$350 (OON)	\$250 (INN)/ \$500 (OON)	\$200 (INN)/ \$400 (OON)	\$200 (INN)/ \$400 (OON)	\$200 (INN)/ \$400 (OON)
Coinsurance	40%	40%	40%	40%	40%
Out-of-pocket Maximum	\$7,150 (INN)/ \$12,500 (OON)	\$7,350 (INN)/ \$14,700 (OON)	\$7,350 (INN)/ \$14,700 (OON)	\$7,350 (INN)/ \$14,700 (OON)	\$7,350 (INN)/ \$14,700 (OON)
Primary Care	\$35	\$40 *	\$35	\$35	\$35
Specialist Care	\$50 *	\$50 *	\$50 *	\$50 *	\$50 *
Urgent Care	\$75 *	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	\$200 *	\$200 * (after ded.)	\$200 * (after ded.)	\$200 * (after ded.)	\$200 * (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission) *	\$500 per day (after ded., \$2,000 max. per admission) *	\$500 per day (after ded., \$2,000 max. per admission) *	\$500 per day (after ded., \$2,000 max. per admission) *	\$500 per day (after ded., \$2,000 max. per admission) *
Outpatient Hospital	\$500 * (after ded.)	\$500 * (after ded.)	\$500 * (after ded.)	\$500 * (after ded.)	\$500 * (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75 (after ded.)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 *	\$40 *	\$40 *	\$40 *	\$40 *
Laboratory Services	\$10 *	\$10 *	\$10 *	\$10 *	\$10 *
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	30 *	30 *	30 *	30 *	30 *
Chiropractic Care 20 visit calendar maximum	\$50	\$50	\$50	\$50	\$50
All Other Medical	40%	40%	40%	40%	40%
Generic / Preferred Brand / Non- Preferred Brand / Specialty Rx	\$5 * / \$35 / \$60 * / 20% (spec. after ded., \$200 max per spec. script)	\$5 * / \$35 / \$60 * / 20% (all but generic after ded., \$200 max per spec. script)	\$5 * / \$35 / \$60 * / 20% (all but generic after ded., \$200 max per spec. script)	\$5 * / \$35 / \$60 * / 20% (all but generic after ded., \$200 max per spec. script)	\$5 * / \$35 / \$60 * / 20% (non-preferred brand and spec. after ded., \$200 max per spec. script)
2017 AVC Results	71.98%	N/A	N/A	N/A	N/A
2018 AVC Results	76.18%	71.95%	71.88%	71.99%	71.92%
Difference	4.20%	-0.03%	-0.10%	0.01%	-0.06%
Estimated Premium Impact	N/A	0.80%	-0.33%	-0.26%	-0.53%



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

*Cost sharing at maximum copay allowable as specified by Insurance Department Bulletin HC-109

2018 - Individual Market Silver Plan, 73% AV CSR

	2017 Silver 73% CSR	2018 Silver 73% CSR - Option 1 (Corresponds with Silver Option 1)	2018 Silver 73% CSR - Option 2 (Corresponds with Silver Option 2 or 3)	2018 Silver 73% CSR - Option 3 (Corresponds with Silver Option 4)
Medical Deductible	\$3,400	\$4,700	\$4,150	\$4,300
Rx Deductible	\$100	\$250	\$150	\$150
Coinsurance	40%	40%	40%	40%
Out-of-pocket Maximum	\$5,700	\$5,850	\$5,850	\$5,850
Primary Care	\$35	\$40 *	\$35	\$35
Specialist Care	\$50 *	\$50 *	\$50 *	\$50 *
Urgent Care	\$75 *	\$75 *	\$75 *	\$75 *
Emergency Room	\$200 *	\$200 * (after ded.)	\$200 * (after ded.)	\$200 * (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission) *	\$500 per day (after ded., \$2,000 max. per admission) *	\$500 per day (after ded., \$2,000 max. per admission) *	\$500 per day (after ded., \$2,000 max. per admission) *
Outpatient Hospital	\$500 * (after ded.)	\$500 * (after ded.)	\$500 * (after ded.)	\$500 * (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 *	\$40 *	\$40 *	\$40 *
Laboratory Services	\$10 *	\$10 *	\$10 *	\$10 *
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30 *	\$30 *	\$30 *	\$30 *
Chiropractic Care 20 visit calendar maximum	\$50	\$50	\$50	\$50
All Other Medical	40%	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$35 / \$60 * / 20% (spec. after ded., \$100 max per spec. script)	\$5 * / \$35 / \$60 * / 20% (all but generic after ded., \$100 max per spec. script)	\$5 * / \$35 / \$60 * / 20% (all but generic after ded., \$100 max per spec. script)	\$5 * / \$35 / \$60 * / 20% (non-preferred brand and spec. after ded., \$100 max per spec. script)
2017 AVC Results	73.98%	N/A	N/A	N/A
2018 AVC Results	78.07%	73.99%	73.99%	73.97%
Difference	4.09%	0.01%	0.01%	-0.01%

Out of Network Cost Sharing will match the Standard Silver
Changes from the 2017 plan design are shown in red font and boxes.

*Cost sharing at maximum copay allowable as specified by Insurance Department Bulletin HC-109

2018 - Individual Market Silver Plan, 87% AV CSR

	2017 Silver 87% CSR	2018 Silver 87% CSR - Option 1
Medical Deductible	\$700	\$750
Rx Deductible	\$50	\$50
Coinsurance	40%	40%
Out-of-pocket Maximum	\$1,800	\$2,000
Primary Care	\$20	\$20
Specialist Care	\$35	\$35
Urgent Care	\$35	\$35
Emergency Room	\$75	\$75 (after ded.)
Inpatient Hospital	\$100 per day (after ded., \$400 max. per admission)	\$100 per day (after ded., \$400 max. per admission)
Outpatient Hospital	\$100 (after ded.)	\$100 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$60	\$60
Non-Advanced Radiology (X-ray, Diagnostic)	\$30	\$30
Laboratory Services	\$10 *	\$10 *
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational)	\$20	\$20
Combined 40 visit calendar year maximum, separate for each type		
Chiropractic Care 20 visit calendar maximum	\$35	\$35
All Other Medical	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$20 / \$35 / 20% (spec. after ded., \$60 max per spec. script)	\$5 * / \$20 / \$35 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)
2017 AVC Results	87.87%	N/A
2018 AVC Results	88.98%	87.94%
Difference	1.11%	0.08%

2018 - Individual Market Silver Plan, 94% AV CSR

	2017 Silver 94% CSR & 2018 Option 1	2018 Silver 94% CSR - Option 2
Medical Deductible	\$0	\$0
Rx Deductible	\$0	\$0
Coinsurance	40%	40%
Out-of-pocket Maximum	\$1,000	\$750
Primary Care	\$10	\$10
Specialist Care	\$30	\$30
Urgent Care	\$25	\$25
Emergency Room	\$50	\$50
Inpatient Hospital	\$75 per day (\$300 max. per admission)	\$75 per day (\$300 max. per admission)
Outpatient Hospital	\$75	\$75
Advanced Radiology (CT/PET Scan, MRI)	\$50	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$25	\$25
Laboratory Services	\$10 *	\$10 *
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20
Chiropractic Care 20 visit calendar maximum	\$30	\$30
All Other Medical	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$10 / \$30 / 20% (\$60 max per spec. script)	\$5 * / \$10 / \$30 / 20% (\$60 max per spec. script)
2017 AVC Results	94.97%	N/A
2018 AVC Results	93.95%	94.86%
Difference	-1.02%	-0.11%

2018 - Individual Market Bronze Non-HSA Plan, 60% AV

	2017 Bronze Non-HSA & 2018 Option 1	2018 Bronze Non-HSA Option 2	2018 Bronze Non-HSA Option 3
Combined Medical & Rx Deductible	\$6,000 (INN)/\$10,000 (OON)	\$6,000 (INN)/\$12,000 (OON)	\$6,000 (INN)/\$12,000 (OON)
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$7,150 (INN)/\$13,200 (OON)	\$7,350 (INN)/\$14,700 (OON)	\$7,350 (INN)/\$14,700 (OON)
Primary Care	\$40 *	\$40 *	\$40 *
Specialist Care	\$50 * (after ded.)	\$50 * (after ded.)	\$50 * (after ded.)
Urgent Care	\$75 *	\$75 *	\$75 *
Emergency Room	\$200 * (after ded.)	\$200 * (after ded.)	\$200 * (after ded.)
Inpatient Hospital	\$500 (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$500 * (after ded.)	\$500 * (after ded.)	\$500 * (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75 (after ded.)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 * (after ded.)	\$40 * (after ded.)	\$40 * (after ded.)
Laboratory Services	\$10 * (after ded.)	\$10 * (after ded.)	\$10 * (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30 * (after ded.)	\$30 * (after ded.)	\$30 * (after ded.)
Chiropractic Care 20 visit calendar maximum	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
All Other Medical	40% (after ded.)	40% (after ded.)	40% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / 50% / 50% / 50% (all after ded., \$500 max per spec. script)	\$5 * / 50% / 50% / 50% (all after ded., \$500 max per spec. script)	\$5 * / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)
2017 AVC Results	61.98%	N/A	N/A
2018 AVC Results	61.93%	61.62%	63.92%
Difference	-0.05%	-0.36%	1.94%
Estimated Premium Impact	1.40%	-0.77%	1.80%

2018 - Individual Market Bronze HSA Plan, 60% AV

	2017 Bronze HSA & 2018 Option 1	2018 Bronze HSA Option 2	2018 Bronze HSA Option 3
Combined Medical & Rx Deductible	\$5,685 (INN)/\$9,200 (OON)	\$4,500 (INN)/\$9,200 (OON)	\$5,000 (INN)/\$10,000 (OON)
Coinsurance	10%	10%	20%
Out-of-pocket Maximum	\$6,550 (INN)/\$12,900 (OON)	\$6,550 (INN)/\$13,100 (OON)	\$6,550 (INN)/\$13,100 (OON)
Primary Care	10% (after ded.)	10% (after ded.)	20% (after ded.)
Specialist Care	10% (after ded.)	10% (after ded.)	20% (after ded.)
Urgent Care	10% (after ded.)	10% (after ded.)	20% (after ded.)
Emergency Room	10% (after ded.)	10% (after ded.)	20% (after ded.)
Inpatient Hospital	10% (after ded.)	10% (after ded.)	20% (after ded.)
Outpatient Hospital	10% (after ded.)	10% (after ded.)	20% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	10% (after ded.)	10% (after ded.)	20% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	10% (after ded.)	10% (after ded.)	20% (after ded.)
Laboratory Services	10% (after ded.)	10% (after ded.)	20% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	10% (after ded.)	10% (after ded.)	20% (after ded.)
Chiropractic Care 20 visit calendar maximum	10% (after ded.)	10% (after ded.)	20% (after ded.)
All Other Medical	10% (after ded.)	10% (after ded.)	20% (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)	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)
2017 AVC Results	62.00%	N/A	N/A
2018 AVC Results	61.20%	63.65%	61.94%
Difference	-0.80%	1.65%	-0.05%
Estimated Premium Impact	1.40%	3.97%	1.89%

Access Health CT
2018 Standard Plan Designs
SHOP Market

SHOP - Summary of AV Changes

Small Group Market	Platinum	Gold	Silver	Silver HSA	Bronze	Bronze HSA
Permissible AV Range	88.0%-92.0%	78.0%-82.0%	68.0%-72.0%	68.0%-72.0%	58.0%-65.0% ¹	58.0%-65.0% ¹
2017 AV	90.49%	80.80%	71.43%	70.93%	61.98%	61.56%
2018 AV	89.97%	82.64%	76.07%	71.16%	61.93%	60.83%

¹ Bronze plan designs are eligible for new expanded "de minimis" range

2018 – SHOP Market Platinum Plan, 90% AV

	2017 Platinum & 2018 Option 1
Combined Medical & Rx Deductible	\$100 (INN)/\$2,000 (OON)
Coinsurance	20%
Out-of-pocket Maximum	\$2,000 (INN)/\$4,000 (OON)
Primary Care	\$15
Specialist Care	\$35
Urgent Care	\$50
Emergency Room	\$100
Inpatient Hospital	\$300 per day (after ded., \$600 max. per admission)
Outpatient Hospital	\$300 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 *
Laboratory Services	\$10 *
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational)	\$15
Combined 40 visit calendar year maximum, separate for each type	
Chiropractic Care 20 visit calendar maximum	\$30
All Other Medical	20%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$25 / \$40 / 20% (\$100 max per spec. script)
2017 AVC Results	90.49%
2018 AVC Results	89.97%
Difference	-0.51%

We are proposing no changes to the 2017 plan design

2018 – SHOP Market Gold Plan, 80% AV

	2017 Gold	2018 Gold Option 1	2018 Gold Option 2
Medical Deductible	\$1,200 (INN)/\$3,000 (OON)	\$1,300 (INN)/\$3,000 (OON)	\$2,000 (INN)/\$4,000 (OON)
Rx Deductible	\$50 (INN)/\$350 (OON)	\$50 (INN)/\$350 (OON)	\$50 (INN)/\$350 (OON)
Coinsurance	30%	30%	30%
Out-of-pocket Maximum	\$4,000 (INN)/\$6,000 (OON)	\$4,400 (INN)/\$8,800 (OON)	\$4,000 (INN)/\$8,000 (OON)
Primary Care	\$25	\$25	\$25
Specialist Care	\$45	\$45	\$45
Urgent Care	\$75 *	\$75 *	\$75 *
Emergency Room	\$200 *	\$200 *	\$200 * (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$1,500 max. per admission)	\$500 per day (after ded., \$1,500 max. per admission)	\$500 per day (after ded., \$1,500 max. per admission)
Outpatient Hospital	\$500 * (after ded.)	\$500 * (after ded.)	\$500 * (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 *	\$40 *	\$40 *
Laboratory Services	\$10 *	\$10 *	\$10 *
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30 *	\$30 *	\$30 *
Chiropractic Care 20 visit calendar maximum	\$45	\$45	\$45
All Other Medical	30%	30%	30%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$30 / \$50 / 20% (spec. after ded., \$150 max per spec. script)	\$5 * / \$30 / \$50 / 20% (spec. after ded., \$150 max per spec. script)	\$5 * / \$30 / \$50 / 20% (spec. after ded., \$200 max per spec. script)
2017 AVC Results	80.80%	N/A	N/A
2018 AVC Results	82.64%	81.96%	80.61%
Difference	1.84%	1.16%	-0.19%
Estimated Premium Impact	N/A	1.33%	1.24%

2018 – SHOP Market Silver Non-HSA Plan, 70% AV

	2017 Silver Non-HSA	2018 Silver Non-HSA Option 1	2018 Silver Non-HSA Option 2
Medical Deductible	\$4,400 (INN)/\$6,000 (OON)	\$4,600 (INN)/\$9,200 (OON)	\$4,600 (INN)/\$9,200 (OON)
Rx Deductible	\$150 (INN)/\$350 (OON)	\$200 (INN)/\$400 (OON)	\$200 (INN)/\$400 (OON)
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$7,150 (INN)/\$12,500 (OON)	\$7,350 (INN)/\$14,700 (OON)	\$7,350 (INN)/\$14,700 (OON)
Primary Care	\$30	\$40 *	\$30
Specialist Care	\$50 *	\$50 *	\$50 *
Urgent Care	\$75 *	\$75 *	\$75 *
Emergency Room	\$200 *	\$200 * (after ded.)	\$200 * (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission) *	\$500 per day (after ded., \$2,000 max. per admission) *	\$500 per day (after ded., \$2,000 max. per admission) *
Outpatient Hospital	\$500 * (after ded.)	\$500 * (after ded.)	\$500 * (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 *	\$40 *	\$40 *
Laboratory Services	\$10 *	\$10 *	\$10 *
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30 *	\$30 *	\$30 *
Chiropractic Care 20 visit calendar maximum	\$50	\$50	\$50
All Other Medical	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$35 / \$60 * / 20% (spec. after ded., \$200 max per spec. script)	\$5 * / \$35 / \$60 * / 20% (all but generic after ded., \$200 max per spec. script)	\$5 * / \$50 / \$60 * / 20% (non-preferred brand and spec. after ded., \$200 max per spec. script)
2017 AVC Results	71.43%	N/A	N/A
2018 AVC Results	76.07%	71.58%	71.97%
Difference	4.63%	0.15%	0.54%
Estimated Premium Impact	N/A	0.34%	0.42%



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

*Cost sharing at maximum copay allowable as specified by Insurance Department Bulletin HC-109

2018 – SHOP Market Silver HSA Plan, 70% AV

	2017 Silver HSA & 2018 Option 1	2018 Silver HSA - Option 2	2018 Silver HSA - Option 3
Combined Medical & Rx Deductible	\$3,200 (INN)/\$6,000 (OON)	\$3,200 (INN)/\$6,000 (OON)	\$3,000 (INN)/\$6,000 (OON)
Rx Deductible	N/A	N/A	N/A
Coinsurance	10%	20%	0%
Out-of-pocket Maximum	\$4,200 (INN)/\$12,500 (OON)	\$4,200 (INN)/\$12,500 (OON)	\$5,000 (INN)/\$12,500 (OON)
Primary Care	10% (after ded.)	20% (after ded.)	0% (after ded.)
Specialist Care	10% (after ded.)	20% (after ded.)	0% (after ded.)
Urgent Care	10% (after ded.)	20% (after ded.)	0% (after ded.)
Emergency Room	10% (after ded.)	20% (after ded.)	0% (after ded.)
Inpatient Hospital	10% (after ded.)	20% (after ded.)	0% (after ded.)
Outpatient Hospital	10% (after ded.)	20% (after ded.)	0% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	10% (after ded.)	20% (after ded.)	0% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	10% (after ded.)	20% (after ded.)	0% (after ded.)
Laboratory Services	10% (after ded.)	20% (after ded.)	0% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	10% (after ded.)	20% (after ded.)	0% (after ded.)
Chiropractic Care 20 visit calendar maximum	10% (after ded.)	20% (after ded.)	0% (after ded.)
All Other Medical	10% (after ded.)	20% (after ded.)	0% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	10% / 10% / 10% / 10% (all after ded., \$200 max per spec. script)	10% / 10% / 10% / 10% (all after ded., \$200 max. per spec. script)	\$5 / \$50 / 50% / 50% (all after ded.)
2017 AVC Results	70.93%	N/A	N/A
2018 AVC Results	71.16%	70.62%	71.59%
Difference	0.23%	-0.32%	0.65%
Estimated Premium Impact	1.09%	0.27%	1.66%

2018 – SHOP Market Bronze Non-HSA Plan, 60% AV

	2017 Bronze Non-HSA & 2018 Option 1	2018 Bronze Non-HSA Option 2	2018 Bronze Non-HSA Option 3
Combined Medical & Rx Deductible	\$6,000 (INN)/\$10,000 (OON)	\$6,000 (INN)/ \$12,000(OON)	\$6,000 (INN)/ \$12,000(OON)
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$7,150 (INN)/\$13,200 (OON)	\$7,350 (INN)/\$14,700 (OON)	\$7,350 (INN)/\$14,700 (OON)
Primary Care	\$40 *	\$40 *	\$40 *
Specialist Care	\$50 * (after ded.)	\$50 * (after ded.)	\$50 * (after ded.)
Urgent Care	\$75 *	\$75 *	\$75 *
Emergency Room	\$200 * (after ded.)	\$200 * (after ded.)	\$200 * (after ded.)
Inpatient Hospital	\$500 (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$500 * (after ded.)	\$500 * (after ded.)	\$500 * (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75 (after ded.)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 * (after ded.)	\$40 * (after ded.)	\$40 * (after ded.)
Laboratory Services	\$10 * (after ded.)	\$10 * (after ded.)	\$10 * (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational)	\$30 * (after ded.)	\$30 * (after ded.)	\$30 * (after ded.)
Combined 40 visit calendar year maximum, separate for each type			
Chiropractic Care 20 visit calendar maximum	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
All Other Medical	40% (after ded.)	40% (after ded.)	40% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / 50% / 50% / 50% (all after ded., \$500 max per spec. script)	\$5 * / 50% / 50% / 50% (all after ded., \$500 max per spec. script)	\$5 * / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)
2017 AVC Results	61.98%	N/A	N/A
2018 AVC Results	61.93%	61.62%	63.92%
Difference	-0.05%	-0.36%	1.94%
Estimated Premium Impact	1.40%	-0.77%	1.80%

2018 – SHOP Market Bronze HSA Plan, 60% AV

	2017 Bronze HSA & 2018 Option 1	2018 Bronze HSA Option 2	2018 Bronze HSA Option 3
Combined Medical & Rx Deductible	\$6,000 (INN)/\$9,200 (OON)	\$6,000 (INN)/\$12,000 (OON)	\$5,500 (INN)/\$11,000 (OON)
Coinsurance	10%	20%	20%
Out-of-pocket Maximum	\$6,550 (INN)/\$12,900 (OON)	\$6,550 (INN)/\$13,100 (OON)	\$6,550 (INN)/\$13,100 (OON)
Primary Care	10% (after ded.)	20% (after ded.)	20% (after ded.)
Specialist Care	10% (after ded.)	20% (after ded.)	20% (after ded.)
Urgent Care	10% (after ded.)	20% (after ded.)	20% (after ded.)
Emergency Room	10% (after ded.)	20% (after ded.)	20% (after ded.)
Inpatient Hospital	10% (after ded.)	20% (after ded.)	20% (after ded.)
Outpatient Hospital	10% (after ded.)	20% (after ded.)	20% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	10% (after ded.)	20% (after ded.)	20% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	10% (after ded.)	20% (after ded.)	20% (after ded.)
Laboratory Services	10% (after ded.)	20% (after ded.)	20% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	10% (after ded.)	20% (after ded.)	20% (after ded.)
Chiropractic Care 20 visit calendar maximum	10% (after ded.)	20% (after ded.)	20% (after ded.)
All Other Medical	10% (after ded.)	20% (after ded.)	20% (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)	\$5* / \$50 / 50% / 50% (all after ded.)
2017 AVC Results	61.56%	N/A	N/A
2018 AVC Results	60.83%	60.70%	61.14%
Difference	-0.73%	-1.30%	-0.86%
Estimated Premium Impact	1.46%	1.23%	1.63%

➤ *Standardized Plans: 2018
Additional SHOP Option -
Medical*

AHCT SHOP: Required Standardized Plans

Number of Standardized Plans Required per Carrier – Small Group Market	
Platinum	1
Gold	1
Silver	2
Bronze	2
Total	6

Currently, carriers participating in the SHOP market must offer, at a minimum, 6 standardized plans.

AHCT requests the committee consider an additional Platinum plan be required for the 2018 plan year in order to provide for additional employer choices within the existing portfolio.

AHCT SHOP: Additional Platinum Standardized Plan

	2017/2018 Platinum	2018 Platinum - Additional Option
Combined Medical & Rx Deductible	\$100	\$0
Coinsurance	20%	0%
Out-of-pocket Maximum	\$2,000	\$2,600
Primary Care	\$15	\$30
Specialist Care	\$35	\$50 *
Urgent Care	\$50	\$75
Emergency Room	\$100	\$200
Inpatient Hospital	\$300 per day (after ded., \$600 max. per admission)	\$500 per day (\$1,500 max. per admission)
Outpatient Hospital	\$300 (after ded.)	\$300
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 *	\$0
Laboratory Services	\$10 *	\$0
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$15	\$30 *
Chiropractic Care 20 visit calendar maximum	\$30	\$50
All Other Medical	20%	0%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$25 / \$40 / 20% (\$100 max per spec. script)	\$5 / \$50 / 50% / 50% (\$500 max. per non-preferred brand or spec. script)
2017 AVC Results	90.49%	N/A
2018 AVC Results	89.97%	88.15%
Difference	-0.51%	-2.34%
Estimated Premium Impact	0.33%	-0.04%

Actuarial Value Calculator (AVC) results provided by Wakely Consulting Group

AHCT SHOP: Additional Platinum Standardized Plan

	CURRENT PLATINUM PLAN		ADDITIONAL PLATINUM PLAN	
Deductible and Out-of-Pocket Maximum	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Plan Deductible				
<i>Individual</i>	\$100	\$2,000	\$0	\$2,000
<i>Family</i>	\$200	\$4,000	\$0	\$4,000
Out-of-Pocket Maximum*				
<i>Individual</i>	\$2,000	\$4,000	\$2,600	\$5,200
<i>Family</i>	\$4,000	\$8,000	\$5,200	\$10,400
*Includes deductible, copayments and coinsurance				
Provider Office Visits				
Adult Preventive Visit	\$0 copay per visit	20% coinsurance per visit	\$0 copay per visit	30% coinsurance per visit after OON plan deductible is met
Infant / Pediatric Preventive Visit	\$0 copay per visit	20% coinsurance per visit	\$0 copay per visit	30% coinsurance per visit after OON plan deductible is met
Primary Care Provider Office Visits (includes services for illness, injury, follow-up care and consultations)	\$15 copayment per visit	20% coinsurance per visit after OON plan deductible is met	\$30 copayment per visit	30% coinsurance per visit after OON plan deductible is met
Specialist Office Visits	\$35 copayment per visit	20% coinsurance per visit after OON plan deductible is met	\$50 copayment per visit	30% coinsurance per visit after OON plan deductible is met
Mental Health and Substance Abuse Office Visit	\$15 copayment per visit	20% coinsurance per visit after OON plan deductible is met	\$30 copayment per visit	30% coinsurance per visit after OON plan deductible is met

AHCT SHOP: Additional Platinum Standardized Plan

	CURRENT PLATINUM PLAN		ADDITIONAL PLATINUM PLAN	
Deductible and Out-of-Pocket Maximum	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Outpatient Diagnostic Services				
Advanced Radiology (CT/PET Scan, MRI)	\$75 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	20% coinsurance per service after OON plan deductible is met	\$75 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	30% coinsurance per service after OON plan deductible is met
Laboratory Services	\$10 copayment per service	20% coinsurance per service after OON plan deductible is met	\$0 copayment per service	30% coinsurance per service after OON plan deductible is met
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 copayment per service	20% coinsurance per service after OON plan deductible is met	\$0 copayment per service	30% coinsurance per service after OON plan deductible is met
Mammography Ultrasound	\$20 copayment per service	20% coinsurance per service after OON plan deductible is met	\$20 copayment per service	30% coinsurance per service after OON plan deductible is met
Prescription Drugs - Retail Pharmacy (30 day supply per prescription)				
Tier 1	\$5 copayment per prescription	20% coinsurance per prescription after OON plan deductible is met	\$5 copayment per prescription	50% coinsurance per prescription
Tier 2	\$25 copayment per prescription	20% coinsurance per prescription after OON plan deductible is met	\$50 copayment per prescription	50% coinsurance per prescription
Tier 3	\$40 copayment per prescription	20% coinsurance per prescription after OON plan deductible is met	50% coinsurance up to a maximum of \$500 per prescription	50% coinsurance per prescription
Tier 4	20% coinsurance up to a maximum of \$100 per prescription	20% coinsurance per prescription after OON plan deductible is met	50% coinsurance up to a maximum of \$500 per prescription	50% coinsurance per prescription

AHCT SHOP: Additional Platinum Standardized Plan

	CURRENT PLATINUM PLAN		ADDITIONAL PLATINUM PLAN	
Deductible and Out-of-Pocket Maximum	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Outpatient Rehabilitative and Habilitative Services				
Speech Therapy <i>(40 visits per plan year limit combined for Rehabilitative PT/OT/ST; separate 40 visits per plan year combined for Habilitative PT/OT/ST)</i>	\$15 copayment per visit	20% coinsurance per visit after OON plan deductible is met	\$30 copayment per visit	30% coinsurance per visit after OON plan deductible is met
Physical and Occupational Therapy <i>(40 visits per plan year limit combined for Rehabilitative PT/OT/ST; separate 40 visits per plan year combined for Habilitative PT/OT/ST)</i>	\$15 copayment per visit	20% coinsurance per visit after OON plan deductible is met	\$30 copayment per visit	30% coinsurance per visit after OON plan deductible is met
Other Services				
Chiropractic Services <i>(up to 20 visits per plan year)</i>	\$35 copayment per visit	20% coinsurance per visit after OON plan deductible is met	\$50 copayment per visit	30% coinsurance per visit after OON plan deductible is met
Diabetic Equipment and Supplies	20% coinsurance per equipment/supply	20% coinsurance per equipment/supply after OON plan deductible is met	50% coinsurance per equipment/supply	50% coinsurance per visit after OON plan deductible is met
Durable Medical Equipment (DME)	20% coinsurance per equipment/supply	20% coinsurance per equipment/supply after OON plan deductible is met	50% coinsurance per equipment/supply	50% coinsurance per visit after OON plan deductible is met
Home Health Care Services <i>(up to 100 visits per plan year)</i>	\$0 copay per visit	20% coinsurance per visit after \$50 deductible is met	\$25 copay per visit	25% coinsurance per visit after \$50 deductible is met
Outpatient Services (in a hospital or ambulatory facility)	\$300 copayment after INET plan deductible is met	20% coinsurance per visit after OON plan deductible is met	\$200 copayment per visit	30% coinsurance per visit after OON plan deductible is met

AHCT SHOP: Additional Platinum Standardized Plan

Deductible and Out-of-Pocket Maximum	CURRENT PLATINUM PLAN		ADDITIONAL PLATINUM PLAN	
	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Inpatient Hospital Services				
Inpatient Hospital Services (including mental health, substance abuse, maternity, hospice and skilled nursing facility*) <i>*(skilled nursing facility stay is limited to 90 days per plan year)</i>	\$300 copayment per day to a maximum of \$600 per admission after INET plan deductible is met	20% coinsurance per visit after OON plan deductible is met	\$500 copayment per day to a maximum of \$1,500 per admission	30% coinsurance per visit after OON plan deductible is met
Emergency and Urgent Care				
Ambulance Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency Room	\$100 copayment per visit	\$100 copayment per visit	\$200 copayment per visit	\$200 copayment per visit
Urgent Care Centers	\$50 copayment per visit	20% coinsurance per visit after OON plan deductible is met	\$75 copayment per visit	30% coinsurance per visit after OON plan deductible is met
Pediatric Dental Care (for children under age 19)				
Diagnostic & Preventive	\$0 copay per visit	50% coinsurance per visit after OON plan deductible is met	\$0 copay per visit	50% coinsurance per visit after OON plan deductible is met
Basic Services	20% coinsurance per visit	50% coinsurance per visit after OON plan deductible is met	40% coinsurance per visit	50% coinsurance per visit after OON plan deductible is met
Major Services	40% coinsurance per visit	50% coinsurance per visit after OON plan deductible is met	50% coinsurance per visit	50% coinsurance per visit after OON plan deductible is met
Orthodontia Services (medically necessary only)	50% coinsurance per visit	50% coinsurance per visit after OON plan deductible is met	50% coinsurance per visit	50% coinsurance per visit after OON plan deductible is met
Pediatric Vision Care (for children under age 19)				
Prescription Eye Glasses (one pair of frames and lenses or contact lens per plan year)	\$0 copay for Lenses; \$0 copay for Collection frame; Non-collection frame: members choosing to upgrade from a collection frame to a non-collection frame will be given a credit substantially equal to the cost of the collection frame and will be entitled to any discount negotiated by the carrier with the retailer.	Not Covered	\$0 copay for Lenses; \$0 copay for Collection frame; Non-collection frame: members choosing to upgrade from a collection frame to a non-collection frame will be given a credit substantially equal to the cost of the collection frame and will be entitled to any discount negotiated by the carrier with the retailer.	Not Covered
Routine Eye Exam by Specialist (one exam per plan year)	\$35 copayment per visit	20% coinsurance per visit after OON plan deductible is met	\$50 copayment per visit	30% coinsurance per visit after OON plan deductible is met

➤ *Standardized Plans: 2018
Options - Stand-Alone Dental
Plan (SADP)*

SADP – Actuarial Value (AV) Overview

- ACA Compliant plans must conform with either a “High” or “Low” Actuarial Value
 - AV pertains ONLY to pediatric portion of plan, as adult dental is not considered an Essential Health Benefit per ACA regulations
 - High plan = 85% AV: consumer, on average, pays 15% of cost sharing for covered pediatric benefits
 - Low plan = 70% AV: consumer, on average, pays 30% of cost sharing for covered pediatric benefits
- No prescribed tool provided by CMS to perform analysis
 - Actuarial Certification is required
 - Plus/Minus 2 point ‘de minimis’ range is permitted
- AHCT standardized SADP is certified as a “High” AV plan
 - No cost sharing changes are required for 2018 to current SADP, as plan continues to meet High AV
 - CMS final 2018 Payment Notice confirms no change in maximum out-of-pocket (MOOP) for SADP
 - \$350 for one child / \$700 for two or more children in a family

AHCT 2017 Standardized SADP Plan Design

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible <i>(Does not apply to Preventive & Diagnostic Services for In-Network Services)</i>	\$60 per member, up to 3 family members	\$60 per member, up to 3 family members
Out-of-Pocket Maximum <i>for children under age 19 only</i> For one child Two or more children	\$350 \$700	Not Applicable
Diagnostic & Preventive Services		
Oral Exams / X-Rays / Cleanings	\$0	20% after OON deductible is met
Basic Services		
Filings / Simple Extractions	20% after INET deductible is met	40% after OON deductible is met
Major Services		
Surgical Extractions, Endodontic Therapy, Periodontal Therapy, Crowns, Prosthodontics	40% after INET deductible is met	50% after OON deductible is met
Other Services <i>(for children under age 19)</i>		
Medically-Necessary Orthodontic Services	50% after INET deductible is met	50% after OON deductible is met
Waiting Periods and Plan Maximums <i>(for adults aged 19 and older only)</i>		
Applicable Waiting Period for Benefit		
Diagnostic and Preventive Services	no waiting period	
Basic Services	6 months	
Major Services	12 months	
Plan Maximum	\$2,000 per adult member age 19 and over (combined In-Network and Out-of-Network Services)	

**Actuarial Value (AV):
"High" (85%)
Pertains to Pediatric
Benefits only**

**No CMS prescribed AV
Calculator for SADPs**

**Maximum Out-of-Pocket:
\$350/\$700**

➤ *Next Steps*

➤ *Appendix*



Affordable Care Act - Health Plan Types

Metal Levels: Actuarial Value & Average Overall Cost of Providing Essential Health Benefits (EHBs)

