

**Appendix A. Standard Plan Design for Qualified Health Plans, Summary of Metal Tiers (Working Group Recommendation)**

	Bronze - 60 AV	Silver - 70 AV	Gold - 80 AV	Platinum - 90 AV
<b>Computed Actuarial Value (using HHS AV Calculator)</b>	<b>62.7%</b>	<b>71.2%</b>	<b>81.8%</b>	<b>90.2%</b>
<b>Deductible(s)</b>				
Medical Benefit	\$ 4,000	\$ 2,500	\$ 500	n/a
Prescription Drug Benefit	250	200	150	n/a
<b>Out-of-Pocket Maximum</b>	\$ 6,250	\$ 6,250	\$ 5,000	\$ 5,000
<b>Medical Benefits</b>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>
<b>Office Visits</b>				
Preventive Care/Screening/Immunization	\$ -	\$ -	\$ -	\$ -
Primary Care Visit to Treat an Injury or Illness	30	30	20	15
Specialist Visit	45 ✓	45	45	30
Mental Health Visits	30	30	20	15
Rehabilitative Services (inc. PT, OT, ST)	30 ✓	30	20	15
Laboratory Services	30 ✓	30	20	15
X-Rays	45 ✓	45	45	30
High-Tech Imaging (CT/PET Scans, MRIs)	75 ✓	75	75	50
Emergency Room Services	150 ✓	150	150	100
Inpatient Admission	500 ✓	500 ✓	500 ✓	250
<i>Apply Inpatient Copay Per Day</i>	<i>yes - max 4</i>	<i>yes - max. 4</i>	<i>yes - max 4</i>	<i>yes - max 4</i>
Outpatient Surgery	500 ✓	500 ✓	500 ✓	250
Skilled Nursing Facility	500 ✓	500 ✓	500 ✓	250
<i>Apply SNF Copayment per Day</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>
<b>Prescription Drug Benefit</b>	<i>Subject to Rx Deductible</i>			
Tier 1 (i.e. Generics)	\$ 10	\$ 10	\$ 10	\$ 10
Tier 2 (i.e. Preferred Brand Drugs)	25 ✓	25 ✓	25 ✓	15
Tier 3 (i.e. Non-Preferred Brand Drugs)	40 ✓	40 ✓	40 ✓	40
Specialty Tier (i.e. Speciality High-Cost Drugs)	50% ✓	50% ✓	50% ✓	50%

**Appendix B. Standard Plan Design for Qualified Health Plans, Silver Copayment-Based Plan with Silver Alternatives (Plan Design Working Group Recommendation)**

	Silver Alternatives (i.e. Cost Sharing Reduction Plans) [1]			
	Silver - 70 AV	Silver - 73 AV	Silver - 87 AV	Silver - 94 AV
	\$2,500 deductible on IP/OP Hospital ; \$200 Rx deductible, waived on generic drugs with 10/25/40 Rx copays (with 50% coinsurance on injectables and high cost specialty drugs)	Exclusive to Households with Income of 200-250% of FPL	Exclusive to Households with Income of 150-200% of FPL	Exclusive to Households with Income of 100-150% of FPL
<b>Computed Actuarial Value (using HHS AV Calculator)</b>	<b>71.2%</b>	<b>74.0%</b>	<b>87.8%</b>	<b>94.4%</b>
<b>Deductible(s) [3]</b>				
Medical Benefit	2,500	2,250	500	-
Prescription Drug Benefit	200	150	-	-
<b>Out-of-Pocket Maximum [4]</b>	<b>\$ 6,250</b>	<b>\$ 5,200</b>	<b>\$ 2,250</b>	<b>\$ 2,250</b>
	<i>Subject to Medical Deductible</i>	<i>Subject to Medical Deductible</i>	<i>Subject to Medical Deductible</i>	<i>Subject to Medical Deductible</i>
<b>Medical Benefits</b>				
<b>Office Visits</b>				
Preventive Care/Screening/Immunization	\$ -	\$ -	\$ -	\$ -
Primary Care Visit to Treat an Injury/Illness	30	20	15	5
Specialist Visit	45	45	30	15
Mental Health Visits	30	20	15	5
Rehabilitative Services (inc. PT, OT, ST) [5]	30	20	15	5
Laboratory Services [6]	30	20	15	5
X-Rays	45	45	30	15
High-Tech Imaging (CT/PET Scans, MRIs)	75	75	50	50
Emergency Room Services	150	100	100	75
Inpatient Admission	500 ✓	500 ✓	250 ✓	250
Apply Inpatient Copay Per Day	yes - max. 4	yes - max. 2	yes - max. 2	yes - max 2
Outpatient Surgery	500 ✓	500 ✓	250 ✓	250
Skilled Nursing Facility	500 ✓	500 ✓	250 ✓	250
Apply SNF Copayment per Day	yes	yes	yes	no
	<i>Subject to Rx Deductible</i>	<i>Subject to Rx Deductible</i>	<i>Subject to Rx Deductible</i>	<i>Subject to Rx Deductible</i>
<b>Prescription Drug Benefit</b>				
Tier 1 (i.e. Generics)	\$ 10	\$ 10	\$ 5	\$ 5
Tier 2 (i.e. Preferred Brand Drugs)	25 ✓	25 ✓	15	15
Tier 3 (i.e. Non-Preferred Brand Drugs)	40 ✓	40 ✓	30	30
Specialty Tier (i.e. Speciality High-Cost Drugs)	50% ✓	50% ✓	40	40

**NOTES:**

- Silver Alternatives are only available through the Exchange and are only available to individuals eligible for cost sharing reductions (with households incomes between 100 and 250% of FPL). These benefits will be priced as Silver, but have lower cost sharings and should not be viewed as a viable market option. The federal government will be reimbursing the carriers for reduction in out-of-pocket costs. CCIIO has defined specific rules in how to construct these alternatives in relationship to base Silver plan.
- Cost Sharing parameters and actuarial value of plans calculated using AV Calculator and continuance tables developed by CCIIO. Methodology and Excel file for developing plan designs available at: <http://cciiio.cms.gov/resources/regulations/index.html#pm>
- Plan cost sharing parameters were constructed to adhere to ACA requirements for actuarial value ("AV") tiers, maximum deductible and out-of-pocket (excepting Bronze and Silver plan design that exceed \$2,000 deductible defined in Proposed Regulation) and Connecticut requirements on maximum copayments for certain services and prohibition against co-insurance on HMO products. The cost sharing parameters were defined by Exchange staff in consultation with actuarial consultants, survey of current plans, and stakeholder feedback. It should be noted that, per AV Calculator instructions, for services subject to copayment, the enrollee pays both the copay and the remainder of the cost, with only the latter going towards the deductible.
- Maximum out-of-pocket is defined by the ACA. The amounts indicated for the Gold and Platinum plans are less than maximum allows. For a household, it is twice the individual maximum.
- The AV Calculator does not accurately reflect the actuarial impact of imposing a copayment on rehabilitative OT and PT services. The impact of the associated copayments listed will cause the computed AV to lower by at least 1 percentage point for a copayment of \$30 per visit.
- Per Connecticut requirements, neither outpatient laboratory services nor x-rays that are performed as part of an office visit can be charged a separate copayment. However, a separate copay could be charged if the enrollee is required to go to a diagnostic imaging center. As such, the assumption for defining the standard plan designs and calculating their actuarial value is that the laboratory services have no copayment. A copayment is assumed for the x-rays and diagnostic imaging.

**Appendix C. Standard Plan Design for Qualified Health Plans, Copayment Designs, Cost-Sharing for Benefits Not Included in AV Calculator (Working Group Recommendation)**

	Bronze - 60 AV	Silver - 70 AV	Gold - 80 AV	Platinum - 90 AV
<b>Additional Benefits (Not necessarily included in AV Calculator)</b>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>
<b>Emergency and Urgent Care Services</b>				
Emergency Room <i>Same copay applies both In- and Out-of-Network Copay waived if admitted to hospital</i>	\$ 150 ✓	\$ 150	\$ 100	\$ 75
Urgent Care <i>No out-of-network coverage unless outside of service area</i>	75 ✓	75	50	50
Walk-In Centers <i>Applicable office visit copayment</i>	50 ✓	50	50	50
Ambulance	0 ✓	0	0	0
Prenatal and Postnatal OB/GYN  <i>For maternity services related to pre- and post-natal care, copays limited to 12 office visits for a pregnancy.  Copay does not apply to any preventative care recommended by the U.S. Preventative Services Taskforce that must be provided at 100% cost sharing and not be subject to deductible (e.g. iron deficiency anemia in asymptomatic pregnant women; screening for Chlamydia infection, Syphilis, Gonorrhea, Hepatitis B; tobacco-use counseling).</i>	30 ✓	30	20	15
Chiropractic Services <i>20 visit limit per member per year</i>	45 ✓	45	45	30
Cardiac Rehabilitation	30 ✓	30	20	15
Habilitative Services <i>For treatment of children with Autism Spectrum Disorders</i>	30 ✓	30	20	15
Home Health Care <i>200 visit limit per member per year Copay limited to first 80 visits</i>	15 ✓	15 ✓	10	15
Hospice Services <i>Copay applies per day (up to 4 days)</i>	500 ✓	500 ✓	250	250
Allergy Services				
Office Visit for Initial Testing	45 ✓	45	45	30
Injections Only	30 ✓	30	20	15
Prosthetics	50% ✓	50% ✓	50%	50%
Durable Medical Equipment	50% ✓	50%	50%	50%
Diabetic supplies and equipment <i>Insulin and certain medical supplies used to inject insulin, such as syringes and oral diabetes drugs, are covered under Rx benefit</i>	50% ✓	50%	50%	50%
Diabetes Education <i>Applicable office visit copayment</i>	30/45	30/45	20/45	15/30
Pediatric Vision				
Eye Exam <i>Out-of-Network: reimbursed up to fair health rate less copay</i>	30	30	0	0
Glasses	1 pair per year			