

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

	Silver Alternatives (i.e. Cost Sharing Reduction Plans) [1]			
	Silver - 70 AV	Silver - 73 AV	Silver - 87 AV	Silver - 94 AV
	\$2,250 integrated deductible on IP/OP Hospital and non-generic drugs, copayments otherwise. 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
AV Calculation using HHS AV Calculator [2]	71.6%	73.9%	87.8%	94.4%
Deductible(s) [3]				
Medical Benefit (if separate)				
Prescription Drug Benefit (if separate)				
Integrated (if applicable)	\$ 2,250	\$ 2,000	\$ 500	0
Out-of-Pocket Maximum [4]	\$ 6,250	\$ 5,200	\$ 2,250	\$ 2,250
Medical Benefits	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>
Office Visits				
Preventive Care/Screening/Immunization	\$ -	\$ -	\$ -	\$ -
Primary Care Visit to Treat an Injury or 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	150	100	75
Inpatient Admission <i>Apply Inpatient Copay Per Day</i>	500 ✓ <i>yes - max. 4</i>	500 ✓ <i>yes - max. 4</i>	250 ✓ <i>yes - max. 2</i>	250 <i>yes - max 2</i>
Outpatient Surgery	500 ✓	500 ✓	250 ✓	250
Skilled Nursing Facility <i>Apply SNF Copayment per Day</i>	500 ✓ <i>yes</i>	500 ✓ <i>yes</i>	250 ✓ <i>yes</i>	250 <i>no</i>
Prescription Drug Benefit	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>
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

Appendix A, Continued

NOTES:

1. 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.
2. 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://cciio.cms.gov/resources/regulations/index.html#pm>
3. 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.
4. 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.
5. 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.
6. 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.

FEEDBACK WELCOME:

The Exchange wishes to define a standard plan for each metal tier that will meet the AV requirement, offer an attractive cost sharing arrangement for the market, while not needlessly adding to costs as a result of plan design. Please send comments to Grant Porter at grant.porter@ct.gov.

Appendix B. Standard Plan Design for Qualified Health Plans, Summary (Working Group Recommendation)

Recommendation: Copayment Design				
	Bronze - 60 AV	Silver - 70 AV	Gold - 80 AV	Platinum - 90 AV
AV Calculation using HHS AV Calculator	62.7%	71.6%	81.9%	90.2%
Deductible(s)				
Medical Benefit (if separate)				
Prescription Drug Benefit (if separate)				
Integrated (if applicable)	\$ 4,000	\$ 2,250	\$ 500	0
Out-of-Pocket Maximum	\$ 6,250	\$ 6,250	\$ 5,000	\$ 5,000
Medical Benefits	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>
Office Visits				
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
Apply Inpatient Copay Per Day	yes - max 4	yes - max. 4	yes - max 4	yes - max 4
Outpatient Surgery	500 ✓	500 ✓	500 ✓	250
Skilled Nursing Facility	500 ✓	500 ✓	500 ✓	250
Apply SNF Copayment per Day	yes	yes	yes	yes
Prescription Drug Benefit	<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%