



# MINUTES

## Standardized Benefit Design Work Group

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*Date / time* 10/26/2017 1:00 PM | *Meeting called to order by* John Pierre Cardenas

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### In Attendance

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Elizabeth Sammis, Ph.D.\*  
Kathryn Hoffman, Esq.  
Kimberly S. Cammarata\*  
Pia Sterling\*  
Robert Metz\*  
Michele Eberle  
John Pierre Cardenas  
Kimberly Edwards  
Rebecca Smith  
Robyn Elliott\*  
Alvin Heffenbein\*

\*Indicated work group member status. With six members present, the work group reached quorum.

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### Approval of Minutes

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The minutes from the August 24th meeting were approved.

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### Meeting

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- **Topics Discussed**

The Work Group voted to accept the meeting minutes from August and to make one amendment to those minutes based on MIAs comments that, pediatric dental cannot be required as long as Stand Alone Dental Plans (SADPs) are on the Exchange.

John Pierre shared the Stand Alone Dental Plan (SADPs) Enrollments with the Work Group, so that there would be a sense of how many individuals enroll in the event the Work Group should want to consider having SADPs included in Standardized Plans in the future.



The Work Group reviewed and discussed feedback from the Maryland Insurance Administration (MIA).

Katherine Hoffman was able to provide context and clarity to MIA's feedback. For example, it was explained that pediatric dental cannot be required as long as there is a SADP on the Exchange. All other benefits will be standardized with this one possible future exception. If there is a change in the future this issue will be revisited.

A decision recap was done, and the work group was able to determine what decisions were still outstanding.

The Work Group acknowledged that to date the fundamental structure of a Standardized Plan is what has been agreed on; however, the cost share factors still have to be worked through once the new federal calculator is available.

The Work Group revised the disclaimer language that consumers will see when seeking to enroll in a Standard Quality Health Plan. The language will be taken back to the two participating carriers for input prior to the language being finalized. The response from the carriers is due by November 2nd, and the remainder of the work group will have until November 9th to respond. This schedule would allow for four working days for the entire Work Group to notify MHBE of their approval or disapproval of the language.

The Work Group voted unanimously on the naming convention for the standard plans:

Option 2: mirror DC Health Link – (Network Name) Standard (Metal Level)  
(Proprietary Convention) ex. KP MD Standard Silver 3500/30/Dental

MIA's feedback on what could be included in a Standard Plan was reviewed and explained. Due to the discriminatory rules for developing cost sharing, hearing aids for children under 18 would have to be removed. Children would have to pay the same as adults. Based on MIA's feedback changes were made to the chart and sent to all members.

The Work Group agreed to meet again on November 9th at 2:00 pm in person to discuss and vote on the following:

- Whether to require issuers to offer a Standard Plan;
- Whether to offer a Standard Plan at different metal levels;
- Whether to have a trigger for new entrants to the Marketplace.

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### Summary of decisions

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To accept the August minutes with one amendment.

The timeframe for finalizing the Disclaimer language for consumers.

The naming convention for the Standardized Plan.

To meet again on November 8<sup>th</sup> at 2:00 pm.



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Next Meeting

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11/9/2017 2:00 PM, Large Conference Room, 750 East Pratt Street, Baltimore, MD  
21202

Motion to adjourn was made at 4:30 P.M. and was passed unanimously.



