

MHBE Affordability Workgroup

Session 2 – June 22, 2022

Agenda

1:00 - 1:15 | Welcome

David Stewart and JoAnn Volk, Co-Chairs

1:15 - 1:45 | Standardized Plan Overview

Rachel Schwab, Research Associate, Center on Health Insurance Reforms, Georgetown University Health Policy Institute

1:45 - 2:00 | MHBE Plan Design Landscape & 2022-23 Value Plan Standards

Johanna Fabian-Marks, MHBE Director of Policy and Plan Management

2:00 - 2:45 | Discussion of Future Value Plan Cost-Sharing Requirements

All

2:45 - 3:00 | Public Comment

3:00 | Adjournment



Welcome

Affordability Workgroup Scope

- Promote affordability and health equity via cost-sharing requirements within:
 - Value Plan standards
 - Plan certification standards
- Young adult subsidy assessment and recommendations to General Assembly
- Compile recommendations for future work

Standardized Plan Landscape

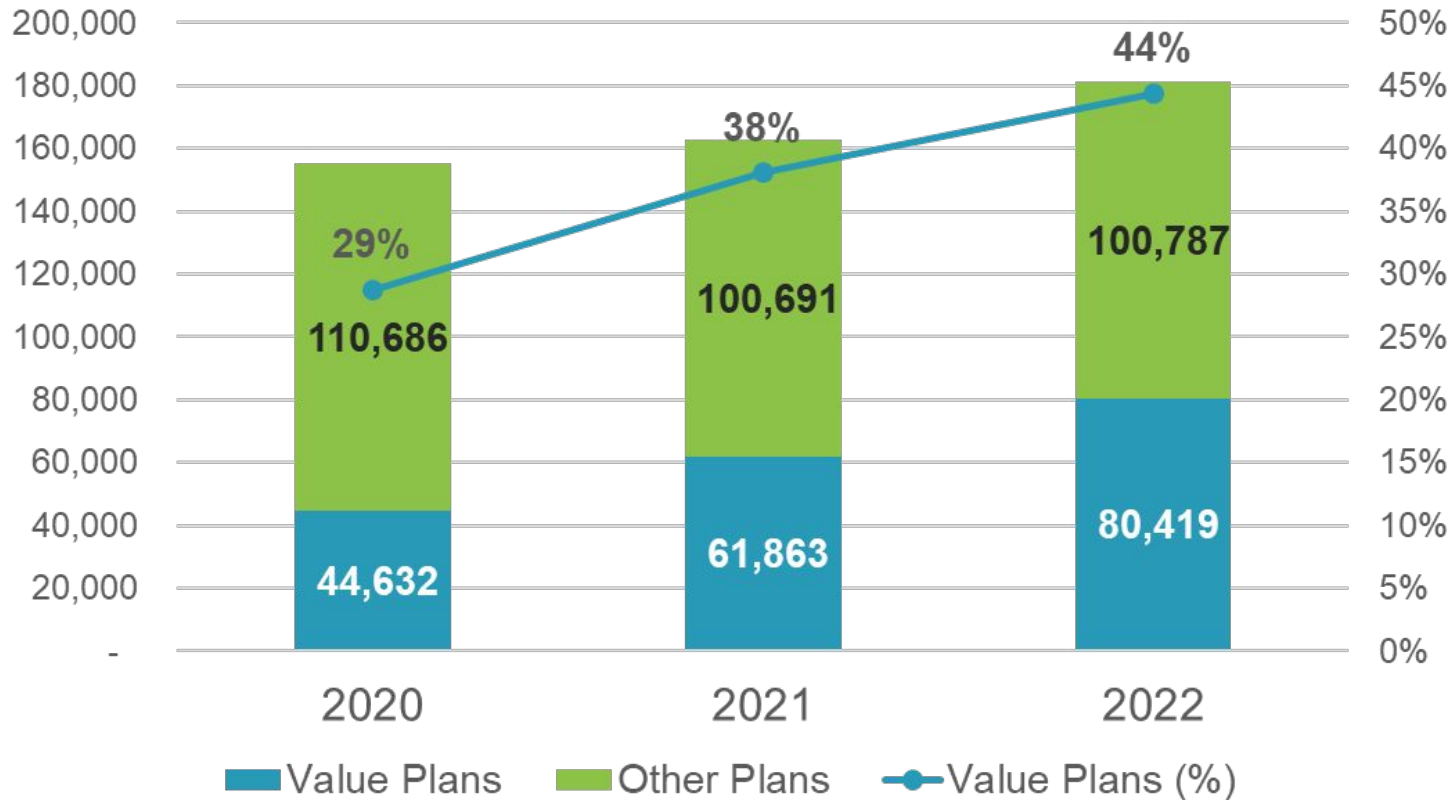
Rachel Schwab, CHIR Georgetown

The background is a solid teal color. In the center, there is a stylized graphic of a flower or a four-petaled star. Each petal is a light blue color and overlaps the center. The text is centered over this graphic.

MHBE Plan Design Landscape & 2022-23 Value Plan Standards

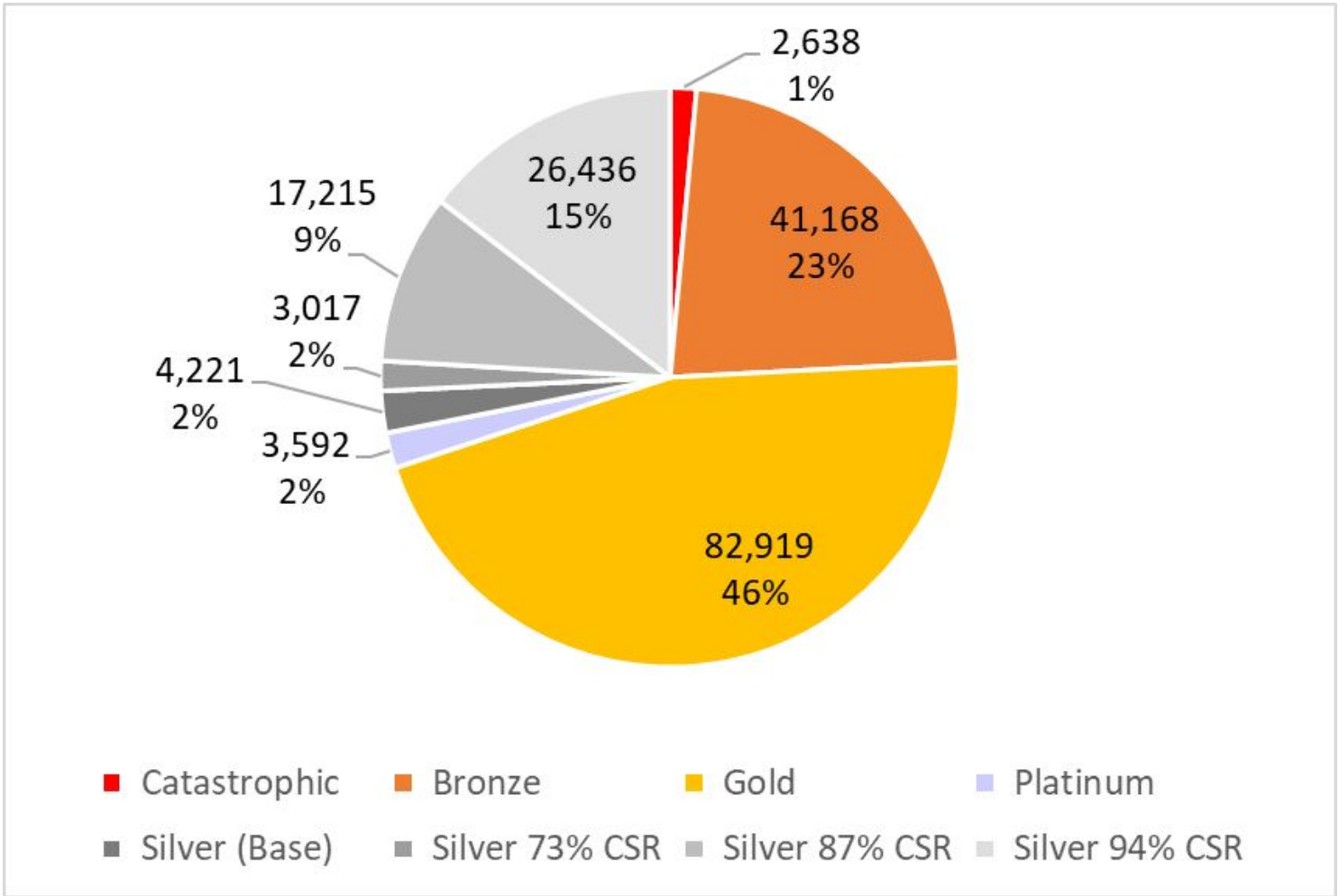
Value Plan Enrollment, 2020-2022

Value plans enrollment has steadily increased, both in absolute numbers and as a percent of total enrollment.



Enrollment data as of January 31 of each year.

Total MHC Enrollment by Metal Level, 2022



MHBE Affordability Initiatives: 2023 Value Plan Standards

Requirements	Bronze	Silver	Gold
Minimum offering	Issuer must offer at least 1 “Value” plan.	Issuer must offer at least 1 “Value” plan.	Issuer must offer at least 1 “Value” plan.
Branding	Required.	Required.	Required.
Medical Deductible Ceiling	No requirement. Lower deductibles are encouraged.	\$3,000 or less.	\$1,000 or less.
Services Covered with Copay Before Deductible	<ul style="list-style-type: none"> • Primary Care Visits with copay of not more than \$40 • Mental Health and Substance Use Disorder Outpatient Visits with copay ≤\$40 • Generic Drugs with copay ≤\$20 	<ul style="list-style-type: none"> • Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Mental Health and Substance Use Disorder Outpatient Visits • Generic Drugs • Laboratory Tests • \$0 Diabetic Supplies (insulin, glucometers, test strips) 	<ul style="list-style-type: none"> • Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Mental Health and Substance Use Disorder Outpatient Visits • Generic Drugs • Laboratory Tests • X-rays and Diagnostics • \$0 Diabetic Supplies (insulin, glucometers, test strips)

2022 Plan Summary - Bronze

Carrier	Plan Marketing Name	Individual Deductible	Individual MOOP	PCP	Specialist	Urgent Care	Emergency Room	Inpatient Hospital Services	Generic Drugs	Preferred Brand
CF HMO	BlueChoice HMO Bronze \$8,250	\$8,250	\$8,700	No Charge AD*						
CF HMO	BlueChoice HMO HSA Bronze \$6,150	\$6,150	\$8,700	\$30 AD*	\$40 AD	\$60 AD	\$300 AD	\$500/Day AD	\$10 AD	\$50 AD
CF HMO	BlueChoice HMO Value Bronze \$6,100	\$6,100	\$8,700	\$40*	\$50 AD	\$70	40% AD	40% AD	\$20	\$50 AD
CF PPO	BluePreferred PPO Bronze \$8,250	\$8,250	\$8,700	No Charge AD*						
KP	KP MD Bronze 6900/0%/HSA/Vision	\$6,900	\$8,700	No Charge AD*						
KP	KP MD Bronze 7500/40%/Vision	\$7,500	\$8,700	40% AD*						
KP	KP MD Bronze Value 6700/40%/Vision	\$6,700	\$8,700	\$40*	\$50 AD	\$50 AD	40% AD	40% AD	\$20	40% AD
OCI	UHC Bronze Essential+ (Low Premium)	\$8,700	\$8,700	No Charge AD*						
OCI	UHC Bronze Saver+ (HSA)	\$5,900	\$8,700	30% AD*	30% AD	30% AD	30% AD	30% AD	\$5 AD	25% AD
OCI	UHC Bronze Value+	\$8,700	\$8,700	\$40*	\$40 AD	\$80	\$500 AD	No Charge AD	\$10	No Charge AD
<i>AD = After Deductible</i>		<i>* Equal to Mental Health & Substance Use Disorder Cost-Sharing</i>								
<i>Indicates Value Plan</i>										

- Value plans are the only plans with pre-deductible coverage
- Some value plans cover Urgent Care pre-deductible (not required)
- Federal comparison: In addition to MD required pre-deductible coverage, plans cover urgent care, ST/OT/PT, specialty visits
- CA comparison: Pre-deductible services same as federal + labs; all pre-deductible services limited to 3x except generics and labs are unlimited
- CO comparison: Pre-deductible services - 3x \$0 PCP, pre-natal & postnatal visits; unlimited \$0 MH/SUD outpatient and generics, \$5 Diabetes self-management education; other drug tiers with \$30-\$700 copays
- DC comparison: Pre-deductible services - PCP & MH/SUD office visits and outpatient services, specialist, urgent care, generics, prenatal

2022 Plan Summary - Silver

Carrier	Plan Marketing Name	Individual Deductible	Individual MOOP	PCP	Specialist	Urgent Care	Emergency Room	Inpatient Hospital Services	Generic Drugs	Preferred Brand
CF HMO	BlueChoice HMO Value Silver \$2,250 VisionPlus	\$2,250	\$8,050	\$30*	\$40	\$60	30% AD	30% AD	\$15	\$50 AD
CF PPO	BluePreferred PPO HSA Silver \$3,000 VisionPlus	\$3,000	\$6,650	\$30 AD*	\$40 AD	\$60 AD	\$300 AD	\$500/Day AD	\$10 AD	\$50 AD
KP	KP MD Silver 3200/20%/HSA/Vision	\$3,200	\$6,650	20% AD*	20% AD	20% AD	20% AD	20% AD	\$20 AD	\$55 AD
KP	KP MD Silver 6000/40/Vision	\$6,000	\$8,500	\$40*	\$60	\$60	35% AD	35% AD	\$30	\$60
KP	KP MD Silver Value 2500/35/Vision	\$2,500	\$8,250	\$35*	\$55	\$55	35% AD	35% AD	\$20	\$60
KP	KP MD Silver Virtual Forward 4000	\$4,000	\$8,550	\$55 AD*	\$75 AD	\$75 AD	30% AD	30% AD	\$20	\$50 AD
OCI	UHC Silver Base+ (3 Free Virtual Visits)	\$3,750	\$8,700	\$25	\$40*	\$60	\$500 AD	30% AD	\$5	\$75 AD
OCI	UHC Silver Extra+ (6 Free Visits)	\$4,000	\$8,700	\$30	\$60*	\$75	\$500 AD	30% AD	\$10	\$75 AD
OCI	UHC Silver Saver+ (6 Free Visits)	\$6,500	\$8,700	\$40	\$65*	\$60	\$500 AD	30% AD	\$10	\$75 AD
OCI	UHC Silver Value+	\$2,500	\$8,700	\$40	\$70*	\$60	\$500 AD	40% AD	\$5	\$75 AD

- Value plans have lowest deductibles; Not shown - labs have \$25-\$60 copays and X-rays/Diagnostic imaging have \$55-\$70 copays
- One carrier matches MH/SUD outpatient copays to specialist copay rather than PCP copay
- **Federal comparison:** \$5,800 deductible, \$9,000 MOOP; pre-deductible coverage doesn't include labs, imaging, does include preferred brand drugs
- **CA comparison:** \$3,700 med deductible, \$10 Rx deductible, \$8,200 MOOP; Pre-deductible services same as MD plus all Rx, ER, medical transport, home health, outpatient hab/rehab, \$0 hospice and prenatal, child eye exam/glasses/contacts, child dental diagnostic and preventive
- **CO comparison:** \$5,000 deductible, \$8,550 MOOP; pre-deductible coverage doesn't include labs, imaging, does include all drugs, \$0 PCP, MH/SUD outpatient, generics, pre-natal & postnatal visits, \$5 Diabetes self-management education
- **DC comparison:** \$4,850 med deductible, \$350 Rx deductible, \$8,850 MOOP; Pre-deductible services same as MD plus home health, outpatient hab/rehab, \$0 hospice and prenatal, child eye exam/glasses/contacts, child dental; DME with coinsurance

73% AV Silver

Carrier	Plan Marketing Name	Individual Deductible	Individual MOOP	PCP	Specialist	Urgent Care	Emergency Room	Inpatient Hospital Services	Generic Drugs	Preferred Brand
CF HMO	BlueChoice HMO Value Silver \$2,250 VisionPlus	\$2,050	\$6,400	\$30*	\$40	\$60	30% AD	30% AD	\$15	\$50 AD
CF PPO	BluePreferred PPO HSA Silver \$3,000 VisionPlus	\$1,150	\$6,300	\$30 AD*	\$40 AD	\$60 AD	\$300 AD	\$550/Day AD	\$10 AD	\$50 AD
KP	KP MD Silver 3200/20%/HSA/Vision	\$2,000	\$6,650	20% AD*	20% AD	20% AD	20% AD	20% AD	\$20 AD	\$55 AD
KP	KP MD Silver 6000/40/Vision	\$3,500	\$6,500	35*	\$55	\$55	35% AD	35% AD	\$25	\$60
KP	KP MD Silver Value 2500/35/Vision	\$2,200	\$6,500	30*	\$55	\$55	35% AD	35% AD	\$20	\$60
KP	KP MD Silver Virtual Forward 4000	\$2,000	\$6,950	\$45 AD*	\$65 AD	\$65 AD	20% AD	20% AD	\$20	\$50 AD
OCI	UHC Silver Base+ (3 Free Virtual Visits)	\$3,500	\$6,800	\$20	\$40*	\$60	\$500 AD	25% AD	\$5	\$75
OCI	UHC Silver Extra+ (6 Free Visits)	\$2,250	\$6,950	\$20	\$50*	\$75	\$500 AD	20% AD	\$10	\$75
OCI	UHC Silver Saver+ (6 Free Visits)	\$3,750	\$6,800	\$30	\$60*	\$60	\$500 AD	20% AD	\$10	\$75
OCI	UHC Silver Value+	\$2,500	\$6,950	\$30	\$60*	\$60	\$500 AD	40% AD	\$5	\$75

AD = After Deductible

* = Equal to Mental Health & Substance Use Disorder Cost-Sharing

Indicates Value Plan

Indicates coverage before deductible

87% AV Silver

Carrier	Plan Marketing Name	Individual Deductible	Individual MOOP	PCP	Specialist	Urgent Care	Emergency Room	Inpatient Hospital Services	Generic Drugs	Preferred Brand
CF HMO	BlueChoice HMO Value Silver \$2,250 VisionPlus	\$0	\$2,350	\$10*	\$40	\$40	15%	15%	\$15	\$50
CF PPO	BluePreferred PPO HSA Silver \$3,000 VisionPlus	\$0	\$2,700	\$10*	\$40	\$40	\$200	\$200/Day	\$10	\$50
KP	KP MD Silver 3200/20%/HSA/Vision	\$600	\$2,700	10% AD*	10% AD	10% AD	10% AD	10% AD	\$15 AD	\$50 AD
KP	KP MD Silver 6000/40/Vision	\$0	\$2,700	\$15*	\$40	\$40	30%	30%	\$15	\$60
KP	KP MD Silver Value 2500/35/Vision	\$0	\$2,700	\$10*	\$40	\$40	30%	30%	\$10	\$60
KP	KP MD Silver Virtual Forward 4000	\$750	\$2,500	\$35 AD*	\$55 AD	\$55 AD	10% AD	10% AD	\$10	\$30 AD
OCI	UHC Silver Base+ (3 Free Virtual Visits)	\$950	\$2,900	\$10	\$30*	\$60	\$500 AD	15% AD	\$5	\$50 AD
OCI	UHC Silver Extra+ (6 Free Visits)	\$900	\$2,500	\$10	\$30*	\$75	\$250 AD	10% AD	\$5	\$50 AD
OCI	UHC Silver Saver+ (6 Free Visits)	\$775	\$2,750	\$15	\$50*	\$60	\$250 AD	10% AD	\$5	\$50 AD
OCI	UHC Silver Value+	\$900	\$2,500	\$10	\$40*	\$60	\$250 AD	20% AD	\$5	\$75 AD
<i>AD = After Deductible</i>		<i>* = Equal to Mental Health & Substance Use Disorder Cost-Sharing</i>								
	<i>Indicates Value Plan</i>									
	<i>Indicates coverage before deductible</i>									

- One carrier matches MH/SUD outpatient copays to specialist copay rather than PCP copay
- **Federal comparison:** \$800 deductible, \$3,000 MOOP; pre-deductible coverage doesn't include labs, imaging, does include preferred brand drugs
- **CA comparison:** \$800 med deductible, \$0 Rx deductible, \$1,600 MOOP; Pre-deductible services same as MD plus all Rx, ER, medical transport, home health, outpatient hab/rehab, \$0 hospice and prenatal, child eye exam/glasses/contacts, child dental diagnostic and preventive
- **CO comparison:** \$800 deductible, \$2,800 MOOP; pre-deductible coverage doesn't include labs, imaging, does include all drugs, \$0 PCP, MH/SUD outpatient, generics, pre-natal & postnatal visits, \$5 Diabetes self-management education

94% AV Silver

Carrier	Plan Marketing Name	Individual Deductible	Individual MOOP	PCP	Specialist	Urgent Care	Emergency Room	Inpatient Hospital Services	Generic Drugs	Preferred Brand
CF HMO	BlueChoice HMO Value Silver \$2,250 VisionPlus	\$0	\$1,300	\$10*	\$15	\$20	10%	10%	No Charge	\$10
CF PPO	BluePreferred PPO HSA Silver \$3,000 VisionPlus	\$0	\$1,300	\$10*	\$15	\$20	\$100	\$100/Day	No Charge	\$10
KP	KP MD Silver 3200/20%/HSA/Vision	\$100	\$2,300	5% AD*	5% AD	5% AD	5% AD	5% AD	\$10 AD	\$15 AD
KP	KP MD Silver 6000/40/Vision	\$0	\$2,000	\$5*	\$15	\$15	10%	10%	\$5	\$15
KP	KP MD Silver Value 2500/35/Vision	\$0	\$1,800	\$5*	\$15	\$15	10%	10%	\$5	\$10
KP	KP MD Silver Virtual Forward 4000	\$100	\$1,000	\$25 AD*	\$45 AD	\$45 AD	5% AD	5% AD	\$3	\$20 AD
OCI	UHC Silver Base+ (3 Free Virtual Visits)	\$75	\$2,850	\$10	\$20*	\$60	\$100	10% AD	No Charge	\$25 AD
OCI	UHC Silver Extra+ (6 Free Visits)	\$50	\$2,000	\$5	\$10*	\$75	\$100 AD	5% AD	No Charge	\$15 AD
OCI	UHC Silver Saver+ (6 Free Visits)	\$0	\$2,000	\$10	\$20*	\$60	\$75 AD	5% AD	No Charge	\$15 AD
OCI	UHC Silver Value+	\$75	\$2,500	\$5	\$20*	\$60	\$100 AD	5% AD	No Charge	\$25 AD
<i>AD = After Deductible</i>		<i>* = Equal to Mental Health & Substance Use Disorder Cost-Sharing</i>								
<i>Indicates Value Plan</i>										
<i>Indicates coverage before deductible</i>										

- One carrier matches MH/SUD outpatient copays to specialist copay rather than PCP copay
- **Federal comparison:** \$0 deductible, \$1,700 MOOP; pre-deductible coverage doesn't include labs, imaging, does include all drugs
- **CA comparison:** \$75 med deductible, \$0 Rx deductible, \$800 MOOP; Pre-deductible services same as MD plus all Rx, ER, medical transport, home health, outpatient hab/rehab, \$0 hospice and prenatal, child eye exam/glasses/contacts, child dental diagnostic and preventive
- **CO comparison:** \$100 deductible, \$1,000 MOOP; pre-deductible coverage doesn't include labs, imaging, does include all drugs, \$0 PCP, MH/SUD outpatient, generics, pre-natal & postnatal visits, \$5 Diabetes self-management education

2022 Plan Summary - Gold

Carrier	Plan Marketing Name	Individual Deductible	Individual MOOP	PCP	Specialist	Urgent Care	Emergency Room	Inpatient Hospital Services	Generic Drugs	Preferred Brand
CF HMO	BlueChoice HMO Gold \$1,750	\$1,750	\$6,650	No Charge*	\$30	\$50	\$300 AD	\$450/Day AD	No Charge	\$50 AD
CF HMO	BlueChoice HMO Value Gold \$1,000	\$1,000	\$6,650	No Charge*	\$30	\$50	30% AD	30% AD	No Charge	\$50 AD
CF PPO	BluePreferred PPO Gold \$1,750	\$1,750	\$6,650	No Charge*	\$30	\$50	\$300 AD	\$450/Day AD	No Charge	\$50 AD
KP	KP MD Gold 1750/20/Vision	\$1,750	\$6,950	\$20*	\$40	\$40	35% AD	35% AD	\$15	\$55 AD
KP	KP MD Gold Value 0/20/Vision	\$0	\$6,950	\$20*	\$40	\$40	\$500	35%	\$10	\$55
KP	KP MD Gold Value 1000/20/Vision	\$1,000	\$6,950	\$20*	\$40	\$40	\$500	35% AD	\$10	\$55
KP	KP MD Gold Virtual Forward 2000	\$2,000	\$5,000	\$50 AD*	\$70 AD	\$70 AD	\$200 AD	\$300/Day AD	\$10 AD	\$50 AD
OCI	UHC Gold Advantage+ Extra (Dental + Vision)	\$2,250	\$7,500	\$30	\$50*	\$50	\$500 AD	30% AD	\$5	\$50 AD
OCI	UHC Gold Base+ (\$3 Walgreens + 6 Free Visits)	\$1,500	\$7,500	\$30	\$40*	\$50	\$500 AD	30% AD	\$3	\$50
OCI	UHC Gold Saver+ (Free Primary & Virtual Visits)	\$2,900	\$8,100	No Charge	\$35	\$50	\$500 AD	20% AD*	\$5	\$50 AD
OCI	UHC Gold Value+ (3 Free Virtual Visits)	\$1,000	\$7,500	\$20	\$40*	\$50	\$500 AD	30% AD	\$5	\$50 AD

AD = After Deductible

* = Equal to Cost-Sharing for Mental Health & Substance Use Disorder Outpatient Services

- Value plans have lowest deductibles; Not shown - labs have \$15-\$40 copays and X-rays/Diagnostic Imaging have \$65-\$70 copays
- Some plans cover ER, preferred brand drugs, Imaging (CT/PET, MRI) before deductible
- One carrier matches MH/SUD outpatient copays to specialist copay rather than PCP copay
- **Federal comparison:** \$2,000 deductible, \$8,700 MOOP; pre-deductible coverage doesn't include labs, imaging, does include all drugs
- **CA comparison:** \$0 med deductible, \$0 Rx deductible, \$8,200 MOOP (all services are pre-deductible because the deductible is \$0)
- **CO comparison:** \$1,600 deductible, \$7,800 MOOP; pre-deductible coverage doesn't include labs, imaging, does include all drugs, \$0 PCP, MH/SUD outpatient, generics, pre-natal & postnatal visits, \$5 Diabetes self-management education
- **DC comparison:** \$500 med deductible, \$0 Rx deductible, \$5,800 MOOP; Pre-deductible services same as MD plus home health, outpatient

2022 Plan Summary - Platinum

Carrier	Plan Marketing Name	Individual Deductible	Individual MOOP	PCP	Specialist	Urgent Care	Emergency Room	Inpatient Hospital Services	Generic Drugs	Preferred Brand
KP	KP MD Platinum 0/15/Vision	\$0	\$4,000	15*	\$20	\$20	\$300	\$350/Day	\$5	\$35
<i>AD = After Deductible</i>		<i>* = Equal to Mental Health & Substance Use Disorder Cost-Sharing</i>								
<i>Indicates Value Plan</i>										
<i>Indicates coverage before deductible</i>										

Value Plan Cost Sharing Summary

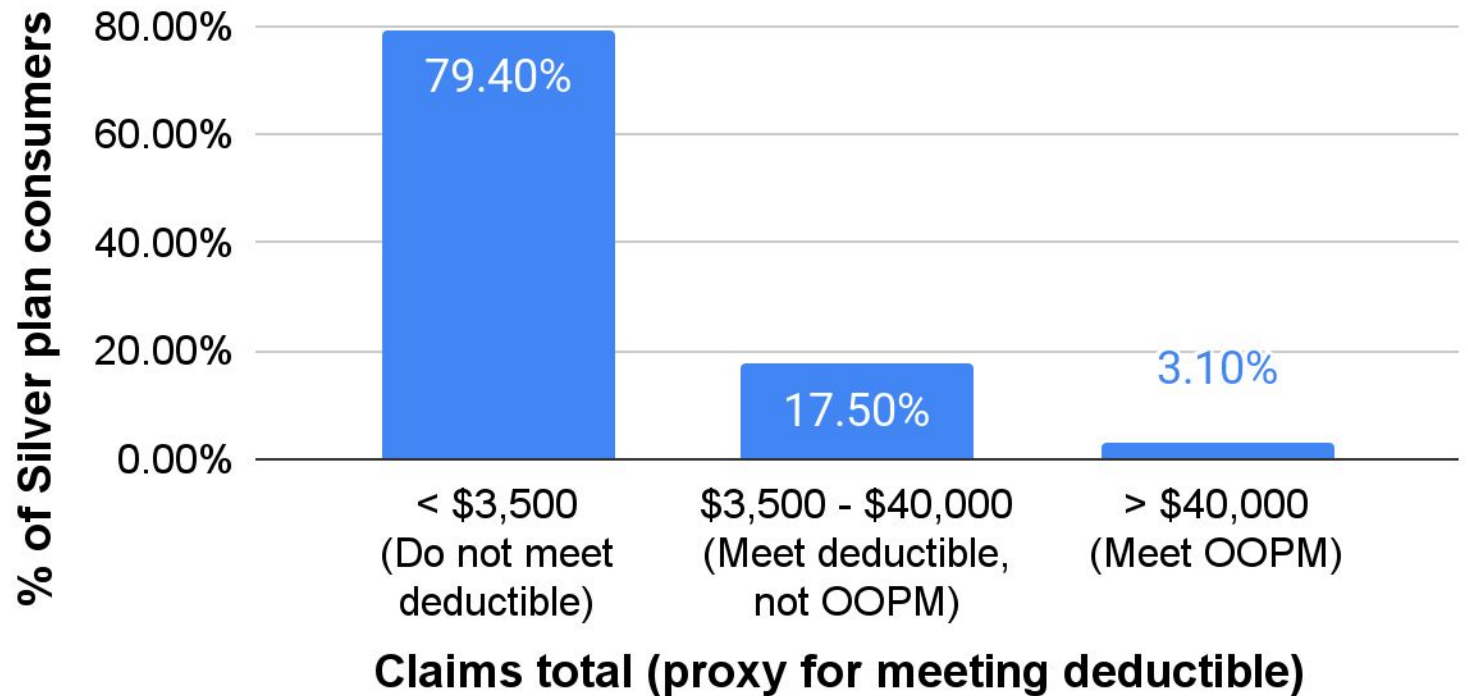
	Deductible	MOOP	PCP	Specialist	Urgent Care	Emergency Room	Inpatient Hospital
Bronze	\$6,100-8,700	\$8,700	\$40	\$40-50 AD	\$70-80	\$500 AD - 40% AD	0-40% AD
Silver	\$2,250-2,500	\$8,050-8,700	\$30-40	\$40-70	\$55-60	\$500 AD - 30-35% AD	30-40% AD
73% CSR	\$2,050-2,500	\$6,400-6,950	\$30	\$40-60	\$55-60	\$500 AD - 30-35% AD	30-40% AD
87% CSR	\$0-900	\$2,350-2,700	\$10	\$40	\$40-60	15-30%; \$250 AD	15-30%; 20% AD
94% CSR	\$0-75	\$1,300-2,500	\$5-10	\$15-20	\$15-60	10%; \$100 AD	10%; 5% AD
Gold	\$0-1,000	\$6,650-7,500	\$0-20	\$30-40	\$40-50	\$500; \$300-500 AD	30-35%; 30-35% AD

	Generic Drugs	Preferred Brand	Non-Preferred Brand	Specialty Drugs
Bronze	\$10-20	\$0-50 AD; 25% AD	0-50% AD; \$70 AD	0-50% AD; \$150 AD
Silver	\$5-20	\$50-75 AD; \$60	35-40% AD; \$70 AD	35-40% AD; \$150 AD
73% CSR	\$5-20	\$60-75; \$50 AD	35-40% AD; \$70 AD	35-40% AD; \$150 AD
87% CSR	\$5-15	\$50-60; \$75 AD	30% AD; \$70	30-35% AD; \$150
94% CSR	\$0-5	\$10; \$25 AD	5% AD - 10%; \$25	5% AD - 20%; \$75
Gold	\$0-10	\$55; \$50 AD	25-35% AD; \$70 AD	30-35% AD; \$150 AD

Deductible & Out-of-Pocket Max (OOPM) Impacts

- 3.4% of Silver plan enrollees met OOPM**
 - 3.0% of base plan enrollees
 - 3.1% of 73% CSR enrollees
 - 4.7% of 87% CSR enrollees
 - 2.7% of 94% CSR enrollees

Consumers impacted by deductible vs. by out-of-pocket maximum*



HHS Standardized Plans

Metal Level	Deductible	MOOP	Pre-Deductible Coverage	Other Coverage	AV
Non-Expanded Bronze	\$9,100	\$9,100	None	N/A	59.86%
Expanded Bronze	\$7,500	\$9,000	\$50 - PCP, MH/SUD, ST/OT/PT \$100 - Specialty visits \$75 - Urgent care \$25 - Generics	50% coinsurance AD - ER, Inpatient, Labs, Imaging, SNF, Outpatient surgery	64.18%
Base Silver	\$5,800	\$9,000	\$40 - PCP, MH/SUD, ST/OT/PT \$80 - Specialty visits \$60 - Urgent care \$20 - Generics \$40 - Preferred Brand	40% coinsurance AD - ER, Inpatient, Labs, Imaging, SNF, Outpatient surgery	70.06%
Gold	\$2,000	\$8,700	\$30 - PCP, MH/SUD, ST/OT/PT \$60 - Specialty visits \$45 - Urgent care \$15 - Generics \$30 - Preferred Brand \$60 - Non-Preferred Brand \$250 - Specialty Drugs	25% coinsurance AD - ER, Inpatient, Labs, Imaging, SNF, Outpatient surgery	78%

HHS Standardized Plans

Acronyms: PCP = Primary Care Provider; MH/SUD = Mental health and substance use disorder outpatient visits; ST/OT/PT = speech therapy, occupational therapy, and physical therapy; AD = After deductible; ER = Emergency room; SNF = Skilled nursing facility

Metal Level	Deductible	MOOP	Pre-Deductible Coverage	Other Coverage	AV
Base Silver	\$5,800	\$8,900	\$40 - PCP, MH/SUD, ST/OT/PT \$80 - Specialist visits \$60 - Urgent care \$20 - Generics \$40 - Preferred Brand	40% coinsurance AD - ER, Inpatient, Labs, Imaging, SNF, Outpatient surgery	70.06%
Silver 73%	\$5,700	\$7,200	\$30 - PCP, MH/SUD, ST/OT/PT \$60 - Specialist visits \$45 - Urgent care \$20 - Generics \$40 - Preferred Brand	40% coinsurance AD - ER, Inpatient, Imaging, Labs, X-ray, SNF, Outpatient surgery	73.11%
Silver 87%	\$800	\$3,000	\$20 - PCP, MH/SUD, ST/OT/PT \$40 - Specialist visits \$30 - Urgent care \$10 - Generics \$20 - Preferred Brand	30% coinsurance AD - ER, Inpatient, Imaging, Labs, X-ray, SNF, Outpatient surgery	87.05%
Silver 94%	\$0	\$1,700	Deductible N/A: \$0 - PCP, MH/SUD, ST/OT/PT \$10 - Specialist \$5 - Urgent care \$0 - Generics \$15 - Preferred Brand drugs	Deductible N/A: \$50 - Non-preferred drugs \$150 - Specialty drugs 25% coinsurance - ER, Inpatient, Labs, Imaging, X-rays, SNF, Outpatient surgery	94.02%

HHS Standardized Plans vs. MHBE Value Plans

Federal standardized plan requirements that differ from MHBE's Value Plans:

- Higher deductibles
- Standardized coinsurance for post-deductible cost sharing
- Specified pre-deductible copays for generic drugs, primary care, MH/SUD, specialist, ST/OT/PT, and urgent care; silver adds preferred drugs and gold adds non-preferred and specialty drugs
- Lab services and x-rays/diagnostic imaging not required pre-deductible
- MOOP limits, but nearly/fully maxed out
- No pre-deductible coverage in standardized Bronze plan
- No diabetes cost sharing requirements

The background is a solid teal color. In the center, there is a stylized graphic of a flower or a starburst shape, composed of several overlapping, rounded, petal-like shapes in a lighter shade of teal. The text is centered horizontally and positioned in the upper half of the image.

Standardized Plans in Other States

California - 2022

	Deductible (M/D)	MOOP	PCP	Specialist	Urgent Care	Emergency Room	Inpatient Hospital	Generic Rx	Preferred Rx
Bronze HSA	\$7,000	No Charge AD							
Bronze	\$6,300/\$500	\$8,200	\$65	\$95	\$65*	40% AD	40% AD	\$18	40% up to \$500 per script AD
Silver	\$3,700/\$10	\$8,200	\$35	\$70	\$35	\$400	20% AD	\$15 AD	\$55 AD
73.4% AV Silver	\$3,700/\$10	\$6,300	\$35	\$70	\$35	\$400	20% AD	\$15 AD	\$55 AD
87.8% AV Silver	\$800/\$0	\$2,850	\$15	\$25	\$15	\$150	15% AD	\$5	\$25
94.7% AV Silver	\$75/\$0	\$800	\$5	\$8	\$5	\$50	10% AD	\$3	\$10
Gold	\$0	\$8,200	\$35*	\$65	\$35	\$350	\$600/Day up to 5 days	\$15	\$55

- *Deductible applies after first 3 non-preventive visits
- Gold Plan has two designs: copay and coinsurance

Colorado - 2023

	Deductible	MOOP	PCP	Specialist	Urgent Care	Emergency Room	Inpatient Hospital	Rx Tier 1**	Rx Tier 2	Rx Tier 3
Bronze	\$7,000	\$9,100	\$0*	50% AD	50% AD	50% AD	50% AD	\$0	\$30	\$200
Silver	\$5,000	\$8,550	\$0	\$80	\$80	40% AD	40% AD	\$0	\$20	\$125
73.4% AV Silver	\$3,500	\$7,250	\$0	\$80	\$80	40% AD	40% AD	\$0	\$20	\$125
87.9% AV Silver	\$800	\$2,800	\$0	\$60	\$60	30% AD	30% AD	\$0	\$0	\$60
94% AV Silver	\$100	\$1,000	\$0	\$40	\$40	20% AD	20% AD	\$0	\$0	\$20
Gold	\$1,600	\$7,800	\$0	\$50	\$50	30% AD	30% AD	\$0	\$10	\$50

- Gold/silver plans - \$0 PCP, MH/SUD, prenatal and postnatal visits
- Bronze - No charge for first 3 visits for PCP, MH/SUD, prenatal and postnatal visits
- All CO standard plans include:
 - Diabetic supplies and continuous glucose monitors at no charge
 - Diabetes education for \$5

* First 3 visits \$0, then deductible, then \$50

** Tier 1: The prescription drug tier which consists of drugs used for preventive purposes.

Tier 2: The prescription drug tier which consists of the lowest cost tier of prescription drugs, most are generic.

Tier 3: The prescription drug tier which consists of medium-cost prescription drugs, most are generic, and some brand-name prescription drugs.

Washington D.C. - 2023

	Deductible (M/D)	MOOP	PCP*	Specialist	Urgent Care	Emergency Room	Inpatient Hospital	Generic Rx**	Preferred Rx
Bronze HSA	\$6,350	\$6,900	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD
Bronze	\$7,500/\$850	\$9,100	\$45	\$105	\$100	40% AD	40% AD	\$25	\$75 AD
Silver	\$4,850/\$350	\$8,850	\$40	\$80	\$90	\$400	20% AD	\$20	\$50 AD
Gold	\$500	\$5,800	\$25	\$50	\$60	\$300	\$600/Day (up to 5 days) AD	\$15	\$50

- Preventive care visits (screening & immunization) are \$0 and not subject to the deductible in all plans
- *PCP visits, dilated retinal exam (1x per year), diabetic foot exam (1x per year), and nutritional counseling visits (unlimited) with a primary diagnosis of Type 2 diabetes are provided with no cost-sharing
- **A select list of diabetes supplies and medications within the diabetic agents drug class, as defined by the carrier, are provided with no cost-sharing. A carrier is not required to change the drugs that are on the carrier's formulary.
- For a person with a primary diagnosis of Type 2 diabetes, the following lab services are provided with no cost-sharing:
 - Lipid panel test (1x per year)
 - Hemoglobin A1C (2x per year)
 - Microalbumin urine test or nephrology visit (1x per year)
 - Basic metabolic panel (1x per year)
 - Liver function test (1x per year)

Discussion

The background features a teal color with a central graphic of four overlapping, light blue, petal-like shapes arranged in a cross pattern, resembling a stylized flower or a four-leaf clover.

Discussion

- Should MHBE align the Value Plans with CMS' standardized plans? If no:
- For Value Plans, should MHBE:
 - Move towards standardized cost-sharing in silver/gold plans?
 - Set or cap copay amounts for selected services?
 - Require parity for mental health / SUD outpatient visit costs with PCP visits, not with specialist visits or other services?
 - Set Maximum Out-of-Pocket (MOOP) limits (which could require deductible increases)?
 - Prohibit/limit use of coinsurance for services?
 - Require more/different pre-deductible services?

The background features a solid teal color with four large, overlapping circles of a lighter shade of teal. These circles are arranged in a cross-like pattern, with each circle overlapping the others at their centers. The text "Public Comment" is centered horizontally and vertically over the intersection of these circles.

Public Comment

Next Steps

Next meeting: Wednesday, July 6, 1 - 3PM