

Explanation: These are the standard plan designs that the Affordability Workgroup voted to recommend for 2024. During the workgroup, the actuarial value for the designs was calculated using the available 2023 AV calculator. Running the plan designs through the recently released 2024 AV calculator yields the actuarial values shown below in the row "Actuarial Value - 2024 AV Calculator". The plan designs that exceed the federally-allowed maximum AV are highlighted in yellow: the Silver CSR 73% and 94% plans, and the Bronze plan.

In order to try to bring these plans within the allowable AV range, as recommended by the Affordability Workgroup, we first increased the medical and drug out of pocket maximums (MOOP), as shown in rows 11 and 12 below. The federal government sets maximum allowable MOOPs. We increased the Silver CSR 73% and Bronze MOOPs to the maximum allowed levels. This reduced these plans' AV, but not enough. The CSR 94 plan MOOP can be as high as \$3,150 but we achieved what we felt was a reasonable AV by increasing the MOOP to a combined \$2,000 (\$1,750 medical + \$250 drug).

Please see the next tab for options to further reduce the AV of the Silver CSR 73% plan and the Bronze plan in order to bring them within the allowable range.

	Subject to Deductible	Gold	CSR 94%	CSR 87%	CSR 73%	Base Silver	Bronze - Expanded
Actuarial Value - Using 2023 AV Calculator		81.80%	94.85%	87.89%	73.97%	71.58%	64.8%
Actuarial Value - Using 2024 AV Calculator (out of range highlighted)		81.20%	95.14%	87.48%	74.71%	71.89%	66.0%
Actuarial Value - Using 2024 AV Calculator After Updated MOOPs (out of range highlighted)		81.20%	94.77%	87.48%	74.22%	71.89%	65.4%
Medical Deductible		\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$9,100
Drug Deductible		\$150	\$0	\$150	\$750	\$750	n/a
Medical MOOP - Originally Proposed		\$6,750	\$1,350	\$2,500	\$5,750	\$7,600	\$9,100
Rx MOOP- Originally Proposed		\$600	\$150	\$500	\$1,500	\$1,500	n/a
Medical MOOP - Updates Highlighted		\$6,750	\$1,750	\$2,500	\$6,050	\$7,600	\$9,450
Rx MOOP- Updates Highlighted		\$600	\$250	\$500	\$1,500	\$1,500	n/a
Emergency Room Services	Yes - No	\$350	\$75	\$150	\$500	\$500	n/a
All Inpatient Hospital Services (inc. MH/SUD)	Yes - No	\$450	\$150	\$350	\$550	\$550	n/a
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Specialist Visit							
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Imaging (CT/PET Scans, MRIs)	Yes - No	\$400	\$125	\$350	\$600	\$600	n/a
Speech Therapy	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Occupational and Physical Therapy	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Preventive Care/Screening/Immunization	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	Yes - No	\$25	\$5	\$25	\$80	\$80	\$80
X-rays and Diagnostic Imaging	Yes - No	\$50	\$20	\$50	\$150	\$150	\$150
Skilled Nursing Facility	Yes - No	\$75	\$30	\$75	\$150	\$150	n/a
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes - No	\$250	\$50	\$75	\$150	\$150	n/a
Outpatient Surgery Physician/Surgical Services	Yes - No	\$125	\$60	\$125	\$150	\$150	n/a
Generic Drugs	Yes - No	\$10	\$0	\$5	\$20	\$20	\$20
Preferred Brand Drugs	Yes - No	\$30	\$5	\$25	\$75	\$75	n/a
Non-Preferred Brand Drugs	Yes - No	\$60	\$15	\$50	\$80	\$80	n/a
Specialty Drugs (i.e. high-cost)	Yes - No	\$75	\$25	\$60	\$100	\$100	n/a

**Additional Standardized Service Categories**

Durable Medical Equipment	Yes - No	20%	10%	20%	30%	30%	40%
Emergency Transportation/Ambulance	Yes - No	\$300	\$50	\$100	\$350	\$350	n/a
Habilitation Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Home Health Care Services	Yes - No	\$30	\$10	\$25	\$45	\$45	\$50
Hospice Services	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Physician and Surgical Services	Yes - No	\$30	\$10	\$25	\$40	\$40	n/a
Outpatient Rehabilitation Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Substance Abuse Disorder Outpatient Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Urgent Care Centers or Facilities	Yes - No	\$40	\$15	\$30	\$75	\$75	\$75
Pediatric Vision							



Explanation: After increasing the MOOPs, MHBE, in consultation with MIA, explored multiple options for further reducing the AVs for the Silver CSR 73% and the Bronze plan. In addition, we made the changes proposed to the Silver 73% plan to the Base Silver plan as well, in keeping with the principle that copays should be the same or higher in plan designs with higher AVs, so as to clearly signal to consumers that higher AV plans typically will result in higher out-of-pocket costs.

Ultimately, we developed two options. The first is to increase the specialist copay in the three plans at issue from \$80 to \$90, and to increase the generic drug copay from \$20 to \$25. This is MHBE staff's recommended option. (Note, MD law states that the copay for a prescription drug may not exceed the retail price of the drug, so if the retail price of a generic drug is less than the \$25, the consumer would pay the lower retail price.) The second option shown below is to increase the specialist copay from \$80 to \$110 in the two silver plans at issue, and to \$125 in the bronze plan, and keep the generic copay at the originally proposed \$20 in the three plans. We invite comment on these options.

Other changes we considered for these three plans, but that are not proposed because they did not yield sufficient AV reductions on their own, included further increasing the generic drug copay, making X-rays and Diagnostic Imaging and Laboratory Outpatient and Professional Services subject to the deductible, increasing the Primary Care copay to \$40, and, for the Silver plans, changing the balance between the drug and medical MOOPs. Ultimately, we feel that the two options we identified best minimize changes to the original plan designs, which were carefully developed by the Affordability Workgroup, and minimize impact to consumers.

	Subject to Deductible	Gold	CSR 94%	CSR 87%	CSR 73% Option 1   Option 2	Base Silver Option 1   Option 2	Bronze - Expanded Option 1   Option 2
Maximum MOOP		\$9,450	\$3,150	\$3,150	\$7,550	\$9,450	\$9,450
Actuarial Value - Option 1   Option 2		81.20%	94.77%	87.48%	73.82%   73.84%	71.49%   71.49%	64.81%   64.81%
Medical Deductible		\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$9,450
Drug Deductible		\$150	\$0	\$150	\$750	\$750	n/a
Medical MOOP		\$6,750	\$1,750	\$2,500	\$6,050	\$7,600	\$9,450
Rx MOOP		\$600	\$250	\$500	\$1,500	\$1,500	n/a
Emergency Room Services	Yes - No	\$350	\$75	\$150	\$500	\$500	n/a
All Inpatient Hospital Services (inc. MH/SUD)	Yes - No	\$450	\$150	\$350	\$550	\$550	n/a
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Specialist Visit - Originally Proposed	Yes - No	\$30	\$15	\$30	\$80	\$80	\$80
Specialist Visit - Option 1   Option 2	Yes - No	\$30	\$15	\$30	\$90   \$110	\$90   \$110	\$90   \$125
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Imaging (CT/PET Scans, MRIs)	Yes - No	\$400	\$125	\$350	\$600	\$600	n/a
Speech Therapy	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Occupational and Physical Therapy	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Preventive Care/Screening/Immunization	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	Yes - No	\$25	\$5	\$25	\$80	\$80	\$80
X-rays and Diagnostic Imaging	Yes - No	\$50	\$20	\$50	\$150	\$150	\$150
Skilled Nursing Facility	Yes - No	\$75	\$30	\$75	\$150	\$150	n/a
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes - No	\$250	\$50	\$75	\$150	\$150	n/a
Outpatient Surgery Physician/Surgical Services	Yes - No	\$125	\$60	\$125	\$150	\$150	n/a
Generic Drugs - Originally Proposed	Yes - No	\$10	\$0	\$5	\$20	\$20	\$20
Generic Drugs - Option 1   Option 2	Yes - No	\$10	\$0	\$5	\$25   \$20	\$25   \$20	\$25   \$20
Preferred Brand Drugs	Yes - No	\$30	\$5	\$25	\$75	\$75	n/a
Non-Preferred Brand Drugs	Yes - No	\$60	\$15	\$50	\$80	\$80	n/a
Specialty Drugs (i.e. high-cost)	Yes - No	\$75	\$25	\$60	\$100	\$100	n/a

**Additional Standardized Service Categories**

Durable Medical Equipment	Yes - No	20%	10%	20%	30%	30%	40%
Emergency Transportation/Ambulance	Yes - No	\$300	\$50	\$100	\$350	\$350	n/a
Habilitation Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Home Health Care Services	Yes - No	\$30	\$10	\$25	\$45	\$45	\$50
Hospice Services	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0

Inpatient Physician and Surgical Services	Yes - No	\$30	\$10	\$25	\$40	\$40	n/a
Outpatient Rehabilitation Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Substance Abuse Disorder Outpatient Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Urgent Care Centers or Facilities	Yes - No	\$40	\$15	\$30	\$75	\$75	\$75
Pediatric Vision							
Routine Eye Exam for Children (optometrist)	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Eye exam by an Ophthalmologist	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Basic Lenses	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Frames	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Contacts – elective (i.e. in lieu of lenses and frames)	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Contacts – medically necessary	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Low vision testing	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Low vision aid	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Dental							
Class I Preventive & Diagnostic Services	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Class II Basic Services	Yes - No	20%	20%	20%	20%	20%	20%
Class III Major Services	Yes - No	20%	20%	20%	20%	20%	20%
Class IV Major Services – Restorative	Yes - No	50%	50%	50%	50%	50%	50%
Class V Orthodontic Services	Yes - No	50%	50%	50%	50%	50%	50%