

# MHBE 2024 Value Plan Workgroup

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Session 3 – July 23, 2024



This meeting will be recorded

# Workgroup Objectives

- Recommend updates to Value Plan Standards for 2026 and beyond
  - Recommend changes to cost-sharing that promote affordability of commonly used services but do not exceed actuarial value constraints
  - Recommend whether and/or how to make changes to support health equity and align with statewide health goals
- Suggestions from proposed 2025 Value Plan standards comment period
  - Align pediatric dental coinsurance amounts between classes III and IV to align cost sharing amounts for similar services
  - Other outstanding feedback from 2025 comment period
- **Today's goal: Discuss first round of plan designs**

# Agenda

12:00 - 12:05 | Welcome  
*Becca Lane, Senior Health Policy Analyst*

12:05 - 12:10 | Vote on minutes  
*All members*

12:10 - 12:30 | First Draft: 2026 Value Plan Designs  
*Becca Lane*

12:35 - 1:25 | Discussion  
*All members*

1:25 - 1:30 | Public Comment

1:30 | Adjournment

# Vote on Minutes

“I move to approve the minutes of the June 25, 2024 Value Plan Workgroup [as presented / as amended].”

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 lighter shade of teal and overlaps the center and the other petals. The text is centered over this graphic.

# Draft Designs - Round 1 - Reduced Lab Copays

# Connecticut Approach: Reduced Cost-Sharing for Labs

- **Low, pre-deductible copays for labs**
- Implemented in Connecticut Standard Plans
- CT copays:
  - \$10 – Gold
  - \$25 – Silver (\$10, \$10, \$25 in CSR variants)
  - \$20 – Bronze
- MHC 2025 Value Plans lab copays (pre-deductible)
  - \$25 – Gold
  - \$80 – Silver (\$5, \$25, \$80 in CSR variants)
  - \$80 – Bronze

# Summary

- Gold options:
  - Lab copay remains \$25, OR
  - Increase specialist copay \$35→\$40, reduce labs from \$25→\$20
- Silver 94 & 87: Lab copays remain \$5 and \$25, respectively
- Silver 73, Base Silver, Bronze: Decrease lab copay \$80 → \$45

# Considerations

- Draft 2026 designs are based on the final 2025 designs
- AV room for diabetes cost sharing is accounted for
- Additional standardized service categories (incl. pediatric dental) – will discuss next time
- Draft AV Calculator for 2026 comes out in December; may need to adjust designs to comply
- This slide deck will be shared after the meeting

# Gold Option

Alternatively, leave Gold design for 2026 unchanged from 2025 design

Blue text = pre-deductible coverage

	2025 Gold	*Draft 2026 Gold*
Actuarial Value	81.75%	81.89%
Medical Deductible*	\$1,000	\$1,000
Drug Deductible*	\$150	\$150
Medical Max Out-of-Pocket (MOOP)*	\$6,750	\$6,750
Rx MOOP*	\$600	\$600
Combined MOOP*	\$7,350	\$7,350
Emergency Room Services	\$350	\$350
All Inpatient Hospital Services (inc. MH/SUD)	\$450	\$450
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$10	\$10
Specialist Visit	\$35	\$40
Mental/Behavioral Health and Substance Use Disorder Office Visits	\$10	\$10
Mental/Behavioral Health and Substance Use Disorder All Other Outpatient Services	\$10	\$10
Imaging (CT/PET Scans, MRIs)	\$400	\$400
Speech Therapy	\$10	\$10
Occupational and Physical Therapy	\$10	\$10
Preventive Care/Screening/Immunization	\$0	\$0
Laboratory Outpatient and Professional Services	\$25	\$20
X-rays and Diagnostic Imaging	\$50	\$50
Skilled Nursing Facility	\$75	\$75
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250	\$250
Outpatient Surgery Physician/Surgical Services	\$125	\$125
Generic Drugs	\$10	\$10
Preferred Brand Drugs	\$30	\$30
Non-Preferred Brand Drugs	\$60	\$60
Specialty Drugs (i.e. high-cost)	\$75	\$75

# Silver 73

Blue text =  
pre-deductible  
coverage

	2025 CSR 73%	*Draft 2026 CSR 73*
Actuarial Value	73.80%	73.87%
Medical Deductible*	\$4,500	\$4,500
Drug Deductible*	\$750	\$750
Medical Max Out-of-Pocket (MOOP)*	\$5,850	\$5,850
Rx MOOP*	\$1,500	\$1,500
Combined MOOP*	\$7,350	\$7,350
Emergency Room Services	\$500	\$500
All Inpatient Hospital Services (inc. MH/SUD)	\$550	\$550
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$35	\$35
Specialist Visit	\$100	\$100
Mental/Behavioral Health and Substance Use Disorder Office Visits	\$35	\$35
Mental/Behavioral Health and Substance Use Disorder All Other Outpatient Services	\$35	\$35
Imaging (CT/PET Scans, MRIs)	\$600	\$600
Speech Therapy	\$35	\$35
Occupational and Physical Therapy	\$35	\$35
Preventive Care/Screening/Immunization	\$0	\$0
Laboratory Outpatient and Professional Services	\$80	\$45
X-rays and Diagnostic Imaging	\$150	\$150
Skilled Nursing Facility	\$150	\$150
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150	\$150
Outpatient Surgery Physician/Surgical Services	\$150	\$150
Generic Drugs	\$25	\$25
Preferred Brand Drugs	\$75	\$75
Non-Preferred Brand Drugs	\$80	\$80
Specialty Drugs (i.e. high-cost)	\$100	\$100

# Base Silver

Blue text =  
pre-deductible  
coverage

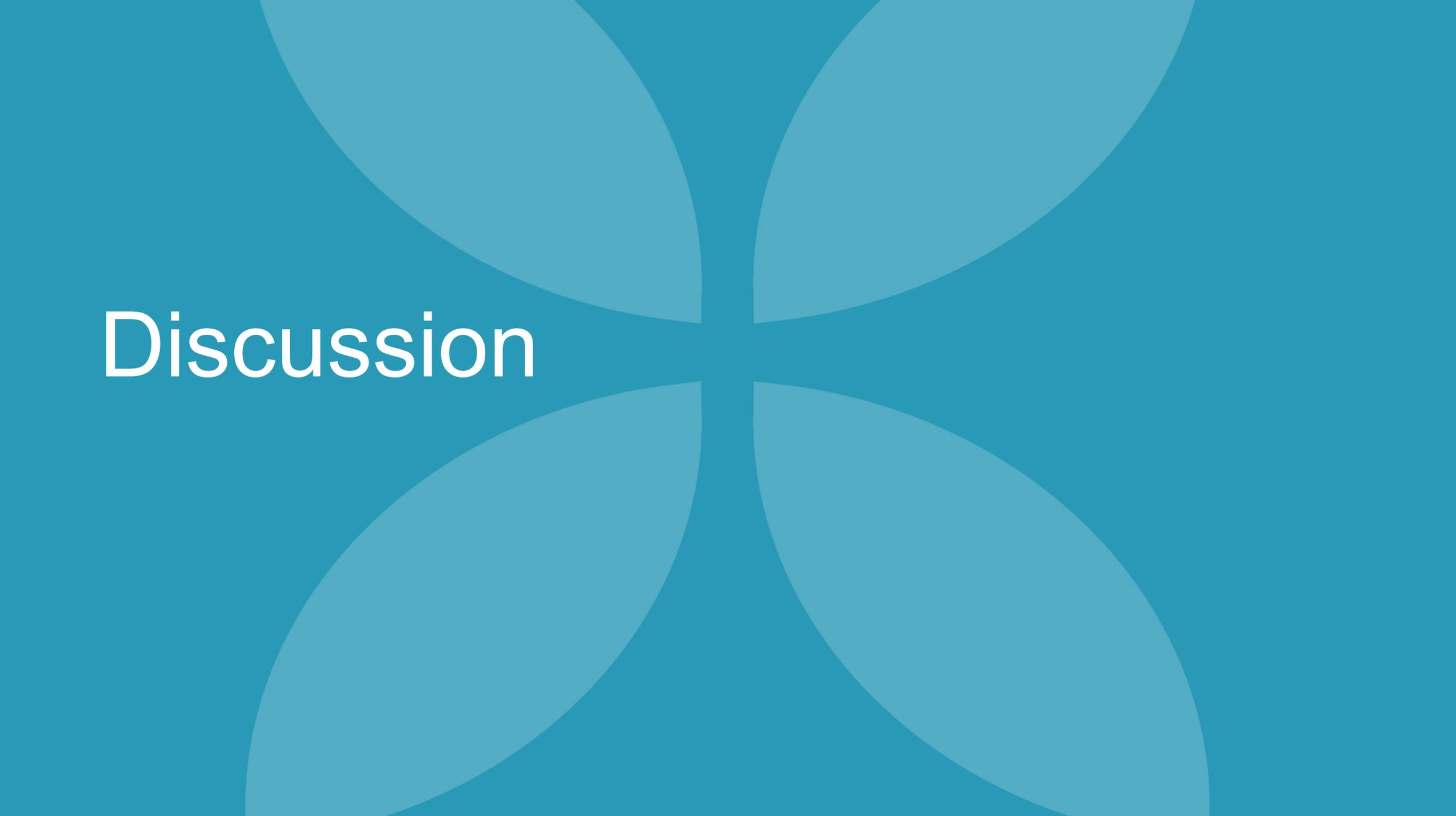
	2025 Base Silver	*Draft 2026 Base Silver*
Actuarial Value	71.32%	71.40%
Medical Deductible*	\$4,500	\$4,500
Drug Deductible*	\$750	\$750
Medical Max Out-of-Pocket (MOOP)*	\$7,600	\$7,600
Rx MOOP*	\$1,500	\$1,500
Combined MOOP*	\$9,100	\$9,100
Emergency Room Services	\$500	\$500
All Inpatient Hospital Services (inc. MH/SUD)	\$550	\$550
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$35	\$35
Specialist Visit	\$100	\$100
Mental/Behavioral Health and Substance Use Disorder Office Visits	\$35	\$35
Mental/Behavioral Health and Substance Use Disorder All Other Outpatient Services	\$35	\$35
Imaging (CT/PET Scans, MRIs)	\$600	\$600
Speech Therapy	\$35	\$35
Occupational and Physical Therapy	\$35	\$35
Preventive Care/Screening/Immunization	\$0	\$0
Laboratory Outpatient and Professional Services	\$80	\$45
X-rays and Diagnostic Imaging	\$150	\$150
Skilled Nursing Facility	\$150	\$150
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150	\$150
Outpatient Surgery Physician/Surgical Services	\$150	\$150
Generic Drugs	\$25	\$25
Preferred Brand Drugs	\$75	\$75
Non-Preferred Brand Drugs	\$80	\$80
Specialty Drugs (i.e. high-cost)	\$100	\$100

# Bronze

Blue text =  
pre-deductible  
coverage

	2025 Bronze - Expanded	*Draft 2026 Bronze*
Actuarial Value	64.73%	64.87%
Medical Deductible*	\$9,200	\$9,200
Drug Deductible*	n/a	n/a
Medical Max Out-of-Pocket (MOOP)*	\$9,200	\$9,200
Rx MOOP*	n/a	n/a
Combined MOOP*	\$9,200	\$9,200
Emergency Room Services	n/a	n/a
All Inpatient Hospital Services (inc. MH/SUD)	n/a	n/a
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$35	\$35
Specialist Visit	\$100	\$100
Mental/Behavioral Health and Substance Use Disorder Office Visits	\$35	\$35
Mental/Behavioral Health and Substance Use Disorder All Other Outpatient Services	\$0	\$0
Imaging (CT/PET Scans, MRIs)	n/a	n/a
Speech Therapy	\$35	\$35
Occupational and Physical Therapy	\$35	\$35
Preventive Care/Screening/Immunization	\$0	\$0
Laboratory Outpatient and Professional Services	\$80	\$45
X-rays and Diagnostic Imaging	\$150	\$150
Skilled Nursing Facility	n/a	n/a
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	n/a	n/a
Outpatient Surgery Physician/Surgical Services	n/a	n/a
Generic Drugs	\$25	\$25
Preferred Brand Drugs	n/a	n/a
Non-Preferred Brand Drugs	n/a	n/a
Specialty Drugs (i.e. high-cost)	n/a	n/a

# Discussion

The background features a dark blue field with four overlapping, light blue, petal-like shapes arranged in a cross pattern, meeting at a central point. The petals have a soft, rounded appearance and are slightly darker towards the center where they overlap.

# Discussion

- Initial impressions of draft designs?
- Which approach to the Gold design do you prefer?
- Questions/other thoughts



# Public Comment

# Next Steps

- **Next meeting: Tuesday, August 6, 12 - 1:30 PM**
- **August 6 & 20:** Presentations; workshop plan designs
- **September 3:** Last opportunity to vote to finalize recommendation
- **September 12:** Present workgroup recommendation to Standing Advisory Committee
- **September 16:** Present recommendation to MHBE Board
- **December 2024, date TBD:** Meet to make adjustments post-publication of Actuarial Value Calculator
- **Spring 2025:** MHBE Board votes to finalize 2026 designs

# Appendix



# 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%

- Request to align pediatric dental coinsurance amounts between classes III and IV to align cost sharing amounts for similar services
- Raise Class III vs. reduce Class IV

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 "2025 Value Plan Designs" is centered horizontally and vertically over the intersection of these circles.

# 2025 Value Plan Designs

# Proposed 2025 Value Plan Designs (1/5)

\*Blue text indicates service is not subject to the deductible.

	2025 Gold	2025 CSR 94%	2025 CSR 87%	2025 CSR 73%	2025 Base Silver	2025 Bronze - Expanded
Actuarial Value	81.75%	94.90%	87.84%	73.80%	71.32%	64.73%
Medical Deductible	\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$9,200
Drug Deductible	\$150	\$0	\$150	\$750	\$750	n/a
Medical Max Out-of-Pocket (MOOP)	\$6,750	\$1,850	\$2,550	\$5,850	\$7,600	\$9,200
Rx MOOP	\$600	\$250	\$500	\$1,500	\$1,500	n/a
Combined MOOP	\$7,350	\$2,100	\$3,050	\$7,350	\$9,100	\$9,200
Maximum MOOP Allowed by Federal Government	\$9,200	\$3,050	\$3,050	\$7,350	\$9,200	\$9,200
Emergency Room Services	\$350	\$75	\$150	\$500	\$500	n/a
All Inpatient Hospital Services (inc. MH/SUD)	\$450	\$150	\$350	\$550	\$550	n/a
Primary Care Visit to Treat Injury/Illness (exc. Preventive, X-rays)	\$10	\$5	\$10	\$35	\$35	\$35
Specialist Visit	\$35	\$20	\$35	\$100	\$100	\$100
Mental/Behav'l Health & Substance Use Disorder Office Visits	\$10	\$5	\$10	\$35	\$35	\$35
MH/SUD All Other Outpatient Services	\$10	\$5	\$10	\$35	\$35	\$0

**Deductibles & MOOPs shown are for a self-only plan.** For a family plan, each member has an individual medical and Rx deductible and MOOP of the amount shown. An individual family member cannot contribute more than the self-only deductible or MOOP toward meeting the family deductible or MOOP. The family has a total medical and Rx deductible and MOOP that is twice the amount shown for a self-only plan. Once the family deductible or MOOP has been met, this satisfies the deductible or MOOP for all family members.

# Proposed 2025 Value Plan Designs (2/5)

	2025 Gold	2025 CSR 94%	2025 CSR 87%	2025 CSR 73%	2025 Base Silver	2025 Bronze - Expanded
Imaging (CT/PET Scans, MRIs)	\$400	\$125	\$350	\$600	\$600	n/a
Speech Therapy	\$10	\$5	\$10	\$35	\$35	\$35
Occupational and Physical Therapy	\$10	\$5	\$10	\$35	\$35	\$35
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$25	\$5	\$25	\$80	\$80	\$80
X-rays and Diagnostic Imaging	\$50	\$20	\$50	\$150	\$150	\$150
Skilled Nursing Facility	\$75	\$30	\$75	\$150	\$150	n/a
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250	\$50	\$75	\$150	\$150	n/a
Outpatient Surgery Physician/Surgical Services	\$125	\$60	\$125	\$150	\$150	n/a
Generic Drugs	\$10	\$0	\$6	\$25	\$25	\$25
Preferred Brand Drugs	\$30	\$5	\$25	\$75	\$75	n/a
Non-Preferred Brand Drugs	\$60	\$15	\$50	\$80	\$80	n/a
Specialty Drugs (i.e. high-cost)	\$75	\$25	\$60	\$100	\$100	n/a

# Proposed 2025 Value Plan Designs (3/5)

	2025 Gold	2025 CSR 94%	2025 CSR 87%	2025 CSR 73%	2025 Base Silver	2025 Bronze - Expanded
<b>Additional Standardized Service Categories</b>						
Durable Medical Equipment	20%	10%	20%	30%	30%	n/a
Emergency Transportation/Ambulance	\$300	\$50	\$100	\$350	\$350	n/a
Habilitation Services	\$10	\$2	\$10	\$35	\$35	\$35
Home Health Care Services	\$30	\$10	\$25	\$45	\$45	\$50
Hospice Services	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Physician and Surgical Services	\$30	\$10	\$25	\$40	\$40	n/a
Outpatient Rehabilitation Services	\$10	\$2	\$10	\$35	\$35	\$35
Urgent Care Centers or Facilities	\$40	\$15	\$30	\$75	\$75	\$75

# Proposed 2025 Value Plan Designs (4/5)

	2025 Gold	2025 CSR 87%	2025 CSR 87%	2025 CSR 73%	2025 Base Silver	2025 Bronze - Expanded
<b>Additional Standardized Service Categories</b>						
<b>Pediatric Vision</b>						
Routine Eye Exam for Children (optometrist)	\$0	\$0	\$0	\$0	\$0	\$0
Eye exam by an Ophthalmologist	\$0	\$0	\$0	\$0	\$0	\$0
Basic Lenses	\$0	\$0	\$0	\$0	\$0	\$0
Frames	\$0	\$0	\$0	\$0	\$0	\$0
Contacts – elective (i.e. in lieu of lenses & frames)	\$0	\$0	\$0	\$0	\$0	\$0
Contacts – medically necessary	\$0	\$0	\$0	\$0	\$0	\$0
Low vision testing	\$0	\$0	\$0	\$0	\$0	\$0
Low vision aid	\$0	\$0	\$0	\$0	\$0	\$0
<b>Pediatric Dental</b>						
Class I Preventive & Diagnostic Services	\$0	\$0	\$0	\$0	\$0	\$0
Class II Basic Services	20%	20%	20%	20%	20%	20%
Class III Major Services	20%	20%	20%	20%	20%	20%
Class IV Major Services – Restorative	50%	50%	50%	50%	50%	50%
Class V Orthodontic Services	50%	50%	50%	50%	50%	50%

# Proposed 2025 Value Plan Designs (5/5)

- Enrollees with a primary diagnosis of diabetes pay \$0 cost-sharing for:
  - PCP visits
  - Dilated retinal exam (1x per year)
  - Diabetic foot exam (1x per year)
  - Nutritional counseling visits
  - 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)
  - A select list of diabetes supplies and medications within the diabetic agent's drug class, as defined by the insurer. An insurer is not required to change the drugs that are on the insurer's formulary.
    - Clarification for 2025: All carriers must cover, at \$0 cost sharing:
      - Test strips and glucometers
      - Preferred brands of insulin
      - At least one from each of the following classes of oral hypoglycemics:
        - Biguanides (such as metformin)
        - Thiazolidinediones (such as pioglitazone or rosiglitazone)
        - Sulfonylureas (such as glipizide, glyburide, gliclazide, or glimepiride)
- Insurers may charge less than the copays shown for services delivered via telehealth.
- Insurers may combine the two outpatient surgery copays into a single copay.