

# MHBE 2024 Value Plan Workgroup

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Session 5 – August 20, 2024



This meeting will be recorded

# Vote on Minutes

“I move to approve the minutes of the August 6, 2024 Value Plan Workgroup [as presented / as amended].”

# 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 | Second Draft 2026 Value Plan Designs Presentation

*Becca Lane, all members*

12:30 - 12:45 | Vote on 2026 Value Plan Designs

*All members*

12:45 - 1:00 | Public Comment

*All*

1:30 | Adjourn



# Revised Draft Designs

# Updates Since 7/23

- Raised Bronze lab copay from \$45 to \$55 to stay within the AV de minimis range
  - Based on carrier feedback on first draft designs about AV impact
  - Silver 73 and Base Silver lab copays remain \$45
- Raised Class III Major Services to 50% coinsurance (from 20% in 2024 & 2025)\*
  - Carrier request to match Classes III & IV when PY2025 plans were under discussion
  - Carrier feedback: pediatric dental major services are significantly higher cost than basic and diagnostic services, so the coinsurance should be set at a higher level. Industry standard is 50%.
- Cost-sharing for all other additional standardized service categories unchanged from PY2025

# 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

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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	2026
	2025 Bronze - Expanded	*Proposed* Bronze - Expanded
Actuarial Value	64.73%	64.78%
Medical Deductible	\$9,200	\$9,200
Drug Deductible	n/a	n/a
Medical MOOP	\$9,200	\$9,200
Rx MOOP	n/a	n/a
Combined MOOP	\$9,200	\$9,200
Maximum Allowable MOOP		
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)	<b>\$35</b>	<b>\$35</b>
Specialist Visit	<b>\$100</b>	<b>\$100</b>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<b>\$35</b>	<b>\$35</b>
Imaging (CT/PET Scans, MRIs)	n/a	n/a
Speech Therapy	<b>\$35</b>	<b>\$35</b>
Occupational and Physical Therapy	<b>\$35</b>	<b>\$35</b>
Preventive Care/Screening/Immunization	<b>\$0</b>	<b>\$0</b>
Laboratory Outpatient and Professional Services	<b>\$80</b>	<b>\$55</b>
X-rays and Diagnostic Imaging	<b>\$150</b>	<b>\$150</b>
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	<b>\$25</b>	<b>\$25</b>
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

# Additional Standardized Service Categories

Additional Standardized Service Categories							
Durable Medical Equipment	Yes - No	20%	10%	20%	30%	30%	n/a ←
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	n/a ←
Hospice Services	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Physician and Surgical Services	Yes - No	\$30	\$10	\$25	\$40	\$45	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	50%	50%	50%	50%	50%	50%
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%

Blue text = pre-deductible coverage

# Vote

“I move to approve the draft plan designs [as presented OR as amended] to be the Workgroup’s recommendation for the Plan Year 2026 Value Plans.”

The background features a solid teal color with four large, overlapping, semi-transparent teal circles arranged in a cross pattern, centered around the text. The text "Public Comment" is written in a white, sans-serif font, centered horizontally and vertically within the overlapping area of the circles.

# Public Comment

# Next Steps

- **Next meeting: Tuesday, September 3, 12 - 1:30 PM**
  - May cancel if recommendation is approved on 8/20
- **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