

MHBE 2024 Value Plan Workgroup

Session 6 – September 3, 2024



This meeting will be recorded

Vote on Minutes

“I move to approve the minutes of the August 20, 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 - 12:25 | Pediatric Dental Follow-up

Becca Lane

12:25 - 12:40 | Discussion

All

12:45 - 12:50 | Vote on 2026 Value Plan Design Recommendation

All

12:50 - 1:00 | Public Comment

All

1:00 | Adjourn

The background features a solid teal color with a central graphic of four overlapping circles, each in a slightly lighter shade of teal, creating a flower-like or star-like pattern. The text "Pediatric Dental Cost-Sharing" is centered horizontally and vertically in a white, sans-serif font.

Pediatric Dental Cost-Sharing

Clarification

“Additional standardized service categories” do not impact actuarial value but may impact rates.

Other States' Approaches: California

- Two versions of each metal level design: copay plan vs. coinsurance plan
- Four categories instead of five
- Coinsurance plan:
 - Diagnostic and preventative - no charge
 - Basic services - 20%
 - Major services - 50%
 - Crowns and casts, endodontics, periodontics (other than maintenance), prosthodontics, oral surgery
 - Orthodontics - 50%
- Copay plan design refers to the Dental Copay Schedule (see next slide)

California 2025 Dental Copay Schedule (excerpt)

- Plan design document refers to this copay schedule for pediatric dental basic services & major services (diagnostic and preventive are \$0; orthodontics \$1,000)
- 14-page document
- Copay for each CDT code

			Pediatric Dental EHB Up to Age 19
Procedure Category	CDT Code	Updated CDT-25- Nomenclature	In-Network Member Cost Share
	D2980	Crown repair necessitated by restorative material failure	\$50
	D2989	Excavation of a tooth resulting in the determination of non-restorability	\$50
	D2991	Application of hydroxyapatite regeneration medicament – per tooth	No Charge
	D2999	Unspecified restorative procedure, by report	\$40
Endodontics	D3110	Pulp cap - direct (excluding final restoration)	\$20
	D3120	Pulp cap - indirect (excluding final restoration)	\$25
	D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$40
	D3221	Pulpal debridement, primary and permanent teeth	\$40
	D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$60
	D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$55
	D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$55
	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$195
	D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$235
	D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$300
	D3331	Treatment of root canal obstruction; non-surgical access	\$50
	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Not Covered
	D3333	Internal root repair of perforation defects	\$80
	D3346	Retreatment of previous root canal therapy - anterior	\$240
	D3347	Retreatment of previous root canal therapy - premolar	\$295
	D3348	Retreatment of previous root canal therapy - molar	\$350
	D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$85
	D3352	Apexification/recalcification – interim medication replacement	\$45
	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	Not Covered
	D3410	Apicoectomy - anterior	\$240
	D3421	Apicoectomy - premolar (first root)	\$250
	D3425	Apicoectomy - molar (first root)	\$275
	D3426	Apicoectomy (each additional root)	\$110
	D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	\$350
	D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$350

Other States' Approaches: Washington DC

- Four categories instead of five
- Copays, not coinsurance (\$gold, silver / \$bronze, bronze hsa)
 - Diagnostic and preventative - \$0 / \$0
 - Oral exam; preventive - cleaning; preventive - x-ray; sealants per tooth; topical fluoride application; space maintainers - fixed
 - Basic services - “amalgam fill - 1 surface” - \$25 / \$41
 - Major services
 - Root canal (molar) - \$300 / \$512
 - Gingivectomy per quad - \$150 / \$279
 - Extraction- single tooth exposed root - \$65 / \$69
 - Extraction- complete bony - \$160 / \$241
 - Porcelain with metal crown - \$300 / \$523
 - Orthodontics - “medically necessary orthodontics” - \$1,000 / \$3,422



Revised Draft Designs

2025 Pediatric Dental Cost-Sharing

	2025	2025	2025	2025	2025	2025
	Gold	CSR 94%	CSR 87%	2025 CSR 73%	2025 Base Silver	2025 Bronze - Expanded
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%

Blue text = pre-deductible coverage.

Proposed 2026 Pediatric Dental Cost-Sharing

	2026	2026	2026	2026	2026	2026
	Proposed Gold	*Proposed* CSR 94%	*Proposed* CSR 87%	*Proposed* CSR 73%	*Proposed* Base Silver	*Proposed* Bronze - Expanded
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	50%	20%	30%	40%	50%	50%
Class IV Major Services – Restorative	50%	20%	30%	40%	50%	50%
Class V Orthodontic Services	50%	50%	50%	50%	50%	50%

Blue text = pre-deductible coverage.

Those in CSR 94 plans have the lowest incomes and pay the lowest coinsurance for Classes III & IV. Coinsurance rises as income rises.

Proposal for 2026 Value Plans for Vote

- Based on 2025 designs with the following modifications:
 - Bronze lab copay - \$55
 - Silver 73 and Base Silver lab copays - \$45
- Align pediatric dental coinsurance across Class III Major Services with Class IV Major Services - Restorative:
 - Bronze, Base Silver, Gold - 50%
 - Silver 73% AV CSR - 40%
 - Silver 87% AV CSR - 30%
 - Silver 94% AV CSR - 20%
- Cost-sharing for all other additional standardized service categories unchanged from PY2025

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.”



Public Comment

Next Steps

- **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
- **January 2025:** MHBE Board votes to finalize 2026 designs

Appendix



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	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
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 Outpatient Services	\$35	\$35
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	\$55
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

2025 Comparison - Pediatric Dental

	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026
	Gold	*Proposed* Gold	CSR 94%	*Proposed* CSR 94%	CSR 87%	*Proposed* CSR 87%	2025 CSR 73%	*Proposed* CSR 73%	2025 Base Silver	*Proposed* Base Silver	2025 Bronze - Expanded	*Proposed* Bronze - Expanded
Class I Preventive & Diagnostic Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Class II Basic Services	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class III Major Services	20%	50%	20%	20%	20%	30%	20%	40%	20%	50%	20%	50%
Class IV Major Services – Restorative	50%	50%	50%	20%	50%	30%	50%	40%	50%	50%	50%	50%
Class V Orthodontic Services	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%